



LABORATORY INVESTIGATION REPORT

Patient Name : Ms. SHUBHANGINI KORI **Age/Sex** : 28 Year(s) / Female
UHID : RXWF.473918 **Order Date** : 01/08/2024
Ref. Doctor : Corporate-HC Whitefield **Facility** : RxDx Whitefield

Immunoassays- Hormones

Test	Result	Unit	Reference Range
Sample No : 07H0077995	Collection Date : 01/08/24 09:50	Report Date : 01/08/24 17:25	

Vitamin B12

Vitamin B12 **126.00 ▼** pg/ml 211.00 - 946.00

Method - ECLIA-electrochemiluminescence immunoassay, Sample - Serum

"Interpretation:

Nutritional and macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat and bacterial products, from alcoholism, or from structural/functional damage to digestive or absorptive processes (forms of pernicious anemia). Malabsorption is the major cause of this deficiency through the pancreatic deficiency, gastric atrophy or gastrectomy, intestinal damage, loss of intestinal vitamin B12 binding protein (intrinsic factor), production of autoantibodies directed against intrinsic factor, or related causes. This vitamin is necessary for normal metabolism, DNA synthesis and red blood cell regeneration. Untreated deficiencies will lead to megaloblastic anemia, and vitamin B12 deficiency results in irreversible central nervous system degeneration. Vitamin B12 or folate are both of diagnostic importance for the recognition of vitamin B12 or folate deficiency, especially in the context of the differential diagnosis of megaloblastic anemia."

End of Report

Dr. Anamika Pal , MBBS, DCP
(Pathology), KMC NO 72781
Consultant Pathologist