



Mr. MUSA ALI KHAN

PID NO : 46906

Age : 2 Years 11 Months Sex : Male



Reference : DR. BUSHRA

Sample Collected At :

CITICARE MEDICAL CENTER
Unit G03, Al Barsha South Bldg, Al Barsha South
Third, Dubai

VID : 5050108000

Registered on :

21-May-2025 05:35 PM

Collected on :

21-May-2025 09:40 AM

Reported on :

21-May-2025 08:03 PM

Investigation	Observed Value	Flag	Unit	Biological Reference Interval
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CALCIUM

(Serum, NM-BAPTA)

9.4

mg/dL

8.8 - 10.8

INTERPRETATION :

- Increased level is seen in Hyperparathyroidism, Infections that cause granulomas such as tuberculosis and certain fungal and mycobacterial infections, Multiple myeloma, T cell lymphoma and certain other cancers, Metastatic bone tumor, Paget disease, Use of certain medicines such as lithium, tamoxifen, and thiazides.
- Decreased level is seen in Kidney failure, Low blood level of albumin, Liver disease, Magnesium deficiency, Pancreatitis, Vitamin D deficiency

IRON

(Serum, Colorimetric assay)

123

ug/dL

33 - 193

INTERPRETATION:

- Increased iron or Chronic iron overload may be due to excessive iron intake, hereditary hemochromatosis, multiple blood transfusions, and a few other conditions.
- Decreased level leads to Iron deficiency may be seen with insufficient intake, inadequate absorption or increased nutrient requirements as seen during pregnancy or with acute or chronic blood loss

MAGNESIUM

(Serum, Colorimetric Endpoint Assay)

2.26

mg/dL

1.7 - 2.3

INTERPRETATION:

- Increased magnesium levels relate mostly to patients in renal failure. Increased serum magnesium is also found with Addison disease and in pregnant patients with severe pre-eclampsia or eclampsia who are receiving magnesium sulfate as an anticonvulsant. Hypermagnesemia may occur in patients using magnesium-containing cathartics. High magnesium levels are manifested by decreased reflexes, somnolence and heart block.
- Decreased level or Hypomagnesemia is seen in neuromuscular disorders. Hypomagnesemia is associated with hypocalcemia, hypokalemia, long-term hyperalimentation, intravenous therapy, diabetes mellitus, especially during treatment of ketoacidosis; alcoholism and other types of malnutrition; malabsorption; hyperparathyroidism; dialysis; pregnancy and hyperaldosteronism. Renal loss of magnesium occurs with cis-platinum therapy. Drugs like amphotericin toxicity will cause hypomagnesemia.

FERRITIN

(Serum, ECLIA)

10.9

ng/mL

6 - 111

Please note change.

Source: Mayo Clinic Laboratories.

INTERPRETATION:

- Increased level is seen in haemochromatosis, porphyria, rheumatoid arthritis, liver disease, hyperthyroidism, adult stills disease, type 2 diabetes, leukemia, Hodgkins lymphoma, iron poisoning, in inflammation, frequent blood transfusion, alcohol abuse
- Decreased level is seen in any Iron deficiency conditions such as heavy menstrual bleeding, pregnancy, not enough iron in the diet, or bleeding inside the intestinal tract (from ulcers, colon polyps, colon cancer, hemorrhoids, or other conditions).

DR. ADLEY MARK FERNANDES

M.D (Pathology)
Pathologist

Dr. Vyoma Shah

DR. VYOMA SHAH

M.D (Pathology)
Clinical Pathologist

Dr. Haleem Hakkim

HALEEM HAKKIM

Laboratory Technologist

This is an Electronically Authenticated Report.

Printed on: 21-May-2025 08:05 PM

Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189 unless specified by (*).





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VITAMIN D, 25-OH (TOTAL)

(Serum, ECLIA)

31.6

ng/mL

Deficiency: <20

Insufficiency: 20 - <30

Sufficiency: 30 - 80

Toxicity: >80

Please note change.

Source: Roche IFU.

INTERPRETATION:

- Vit D (25 – OH) is the sum of Vit D2 (25 – OH) and Vit D3 (25 – OH). In normal persons not taking external supplements - Vit D3 comprises approximately 90 % of the total.
- 25 hydroxy (25–OH) vitamin D3 or calcidiol is the storage form of vitamin D3. Deficiency is associated with osteoporosis, multiple sclerosis, and rheumatoid arthritis, and mood disorders. Both Vitamin D2 and Vitamin D3 are converted to 25–OH vitamin D3 in the liver. 25 hydroxy vitamin D3 circulates to the kidney where it is converted to 1, 25 hydroxy vitamins D3 or calcitriol, the functional form of the vitamin.
- Calcitriol is vital to calcium regulation and low serum calcium causes release of parathormone which converts 25–OH vitamin D3 to 1, 25 –OH vitamin D3 which then triggers osteolysis releasing calcium into the bloodstream.

----- End Of Report -----

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