



	Dr. Vinay Ch MD (Pathology & Chairman & Con		Dr. Yugam Ch MD (Path CEO & Consultant Path	nology)
NAME	: Mr. MUKESH GUGLANI			
AGE/ GENDER	: 64 YRS/MALE	PATIE	ENT ID : 1	1651004
COLLECTED BY	: SURJESH	REG. N	NO./LAB NO. :	012410230028
REFERRED BY	:	REGIS	TRATION DATE : 2	23/Oct/2024 09:57 AM
BARCODE NO.	: 01519409	COLLI	ECTION DATE : 2	23/Oct/2024 10:13AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPO	RTING DATE : 2	23/Oct/2024 02:55PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	CLINIC	CAL CHEMISTRY/	BIOCHEMISTRY	
	GLUCOSE	FASTING (F) AND	POST PRANDIAL (I	PP)
GLUCOSE FASTING by glucose oxidas	G (F): PLASMA E - PEROXIDASE (GOD-POD)	150.11 ^H	mg/dL	NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0
	ANDIAL (PP): PLASMA e - peroxidase (god-pod)	190.51 ^H	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0

KOS Diagnostic Lab

(A Unit of KOS Healthcare)

INTERPRETATION:

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose below 100 mg/dL and post-prandial plasma glucose level below 140 mg/dl is considered normal.

2. A fasting plasma glucose level between 100 - 125 mg/dl and post-prandial plasma glucose level between 140 – 200 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.

3. A fasting plasma glucose level of above 125 mg/dL and post-prandial plasma glucose level above 200 mg/dL is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.





DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)

 KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana

 KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana

 0171-2643898, +91 99910 43898
 care@koshealthcare.com

 www.koshealthcare.com
 www.koshealthcare.com



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT





NAME : Mr. MUKESH GUGLANI AGE/ GENDER : 64 YRS/MALE PATIENT ID : 1651004 COLLECTED BY : SURJESH REG. NO./LAB NO. : 012410230028 REFEREND BY : REGISTRATION DATE : 23/Oct/2024 09:57 AM BARCODE NO. : 01519409 COLLECTION DATE : 23/Oct/2024 10:13AM CLIENT CODE : KOS DIAGNOSTIC LAB REPORTING DATE : 23/Oct/2024 10:13AM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference interv URIC ACID URIC ACID: SERUM 7.87H mg/dL 3.60 - 7.70 by URICASE - OXIDASE PEROXIDASE MILEPRETATION: 1.GOUT Occurs when high levels of Uric Acid in the biolod 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. MICREASED- (A)DUE TO INCREASED PRODUCTION- 1.Idiopath circumstanet of malignancies especially leukemais & lymphomas. 4.Polycythemai vera & myeloid metaplasia. 5. Stoke cell anaemia etc. (B) DUE TO DEGREASE EXCREATION (BY KIDNEYS) 1. Acontol ingestion. 3. Latite acidosis 3. Latite acidosis. 4. Aptin ingestion (less than 2 grams per day). 5. Jubatel (ketros). 3. Latite acidosis. 4. Applicationet of malignancies especially leukemais & lymphomas. 4. Polycythemai vera & myeloid metaplasia. 5. Stoke cell anaemia etc. (B) DUE TO DEGREASED EXCREATION (BY KIDNEYS) 1. Acontol ingestion. 3. Latite acidosis. 3. Latite acidosis. 3. Latite acidosis. 4. Application (Less than 2 grams per day). 5. Jubately keinetery of Zinc, Iron and molybdenum. 2. Fanction Sinceress. 4. Syndrome of Inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc. (B) DUE TO DECREASED EXCREATION (BY KIDNEYS) 1. Atorono discords is anaemia etc. (B) DUE TO DECREASED EXCREATION (BY KIDNEYS) 1. Atorono discords is anaemia etc. (B) DUE TO MERCREASED EXCREATION (BY KIDNEYS) 1. Atorono discords is anaemia etc. (B) DUE TO MERCREASED EXCREATION (BY KIDNEYS) 1. Atorono discords is anaemia etc. (B) DUE TO M		Dr. Vinay Cho MD (Pathology & N Chairman & Consu	1icrobiology)	Dr. Yugam MD CEO & Consultant	(Pathology)
COLLECTED BY SURJESH REG. NO./LAB NO. S0 12410230028 REFERRED BY SURJESH REGISTRATION DATE S23/Oct/2024 09:57 AM BARCODE NO. S0 1519409 COLLECTION DATE S23/Oct/2024 10:13AM CLIENT CODE. SCS DIAGNOSTIC LAB REPORTING DATE S23/Oct/2024 11:34AM CLIENT ADDRESS S349/1, NICHOLSON ROAD, AMBALA CANTT S23/Oct/2024 11:34AM Test Name Value Unit Biological Reference Interv URIC ACID URIC ACID UNICACID: SERUM 7.87 ^H mg/dL 3.60 - 7.70 by URICASE - OxIDASE INTERPERTATION: 1.060UT cours when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint. 1.00UT cours when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint. 1.00UT cours when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint. 1.00UT courses INTERPECTION: 1.01dopath line primary gout. 2.50 VICE CORCEASED FOROUCTION: 1.10dopath lineprimary gout. Stoke coll an	NAME	: Mr. MUKESH GUGLANI			
REFEREND BY II. 23/Oct/2024 09:57 AM BARCODE NO. II. 01519409 COLLECTION DATE 23/Oct/2024 10:13AM REPORTING DATE 23/Oct/2024 11:34AM CLIENT ADDRESS II. 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference interv URIC ACID URIC ACID: SERUM 7.87 ^H 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:- (0, DUE TO INCREASED PRODUCTION: 1. Idiopathic primary gout. 2. Excessive dietary purines (organ meats,legumes, anchovies, etc). 3. Cytolytic treatment of malignancies especially leukemais & lymphomas. 4. Polycythemies (organ meats,legumes, anchovies, etc). 3. Cytolytic treatment of malignancies especially leukemais & lymphomas. 4. Polycythemies (organ meats,legumes, anchovies, etc). 3. Cytolytic treatment of malignancies especially leukemais & lymphomas. 4. Polycythemies (organ meats,legumes, anchovies, etc). 3. Cytolytic treatment of malignancies especially leukemais & lymphomas. 4. Polycythemies (organ meats,legumes, anchovies, etc). 3. Cytolytic treatment of malignancies especially leukemais & lymphomas. 4. Spirin ingestion (less than 2 grams per day). 5. Diabetic ketoacidosis or starvation. 5. Diabetic ketoacidosis or starvation. 6. Diabetic ketoacidosis or starvation. 5. Diabetic ketoacidosis or starvation. 5. Diabetic ketoacidosis or starv	AGE/ GENDER	: 64 YRS/MALE	PATI	ENT ID	: 1651004
BARCODE NO. : 101519409 COLLECTION DATE : 23/Oct/2024 10:13AM CLIENT CODE : KOS DIAGNOSTIC LAB REPORTING DATE : 23/Oct/2024 11:34AM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Value Vinit Biological Reference interv URIC ACID: URICASE : 0XIDASE PEROXIDASE WIERPRETAINON: 1. GOUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint. 2. Unic 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. NICREASED: (A) DUE TO INCREASED PRODUCTION:- 1. Idiopathic primary gout. 2. Excessive dietary purines (organ meats,legumes,anchovies, etc). 3. Cytolytic treatment of malignancies especially leukemais & lymphomas. 4. Polycythemai vera & myeloid metapalsia. 5. Psoriasis. 5. Soche cell anaemia etc. (B) DUE TO DIECREASE DECREATION (BY KIDNEYS) 1. Alcohol ingestion. 2. Iniazide diurettics. 3. Lactic acidosis or starvation. 5. Objective for College the stand and molybdenum. 2. Aspirin ingestion. 2. Fancosi yndrome & Wilsons disease. 3. Multipe Esores. 4. Saptich creaters. (B) DUE TO DIECREASED PERCIENCY 1. Dietary deficiency of Zinc, iron and molybdenum. 2. Fancori syndrome & Wilsons disease. 3. Multipe Esores. 4. Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc. (B) DUE TO DIECREASED TO Secretation (Concerestention & low purine diet etc. (B) DUE TO DIECREASED FORESENTION (Concerestention & low purine diet etc. (B) DUE TO DIECREASED FORESENTION (Concerestention & low purine diet etc. (B) DUE TO DIECREASED FORESENTION (Concerestention & low purine diet etc. (B) DUE TO DIECREASED FORESENTION (Concerestention & low purine diet etc.	COLLECTED BY	: SURJESH	REG.	NO./LAB NO.	: 012410230028
CLIENT CODE KOS DIAGNOSTIC LAB REPORTING DATE : 23/Oct/2024 11:34AM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference interv URIC ACID URIC ACID by URICASE - OXIDASE PEROXIDASE 7,87 ^H mg/dL 3.60 - 7.70 by URICASE - OXIDASE PEROXIDASE 7,87 ^H mg/dL 3.60 - 7.70 Color occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint. 1.0001 occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint. 2. UricAcid 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 ntestinal tract by microbial degradation. NCREASED: (A)DUE TO INCREASED PRODUCTIONE: 1. Idiopathic primary gout. 2. Xoressive dietary purines (organ meats.Jegumes.anchovies, etc.). 2. Ottopic treatment of maignancies especially leukemais & lymphomas. 4. Polycythemai vera & myeloid metaplasia. 5. Porriasis. 5. Sockle cell anaemia etc. (B) DUE TO DECREASED EXCRATION (BY KIDNEYS) 1. Acholo ingestion. 2. Thaide diuretics. 3. Latic acidosis 4. Aspirin ingestion (less than 2 grams per	REFERRED BY	:	REGI	STRATION DATE	: 23/Oct/2024 09:57 AM
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Unit Biological Reference interv URIC ACID: URIC ACID: 0 URIC ACID: SERUM: 0.807 Jan 0.400 Jan 3.60 - 7.70 URIC ACID: SERUM: 0.807 Jan 0.807 Jan 0.800 Jan 3.60 - 7.70 UNIC ACID: SERUM: 0.807 Jan 0.800 Jan 3.60 - 7.70 UNIC ACID: Stee on 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. NCREASED: OLID Cocurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint. 3.600 - 7.70 U.VIC 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. NCREASED NCREASED: 0.400 Lin ChicKASED PRODUCTIONE: 1.410 purines/ on the onglignancies especially leukemais & lymphomas. 4.201 purines/ one of transporte on the taplasia. 5.201 purines/ one of taplation. 5.201 purines/ one of taplation. 1.10put for theratement of malignancies especially leukemais & lymphomas. 4.201 purines/ one of taplation. 5.201 purines/ one of taplation. 5.201 purines/ one of taplation. 2.11dignal 1.201 purines/ one of taplating.	BARCODE NO.	: 01519409	COLL	ECTION DATE	: 23/Oct/2024 10:13AM
Test Name Value Unit Biological Reference interv URIC ACID URIC ACID URIC ACID: SERUM 7,87 ^H mg/dL 3.60 - 7.70 WIRICACID: SERUM by URICACID: SERUM 3.60 - 7.70 WIRICACID: SERUM by URICACID: SERUM URICACID: SERUM URICACID: SERUM URICACID: SERUM Mg/dL 3.60 - 7.70 URICACID: SERUM URICACID: SERUM Secret Secret Out of purine metabolism . Uric acid is excreted to a large degree by the kidneys and to a smaller degree in the netstinal tract by microbial degradation. NORE SECRET SECRET PRODUCTION:- <	CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPO	DRTING DATE	: 23/Oct/2024 11:34AM
URIC ACID URICACID URICASE PEROXIDASE URICASE OXIDASE PEROXIDASE by URICASE - OXIDASE PEROXIDASE TO URICASE O PRODUCTON: LIGOUT to cocurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint. URICACID URICACID URICACID URICACID URICACID URICASE PRODUCTION: LIGIOPATIC primary gout. 2.Excessive dietary purines (organ meats, legumes, anchovies, etc). 3.Cytolytic treatment of malignancies especially leukemais & lymphomas. 4.Polycythemai vera & myeloid metaplasia. 5.Poortasis. 5.Sickle cell anaemia etc. 8.DUE TO DECREASED EXCREATION (BY KIDNEYS) LAcohol ingestion. 2.Thiazde diuretics. 3.Lactic acidosis LAspirin ingestion (less than 2 grams per day). 5.Diabetic ketoacidosis or starvation. 5.Renal failure due to any cause etc. DECREASED: A.DUE TO DIETARY DEFICIENCY L.Dietary deficiency of Zinc, Iron and molybdenum. 2.Fanconi syndrome & Wilsons disease. 3.Multiple sclerosis . 3.Multiple sclerosis . 3.Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc. B.DUE TO DIETARY DEFICIENCY 5.DUE TO DI	CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, Al	MBALA CANTT		
URIC ACID: SERUM 7.87 ^H mg/dL 3.60 - 7.70 by URICASE - OXIDASE PEROXIDASE INTERPETATION:	Test Name		Value	Unit	Biological Reference interval
URIC ACID: SERUM y.87 ^H mg/dL 3.60 - 7.70 by URICASE - OXIDASE PEROXIDASE NTERPETATION:			URIC AC	ID	
by URICASE - OXIDASE PEROXIDASE <u>INTERPETATION:</u> 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 ntestinal tract by microbial degradation. NCEASED: A,DUE TO INCREASED PRODUCTION: 1. Idiopathic primary gout. 2. Excessive dietary purines (organ meats, legumes, anchovies, etc). 3. Cytolytic treatment of malignancies especially leukemais & lymphomas. 4. Polycythemai vera & myeloid metaplasia. 5. Sickle cell anaemia etc. B,DUE TO DECREASED EXCREATION (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. 5. Benal failure due to any cause etc. DECREASED: A)DUE TO DECREASED EXCREATION (BY MODE) 1. Dietary deficiency of Zinc, Iron and molybdenum. 2. Fanconi syndrome & Wilsons disease. 3. Multiple sclerosis . 3. Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc. B)DUE TO INCREASED EXCREATION		A			3.60 7.70
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 ntestinal tract by microbial degradation. NCREASED: A).DUE TO INCREASED PRODUCTION:- 1.Idiopathic primary gout. 2.Kxcessive dietary purines (organ meats, legumes, anchovies, etc). 3.Cytolytic treatment of malignancies especially leukemais & lymphomas. 1.Polycythemai vera & myeloid metaplasia. 5.Psoriasis. 5.Sickle cell anaemia etc. B).DUE TO DECREASED EXCREATION (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. 9.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 . 3.Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc. B).DUE TO INCREASED EXCREATION			/.8/**	ing/ uL	5.00 - 1.10
4.Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc. (B).DUE TO INCREASED EXCREATION	intestinal tract by m INCREASED:- (A).DUE TO INCREASI 1.Idiopathic primary 2.Excessive dietary p	icrobial degradation. ED PRODUCTION:- gout. Jurines (organ meats,legumes,ancho	ovies, etc).	a large degree by the	
	intestinal tract by m INCREASED:- (A).DUE TO INCREASI 1.Idiopathic primary 2.Excessive dietary p 3.Cytolytic treatmen 4.Polycythemai vera 5.Psoriasis. 6.Sickle cell anaemia (B).DUE TO DECREASI 1.Alcohol ingestion. 2.Thiazide diuretics. 3.Lactic acidosis. 4.Aspirin ingestion (5.Diabetic ketoacido 6.Renal failure due t DECREASED:- (A).DUE TO DIETARY 1.Dietary deficiency 2.Fanconi syndrome	icrobial degradation. ED PRODUCTION:- gout. yourines (organ meats, legumes, anchout a fmalignancies especially leuken & myeloid metaplasia. A etc. ED EXCREATION (BY KIDNEYS) less than 2 grams per day). osis or starvation. o any cause etc. DEFICIENCY of Zinc, Iron and molybdenum. • & Wilsons disease.	ovies, etc).	a large degree by the	
	intestinal tract by m INCREASED:- (A).DUE TO INCREASI 1.Idiopathic primary 2.Excessive dietary p 3.Cytolytic treatmer 4.Polycythemai vera 5.Psoriasis. 6.Sickle cell anaemia (B).DUE TO DECREASI 1.Alcohol ingestion. 2.Thiazide diuretics. 3.Lactic acidosis. 4.Aspirin ingestion (5.Diabetic ketoacido 6.Renal failure due t DECREASED:- (A).DUE TO DIETARY 1.Dietary deficiency 2.Fanconi syndrome 3.Multiple sclerosis 4.Syndrome of inapp	icrobial degradation. ED PRODUCTION:- 'gout. 'go	ovies, etc). nais & lymphomas.		

KOS Diagnostic Lab (A Unit of KOS Healthcare)





DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)

KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana 0171-2643898, +91 99910 43898 | care@koshealthcare.com | www.koshealthcare.com







	Dr. Vinay Cho MD (Pathology & Chairman & Cons	Microbiology)	Dr. Yugarr MD EO & Consultant	(Pathology)
NAME	: Mr. MUKESH GUGLANI			
AGE/ GENDER	: 64 YRS/MALE	PATIENT	ſIJ	: 1651004
COLLECTED BY	: SURJESH	REG. NO.	/LAB NO.	: 012410230028
REFERRED BY	:		RATION DATE	: 23/Oct/2024 09:57 AM
BARCODE NO.	: 01519409		TION DATE	: 23/0ct/2024 10:13AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		ING DATE	: 23/Oct/2024 11:30AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	AMBALA CANTI		
Test Name		Value	Unit	Biological Reference interval
		CLINICAL PATHO	DLOGY	
	URINE RO	UTINE & MICROSCO	PIC EXAMINA	ATION
PHYSICAL EXAMIN	NATION			
QUANTITY RECIEV		10	ml	
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	AMBER YELLOW		PALE YELLOW
-	TANCE SPECTROPHOTOMETRY			
TRANSPARANCY by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	HAZY		CLEAR
SPECIFIC GRAVITY	, TANCE SPECTROPHOTOMETRY	1.01		1.002 - 1.030
CHEMICAL EXAMI				
REACTION		ACIDIC		
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY			
SUGAR by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
pH		6		5.0 - 7.5
BILIRUBIN	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	C .		
NITRITE by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY.	Negative		NEGATIVE (-ve)
UROBILINOGEN by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY		Normal	EU/dL	0.2 - 1.0
KETONE BODIES	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
BLOOD		Negative		NEGATIVE (-ve)
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY	NEGATIVE (-ve)		NEGATIVE (-ve)
	TANCE SPECTROPHOTOMETRY			
MICROSCOPIC EXA RED BLOOD CELLS		NEGATIVE (-ve)	/HPF	0 - 3
NED DEOOD CEEED	(11203)		/ 111 1	0 - 0

DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)

 KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt - 133 001, Haryana

 KOS Molecular Lab: Ilnd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt - 133 001, Haryana

 0171-2643898, +91 99910 43898
 care@koshealthcare.com

 www.koshealthcare.com







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



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

NAME	: Mr. MUKESH GUGLANI				
AGE/ GENDER	: 64 YRS/MALE	PATIENT	' ID	: 1651004	
COLLECTED BY	: SURJESH	REG. NO.	/LAB NO.	: 012410230028	
REFERRED BY	EFERRED BY :		ATION DATE	: 23/Oct/2024 09:57 AM	
BARCODE NO.	: 01519409	COLLECT	ION DATE	: 23/Oct/2024 10:13AM	
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORT	ING DATE	: 23/Oct/2024 11:30AM	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AN	MBALA CANTT			
Test Name		Value	Unit	Biological Reference interval	
by MICROSCOPY ON (CENTRIFUGED URINARY SEDIMENT				
PUS CELLS by MICROSCOPY ON (CENTRIFUGED URINARY SEDIMENT	3-5	/HPF	0 - 5	
EPITHELIAL CELLS	S CENTRIFUGED URINARY SEDIMENT	4-6	/HPF	ABSENT	
ODVOTATO					

CRYSTALS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)	NEGATIVE (-ve)
CASTS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)	NEGATIVE (-ve)
BACTERIA by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)	NEGATIVE (-ve)
OTHERS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)	NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA)	ABSENT	ABSENT

TRICHOMONAS VAGINALIS (PROTOZOA) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT



DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)

 KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana

 KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana

 0171-2643898, +91 99910 43898
 care@koshealthcare.com
 www.koshealthcare.com







	Dr. Vinay Chopra MD (Pathology & Microbiolog) Chairman & Consultant Pathol		(Pathology)
NAME	: Mr. MUKESH GUGLANI		
AGE/ GENDER	: 64 YRS/MALE	PATIENT ID	: 1651004
COLLECTED BY	: SURJESH	REG. NO./LAB NO.	: 012410230028
REFERRED BY	:	REGISTRATION DATE	: 23/Oct/2024 09:57 AM
BARCODE NO.	: 01519409	COLLECTION DATE	: 23/Oct/2024 10:13AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING DATE	: 23/Oct/2024 11:30AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CAN	NTT	
Test Name	Value	Unit	Biological Reference interval

*** End Of Report ***



DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)

 KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana

 KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana

 0171-2643898, +91 99910 43898
 care@koshealthcare.com
 www.koshealthcare.com

