



	MD (Patho	ay Chopra blogy & Microbiology) & Consultant Pathologist	Dr. Yugarı MD CEO & Consultant	(Pathology)	
IAME	: Mr. SUNIL				
AGE/ GENDER	: 47 YRS/MALE	Р	ATIENT ID	: 1749530	
COLLECTED BY	:	R	EG. NO./LAB NO.	: 012502080004	
REFERRED BY	:	R	EGISTRATION DATE	: 08/Feb/2025 08:09 AM	
BARCODE NO.	:01525124	С	OLLECTION DATE	:08/Feb/202510:54AM	
CLIENT CODE.	: KOS DIAGNOSTIC LAB	R	EPORTING DATE	:08/Feb/2025 10:55AM	
CLIENT CODE.		_			
	: 6349/1, NICHOLSON F				
CLIENT ADDRESS			Unit	Biological Reference interval	
CLIENT ADDRESS	: 6349/1, NICHOLSON F	ROAD, AMBALA CANTT			
CLIENT ADDRESS Test Name	: 6349/1, NICHOLSON F	ROAD, AMBALA CANTT Value			

KOS Diagnostic Lab (A Unit of KOS Healthcare)

(after consumption of 75 gms of glucose) is recommended for all such patients. 3. A random 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.



DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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

KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt - 133 001, Haryana 0171-2643898, +91 99910 43898 | care@koshealthcare.com | www.koshealthcare.com



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





NAME : Mr. SUNIL AGE / GENDER : 47 YRS/MALE PATIENT ID : 1749530 COLLECTED BY : REG. NO./LAB NO. : 012502080004 REFERED BY : REG.NO./LAB NO. : 012502080004 REFERED BY : REGISTRATION DATE : 08/Feb/2025 10:54AM COLLECTION DATE : 08/Feb/2025 10:54AM COLLECTION DATE : 08/Feb/2025 10:55AM CLIENT CODE : KOS DIACNOSTIC LAB REPORTING DATE : 08/Feb/2025 10:55AM CLIENT CODE : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference URIC ACID URIC ACID SERUM 4.28 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 i institual track by microbial degradation. NICREASED : (0, DUE TO INCRASED PRODUCTION:- 1. Idiopathic primary gout. 2. Excessive dietary purines (organ meats, legumes, anchovies, etc). 3. Cytolytic treatment of malignancies especially leukemais & lymphomas. 4. Polycythemal vera & myeloid metaplasia. 5. Psoriasis. 5. Soriasis. 5. Sori		Dr. Vinay Ch MD (Pathology & Chairman & Con		Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist	
CULLECTED BY : REG. NO./LAB NO. : 012502080004 REFERRED BY : REGISTRATION DATE : 08/Feb/2025 08:09 AM BARCODE NO. : 01525124 COLLECTION DATE : 08/Feb/2025 10:54AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 08/Feb/2025 10:55AM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Biological Reference URIC ACID URIC ACID URIC ACID URIC ACID URICACID 1.60/UT cocurs when high levels of Uric Acid	NAME	: Mr. SUNIL			
REFEREND BY I: RECISTRATION DATE I:08/Feb/2025 08:09 AM BARCODE NO. I:01525124 COLLECTION DATE I:08/Feb/2025 10:55AM CLIENT CODE I:KOS DIAGNOSTIC LAB REPORTING DATE I:08/Feb/2025 10:55AM CLIENT ADDRESS I:6349/1, NICHOLSON ROAD, AMBALA CANTT IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	AGE/ GENDER	: 47 YRS/MALE	PATIE	NT ID	: 1749530
BARCODE NO. : 101525124	COLLECTED BY	:	REG. N	IO./LAB NO.	: 012502080004
CLIENT CODE KOS DIAGNOSTIC LAB REPORTING DATE :08/Feb/2025 10:55AM CLIENT ADDRESS :6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference URIC ACID: Service URIC ACID by URICASE - OXIDASE FEROXIDASE Mg/dL 3.60 - 7.70 UNIC ACID: SERUM 4.28 mg/dL 3.60 - 7.70 by URICASE - OXIDASE FEROXIDASE UNic acid is the end product of purine metabolism Uric acid is excreted to a large degree by the kidneys and to a smaller degree i intestinal tract by microbial degradation. NCREASED: OUTO ACCURS When high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint. 2.01/F Acid is the end product of purine metabolism Uric acid is excreted to a large degree by the kidneys and to a smaller degree i intestinal tract by microbial degradation. NCREASED: AJOL TO INCREASED PRODUCTION: 1.1diopathic primary gout: 2. 2. Excessive detary purines (organ meats.legumes, anchovies, etc). 3.0tok caidobis in: 3. Stok cell anaemia etc. 8. B. DEUE TO DEREASED EXCREATION (BY KIDNEYS) 1.40choh ingestion. 1. Alcoho lingestion. 2. 2. Thaiaide diuretics. 3.40ci caidosis. 4. Applin ingestion (less than 2 grams per	REFERRED BY	:	REGIS	TRATION DATE	: 08/Feb/2025 08:09 AM
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference URIC ACID: by URICACID: SERUM by URICASE - OXIDASE PEROXIDASE Mg/dL 3.60 - 7.70 NUTERPRETATION: 1. GOUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint. 2.000000000000000000000000000000000000	BARCODE NO.	:01525124	COLLE	CTION DATE	:08/Feb/202510:54AM
Test Name Value Unit Biological Reference URIC ACID <	CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPO	RTING DATE	:08/Feb/202510:55AM
URIC ACID: SERUM 4.28 mg/dL 3.60 - 7.70 by URICASE - OXIDASE PEROXIDASE INTERPETATION: I. 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 i ntestinal tract by microbial degradation. NCREASED: (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. 1. Polycythemai vera & myeloid metaplasia. 5. Psoriasis. 5. Sickle cell anaemia etc. 8).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. 5. 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. 8. DUE TO INCREASED EXCREATION	CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANTT		
URIC ACID: SERUM 4.28 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 i 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. - <td>Test Name</td> <td></td> <td>Value</td> <td>Unit</td> <td>Biological Reference interva</td>	Test Name		Value	Unit	Biological Reference interva
URIC ACID: SERUM by URICASE - OXIDASE PEROXIDASE INTERPETATION:- 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 i nestinal tract by microbial degradation. NCREASED:- 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. 5.Sickle cell anaemia etc. 8).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. 5.Diabetic ketoacidosis or starvation. 5.Diabetic ketoacidosis or starvation. 5.Diabetic ketoacidosis or starvation. 5.Diabetic ketoacidosis of use on 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. 3.Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc. 8.DUE TO INCREASED EXCREATION			URIC ACI	D	
by URCASE - OXIDASE PEROXIDASE INTERPERTATION:- 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 i 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 . 3.Multiple sclerosis . 4.Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc. (B).DUE TO INCREASED EXCREATION	URIC ACID: SERUM	r i i i i i i i i i i i i i i i i i i i			3.60 - 7.70
	I. Idiopathic primary 2. Excessive dietary p 3. Cytolytic treatmen 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 (I 5. Diabetic ketoacido 6. Renal failure due to DECREASED:- (A). DUE TO DIETARY I 1. Dietary deficiency (2. Fanconi syndrome 3. Multiple sclerosis 4. Syndrome of inapp (B). DUE TO INCREASE	gout. urines (organ meats, legumes, and t of malignancies especially leuke & myeloid metaplasia. etc. ED EXCREATION (BY KIDNEYS) ess than 2 grams per day). sis or starvation. o any cause etc. DEFICIENCY of Zinc, Iron and molybdenum. & Wilsons disease. ropriate antidiuretic hormone (SI D EXCREATION	emais & lymphomas. ADH) secretion & low pu		ds and ACTH, anti-coagulants and estrogens
*** End Of Report ***		*	** End Of Report	* * *	





DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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

KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana 0171-2643898, +91 99910 43898 | care@koshealthcare.com | www.koshealthcare.com

