



| | Dr. Vinay Ch MD (Pathology & Chairman & Con | | Dr. Yugam MD CEO & Consultant | (Pathology) |
|--------------------|---|-------------------------------------|-------------------------------------|-------------------------------|
| NAME | : Mr. RAM PARSAD | | | |
| AGE/ GENDER | : 54 YRS/MALE | PA | TIENT ID | : 1552799 |
| COLLECTED BY | : | RE | G. NO./LAB NO. | : 042407180005 |
| REFERRED BY | : | RE | GISTRATION DATE | : 18/Jul/2024 10:29 AM |
| BARCODE NO. | : A0525000 | CO | LLECTION DATE | : 18/Jul/2024 03:28PM |
| CLIENT CODE. | : KOS DIAGNOSTIC SHAHBAD | RE | PORTING DATE | : 18/Jul/2024 04:21PM |
| CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD, | AMBALA CANTT | | |
| | | Value | Unit | Biological Reference interval |
| Test Name | | | | |
| Test Name | CLIN | ICAL CHEMISTR | Y/BIOCHEMISTR | Y |
| Test Name | CLIN | ICAL CHEMISTR GLUCOSE F <i>I</i> | | Y |

A fasting plasma glucose level below 100 mg/dl is considered normal.
 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.
 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.



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| REFERRED BY :: BARCODE NO. : A0524999 CLIENT CODE. :: KOS DIAGNOSTIC SHAHBAD CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANT Test Name Value Image: Choice sterol control is set of the set of t | PATIENT ID REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE REPORTING DATE T Unit ROFILE : BASIC mg/dL | : 18/Jul/2024 03:29PM : 18/Jul/2024 04:48PM Biological Reference interval |
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| COLLECTED BY :: REFERRED BY :: BARCODE NO. : A0524999 CLIENT CODE. : KOS DIAGNOSTIC SHAHBAD CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANT Test Name Value LIPID PI CHOLESTEROL TOTAL: SERUM 191.02 by CHOLESTEROL TOTAL: SERUM 191.02 trigLYCERIDES: SERUM 191.02 trigLYCERIDES: SERUM 115.91 by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) 115.91 HDL CHOLESTEROL (DIRECT): SERUM 55.61 by SELECTIVE INHIBITION 112.23 NON HDL CHOLESTEROL: SERUM 112.23 by CALCULATED, SPECTROPHOTOMETRY 135.41 ^H VLDL CHOLESTEROL: SERUM 23.18 by CALCULATED, SPECTROPHOTOMETRY 23.18 by CALCULATED, SPECTROPHOTOMETRY 497.95 | REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE REPORTING DATE T Unit ROFILE : BASIC | : 042407180005 E : 18/Jul/2024 10:29 AM : 18/Jul/2024 03:29PM : 18/Jul/2024 04:48PM Biological Reference interval OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239. |
| REFERRED BY :: BARCODE NO. :: A0524999 CLIENT CODE. :: KOS DIAGNOSTIC SHAHBAD CLIENT ADDRESS :: 6349/1, NICHOLSON ROAD, AMBALA CANT Test Name Value Image: Choice Sterol Control (Control | REGISTRATION DATE COLLECTION DATE REPORTING DATE T Unit ROFILE : BASIC mg/dL | E : 18/Jul/2024 10:29 AM : 18/Jul/2024 03:29PM : 18/Jul/2024 04:48PM Biological Reference interval OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239. |
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| Test NameValueCHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP191.02TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)115.91HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION55.61LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY112.23NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY135.41 ^H VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY23.18VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY23.18VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY497.95 | Unit ROFILE : BASIC mg/dL | OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239 |
| LIPID PI CHOLESTEROL TOTAL: SERUM 191.02 by CHOLESTEROL OXIDASE PAP 191.02 TRIGLYCERIDES: SERUM 115.91 by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) 115.91 HDL CHOLESTEROL (DIRECT): SERUM 55.61 by SELECTIVE INHIBITION 55.61 LDL CHOLESTEROL: SERUM 112.23 by CALCULATED, SPECTROPHOTOMETRY 135.41 ^H VLDL CHOLESTEROL: SERUM 23.18 by CALCULATED, SPECTROPHOTOMETRY 23.18 by CALCULATED, SPECTROPHOTOMETRY 497.95 | ROFILE : BASIC mg/dL | OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239 |
| CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP191.02TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)115.91HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION55.61LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY112.23NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY135.41HVLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY23.18VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY497.95 | mg/dL | BORDERLINE HIGH: 200.0 - 239 |
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| by CHOLESTEROL OXIDASE PAP TRIGLYCERIDES: SERUM 115.91 by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) 115.91 HDL CHOLESTEROL (DIRECT): SERUM 55.61 LDL CHOLESTEROL: SERUM 112.23 NON HDL CHOLESTEROL: SERUM 112.23 NON HDL CHOLESTEROL: SERUM 135.41 ^H VLDL CHOLESTEROL: SERUM 23.18 by CALCULATED, SPECTROPHOTOMETRY 23.18 by CALCULATED, SPECTROPHOTOMETRY 497.95 by CALCULATED, SPECTROPHOTOMETRY | Ĵ | BORDERLINE HIGH: 200.0 - 239 |
| by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY 497.95 by CALCULATED, SPECTROPHOTOMETRY | mg/dL | |
| HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION 55.61 LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY 112.23 NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY 135.41 ^H VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY 23.18 VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY 23.18 VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY 497.95 | | |
| by SELECTIVE INHIBITION LDL CHOLESTEROL: SERUM 112.23 by CALCULATED, SPECTROPHOTOMETRY 135.41 ^H VLDL CHOLESTEROL: SERUM 135.41 ^H by CALCULATED, SPECTROPHOTOMETRY 23.18 by CALCULATED, SPECTROPHOTOMETRY 23.18 by CALCULATED, SPECTROPHOTOMETRY 497.95 by CALCULATED, SPECTROPHOTOMETRY 497.95 | | BORDERLINE HIGH: 150.0 - 199 |
| by SELECTIVE INHIBITION LDL CHOLESTEROL: SERUM 112.23 by CALCULATED, SPECTROPHOTOMETRY 135.41 ^H VLDL CHOLESTEROL: SERUM 135.41 ^H VLDL CHOLESTEROL: SERUM 23.18 by CALCULATED, SPECTROPHOTOMETRY 23.18 by CALCULATED, SPECTROPHOTOMETRY 497.95 by CALCULATED, SPECTROPHOTOMETRY 497.95 | | HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0 |
| by SELECTIVE INHIBITION LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY 23.18 by CALCULATED, SPECTROPHOTOMETRY YUDI CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY | mg/dL | LOW HDL: < 30.0 |
| by CALCULATED, SPECTROPHOTOMETRY NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM calculated, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY | 5. 1 | BORDERLINE HIGH HDL: 30.0 - |
| by CALCULATED, SPECTROPHOTOMETRY NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM calculated, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY | | 60.0 |
| by CALCULATED, SPECTROPHOTOMETRY NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY VLDL CHOLESTEROL: SERUM calculated, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY | ine or fall | HIGH HDL: $>$ OR = 60.0 |
| NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY135.41HVLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY23.18TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY497.95 | mg/dL | OPTIMAL: < 100.0 ABOVE OPTIMAL: 100.0 - 129.0 |
| by CALCULATED, SPECTROPHOTOMETRY 100.41 VLDL CHOLESTEROL: SERUM 23.18 by CALCULATED, SPECTROPHOTOMETRY 23.18 TOTAL LIPIDS: SERUM 497.95 by CALCULATED, SPECTROPHOTOMETRY 497.95 | | BORDERLINE HIGH: 130.0 - 159 |
| by CALCULATED, SPECTROPHOTOMETRY 100.11 VLDL CHOLESTEROL: SERUM 23.18 by CALCULATED, SPECTROPHOTOMETRY 23.18 TOTAL LIPIDS: SERUM 497.95 by CALCULATED, SPECTROPHOTOMETRY 497.95 | | HIGH: 160.0 - 189.0 |
| by CALCULATED, SPECTROPHOTOMETRY 100.41 VLDL CHOLESTEROL: SERUM 23.18 by CALCULATED, SPECTROPHOTOMETRY 23.18 TOTAL LIPIDS: SERUM 497.95 by CALCULATED, SPECTROPHOTOMETRY 497.95 | | VERY HIGH: $> OR = 190.0$ |
| VLDL CHOLESTEROL: SERUM 23.18 by CALCULATED, SPECTROPHOTOMETRY 23.18 TOTAL LIPIDS: SERUM 497.95 by CALCULATED, SPECTROPHOTOMETRY 497.95 | mg/dL | |
| by CALCULATED, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM 497.95 by CALCULATED, SPECTROPHOTOMETRY | | ABOVE OPTIMAL: 130.0 - 159.0 BORDERLINE HIGH: 160.0 - 189 |
| by CALCULATED, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM 497.95 by CALCULATED, SPECTROPHOTOMETRY | | HIGH: 190.0 - 219.0 |
| by CALCULATED, SPECTROPHOTOMETRY TOTAL LIPIDS: SERUM 497.95 by CALCULATED, SPECTROPHOTOMETRY | | VERY HIGH: > OR = 220.0 |
| TOTAL LIPIDS: SERUM 497.95 by CALCULATED, SPECTROPHOTOMETRY | mg/dL | 0.00 - 45.00 |
| by CALCULATED, SPECTROPHOTOMETRY | mg/dL | 350.00 - 700.00 |
| | mg/uL | 330.00 - 700.00 |
| | RATIO | |
| by CALCULATED, SPECTROPHOTOMETRY | | AVERAGE RISK: 4.50 - 7.0 |
| | | MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0 |
| LDL/HDL RATIO: SERUM 2.02 | | |
| by CALCULATED, SPECTROPHOTOMETRY | RATIO | MODERATE RISK: 3.10 - 6.0 |
| | RATIO | HIGH RISK: > 6.0 |

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Page 2 of 4





| | Dr. Vinay Ch MD (Pathology & Chairman & Con | | Dr. Yugam MD CEO & Consultant | (Pathology) |
|------------------|---|-------------------|-------------------------------------|-------------------------------|
| NAME | : Mr. RAM PARSAD | | | |
| AGE/ GENDER | : 54 YRS/MALE | PATI | ENT ID | : 1552799 |
| COLLECTED BY | : | REG. | NO./LAB NO. | : 042407180005 |
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| CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD, | AMBALA CANTT | | |
| Test Name | | Value | Unit | Biological Reference interval |
| TRIGLYCERIDES/HD | | 2.08 ^L | RATIO | 3.00 - 5.00 |

INTERPRETATION:

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.

2. As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

 Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
 NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogeniclipoproteins such as LDL, VLDL, IDL, Lpa, Chylomicron remnants) along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL

5. Additional testing for Apolipoprotein B, hsCRP,Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement





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| NAME : Mr. RAM PARSAD AGE/ GENDER : 54 YRS/MALE PATIENT ID : 1552799 COLLECTED BY : REG. NO./LAB NO. : 4042407180005 REFEREED BY : REG. NO./LAB NO. : 4042407180005 REFEREED BY : REGISTRATION DATE : 18/Jul/2024 10:29 AM BARCODE NO. : 40524999 COLLECTION DATE : 18/Jul/2024 03:29 PM CLIENT CODE : KOS DIAGNOSTIC SHAHBAD REPORTING DATE : 18/Jul/2024 04:48 PM CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference Interval URIC ACID URIC ACID URIC ACID : SERUM 6.03 mg/dL 3.60 - 7.70 by URICASE - OXIDASE PEROXIDASE MITEMPERTATION: 1.60UT occurs when high levels of Uric Acid in the biodo 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. NOREASED - (A) DUE TO INCREASED PRODUCTION:- 1. Idiopathic primary gout. 2. Excessive distary purines (organ meats, legumes, anchovies, etc). 3. Cytolytic treatment of malignancies especially leukemais & lymphomas. 4. Applytic treatment of malignancies especially leukemais & lymphomas. 4. Polycythemaivers a myeloid metaplasia. 5. Psoriasis. 6. Sickle cell anaemia etc. (B) DUE TO INCREASED EXCREATION (BY KIDNEYS) 1. Alcohol ingestion. 2. Thialde diuretics. 3. Latic acidosis. 4. Applin lingestion (Less than 2 grams per day). 5. Diabetic ketoresy of Inc. ron and molybdenum. 2. Taixide diuretics. 3. Latic acidosis. 4. Applin lingestion (Less than 2 grams per day). 5. Diabetic ketoresy of Inc. ron and molybdenum. 2. Fanconi syndrome & Wilsons disease. 4. Syndrome of Inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc. (B) DUE TO MERASED EXCREATION 1. Drugs:-Probenecid, sulphinpyrazone, aspirin doses (more than 4 grams per day), corticosterroids and ACTH, anti-coagulants and estrogen **** End Of Report **** | | Dr. Vinay Che MD (Pathology & Chairman & Cons | | Dr. Yugan MD CEO & Consultant | (Pathology) |
|---|---|--|---|-------------------------------------|--|
| CULLECTED BY IMAGE SUPPORT IMAGE SUPPORT REFERRED BY IMAGE SUPPORT IMAGE SUPPORT SARCODE NO. IMAGE SUPPORT IMAGE SUPPORT SARCODE NO. IMAGE SUPPORT IMAGE SUPPORT SARCODE NO. IMAGE SUPPORT IMAGE SUPPORT SCIENT CODE IMAGE SUPPORT IMAGE SUPPORT CULLECTION DATE IMAGE SUPPORT IMAGE SUPPORT COLL SERUM 6.03 mg/dL 3.60 - 7.70 MURICACID SUPPORT IMAGE SUPPORT IMAGE SUPPORT COUT OCCRNSANT SUPPORT IMAGE SUPPORT IMAGE SUPPORT IMAGE SUPPORT COUT OCCRNSANT SUPPORT IMAGE SUPPORT IMAGE SUPPORT IMAGE SUPPORT | NAME | : Mr. RAM PARSAD | | | |
| REFERENDEY II. RESULTION DATE II. RESULTATION DATE | AGE/ GENDER | : 54 YRS/MALE | РАТ | IENT ID | : 1552799 |
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| ELERT CODE KOS DIAGNOSTIC SHAHBAD REPORTING DATE 18/Jul/2024 04:48PM SILENT ADDRES 6:349/1, NICHOLSON ROAD, AMBALA CANTS Test Name Value Unit Biological Reference interval URIC ACID BIOLET OCREASED PERONICATION: COUT CONCREASED PERODUCTION: Lideotartement of malignancice segecially leukemais & lymphomas. POLY INDECREASED EXCREATION (BY KIDNEY) Aldeotartement of malignancice segecially leukemais & lymphomas. POLY INDECREASED EXCREATION (BY K | REFERRED BY | : | REG | ISTRATION DATE | : 18/Jul/2024 10:29 AM |
| CLENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit Biological Reference interval Luck Luck ACID Junit Biological Reference interval JURIC ACID: SERUM 6.03 mg/dL 3.60 - 7.70 by URICASE - OXIDASE PERCAXIDASE Microarce Microarce MICHTOND: Interval 3.60 - 7.70 10:0001 course when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint. Microarce 20:011 course when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint. Microarce 10:0001 course when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint. Microarce 20:012 to INCREASED PRODUCTION: Note and Infigunacies especially leukemats & lymphomas. Note and Infigunacies especially leukemats & lymphomas. 20:0101 to Intracement of malignancies especially leukemats & lymphomas. Note and Infigunacies especially leukemats & lymphomas. Note and Infigunacies especially leukemats & lymphomas. 20:0101 to Intracement of malignancies especially leukemats & lymphomas. Note and Infigunacies especially leukemats & lymphomas. Note and Infigunacies especially leukemats & lymphomas. 20:0101 to Intrace to to any grams per day. Note and Infigunacies especially leukemats. | BARCODE NO. | : A0524999 | COL | LECTION DATE | : 18/Jul/2024 03:29PM |
| Test Name Value Unit Biological Reference interval URIC ACID Litic acid acid acid acid acid acid acid ac | CLIENT CODE. | : KOS DIAGNOSTIC SHAHBAD | REP | ORTING DATE | : 18/Jul/2024 04:48PM |
| URIC ACID JRIC ACID: SERUM 6.03 mg/dL 3.60 - 7.70 by URICASE- OXIDASE PEROXIDASE MITERPECTATION: I.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 nestinal tract by microbial degradation. NCREASED: A) DUE TO INCREASED PRODUCTION: I.Idiopathic primary gout. 2.Excessive dietary purines (organ meats.legumes.anchovies, etc.). 3.Cytolytic treatment of malignancies especially leukemais & lymphomas. 1.Polycythemai vera & myeloid metaplasia. P.Soriasis. 3.Sickle cell anaemia etc. B) DUE TO DCREASED EXCREATION (BY KIDNEYS) 1.Actor acid directics. 3.Lactic acidosis. 1.Policaty deficiency of Zinc, Iron and molybdenum. 2.Panconi syndrome & Wilsons disease. 3.Multiple sclerosis. 3.Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc. B).DUE TO INCREASED EXCREATION I.Drugs:-Probenecid, sulphinpyrazone, aspirin doses (more than 4 grams per day), corticosterroids and ACTH, anti-coagulants and estroger | CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD, A | AMBALA CANTT | | |
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| *** End Of Report *** | A).DUE TO INCREASE A).DUE TO INCREASE Lidiopathic primary 2.Excessive dietary p 3.Cytolytic treatmen 4.Polycythemai vera 5.Sickle cell anaemia B).DUE TO DECREASE 1.Alcohol ingestion. 2.Thiazide diuretics. 3.Lactic acidosis. 4.Aspirin ingestion (I 5.Diabetic ketoacido 6.Renal failure due to DECREASED:- A).DUE TO DIETARY I 1.Dietary deficiency of 2.Fanconi syndrome 3.Multiple sclerosis | gout. urines (organ meats,legumes,anch t of malignancies especially leuke & myeloid metaplasia. etc. DEXCREATION (BY KIDNEYS) ess than 2 grams per day). sis or starvation. o any cause etc. DEFICIENCY of Zinc, Iron and molybdenum. & Wilsons disease. | mais & lymphomas. | burine diet etc. | |
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