

# **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)



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

NAME : Mrs. CHETNA

**AGE/ GENDER** : 45 YRS/FEMALE **PATIENT ID** : 1781572

COLLECTED BY : REG. NO./LAB NO. : 012503190050

 REFERRED BY
 : 19/Mar/2025 10:28 PM

 BARCODE NO.
 : 01527411
 COLLECTION DATE
 : 19/Mar/2025 11:19PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 19/Mar/2025 11:40PM

**CLIENT ADDRESS**: 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

# CLINICAL CHEMISTRY/BIOCHEMISTRY CREATININE

CREATININE: SERUM 7.53<sup>H</sup> mg/dL 0.40 - 1.20 by ENZYMATIC, SPECTROPHOTOMETRY



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MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
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Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist

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**COLLECTED BY** :012503190050 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 19/Mar/2025 10:36 PM BARCODE NO. :01527411 **COLLECTION DATE** : 19/Mar/2025 11:19PM

: KOS DIAGNOSTIC LAB **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

**Value** Unit **Biological Reference interval Test Name** 

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#### **URIC ACID**

URIC ACID: SERUM 5.55 mg/dL 2.50 - 6.80

by URICASE - OXIDASE PEROXIDASE

## **INTERPRETATION:-**

CLIENT CODE.

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 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
- 4. Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc.

## (B) DUE TO INCREASED EXCREATION

1.Drugs:-Probenecid, sulphinpyrazone, aspirin doses (more than 4 grams per day), corticosterroids and ACTH, anti-coagulants and estrogens etc.

\*\*\* End Of Report \*\*\*



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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