

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



		Chopra y & Microbiology) Consultant Pathologist	Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Mr. ASHOK WALLI			
AGE/ GENDER	: 65 YRS/MALE	PAT	TENT ID	: 1748510
COLLECTED BY	:	REG	. NO./LAB NO.	: 012502070029
REFERRED BY	:	REG	ISTRATION DATE	: 07/Feb/2025 11:03 AM
BARCODE NO.	: 01525092	COL	LECTION DATE	:07/Feb/202511:04AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REP	ORTING DATE	:07/Feb/202511:44AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROA	D, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
HAEMOGLOBIN (H by CALORIMETRIC		11.1 ^L	gm/dL	12.0 - 17.0
by CALORIMETRIC INTERPRETATION:- Hemoglobin is the pr tissues back to the lu A low hemoglobin lev	rotein molecule in red blood c ungs. vel is referred to as ANEMIA ol	ells that carries oxygen fro		odys tissues and returns carbon dioxide from t
by CALORIMETRIC INTERPRETATION:- Hemoglobin is the pr tissues back to the lu A low hemoglobin lev ANEMIA (DECRESED 1) Loss of blood (trat	rotein molecule in red blood c ungs. vel is referred to as ANEMIA o HAEMOGLOBIN): umatic injury, surgery, bleedir	ells that carries oxygen fr low red blood count. Ig, colon cancer or stoma	om the lungs to the bo	
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DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST

MBBS, MD (PATHOLOGY)







	Dr. Vinay Cho MD (Pathology & Chairman & Cons	opra Microbiology) sultant Pathologist	Dr. Yugan MD CEO & Consultant	(Pathology)
NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE. CLIENT ADDRESS	: Mr. ASHOK WALLI : 65 YRS/MALE : : : 01525092 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROAD, A	REG REG COL REP	TENT ID 5. NO./LAB NO. EISTRATION DATE LECTION DATE PORTING DATE	: 1748510 : 012502070029 : 07/Feb/2025 11:03 AM : 07/Feb/2025 11:04AM : 07/Feb/2025 12:57PM
Test Name		Value	Unit	Biological Reference interval
	CLINIC	AL CHEMISTRY	Y/BIOCHEMIST	RY
		URE		
UREA: SERUM	IATE DEHYDROGENASE (GLDH)	135.69 ^H	mg/dL	10.00 - 50.00

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0 9 0 0 1 : 2008 CERTIFIED LA	(A Unit of K A B Dr. Vinay Ch MD (Pathology &	Microbiology)	EXCELLENCE IN HEALTHCARE Dr. Yugam MD CEO & Consultant	(Pathology)
AGE/ GENDER : 65 YR COLLECTED BY : REFERRED BY : BARCODE NO. : 01525 CLIENT CODE. : KOS D	SHOK WALLI S/MALE 5092 DIAGNOSTIC LAB /1, NICHOLSON ROAD,	REGIST COLLE REPOR	VT ID D./LAB NO. TRATION DATE TTION DATE TING DATE	: 1748510 : 012502070029 : 07/Feb/2025 11:03 AM : 07/Feb/2025 11:04AM : 07/Feb/2025 12:57PM
Test Name		Value	Unit	Biological Reference interval



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URIC ACID: SERUM 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 th 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 .			hopra & Microbiology) onsultant Pathologist	Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist	
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I.Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc.	5. Diabetic ketoacido 5. Renal failure due to DECREASED:- (A). DUE TO DIETARY (sis or starvation. 5 any cause etc. DEFICIENCY			
B).DUE TO INCREASED EXCREATION .Drugs:-Probenecid , sulphinpyrazone, aspirin doses (more than 4 grams per day), corticosterroids and ACTH, anti-coagulants and esti	Diabetic ketoacido Renal failure due to DECREASED:- A).DUE TO DIETARY I .Dietary deficiency P.Fanconi syndrome Multiple sclerosis	sis or starvation. o any cause etc. DEFICIENCY of Zinc, Iron and molybdenum. & Wilsons disease.	(SIADH) secretion & low	purine diet etc	





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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
		CAL	CIUM	
CALCIUM: SERUM		8.5	mg/dL	8.50 - 10.60

by ARSENAZO III, SPECTROPHOTOMETRY

INTERPRETATION:-

TEST PERFORMED AT KOS DIAGNOSTIC LAB. AMBALA CANTT

1.Serum calcium (total) estimation is used for the diagnosis and monitoring of a wide range of disorders including diseases of bone, kidney, parathyroid gland, or gastrointestinal tract.

2. Calcium levels may also reflect abnormal vitamin D or protein levels.

3. The calcium content of an adult is somewhat over 1 kg (about 2% of the body weight). Of this, 99% is present as calcium hydroxyapatite in bones and <1% is present in the extra-osseous intracellular space or extracellular space (ECS).

4. In serum, calcium is bound to a considerable extent to proteins (approximately 40%), 10% is in the form of inorganic complexes, and 50% is present as free or ionized calcium.

NOTE:-Calcium ions affect the contractility of the heart and the skeletal musculature, and are essential for the function of the nervous system. In addition, calcium ions play an important role in blood clotting and bone mineralization.

HYPOCALCEMIA (LOW CALCIUM LEVELS) CAUSES :-

1. Due to the absence or impaired function of the parathyroid glands or impaired vitamin-D synthesis.

2. Chronic renal failure is also frequently associated with hypocalcemia due to decreased vitamin-D synthesis as well as hyperphosphatemia and skeletal resistance to the action of parathyroid hormone (PTH).

3. NOTE:- A characteristic symptom of hypocalcemia is latent or manifest tetany and osteomalacia.

HYPERCALCEMIA (INCREASE CALCIUM LEVELS) CAUSES:-

1. Increased mobilization of calcium from the skeletal system or increased intestinal absorption.

2. Primary hyperparathyroidism (pHPT)

3.Bone metastasis of carcinoma of the breast, prostate, thyroid gland, or lung

NOTE:-Severe hypercalcemia may result in cardiac arrhythmia.



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Test Name		Value	Unit	Biological Reference interval
		РНО	SPHOROUS	
PHOSPHOROUS: SE	ERUM	6.27 ^H	mg/dL	2.5 - 4.5

KOS Diagnostic Lab (A Unit of KOS Healthcare)

by PHOSPHOMOLYBDATE, SPECTROPHOTOMETRY

INTERPREATION:-

1. Eighty-eight percent of the phosphorus contained in the body is localized in bone in the form of hydroxyapatite. The remainder is involved in intermediary carbohydrate metabolism and in physiologically important substances such as phospholipids, nucleic acids, and adenosine triphosphate (ATP).

2. Phosphorus occurs in blood in the form of inorganic phosphate and organically bound phosphoric acid. The small amount of extracellular organic phosphorus is found exclusively in the form of phospholipids.

3. Serum phosphate concentrations are dependent on meals and variation in the secretion of hormones such as parathyroid hormone (PTH) and may vary widely.

DECREASED (HYPOPHOSPHATEMIA):-

1.Shift of phosphate from extracellular to intracellular.

2.Renal phosphate wasting.

3.Loss from the gastrointestinal tract.

4.Loss from intracellular stores.

INCREASED (HYPERPHOPHATEMIA):-

1. Inability of the kidneys to excrete phosphate.

2. Increased intake or a shift of phosphate from the tissues into the extracellular fluid.

SIGNIFICANCE:-

1.Phosphate levels may be used in the diagnosis and management of a variety of disorders including bone, parathyroid and renal disease. 2.Hypophosphatemia is relatively common in hospitalized patients. Levels less than 1.5 mg/dL may result in muscle weakness, hemolysis of red cells, coma, and bone deformity and impaired bone growth.

3. The most acute problem associated with rapid elevations of serum phosphate levels is hypocalcemia with tetany, seizures, and hypotension. Soft tissue calcification is also an important long-term effect of high phosphorus levels.

4.Phosphorus levels less than 1.0 mg/dL are potentially life-threatening and are considered a critical value.

NOTE: Phosphorus has a very strong biphasic circadian rhythm. Values are lowest in the morning, peak first in the late afternoon and peak again in the late evening. The second peak is quite elevated and results may be outside the reference range



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Test Name		Value	Unit	Biological Reference interval
POTASSIUM: SERU		5.64 ^H	mmol/L	3.50 - 5.00
by ISE (ION SELECTIN INTERPRETATION:- POTASSIUM: Potassium is the ma released in the blood HYPOKALEMIA (LOW 1.Diarrhoea, vomitir 2. Severe Burns. 3.Increased Secretio	VE ELECTRODE) jor cation in the intracellular d. V POTASSIUM LEVELS):- ng & malabsorption. ns of Aldosterone REASED POTASSIUM LEVELS):-			3.50 - 5.00 the cells. When cells are damaged, potassium

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