



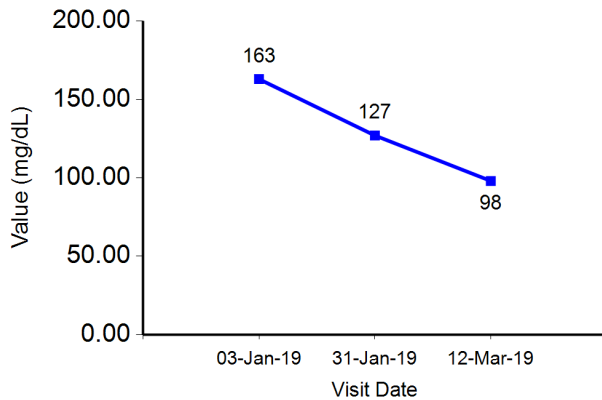
**Mr. KAMAL MALU**  
B-101-Aakash Ever Green Appt Vesu  
Tel No : 9978043922  
PID NO: P40180172696  
Age: 53.2 Year(s) Sex: Male

**Reference:**  
Sample Collected At:  
Home Service  
HOME SERVICE ,SURAT.

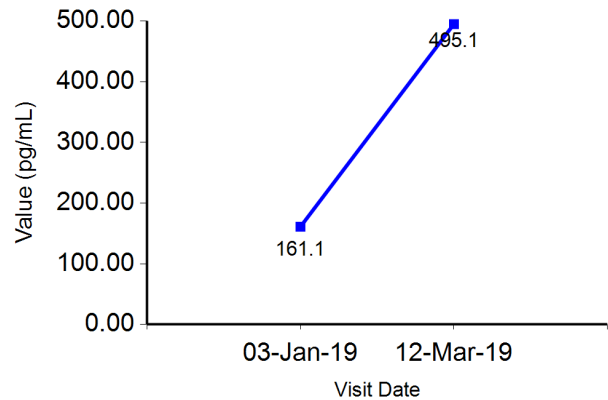
**VID: 40181434790**  
Registered On:  
12/03/2019 10:19 AM  
Collected On:  
12/03/2019 10:19AM  
Reported On:  
12/03/2019 12:19 PM

**Result Trend (For selected tests used for followup)**

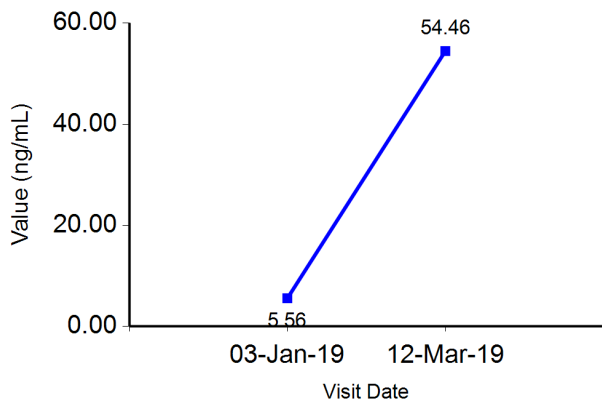
**Glucose fasting**



**Vitamin B12 level**



**25 Hydroxy (OH) Vit D**



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**Investigation****Glucose fasting**

(Plasma-F,Hexokinase)

**Observed Value**

98

**Unit**

mg/dL

**Biological Reference Interval**

Normal: 70-100

Impaired Tolerance: 100-125

Diabetes mellitus:  $\geq 126$ 

(on more than one occasion)

(American diabetes association guidelines 2018)

**Vitamin B12 level**

(Serum,ECLIA)

495.1

pg/mL

197-771

**Interpretation :**

1. Vit B12 levels are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia, and treated epilepsy.
2. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.
3. HoloTranscobalamin II levels are a more accurate marker of active VitB12 component.

**Dr. Pranav Desai**  
M.D.(Path.)D.C.P

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**Investigation****25 Hydroxy (OH) Vit D**

(Serum,ECLIA)

**Observed Value**

54.46

**Unit**

ng/mL

**Biological Reference Interval**

Deficiency: &lt; 10

Insufficiency: 10-30

Sufficiency: 30-100

Toxicity: &gt; 100

**Interpretation :**

1. Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol(vitamin D2) present mainly in dietary sources.Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver.
2. Testing for 25(OH)vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.
3. During monitoring of oral vitamin D therapy- suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 mths of treatment. However, the required dosage of vitamin D supplements & time to achieve sufficient vitamin D levels show significant seasonal(especially winter) & individual variability depending on age, body fat, sun exposure, physical activity ,genetic factors(especially variable vitamin D receptor responses), associated liver or renal disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism Vitamin D toxicity is known but very rare.kindly correlate clinically, repeat with fresh sample if indicated.

**-- End of Report --**