Apollo Medical Centre

(Promoters : Kurnool Hospital Enterprises Ltd.)

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Name	: **MAHESWARI M**	**Bill Date** :	**20-Dec-2025 12:08 pm**
Age	: **28 Years**	**Sample No** :	**32**
Gender	: **Female**	**Smpl.Time** :	**20-Dec-2025 12:10 PM**
Bill No	: **QR10027**	**Report Date** :	**20-Dec-2025 1:50 pm**
Ref.Dr.	: **Dr.ANANTHA LAKSHMI.A**	QR10027	

DEPARTMENT OF HYDERABAD

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
VITAMIN B12, SERUM	**181**	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 ***

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KINDLY CORRELATE RESULTS WITH CLINICAL FINDINGS & DISCUSS IF NECESSARY.

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DEPARTMENT OF BIOCHEMISTRY.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (SERUM)				
VITAMIN D (25-OH VITAMIN D)	**24.2**	ng/mL	30 - 100	CLIA

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:- Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome.

Increased levels:- Vitamin D intoxication.

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

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