Patient Name	: **MR CHATURYA CHANNAPPA**			
Age/Gender	: 40 Year(s) / Male	Sample Drawn Date	: 2020-07-06 07:43	BANAGLORE, Karnataka
Sample Type	: SERUM	Sample Regd Date	: 2020-07-07 18:21	**MEDID : MEDID : 619**
Sample ID	: DPLTA00281112	Sample Auth Date	: 2020-07-07 22:36	
Ref. Doctor	: **Dr.**			

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
Calcium *(Method: Spectrophotometry(Cresol Complex))*	8.9	mg/dL	8.6 - 10.3
C-Reactive Protein (CRP)* *(Method: Immunoturbidometry/Nephlometry)*	1.99	mg/L	< 5.0

Note : Registered MED ID will keep a track to your clinical stats.

Risk Level

Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Visit 8

A.Bharat Kumar
Bio-Chemist

Dr.Shirin Pratima
PATHOLOGIST

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16|1,334|019A

NOTE : Assay results should be correlated clinically with other clinical findings and the total clinical status of the patient.
* Indicates NABL M-0441 Accredited parameter when processed in HQ ,Hyderabad.

PROCESSED AT : MEDCIS PATH LABS, NEW BOWENPALLY, HYDERABAD

Patient Name	: **MR CHATURYA CHANNAPPA**			
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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
25-Hydroxy Vitamin D Total (D2 & D3) *(Method: Electro Chemiluminescence)*	**13.32**	ng/mL	

Note : Registered MED ID will keep a track to your clinical stats.

Risk Level

Visit 1 Visit 2 Visit 3 Visit 4 Visit 5 Visit 6 Visit 7 Visit 8

NOTE: ***The above Given Risk Level Interpretation is not age specific and is an information resource only and is not to be used or relied on for any diagnostic or treatment purposes and should not be used as a substitute for professional diagnosis and treatment. Kindly Correlate clinically.***

METHOD: Electrochemiluminescence binding assay
Equipment: Roche Cobas

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.

Magnesium *(Method: Methyl thymol Blue)*	2.30	mg/dL	1.7 - 2.4

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
Thyroxine - Free (FT4) *(Method: Electro Chemiluminescence)*	1.21	ng/dL	0.8 - 2.7 : Adults (21 - 87 Yrs) Pregnancy 0.7 - 2.0 : First Trimester 0.5 - 1.6 : 2nd and 3rd Tri (Ref:TIETZ)
Thyroxine - Total (TT4) *(Method: Electro Chemiluminescence)*	7.26	ug/dL	4.6-12.5
Trilodothyronine Free (FT3) *(Method: Electro Chemiluminescence)*	3.59	pg/mL	2.3 - 4.2 2.0 - 3.8 : Pregnancy
Trilodothyronine Total (TT3) *(Method: Electro Chemiluminescence)*	110.25	ng/dL	80 – 253 : 1 Yr – 10 Yr 76 – 199 : 11 Yr – 15 Yr 69 – 201 : 16 Yr – 18 Yr 60 – 181 : > 18 years
Uric Acid* *(Method: Uricase)*	**7.4**	mg/dL	3.4 - 7.0
Vitamin - B12 *(Method: Chemiluminescence)*	268.1	pg/mL	200 - 911

Note : Registered MED ID will keep a track to your clinical stats.

Risk Level

Visit 1 Visit 2 Visit 3 Visit 4 Visit 5 Visit 6 Visit 7 Visit 8

A serum vitamin B12 level less than 180 pg/mL may cause megaloblastic anemia and peripheral neuropathies. Vitamin B12 levels less than 150 pg/mL is considered evidence of vitamin B12 deficiency. Follow-up with tests for antibodies to intrinsic factor (IFBA / Intrinsic Factor Blocking Antibody, Serum) are recommended to identify this potential cause of vitamin B12 malabsorption.For specimens without antibodies, follow-up testing of vitamin B12 tissue deficiency by measuring methylmalonic acid (MMA) (MMAS / Methylmalonic Acid [MMA], Quantitative, Serum) and/or homocysteine (HCYSP / Homocysteine, Total, Plasma) may be indicated if the patient is symptomatic. Patients with serum B12 levels between 150 and 400 pg/mL are considered borderline and should be evaluated further by functional tests for vitamin B12 deficiency. The plasma homocysteine level is a good screening test.

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Patient Name	: **MR CHATURYA CHANNAPPA**			
Age/Gender	: 40 Year(s) / Male	Sample Drawn Date	: 2020-07-06 07:43	BANAGLORE, Karnataka
Sample Type	: WB EDTA	Sample Regd Date	: 2020-07-06 17:33	**MEDID : MEDID : 619**
Sample ID	: DPLTA00281111	Sample Auth Date	: 2020-07-09 14:07	
Ref. Doctor	: **Dr.**			

HEMATOLOGY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
Erythrocyte Sedimentation Rate (ESR)* *(Method: Westergren's method)*	**16**	mm/Hour	10

B.Ashok
Sr.Analyst

Dr Vijay Kumar
MBBS., MD Pathology

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HEMATOLOGY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
COMPLETE BLOOD PICTURE			
Hemoglobin (Hb)* *(Method: Photometry)*	15.5	g/dL	13.0 - 18.0
Erythrocyte Count (RBC Count) *(Method: Electronic Impedance)*	5.5	mil/µL	4.5 - 5.5
Packed Cell Volume(Hematocrit) *(Method: Calculated)*	48.7	%	40 - 54
Platelet Count *(Method: Electronic Impedance)*	1.62	lakh/Cumm	1.50 - 4.50
MCV	88	fl	83 - 101
MCH	27.8	pg	27 - 32
MCHC	31.7	g/dL	31.5 - 34.5
RDW - CV	**16.6**	%	11.5 - 14.5
Total Leucocyte Count(WBC)	5700	cells/Cumm	4000 - 11000
Neutrophils	50	%	40 - 75
Lymphocytes	35	%	20 - 40
Eosinophils	05	%	0 - 6
Monocytes	10	%	2 - 10
Basophils	00	%	0 - 1
RBC MORPHOLOGY	Normocytic Normochromic Cells		
WBC Morphology	Normal in Morphology		
Platelet Morphology	Adequate		
Hemoparasites	Not found		
Impression	Normal Study		
Advise	Correlate Clinically		

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