







Name: MR. SPECIMEN REPORT 06/02/2022 12:38:06 Registered on: Pat. ID: 2202065 Age: 28 Yrs. 3 Mn. 22 Day Gender: M Received on : 07/02/2022 11:32:00 Reported on: 07/02/2022 11:32:58

Ref. By: FAMILY PHYSICIAN Investigation(s): S.Uric Acid

**Test Name** Value Unit **Normal Value** 

Serum Uric Acid 3.74 3.4 - 7.0mg%

Reference Range

The final breakdown product of purine catabolism in humans is uric acid. The liver and intestinal mucosa produce most of the uric acid. The kidneys eliminate two thirds of the uric acid, with the GI tract excreting the other one third. Uric has a pKa of 5.75 and 10.3 and thus is a weak acid. The ionized forms of uric acid, urates, are present in synovial fluid and in plasma; approximately 98% exists as monosodium urate, with a pH of 7.4.

5.7 mg/dLWomen: 2.4

Serum urate concentrations in most children range from 3-4 mg/dL. During male puberty, levels begin to rise. Female levels remain low until menopause. Adult men have mean serum urate values of 6.8 mg/dL, and premenopausal women have mean serum urate values of 6 mg/dL. Values for women increase after menopause and approximate those of men. Throughout adulthood, concentrations rise steadily and can vary with height, blood pressure, body weight, renal function, and alcohol intake.

Elevated uric acid levels can be seen in • Gout• Renal failure• Destruction of massive amounts of nucleoproteins (leukemia, anemia, chemotherapy, toxemia of pregnancy, psoriasis, sickle cell anemia, hemolytic anemia, polycythemia, resulting pneumonia) • Drugs (especially diuretics, barbiturates) • Lactic acidosis • Hypothyroidism • Chronic kidney disease • Parathyroid diseases • Low-dose Low-dose salicylates • Metabolic acidosis • Diet (high-protein weight-reducing diet, alcohol, liver, and sweetbread)

Chronic lead poisoning. Down syndrome. Polycystic kidney disease. Sarcoidosis . Lesch-Nyhan syndrome. Von Gierke disease. Chronic berylliosis.

Decreased uric acid levels can be seen in • Drugs such as uricosuric drugs (salicylates, probenecid, allopurinol), estrogen, phenothiazines, indomethacin, corticotropin • Syndrome of inappropriate antidiuretic hormone secretion (SIADH) with hyponatremia • Wilson disease • Fanconi syndrome • Acromegaly • Celiac disease • Xanthinuria

\*\*\* End of Report(s) \*\*\*

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Joyace (Quality Control)

M. Mustafa (Sr. Lab. Tech.)

Dr. D. Garg MD (Pathology)

Note - If result(s) of test(s) is / are alarming or surprising or with error(s), please contact or visit us immediately for possible remedial action(s)

DISCLAIMER:(i)-Specimen Processing outcome(s)/result(s) is/are absolutely depend(s) on assumption that all vital information being shared, and cautions being taken before providing/giving specimen (sample). (ii)-Requested Test might yield invalid or delayed result for various technical reasons. (iii)-Specified Biological Reference Ranges encompass 95% confidence limits of a given population. (iv)-laboratory Investigations are only a tool to facilitate in arriving a diagnosis and should be clinically co-related. (v)-Specimen repetition(s) are accepted on request of referring Doctor/ Specialist within a week of reporting. (vi)-Reports delivery may be delayed due to unforeseen circumstances. (vii)-Certain Tests may require further testing and group discussion amongst various intra-disciplinary medical professionals at additional cost for derivation of exact outcome. Kindly submit request within 72 hours of post reporting. (viii)-Test result may show inter laboratory variations. (ix)- All difference(s)/dispute(s), claim(s), concerning the test(s) or result(s) of test(s) shall be exclusively under Delhi jurisdiction. (x)-Specimen Processing outcome(s) / result(s) is/are not valid for Medico-legal purpose(s). (xi)-Communication / Assistance: +91 8800 510 900 /cowinpathlabs@gmail.com.