

Dr. Vinay Chopra
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Chairman & Consultant Pathologist

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

NAME : Mr. MANJIT SINGH
AGE/ GENDER : 42 YRS/MALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 01518150
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1631933
REG. NO./LAB NO. : 012410020010
REGISTRATION DATE : 02/Oct/2024 08:18 AM
COLLECTION DATE : 02/Oct/2024 08:24AM
REPORTING DATE : 02/Oct/2024 09:57AM

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

CLINICAL CHEMISTRY/BIOCHEMISTRY

TRIGLYCERIDES

| | | | |
|--|---------------------|-------|--|
| TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) | 180.26 ^H | mg/dL | OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0 |
|--|---------------------|-------|--|

INTERPRETATION:

| NCEP RECOMMENDATIONS | TRIGLYCERIDES IN ADULTS (mg/dL) |
|----------------------|---------------------------------|
| DESIRABLE | < 150.0 |
| BORDERLINE HIGH | 150.0 – 199.0 |
| HIGH | 200.0 – 499.0 |
| VERY HIGH | >OR = 500.0 |


NOTE


- Measurements in the same patient can show physiological variations. Three serial samples 1 week apart are recommended to establish basal triglyceride levels.
- Certain conditions such as acute illness, stress, pregnancy, dietary changes especially changes in intake of saturated fatty acids, lipid lowering drugs, alcohol or prednisone may cause variation in lipid levels.

COMMENTS

National Lipid association - 2014 identifies elevated Triglycerides as an independent risk factor for Coronary Heart Disease (CHD).




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| BARCODE NO. | : 01518150 | REPORTING DATE | : 02/Oct/2024 10:13AM |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | | |
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VITAMINS

VITAMIN B12/COBALAMIN

VITAMIN B12/COBALAMIN: SERUM

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

1162^H

pg/mL

190.0 - 890.0

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 Igestion |
| 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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