

**Dr. Suhela Rachakonda**

M.D. (Pathology)

**SHIVA**  
**Diagnostics**

Client : SHIVA LAB TO LAB

Patient Name : Mrs. S.SRILEKHA

Age/Gender : 25 years / Female

Phone :

Ref. Dr. : SRI SHASHIKANTH

Req. No : 240920062

Sample Type : SERUM

Registered On : 01 Apr 2024 02:54 PM

Collected On : 01 Apr 2024 02:54 PM

Reported On : 01 Apr 2024 04:04 PM

Clinical Biochemistry

**Vitamin B12 (Cyanocobalamine), Serum**

Test Name	Observed Values	Units	Biological Reference Intervals
Vitamin B12, Serum (Method : Chemiluminescence)	261	pg/ml	211 - 911


**Reference:**

Beckman kit literature.

**Interpretation :**

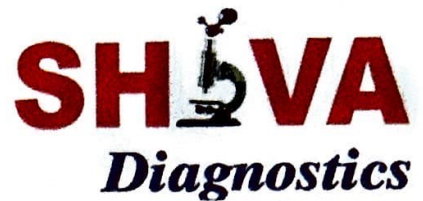
1. Vit B12 levels are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia, and treated epilepsy.
2. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep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

**\*\*END OF REPORT\*\***

  
**Dr. R. Suhela**  
MD.(Pathology)

**Dr. Suhela Rachakonda**

M.D. (Pathology)



Client : SHIVA LAB TO LAB

Patient Name : Mrs. S.SRILEKHA

Age/Gender : 25 years / Female

Phone :

Ref. Dr. : SRI SHASHIKANTH

Req. No : 240920062

Sample Type : SERUM

Registered On : 01 Apr 2024 02:54 PM

Collected On : 01 Apr 2024 02:54 PM

Reported On : 01 Apr 2024 04:04 PM

Clinical Biochemistry

**25 Hydroxy Vitamin D**

Test Name	Observed Values	Units	Biological Reference Intervals
25 Hydroxy (OH) Vitamin D (Method : Chemiluminescence)	26.38	ng/mL	Deficiency : Below 20 Insufficiency: 20 - 30 Sufficiency : 30 - 100 ■ Toxicity : Above 100


**Reference:**

beckmen kit literature

**Interpretation :**

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. 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. 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\*\***

  
**Dr. R. Suhela**  
MD.(Pathology)