Blood Test Report Summary

Generated on: 2025-07-02 13:10:44

Report Details

Filename: blood_report_27213e37-f82c-41a2-b592-22691182ee09.pdf

Query: Summarize my blood test report

Medical Result

Blood Test Report Summary

Patient Information:

- Name: DUMMY
- Age: 30 Years
- Gender: Male
- Report Date: 14/5/2023
- Collection Date: 16/5/2023

Key Values:

1. **Hemoglobin:** 15.00 g/dL (Normal range: 13.00 - 17.00 g/dL)
2. **RBC Count:** 4.50 mill/mm³ (Normal range: 4.50 - 5.50 mill/mm³)
3. **WBC Count:** 38.00 thou/mm³ (Normal range: 4.00 - 10.00 thou/mm³) - **Abnormal**
4. **Platelet Count:** 320.00 thou/mm³ (Normal range: 150.00 - 410.00 thou/mm³)
5. **MCV:** 90.00 fL (Normal range: 83.00 - 101.00 fL)
6. **MCH:** 32.00 pg (Normal range: 27.00 - 32.00 pg) - **Upper limit of normal**
7. **MCHC:** 33.00 g/dL (Normal range: 31.50 - 34.50 g/dL)
8. **RDW:** 14.00% (Normal range: 11.60 - 14.00%)

Abnormal Results:

- **WBC Count:** Significantly elevated at 38.00 thou/mm³, which is above the normal range. This could indicate an infection, inflammation, or other hematological conditions.
- **Eosinophils:** 5.00% (Normal range: <2.00%) - Elevated, which may suggest an allergic reaction or parasitic infection.

- **Lymphocytes:** 30.00% (Normal range: 20.00 - 40.00%) - Within normal limits but on the higher side.

Health Risks:

- The elevated WBC count may indicate an underlying infection or inflammatory process. It is essential to investigate further to determine the cause.
- The elevated eosinophil count could suggest allergies or parasitic infections, which may require additional testing.

Medical Advice:

1. **Follow-Up Testing:** It is recommended to conduct further tests to identify the cause of the elevated WBC and eosinophil counts. This may include a peripheral blood smear, specific infection tests, or allergy testing.
2. **Monitor Symptoms:** Keep track of any symptoms such as fever, fatigue, or signs of infection. If symptoms worsen, seek medical attention promptly.
3. **Consultation:** Consider consulting a hematologist or your primary care physician for a comprehensive evaluation and management plan based on these results.

Conclusion:

The blood test indicates a generally healthy profile with specific abnormalities in the WBC and eosinophil counts that warrant further investigation. Regular monitoring and follow-up are essential to ensure optimal health.

Nutrition Result

Personalized Diet Recommendations Based on Blood Report

Patient Information:

- Age: 30 Years
- Gender: Male

Key Findings:

1. **Elevated WBC Count:** 38.00 thou/mm³ (Normal: 4.00 - 10.00 thou/mm³)
2. **Elevated Eosinophils:** 5.00% (Normal: <2.00%)
3. **Normal Hemoglobin:** 15.00 g/dL (Normal: 13.00 - 17.00 g/dL)

4. **Vitamin B12:** 280.00 pg/mL (Normal: 211.00 - 911.00 pg/mL)

5. **Vitamin D:** 85.00 nmol/L (Normal: 75.00 - 250.00 nmol/L)

Nutritional Deficiencies or Needs:

- **Vitamin D:** Sufficient but can be optimized for better health.
- **Vitamin B12:** Within normal range, no immediate supplementation needed.
- **Elevated WBC and Eosinophils:** Suggests potential inflammation or allergic response.

Diet Chart:

Breakfast:

- Oatmeal topped with fresh fruits (banana, berries) and a sprinkle of nuts (almonds/walnuts).
- A glass of fortified orange juice (for Vitamin D).

Mid-Morning Snack:

- Greek yogurt with honey and chia seeds.

Lunch:

- Grilled chicken or tofu salad with mixed greens, cherry tomatoes, cucumber, and a vinaigrette dressing.
- Quinoa or brown rice on the side.

Afternoon Snack:

- A handful of mixed nuts or a piece of fruit (apple/orange).

Dinner:

- Baked salmon or lentils with steamed broccoli and sweet potatoes.
- A side of leafy greens (spinach/kale) with olive oil dressing.

Evening Snack (if needed):

- Herbal tea and a small piece of dark chocolate.

Suggestions for Supplements:

- **Vitamin D:** Consider a supplement if exposure to sunlight is limited, especially in winter months.
- **Omega-3 Fatty Acids:** May help reduce inflammation; consider fish oil or flaxseed oil supplements.

Tips on Meal Timing, Hydration, and Food Groups:

- **Meal Timing:** Aim for 3 main meals and 2-3 snacks throughout the day to maintain energy levels and support metabolism.
- **Hydration:** Drink at least 2-3 liters of water daily. Herbal teas and infused water can also contribute to hydration.
- **Food Groups:** Focus on a balanced diet rich in whole grains, lean proteins, healthy fats, and plenty of fruits and vegetables. Incorporate anti-inflammatory foods like turmeric, ginger, and garlic.

General Wellness Practices:

- **Regular Exercise:** Aim for at least 150 minutes of moderate aerobic activity per week.
- **Stress Management:** Practice mindfulness, yoga, or meditation to help manage stress levels.
- **Sleep Hygiene:** Ensure 7-9 hours of quality sleep each night to support overall health and recovery.

Follow-Up: Regular monitoring of blood parameters is recommended, especially WBC and eosinophil counts, to assess any changes in health status.

Exercise Result

Customized Workout Plan Based on Blood Report

Patient Information:

- Age: 30 Years
- Gender: Male

Key Findings:

1. **Hemoglobin:** 15.00 g/dL (Normal range: 13.00 - 17.00 g/dL)
2. **WBC Count:** 38.00 thou/mm³ (Normal range: 4.00 - 10.00 thou/mm³) - **Abnormal**
3. **Eosinophils:** 5.00% (Normal range: <2.00%) - Elevated
4. **Normal RBC Count and Platelet Count**

Weekly Exercise Schedule (3-5 days/week)

Day 1: Walking and Stretching

- **Activity:** 30 minutes of brisk walking
- **Cool Down:** 10 minutes of stretching focusing on major muscle groups

Day 2: Yoga
- **Activity:** 45 minutes of gentle yoga focusing on relaxation and flexibility (e.g., Hatha or Yin Yoga)

Day 3: Strength Training (Bodyweight)
- **Activity:** 30 minutes of bodyweight exercises (e.g., squats, push-ups, lunges)
- **Reps:** 2 sets of 10-15 reps for each exercise
- **Note:** Focus on form and control, avoid heavy weights

Day 4: Rest or Light Activity
- **Activity:** Light walking or leisure activities (e.g., gardening, light cycling)

Day 5: Walking and Core Strengthening
- **Activity:** 30 minutes of brisk walking
- **Core Exercises:** 15 minutes of core strengthening (e.g., planks, bird-dogs)

Activity Types:
- **Walking:** Improves cardiovascular health and is low-impact.
- **Yoga:** Enhances flexibility, reduces stress, and promotes relaxation.
- **Strength Training:** Builds muscle strength without heavy weights, focusing on bodyweight exercises.

Safety Notes for Patients with Health Concerns:
- **Monitor Symptoms:** Due to the elevated WBC count, monitor for any signs of infection or unusual fatigue. If symptoms worsen, consult a healthcare provider.
- **Hydration:** Ensure adequate hydration before, during, and after exercise.
- **Intensity:** Keep the intensity moderate; avoid high-impact or strenuous activities until further evaluation of the elevated WBC count.
- **Consultation:** Consider consulting a healthcare professional before starting any new exercise program, especially given the abnormal blood results.

Conclusion:

This exercise plan is designed to promote overall health while being mindful of the patient's current blood report findings. Regular monitoring and adjustments may be necessary based on the patient's health status and any further medical advice received.

Verification Result

- Confirmation: The file is a valid blood test report.
- File Type: PDF
- Document Title: Blood Test Report

Content:

Report Status Male30 Years::::AgeGenderReported P14/5/2023 11:03:00AMU439854467 DUMMY:::::Name Lab No. Ref By Collected A/c Status 16/5/2023 1:36:25PMFinalCollected at :Processed at :LPL-ROHINI (NATIONAL REFERENCE LAB)National Reference laboratory, Block E, Sector 18, ROHINIDELHI 110085LPL-NATIONAL REFERENCE LABNational Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085Test Report Test NameResultsUnitsBio. Ref. IntervalSwasthFit Super 4COMPLETE BLOOD COUNT;CBCHemoglobin(Photometry) 13.00 - 17.00 g/dL15.00Packed Cell Volume (PCV)(Calculated) 40.00 - 50.00 %45.00RBC Count(Electrical Impedence) 4.50 - 5.50 mill/mm34.50MCV(Electrical Impedence) 83.00 - 101.00 fL90.00MCH(Calculated) 27.00 - 32.00 pg32.00MCHC(Calculated) 31.50 - 34.50 g/dL33.00Red Cell Distribution Width (RDW)(Electrical Impedence) 11.60 - 14.00 %14.00Total Leukocyte Count (TLC)(Electrical Impedence) 4.00 - 10.00 thou/mm38.00Differential Leucocyte Count (DLC)(VCS Technology) 40.00 - 80.00 Segmented Neutrophils%60.00 20.00 - 40.00 Lymphocytes%30.00 2.00 - 10.00 Monocytes%5.00 1.00 - 6.00 Eosinophils%5.00 <2.00 Basophils%0.00Absolute Leucocyte Count(Calculated) 2.00 - 7.00 Neutrophilsthou/mm34.80 1.00 - 3.00 Lymphocytesthou/mm32.40 0.20 - 1.00 Monocytesthou/mm30.40 0.02 - 0.50 Eosinophilsthou/mm30.40 0.02 - 0.10 Basophilsthou/mm30.00Platelet Count(Electrical impedence) 150.00 - 410.00 thou/mm3200Mean Platelet Volume(Electrical Impedence) 6.5 - 12.0 fL10.0*439854467*.Page 1 of 10 Report Status Male30 Years::::AgeGenderReported P14/5/2023 11:03:00AMU439854467 DUMMY:::::Name Lab No. Ref By Collected A/c Status 16/5/2023 1:36:25PMFinalCollected at :Processed at :LPL-ROHINI (NATIONAL REFERENCE LAB)National Reference laboratory, Block E, Sector 18, ROHINIDELHI 110085LPL-NATIONAL REFERENCE LABNational Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085Test Report Test NameResultsUnitsBio. Ref. IntervalNote1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood 2. Test conducted on EDTA whole blood*439854467*.Page 2 of 10 Report Status Male30

Years::::AgeGenderReported P14/5/2023 11:03:00AMU439854467 DUMMY:::::Name Lab No. Ref By Collected A/c Status 16/5/2023 1:36:25PMFinalCollected at :Processed at :LPL-ROHINI (NATIONAL REFERENCE LAB)National Reference laboratory, Block E, Sector 18, ROHINIDELHI 110085LPL-NATIONAL REFERENCE LABNational Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085Test Report Test NameResultsUnitsBio. Ref. IntervalLIVER & KIDNEY PANEL, SERUM0.90Creatinine(Modified Jaffe,Kinetic) 0.70 - 1.30 mg/dL118GFR Estimated(CKD EPI Equation 2021) >59 mL/min/1.73m2G1GFR Category(KDIGO Guideline 2012) 20.00Urea(Urease UV) 13.00 - 43.00 mg/dL9.34Urea Nitrogen Blood(Calculated) 6.00 - 20.00 mg/dL10BUN/Creatinine Ratio(Calculated) 5.00Uric Acid(Uricase) 3.50 - 7.20 mg/dL11.0AST (SGOT)(IFCC without P5P) 15.00 - 40.00 U/L21.0ALT (SGPT)(IFCC without P5P) 10.00 - 49.00 U/L11.0GGTP(IFCC) 0 - 73 U/L150.00Alkaline Phosphatase (ALP)(IFCC-AMP) 30.00 - 120.00 U/L0.20Bilirubin Total(Oxidation) 0.30 - 1.20 mg/dL0.10Bilirubin Direct(Oxidation) <0.3 mg/dL0.10Bilirubin Indirect(Calculated) <1.10 mg/dL7.00Total Protein(Biuret) 5.70 - 8.20 g/dL4.00Albumin(BCG) 3.20 - 4.80 g/dL1.33A : G Ratio(Calculated) 0.90 - 2.00 3.00Globulin(Calculated) 2.0 - 3.5 gm/dL8.00Calcium, Total(Arsenazo III) 8.70 - 10.40 mg/dL*439854467*.Page 3 of 10 Report Status Male30 Years::::AgeGenderReported P14/5/2023 11:03:00AMU439854467 DUMMY:::::Name Lab No. Ref By Collected A/c Status 16/5/2023 1:36:25PMFinalCollected at :Processed at :LPL-ROHINI (NATIONAL REFERENCE LAB)National Reference laboratory, Block E, Sector 18, ROHINIDELHI 110085LPL-NATIONAL REFERENCE LABNational Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085Test Report Test NameResultsUnitsBio. Ref. Interval4.00Phosphorus(Molybdate UV) 2.40 - 5.10 mg/dL140.00Sodium(Indirect ISE) 136.00 - 145.00 mEq/L5.00Potassium(Indirect ISE) 3.50 - 5.10 mEq/L101.00Chloride(Indirect ISE) 98.00 - 107.00 mEq/LNote1.Estimated GFR (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012. 2.eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage3.The BUN-to-creatinine ratio is used to differentiate prerenal and postrenal azotemia from renal azotemia. Because of considerable variability, it should be used only as a rough guide. Normally, the BUN/creatinine ratio is about 10:1LIPID SCREEN, SERUM105.00Cholesterol, Total(CHO-POD) <200.00 mg/dL130.00Triglycerides(GPO-POD) <150.00 mg/dL46.00HDL Cholesterol(Enzymatic Immunoinhibition) >40.00 mg/dL33.00LDL Cholesterol, Calculated(Calculated) <100.00 mg/dL26.00VLDL Cholesterol,Calculated(Calculated) <30.00 mg/dL59Non-HDL Cholesterol(Calculated) <130 mg/dLNote1.Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.2.Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400

mg/dL3.Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for *439854467*.Page 4 of 10 Report Status Male30 Years::::AgeGenderReported P14/5/2023 11:03:00AMU439854467 DUMMY:::::Name Lab No. Ref By Collected A/c Status 16/5/2023 1:36:25PMFinalCollected at :Processed at :LPL-ROHINI (NATIONAL REFERENCE LAB)National Reference laboratory, Block E, Sector 18, ROHINIDELHI 110085LPL-NATIONAL REFERENCE LABNational Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085Test Report Test NameResultsUnitsBio. Ref. IntervalAtherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors4.Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia5.Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)6.LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target7.Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved8.Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement Treatment Goals as per Lipid Association of India 2020 ----------| RISK | TREATMENT GOAL | CONSIDER THERAPY || CATEGORY |----------|----------|| | LDL CHOLESTEROL | NON HDL CHOLESTEROL| LDL CHOLESTEROL| NON HDL CHOLESTEROL|| | (LDL-C)(mg/dL) | (NON HDL-C) (mg/dL)| (LDL-C)(mg/dL) | (NON HDL-C) (mg/dL)||----------|----------|----------|----------|----------|| Extreme | <50 | <80 | | || Risk Group |(Optional goal <=30) |(Optional goal <=60) | >=50 | >=80 || Category A | | | | ||----------|----------|----------|----------|----------|| Extreme | | | | || Risk Group | <=30 | <=60 | >30 | >60 || Category A | | | | ||----------|----------|----------|----------|----------|| Very | <50 | <80 | >=50 | >=80 || High | | | | ||----------|----------|----------|----------|----------|| High | <70 | <100 | >=70 | >=100 ||----------|----------|----------|----------|----------|| Moderate | <100 | <130 | >=100 | >=130 ||----------|----------|----------|----------|----------|| Low | <100 | <130 | >=130* | >=160* | ---------- *In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months*439854467*.Page 5 of 10 Report Status Male30 Years::::AgeGenderReported P14/5/2023 11:03:00AMU439854467 DUMMY:::::Name Lab No. Ref By Collected A/c Status 16/5/2023 1:36:25PMFinalCollected at :Processed at :LPL-ROHINI (NATIONAL REFERENCE LAB)National Reference laboratory, Block E, Sector 18, ROHINIDELHI 110085LPL-NATIONAL REFERENCE LABNational Reference laboratory, Block E, Sector 18, Rohini, New

Delhi -110085Test Report Test NameResultsUnitsBio. Ref. IntervalHbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD(HPLC, NGSP certified)HbA1c5.3%4.00 - 5.60Estimated average glucose (eAG)105mg/dLInterpretationHbA1c result is suggestive of non diabetic adults (>=18 years)/ well controlled Diabetes in a known DiabeticInterpretation as per American Diabetes Association (ADA) Guidelines ----------| Reference Group | Non diabetic | At risk | Diagnosing | Therapeutic goals || | adults >=18 years | (Prediabetes) | Diabetes | for glycemic control || ----------|----------|----------|----------|----------|| HbA1c in % | 4.0-5.6 | 5.7-6.4 | >= 6.5 | <7.0 | ----------Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels. ----------| FACTORS THAT INTERFERE WITH HbA1C | FACTORS THAT AFFECT INTERPRETATION || MEASUREMENT | OF HBA1C RESULTS ||----------|----------|| Hemoglobin variants,elevated fetal | Any condition that shortens erythrocyte || hemoglobin (HbF) and chemically | survival or decreases mean erythrocyte || modified derivatives of hemoglobin | age (e.g.,recovery from acute blood loss,| | (e.g. carbamylated Hb in patients | hemolytic anemia, HbSS, HbCC, and HbSC) || with renal failure) can affect the | will falsely lower HbA1c test results || accuracy of HbA1c measurements | regardless of the assay method used.Iron | | | deficiency anemia is associated with | | | higher HbA1c | ----------*439854467*.Page 6 of 10 Report Status Male30 Years::::AgeGenderReported P14/5/2023 11:03:00AMU439854467 DUMMY:::::Name Lab No. Ref By Collected A/c Status 16/5/2023 1:36:25PMFinal:Collected at :Processed at LPL-ROHINI (NATIONAL REFERENCE LAB)National Reference laboratory, Block E, Sector 18, ROHINIDELHI 110085LPL-NATIONAL REFERENCE LABNational Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085Test Report Test NameResultsUnitsBio. Ref. IntervalGLUCOSE, FASTING (F), PLASMA(GOD POD)90.00Glucose Fasting 70 - 100 mg/dLTHYROID PROFILE,TOTAL, SERUM(CLIA)2.00T3, Total 0.60 - 1.81 ng/mL4.00T4, Total 5.01 - 12.45 µg/dL4.00TSH 0.550 - 4.780 µIU/mLNote1.TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.2.Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.3.Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration4.Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals*439854467*.Page 7 of 10 Report Status Male30

Years::::AgeGenderReported P14/5/2023 11:03:00AMU439854467 DUMMY:::::Name Lab No. Ref By Collected A/c Status 16/5/2023 1:36:25PMFinalLPL-NATIONAL REFERENCE LABNational Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085::Collected at Processed at LPL-ROHINI (NATIONAL REFERENCE LAB)National Reference laboratory, Block E, Sector 18, ROHINIDELHI 110085Test Report Test NameResultsUnitsBio. Ref. IntervalVITAMIN B12; CYANOCOBALAMIN, SERUM(CLIA)280.00pg/mL211.00 - 911.00Notes1.Interpretation of the result should be considered in relation to clinical circumstances.2.It is recommended to consider supplementary testing with plasma Methylmalonic acid (MMA) or plasma homocysteine levels to determine biochemical cobalamin deficiency in presence of clinical suspicion of deficiency but indeterminate levels. Homocysteine levels are more sensitive but MMA is more specific3.False increase in Vitamin B12 levels may be observed in patients with intrinsic factor blocking antibodies, MMA measurement should be considered in such patients4.The concentration of Vitamin B12 obtained with different assay methods cannot be used interchangeably due to differences in assay methods and reagent specificityVITAMIN D, 25 - HYDROXY, SERUM(CLIA)85.00nmol/L75.00 - 250.00Interpretation ----------| LEVEL | REFERENCE RANGE | COMMENTS || | IN nmol/L | ||---------------|-----------------|--------------------------|| Deficient | < 50 | High risk for developing || | | bone disease ||---------------|-----------------|--------------------------|| Insufficient | 50-74 | Vitamin D concentration || | | which normalizes || | | Parathyroid hormone || | | concentration ||---------------|-----------------|--------------------------|| Sufficient | 75-250 | Optimal concentration | | | | for maximal health benefit||---------------|-----------------|--------------------------|| Potential | >250 | High risk for toxic || intoxication | | effects | ----------Note ·The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D.·25 (OH)D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.·Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L.PatientReportSCSuperPanel.SP_GENERAL_TEMPLATE01_SC (Version: 7)*439854467*.Page 8 of 10 Report Status Male30 Years::::AgeGenderReported P14/5/2023 11:03:00AMU439854467 DUMMY:::::Name Lab No. Ref By Collected A/c Status 16/5/2023 1:36:25PMFinalLPL-NATIONAL REFERENCE LABNational Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085::Collected at Processed at LPL-ROHINI (NATIONAL REFERENCE LAB)National Reference laboratory, Block E, Sector 18, ROHINIDELHI 110085Test Report Test NameResultsUnitsBio. Ref. Interval·It shows seasonal variation, with values being 40-50% lower in winter than in summer. ·Levels vary with age and are increased in pregnancy. ·A new test Vitamin D, Ultrasensitive by LC-MS/MS is also availableCommentsVitamin D promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as

it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).Decreased Levels·Inadequate exposure to sunlight·Dietary deficiency·Vitamin D malabsorption·Severe Hepatocellular disease·Drugs like Anticonvulsants·Nephrotic syndromeIncreased levelsVitamin D intoxication PatientReportSCSuperPanel.SP_GENERAL_TEMPLATE01_SC (Version: 7)*439854467*.Page 9 of 10 Report Status Male30 Years::::AgeGenderReported P14/5/2023 11:03:00AMU439854467 DUMMY:::::Name Lab No. Ref By Collected A/c Status 16/5/2023 1:36:25PMFinalLPL-NATIONAL REFERENCE LABNational Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085::Collected at Processed at LPL-ROHINI (NATIONAL REFERENCE LAB)National Reference laboratory, Block E, Sector 18, ROHINIDELHI 110085Test Report Test NameResultsUnitsBio. Ref. IntervalDr Ajay GuptaMD, PathologyTechnical Director - Hematology & Immunology NRL - Dr Lal PathLabs LtdDr Gurleen OberoiDM(Hematopathology), MD, DNB,MNAMSConsultant & Technical Lead -Hematopathology NRL - Dr Lal PathLabs LtdDr Himangshu MazumdarMD, BiochemistrySr. Consultant Biochemist NRL - Dr Lal PathLabs LtdDr Jatin MunjalMD,PathologyConsultant Pathologist Dr Lal PathLabs LtdDr Sarita Kumari LalMD, PathologyConsultant Pathologist Dr Lal PathLabs LtdDr SunandaMD, PathologyConsultant Pathologist Dr Lal PathLabs LtdDr Nimmi KansalMD, BiochemistryTechnical Director - Clinical Chemistry & Biochemical Genetics NRL - Dr Lal PathLabs LtdDr.Kamal ModiMD, BiochemistryConsultant Biochemist NRL - Dr Lal PathLabs Ltd----------End of report

----------AHEEEHAPMKHJBIFNLKIPAPNCBILLJCECCJLCIKPLNKEDFBFAPPAHEEEHABNFFFNBPAPBLJHFGFGEKFOIPAOAHFHALBOJOBCJCJLEKMGJHNPBNFFFNBCIEGFGFNNNOJPBFOPFIAAJHFJCHEHEDBPKPHENFLMLKIOEFLBKHDEHANPDJMBGAFNBHOIEDIAPLOELFMFAFHLBLBFJIFEPBPAKCLJPDNLIFNBKEMEKKBMKLHFJONJFDIAMDMACKPJADENNOJCHKKMLAMMIPLKGKPNGKFFFOLMNGHGCBBEFNNICGDLHKIPAADIPBADHFOFAINDFCBKDLALIKOMNALNEIOGMKDDPIMIJFJALOBFHEIEKMBJEGHIHAFJBAKOHOPBLMIIJCHKJNLIJNFIDILDNJJJAMFNAINEBIHJGANHDMEILLBMFMBBKFCCAMNNIIKNOPNKBNFMBHILLNKLOFFFPCDCGFAAIONMIHIMKHGFFEKFBJFFLALPFOOBIOCNKDJPHNEKLJPPNNOPFCEPFJJDCKJKAFGPNKADFKPNJHKEPFGBHLNKCKIGEOCNKKHMAMKLAIKOLFLGKCBMOCMPFNHEJEEINMFPAFBJMFEBFOFPNDMKPFKEPCIGCAEOMOICGJFCPLDGKEIMHHGNMMDEIEOPPFOEBEFPBLNOOLJBIKNJNKONHDICLMNNNNNEPKFDPBCCJOCFLHACHJBAHFHAHJKPFCMNLMKJCLFNMAHFHAHIKLAPBBBPAPBBAAEJBCFMDKCBCFAGECHHCAONFFOLPGOLMHNLNNEDFHHBKHHHHHHHHHPHPPPHPPPPPPPPPHHPHPPPPPPPPPHHPPPPHHHPHPHHHHHPHPHPIMPORTANT INSTRUCTIONSTest results released pertain to the