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

A PIONEER DIAGNOSTIC CENTRE

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NAME	: Master. AKSHAT BATR	A			
AGE/ GENDER	: 12 YRS/MALE]	PATIENT ID	: 1763771	
COLLECTED BY	:]	REG. NO./LAB NO.	: 122502270005	i
REFERRED BY	:]	REGISTRATION DATE	: 27/Feb/2025 09:17 AM	
BARCODE NO.	: 12507260 CO		COLLECTION DATE	: 27/Feb/2025 09:28AM	
CLIENT CODE.	: P.K.R JAIN HEALTHCAR	E INSTITUTE	REPORTING DATE	: 27/Feb/2025 11:06AM	
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA				
Test Name		Value	Unit	Biologic	al Reference interva
		N LINE			
		VITA	AMINS		
	V	TTAMIN D/25 HY	DROXY VITAMIN D3	3	
VITAMIN D (25-HYDROXY VITAMIN D3): SERUM 6.09 ^L by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)			ng/mL	INSUFFI SUFFICI	NCY: < 20.0 CIENCY: 20.0 - 30.0 ENCY: 30.0 - 100.0 Y: > 100.0
INTERPRETATION:					
DEFI	CIENT:	< 20	ng	ı/mL	

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:

TEST PERFORMED AT KOS DIAGNOSTIC LAB. AMBALA CANTI

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 ***



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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.)**

