

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



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

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MD (Pathology)
CEO & Consultant Pathologist

NAME : Mrs. VIMLA DEVI

AGE/ GENDER : 77 YRS/FEMALE PATIENT ID : 1803470

COLLECTED BY : REG. NO./LAB NO. : 012503240010

 REFERRED BY
 : 24/Mar/2025 08:30 AM

 BARCODE NO.
 : 01527638
 COLLECTION DATE
 : 24/Mar/2025 08:34AM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 24/Mar/2025 10:29AM

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

Test Name Value Unit Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY URIC ACID

URIC ACID: SERUM 5.4 mg/dL 2.50 - 6.80

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 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 ***



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