

Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

NAME : Mr. D.C GUPTA
AGE/ GENDER : 78 YRS/MALE
COLLECTED BY : SURJESH
REFERRED BY : CENTRAL PHOENIX CLUB (AMBALA CANTT)
BARCODE NO. : 01514659
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1573430
REG. NO./LAB NO. : 012408070038
REGISTRATION DATE : 07/Aug/2024 11:58 AM
COLLECTION DATE : 07/Aug/2024 12:06PM
REPORTING DATE : 07/Aug/2024 12:34PM

Test Name	Value	Unit	Biological Reference interval
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HAEMATOLOGY

PLATELET COUNT (P/C)

PLATELET COUNT (PLT)	112000 ^L	/cmm	150000 - 450000
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by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE & MICROSCOPY

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD

RECHECKED



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BARCODE NO.	: 01514659	REPORTING DATE	: 07/Aug/2024 01:51PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
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VITAMINS

VITAMIN B12/COBALAMIN

VITAMIN B12/COBALAMIN: SERUM	494	pg/mL	190.0 - 890.0
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by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

INTERPRETATION:-


INCREASED VITAMIN B12	DECREASED VITAMIN B12
1.Ingestion of Vitamin C	1.Pregnancy
2.Ingestion of Estrogen	2.DRUGS:Aspirin, Anti-convulsants, Colchicine
3.Ingestion of Vitamin A	3.Ethanol lgestion
4.Hepatocellular injury	4. Contraceptive Harmones
5.Myeloproliferative disorder	5.Haemodialysis
6.Uremia	6. Multiple Myeloma

1.Vitamin B12 (cobalamin) is necessary for hematopoiesis and normal neuronal function.
 2.In humans, it is obtained only from animal proteins and requires intrinsic factor (IF) for absorption.
 3.The body uses its vitamin B12 stores very economically, reabsorbing vitamin B12 from the ileum and returning it to the liver; very little is excreted.
 4.Vitamin B12 deficiency may be due to lack of IF secretion by gastric mucosa (eg, gastrectomy, gastric atrophy) or intestinal malabsorption (eg, ileal resection, small intestinal diseases).
 5.Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. These manifestations may occur in any combination; many patients have the neurologic defects without macrocytic anemia.
 6.Serum methylmalonic acid and homocysteine levels are also elevated in vitamin B12 deficiency states.
 7.Follow-up testing for antibodies to intrinsic factor (IF) is recommended to identify this potential cause of vitamin B12 malabsorption.
NOTE:A normal serum concentration of vitamin B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for vitamin B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum vitamin B12 concentrations are normal.

*** End Of Report ***




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