



		hopra & Microbiology) onsultant Pathologist	Dr. Yugam MD CEO & Consultant	(Pathology)	
NAME	: Mrs. RENU GOEL				
AGE/ GENDER	: 55 YRS/FEMALE		ENT ID	: 1802907	
COLLECTED BY	:		NO./LAB NO.	: 012503230019	
REFERRED BY	: : 01527588		STRATION DATE	: 23/Mar/2025 08:45 AM	
BARCODE NO.			ECTION DATE	: 23/Mar/2025 08:47AM : 23/Mar/2025 11:54AM	
CLIENT CODE.	: KOS DIAGNOSTIC LAB		RTING DATE		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD), AMBALA CANTT			
Test Name		Value	Unit	Biological Reference interval	
	CLINI	CAL CHEMISTRY	/BIOCHEMIST	TRY	
		GLUCOSE FAST	FING (F)		
GLUCOSE FASTING (F): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)		186.25 ^H	mg/dL	NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0	

KOS Diagnostic Lab (A Unit of KOS Healthcare)



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

MBBS, MD (PATHOLOGY)

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT

IN ACCRDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES: 1. A fasting plasma glucose level below 100 mg/dl is considered normal. 2. A fasting plasma glucose level between 100 - 125 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 fasting plasma glucose level of above 125 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.



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



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Fest Name		Value	Unit	Biological Reference interval
		URIC ACID		
JRIC ACID: SERUM		6.79	mg/dL	2.50 - 6.80
by URICASE - OXIDAS			0	
 Cytolytic treatment Polycythemai vera Psoriasis. Sickle cell anaemia DUE TO DECREASE Alcohol ingestion. Thiazide diuretics. Lactic acidosis. Aspirin ingestion (le Diabetic ketoacidosis Renal failure due to DECREASED:- DUE TO DIETARY E Dietary deficiency of Fanconi syndrome Multiple sclerosis. Syndrome of inappr DUE TO INCREASEI 	D EXCREATION (BY KIDNEYS) ess than 2 grams per day). sis or starvation. o any cause etc. DEFICIENCY of Zinc, Iron and molybdenum. & Wilsons disease. Topriate antidiuretic hormone (S D EXCREATION	SIADH) secretion & low puri		
	, suiphinpyrazone, aspirin doses	i (more than 4 grams per da	ay), corticosterroid	Is and ACTH, anti-coagulants and estrogens e
	1	*** End Of Report *	* *	





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