

REPORT

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|--------------------|---------------------------------------|---------------|-------------------------|
| Name | : Mrs. D UMA | Sample ID | : 24753975 |
| Age/Gender | : 59 Years/Female | Reg. No | : 0312312050012 |
| Referred by | : Dr. RAJENDRA PRASAD | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 05-Dec-2023 09: 32 AM |
| Primary Sample | : Whole Blood | Received On | : 05-Dec-2023 12: 44 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 05-Dec-2023 01: 30 PM |
| Client Address | : Kimtee colony ,Gokul Nagar ,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|------------------------------------|---------|-------|--|------------|
| Glycated Hemoglobin (HbA1c) | 6.4 | % | Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5 | HPLC |
| Mean Plasma Glucose | 136.98 | mg/dL | | Calculated |

Interpretation:

- Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states
- Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

*** End Of Report ***

Laboratory is NABL Accredited



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

| | | | |
|--------------------|---------------------------------------|---------------|-------------------------|
| Name | : Mrs. D UMA | Sample ID | : 24753976 |
| Age/Gender | : 59 Years/Female | Reg. No | : 0312312050012 |
| Referred by | : Dr. RAJENDRA PRASAD | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 05-Dec-2023 09: 32 AM |
| Primary Sample | : Whole Blood | Received On | : 05-Dec-2023 12: 44 PM |
| Sample Tested In | : Serum | Reported On | : 05-Dec-2023 04:52 PM |
| Client Address | : Kimtee colony ,Gokul Nagar ,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|-------------------------------|-------------|-------|---|--------|
| 25 - Hydroxy Vitamin D | 27.9 | ng/mL | <20.0-Deficiency 20.0-<30.0-Insufficiency 30.0-100.0-Sufficiency >100.0-Potential Intoxication | CLIA |

Interpretation:

- Vitamin D helps your body absorb calcium and maintain strong bones throughout your entire life. Your body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement.
- Vitamin D must go through several processes in your body before your body can use it. The first transformation occurs in the liver. Here, your body converts vitamin D to a chemical known as 25-hydroxyvitamin D, also called calcidiol.
- The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has. The test can determine if your vitamin D levels are too high or too low.
- The test is also known as the 25-OH vitamin D test and the calcidiol 25-hydroxycholecalciferol test. It can be an important indicator of osteoporosis (bone weakness) and rickets (bone malformation).

Those who are at high risk of having low levels of vitamin D include:

- people who don't get much exposure to the sun
- older adults
- people with obesity.
- dietary deficiency

Increased Levels:

- Vitamin D Intoxication

Method : CLIA

| | | | | |
|--------------------------------------|------------|-------|---------|------|
| Vitamin- B12 (cyanocobalamin) | 457 | pg/mL | 200-911 | CLIA |
|--------------------------------------|------------|-------|---------|------|

Interpretation:

This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12.

Causes of vitamin B12 deficiency include: Diseases that cause malabsorption

- Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
- Above normal heat production (for example, with hyperthyroidism)

An increased vitamin B12 level is uncommon in:

- Liver disease (such as cirrhosis or hepatitis)
- Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)

Correlate Clinically.

Result rechecked and verified for abnormal cases

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*** End Of Report ***



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