

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

Immunoassay
Max Bone Profile

Vitamin D, 25 - Hydroxy Test (Vit. D3)*

Date	20/Mar/2022	Unit	Bio Ref Interval
	07:48AM		
25 Hydroxy, Vitamin D CLIA	9.26	ng/mL	30-100

Ref Range

Vitamin D Status	25 (OH) Vitamin D Concentration Range (ng/ml)
Sufficiency	30-100
Insufficiency	20-29
Deficiency	<20
Potential Toxicity	>100

Interpretation

Vitamin D toxicity can be due to

- Use of high doses of vitamin D for prophylaxis or treatment
- Taking vitamin D supplements with existing health problems such as kidney disease, liver disease, tuberculosis and hyperparathyroidism

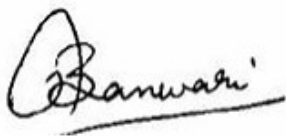
Vitamin D deficiency can be due to:

- Inadequate exposure to sunlight,
- Diet deficient in vitamin D
- Malabsorption

Advice: Serum calcium, phosphorus and PTH

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Akash Banwari, M.D.(Path)
Pathologist



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SIN No: B2B1539906, Test Performed at :585 - Max Hospital - Gurugram, Opposite HUDA City Centre Metro Station, B - Block Booking Centre -2361 - Max Lab, Sector 15, Gurugram 715, Shop No B 3, Vinayak Plaza, Jharsa Road Opposite Bank Of Maharashtra, 9818212458

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1. The test results are for the information and interpretation by the referring doctor only. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.

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Clinical Biochemistry Max Bone Profile

Alkaline Phosphatase, Serum

Date	20/Mar/2022	Unit	Bio Ref Interval
	07:48AM		
Alkaline Phosphatase	198	U/L	74 - 390
<small>PNPP, AMP Buffer</small>			

Interpretation

Increased in bone formation, bone disease, renal disease, liver disease, extra hepatic sepsis, ulcerative colitis, regional enteritis, intra abdominal bacterial infection, thyrotoxicosis, benign transient hyperphosphatasemia (children), pulmonary and renal infarction, pancreatitis, presence of Regan and Nagao isoenzymes, phenytoin (dilantin) and alcohol use.

Calcium, Serum

Date	20/Mar/2022	Unit	Bio Ref Interval
	07:48AM		
Calcium (Total)	9.99	mg/dL	8.8 - 10.6
<small>Arsenazo III</small>			

Comment

Increased in Primary and Tertiary hyperparathyroidism, malignant disease with bone involvement, Polycythemia vera, pheochromocytoma and Sarcoidosis.

Advise: PTH testing. If normal or increased, then check urine Ca⁺⁺/ Creatinine ratio to exclude Familial benign hypocalciuric hypercalcemia (FBHH)

Decreased in surgical or congenital hyperparathyroidism; Vitamin D deficiency, chronic renal failure; magnesium deficiency, prolonged anticonvulsant therapy, acute pancreatitis, hyperphosphatemia, massive blood transfusion, leprosy, proximal and distal renal tubular disease, alcoholism and hepatic cirrhosis.

Advice: Albumin, Phosphate, Creatinine, Alkaline Phosphatase and PTH.

Inorganic Phosphorus, Serum

Date	20/Mar/2022	Unit	Bio Ref Interval
	07:48AM		
Phosphorus(inorg)	5.33	mg/dL	2.5 - 4.5
<small>Phosphomolybdate-UV</small>			

Interpretation

Increased in Osteolytic metastatic bone tumors, myelogenous leukemia, sarcoidosis, milk-alkali syndrome, vitamin D intoxication, healing fractures, renal failure, hyperparathyroidism, PTH resistance (Pseudohypoparathyroidism) and diabetes mellitus with ketosis.

Decreased in Osteomalacia, steatorrhea, renal tubular acidosis, growth hormone deficiency, acute alcoholism, gram-negative bacterial septicemia, hypokalemia, familial hypophosphatemic rickets, Vitamin D deficiency, severe malnutrition, malabsorption, secondary diarrhea, vomiting, nasogastric suction, primary hyperthyroidism and PTH producing tumors.



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Booking Centre - 2361 - Max Lab Sector 15, Gurugram 715, Shop No B 3, Vinayak Plaza, Jharsa Road Opposite Bank Of Maharashtra, 9818212458

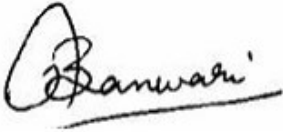
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**Clinical Biochemistry
Max Bone Profile**

Kindly correlate with clinical findings

***** End Of Report *******Dr. Akash Banwari, M.D.(Path)
Pathologist**

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PTH (Parathyroid Hormone)- Intact,EDTA*

Date	20/Mar/2022 07:48AM	Unit	Bio Ref Interval
Intact, Parathyroid Hormone (PTH) CLIA	99.9	pg/mL	12 - 88

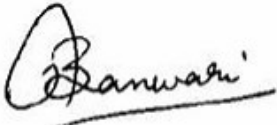
Interpretation Increased in primary hyperparathyroidism, secondary hyperparathyroidism (e.g. chronic renal disease, pseudohypoparathyroidism, hereditary vitamin D dependency types I and II, vitamin D deficiency), Z-E syndrome, fluorosis, spinal cord trauma, pseudogout, familial medullary thyroid carcinoma, and MEN type I, IIa, IIb

Decreased in autoimmune hypoparathyroidism, Sarcoidosis, nonparathyroid hypercalcemia in absence of renal failure, hyperthyroidism, hypomagnesemia, transient neonatal hypocalcemia, and DiGeorge Syndrome.

Circadian rhythm is observed with highest values at 2 PM – 4 PM and lowest value at 8 AM

Kindly correlate with clinical findings

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