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|-----------------------|----------------------------------------|--------------------------|------------------------|
| NAME | : Mrs. SOUMYA | PATIENT ID | : 1615728 |
| AGE/ GENDER | : 34 YRS/FEMALE | REG. NO./LAB NO. | : 012409170027 |
| COLLECTED BY | : | REGISTRATION DATE | : 17/Sep/2024 11:08 AM |
| REFERRED BY | : | COLLECTION DATE | : 17/Sep/2024 11:09AM |
| BARCODE NO. | : 01517128 | REPORTING DATE | : 17/Sep/2024 02:09PM |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | | |
| CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

VITAMINS

VITAMIN D/25 HYDROXY VITAMIN D3

VITAMIN D (25-HYDROXY VITAMIN D3): SERUM
 by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

124.8^H

ng/mL

DEFICIENCY: < 20.0
INSUFFICIENCY: 20.0 - 30.0
SUFFICIENCY: 30.0 - 100.0
TOXICITY: > 100.0

INTERPRETATION:

| | | |
|------------------|----------|-------|
| DEFICIENT: | < 20 | ng/mL |
| INSUFFICIENT: | 21 - 29 | ng/mL |
| PREFERRED RANGE: | 30 - 100 | ng/mL |
| INTOXICATION: | > 100 | ng/mL |

- Vitamin D compounds are derived from dietary ergocalciferol (from plants, Vitamin D2), or cholecalciferol (from animals, Vitamin D3), or by conversion of 7- dihydrocholecalciferol to Vitamin D3 in the skin upon Ultraviolet exposure.
- 25-OH--Vitamin D represents the main body reservoir and transport form of Vitamin D and transport form of Vitamin D, being stored in adipose tissue and tightly bound by a transport protein while in circulation.
- Vitamin D plays a primary role in the maintenance of calcium homeostasis. It promotes calcium absorption, renal calcium absorption and phosphate reabsorption, skeletal calcium deposition, calcium mobilization, mainly regulated by parathyroid hormone (PTH).
- Severe deficiency may lead to failure to mineralize newly formed osteoid in bone, resulting in rickets in children and osteomalacia in adults.

DECREASED:

- Lack of sunshine exposure.
- Inadequate intake, malabsorption (celiac disease)
- Depressed Hepatic Vitamin D 25- hydroxylase activity
- Secondary to advanced Liver disease
- Osteoporosis and Secondary Hyperparathyroidism (Mild to Moderate deficiency)
- Enzyme Inducing drugs: anti-epileptic drugs like phenytoin, phenobarbital and carbamazepine, that increases Vitamin D metabolism.

INCREASED:

- Hypervitaminosis D is Rare, and is seen only after prolonged exposure to extremely high doses of Vitamin D. When it occurs, it can result in severe hypercalcemia and hyperphosphatemia.

CAUTION: Replacement therapy in deficient individuals must be monitored by periodic assessment of Vitamin D levels in order to prevent hypervitaminosis D

NOTE:-Dark coloured individuals as compare to whites, is at higher risk of developing Vitamin D deficiency due to excess of melanin pigment which interfere with Vitamin D absorption.

*** End Of Report ***




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