

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



Dr. Vinay Chopra
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Chairman & Consultant Pathologist

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NAME : Mrs. SHASHI GOEL

AGE/ GENDER : 71 YRS/FEMALE **PATIENT ID** : 1821571

COLLECTED BY : SURJESH REG. NO./LAB NO. : 012504070072

REFERRED BY : CENTRAL PHOENIX CLUB (AMBALA CANTT) **REGISTRATION DATE** : 07/Apr/2025 05:54 PM **BARCODE NO.** : 01528549 **COLLECTION DATE** : 07/Apr/2025 06:19PM

CLIENT CODE. : KOS DIAGNOSTIC LAB **REPORTING DATE** : 07/Apr/2025 07:55PM

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

Test Name Value Unit Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY URIC ACID

URIC ACID: SERUM 7.65^H 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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