Marengo Asia Hospitals

4103449

NABH
OUR ACCREDITATIONS

DEPARTMENT OF LABORATORY SERVICES

Patient	Mrs. JYOTI KUMARI	**Lab No/ManualNo**	4103449/
UHIDNo/IPNO	400214619	**CollectionDate**	05/09/2024 1:08PM
Age/Gender	34 Years/Female	**Receiving Date**	05/09/2024 1:09PM
Bed No/Ward	OPD	**Report Date**	05/09/2024 3:45PM
Referred By	Dr. Pallavi Vasal	**Report Status**	Final
		Sample Quality	

Test Name	Result	Unit	Bio. Ref. Range	Method	Sample
		Biochemistry			
***B12 VITAMIN**					Serum
Vit-B12	237	pg/mL	200 - 835	Chemiluminescence	

Vitamin B12 (cobalamin) is necessary for hematopoiesis and normal neuronal function. In humans, it is obtained only from animal proteins and requires intrinsic factor (IF) for absorption. 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. 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 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. Pernicious anemia is a macrocytic anemia caused by vitamin B12 deficiency that is due to a lack of IF secretion by gastric mucosa. Serum methylmalonic acid and homocysteine levels are also elevated in vitamin B12 deficiency states.

Interpretation :

A serum vitamin B12 level less than 180 pg/ml may cause megaloblastic anemia and peripheral neuropathies , Vitamin B12 levels less than 150 pg/ml is considered evidence of vitamin B12 deficiency.

End Of Report

Nutan

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Prepared By MAH001891 **Printed at 06/09/2024 10:04** **Page: 1 Of 1**

L-Low H-High CH - Critical High CL - Critical Low