

# Apollo Medical Centre

(Promoters : Kurnool Hospital Enterprises Ltd.)

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<b>Name</b> : BHOOMA SAMPATH	<b>Bill Date</b> : 07-Dec-2025 4:57 pm	
<b>Age</b> : 34 Years	<b>Sample No</b> : 58	
<b>Gender</b> : Male	<b>Smpl.Time</b> : 07-Dec-2025 04:58 PM	
<b>Bill No</b> : CB23977	<b>Report Date</b> : 07-Dec-2025 6:13 pm	
<b>Ref.Dr.</b> : SELF	CB23977 	

## DEPARTMENT OF HYDERABAD

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>VITAMIN B12</b>				
VITAMIN B12, SERUM	202	pg/mL	183 - 822	CLIA

### Comment:

Population based data reflecting exact scenario of vitamin B12 levels in Indian population is still evolving, however, different studies reporting a deficiency in adults, pregnant women and children ranging from 16% to 77% with average of about 47%. This high incidence is attributed to vegetarian food habits of large majority of Indian population. Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency. B12 levels in the range of 150 to 190 pg/ml may not be associated with any clinical manifestations, while B12 levels below 100 pg/ml are often associated with clinical symptoms. However, for an individual based on other co-morbid conditions or other nutritional deficiency (especially folate) the manifestations can vary accordingly. If clinical symptoms suggest deficiency, measurement of active vitamin B12, MMA and homocysteine should be considered as further workup.

\*\*\* END OF REPORT \*\*\*

Printed On : 07-Dec-2025 6:13 pm

Checked By : SAI

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KINDLY CORRELATE RESULTS WITH CLINICAL FINDINGS & DISCUSS IF NECESSARY.

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