

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

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

|                       |  |                          |                        |
|-----------------------|--|--------------------------|------------------------|
| <b>NAME</b>           | : Mrs. SHILPI                          | <b>PATIENT ID</b>        | : 1686524              |
| <b>AGE/ GENDER</b>    | : 33 YRS/FEMALE                        | <b>REG. NO./LAB NO.</b>  | : <b>012411300026</b>  |
| <b>COLLECTED BY</b>   | :                                      | <b>REGISTRATION DATE</b> | : 30/Nov/2024 10:03 AM |
| <b>REFERRED BY</b>    | :                                      | <b>COLLECTION DATE</b>   | : 30/Nov/2024 10:08AM  |
| <b>BARCODE NO.</b>    | : 01521732                             | <b>REPORTING DATE</b>    | : 30/Nov/2024 11:31AM  |
| <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<br><i>by URICASE - OXIDASE PEROXIDASE</i> | 5.06 | mg/dL | 2.50 - 6.80 |
|--|------|-------|-------------|

**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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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.