

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

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

NAME : Mr. PANCH RAM
AGE/ GENDER : 43 YRS/MALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 01520157
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1661641
REG. NO./LAB NO. : 012411050061
REGISTRATION DATE : 05/Nov/2024 12:40 PM
COLLECTION DATE : 05/Nov/2024 12:48PM
REPORTING DATE : 05/Nov/2024 01:31PM

Test Name	Value	Unit	Biological Reference interval
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HAEMATOLOGY
PLATELET COUNT (P/C)

PLATELET COUNT (PLT) by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE & MICROSCOPY	149000 ^L	/cmm	150000 - 450000
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NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD




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CLINICAL CHEMISTRY/BIOCHEMISTRY
GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	152.09 ^H	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > OR = 200.0
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INTERPRETATION

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A random plasma glucose level below 140 mg/dl is considered normal.
2. A random glucose level between 140 - 200 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A random glucose level of 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.



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URIC ACID

URIC ACID: SERUM	3.7	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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