

LABORATORY TEST REPORT

Name	: Mr. L SUMAN		
Sample ID	: A0787403		
Age/Gender	: 51 Years/Male	Reg. No	: 0312410020013
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 02-Oct-2024 11:04 AM
Primary Sample	: Whole Blood	Received On	: 02-Oct-2024 12:54 PM
Sample Tested In	: Serum	Reported On	: 03-Oct-2024 11:42 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
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25 Hydroxy Vitamin D2 and D3

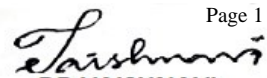
25 Hydroxy VIT D2 Ergocalciferol (Method: LCMS)	1.01	ng/mL	Specific reference range for Vitamin D2 is not available.
25 Hydroxy VIT D3 Cholecalciferol (Method: LCMS)	11.28	ng/mL	Specific reference range for Vitamin D3 is not available.
25 - Hydroxy Vitamin D (Method: CLIA)	12.29	ng/mL	<20.0-Deficiency 20.0-30.0-Insufficiency 30.0-100.0-Sufficiency >100.0-Potential Intoxication

VALUE	CONDITION	INFERENCE
< 10	SEVERE DEFICIENCY	Could be associated with osteomalacia or rickets
10 - 19	MILD DEFICIENCY	May be associated with increased risk of osteoporosis or secondary hyperparathyroidism
20 - 50	OPTIMUM LEVELS	Optimum levels in the healthy population; patients with bone disease may benefit from higher levels within this range
51 - 80	INCREASED Risk of hypercalciuria	Sustained levels >50 ng/mL 25OH-VitD along with prolonged calcium supplementation may lead to hypercalciuria and decreased renal function
>80	TOXICITY POSSIBLE	80 ng/mL is the lowest reported level associated with toxicity in patients without primary hyperparathyroidism who have normal renal function. Most patients with toxicity have levels > 150 ng/mL. Patients with renal failure can have very high 25-OH-VitD levels without any signs of toxicity, as renal conversion to the active hormone 1, 25-OH-VitD is impaired or absent.

These reference ranges represent clinical decision values, based on the 2011 Institute of Medicine report, that apply to males and females of all ages, rather than population-based reference values. Population reference ranges for 25-OH-VitD vary widely depending on ethnic background, age, geographic location of the studied populations, and the sampling season

Method : LCMS




 DR.VAISHNAVI
 MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 02-Oct-2024 12:54 PM
Sample Tested In	: Serum	Reported On	: 02-Oct-2024 03:11 PM
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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
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 Creatinine (Method: Jaffes Kinetic)	1.14	mg/dL	0.70-1.30
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Interpretation:

- This test is done to see how well your kidneys are working. Creatinine is a chemical waste product of creatine. Creatine is a chemical made by the body and is used to supply energy mainly to muscles.
- **A higher than normal level may be due to:**
- Renal diseases and insufficiency with decreased glomerular filtration, urinary tract obstruction, reduced renal blood flow including congestive heart failure, shock, and dehydration; rhabdomyolysis can cause elevated serum creatinine.
- **A lower than normal level may be due to:**
- Small stature, debilitation, decreased muscle mass; some complex cases of severe hepatic disease can cause low serum creatinine levels. In advanced liver disease, low creatinine may result from decreased hepatic production of creatinine and inadequate dietary protein as well as reduced muscle mass.

Vitamin- B12 (cyanocobalamin) (Method: CLIA)	249	pg/mL	211-911
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Interpretation:

This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12.

Causes of vitamin B12 deficiency include: Diseases that cause malabsorption

- Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
- Above normal heat production (for example, with hyperthyroidism)

An increased vitamin B12 level is uncommon in:

- Liver disease (such as cirrhosis or hepatitis)
- Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)
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*** End Of Report ***



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