



**Mediwheel**  
...Your wellness partner



**011-41195959**

Email:wellness@mediwheel.in

Dear **MR. JHAJHARIA MANDEEP**,

Please find the confirmation for following request.

**Booking Date** : 28-08-2023

**Package Name** : Medi-Wheel Metro Full Body Health Checkup Male  
Below 40

**Name of Diagnostic/Hospital** : Manipal Hospitals

**Address of Diagnostic/Hospital** : NH-24 Hapur Road, Oppo. Bahmeta Village, Near  
Lancroft Golf Links Apartment

**Contact Details** : 8979619531

**City** : Ghaziabad

**State** : Uttar Pradesh

**Pincode** : 201002

**Appointment Date** : 29-08-2023

**Confirmation Status** : Confirmed

**Preferred Time** : 8:30am-9:00am

**Comment** : APPOINTMENT TIME 9:00AM

**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to

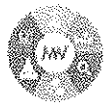
# Health Check up Booking Request(bobE45349), Beneficiary Code-49466

Mediwheel <wellness@mediwheel.in>

Mon 8/28/2023 6:01 PM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>

Cc:customercare@mediwheel.in <customercare@mediwheel.in>



**Mediwheel**  
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear Manipal Hospitals,

City : Ghaziabad . Address : NH-24 Hapur Road,Oppo. Bahmeta Village, Near Lancroft Golf Links Apartment,

We have received the confirmation for the following booking .

**Name** : MR. JHAJHARIA MANDEEP

**Age** : 34

**Gender** : Male

**Package Name** : Medi-Wheel Metro Full Body Health Checkup Male Below 40

**Contact Details** : 9783103703

**Booking Date** : 28-08-2023

**Appointment Date** : 29-08-2023

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
MR. JHAJHARIA MANDEEP	33	Male	Cashless
<b>Total amount to be paid</b>			<b>Cashless</b>

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

**Package Name** : Medi-Wheel Metro Full Body Health Checkup Male Below 40 - Includes (37)Tests

**Tests included in this Package** : Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

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भारत सरकार

GOVERNMENT OF INDIA



मंदीप झाझरिया  
Mandeep Jhajharia  
जन्म वर्ष/YoB:1987  
पुरुष Male



6170 6282 9511

- आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण

UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O: सतवीर झाझरिया, एफ-  
ए01वॉर्ड न.15, इन्डस्ट्रीयल  
एरिया, विधा विहार पिलानी,  
पिलानी, पिलानी, झुंझुनू,  
राजस्थान, 333031

Address:

S/O: Satveer Jhajharia, F-  
A01ward no.15, indstriyal  
area, vidhya vihar pilani, Pilani  
( Rural ), Pilani, Jhunjhunun  
Rajasthan, 333031

Adhaar - Aam Aadmi ka Adhikar

*K. Jhajharia*



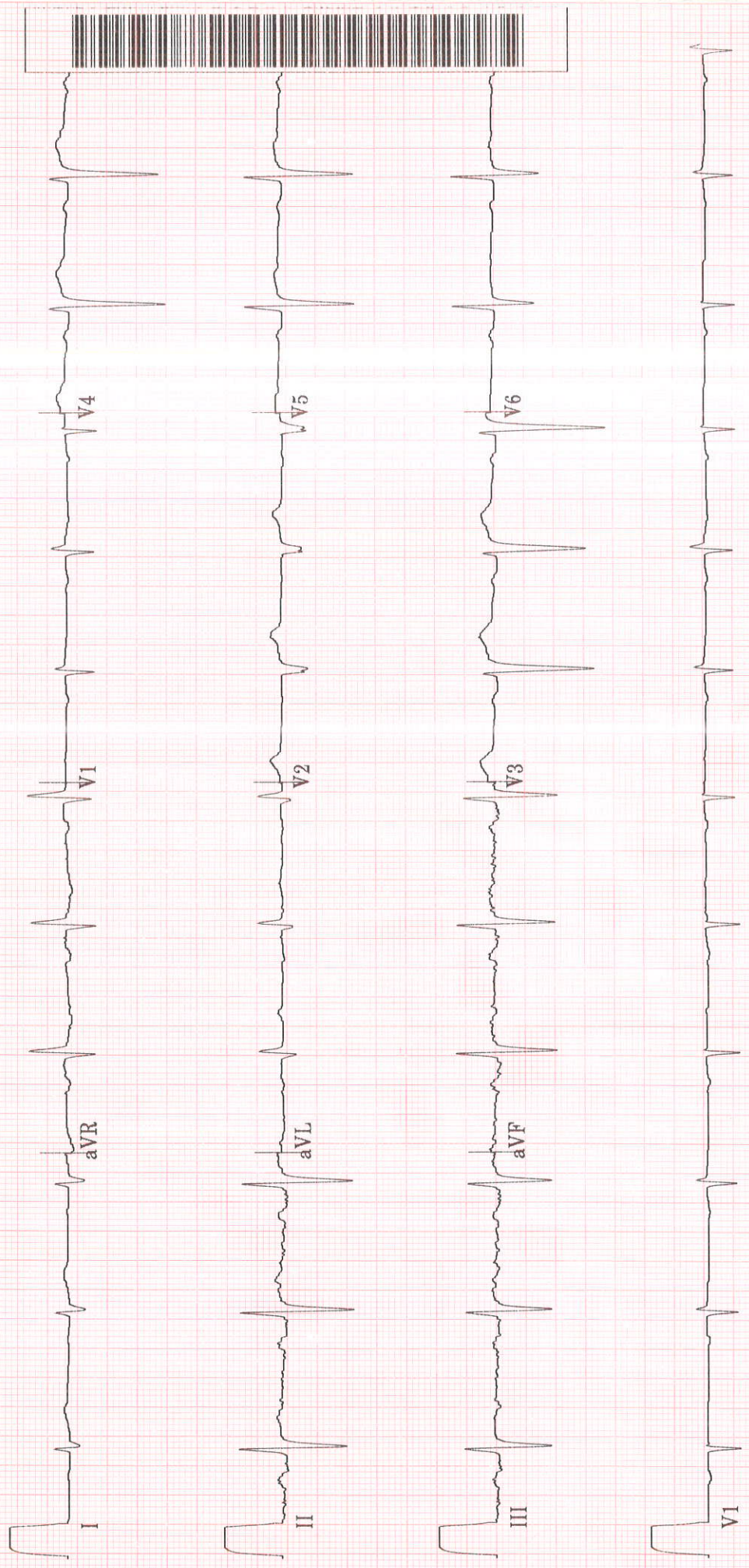
36 years  
Male  
Caucasian

Vent. rate 70 bpm  
PR interval 218 ms  
QRS duration 102 ms  
QT/QTc 408/440 ms  
P-R-T axes 74 -89 50

Sinus rhythm with 1st degree AV block  
Left axis deviation  
Pulmonary disease pattern  
Incomplete right bundle branch block  
Septal infarct, age undetermined  
Abnormal ECG

Technician:  
Test ind:

Referred by:  
Unconfirmed







## TMT INVESTIGATION REPORT

Patient Name : <b>MANDEEP JHAJHARIA</b>	Location : Ghaziabad
Age/Sex : 36Year(s)/male	Visit No : V0000000001-GHZZB
MRN No MH010618166	Order Date : 29/08/2023
Ref. Doctor : HCP	Report Date : 29/08/2023

**Protocol** : Bruce **MPHR** : 184BPM  
**Duration of exercise** : 9min 20sec **85% of MPHR** : 156BPM  
**Reason for termination** : THR achieved **Peak HR Achieved** : 157BPM  
**Blood Pressure (mmHg)** : Baseline BP : 130/82mmHg **% Target HR** : 85%  
Peak BP : 150/82mmHg **METS** : 10.6METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	68	130/82	Nil	No ST changes seen	Nil
STAGE 1	3:00	103	136/82	Nil	No ST changes seen	Nil
STAGE 2	3:00	122	144/82	Nil	No ST changes seen	Nil
STAGE 3	3:00	153	150/82	Nil	No ST changes seen	Nil
STAGE 3 <sub>1</sub>	0:20	157	150/82	Nil	No ST changes seen	Nil
RECOVERY	3:04	89	140/82	Nil	No ST changes seen	Nil

**COMMENTS:**

- No ST changes in base line ECG.
- No ST changes during test and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Good effort tolerance.

**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**  
MD  
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad, Uttar Pradesh - 201 002  
P : 0120-616 5666

Page 1 of 2

Manipal Health Enterprises Private Limited

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E : info@manipalhospitals.com

www.manipalhospitals.com

## LABORATORY REPORT

Name : MANDEEP JHAJHARIA Age : 36 Yr(s) Sex : Male  
Registration No : MH010618166 Lab No : 32230811241  
Patient Episode : O03001153893 Collection Date : 29 Aug 2023 21:19  
Referred By : MANIPAL HOSPITALS GHAZIABAD Reporting Date : 30 Aug 2023 10:37  
Receiving Date : 29 Aug 2023 21:47

### BIOCHEMISTRY

#### THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	0.96	ng/ml	[0.80-2.04]
T4 - Thyroxine (ECLIA)	5.41	µg/dl	[4.60-10.50]
Thyroid Stimulating Hormone (ECLIA)	2.810	µIU/mL	[0.340-4.250]

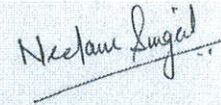
Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

\* References ranges recommended by the American Thyroid Association

- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

Page 1 of 1

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



**Dr. Neelam Singal**  
CONSULTANT BIOCHEMISTRY

**RADIOLOGY REPORT**

NAME	MANDEEP JHAJHARIA	STUDY DATE	29/08/2023 1:40PM
AGE / SEX	36 y / M	HOSPITAL NO.	MH010618166
ACCESSION NO.	R6023373	MODALITY	CR
REPORTED ON	29/08/2023 2:02PM	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 seen.

*Please correlate clinically*



**Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS  
CONSULTANT RADIOLOGIST**

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



**RADIOLOGY REPORT**

NAME	MANDEEP JHAJHARIA	STUDY DATE	29/08/2023 11:14AM
AGE / SEX	36 y / M	HOSPITAL NO.	MH010618166
ACCESSION NO.	R6023374	MODALITY	US
REPORTED ON	29/08/2023 12:20PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS  
FINDINGS**

LIVER: appears normal in size (measures 168 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.  
 SPLEEN: appears enlarged in size (measures 127 mm) but normal in shape and echotexture. Rest normal.  
 PORTAL VEIN: Appears normal in size and measures 10 mm.  
 COMMON BILE DUCT: Appears normal in size and measures 3 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 109 x 40 mm.  
 Left Kidney: measures 107 x 52 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 42 x 27 x 22 mm with volume 13 cc. Rest normal.  
 SEMINAL VESICLES: Normal.  
 BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

-Diffuse grade I fatty infiltration in liver.  
 -Splenomegaly.

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS  
 CONSULTANT RADIOLOGIST

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



## LABORATORY REPORT

Name	: MANDEEP JHAJHARIA	Age	: 36 Yr(s) Sex :Male
Registration No	: MH010618166	Lab No	: 202308004850
Patient Episode	: H18000000939	Collection Date	: 29 Aug 2023 10:02
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Aug 2023 13:04
Receiving Date	: 29 Aug 2023 11:36		

### HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	5.33	millions/cumm	[4.50-5.50]
HEMOGLOBIN	16.1	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	46.4	%	[40.0-50.0]
MCV (DERIVED)	87.1	fL	[83.0-101.0]
MCH (CALCULATED)	30.2	pg	[25.0-32.0]
<b>MCHC (CALCULATED)</b>	<b>34.7</b>	<b>g/dl</b>	<b>[31.5-34.5]</b>
RDW CV% (DERIVED)	13.1	%	[11.6-14.0]
Platelet count	257	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	9.1		
WBC COUNT (TC) (IMPEDENCE)	4.83	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
<b>Neutrophils</b>	<b>32.0</b>	<b>%</b>	<b>[40.0-80.0]</b>
<b>Lymphocytes</b>	<b>57.0</b>	<b>%</b>	<b>[20.0-40.0]</b>
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	5.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	4.0	mm/1sthour	[0.0-

## LABORATORY REPORT

Name : MANDEEP JHAJHARIA Age : 36 Yr(s) Sex : Male  
 Registration No : MH010618166 Lab No : 202308004850  
 Patient Episode : H18000000939 Collection Date : 29 Aug 2023 10:02  
 Referred By : HEALTH CHECK MGD Reporting Date : 29 Aug 2023 17:14  
 Receiving Date : 29 Aug 2023 11:36

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b> Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.5	%	[0.0-5.6]  As per American Diabetes Association (ADA) HbA1c in % Non diabetic adults $\geq 18$ years $< 5.7$ Prediabetes (At Risk) 5.7-6.4 Diagnosing Diabetes $\geq 6.5$
Estimated Average Glucose (eAG)	111	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.

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

#### MACROSCOPIC DESCRIPTION

Colour	Light-Yellow	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

#### CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

## LABORATORY REPORT

Name : MANDEEP JHAJHARIA Age : 36 Yr(s) Sex : Male  
 Registration No : MH010618166 Lab No : 202308004850  
 Patient Episode : H1800000939 Collection Date : 29 Aug 2023 11:36  
 Referred By : HEALTH CHECK MGD Reporting Date : 29 Aug 2023 15:09  
 Receiving Date : 29 Aug 2023 11:36

### CLINICAL PATHOLOGY

#### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	1-2 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

#### Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	196	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	162	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	51.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	32	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	113.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			
T.Chol/HDL.Chol ratio (Calculated)	3.8		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.2		<3 Optimal 3-4 Borderline >6 High Risk



## LABORATORY REPORT

Name : MANDEEP IHAJHARIA Age : 36 Yr(s) Sex : Male  
 Registration No : MH010618166 Lab No : 202308004850  
 Patient Episode : H1800000939 Collection Date : 29 Aug 2023 10:02  
 Referred By : HEALTH CHECK MGD Reporting Date : 29 Aug 2023 11:24  
 Receiving Date : 29 Aug 2023 11:36

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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 Method: GLDH, Kinatic assay	17.4	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	8.1	mg/dl	[8.0-20.0]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	0.87	mg/dl	[0.70-1.20]
URIC ACID Method: uricase PAP	8.2	mg/dl	[4.0-8.5]

SODIUM, SERUM	135.40	mmol/L	[136.00-144.00]
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POTASSIUM, SERUM	4.26	mmol/L	[3.60-5.10]
SERUM CHLORIDE Method: ISE Indirect	103.0	mmol/L	[101.0-111.0]

eGFR (calculated)	111.0	ml/min/1.73sq.m	[>60.0]
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Technical Note

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.

## LABORATORY REPORT

Name : MANDEEP JHAJHARIA Age : 36 Yr(s) Sex : Male  
 Registration No : MH010618166 Lab No : 202308004850  
 Patient Episode : H1800000939 Collection Date : 29 Aug 2023 10:02  
 Referred By : HEALTH CHECK MGD Reporting Date : 29 Aug 2023 11:25  
 Receiving Date : 29 Aug 2023 11:36

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.73	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.10	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.63	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.33	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.00	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.46		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	22.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	35.20	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	78.0	IU/L	[32.0-91.0]
GGT	47.0	U/L	[7.0-50.0]

## LABORATORY REPORT

Name : MANDEEP JHAJHARIA Age : 36 Yr(s) Sex : Male  
 Registration No : MH010618166 Lab No : 202308004850  
 Patient Episode : H18000000939 Collection Date : 29 Aug 2023 10:02  
 Referred By : HEALTH CHECK MGD Reporting Date : 29 Aug 2023 11:25  
 Receiving Date : 29 Aug 2023 11:36

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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.

**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.*

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



**Dr. Charu Agarwal**  
 Consultant Pathologist



## LABORATORY REPORT

Name : MANDEEP JHAJHARIA Age : 36 Yr(s) Sex : Male  
 Registration No : MH010618166 Lab No : 202308004851  
 Patient Episode : H1800000939 Collection Date : 29 Aug 2023 10:02  
 Referred By : HEALTH CHECK MGD Reporting Date : 29 Aug 2023 11:25  
 Receiving Date : 29 Aug 2023 10:02

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	95.0	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-----



Dr. Charu Agarwal  
 Consultant Pathologist

## LABORATORY REPORT

Name : MANDEEP JHAJHARIA Age : 36 Yr(s) Sex : Male  
Registration No : MH010618166 Lab No : 202308004852  
Patient Episode : H18000000939 Collection Date : 29 Aug 2023 15:06  
Referred By : HEALTH CHECK MGD Reporting Date : 29 Aug 2023 17:17  
Receiving Date : 29 Aug 2023 15:06

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	120.0	mg/dl	[80.0-140.0]
Method: Hexokinase			
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. Alka Dixit Vats  
Consultant Pathologist