



	Dr. Vinay Ch MD (Pathology & Chairman & Cor		Dr. Yugam MD (CEO & Consultant	(Pathology)
NAME	: Mr. SIKANDER LAL			
AGE/ GENDER	: 71 YRS/MALE	PATI	ENT ID	: 1711674
COLLECTED BY	:	REG.	NO./LAB NO.	:012412300017
REFERRED BY	:	REGI	STRATION DATE	: 30/Dec/2024 11:47 AM
BARCODE NO.	: 01523205	COLI	ECTION DATE	: 30/Dec/2024 11:51AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPO	DRTING DATE	: 30/Dec/2024 12:51PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
		CAL CHEMISTRY GLUCOSE POST PR		RY
	ANDIAL (PP): PLASMA E - PEROXIDASE (GOD-POD)	158.28 ^H	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > 0R = 200.0

KOS Diagnostic Lab (A Unit of KOS Healthcare)

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES: 1. A post-prandial plasma glucose level below 140 mg/dl is considered normal. 2. A post-prandial 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 post-prandial plasma 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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DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT





AGE/ GENDER : 71 YR COLLECTED BY :	KANDER LAL S/MALE	PATIENT ID REG. NO./LAB NO.	: 1711674 : 012412300017
COLLECTED BY :	S/MALE		
COLLECTED BY : REFERRED BY :		REG. NO./LAB NO.	: 012412300017
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		REGISTRATION DATE	: 30/Dec/2024 11:47 AM
BARCODE NO. : 01523	205	COLLECTION DATE	: 30/Dec/2024 11:51AM
CLIENT CODE. : KOS D	IAGNOSTIC LAB	REPORTING DATE	: 30/Dec/2024 12:55PM
CLIENT ADDRESS : 6349/	1, NICHOLSON ROAD, AMBALA CANT	Г	
Test Name	Value	Unit	Biological Reference interval
	CHOLES	TEROL: SERUM	
CHOLESTEROL TOTAL: SER by CHOLESTEROL OXIDASE PA		mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0
INTERPRETATION: NATIONAL LIPID ASSO		I ADULTS (mg/dL)	CHOLESTEROL IN ADULTS (mg/dL)

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:

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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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NAME : Mr. SIKANDER LAL AGE/ GENDER : 71 YRS/MALE PATIENT ID : 1711674 COLLECTED BY : REG. NO./LAB NO. : 012412300017 REFERED BY : REGISTRATION DATE : 30/Dec/2024 11:47 AM BARCODE NO. : 01523205 COLLECTION DATE : 30/Dec/2024 11:51 AM CLIENT CODE : KOS DIAGNOSTIC LAB REPORTING DATE : 30/Dec/2024 12:55 PM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Biological Reference interv URIC ACID URIC ACID <td< th=""><th></th><th>Dr. Vinay Ch MD (Pathology & Chairman & Cont</th><th></th><th colspan="2">Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist</th></td<>		Dr. Vinay Ch MD (Pathology & Chairman & Cont		Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist	
CULLECTED EY EX EX.C. NO./LAB NO. : 012412300017 REFERRED BY :: S0/Dec/2024 11:47 AM BARCODE NO. :: 01532205 COLLECTION DATE :: 30/Dec/2024 11:51 AM CLIENT CODE :: KOS DIAGNOSTIC LAB REPORTING DATE :: 30/Dec/2024 12:55 PM CLIENT ADDRESS :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: :: <t< th=""><th>NAME</th><th>: Mr. SIKANDER LAL</th><th></th><th></th><th></th></t<>	NAME	: Mr. SIKANDER LAL			
REFERENDEY III IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	AGE/ GENDER	: 71 YRS/MALE	PATIE	NT ID	: 1711674
BARCODE NO. : 101523205 COLLECTION DATE : 30/Dec/2024 11:51AM REPORTING DATE : 30/Dec/2024 12:55PM TIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Value Vinit Biological Reference interv URIC ACID JURIC ACID: SERUM 4.42 mg/dL 3.60 - 7.70 by URICASE - oxDASE PEROXIDASE MERPERTATION: I.COUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint. JURIC ACID: SERUM 4.42 mg/dL 3.60 - 7.70 by URICASE - oxDASE PEROXIDASE MERPERTATION: I.COUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint. JURIC ACID: SERUM 4.42 mg/dL 3.60 - 7.70 by URICASE - oxDASE PEROXIDASE MERPERTATION: I.COUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint. JURIC 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 netestinal tract by microbial degradation. NORTASED: ADUE TO INCREASED PRODUCTION: I.Idoipathic primary gout. 2.Excessive dietary purines (organ meats.legumes.anchovies, etc). 3.Citcle cell anaemia etc. B) DUE TO DECREASED EXCREATION (BY KIDNEYS) Alachic acidosis. 3.Sickle cell anaemia etc. B) DUE TO DECREASED EXCREATION (BY KIDNEYS) Alachoni Ingestion. 3.Papriate antilure due to any cause etc. 3.Diabetic ketoacidosis or starvation. 3.Diabetic ketoacidosis or starvation	COLLECTED BY	:	REG. N	O./LAB NO.	: 012412300017
ELERT CODE KEN SUAGNOSTIC LAB SUPPORTING DATE SUPPORTING LATE ELERT ADRESS K 6349/1, NICHOLSON ROAD, AMBALA CANTS Test Name Value Unit Biological Reference interv URIC ACID URIC ACID Support Control (SUPPORT) Support Control (SUPPORT) COUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint. Out of product 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. NCREASED: ADUE TO INCREASE PRODUCTION: JOBUT ON CREASED FRODUCTION: Support Control (SUPPORT) Joldustic primary gout. Support Control (SUPPORT) JOBUT ON CREASED FRODUCTION: Support Control (SUPPORT) JOBUT ON CREASED FRODUCTION: Support Control (SUPPORT) Joldustic primary gout. Support Control (SUPPORT) Joldo Support Control (SUPPORT) Support Control (SUPPORT) Joldo Control (SUPPORT) Support Control (SUPPORT) Joldo Control (SUPPORT) Support C	REFERRED BY	:	REGIST	FRATION DATE	: 30/Dec/2024 11:47 AM
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URIC ACID JRIC ACID: SERUM 4.42 mg/dL 3.60 - 7.70 by URICASE - OXIDASE PEROXIDASE MIERPECTATION: 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 intestinal tract by microbial degradation. NCREASED: A) DUE TO INCREASED PRODUCTION: Lidiopathic primary gout. Excessive dietary purines (organ meats.legumes, anchovies, etc). Oyloythemai vera & myeloid metaplasia. Polycythemai vera & myeloid metapla	LIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	AMBALA CANTT		
AL2 mg/dL 3.60 - 7.70 by URICASE - OXIDASE PEROXIDASE MTERPERTATION:-	Fest Name		Value	Unit	Biological Reference interval
<i>by URICASE - OXIDASE PEROXIDASE</i>			URIC ACI	D	
<i>by URICASE - OXIDASE PEROXIDASE</i>	JRIC ACID: SERUM				3.60 - 7.70
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 thestinal tract by microbial degradation. WCREASED: A) DUE TO INCREASED PRODUCTION:- .idiopathic 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 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 				8	
	 4.Polycythemai vera 5.Psoriasis. 6.Sickle cell anaemia (B).DUE TO DECREASE 1.Alcohol ingestion. 2.Thiazide diuretics. 3.Lactic acidosis. 4.Aspirin ingestion (li 5.Diabetic ketoacido 6.Renal failure due to DECREASED:- (A).DUE TO DIETARY L 1.Dietary deficiency of 2.Fanconi syndrome 3.Multiple sclerosis. 4.Syndrome of inappi (B).DUE TO INCREASE 	& myeloid metaplasia. etc. D EXCREATION (BY KIDNEYS) ess than 2 grams per day). sis or starvation. any cause etc. DEFICIENCY of Zinc, Iron and molybdenum. & Wilsons disease. Fopriate antidiuretic hormone (SI. D EXCREATION	ADH) secretion & low pur		
*** End Of Report ***	.Drugs:-Probenecid	, sulphinpyrazone, aspirin doses	(more than 4 grams per o	day), corticosterroi	ds and ACTH, anti-coagulants and estrogens et
		*	** End Of Report	* * *	





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