



VIJAYA DIAGNOSTIC CENTRE®

Opp.Metro Pillar No. A1516, Indira Nagar, Dilsukhnagar, Hyderabad - 500089

TEST REPORT

Name : Ms. NAVYA
Age/Gender : 23 Years / Female
Registration ID : 250330042842
Ref. By : Dr. VINAY KUMAR SHARMA MD (DERM) DD
Sample Type : Serum

Registered on : 25-Sep-2025 09:52
Collected on : 25-Sep-2025 09:57
Released on : 25-Sep-2025 16:53
Printed on : 25-Sep-2025 17:09
Regn Centre : Vanasthalipuram - 33

IRON

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Iron	: 59.0	µg/dL	60 - 180

Method: TPTZ

Interpretation / Comments :

- Serum iron levels are useful in the diagnosis of various conditions like blood loss, differential diagnosis of anemias, diagnosis of hemochromatosis, hemosiderosis, acute iron toxicity and monitoring response to anemia treatment.
- Diagnosis of iron deficiency is best done in conjunction with TIBC.
- Ingestion of iron may cause transient elevated iron levels.
- Diurnal variation is seen.



MC-6432

DR. T KINNERA
MD BIOCHEMISTRY
Registration No: 69554



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VITAMIN - B12

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Vitamin - B12	385	pg/mL	Deficient : <211 Normal : 211 - 911


Method: Chemiluminescence Immuno Assay (CLIA)

Interpretation / Comments :

- Vitamin B12 is essential in DNA synthesis, haematopoiesis and CNS integrity.
- Serum Vitamin B12 level is useful in evaluation of macrocytic anaemia, CNS disorders, alcoholism and malabsorption syndrome and are decreased in megaloblastianemia partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia, and treated epilepsy.
- High levels of Vitamin B12 may be due to exogenous supplementation. Clinical correlation suggested. Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- Vitamin B12 deficiency associated increase in serum / plasma homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.
- The most specific test for Vitamin B12 deficiency at the cellular level is the assay for plasma Methyl malonic acid (MMA). If clinical symptoms suggest deficiency, measurement of plasma MMA and plasma homocysteine (more sensitive) should be considered, even if serum Vitamin B12 concentrations are normal or indeterminate.
- Serum Holo-Transcobalamin II level (Active Vitamin B12 level) is a more accurate marker of Vitamin B12 status in body.



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Sample Type : **Serum**

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VITAMIN D TOTAL (D2 + D3)

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
25 (OH) VIT D2 Ergocalciferol <i>Method: LC-MS/MS</i>	: 2.04	ng/mL	NA
25 (OH) VIT D3 Cholecalciferol <i>Method: LC-MS/MS</i>	: 19.40	ng/mL	NA
Vitamin D total (D2+D3) <i>Method: Calculation</i>	: 21.44	ng/mL	Deficiency : < 20 Insufficiency : 20 – 29 Sufficiency : 30 – 100 Toxicity : > 100

Interpretation / Comments :

- Vitamin D is a steroid hormone involved in the intestinal absorption of calcium and regulation of cal hemostasis.
- Vitamin D is essential for the formation and maintenance of strong, healthy bones.
- 25 OH Vitamin D is the major circulating form of Vitamin D and precursor of active form of 1,25,di hydroxy vitamin D.
- Vitamin D occurs in two forms, D2 ergocalciferol (plant origin) and D3 cholecalciferol (sunlight origin) in the body.
- Vitamin D deficiency can result from inadequate exposure to the sun, inadequate alimentary intake, decreased absorption, abnormal metabolism or vitamin D resistance. Recently many chronic disease such as cancer, high blood pressure, osteoporosis and several autoimmune diseases have been linked to vitamin D deficiency.
- 25(OH) vit-D is a reliable indicator of the Vitamin D status because the serum or plasma levels of it reflect the storage levels of vitamin D in our body. Lower levels of 25(OH) vit - D correlates with the clinical symptoms of vitamin D deficiency.
- Vitamin D2 and vitamin D3 added together is total vitamin D.



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Registration No: 50478

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