

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. KUMAR PRAMOD
EC NO.	177346
DESIGNATION	SENIOR CUSTOMER SERVICE ASSOCIATE (CASH)
PLACE OF WORK	GHAZIABAD, SHAHPUR BAMATA
BIRTHDATE	10-05-1980
PROPOSED DATE OF HEALTH CHECKUP	08-03-2025
BOOKING REFERENCE NO.	24M177346100156726E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **06-03-2025** till **31-03-2025** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM & Marketing Department**  
**Bank of Baroda**



(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))



भारत सरकार  
GOVERNMENT OF INDIA



प्रमोद कुमार  
Pramod Kumar  
जन्म तिथि/DOB: 10/05/1980  
पुरुष / MALE



8322 4700 3364

आधार-आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O रविंदर पंडित, 338,  
तिवारीपुर बगिया, कैलाश  
नगर, जाजमऊ, शिवांस  
टेनराय, कानपुर नगर,  
उत्तर प्रदेश - 208010

Address:

S/O Ravinder Pandit, 338, Tiwaripur  
Bagiya, Kailash Nagar, Jajmau,  
Shiwans Tenray, Kanpur Nagar,  
Uttar Pradesh - 208010

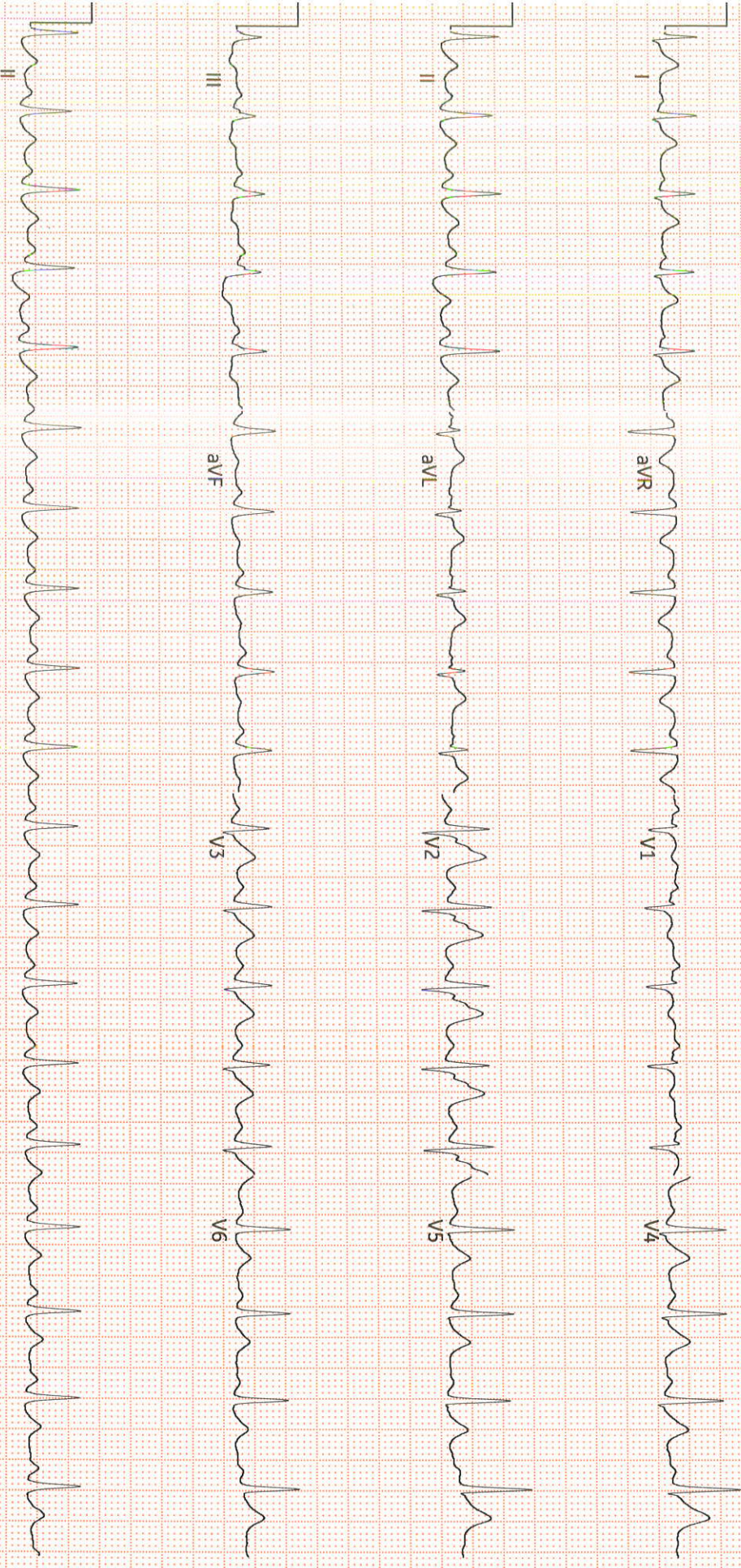
8322 4700 3364

Aadhaar-Aam Admi ka Adhikar

Vent rate 113 BPM  
PR interval 132 ms  
QRS duration 74 ms  
QT/QTc-Baz 316/433 ms  
P-R-T axes 67 56 13

H/C

Unconfirmed





Patient Name	MR PRAMOD KUMAR	Location	: Ghaziabad
Age/Sex	: 44Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH010773183	Order Date	: 08/03/2025
Ref. Doctor	: H/C	Report Date	: 08/03/2025

**Protocol** : Bruce **MPHR** : 176BPM  
**Duration of exercise** : 05min 37sec **85% of MPHR** : 150BPM  
**Reason for termination** : THR achieved **Peak HR Achieved** : 166BPM  
**Blood Pressure (mmHg)** : Baseline BP : 120/80mmHg **% Target HR** : 94%  
 Peak BP : 140/80mmHg **METS** : 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	120	130/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	151	140/80	Nil	No ST changes seen	Nil
STAGE 2	2:37	166	160/80	Nil	No ST changes seen	Nil
RECOVERY	6:27	116	130/80	Nil	No ST changes seen	Nil

**COMMENTS:**

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

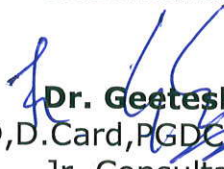
**IMPRESSION:**

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

**Dr. Bhupendra Singh**  
MD, DM (CARDIOLOGY), FACC  
Sr. Consultant Cardiology

**Dr. Abhishek Singh**  
MD, DNB (CARDIOLOGY), MNAMS  
Sr. Consultant Cardiology

**Dr. Sudhanshu Mishra**  
Cardiology Registrar

  
**Dr. Geetesh Govil**  
MD, D. Card, PGDCC, MAAC, M. Med, MIMA, FAGE  
Jr. Consultant Cardiology

**Manipal Hospital, Ghaziabad**  
NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002  
P : 0120-3535353

**Manipal Health Enterprises Private Limited**  
CIN: U85110KA2003PTC033055  
Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017  
P +91 80 4936 0300E info@manipalhospitals.com [www.manipalhospitals.com](http://www.manipalhospitals.com)



### RADIOLOGY REPORT

NAME	MR Pramod KUMAR	STUDY DATE	08/03/2025 10:44AM
AGE / SEX	44 y / M	HOSPITAL NO.	MH010773183
ACCESSION NO.	R9496362	MODALITY	US
REPORTED ON	08/03/2025 11:17AM	REFERRED BY	HEALTH CHECK MGD

#### USG ABDOMEN & PELVIS FINDINGS

**LIVER:** Liver is normal in size (measures 128 mm), shape and echotexture. Rest normal.  
**SPLEEN:** Spleen is normal in size (measures 115 mm), shape and echotexture. Rest normal.  
**PORTAL VEIN:** Appears normal in size and measures 10.2 mm.  
**COMMON BILE DUCT:** Appears normal in size and measures 2.6 mm.  
**IVC, HEPATIC VEINS:** Normal.  
**BILIARY SYSTEM:** Normal.  
**GALL BLADDER:** Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.  
**PANCREAS:** Pancreas is normal in size, shape and echotexture. Rest normal.  
**KIDNEYS:** Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.  
**Right Kidney:** measures 108 x 52 mm. It shows a concretion measuring 2.2 mm at mid calyx.  
**Left Kidney:** measures 114 x 49 mm.  
**PELVI-CALYCEAL SYSTEMS:** Compact.  
**NODES:** Not enlarged.  
**FLUID:** Nil significant.  
**URINARY BLADDER:** Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.  
**PROSTATE:** Prostate is normal in size, shape and echotexture. It measures 39 x 29 x 27 mm with volume 16 cc. Rest normal.  
**SEMINAL VESICLES:** Normal.  
**BOWEL:** Visualized bowel loops appear normal.

#### IMPRESSION

**- Right renal concretion.**

Recommend clinical correlation.

*Monica*

**Dr. Monica Shekhawat**

**MBBS, DNB, CCFRG, ACFRG (Reg No MCI 11-10887)**

**CONSULTANT RADIOLOGIST**

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

**RADIOLOGY REPORT**

NAME	MR Pramod KUMAR	STUDY DATE	08/03/2025 10:30AM
AGE / SEX	44 y / M	HOSPITAL NO.	MH010773183
ACCESSION NO.	R9496361	MODALITY	CR
REPORTED ON	08/03/2025 10:33AM	REFERRED BY	HEALTH CHECK MGD

**XR- CHEST PA VIEW****FINDINGS:**

LUNGS: Normal.  
TRACHEA: Normal.  
CARINA: Normal.  
RIGHT AND LEFT MAIN BRONCHI: Normal.  
PLEURA: Normal.  
HEART: Normal.  
RIGHT HEART BORDER: Normal.  
LEFT HEART BORDER: Normal.  
PULMONARY BAY: Normal.  
PULMONARY HILA: Normal.  
AORTA: Normal.  
THORACIC SPINE: Normal.  
OTHER VISUALIZED BONES: Normal.  
VISUALIZED SOFT TISSUES: Normal.  
DIAPHRAGM: Normal.  
VISUALIZED ABDOMEN: Normal.  
VISUALIZED NECK: Normal.

**IMPRESSION:**

**No significant abnormality noted.**

Recommend clinical correlation.

Dr. Monica Shekhawat

MBBS, DNB, CCFRG, ACFRG (Reg No MC| 11-10887)

CONSULTANT RADIOLOGIST

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

**LABORATORY REPORT**

Name : MR PRAMOD KUMAR Age : 44 Yr(s) Sex : Male  
 Registration No : MH010773183 Lab No : 202503001220  
 Patient Episode : H1800003901 Collection Date : 08 Mar 2025 10:14  
 Referred By : HEALTH CHECK MGD Reporting Date : 09 Mar 2025 09:42  
 Receiving Date : 08 Mar 2025 10:14

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
PROSTATE SPECIFIC ANTIGEN (PSA-Total) :	1.120	ng/mL	[<2.500]

Method : ELFA

Note : 1. This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age. Damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.  
 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.  
 3. PSA levels may appear consistently elevated / depressed due to the interference by hetero antibodies & nonspecific protein binding.  
 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massag indwelling catheterization, and ultrasonography and needle biopsy of prostate is not recomme as they falsely elevate levels.  
 5. PSA values regardless of levels should not be interpreted as absolute evidence of the pre or absence of disease. All values should be correlated with clinical findings and results of other investigations.  
 6. Sites of Non - prostatic PSA production are breast epithelium, salivary glands, peri - urethral & anal glands, cells of male urethra && breast mil.  
 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

## Recommended Testing Intervals

- \* Pre-operatively (Baseline)
- \* 2-4 days post-operatively
- \* Prior to discharge from hospital
- \* Monthly follow-up if levels are high or show a rising trend

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## NOTE:

# - Abnormal Values

-----END OF REPORT-----

Dr. Charu Agarwal



**LABORATORY REPORT**

Name : MR PRAMOD KUMAR  
 Registration No : MH010773183  
 Patient Episode : H18000003901  
 Referred By : HEALTH CHECK MGD  
 Receiving Date : 08 Mar 2025 10:14

Age : 44 Yr(s) Sex : Male  
 Lab No : 202503001220  
 Collection Date : 08 Mar 2025 10:14  
 Reporting Date : 08 Mar 2025 15:36

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Specimen Type : Serum</b>			
<b>THYROID PROFILE, Serum</b>			
T3 - Triiodothyronine (ELFA)	1.300	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	8.110	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.330	μIU/mL	[0.250-5.000]

**NOTE:**

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders.

The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.

**LABORATORY REPORT**

Name : MR PRAMOD KUMAR  
Registration No : MH010773183  
Patient Episode : H18000003901  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 10:14

Age : 44 Yr(s) Sex : Male  
Lab No : 202503001220  
Collection Date : 08 Mar 2025 10:14  
Reporting Date : 09 Mar 2025 10:16

**BLOOD BANK**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	B Rh(D) Positive		

**Technical note:**

*ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.*

Page 1 of 1

**NOTE:**

# - Abnormal Values

-----END OF REPORT-----

Dr. Charu Agarwal  
Consultant Pathologist



**LABORATORY REPORT**

Name : MR PRAMOD KUMAR  
Registration No : MH010773183  
Patient Episode : H18000003901  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 10:14

Age : 44 Yr(s) Sex : Male  
Lab No : 202503001220  
Collection Date : 08 Mar 2025 10:14  
Reporting Date : 08 Mar 2025 12:36

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDEANCE)	4.96	millions/cumm	[4.50-5.50]
HEMOGLOBIN	15.2	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	44.5	%	[40.0-50.0]
MCV (DERIVED)	89.7	fL	[83.0-101.0]
MCH (CALCULATED)	30.6	pg	[25.0-32.0]
MCHC(CALCULATED)	34.2	g/dl	[31.5-34.5]
RDW CV% (Calculated)	12.9	%	[11.6-14.0]
Platelet count	150	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	14.30	fL	
WBC COUNT(TC) (Flow Cytometry/ Manual)	8.91	x 10 <sup>3</sup> cells/	
cumm	[4.00-10.00]		
<b>DIFFERENTIAL COUNT</b>			
(VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	63.0	%	[40.0-80.0]
<b>Lymphocytes</b>	<b>18.0 #</b>	%	<b>[20.0-40.0]</b>
Monocytes	5.0	%	[2.0-10.0]
<b>Eosinophils</b>	<b>14.0 #</b>	%	<b>[1.0-6.0]</b>
Basophils	0.0	%	[0.0-2.0]
<b>ESR</b>	<b>12.0 #</b>	<b>mm/1sthour</b>	<b>[0.0-10.0]</b>



**LABORATORY REPORT**

Name : MR PRAMOD KUMAR  
Registration No : MH010773183  
Patient Episode : H18000003901  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 10:57

Age : 44 Yr(s) Sex : Male  
Lab No : 202503001220  
Collection Date : 08 Mar 2025 10:57  
Reporting Date : 08 Mar 2025 15:47

**CLINICAL PATHOLOGY**

**ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine**

**MACROSCOPIC DESCRIPTION**

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
pH (indicators)	8.0	(4.6-8.0)
Specific Gravity (Dip stick-ion)	1.010	(1.003-1.035)

**CHEMICAL EXAMINATION**

Protein/Albumin (Dip stick)	NEGATIVE	(NEGATIVE)
Glucose (GOP/POD/Manual-Benedicts)	NIL	(NIL)
Ketone Bodies (Dip stick)	Negative	(NEGATIVE)
Urobilinogen (Dip stick)	Normal	(NORMAL)

**MICROSCOPIC EXAMINATION (Automated/Manual)**

Pus Cells	0-1 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



**LABORATORY REPORT**

Name : MR PRAMOD KUMAR  
Registration No : MH010773183  
Patient Episode : H18000003901  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 10:14

Age : 44 Yr(s) Sex : Male  
Lab No : 202503001220  
Collection Date : 08 Mar 2025 10:14  
Reporting Date : 08 Mar 2025 15:36

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.9 #	%	[0.0-5.6]  As per American Diabetes Association (ADA) HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk ) 5.7-6.4 Diagnosing Diabetes >= 6.5
Estimated Average Glucose (eAG)	123	mg/dl	

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

**Serum LIPID PROFILE**

Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	155	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	85	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	42	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated)	17	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	95.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129



**LABORATORY REPORT**

Name : MR PRAMOD KUMAR  
Registration No : MH010773183  
Patient Episode : H18000003901  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 10:14

Age : 44 Yr(s) Sex :Male  
Lab No : 202503001220  
Collection Date : 08 Mar 2025 10:14  
Reporting Date : 08 Mar 2025 15:35

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.7		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.3		<3 Optimal 3-4 Borderline >6 High Risk

Note:  
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

**KIDNEY PROFILE**

Specimen: Serum			
UREA	22.5	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	10.5	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.79	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.6	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	137.70	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.53	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.0	mmol/L	[101.0-111.0]
Method: ISE Indirect			



**LABORATORY REPORT**

Name : MR PRAMOD KUMAR  
Registration No : MH010773183  
Patient Episode : H18000003901  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 10:14

Age : 44 Yr(s) Sex :Male  
Lab No : 202503001220  
Collection Date : 08 Mar 2025 10:14  
Reporting Date : 08 Mar 2025 15:35

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	109.2	ml/min/1.73sq.m	[>60.0]
<p><b>Technical Note</b> eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.</p>			

**LIVER FUNCTION TEST**

<b>BILIRUBIN - TOTAL</b> Method: D P D	1.55 #	mg/dl	[0.30-1.20]
<b>BILIRUBIN - DIRECT</b> Method: DPD	0.30	mg/dl	[0.00-0.30]
<b>INDIRECT BILIRUBIN (SERUM)</b> Method: Calculation	1.25 #	mg/dl	[0.10-0.90]
<b>TOTAL PROTEINS (SERUM)</b> Method: BIURET	7.80	gm/dl	[6.60-8.70]
<b>ALBUMIN (SERUM)</b> Method: BCG	4.54	g/dl	[3.50-5.20]
<b>GLOBULINS (SERUM)</b> Method: Calculation	3.30	gm/dl	[1.80-3.40]
<b>PROTEIN SERUM (A-G) RATIO</b> Method: Calculation	1.39		[1.00-2.50]
<b>AST (SGOT) (SERUM)</b> Method: IFCC W/O P5P	31.72	U/L	[0.00-40.00]

**LABORATORY REPORT**

Name : MR PRAMOD KUMAR  
 Registration No : MH010773183  
 Patient Episode : H18000003901  
 Referred By : HEALTH CHECK MGD  
 Receiving Date : 08 Mar 2025 10:14

Age : 44 Yr(s) Sex : Male  
 Lab No : 202503001220  
 Collection Date : 08 Mar 2025 10:14  
 Reporting Date : 08 Mar 2025 15:35

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	26.40	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	90.7	IU/L	[32.0-91.0]
GGT	16.7	U/L	[7.0-50.0]

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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-----END OF REPORT-----

Dr. Charu Agarwal  
 Consultant Pathologist

Printed On : 10 Mar 2025 11:24





**LABORATORY REPORT**

Name : MR PRAMOD KUMAR  
Registration No : MH010773183  
Patient Episode : H18000003901  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 10:14

Age : 44 Yr(s) Sex : Male  
Lab No : 202503001221  
Collection Date : 08 Mar 2025 10:14  
Reporting Date : 09 Mar 2025 09:42

**BIOCHEMISTRY**

**BIOLOGICAL REFERENCE INTERVAL**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	102.9	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).  
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy (adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases (e.g. galactosemia),  
Drugs-  
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

*Charu*

Dr. Charu Agarwal  
Consultant Pathologist

Printed On : 10 Mar 2025 11:24



**LABORATORY REPORT**

Name : MR PRAMOD KUMAR  
Registration No : MH010773183  
Patient Episode : H18000003901  
Referred By : HEALTH CHECK MGD  
Receiving Date : 08 Mar 2025 13:42

Age : 44 Yr(s) Sex : Male  
Lab No : 202503001222  
Collection Date : 08 Mar 2025 13:42  
Reporting Date : 08 Mar 2025 16:16

**BIOCHEMISTRY**

**BIOLOGICAL REFERENCE INTERVAL**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	78.2 #	mg/dl	[80.0-140.0]

Note:  
Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

-----END OF REPORT-----

Dr. Charu Agarwal  
Consultant Pathologist

Printed On : 10 Mar 2025 11:24