

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 | | | |
|---|--------|--|--|-------|-----------------------------|--|--|--|
| <div><div></div><div>Calcium</div><div>(Method: Spectrophotometry(Cresol Complex))</div></div> | 8.9 | | | mg/dL | 8.6 - 10.3 | | | |
| <div><div>Note : Registered MED ID will keep a track to your clinical stats.</div><div><div>Risk Level</div><div><div>Visit 1</div><div>Visit 2</div><div>Visit 3</div><div>Visit 4</div><div>Visit 5</div><div>Visit 6</div><div>Visit 7</div><div>Visit 8</div></div></div></div> | | | | | | | | |
| <div><div></div><div>C-Reactive Protein (CRP)*</div><div>(Method: Immunospectrophotometry/Nephelometry)</div></div> | 1.99 | | | mg/L | < 5.0 | | | |



A. Bharat Kumar
Bio-Chemist




Dr. Shirin Pratima
PATHOLOGIST

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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

16|1,334|019A

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION

RESULT

UNITS

BIOLOGICAL REFERENCE RANGES

25-Hydroxy Vitamin D Total (D2 & D3)

13.32

ng/mL

(Method: Electro Chemiluminescence)

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

2.30

mg/dL

1.7 - 2.4

(Method: Methyl thymol Blue)

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|---|------------|-------|--|
|  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 |

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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 Type : WB EDTA

Sample ID : DPLTA00281111

Ref. Doctor : **Dr.**

Sample Drawn Date : 2020-07-06 07:43

Sample Regd Date : 2020-07-06 17:33

Sample Auth Date : 2020-07-09 14:07

BANAGLORE, Karnataka

MEDID : MEDID : 619

HEMATOLOGY

TEST DESCRIPTION

RESULT

UNITS

BIOLOGICAL REFERENCE RANGES

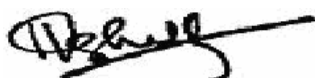
Erythrocyte Sedimentation Rate (ESR)*

16

mm/Hour

10

(Method: Westergren's method)



B. Ashok
Sr. Analyst




Dr Vijay Kumar
MBBS., MD Pathology

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PROCESSED AT : MEDCIS BENGALURU, DOMLUR, INDRANAGAR, BENGALURU

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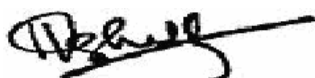
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| TEST DESCRIPTION | RESULT | UNITS | BIOLOGICAL REFERENCE RANGES |
|---|-------------------------------|--------------|-----------------------------|
| COMPLETE BLOOD PICTURE | | | |
| Hemoglobin (Hb)* (Method: Photometry) | 15.5 | g/dL | 13.0 - 18.0 |
| Erythrocyte Count (RBC Count) (Method: Electronic Impedance) | 5.5 | mil/ μ L | 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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