

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



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

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

NAME : Mr. AMIT JAIN

AGE/ GENDER : 50 YRS/MALE PATIENT ID : 1683553

COLLECTED BY: SURJESH REG. NO./LAB NO. : 012411270024

 REFERRED BY
 : 27/Nov/2024 10:14 AM

 BARCODE NO.
 : 01521526
 COLLECTION DATE
 : 27/Nov/2024 10:22AM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 27/Nov/2024 12:32PM

CLIENT ADDRESS: 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

UREA

UREA: SERUM 24.33 mg/dL 10.00 - 50.00 by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)



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CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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



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COLLECTED BY : SURJESH REG. NO./LAB NO. :012411270024

REGISTRATION DATE REFERRED BY : 27/Nov/2024 10:14 AM BARCODE NO. :01521526 **COLLECTION DATE** : 27/Nov/2024 10:22AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 27/Nov/2024 12:32PM

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CREATININE

CREATININE: SERUM 1.28 mg/dL 0.40 - 1.40by ENZYMATIC, SPECTROPHOTOMETRY

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URIC ACID

URIC ACID: SERUM 5.92 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 leukemais & lymphomas.

4. Polycythemai vera & myeloid metaplasia.

5. Psoriasis.

6. 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.

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 EXCREATION

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

*** End Of Report ***



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