

ANSHUKUMARI

Female 33Years

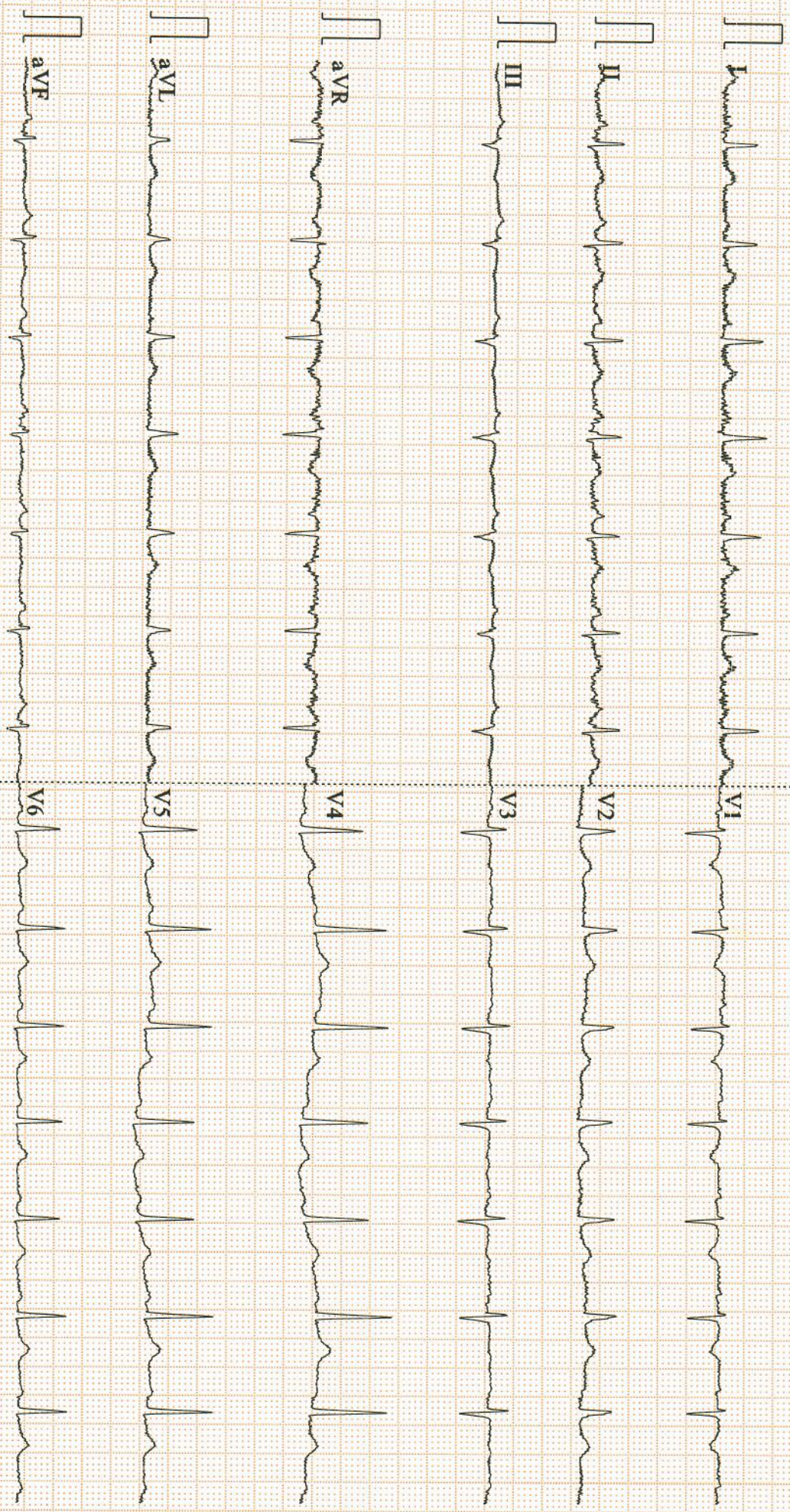
Diagnosis Information:

Sinus Rhythm

Normal ECG

HR : 88 bpm
P : 100 ms
PR : 158 ms
QRS : 82 ms
QT/QTc : 354/430 ms
P/QRS/T : 60/8/17 °
RV5/SV1 : 1.01/7.0.534 mV

Report Confirmed by:





SPECTRUM DIAGNOSTICIS

Bangalore

Patient ID : 0032

Name : ANSHU KUMARI

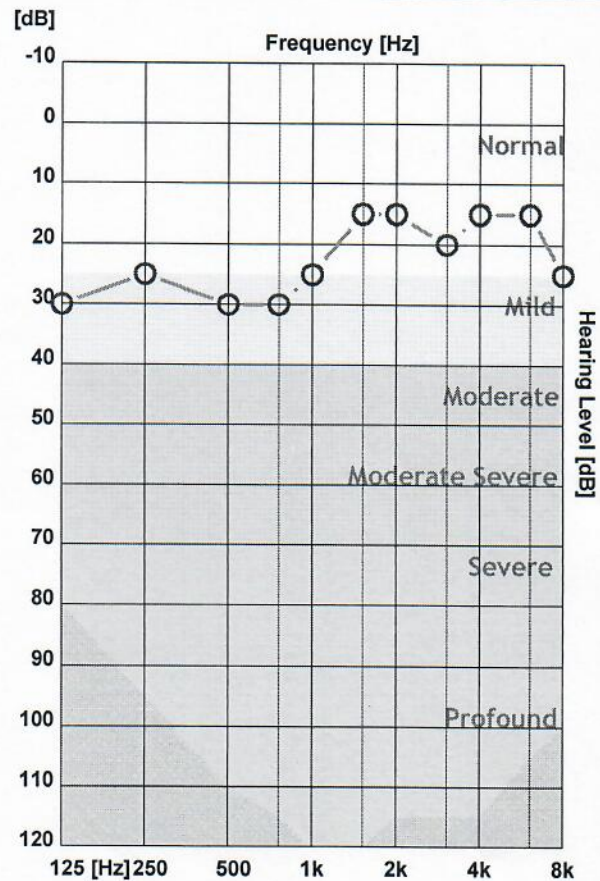
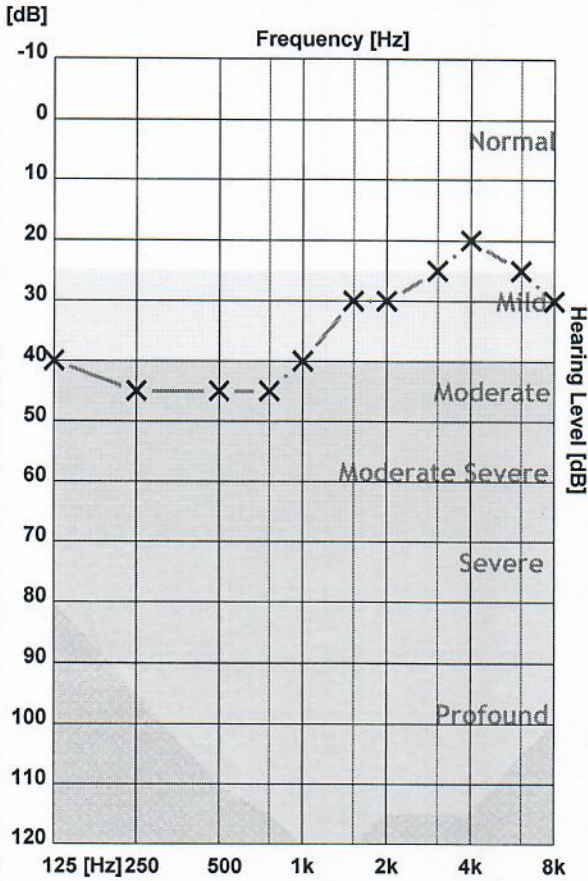
CR Number : 20240916122052

Registration Date : 16-Sep-2024

Age : 33

Gender : Female

Operator : spectrum diagnostics



	125 Hz	250 Hz	500 Hz	750 Hz	1000 H	1500 H	2000 H	3000 H	4000 H	6000 H	8000 H
X - Air Left	40	45	45	45	40	30	30	25	20	25	30
O - Air Right	30	25	30	30	25	15	15	20	15	15	25
> - Bone Left											
< - Bone Right											

	Average	High	Mid	Low
AIR Left	34.09 dB	25.00 dB	33.33 dB	43.75 dB
AIR Right	22.27 dB	18.75 dB	18.33 dB	28.75 dB

Clinical Notes :

Not Found

Name	: MRS. ANSHU KUMARI	Bill Date	: 16-Sep-2024 10:07 AM
Age / Gender	: 33 years / Female	UHIP	: 1609240047
Ref. By Dr.	: Dr. APOLO CLINIC	Sample Col. Date	: 16-Sep-2024 10:07 AM
Reg. No.	: 1609240047	Result Date	: 16-Sep-2024 01:58 PM
C/o	: Apollo Clinic	Report Status	: Final



Test Name	Result	Unit	Reference Value	Method
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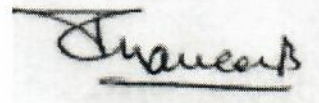
CHEST PA VIEW

- Visualised lungs are clear.
- Bilateral hila appears normal.
- Cardia is normal in size.
- No pleural effusion.

IMPRESSION: No significant abnormality.



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DR PRAVEEN B, MBBS, DMRD, DNB Consultant
Radiologist


SCAN FOR LOCATION



Tejas Arcade, #9/1, 1st Main Road, Dr. Rajkumar Road, Rajajinagar, Opp. St. Theresa Hospital, Bengaluru - 560010

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Other Branch: #466/A, Ideal Homes Township, 80 Feet Road, Kenchanahalli, Rajarajeshwari Nagar, Bengaluru-560098 +91 6361 253 097 | 080-2991 6944 | 080-49511985

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2D ECHO

2D ECHO CARDIOGRAHIC STUDY M-MODE

Cardiographic Study	Size	
Aorta	23	mm
Left Atrium	34	mm
Right Ventricle	20	mm
Left ventricle (Diastole)	42	mm
Left ventricle(Systole)	26	mm
Ventricular Septum (Diastole)	08	mm
Ventricular septum (Systole)	09	mm
Posterior Wall (Diastole)	07	mm
Posterior Wall (Systole)	11	mm
Fractional Shortening	30	%
Ejection fraction	60	%

DOPPLER /COLOUR FLOW

Mitral Valve Velocity	MVE- 1.15m/s	MVA - 0.80m/s	E/A-1.44
Tissue Doppler	e' (Septal) 10cm/s	E/e'(Septal) -11	
Velocity/ Gradient across the Pulmonic valve	0.83m/s	3mmHg	
Max. Velocity / Gradient across the Aortic valve	1.18m/s	5mmHg	
Velocity / Gradient across the Tricuspid valve	1.15 m/s	15mmHg	



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2DECHO Cardiographic Study

Left Ventricle	Size and Thickness	Normal
Contractility	Regional Global	Normal
Right ventricle		Normal
Left Atrium		Normal
Right Atrium		Normal
Mitral Valve		Normal
Aortic Valve		Normal
Pulmonary Valve		Normal
Tricuspid Valve		Normal
Inter Atrial Septum		Intact
Inter Ventricular Septum		Intact
Pericardium		Normal
Others		Nil

Impression:

- No regional wall motion abnormality present
- Normal valves and dimensions
- Normal LV function, LVEF- 60%
- Normal RV function
- No clot / vegetation / effusion



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Ms.Durga V., ECHO Technician

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NAME AND LAB NO	MRS. ANSHU KUMARI	REG -0047
AGE & SEX	33 YRS	FEMALE
DATE AND AREA OF INTEREST	16.09.2024	ABDOMEN & PELVIS
REF BY	C/O.APOLLO CLINIC	

USG ABDOMEN AND PELVIS

LIVER: Normal in size and shows increased echogenicity
No e/o IHBR dilatation. No evidence of focal lesion
Portal vein appears normal. CBD appears normal.

GALL BLADDER: Well distended. Wall appears normal.No e/o calculus

SPLEEN: Normal in size and echotexture. No focal lesion

PANCREAS: Head and body appears normal . Tail obscured by bowel gas shadows

RETROPERITONEUM: Suboptimal visualised due to bowel gas.

RIGHT KIDNEY: Right kidney is normal in size & echotexture
No evidence of calculus/ hydronephrosis.

LEFT KIDNEY: Left kidney is normal in size & echotexture
No evidence of calculus/ hydronephrosis.

URINARY BLADDER: Well distended. No wall thickening/ calculi.

UTERUS Anteverted, Normal in size and echotexture . No obvious mass lesion
Endometrium is normal.ET – 11 mm.

OVARIES B/L ovaries normal in size and echotexture.
No obvious adnexal mass lesions .

No evidence of ascites.


IMPRESSION:

➤ *Grade I fatty liver.*

- *Suggested clinical / lab correlation*


DR PRAVEEN B , DMRD , DNB
CONSULTANT RADIOLOGIST



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Reg. No. : 1609240047		Report Status : Final
C/o : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA				
Glycosylated Haemoglobin (HbA1c)	5.10	%	Non diabetic adults :<5.7 At risk (Prediabetes) : 5.7 - 6.4 Diagnosing Diabetes :>= 6.5 Diabetes Excellent Control : 6-7 Fair to good Control : 7-8 Unsatisfactory Control :8-10 Poor Control :>10	HPLC
Estimated Average Glucose(eAG)	99.66	mg/dL		Calculated

Note: 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

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 as compared to blood and urinary glucose determinations.



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Ref. By Dr. : Dr. APOLO CLINIC		Result Date : 16-Sep-2024 12:14 PM
Reg. No. : 1609240047		Report Status : Final
C/o : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
Fasting Urine Glucose-Urine	Negative		Negative	Dipstick/Benedicts (Manual)



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Test Name	Result	Unit	Reference Value	Method
LFT-Liver Function Test -Serum				
Bilirubin Total-Serum	0.84	mg/dL	0.2-1.0	Caffeine Benzoate
Bilirubin Direct-Serum	0.17	mg/dL	0.0-0.2	Diazotised Sulphanilic Acid
Bilirubin Indirect-Serum	0.67	mg/dL	0.0-1.10	Direct Measure
Aspartate Aminotransferase (AST/SGOT)-Serum	22.00	U/L	15.0-37.0	UV with Pyridoxal - 5 - Phosphate
Alanine Aminotransferase (ALT/SGPT)-Serum	18.00	U/L	Male:16.0-63.0 Female:14.0-59.0	UV with Pyridoxal - 5 - Phosphate
Alkaline Phosphatase (ALP)-Serum	112.00	U/L	Adult: 45.0-117.0 Children: 48.0-445.0 Infants: 81.90-350.30	PNPP,AMP-Buffer
Protein, Total-Serum	7.22	g/dL	6.40-8.20	Biuret/Endpoint-With Blank
Albumin-Serum	4.41	g/dL	3.40-5.00	Bromocresol Purple
Globulin-Serum	2.81	g/dL	2.0-3.50	Calculated
Albumin/Globulin Ratio-Serum	1.57	Ratio	0.80-2.0	Calculated



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Test Name	Result	Unit	Reference Value	Method
Fasting Blood Sugar (FBS)- Plasma	85	mg/dL	60.0-110.0	Hexo Kinase

Comments: Glucose, also called dextrose, one of a group of carbohydrates known as simple sugars (monosaccharides). Glucose has the molecular formula $C_6H_{12}O_6$. It is found in fruits and honey and is the major free sugar circulating in the blood of higher animals. It is the source of energy in cell function, and the regulation of its metabolism is of great importance (fermentation; gluconeogenesis). Molecules of starch, the major energy-reserve carbohydrate of plants, consist of thousands of linear glucose units. Another major compound composed of glucose is cellulose, which is also linear. Dextrose is the molecule D-glucose. Blood sugar, or glucose, is the main sugar found in the blood. It comes from the food you eat, and it is body's main source of energy. The blood carries glucose to all of the body's cells to use for energy. Diabetes is a disease in which your blood sugar levels are too high. Usage: Glucose determinations are useful in the detection and management of Diabetes mellitus.

Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

Comments: Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

Probable causes : Early Type II Diabetes / Glucose intolerance, Drugs like Salicylates, Beta blockers, Pentamidine etc., Alcohol ,Dietary – Intake of excessive carbohydrates and foods with high glycemic index ? Exercise in between samples ? Family history of Diabetes, Idiopathic, Partial / Total Gastrectomy.

Gamma-Glutamyl Transferase (GGT)-Serum	17.00	U/L	Male: 15.0-85.0 Female: 5.0-55.0	Other g-Glut-3-carboxy-4 nitro
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Comments: Gamma-glutamyltransferase (GGT) is primarily present in kidney, liver, and pancreatic cells. Small amounts are present in other tissues. Even though renal tissue has the highest level of GGT, the enzyme present in the serum appears to originate primarily from the hepatobiliary system, and GGT activity is elevated in any and all forms of liver disease. It is highest in cases of intra- or posthepatic biliary obstruction, reaching levels some 5 to 30 times normal. GGT is more sensitive than alkaline phosphatase (ALP), leucine aminopeptidase, aspartate transaminase, and alanine aminotransferase in detecting obstructive jaundice, cholangitis, and cholecystitis; its rise occurs earlier than with these other enzymes and persists longer. Only modest elevations (2-5 times normal) occur in infectious hepatitis, and in this condition, GGT determinations are less useful diagnostically than are measurements of the transaminases. High elevations of GGT are also observed in patients with either primary or secondary (metastatic) neoplasms. Elevated levels of GGT are noted not only in the sera of patients with alcoholic cirrhosis but also in the majority of sera from persons who are heavy drinkers. Studies have emphasized the value of serum GGT levels in detecting alcohol-induced liver disease. Elevated serum values are also seen in patients receiving drugs such as phenytoin and phenobarbital, and this is thought to reflect induction of new enzyme activity.



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Test Name	Result	Unit	Reference Value	Method
RFT (Urea, Creatinine, BUN, Na+, K+, Cl-, RBS Uric acid,HB)				
RFT (Renal Function Test)- Serum				
Urea-Serum	13.60	mg/dL	11.0 - 43.0	Urease
Creatinine-Serum	0.54	mg/dL	Female: 0.5 - 1.1	Modified kinetic Jaffe
Blood Urea Nitrogen (BUN)-Serum	6.3	mg/dL	7.0-18.0	:GLDH,Kinetic Assay
Sodium (Na+)-Serum	136.90	mmol/L	135-145	ISE
Potassium (K+)-Serum	4.13	mmol/L	3.5-5.5	ISE
Chloride (Cl-)-Serum	102.00	mmol/L	94.0-110.0	ISE
Uric Acid-Serum	3.37	mg/dL	Female: 2.60 - 6.00	Uricase PAP




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Test Name	Result	Unit	Reference Value	Method
Thyroid function tests (TFT)- Serum				
Tri-Iodo Thyronine (T3)-Serum	1.37	ng/mL	0.60-1.81	Chemiluminescence Immunoassay (CLIA)
Thyroxine (T4)-Serum	10.80	µg/dL	5.50-12.10	Chemiluminescence Immunoassay (CLIA)
Thyroid Stimulating Hormone (TSH)-Serum	2.60	µIU/mL	0.35-5.50	Chemiluminescence Immunoassay (CLIA)

Comments: Triiodothyronine (T3) assay is a useful test for hyperthyroidism in patients with low TSH and normal T4 levels. It is also used for the diagnosis of T3 toxicosis. It is not a reliable marker for Hypothyroidism. This test is not recommended for general screening of the population without a clinical suspicion of hyperthyroidism.

Reference range: Cord: (37 Weeks): 0.5-1.41, Children: 1-3 Days: 1.0-7.40, 1-11 Months: 1.05-2.45, 1-5 Years: 1.05-2.69, 6-10 Years: 0.94-2.41, 11-15 Years: 0.82-2.13, Adolescents (16-20 Years): 0.80-2.10

Reference range: Adults: 20-50 Years: 0.70-2.04, 50-90 Years: 0.40-1.81,

Reference range in Pregnancy: First Trimester : 0.81-1.90, Second Trimester : 1.0-2.60

Increased Levels: Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, increased Thyroid-binding globulin (TBG).

Decreased Levels: Nonthyroidal illness, hypothyroidism, nutritional deficiency, systemic illness, decreased Thyroid-binding globulin (TBG).

Comments: Total T4 levels offer a good index of thyroid function when TBG is normal and non-thyroidal illness is not present. This assay is useful for monitoring treatment with synthetic hormones (synthetic T3 will cause low total T4). It also helps to monitor treatment of Hyperthyroidism with Thiouracil or other anti-thyroid drugs.

Reference Range: Males : 4.6-10.5, Females : 5.5-11.0, > 60 Years: 5.0-10.70, Cord : 7.40-13.10, Children: 1-3 Days : 11.80-22.60, 1-2 Weeks : 9.90-16.60, 1-4 Months: 7.20-14.40, 1-5 Years : 7.30-15.0, 5-10 Years: 6.4-13.3

1-15 Years: 5.60-11.70, Newborn Screen: 1-5 Days: >7.5, 6 Days : >6.5

Increased Levels: Hyperthyroidism, increased TBG, familial dysalbuminemic hyperthyroxinemia, Increased transthyretin, estrogen therapy, pregnancy.

Decreased Levels: Primary hypothyroidism, pituitary TSH deficiency, hypothalamic TRH deficiency, non thyroidal illness, decreased TBG.

Comments: TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH is a labile hormone & is secreted in a pulsatile manner throughout the day and is subject to several non-thyroidal pituitary influences. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, caloric intake, medication & circulating antibodies. It is important to confirm any TSH abnormality in a fresh specimen drawn after ~ 3 weeks before assigning a diagnosis, as the cause of an isolated TSH abnormality.

Reference range in Pregnancy: I- trimester: 0.1-2.5; II- trimester: 0.2-3.0; III- trimester: 0.3-3.0

Reference range in Newborns: 0-4 days: 1.0-39.0; 2-20 Weeks: 1.7-9.1

Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism and Thyroid hormone resistance.

Decreased Levels: Graves disease, Autonomous thyroid hormone secretion, TSH deficiency



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Test Name	Result	Unit	Reference Value	Method
Post prandial Blood Glucose (PPBS)-Plasma	94	mg/dL	70-140	Hexo Kinase

Comments: Glucose, also called dextrose, one of a group of carbohydrates known as simple sugars (monosaccharides). Glucose has the molecular formula $C_6H_{12}O_6$. It is found in fruits and honey and is the major free sugar circulating in the blood of higher animals. It is the source of energy in cell function, and the regulation of its metabolism is of great importance (fermentation; gluconeogenesis). Molecules of starch, the major energy-reserve carbohydrate of plants, consist of thousands of linear glucose units. Another major compound composed of glucose is cellulose, which is also linear. Dextrose is the molecule D-glucose. Blood sugar, or glucose, is the main sugar found in the blood. It comes from the food you eat, and it is body's main source of energy. The blood carries glucose to all of the body's cells to use for energy. Diabetes is a disease in which your blood sugar levels are too high. Usage: Glucose determinations are useful in the detection and management of Diabetes mellitus.

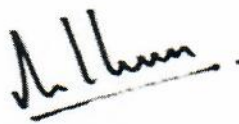
Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

Comments: Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

Probable causes : Early Type II Diabetes / Glucose intolerance, Drugs like Salicylates, Beta blockers, Pentamidine etc., Alcohol ,Dietary – Intake of excessive carbohydrates and foods with high glycemic index ? Exercise in between samples ? Family history of Diabetes, Idiopathic, Partial / Total Gastrectomy.



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Test Name	Result	Unit	Reference Value	Method
Complete Haemogram-Whole Blood EDTA				
Haemoglobin (HB)	12.60	g/dL	Male: 14.0-17.0 Female: 12.0-15.0 Newborn: 16.50 - 19.50	Spectrophotmeter
Red Blood Cell (RBC)	4.05	million/cumm	3.50 - 5.50	Volumetric Impedance
Packed Cell Volume (PCV)	39.50	%	Male: 42.0-51.0 Female: 36.0-45.0	Electronic Pulse
Mean corpuscular volume (MCV)	97.50	fL	78.0- 94.0	Calculated
Mean corpuscular hemoglobin (MCH)	31.10	pg	27.50-32.20	Calculated
Mean corpuscular hemoglobin concentration (MCHC)	31.90	%	33.00-35.50	Calculated
Red Blood Cell Distribution Width SD (RDW-SD)	63.00	fL	40.0-55.0	Volumetric Impedance
Red Blood Cell Distribution CV (RDW-CV)	19.10	%	Male: 11.80-14.50 Female: 12.20-16.10	Volumetric Impedance
Mean Platelet Volume (MPV)	14.80	fL	8.0-15.0	Volumetric Impedance
Platelet	1.36	lakh/cumm	1.50-4.50	Volumetric Impedance
Platelet Distribution Width (PDW)	25.10	%	8.30 - 56.60	Volumetric Impedance
White Blood cell Count (WBC)	5710.00	cells/cumm	Male: 4000-11000 Female: 4000-11000 Children: 6000-17500 Infants : 9000-30000	Volumetric Impedance
Neutrophils	58.90	%	40.0-75.0	Light scattering/Manual
Lymphocytes	37.10	%	20.0-40.0	Light scattering/Manual
Eosinophils	0.50	%	0.0-8.0	Light scattering/Manual



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Test Name	Result	Unit	Reference Value	Method
Monocytes	3.50	%	0.0-10.0	Light scattering/Manual
Basophils	0.00	%	0.0-1.0	Light scattering/Manual
Absolute Neutrophil Count	3.37	10 ³ /uL	2.0- 7.0	Calculated
Absolute Lymphocyte Count	2.11	10 ³ /uL	1.0-3.0	Calculated
Absolute Monocyte Count	0.20	10 ³ /uL	0.20-1.00	Calculated
Absolute Eosinophil Count	30.00	cells/cumm	40-440	Calculated
Absolute Basophil Count	0.00	10 ³ /uL	0.0-0.10	Calculated
Erythrocyte Sedimentation Rate (ESR)	25	mm/hr	Female : 0.0-20.0 Male : 0.0-10.0	Westergren

Peripheral Smear Examination-Whole Blood EDTA

Method: (Microscopy-Manual)

RBC'S : Normocytic Normochromic.

WBC'S : Are normal in total number, morphology and distribution.

Platelets : Are mildly reduced.

No abnormal cells or hemoparasites are present.

Impression : Normocytic Normochromic Blood picture with mild thrombocytopenia.



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Name	: MRS. ANSHU KUMARI	UHID	: 1609240047	Bill Date	: 16-Sep-2024 10:07 AM
Age / Gender	: 33 years / Female			Sample Col. Date	: 16-Sep-2024 10:07 AM
Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 16-Sep-2024 01:08 PM
Reg. No.	: 1609240047			Report Status	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Urine Routine Examination-Urine				
Physical Examination				
Colour	Pale Yellow		Pale Yellow	Visual
Appearance	Clear		Clear	Visual
Reaction (pH)	6.0		5.0-7.5	Dipstick
Specific Gravity	1.010		1.000-1.030	Dipstick
Biochemical Examination				
Albumin	Negative		Negative	Dipstick/Precipitation
Glucose	Negative		Negative	Dipstick/Benedicts
Bilirubin	Negative		Negative	Dipstick/Fouchets
Ketone Bodies	Negative		Negative	Dipstick/Rotheras
Urobilinogen	Normal		Normal	Dipstick/Ehrlachs
Nitrite	Negative		Negative	Dipstick
Microscopic Examination				
Pus Cells	1-2	hpf	0.0-5.0	Microscopy
Epithelial Cells	2-3	hpf	0.0-10.0	Microscopy
RBCs	Absent	hpf	Absent	Microscopy
Casts	Absent		Absent	Microscopy
Crystals	Absent		Absent	Microscopy
Others	Absent		Absent	Microscopy

Comments: The kidneys help infiltration of the blood by eliminating waste out of the body through urine. They also regulate water in the body by conserving electrolytes, proteins, and other compounds. But due to some conditions and abnormalities in kidney function, the urine may encompass some abnormal constituents, which are not normally present. A complete urine examination helps in detecting such abnormal constituents in urine. Several disorders can be detected by identifying and measuring the levels of such substances. Blood cells, bilirubin, bacteria, pus cells, epithelial cells may be present in urine due to kidney disease or infection. Routine urine examination helps to diagnose kidney diseases, urinary tract infections, diabetes and other metabolic disorders.



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Dr. Nithun Reddy C, MD, Consultant Pathologist

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Other Branch: #466/A, Ideal Homes Township, 80 Feet Road, Kenchanahalli, Rajarajeshwari Nagar, Bengaluru-560098 +91 6361 253 097 | 080-2991 6944 | 080-49511985

Name	: MRS. ANSHU KUMARI	Bill Date	: 16-Sep-2024 10:07 AM
Age / Gender	: 33 years / Female	Sample Col. Date	: 16-Sep-2024 10:07 AM
Ref. By Dr.	: Dr. APOLO CLINIC	Result Date	: 16-Sep-2024 01:13 PM
Reg. No.	: 1609240047	Report Status	: Final
C/o	: Apollo Clinic		

UHID : 1609240047

 1609240047

Test Name	Result	Unit	Reference Value	Method
Blood Group & Rh Typing-Whole Blood EDTA				
Blood Group	AB			Slide/Tube agglutination
Rh Type	Positive			Slide/Tube agglutination

Note: Confirm by tube or gel method.

Comments: ABO blood group system, the classification of human blood based on the inherited properties of red blood cells (erythrocytes) as determined by the presence or absence of the antigens A and B, which are carried on the surface of the red cells. Persons may thus have type A, type B, type O, or type AB blood.



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Name : MRS. ANSHU KUMARI	UHID : 1609240047	Bill Date : 16-Sep-2024 10:07 AM
Age / Gender : 33 years / Female		Sample Col. Date : 16-Sep-2024 10:07 AM
Ref. By Dr. : Dr. APOLO CLINIC	1609240047	Result Date : 16-Sep-2024 02:31 PM
Reg. No. : 1609240047		Report Status : Final
C/o : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
Postprandial Urine glucose-Urine	Negative		Negative	Dipstick/Benedicts (Manual)

Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

Comments: Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

Probable causes : Early Type II Diabetes / Glucose intolerance, Drugs like Salicylates, Beta blockers, Pentamidine etc.,Alcohol ,Dietary – Intake of excessive carbohydrates and foods with high glycemic index ? Exercise in between samples ? Family history of Diabetes, Idiopathic, Partial / Total Gastrectomy.



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