

**Dr. Vinay Chopra**  
 MD (Pathology & Microbiology)  
 Chairman & Consultant Pathologist

**Dr. Yugam Chopra**  
 MD (Pathology)  
 CEO & Consultant Pathologist

|                       |                                        |                          |                        |
|-----------------------|----------------------------------------|--------------------------|------------------------|
| <b>NAME</b>           | : Mr. HITENDER SINGH                   | <b>PATIENT ID</b>        | : 1647751              |
| <b>AGE/ GENDER</b>    | : 33 YRS/MALE                          | <b>REG. NO./LAB NO.</b>  | : 012410190051         |
| <b>COLLECTED BY</b>   | : SURJESH                              | <b>REGISTRATION DATE</b> | : 19/Oct/2024 12:28 PM |
| <b>REFERRED BY</b>    | :                                      | <b>COLLECTION DATE</b>   | : 19/Oct/2024 12:28PM  |
| <b>BARCODE NO.</b>    | : 01519196                             | <b>REPORTING DATE</b>    | : 19/Oct/2024 01:11PM  |
| <b>CLIENT CODE.</b>   | : KOS DIAGNOSTIC LAB                   |                          |                        |
| <b>CLIENT ADDRESS</b> | : 6349/1, NICHOLSON ROAD, AMBALA CANTT |                          |                        |

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

## CLINICAL CHEMISTRY/BIOCHEMISTRY

### URIC ACID

|                                 |      |       |             |
|---------------------------------|------|-------|-------------|
| URIC ACID: SERUM                | 6.99 | mg/dL | 3.60 - 7.70 |
| by URICASE - OXIDASE PEROXIDASE |      |       |             |

#### INTERPRETATION:-

1.GOUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint.  
 2.Uric Acid is the end product of purine metabolism . Uric acid is excreted to a large degree by the kidneys and to a smaller degree in the intestinal tract by microbial degradation.

#### INCREASED:-

##### (A).DUE TO INCREASED PRODUCTION:-

- 1.Idiopathic primary gout.
- 2.Excessive dietary purines (organ meats,legumes,anchovies, etc).
- 3.Cytolytic treatment of malignancies especially leukemias & lymphomas.
- 4.Polycythemia vera & myeloid metaplasia.
- 5.Psoriasis.
- 6.Sickle cell anaemia etc.

##### (B).DUE TO DECREASED EXCRETION (BY KIDNEYS)

- 1.Alcohol ingestion.
- 2.Thiazide diuretics.
- 3.Lactic acidosis.
- 4.Aspirin ingestion (less than 2 grams per day ).
- 5.Diabetic ketoacidosis or starvation.
- 6.Renal failure due to any cause etc.

#### DECREASED:-

##### (A).DUE TO DIETARY DEFICIENCY

- 1.Dietary deficiency of Zinc, Iron and molybdenum.
- 2.Fanconi syndrome & Wilsons disease.
- 3.Multiple sclerosis .
- 4.Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc.

##### (B).DUE TO INCREASED EXCRETION

- 1.Drugs:-Probenecid , sulphinpyrazone, aspirin doses (more than 4 grams per day), corticosteroids and ACTH, anti-coagulants and estrogens etc.

\*\*\* End Of Report \*\*\*





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