

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

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 MD (Pathology)  
 CEO & Consultant Pathologist

<b>NAME</b>	: Mr. GURMEET SAINI	<b>PATIENT ID</b>	: 1640534
<b>AGE/ GENDER</b>	: 50 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 042410110001
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 11/Oct/2024 09:35 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 11/Oct/2024 07:26PM
<b>BARCODE NO.</b>	: A0465717	<b>REPORTING DATE</b>	: 11/Oct/2024 08:25PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC SHAHBAD		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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## CLINICAL CHEMISTRY/BIOCHEMISTRY

### URIC ACID

URIC ACID: SERUM	6.82	mg/dL	3.60 - 7.70
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.Polycythema vera & myeloid metaplasia.
- 5.Psoriasis.
- 6.Sickle cell anaemia etc.

##### (B).DUE TO DECREASED EXCRETION (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 EXCRETION

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

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



  
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