



		hopra & Microbiology) onsultant Pathologist	Dr. Yugam MD CEO & Consultant	(Pathology)	
NAME	: Mr. RAJESH GUPTA				
AGE/ GENDER	: 59 YRS/MALE	PATIENT ID		: 1677872	
COLLECTED BY	:	<b>REG. NO./LAB NO.</b>		: 012411210007	
REFERRED BY	:	REGIS	<b>FRATION DATE</b>	: 21/Nov/2024 08:29 AM	
BARCODE NO.	:01521178	COLLE	CTION DATE	: 21/Nov/2024 10:50AM	
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPOI	RTING DATE	: 21/Nov/2024 11:46AM	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD	), AMBALA CANTT			
Test Name		Value	Unit	Biological Reference interval	
	CLINI	CAL CHEMISTRY/	BIOCHEMIST	'RY	
		GLUCOSE FAST	ING (F)		

KOS Diagnostic Lab (A Unit of KOS Healthcare)

A fasting plasma glucose level below 100 mg/dl is considered normal.
 A fasting plasma glucose level between 100 - 125 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 fasting plasma glucose level of above 125 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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**DR.YUGAM CHOPRA** CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





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_				
		CHOLESTEROL:	SERUM	

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	CHOLESTEROL IN ADULTS (mg/dL)	CHOLESTEROL IN ADULTS (mg/dL)
DESIRABLE	< 200.0	< 170.0
BORDERLINE HIGH	200.0 - 239.0	171.0 - 199.0
HIGH	>= 240.0	>= 200.0

## NOTE:

More.
 Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
 As per National Lipid association - 2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.



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URIC ACID: SERUM 8.1 <sup>H</sup> mg/dL 3.60 - 7.70 by URICASE - OXIDASE PEROXIDASE 8.1 <sup>H</sup> mg/dL 3.60 - 7.70 by URICASE - OXIDASE PEROXIDASE 0.10 <sup>C</sup> of Uric Acid in the blood cause crystals to form & accumulate around a joint. 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 nestinal tract by microbial degradation. NCREASED- A) DUE TO INCREASED PRODUCTION: Lidiopathic primary gout. Excessive dietary purines (organ meats, legumes, anchovies, etc). S(Vtolytic treatment of malignancies especially leukemais & lymphomas. LPolycythemai vera & myeloid metaplasia. .Psoriasis. Sickle cell anaemia etc. B) DUE TO DECREASED EXCREATION (BY KIDNEYS) .Alcohol ingestion. 2. Thiazide diuretics. 1. Actif a cidosis. . Actif a ingestion. 2. Thiazide diuretics. 1. Actif in greation (less than 2 grams per day). . Diabetic ketoacidosis or starvation. . Renal failure due to any cause etc. EECREASED: A) DUE TO DICTEARY DEFICIENCY Dietary deficiency of Zinc, Iron and molybdenum. P. Anoni syndrome & Wilsons disease. . Multiple sclerosis. . Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc. B) DUE TO INCREASED EXCREATION B) DUE TO INCREASED EXCREATION . Drugs-Probenecid , sulphinpyrazone, aspirin doses (more than 4 grams per day), corticosterroids and ACTH, anti-coagulants and estrogens	LIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	, AMBALA CANTT		
BIC ACID: SERUM       8.1 <sup>H</sup> mg/dL       3.60 - 7.70         by URICASE - OXIDASE PEROXIDASE       MTERRETIATION:          IGOUT 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:           ADUE TO INCREASED PRODUCTION:           1. diopathic primary gout.           2. Excessive dietary purines (organ meats, legumes, anchovies, etc).           0. Polycythemai vera & myeloid metaplasia.	Гest Name		Value	Unit	Biological Reference interval
by URICASE - OXIDASE PEROXIDASE			URIC ACII	)	
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GOUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint. 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 testinal tract by microbial degradation. WCREASED: A) DUE TO INCREASED PRODUCTION:- .diopathic primary gout. Excessive dietary purines (organ meats,legumes,anchovies, etc). .Cytolytic treatment of malignancies especially leukemais & lymphomas. .Polycythemai vera & myeloid metaplasia. .Psoriasis. .Sickle cell anaemia etc. B) DUE TO ECREASED EXCREATION (BY KIDNEYS) .Alcohol ingestion. .Thiazide diuretics. .Lactic acidosis. .Aspirin ingestion (less than 2 grams per day ). .Diabetic ketoacidosis or starvation. .Renal failure due to any cause etc. ECREASED:- A).DUE TO DIETARY DEFICIENCY D.Dietary deficiency of Zinc, Iron and molybdenum. .Fanconi syndrome & Wilsons disease. .Multiple sclerosis. .Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc. B).DUE TO INCREASED EXCREATION .Pugs:-Probenecid , sulphinpyrazone, aspirin doses (more than 4 grams per day), corticosterroids and ACTH, anti-coagulants and estrogens		E PEROXIDASE			
	<ul> <li>4. Polycythemai vera</li> <li>5. Psoriasis.</li> <li>6. Sickle cell anaemia</li> <li>(B). DUE TO DECREASE</li> <li>1. Alcohol ingestion.</li> <li>2. Thiazide diuretics.</li> <li>3. Lactic acidosis.</li> <li>4. Aspirin ingestion (It</li> <li>5. Diabetic ketoacido:</li> <li>6. Renal failure due to</li> <li>DECREASED:-</li> <li>(A). DUE TO DIETARY LE</li> <li>1. Dietary deficiency of</li> <li>2. Fanconi syndrome</li> <li>3. Multiple sclerosis.</li> <li>4. Syndrome of inappr</li> <li>(B). DUE TO INCREASEI</li> </ul>	& myeloid metaplasia. etc. <b>D EXCREATION (BY KIDNEYS)</b> ess than 2 grams per day ). sis or starvation. o any cause etc. <b>DEFICIENCY</b> of Zinc, Iron and molybdenum. & Wilsons disease. Fopriate antidiuretic hormone (S <b>D EXCREATION</b>	SIADH) secretion & low puri		
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