



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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NAME : Mr. ANSHVEER
AGE/ GENDER : 16 YRS/MALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 12507883
CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE
CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

PATIENT ID : 1816468
REG. NO./LAB NO. : 122504030017
REGISTRATION DATE : 03/Apr/2025 01:00 PM
COLLECTION DATE : 03/Apr/2025 01:26PM
REPORTING DATE : 03/Apr/2025 02:45PM

Test Name	Value	Unit	Biological Reference interval
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VITAMINS

VITAMIN B12/COBALAMIN

VITAMIN B12/COBALAMIN: SERUM 624 pg/mL 200.0 - 1100.0
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

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 ingestion
4. Hepatocellular injury	4. Contraceptive Hormones
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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