

Client
Gurugram
Pathkind Diagnostics Pvt. Ltd.
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Processed By
Pathkind Diagnostics Pvt. Ltd.
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Name	: Mr. CL51	Billing Date	: 07/07/2023 12:19:20
Age	: 35 Yrs	Sample Collected on	: 10/07/2023 10:01:31
Sex	: Male	Sample Received on	: 10/07/2023 11:02:13
P. ID No.	: P1000100012669	Report Released on	: 14/07/2023 18:56:57
Accession No	: 10002304725	Barcode No.	: 10002304725-01
Referring Doctor	: Self	Ref no.	:
Referred By	:		

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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BIOCHEMISTRY

Vitamin Check

Vitamin D 25 - Hydroxy

Sample: Serum
Method: ECLIA

25.0 L

Deficiency < 20
Insufficiency 20 - 30
Sufficiency 30 - 100
Toxicity > 100

ng/mL

Vitamin B12

Sample: Serum
Method: ECLIA

597

211 - 946

pg/mL

TSH 3rd Generation

Sample: Serum
Method: ECLIA

2.500

0.270 - 4.200

µIU/mL

Vitamin D 25 - Hydroxy

Clinical Significance :

The 25-hydroxy vitamin D test is used to detect bone weakness or other bone malfunctions or disorders that occur as a result of a vitamin D deficiency. 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 adult, people with obesity, babies who are breastfed only, post gastric bypass surgery, Crohn's disease and other intestinal malabsorption conditions. Hypervitaminosis D usually occurs due to over intake of Vitamin D supplementation.

Vitamin B12

Clinical Significance :

Vitamin B12 is necessary for hematopoiesis and normal neuronal function. It requires intrinsic factor (IF) for absorption. 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). Vitamin B12 deficiency results in macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.

TSH 3rd Generation

10002304725 Mr. CL51



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Clinical Significance :

TSH levels are elevated in primary hypothyroidism and low in primary hyperthyroidism. Evaluation of TSH is useful in the differential diagnosis of primary from secondary and tertiary hypothyroidism. In primary hypothyroidism, TSH levels are elevated, while secondary and tertiary hypothyroidism, TSH levels are low or normal. High TSH level in the presence of normal FT4 is subclinical hypothyroidism and low TSH with normal FT4 is called subclinical hyperthyroidism. Sick, hospitalized patients may have falsely low or transiently elevated TSH. Significant diurnal variation is also seen in TSH levels.

Guidelines for TSH levels in pregnancy, as per American Thyroid Association, are as follows:

PREGNANCY TRIMESTER	BIOLOGICAL REFERENCE INTERVAL	UNIT
FIRST TRIMESTER	0.100 - 2.500	μ IU/mL
SECOND TRIMESTER	0.200 - 3.000	μ IU/mL
THIRD TRIMESTER	0.300 - 3.000	μ IU/mL

** End of Report**



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Senior Consultant

