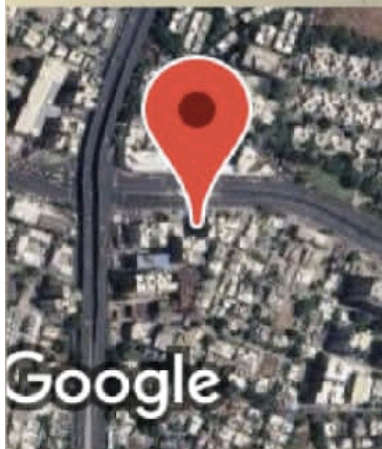
 GPS Map Camera



Ahmedabad, Gujarat, India

O-5, Maruti Tower Shivranjani Cross
road, Opp-Shivranjani BRTS Stop Sattelite,
Ambawadi, Ahmedabad, Gujarat 380015, India
Lat 23.023963°

Long 72.531324°

09/12/22 08:45 AM GMT +05:30

અધિકાર – સામાન્ય માણસનો અધિકાર



ભારત સરકાર

Government of India

પરમાર નીતિનકુમાર

Parmar Nitinkumar

જન્મ તારીખ / DOB : 06/02/1983

પુરુષ / Male



7774 3061 6678



અધિકાર – સામાન્ય માણસનો અધિકાર

PHYSICIAN CONSULTATION

DATE:- 09-12-2022

NAME:- Nitinkumar Parmar

DOB: 06-02-1983 AGE:- 39y SEX: Male

HEIGHT:- 170 cms

WEIGHT:- 74 kgs

BMI:- 25.60 kg/m²

BP READING:- 122/80 mmHg

PULSE:- 74/min

MEDICINE:- NO

N.R.S.
DR. N. R. SHAH
G-4383 M.D.



8642

Patient Name : Nitinkumar Parmar
Sample No.. : 8642
Referred : Bank Of Baroda

Age/Sex : 39 Years/Male
Registration On:09/12/2022/08:49
Approved On : 09/12/2022 09:18

USG WHOLE ABDOMEN

Liver is normal in size, shows homogenous parenchymal echoes and normal intrahepatic radicles. No focal lesion is seen. Portal vein is normal in calibre and shows normal colour flow.

Gallbladder is physiologically distended. No calculus or wall thickening seen. CBD is normal in calibre.

Pancreas is normal in size and echo texture. No diffuse or focal lesion seen.

Spleen is normal in size and homogenous in echo texture.

Right kidney measures 10.5 x 4.8cm. and appears normal in size shape and position. No evidence of calculus or hydronephrosis is seen. CMD is well preserved. Left kidney is not visualised at Lt renal fossa and other ectopic sites.

Aorta is normal in calibre. No para-aortic or mesenteric lymph nodes seen.

Urinary bladder shows adequate distension. No evident calculus, wall thickening or mass seen.

Prostate is normal in size and homogenous in echo texture.

Bowel loops are unremarkable.

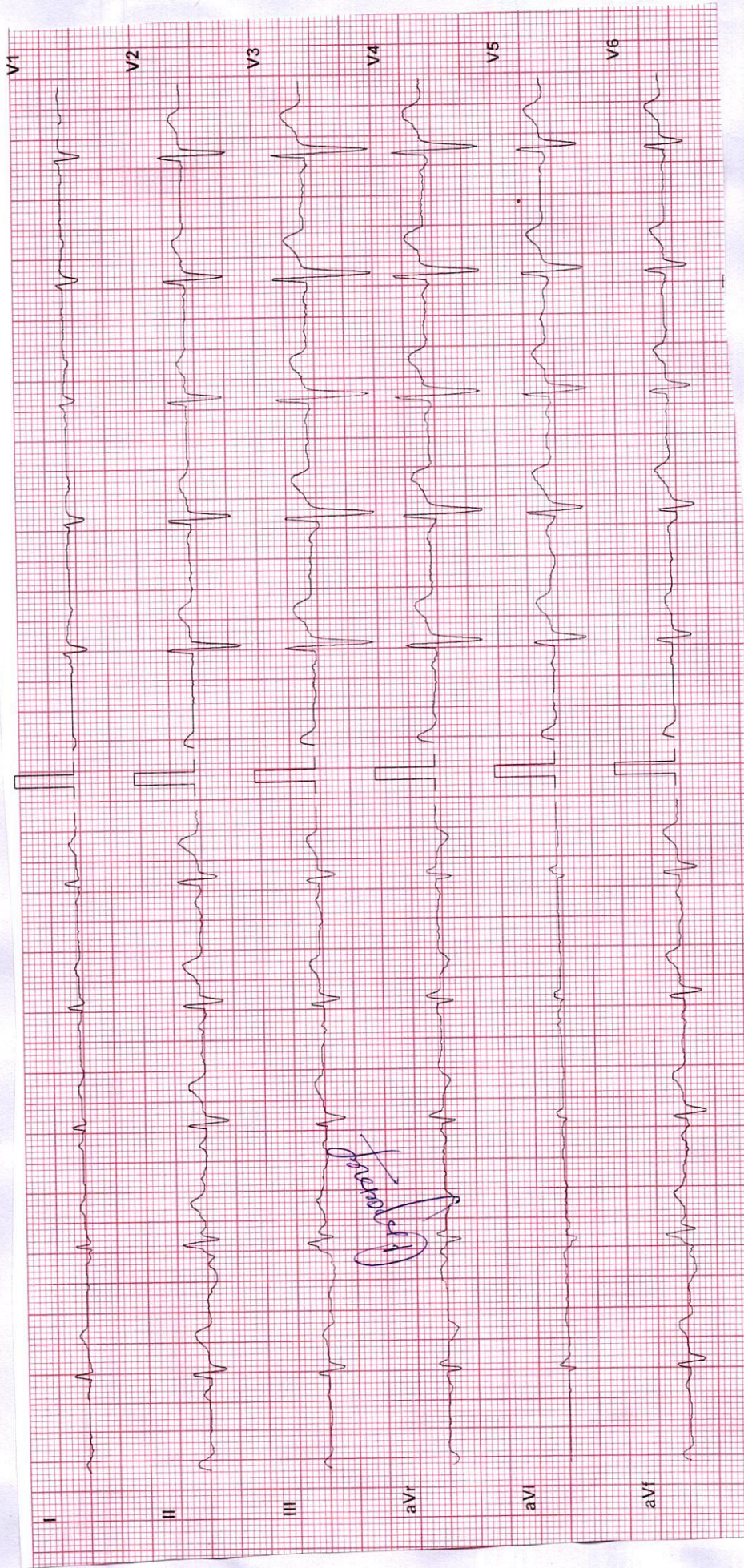
No ascites is seen.

Impression:

Sonographically absent Lt kidney, otherwise normal examination.

**Dr. Parag Sheth. (M.D.)
Consultant Radiologist.**





Dr. N.R. Shah

Dr. N.R. SHAH
 G-4383 M.D.

HR 74

DT: December 9, 2022

NAME: NITINKUMAR PARMAR M/39 YRS.

REF. BY: CORPORATE CARE

X-RAY CHEST PA VIEW

Bilateral lung fields are clear. No evidence of consolidation, cavity or mass lesion. Bilateral costophrenic angles are clear. Cardiac shadow appears normal. Domes of diaphragm appear normal. Visualized bony thorax appears normal.



**DR. GAURAV AGRAWAL
(M.D.)
CONSULTANT RADIOLOGIST
G-14672**

Patient Details

Name: NITINKUMAR PARMAR
Clinical History: NONE

Age: 39 y Sex: M

Date: 12/9/2022

Time: 9:46:22 AM

Height: 170 cms

Weight: 74 Kgs

Medications: NONE

Test Details

Protocol: Bruce

Pr.MHR: 181 bpm

THR: 153 (85 % of Pr.MHR) bpm

Total Exec. Time: 7 m 18 s

Max. HR: 171 (94% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 150 / 88 mmHg

Max. BP x HR: 25650 mmHg/min

Min. BP x HR: 5360 mmHg/min

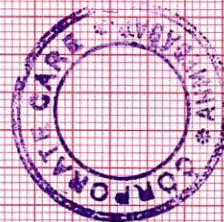
End Point Criteria: Target Heart Rate Achieved

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mm/s)
Supine	0 : 48	1.0	0	0	67	122 / 80	-1.06 aVr	0.85 V3
Standing	0 : 12	1.0	0	0	81	122 / 80	-0.42 aVr	0.42 V3
Hyperventilation	0 : 30	1.0	0	0	74	122 / 80	-0.64 III	1.27 V6
1	3 : 0	4.6	1.7	10	124	130 / 82	-5.94 II	5.52 III
2	3 : 0	7.0	2.5	12	135	138 / 84	-5.52 I	5.52 III
Peak Ex	1 : 18	10.2	3.4	14	171	150 / 88	-5.94 V2	5.10 III
Recovery(1)	3 : 0	1.0	0	0	110	140 / 86	-2.97 aVI	4.25 II
Recovery(2)	3 : 0	1.0	0	0	104	128 / 84	-0.42 aVr	1.27 II
Recovery(3)	0 : 42	1.0	0	0	96	122 / 82	-0.21 I	1.06 V3

Interpretation

Normal Haemodynamic Response.
Normal Chronotropic Response.
Good Exercise Tolerance.
Normal HR and BP Response.
No Angina. No Arrhythmias.
No ST-T changes present in exercise & Recovery.
Test Negative For Exercise Inducible Ischemia



DR. N. R. SHAH
G-4383
M.D.

Ref. Doctor: -----

(Summary Report edited by user)

.....

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NITINKUMAR PARMAR (39 M)

ID: 4495

Date: 12/9/2022

Exec Time : 0 m 0 s

Stage Time : 0 m 42 s **HR: 67 bpm**

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 122 / 80

ST Level (mm) ST Slope (mm / s)

ST Level (mm) ST Slope (mm / s)

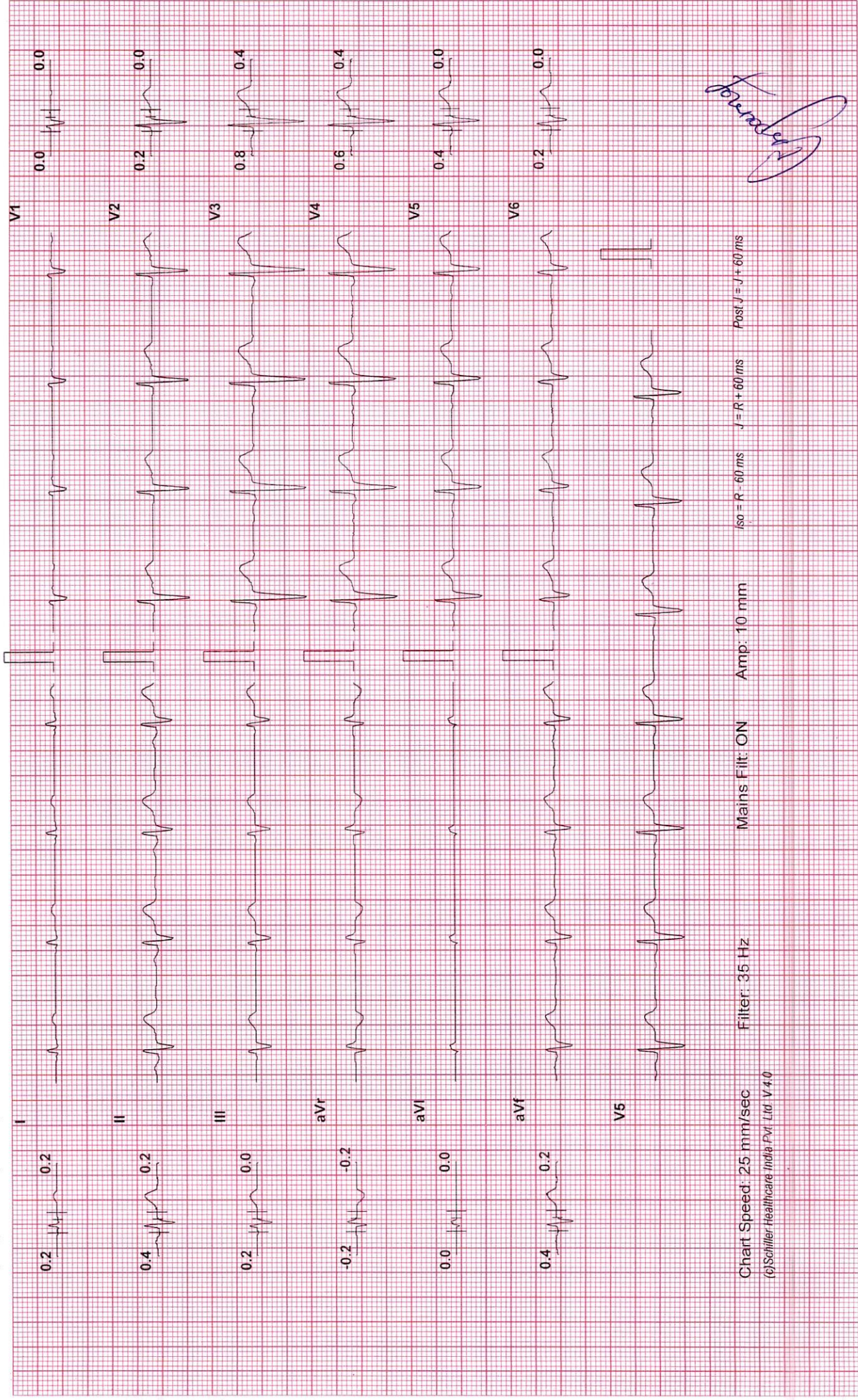


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

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Parmar

NITINKUMAR PARMAR (39 M) ID: 4495 Date: 12/9/2022 Exec Time : 0 m 0 s Stage Time : 0 m 6 s HR: 81 bpm
 Protocol: Bruce Speed: 0 mph Grade: 0 % (THR: 153 bpm) B.P: 122 / 80

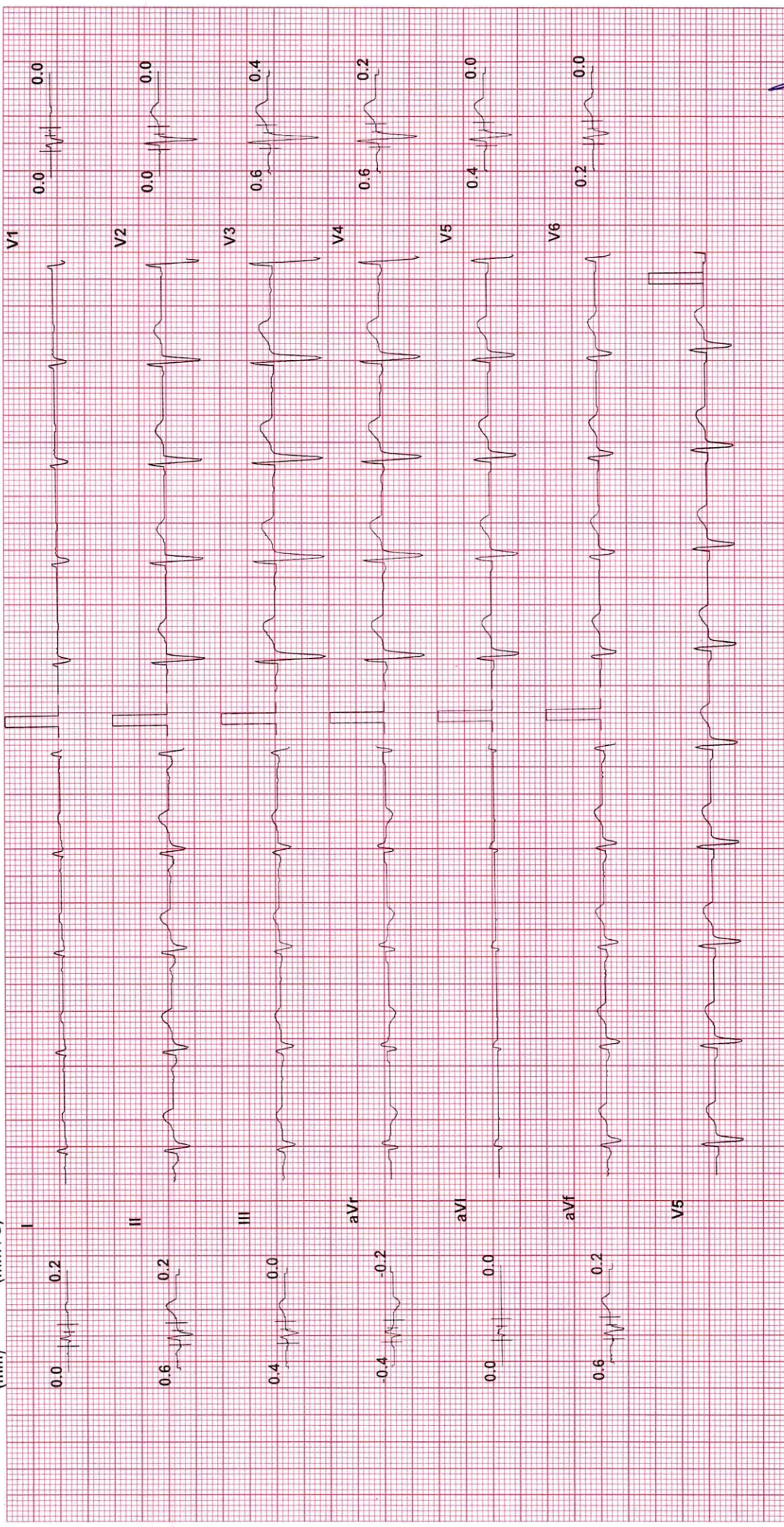


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm ISO = R - 60 ms J = R + 60 ms Post J = J + 60 ms

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NITINKUMAR PARMAR (39 M)

ID: 4495

Date: 12/9/2022

Exec Time : 0 m 0 s

Stage Time : 0 m 24 s **HR: 74 bpm**

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 122 / 80

ST Level (mm) ST Slope (mm / s)

ST Level (mm) ST Slope (mm / s)

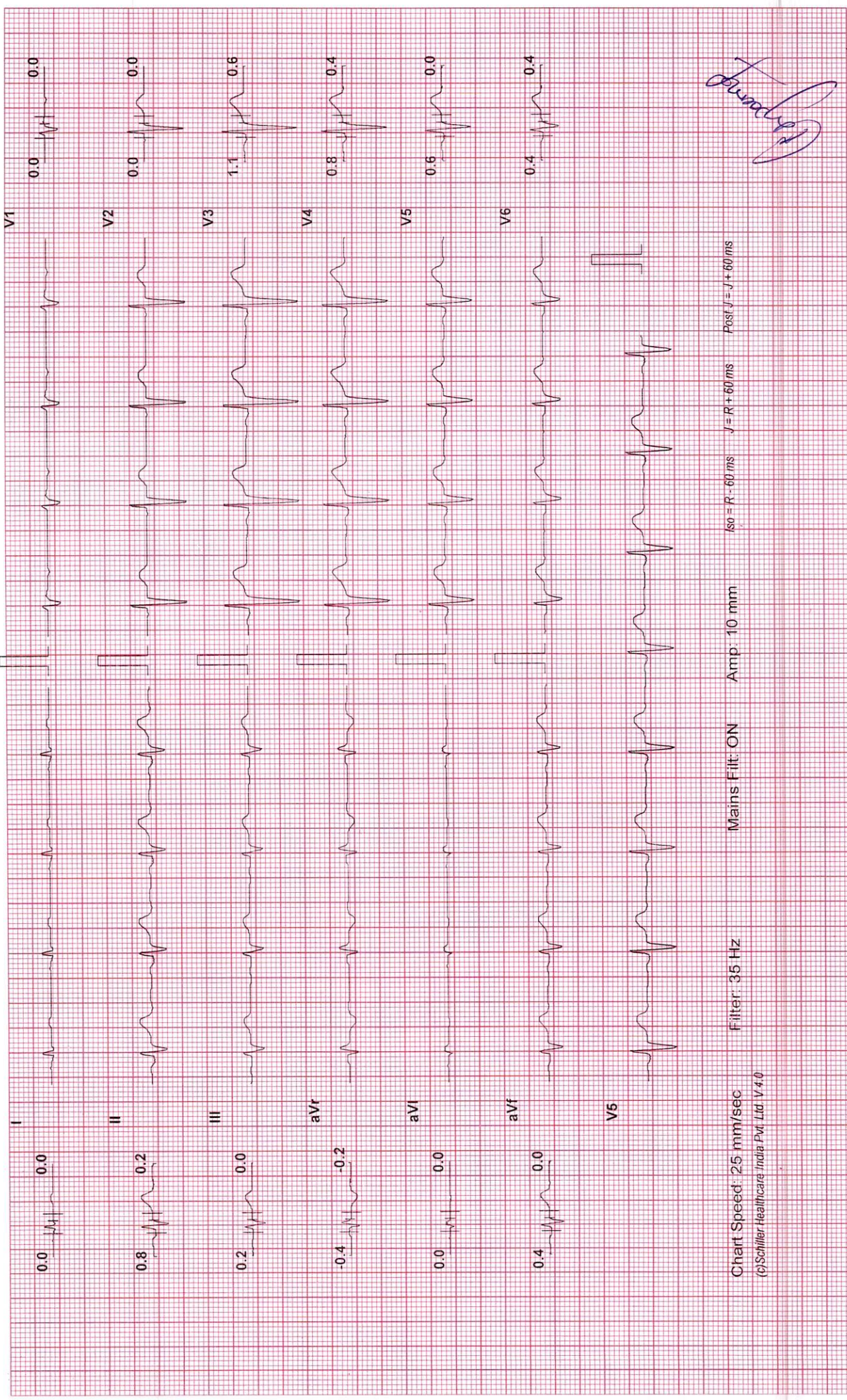


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

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Signature

Date: 12/9/2022 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 124 bpm

ID: 4495

NITINKUMAR PARMAR (39 M)

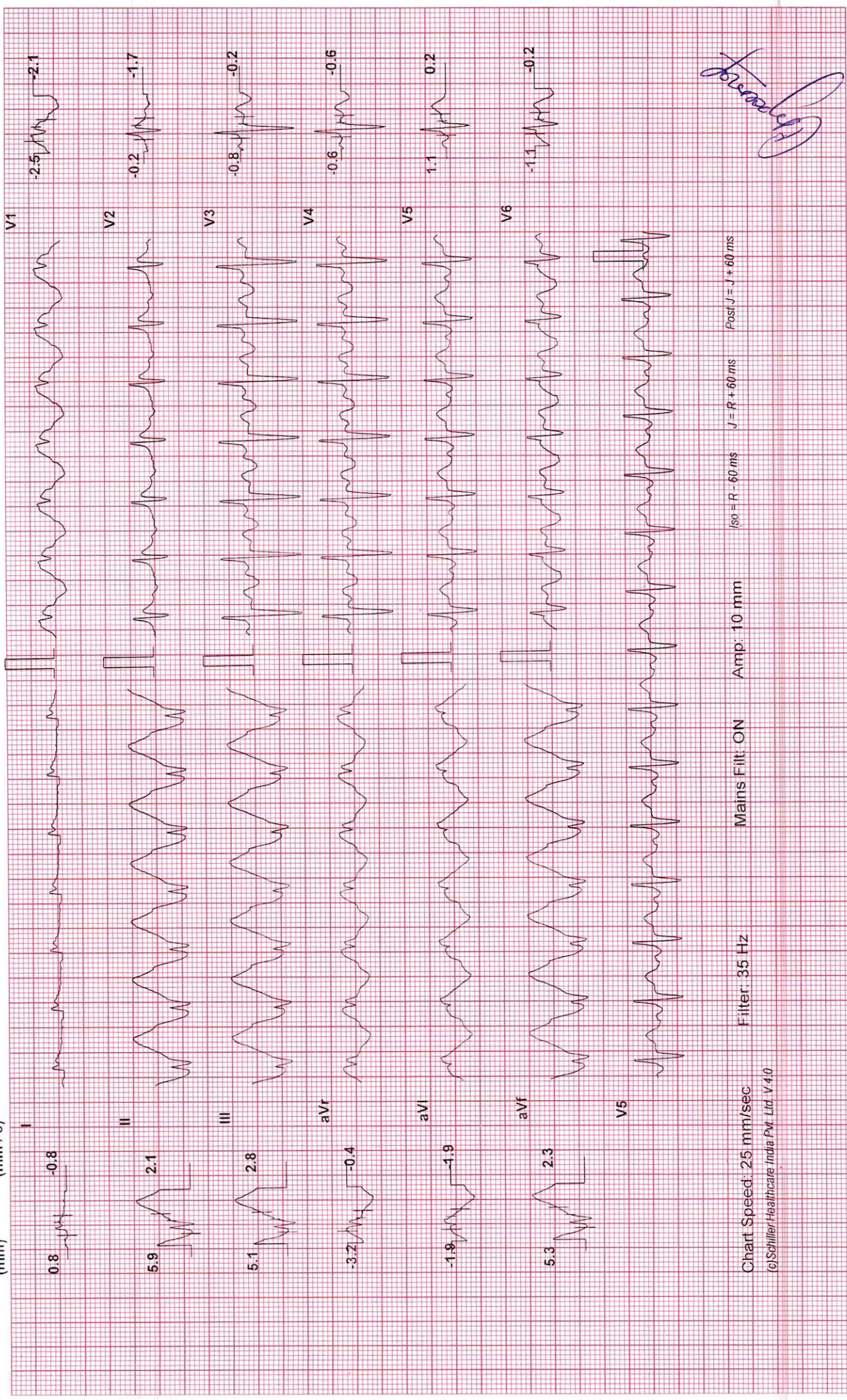
Speed: 1.7 mph Grade: 10 % (THR: 153 bpm) B.P: 130 /82

Stage: 1

Protocol: Bruce

ST Level (mm) ST Slope (mm / s)

ST Level (mm) ST Slope (mm / s)



Mains Filtr: ON Amp: 10 mm ISO = R -60 ms J = R +60 ms Post J = J + 60 ms

Filter: 35 Hz

Chart Speed: 25 mm/sec

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Signature

Test Report

Date: 12/9/2022 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 134 bpm

B.P: 138 / 84

(THR: 153 bpm)

Grade: 12 %

Speed: 2.5 mph

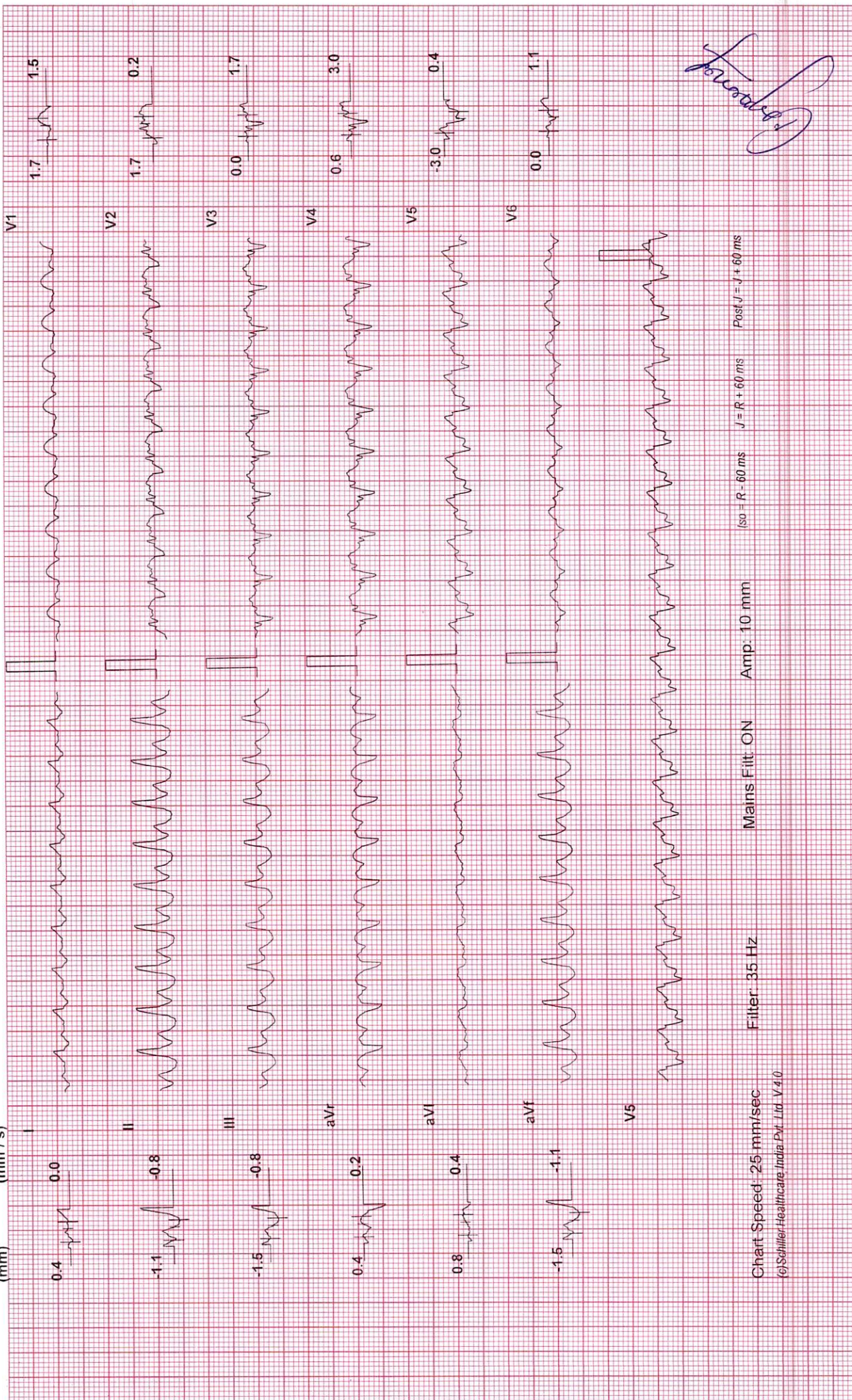
Stage: 2

NITINKUMAR PARMAR (39 M)

Protocol: Bruce

ST Level (mm) ST Slope (mm / s)

ST Level (mm) ST Slope (mm / s)



Post J = J + 60 ms

J = R + 60 ms

(S0 - R - 60 ms

Amp: 10 mm

Mains Filt: ON

Filter: 35 Hz

Chart Speed: 25 mm/sec

(c)Schiller Healthcare, India Pvt. Ltd. V.4.0

Handwritten signature

Date: 12/9/2022 Exec Time : 7 m 12 s Stage Time : 1 m 12 s HR: 171 bpm

ID: 4495

Protocol: Bruce

NITINKUMAR PARMAR (39 M)

B.P: 150 /'88

(THR: 153 bpm)

Grade: 14 %

Speed: 3.4 mph

Stage: Peak Ex

ST Level (mm)

ST Slope (mm / s)

ST Level (mm)

ST Slope (mm / s)

ST Level (mm)

ST Slope (mm / s)

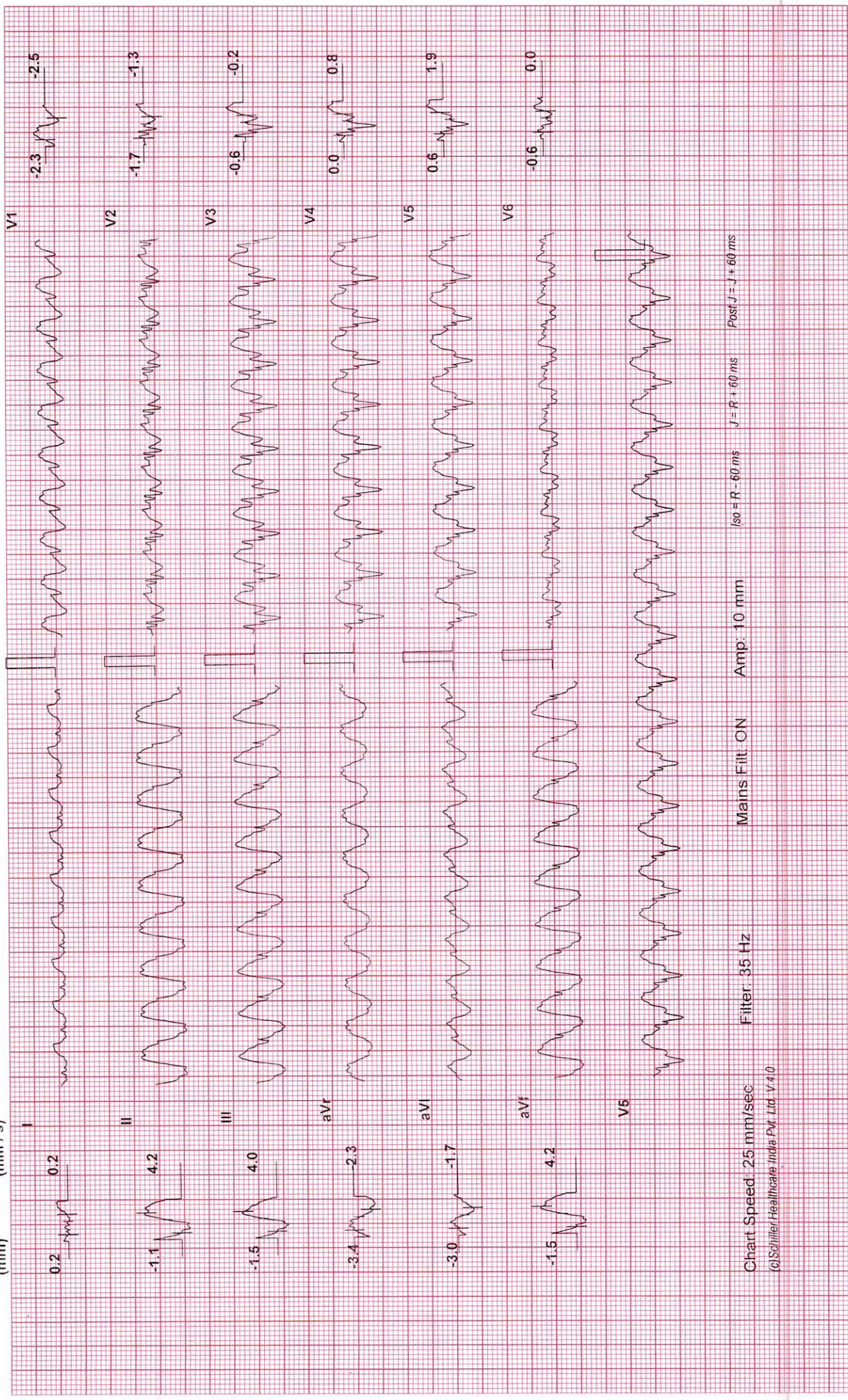


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J - J + 60 ms

Date: 12/9/2022 Exec Time : 7 m 18 s Stage Time : 2 m 54 s HR: 110 bpm

ID: 4495

NITINKUMAR PARMAR (39 M)

B.P: 140 / 86

Speed: 0 mph Grade: 0 % (THR: 153 bpm)

Stage: Recovery(1)

Protocol: Bruce

ST Level (mm) ST Slope (mm / s)

ST Level (mm) ST Slope (mm / s)

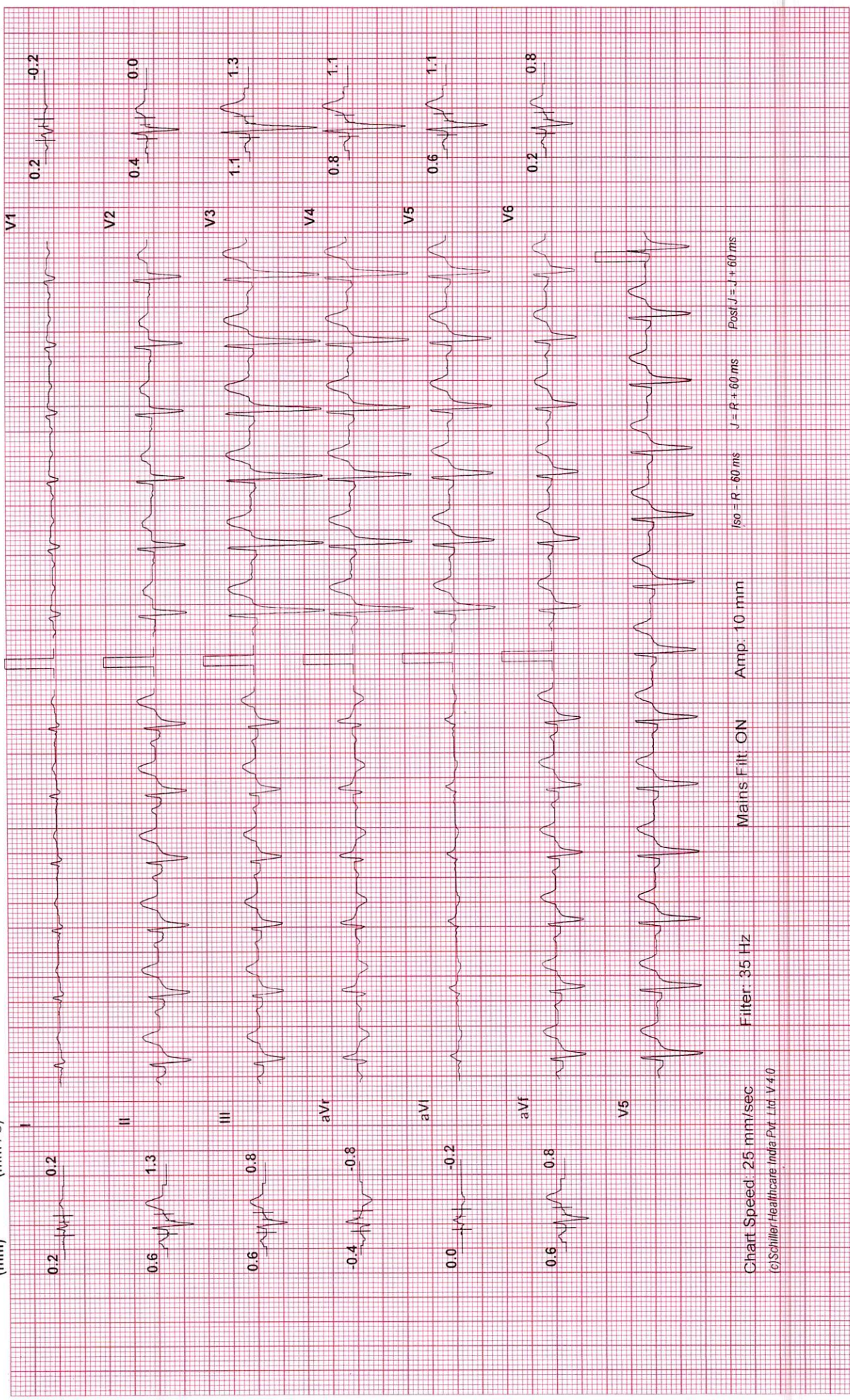


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filtr: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

NITINKUMAR PARMAR (39 M)

ID: 4495

Date: 12/9/2022

Exec Time : 7 m 18 s Stage Time : 2 m 54 s **HR: 104 bpm**

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 128 /84

ST Level (mm) ST Slope (mm / s)

ST Level (mm) ST Slope (mm / s)

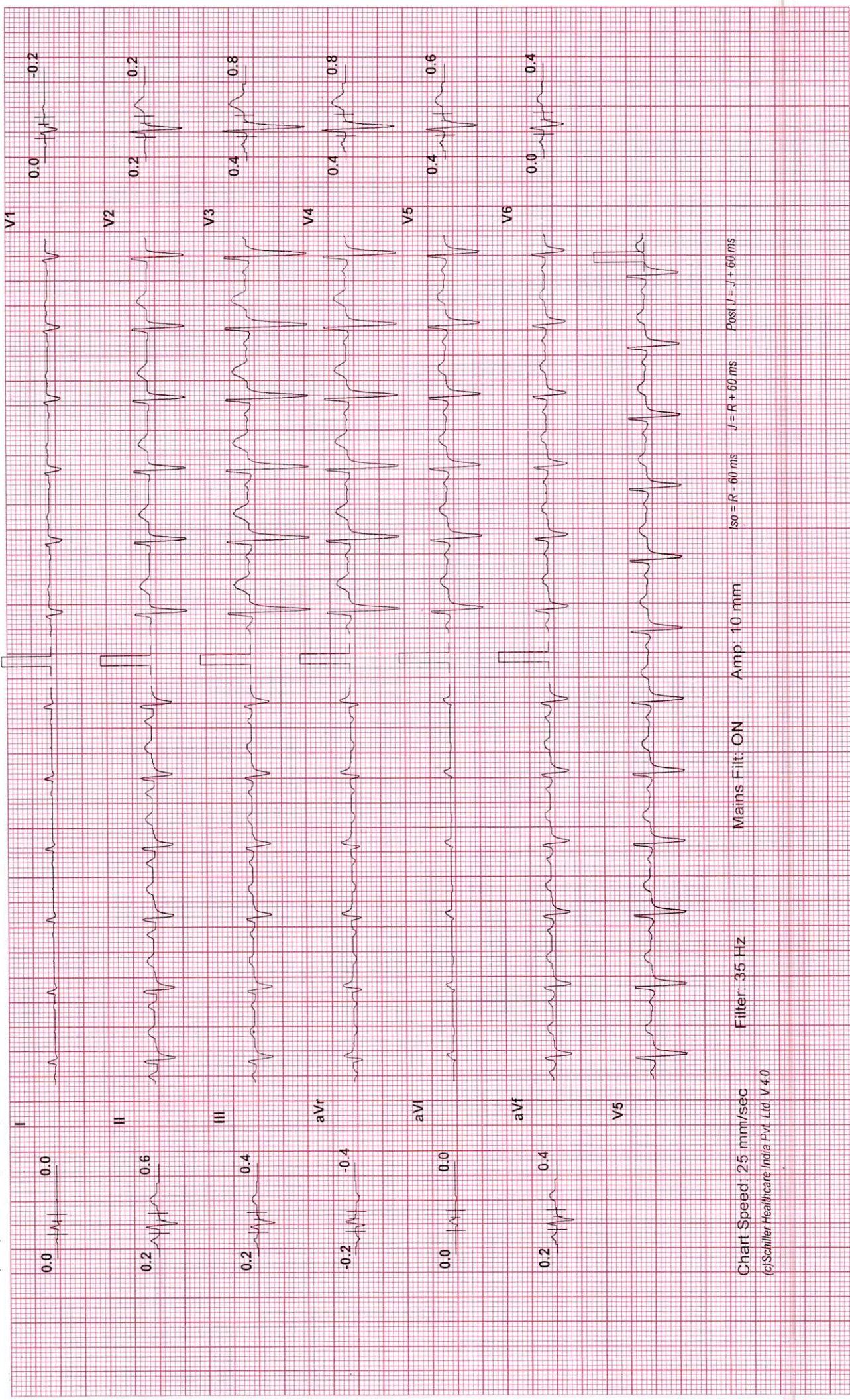


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Fil: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J - J + 60 ms

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NITINKUMAR PARMAR (39 M)

ID: 4495

Date: 12/9/2022

Exec Time : 7 m 18 s Stage Time : 0 m 36 s **HR: 96 bpm**

Stage: Recovery(3)

Speed: 0 mph

(THR: 153 bpm)

B.P: 122 / 82

Protocol: Bruce

ST Level (mm) ST Slope (mm / s)

ST Level (mm) ST Slope (mm / s)

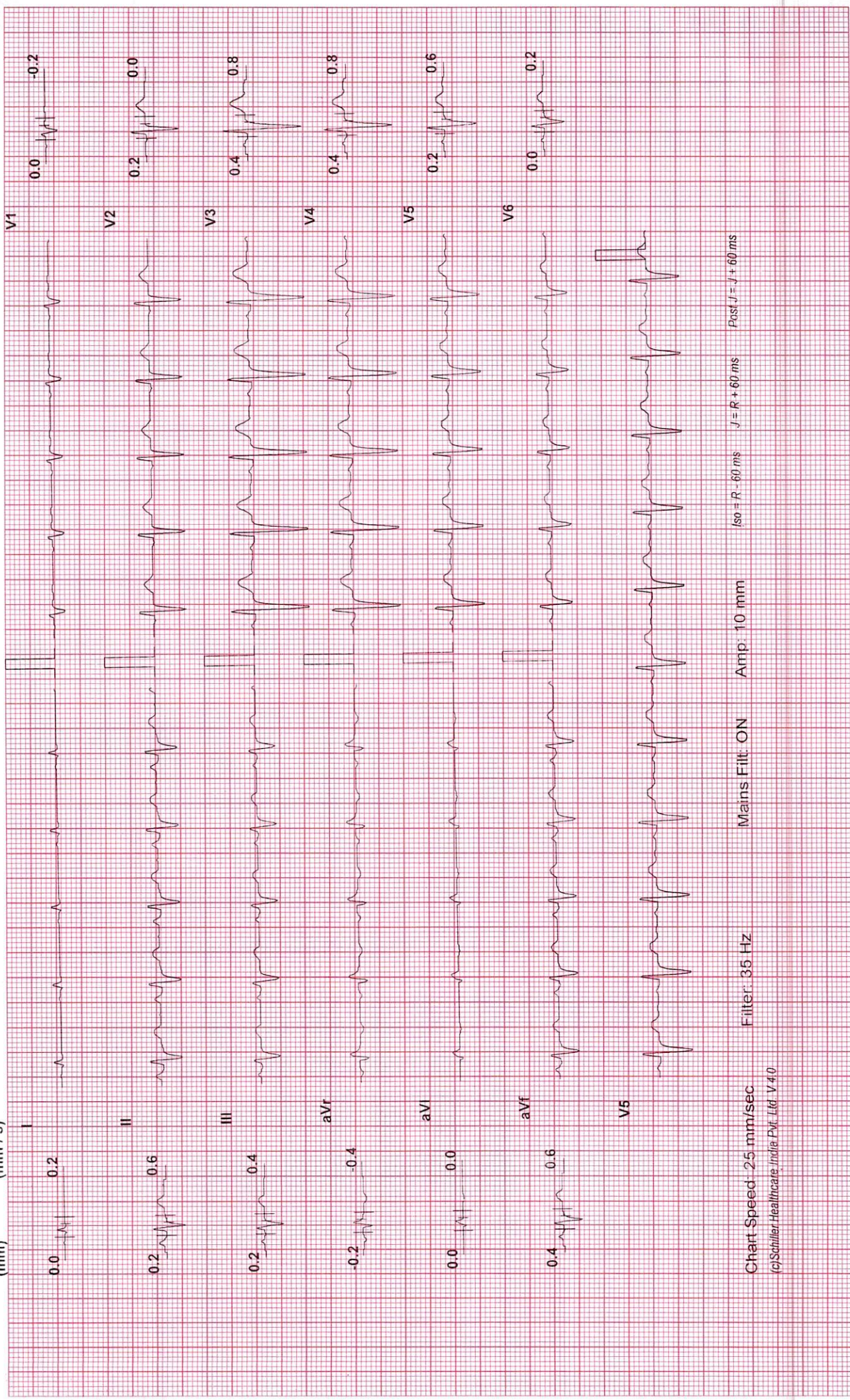


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

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* 8 6 4 2 *

Patient Name : Nitinkumar Parmar
Sample No.. : 8642
Reffered : Bank Of Baroda

Age/Sex : 39 Years/Male
Registration On:09/12/2022/08:49
Approved On : 09/12/2022 12:53

RENAL FUNCTION

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
Sr. Creatinine:	1.12	mg/dl	0.6 - 1.2 mg/dl
Urea:	20.6	mg/dl	10 - 50 mg/dl
S. Uric Acid:	4.8	mg/dl	3.2 - 7.2 mg/dl
Blood Urea Nitrogen:	9.63	mg/dl	08 - 23 mg/dl
Bun/Creat Ratio:	8.6		



Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



* 8 6 4 2 *

Patient Name : Nitinkumar Parmar
Sample No.. : 8642
Reffered : Bank Of Baroda

Age/Sex : 39 Years/Male
Registration On:09/12/2022/08:49
Approved On : 09/12/2022 13:02

COMPLETE BLOOD CHEMISTRY

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
S. Cholesterol	: 191.1	mg/dl	Desirable : < 200 Borderline High : 200 - 239 High : > 240
Serum Triglycerides	: 101.7	mg/dl	Normal : Normal < 150 Borderline : 150 - 199 High : > 200
HDL Cholesterol	: 42.0	mg/dl	40 - 60 mg/dl
Serum LDL Cholesterol (Calculated)	: 128.76	mg/dl	Up to 150
Cholesterol/HDLC Ratio (Calculated)	: 4.55	mg/dl	Up to 5.0
Serum VLDL Cholesterol (Calculated)	: 20.34	mg/dl	Up to 35
LDLC/HDLC Ratio (Calculated)	: 3.07	mg/dl	Up to 3.4
Total Lipid (Calculated)	: 613.56	mg/dl	400 - 1000 mg/dl
S. Bilirubin (Total)	: 0.69	mg/dl	up to 1.2
S. Bilirubin (Direct)	: 0.15	mg/dl	up to 0.2
S. Bilirubin (Indirect)	: 0.54	mg/dl	up to 1.0
SGOT	: 12.9	U/L	up to 40
SGPT	: 21.7	U/L	up to 42
GGT	: 26.8	U/L	12 - 64
S. Alkaline Phosphatase	: 58.70	U/L	40 - 129
Total Proteins	: 6.65	g/dl	6.0 - 8.3
Albumin	: 3.89	g/dl	3.5 - 5.2
Globulins	: 2.76	g/dl	2.4 - 3.7
AGRATIO	: 1.409		

PKM



ISO CERTIFIED

O- 5,6,10 Maruti Tower, Shivranjani Cross Road,
Satellite, Ahmedabad. 
Ph : 079 4800 7051 M. : 98986 76445 
E-mail : corporatecare0120@gmail.com 



* 8 6 4 2 *

Patient Name : Nitinkumar Parmar
Sample No.. : 8642
Reffered : Bank Of Baroda

Age/Sex : 39 Years/Male
Registration On:09/12/2022/08:49
Approved On : 09/12/2022 13:02

Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



* 8 6 4 2 *

Patient Name : Nitinkumar Parmar
Sample No.. : 8642
Referred : Bank Of Baroda

Age/Sex : 39 Years/Male
Registration On:09/12/2022/08:49
Approved On : 09/12/2022 17:23

Glycosylated HB - (HBA1C)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref Interval</u>
HBA1C: (Immunoturbidimetric)	5.01	%	Normal : ≤ 5.6 Prediabetes : 5.7 - 6.4 Diabetes : ≥ 6.5 <u>DIABETES CONTROL CRITERIA</u> 6 - 7 : Near Normal Glycemia < 7 : Goal 7 - 8 : Good Control > 8 : Action Suggested
Mean Blood Glucose:	97.087	mg/dl	

Criteria for the diagnosis of diabetes

- HbA1c ≥ 6.5 *
Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
Or
- Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
Or.
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population. 2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values. 3) Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected.

Page 4 of 6



Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



* 8 6 4 2 *

Patient Name : Nitinkumar Parmar
Sample No.. : 8642
Referred : Bank Of Baroda

Age/Sex : 39 Years/Male
Registration On:09/12/2022/08:49
Approved On : 09/12/2022 12:52

BLOOD SUGAR LEVEL

Specimen :

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
Fasting Blood Sugar: (GOD-POD)	73.5	mg/dl	70-110

American Diabetes Association Reference Range :

Normal : < 100 mg/dl

Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl

Diabetes : >= 126 mg/dl

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis. A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.

**Pathologist**Dr. Pravin Patel
(M.D.Path) G-15478

Page 5 of 6



* 8 6 4 2 *

Patient Name : Nitinkumar Parmar
Sample No.. : 8642
Reffered : Bank Of Baroda

Age/Sex : 39 Years/Male
Registration On:09/12/2022/08:49
Approved On : 09/12/2022 12:56

kidney function test

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
S. Uric Acid:	4.8	mg/dl	3.2 - 7.2 mg/dl
Sr. Creatinine:	1.12	mg/dl	0.6 - 1.2 mg/dl
Urea:	20.6	mg/dl	10 - 50 mg/dl

Intrinsic renal damage (< 40: 1)



Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



* 8 6 4 2 *

Patient Name : Nitinkumar Parmar
Sample No.. : 8642
Referred : Bank Of Baroda

Age/Sex : 39 Years/Male
Registration On:09/12/2022/08:49
Approved On : 09/12/2022 15:45

THYROID FUNCTIONS

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>NORMAL VALUE</u>
Serum T3 :	1.24	ng/dl	0.69 - 2.15 ng/dl
Serum T4 :	8.4	microgm/dl	5.2 - 12.7 microgm/dl
Serum T.S.H :	3.82	microU/ml	0.3 - 4.5 microU/ml

COMMENTS :

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids.

Low or undetectable TSH is suggestive of Grave~s disease

TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.

TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 ,FT4 is important.

FreeT3 is first hormone to increase in early Hyperthyroidism.

Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

During pregnancy clinically T3 T4 can be high and TSH can be slightly low



Pathologist

Dr.Pravin Shah

(M.D.Path) G-15478

Page 1 of 4



Patient Name : Nitinkumar Parmar
Sample No.. : 8642
Referred : Bank Of Baroda

Age/Sex : 39 Years/Male
Registration On:09/12/2022/08:49
Approved On : 09/12/2022 15:33

COMPLETE BLOOD COUNT

<u>Test</u>		<u>Sample :</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
<u>BLOOD COUNT</u>					
Hemoglobin	colorimetric		14.26	g/dL	13 - 17
R.B.C Count	Electrical impedance		5.23	mill/cmm	4.5 - 5.5
W.B.C Count	Electrical impedance		7.87	10 ³ /uL	4.0 - 10.0
Platelet Count	Electrical impedance		279.2	10 ³ /uL	150 - 350 10 ³ /uL
<u>DIFFERENTIAL COUNT</u>					
Polymorphs	Microscopic		66	%	60 - 70
Lymphocytes	Microscopic		30	%	20 - 40
Eosinophils	Microscopic		02	%	1 - 6
Monocytes	Microscopic		02	%	2 - 10
Basophils	Microscopic		00	%	0 - 2
<u>BLOOD INDISES</u>					
HCT	Rbc Histogram		44.5	%	33.5 - 52.0 %
MCV	Calculated		85.1	fl	80 - 100
MCH	Calculated		<u>27.3</u>	pg	28.0 - 32.0 pg
MCHC	Calculated		32.0	g/dl	31.0 - 35.0 g/dl
RDW-CV	Calculated		<u>6.8</u>	%	11.6 - 14.0 %

PERIPHERAL SMEAR EXAMINATION

SMEAR RBC Line 1: Normochromic normocytic red cells.


SMEAR WBC LINE 1: Are within normal limits.

SMEAR Platelets: Adequate

Page 2 of 4

Erythrocyte sedimentation rate

ESR AT 1 hour westergren 13 mm/Hour 00 - 15



Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



* 8 6 4 2 *

Patient Name : Nitinkumar Parmar
Sample No.. : 8642
Referred : Bank Of Baroda

Age/Sex : 39 Years/Male
Registration On:09/12/2022/08:49
Approved On : 09/12/2022 12:50

BLOOD GROUP

Test

BLOOD GROUP

RH GROUP

Result

: "O"

: POSITIVE.



Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



Patient Name : Nitinkumar Parmar
Sample No.. : 8642
Referred : Bank Of Baroda

Age/Sex : 39 Years/Male
Registration On:09/12/2022/08:49
Approved On : 09/12/2022 12:54

URINE EXAMINATION

PHYSICAL :

Colour - **Pale Yellow**
Deposits - **Absent**
Transparency - **Clear**
Reaction - **Acidic**
Sp. Gravity - **1.005**

CHEMICAL :

Albumin - **Absent**
Sugar - **Absent**
Bile Salts - **Absent**
Bile Pigments - **Absent**

MICROSCOPIC: (After centrifugation at 2000 r.p.m. for 5 minutes)

Pus Cells - **Not seen** /h.p.f.
Red Cells - **Not seen** /h.p.f.
Epithelial Cells - **1 - 2** /h.p.f.
Casts - **Not seen**/l.p.f.
Crystals - **Not seen**
Amorphous - **Not seen**


Page 4 of 4

Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



* 8 6 4 2 *

Patient Name : Nitinkumar Parmar
Sample No.. : 8642
Referred : Bank Of Baroda

Age/Sex : 39 Years/Male
Registration On:09/12/2022/08:49
Approved On : 09/12/2022 19:29

BLOOD SUGAR LEVEL

Specimen :

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
Fasting Blood Sugar: (GOD-POD)	73.5	mg/dl	70-110
Post Prandial Blood Glucose: 112.3 (GOD-POD)		mg/dl	100 - 150

American Diabetes Association Reference Range :

Normal : < 100 mg/dl

Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl

Diabetes : >= 126 mg/dl

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis. A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.



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