

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Anita Dhyani on 09/11/24

After reviewing the medical history and on clinical examination it has been found that he/she is

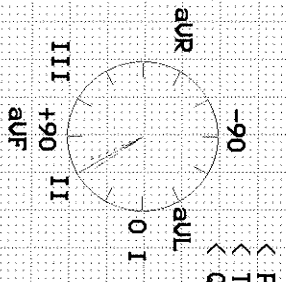
	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>UTI</u></p> <p>2. _____</p> <p>3. _____</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

A Patil
Dr. Aradhana A. Patil
MBBS
Reg. No: 2024/07/5675

Dr. Aradhana Patil
Medical Officer
Apollo Clinic, (Aundh, Pune)

This certificate is not meant for medico-legal purposes

Measurement Results:
QRS : 84 ms
QT/QTcB : 372 / 415 ms
PR : 112 ms
P : 90 ms
PP/PP : 802 / 785 ms
P/QRS/T : 65 / 60 / 55 degrees
QTd/QTcBd : 42 / 47 ms
Sokolow : 1.8 mV
NK : 10



Interpretation:
< P
< T
< QRS
Short PR interval
probably normal ECG

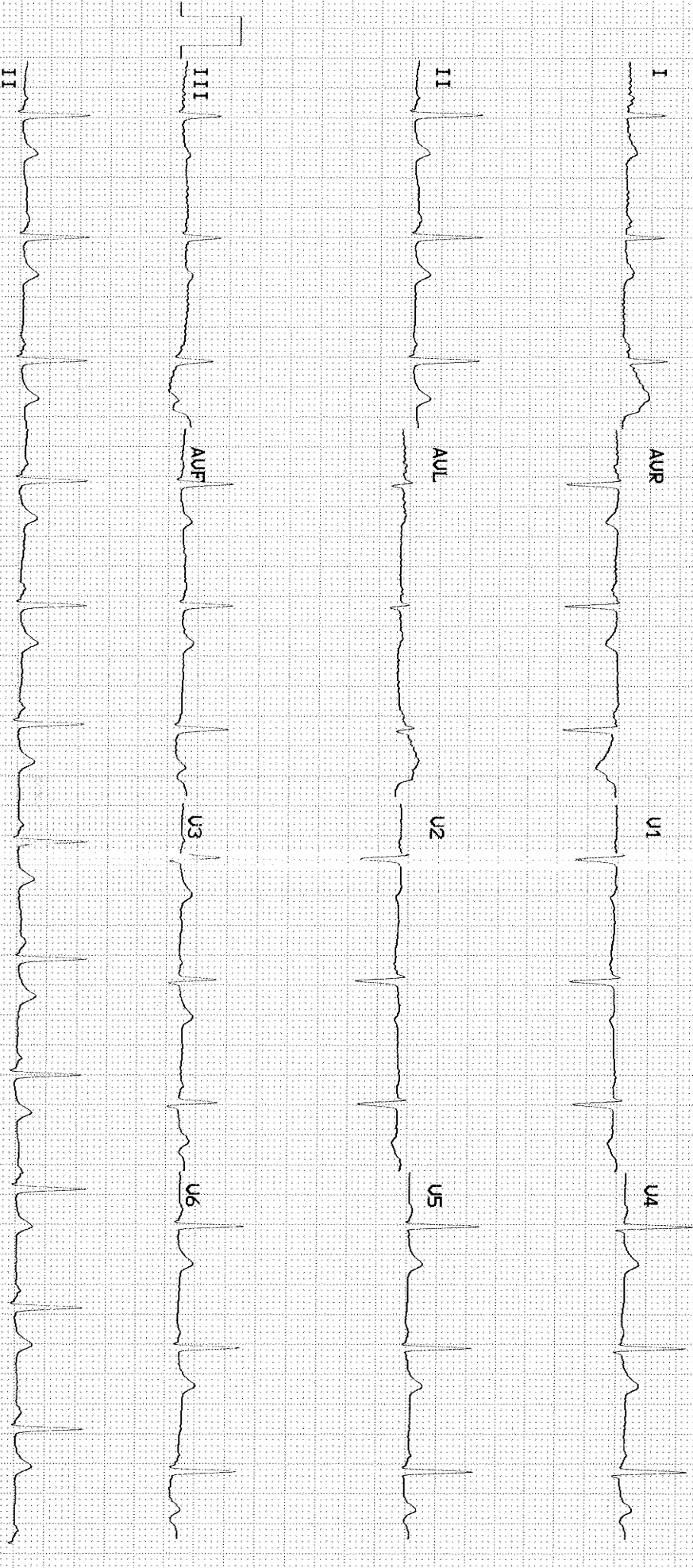
HR 74 bpm

Ⓢ Sinus rhythm

Dr. Aradhana A. Patil

MBBS
Reg. No. 2024/07/5675

Unconfirmed report.



Patient Name	: Ms. Anita Dhyani	Age	: 52Yrs 10Mths 2Days
UHID	: FTFV.0000018068	OP Visit No.	: CAUNOPV179217
Printed On	: 09-11-2024 02:52 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S37333		

DEPARTMENT OF CARDIOLOGY

2D ECHO CARDIOGRAPHY & COLOR DOPPLER REPORT

Mitral Valve : Normal.

Aortic Valve : Normal.

Tricuspid Valve : Normal.

Pulmonary Valve : Normal.

RWMA: Absent.

RA : Normal

RV : Normal

IVS : Intact

IAS : Intact

Pericardial effusion : No

IVC : Normal.

AO – 19 mm, LA – 27 mm, LVIDd – 43 mm, LVISd – 23 mm, IVS – mm, PW – mm.

CONCLUSION:

Normal size cardiac chambers.

No RWMA.

Good LV systolic function LVEF–60%.

Grade I diastolic dysfunction.

No AR/MR/TR No PAH.

No e/o clot, thrombus, vegetation or pericardial effusion.

P/S : Normal echo does not rule out coronary artery disease.

---End Of The Report---



Dr. SATYAJEET SURYAWANSHI
MBBS, D.N.B. (CARDIOLOGY)
2005/05/2798

Patient Name	: Ms. Anita Dhyani	Age	: 52Yrs 10Mths 2Days
UHID	: FTFV.0000018068	OP Visit No.	: CAUNOPV179217
Printed On	: 09-11-2024 03:39 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22S37333		

DEPARTMENT OF RADIOLOGY

USG ABDOMEN & PELVIS

Liver appears normal in size, shape and shows enhanced in echotexture.

No focal lesion is seen. PV and CBD are normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Spleenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both **the kidneys** appear normal in size, shape and echopattern. Cortical thickness and C M differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney - 10.6x 4.6 cm.

Left kidney - 9.6 x 5.0 cm.

Urinary Bladder :- is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus is post menopausal status.

Endometrium is thin.

Both ovaries are not visualised (atrophic.)

No obvious free fluid or lymphadenopathy is noted in the abdomen .

IMPRESSION :-

Grade I fatty liver.

No other significant abnormality detected.

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, not valid for medico legal purpose.

---End Of The Report---



Dr.SUHAS KATHURIA
MBBS,DMRE
2015/04/2158
Radiology

Patient Name : Ms. Anita Dhyani Age : 52Yrs 10Mths 2Days
UHID : FTFV.0000018068 OP Visit No. : CAUNOPV179217
Printed On : 09-11-2024 03:58 PM Advised/Pres Doctor : --
Department : Radiology Qualification : --
Referred By : Self Registration No. : --
Employee Id : 22S37333

DEPARTMENT OF RADIOLOGY

USG BOTH BREASTS

Breast parenchyma appears normal bilaterally.

There is no evidence of spiculated mass lesion, micro calcification or architectural distortion.

There is no axillary lymphadenopathy on either side.

No obvious chest wall lesion is seen on either side.

No abnormality is detected in the retro mammary fat.


IMPRESSION:

No significant abnormality detected.

Suggest clinical correlation and follow-up

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

---End Of The Report---



Dr.SUHAS KATHURIA
MBBS,DMRE
2015/04/2158
Radiology

O/E: - BREST EXAMINATION

(R) BREST - LUMP - nil (L) BREST - LUMP - nil

SKIN - nil SKIN - nil

NIPPLE DISCHARGE nil NIPPLE DISCHARGE - nil

(R) AXILLA - nil (L) AXILLA - nil

P/S - CX - healthy
VG → no disch
P/V - UT - → w/ Av & clea

APOLLO CLINIC-AUNDH
Dr. Alka Karwad
MBBS, DGO
Obstetrics & Gynecologist
Reg No. 2007051315

Patient Name : MRS. Anita Dhyani Date : 09/11/24
 AGE/Sex : 52/F UHID/ MR NO :

	RIGHT EYE	LEFT EYE
FAR VISION	6/6	6/6
NEAR VISION	N6 (A)	N6 (A)
ANTERIOR SEGMENT PUPIL	Normal	Normal
COLOUR VISION	Normal	Normal
FAMILY / MEDICAL HISTORY	No	No

Impression:

Adv.: -

Optometrist: -
 Mr. Yogesh Avaghad
 Apollo Clinic – Aundh Pune

Information to be filled by patient.

Date: / /

Name: Anita Dhejari Age: 52 Sex: M/F

Contact No.: _____ Area of Residence: Aundh

Occupation: Company Name _____

Desk Work Active / On the Move Stay-at-Home Parent Retired

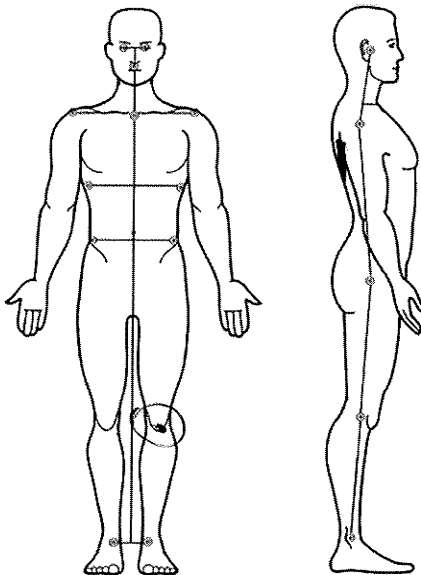
Have you recently felt any physical pain or discomfort? YES NO

If yes, please indicate your area of pain: Neck Upper / Midback

Lower Back / Buttock Shoulder Elbow Wrist / Hand

Hip Knee Legs Ankle / Foot

Postural Analysis :



Mobility Tests :

Toe Touch : _____ / _____ cm

Appley Scratch : _____ / _____ cm

Cervical Mobility : _____ / 6

Diagnosis : knee pain

Recommended Treatments : Overhead Avoid, finger ladder ex's,
Regular ex's, Diet.

Posture Correction (Normal) Mobility Routine

Condition Specific : _____

Dietary Modification for Healthy Life

FOOD GROUP	ALLOWED	RESTRICTED/ IN MODERATION
GRAINS	Any brown rice, red rice, black rice, unpolished white rice, millets or organic wheat, oats, quinoa etc.	Refined flours, white rice, breads, cookies, refined flour noodles, biscuits, cakes etc.
DAL	Moong dal, urad dal, masoor dal, chana dal (red gram dal) etc.	Rajma, Kabuli chana, lobia, soyabean [in moderation]
VEGETABLES	All gourd vegetables [bottle gourd, bitter gourd, ash gourd, sponge gourd, pointed gourd, carrots, beans, capsicum bell peppers etc.] + Green leafy vegetables [spinach, mustard leaf, drumstick, bathua red amaranth etc.].	Root vegetables (potato, yam, arbi, Colocasia, turnip, beetroot) in moderation.
FRUITS	All low GI fruits like apple, pear, guava, cherry, Berries, plum, kiwi, papaya, orange sweet lime etc.	Banana, mango, sapota, custard-apple, grapes, jackfruit etc.
MILK AND MILK BASED PRODUCTS	Plant based milk like [oats, almond, soy, coconut milk]. Yoghurt, curd, tofu, homemade pure ghee in moderation.	Animal milk [cow, buffalo] butter, cheese, paneer, processed ghee etc.
NON-VEG	Egg, chicken, fish [below 2.5 kg], small fish, sea fish, lean meat etc. Better to have weekly 3-4 times.	Red meat [mutton. Pork, beef etc.], fatty fish, crab, lobster etc.
SWEET	Jaggery, dates, raisins, figs, dried apricots in moderation. Organic stevia sweetener, Monk fruit sweetener, maple syrup.	Refined sugar, honey, brown sugar, jam jelly.
OIL	Cold pressed/wood pressed unrefined mustard oil, coconut oil, ground nut oil, sesame oil, extra virgin olive oil, home made pure cow ghee in moderation.	Refined sunflower, soya bean, safflower oil, processed ghee, butter, margarine etc.

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.


Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Date : 11/9/2024 Department : ENT
 Patient Name : Ms. Anita Dhyani Doctor : Dr. ARPITA KRISHNA
 UHID : FTFV.0000018068 Registration No. : 2018052235
 Age / Gender : 52Yrs 10Mths 2Days/
 Female Qualification : MBBS, MS (ENT)
 Consultation Timing : 8:28 AM

Height : 150	Weight : 55	BMI :	Waist Circum : 84
Temp :	Pulse : 74	Resp :	B.P : 110/80

**General Examination / Allergies
History**

Clinical Diagnosis & Management Plan

Present complains -

Comorbidity -

Allergies -

Surgical H/O

Family H/O

Addiction -

OE

CVS-

CNS-

P/A-

Chest-

Follow up date:

Doctor Signature

Patient Name : Ms.ANITA DHYANI	Collected : 09/Nov/2024 08:41AM
Age/Gender : 52 Y 10 M 2 D/F	Received : 09/Nov/2024 04:29PM
UHID/MR No : FTFV.0000018068	Reported : 09/Nov/2024 07:23PM
Visit ID : CAUNOPV179217	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37333	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.53	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.43	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19.07	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.1	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	78.03	U/L	30-120	IFCC
PROTEIN, TOTAL	7.71	g/dL	6.6-8.3	Biuret
ALBUMIN	4.52	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.19	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Patten:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:AUH241100405

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Ms.ANITA DHYANI	Collected : 09/Nov/2024 08:41AM
Age/Gender : 52 Y 10 M 2 D/F	Received : 09/Nov/2024 04:29PM
UHID/MR No : FTFV.0000018068	Reported : 09/Nov/2024 07:23PM
Visit ID : CAUNOPV179217	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37333	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.57	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	18.51	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.46	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.22	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.54	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	133.8	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	98.13	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.71	g/dL	6.6-8.3	Biuret
ALBUMIN	4.52	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.19	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated

DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:AUH241100405

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Ms.ANITA DHYANI	Collected : 09/Nov/2024 08:41AM
Age/Gender : 52 Y 10 M 2 D/F	Received : 09/Nov/2024 02:34PM
UHID/MR No : FTFV.0000018068	Reported : 09/Nov/2024 03:17PM
Visit ID : CAUNOPV179217	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37333	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.45	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.58	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.209	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:AUH241100408

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name	: Ms.ANITA DHYANI	Collected	: 09/Nov/2024 08:41AM
Age/Gender	: 52 Y 10 M 2 D/F	Received	: 09/Nov/2024 01:39PM
UHID/MR No	: FTFV.0000018068	Reported	: 09/Nov/2024 02:28PM
Visit ID	: CAUNOPV179217	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22S37333		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:AUH241100401

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Ms.ANITA DHYANI	Collected : 09/Nov/2024 08:41AM
Age/Gender : 52 Y 10 M 2 D/F	Received : 09/Nov/2024 01:39PM
UHID/MR No : FTFV.0000018068	Reported : 09/Nov/2024 02:22PM
Visit ID : CAUNOPV179217	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22S37333	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY232

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

***** End Of Report *****

Result/s to Follow:
LBC PAP SMEAR

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:AUH241100407

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Ms.ANITA DHYANI	Collected : 09/Nov/2024 10:18AM
Age/Gender : 52 Y 10 M 2 D/F	Received : 09/Nov/2024 02:54PM
UHID/MR No : FTFV.0000018068	Reported : 09/Nov/2024 03:57PM
Visit ID : CAUNOPV179232	Status : Final Report
Ref Doctor : Self	Centre Name : ONEHUB AUNDH

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	30.18	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

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

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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	258	pg/mL	120-914	CLIA

Comment:

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.

DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:AUH241100589

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



