

KOS Diagnostic Lab (A Unit of KOS Healthcare)



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

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

NAME : Mr. KUNAAL VERMA

AGE/ GENDER : 38 YRS/MALE **PATIENT ID** : 1664945

COLLECTED BY :012411070067 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 07/Nov/2024 07:08 PM BARCODE NO. :01520324 **COLLECTION DATE** : 07/Nov/2024 07:10PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 07/Nov/2024 08:36PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Value Unit **Biological Reference interval Test Name**

VITAMINS

VITAMIN D/25 HYDROXY VITAMIN D3

VITAMIN D (25-HYDROXY VITAMIN D3): SERUM 83.5 ng/mL DEFICIENCY: < 20.0

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY) INSUFFICIENCY: 20.0 - 30.0 SUFFICIENCY: 30.0 - 100.0

TOXICITY: > 100.0

INTERPRETATION:

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

- 1. 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.

 2.25-OH--Vitamin D represents the main body resevoir 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.
- 3. Vitamin D plays a primary role in the maintenance of calcium homeostatis. It promotes calcium absorption, renal calcium absorption and phosphate reabsorption, skeletal calcium deposition, calcium mobilization, mainly regulated by parathyroid harmone (PTH).

 4. Severe deficiency may lead to failure to mineralize newly formed osteoid in bone, resulting in rickets in children and osteomalacia in adults.
- DECREASED:
- 1.Lack of sunshine exposure.
- 2.Inadequate intake, malabsorption (celiac disease)
- 3. Depressed Hepatic Vitamin D 25- hydroxylase activity
- 4. Secondary to advanced Liver disease
- 5. Osteoporosis and Secondary Hyperparathroidism (Mild to Moderate deficiency)
- 6.Enzyme Inducing drugs: anti-epileptic drugs like phenytoin, phenobarbital and carbamazepine, that increases Vitamin D metabolism. INCREASED:
- 1. 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 hyperphophatemia.

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 interefere with Vitamin D absorption.

*** End Of Report



DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST



KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana