

|                      |                              |
|----------------------|------------------------------|
| Patient NAME : Dummy | Report STATUS : Final Report |
| DOB/Age/Gender :     | Barcode NO :                 |
| Patient ID / UHID :  | Sample Type : Serum          |
| Referred BY :        | Report Date :                |
| Sample Collected :   |                              |

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

## Frequent Pain Assessment Package

### Uric Acid

|                             |     |       |           |
|-----------------------------|-----|-------|-----------|
| Uric Acid<br><i>Uricase</i> | 5.7 | mg/dL | 2.6 - 6.0 |
|-----------------------------|-----|-------|-----------|

**Interpretation:**

Serum uric acid levels are very labile and show day to day and seasonal variation in some people. Levels are also increased by emotional stress, total fasting and increased body weight. Serum uric acid levels are used to diagnose and monitor treatment of gout, monitor chemotherapeutic treatment of neoplasms to avoid renal urate deposition with possible renal failure.

### Calcium

|                                      |     |       |            |
|--------------------------------------|-----|-------|------------|
| Calcium Serum<br><i>Arsenazo III</i> | 8.9 | mg/dL | 8.4 - 10.2 |
|--------------------------------------|-----|-------|------------|

**Interpretation:**

Elevated calcium value are associated with hyperparathyroidism, multiple myeloma, neoplasms of bone and parathyroid & conditions of rapid demineralization, tetany & occasionally with nephrosis & pancreatitis. Severe nephritis & uremia may cause either elevated or lowered calcium values. Decreased values of calcium are noted in hypoparathyroidism, vitamin D deficiency, renal insufficiency, hypoproteinemia, malabsorption syndrome, severe pancreatitis with pancreatic necrosis and pseudo-hypoparathyroidism.

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|------------------|----------|---------|-----------------|
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### **C-Reactive Protein (CRP), Quantitative**

|   |              |      |         |
|---|--------------|------|---------|
| CRP (Quantitative)<br><i>Immunoturbidimetry</i> | <b>67.69</b> | mg/L | up to 5 |
|---|--------------|------|---------|

**Interpretation:**

**Increased CRP level:**

1. A high or increasing amount of CRP in the blood suggests the presence of inflammation but will not identify its location or the cause.
2. Suspected bacterial infection—a high CRP level can provide indication that patient has an infection.
3. Chronic inflammatory disease—high levels of CRP suggest a flare-up if you have a chronic inflammatory disease or that treatment has not been effective.

If the CRP level is initially elevated and drops, it means that the inflammation or infection is subsiding and/or responding to treatment.

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**Rheumatoid Factor (RF), Quantitative**

|  |    |       |  |
|--|----|-------|--|
| RHEUMATOID FACTOR, Quantitative<br><i>Immunoturbidimetry</i> | 20 | IU/mL | Negative <30<br>Weakly positive 30 to 50<br>Positive >50 |
|--|----|-------|--|

**Interpretation:**

Approximately 85% of patients with Rheumatoid arthritis have detectable RA. It may also be seen in other medical conditions like Sjogren's syndrome and SLE.

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### Vitamin D 25 Hydroxy

|                                      |      |       |   |
|--------------------------------------|------|-------|---|
| Vitamin D 25 - Hydroxy<br><i>CMA</i> | 45.9 | ng/mL | Deficiency:<10ng/ml<br>Insufficient:10-30ng/ml<br>Sufficient:>30-100ng/ml<br>Hypervitaminosis:>100ng/ml |
|--------------------------------------|------|-------|---|

**Interpretation:**

25-Hydroxy vitamin D represents the main body reservoir and transport form. Mild to moderate deficiency is associated with Osteoporosis / Secondary Hyperparathyroidism while severe deficiency causes Rickets in children and Osteomalacia in adults. Prevalence of Vitamin D deficiency is approximately >50% specially in the elderly. This assay is useful for diagnosis of vitamin D deficiency and Hypervitaminosis D. It is also used for differential diagnosis of causes of Rickets & Osteomalacia and for monitoring Vitamin D replacement therapy.

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

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