



NAME :: Mr. ASHWANI AGE/ GENDER :: 68 YRS/MALE PATIENT ID :: 1762501 COLLECTED BY :: REG. NO./LAB NO. :: 012502190036 REFERERED BY :: REG.STRATION DATE :: 19/Feb/2025 11:58 AM BARCODE NO. :: 01525775 COLLECTION DATE :: 19/Feb/2025 12:01FM CLIENT CODE :: KOS DIAGNOSTIC LAB REPORTING DATE :: 19/Feb/2025 12:01FM CLIENT CODE :: KOS DIAGNOSTIC LAB REPORTING DATE :: 19/Feb/2025 01:03PM CLIENT ADDRESS :: 5349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference in CLIENT ADDRESS :: 5349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference in CLIENT CACID :: SERUM A.9.5 mg/dL 3.60 - 7.70 by URICACID :: SERUM A.9.5 mg/dL 3.60 - 7.70 URICACID :: SERUM A.9.5 mg/dL 3.60 - 7.70 URICACID :: SERUM A.9.5 mg/dL 3.60 - 7.70 by URICACID :: 10/Feb/2025 10:03PM 1.60U TO CURS when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint. 2.10/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 in the Intestinal tract by microbial degradation. NCREASED:: (A)DUE TO INCREASED PRODUCTION- 1.1diopathic priminary gout. 2. Excessive dielary purines (organ meats legumes anchovies, etc). 3. Cytohytic treatment of malignancies especially leukemais & lymphomas. 4. Polycythemai vera & myeloid metaplasia. 5. Sporiasis. 3. Lactic acidosis. 4. Apptrin Ingestion. 3. Lactic acidosis or starvation. 4. Apptrin Ingestion (less than 2 grams per day). 5. Diabetic ketoacidosis or starvation. 5. GRADE DIETARY DEFICIENCY 1. Dietary deficiency of Inc., Iron and molybdenum. 2. Fanconi Syndrome & Wilsons disease. 3. Multipe sclerosis. 3. Mu					(Pathology)	
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CLINICAL CHEMISTRY/BIOCHEMISTRY DIRIC 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 in the testinal 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. 3. Psoriasis. 5. Sickle cell anaemia etc. 8) DUE TO DECREASED EXCREATION (BY KIDNEYS) 1. Alacholi ingestion. 2. Thiazide diuretics. 3. Lacit acidosis. 4. Aspirin ingestion (less than 2 grams per day). 5. Diabetic ketoacidosis or starvation. 5. Renal failure due to any cause etc. DECREASED:- M) DUE TO DIETARY DEFICIENCY 1. Dietary deficiency of Zinc, Iron and molyddenum. 2. Farcensis. 3. Multiple sciences . 3. M	CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD), AMBALA CANTT			
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URIC ACID 1200 CACID: SERUM by URICASE: OXIDASE PEROXIDASE 4.95 mg/dL 3.60 - 7.70 MIEMPENTIATION: GOUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint. URICACID: VICE 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 testinal tract by microbial degradation. VOCERASED PRODUCTION: 					D1/	
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by URICASE - OXIDASE PEROXIDASE VIERPETATION: OCOUT 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 th trestinal tract by microbial degradation. VCREASED: A) DUE TO INCREASED PRODUCTION: .Idiopathic primary goutExcessive dietary purines (organ meats, legumes, anchovies, etc)Cytolytic treatment of malignancies especially leukemais & lymphomasPolycythemai vera & myeloid metaplasiaPsoriasis. Sickle cell anaemia etc. B) DUE TO DECREASED EXCREATION (BY KIDNEYS) .Alcohol ingestionThiazide diureticsLactic acidosisAspirin ingestion (less than 2 grams per day). Diabetic ketoacidosis or starvationRenal failure due to any cause etc. ECREASED: A) DUE TO DIETRAY DEFICIENCY Dietary deficiency of Zinc, Iron and molybdenumFanconi syndrome & Wilsons diseaseMultiple sclerosisSyndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc. B) DUE TO INCREASED EXCREATION .Tornal component of Signific Action and ACTH, anti-coagulants and esti						
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