V. I. P. DIAGNOSTIC LAB
Clinical & Surgical Pathology Laboratory

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Lab No.	: 286176	**Accessioned On**	: 14-Jun-2024
Name	: PREYASH THAKKAR	**Report Date**	: 14-Jun-2024
Sex/Age	: Male/22 Years	**Sample Status**	: Hospital collection
Ref. By	: DR MIHIR PATEL,MD		

HAEMATOLOGY

Parameter	Result	Unit	Biological Reference Range
Haemoglobin	17.5	gm%	13.5 - 18
T-RBC	5.14	mil/cmm	4.6 - 6
Haematocrit	45.4	%	40 - 54
MCV	88	fL	76 - 100
MCH	30.2	pg	27 - 32
MCHC	34.1	%	32 - 36
RDW-cv	14.5	%	11.5 - 15
RDW-sd	45.6	%	37.0 - 49.0
Total Leucocyte count	8480	/cmm	4000 - 10500
Differential Leucocyte Count			
Neutrophils	65	%	40 - 75
Lymphocytes	38	%	20 - 45
Eosinophils	2	%	0 - 6
Monocytes	5	%	2 - 6
Basophils	0	%	0 - 1
Other cells	0	%	
Platelet Count	379	thou/cmm	150 - 450
MPV	8.1	fL	6.5 - 11.0
Smear evaluation	Adequate		
ESR	32	mm/hr	1 - 7
(Westergren's method)			

CBC- On Yumizen H500 6 part Cell Counter

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Parameter	Result	Unit	Biological Reference Range
	BIOCHEMISTRY		
Random Plasma Glucose	91	mg/dL	70 - 160
	SEROLOGY		
C Reactive Protein (Quantitative)	56.2	mg/L	Adults Upto 6 Newborn upto 3 wks. < 4.1 Infants & Children < 2.8
	BIOCHEMISTRY		
S. Ig E	25.4	IU/mL	

Age related Ref Value.

Age	IU/mL
upto 1 yr	< 15
1 - 5 yr	< 60
6 - 9 yr	< 90
10 - 16 yr	< 200
> 16 yr	< 150

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Parameter	Result	Unit	Biological Reference Range
THYROID HORMONE ASSAY...			
Thyroid Stimulating Hormone (TSH)	4.71	mIu/mL	Infants (1-4 days) : 1.0 - 39 2-20 weeks : 1.7 - 9.1 5 months - 20 years : 0.7 - 6.4 Adults (21 - 54 years) : 0.4 - 4.2 Adults (> 55 years) : 0.5 - 8.9 Pregnancy : 1st trimester : 0.3 - 4.5 2nd trimester : 0.5 - 4.6 3rd trimester : 0.8 - 5.2 (Reference : Tietz - Clinical guide to laboratory test, 4th edition)
SPECIAL TEST			
Vitamin B12	195	pg/mL	Interpretation : Normal : 180 - 914 Intermediate : 145 - 180 Deficiency : <145

* Fasting sample is required.
* Therapeutic intake during preceeding days (Oral-3 days, Parentral 3 wks) may lead to increased level.

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Parameter	Result	Unit	Biological Reference Range

SPECIAL TEST

Vitamin D (25 Hydroxy calciferol)	< 8.1	ng/mL	Health based Reference range : Deficiency : < 20 ng/ml Insufficiency : 20 - 29 ng/ml Sufficient : 30 - 100 ng/ml Possible toxicity : >100 ng/ml

Serum or heparinised plasma, Fasting sample preferred.

- Vitamin D level varies amongst populations and according to sunshine exposure (peaks in summer months) and nutritional habits and status, hence health based reference range is preferred to usual population based reference intervals.

- 25 (OH) Calciferol {25 (OH) D} is circulating form of Vitamin D. It is at present the best indicator of Vitamin D status. Fraction of circulating 25 (OH) D is converted to its active metabolites 1-25 (OH) D mainly by the kidneys. This process is regulated by PTH.

- If on supplemental therapy, it should be stopped for 3 to 4 days prior to testing.

Classic (nutritional) vitamin D deficiency results in bone demineralization, which may lead to rickets in children and osteomalacia or osteoporosis in adults. Because calcium levels affect muscle strength, vitamin D deficiency can result in muscle weakness and an increased risk of falls in the elderly.

Levels of 25 (OH) D vary with exposure to sunlight, peaking in the summer months.
Decreased vitamin D levels have been linked with an increased incidence of colon, breast, and prostate cancer, as well as a higher mortality from these cancer, and an increased incidence of congestive heart failure, depression and schizophrenia.

Individuals Suitable for Testing :

Individuals with suspected vitamin D deficiency (e.g., those with persistent, nonspecific musculoskeletal pain ; the elderly ; housebound individuals ; those with malabsorptive syndromes ; those receiving treatment with anticonvulsants)
Individuals with suspected toxicity (e.g. those with anemia of obscure origin, unexplained renal disease, etc.)
Individuals being treated for vitamin D- related disorders.

What abnormal results mean:

* Lower-than normal levels suggest a vitamin D deficiency. This condition can result from :
Lack of exposure to sunlight,Lack of adequate vitamin D in the diet ,Liver and Kidney diseases,Malabsorption,Use of certain medicines, including phenytoin, Phenobarbital, and rifampicin
* Higher-than - normal levels suggest excess vitamin D (hypervitaminosisD).

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