

MEGHNAD LABORATORY

Nagdeo Towers, Second Floor, Nashik Road, Bhosari, Pune - 411 039.

Dr. Bhagyashree Padsalgikar

MBBS., DPB CONSULTING PATHOLOGIST

NAME: MRS DNYANESHWARI PHAD

AGE & SEX: 30Years / Female

REFERRED BY D PRAKASH CHAVAN

Reg. ID:

REGISTERED ON :01/03/2022 10:54AM

REPORTED ON :01/03/2022 12:32PM

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REF RANGE

SERUM CALCIUM

Sample Type SERUM / PLASMA

Result : 23.8 MG/DL 8.7-11.7

Method: MODIFIED ARSENAZO III

Method : Arsenzo III

NOTE

1) Calcium plays an essential role in many cell functions: intracellular in muscle contraction and glycogen metabolism, extracellular in bone mineralization, in blood coagulation and in transmission of nerve impulses.

2)Calcium in plasma exists in three forms: free, bound to proteins or bound to anions such as phosphate, citrate and bicarbonate in a complex reaction. Decreased total calcium levels can be associated with diseases of the bone apparatus (especially osteoporosis), kidney diseases (especially under dialysis), defective intestinal absorption and hypoparathyroidism.

3)Increased total calcium can be measured in hyperparathyroidism, malignant diseases with metastases and sarcoidosis. Calcium measurements also help in monitoring of calcium supplementation mainly in the prevention of osteoporosis.

--- End Of Report ---

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SPECIAL TEST

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Sample Type SERUM

25 Hydroxy Vitamin D : 23.4 NG/ML Deficiency : 0-5

Insufficient: 5-20

Hypovitaminous : 20-40 Sufficient : > 40-100

Toxicity: > 100

INTERPRETATION:

Two biologically relevant forms of Vit. D are D2(ergocalciferol) and D3(cholecalciferol).

·Vit. D2 is obtained from diet and supplements.

·Vit. D3 is synthesized through exposure to sunlight.

Both these forms are metabolized in the liver and kidney to form 25 (OH) & 1,25 (OH)2 which are the active forms. Causes of Vit. D deficiency are very low dietary intake, malabsorption, liver disease, drugs (phenytoin, phenobarbitone), less exposure to sunlight and age related. A high global prevalence of Vit D insufficiency / deficiency is seen presently & is related to impaired bone metabolism (rickets/osteoporosis), secondary hyperparathyroidism, Cancers, autoimmune disorders, cardiovascular problems. Kindly correlate clinically. Repeat with fresh sample if indicated clinically.

--- End Of Report ---

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SPECIAL TEST

TEST RESULT UNIT BIOLOGICAL REF RANGE

PARATHYROID HORMONE LEVEL

Sample Type

SERUM

Method

: 2

INstrument

: Advia Centaur, Siemens

Interpretation:

PTH is synthesized & secreted from the parathyroid gland. Intact PTH third generation tests measure only the biologically active intact PTH. PTH is responsible for maintaining serum calcium levels in the body.

Increased levels seen in: Primary hyperparathyroidism - cause is in the parathyroid gland

Secondary hyperparathyroidism: in CRF - Chronic Renal Failure.

Decresed levels seen in: Surgical ablation of the parathyroid glands Autoimmune disorder.

--- End Of Report ---

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