PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

🔽 0171-2532620, 8222896961 🛛 🖾 pkrjainhealthcare@gmail.com

L HAEMATOLOGY HAEMOGLOBIN (HB) hyperbolic colspan="2">hyperbolic colspa	NAME	: Miss. NISHITA			
REFERENDED BY : REGISTRATION DATE : 01/Feb/2025 10:57 AM BARCODE NO. : 12506787 COLLECTION DATE : 01/Feb/2025 11:12AM CLIENT CODE : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 01/Feb/2025 01:25PM CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA Test Name Value Unit Biological Reference inter HAEMATOLOGY HAEMOCLOBIN (HB) by CALORIMETRIC NCALORIMETRIC NERVENTION NER	AGE/ GENDER	: 21 YRS/FEMALE	PAT	TIENT ID	: 1742024
BARCODE NO. : 12506787 COLLECTION DATE : 01/Feb/2025 11:12AM CLIENT CODE : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 01/Feb/2025 01:25PM CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA Test Name Value Unit Biological Reference inter HAEMATOLOGY HAEMOGLOBIN (HB) by CALORIMETRIC NITERPETATION:- Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys tissues and returns carbon dioxide fr tissues back to the lungs. A low hemoglobin is the ferred to as ANEMIA or low red blood count. Alow hemoglobin is the ferred to as ANEMIA or low red blood count. Alow hemoglobin level is referred to as ANEMIA or low red blood count. Alow hemoglobin level is referred to as ANEMIA or low red blood count. Alow hemoglobin structure (sickle cell anemia or thalassemia). POLYCYTHEMIA (MCREASED HAEMOGLOBIN): 1) Loss of blood cell synthesis by chemotherapy drugs 5) Kidney failure 0) Aborrmal hemoglobin structure (sickle cell anemia or thalassemia). POLYCYTHEMIA (MCREASED HAEMOGLOBIN): 1) People in higher altitudes (Physiological) 2) Senydration produces a falsely rise in hemoglobin due to increased haemoconcentration 4) Advanced lung disease (for example, emphysema) 5) Certain tumors 6) A disorder of the bone marrow known as polycythemia rubra vera.	COLLECTED BY	:	REG	. NO./LAB NO.	: 122502010009
CLIENT CODE P.K.R. JAIN HEALTHCARE INSTITUTE REPORTING DATE : 01/Feb/2025 01:25PM CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA Biological Reference inter Test Name Value Unit Biological Reference inter HAEMATOLOGY HAEMOGLOBIN (HB) 12.0 - 16.0 by CALORIMETRIC Market Reference inter Intervention HMEMOGLOBIN (HB) 12.7 gm/dL 12.0 - 16.0 by CALORIMETRIC Intervention Intervention Intervention Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys tissues and returns carbon dioxide frictisues back to the lungs. Alow hemoglobin is referred to as ANEMIA or low red blood count. Alow hemoglobin level is referred to as ANEMIA or low red blood count. Alow hemoglobin structure (sickle cell anemia or thalassemia). Oncertain time 12, foldet) 3) Bone marrow problems (replacement of bone marrow by cancer) 4) Suppression by red blood cells synthesis by chemotherapy drugs 5) Kidney failure 6) Aborrend I hemoglobin structure (sickle cell anemia or thalassemia). FOOYTHEMIA (MCREASED HAEMOGLOBIN): FOOYTHEMIA (MCREASED HAEMOGLOBIN): 1) People in higher altitudes (Physiological) Smoking (Secondary Polycythemia) Dendyration produces a falsely rise in hemoglobin due to increased h	REFERRED BY	:	REG	SISTRATION DATE	: 01/Feb/2025 10:57 AM
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7) Abuse of the drug erythropoetin (Epogen) by athletes for blood doning purposes (increasing the amount of oxygen available to the body					

7) Abuse of the drug erythropoetin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD





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

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)

440 Dated 17.5.2012 u/s 80 G OF INCOME TAX ACT. PAN NO. AAAAP1600, REPORT ATTRACTS THE CONDITIONS PRINTED OVERLEAF (P.T.O.)



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: Miss. NISHITA				
: 21 YRS/FEMALE		PATIENT ID	: 1742024	
:		REG. NO./LAB NO.	: 1225020100	009
:		REGISTRATION DATE	:01/Feb/2025	10:57 AM
: 12506787		COLLECTION DATE	:01/Feb/2025	11:12AM
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: NASIRPUR, HISSAR R	OAD, AMBALA CITY - HAI	RYANA		
	Value	Unit	Biolog	gical Reference interva
	VIT	AMINS		
	VITAMIN D/25 HY	DROXY VITAMIN D	3	
DROXY VITAMIN D3): 5 SCENCE IMMUNOASSAY)	SERUM 8.34^L	ng/mL	INSUF SUFFI	CIENCY: < 20.0 FFICIENCY: 20.0 - 30.0 ICIENCY: 30.0 - 100.0 CITY: > 100.0
IENT:	< 20		g/mL	
	21 YRS/FEMALE 1 12506787 2 P.K.R JAIN HEALTHCA 2 NASIRPUR, HISSAR RO 0 NOXY VITAMIN D3): S	21 YRS/FEMALE 2 12506787 2 P.K.R JAIN HEALTHCARE INSTITUTE 2 NASIRPUR, HISSAR ROAD, AMBALA CITY - HAH Value VITA VITAMIN D/25 HY DROXY VITAMIN D3): SERUM 8.34 ^L	21 YRS/FEMALE PATIENT ID :	21 YRS/FEMALE PATIENT ID : 1742024 : 1742024 : 1225020100 : 1225020100 : 12506787 COLLECTION DATE : 01/Feb/2025 : 12506787 COLLECTION DATE : 01/Feb/2025 : P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE : 01/Feb/2025 : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA VAlue Unit Biolog VITAMINS VITAMIN D/25 HYDROXY VITAMIN D3 SCENCE IMMUNOASSAY) 8.34 ^L ng/mL DEFIG

INTERI RETATION.		
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- hvdroxylase 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.



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TEST PERFORMED AT KOS DIAGNOSTIC LAB. AMBALA CANTT

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CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CIT	Y - HARYANA	
Test Name VITAMIN B12/COE	ALAMIN: SERUM 181	IN B12/COBALAMIN	Biological Reference interv 200.0 - 1100.0
VITAMIN B12/COB by CMIA (CHEMILUMIN INTERPRETATION:-	VITAM ALAMIN: SERUM ESCENT MICROPARTICLE IMMUNOASSAY)	IN B12/COBALAMIN L pg/mL	200.0 - 1100.0
VITAMIN B12/COB by CMIA (CHEMILUMIN INTERPRETATION:- INCREAS	VITAM ALAMIN: SERUM ESCENT MICROPARTICLE IMMUNOASSAY) ED VITAMIN B12	IN B12/COBALAMIN L pg/mL DECREASED VITAMIN	200.0 - 1100.0
VITAMIN B12/COE by CMIA (CHEMILUMIN <u>INTERPRETATION:-</u> INCREAS _1.Ingestion of Vitam	VITAM ALAMIN: SERUM ESCENT MICROPARTICLE IMMUNOASSAY) ED VITAMIN B12 nin C1.	IN B12/COBALAMIN L pg/mL DECREASED VITAMIN Pregnancy	200.0 - 1100.0
VITAMIN B12/COB by CMIA (CHEMILUMIN INTERPRETATION:- INCREAS	VITAM ALAMIN: SERUM 181 ESCENT MICROPARTICLE IMMUNOASSAY) ED VITAMIN B12 nin C 1. gen 2.	IN B12/COBALAMIN L pg/mL DECREASED VITAMIN	200.0 - 1100.0
VITAMIN B12/COE by CMIA (CHEMILUMIN <u>INTERPRETATION:-</u> INCREAS 1.Ingestion of Vitam 2.Ingestion of Estrog	VITAMI ALAMIN: SERUM 181 ESCENT MICROPARTICLE IMMUNOASSAY) ED VITAMIN B12 in C gen 2. nin A 3.	IN B12/COBALAMIN L pg/mL DECREASED VITAMIN Pregnancy DRUGS:Aspirin, Anti-convulsants	200.0 - 1100.0
VITAMIN B12/COB by CMIA (CHEMILUMIN INTERPRETATION:- INCREAS 1.Ingestion of Vitam 2.Ingestion of Estroy 3.Ingestion of Vitam	VITAMI ALAMIN: SERUM 181 ESCENT MICROPARTICLE IMMUNOASSAY) ED VITAMIN B12 in C gen 2. nin A 3. jury 4.	IN B12/COBALAMIN L pg/mL DECREASED VITAMIN Pregnancy DRUGS:Aspirin, Anti-convulsants Ethanol Igestion	200.0 - 1100.0

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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