

Health Check up -
Mediwheel <wellness@mediwheel.in>

Mon 3/11/2024 5:18 PM

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

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



011-41195959

Dear **Manipal Hospital**

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking?

Name : MANOJ KUMAR SINGH
Contact Details : 8511172848
Hospital Package Name : Mediwheel Full Body Health Checkup Male Above 40
Location : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Aparment
Appointment Date : 13-03-2024

Member Information		
Booked Member Name	Age	Gender
MANOJ KUMAR SINGH	50 year	Male

Tests included in this Package -

- Stool Test
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile
- Prostate Specific Antigen (PSA Male)

Thanks,
Mediwheel Team
Please Download Mediwheel App



You have received this mail because your e-mail ID is registered with Arcofemi Healthcare Limited This is a system-generated e-mail please don't reply to this message.

Union Bank of India

RO - NEW DELHI
FIRST FLOOR, NO.1, MGF
AUTOMOBILES LTD, FAIZ ROAD,
JHANDEWALAN,, NEW DELHI 110005, -
0

To,

The Chief Medical Officer

M/S Mediwheel
<https://mediwheel.in/signup011-41195959>(A brand name of
Arcofemi Healthcare Ltd),
Mumbai400021
Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup

Executive Male 35+

Shri/Smt./Kum.

MANOJ KUMAR SINGH,.

P.F. No.

627765

Designation :

CHIEF MANAGER

Checkup for Financial Year

2023-2024

Approved Charges Rs.

4000.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup(for Executives) at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

Yours Faithfully,

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER

PS. : Status of the application-

Sanctioned

Health checkup at tie-up Ctr HealthChkup Authorisatn letter

यूनियन बँक Union Bank
of India



नाम : मनोज कुमार सिंह
Name : Manoj Kumar Singh
कर्मचारी क्र./Employee No. : 627765
जन्म तिथि/Birth Date : 13-04-1973
रक्त ग्रुप/Blood Group: B+ve

हस्ताक्षर / Signature
जारी करने का स्थान : क्षेत्रीय कार्यालय दिल्ली (उत्तर)
Place of Issue : Ro Delhi (North)
जारी करने की तारीख : ०५/नवम्बर/२०२०
Date of Issue : 05-11-2020

जारीकर्ता प्राधिकारी / Issuing Authority

यूनियन बँक Union Bank
of India



नाम : मनोज कुमार सिंह
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जारीकर्ता प्राधिकारी / Issuing Authority



ભારત સરકાર
Government of India

મનોજ કુમાર સિંહ
Manoj Kumar Singh



જન્મ તારીખ / DOB: 13/04/1973

પુરુષ / Male

7480 2310 3588



મારો આધાર, મારી ઓળખ

(Handwritten signature)

Unique Identification Authority of India

સરનામું: પિતાનું/માતાનું નામ: જય
પ્રકાશ સિંહ, મકાન: ફ્લોટ નં.403,
ચોરી: ક્રીષ્ના એવન્યુ, ભુવિન્હ: 2
પટેલ કોલોની, સ્થાન / ઠેકાણું /
સેક્ટર: ગુંદાલા રોડ ગોંડલ,
ગામ/નગર/શહેર: ગોંડલ, જિલ્લો:
રાજકોટ, પોસ્ટોફીસ: ગોંડલ,
રાજ્ય: ગુજરાત, પિનકોડ: 360311

Address: S/O: Jay Prakash
Singh, House/Bldg./Apt.: flat
no.403, Street/Road/Lane:
Krishna avenue, Landmark: Patel
colony 2, Area/Locality/Sector:
gundala road Gondal,
Village/Town/City: Gondal,
District: Rajkot, P.O.: Gondal,
State: Gujarat, PinCode: 360311

7480 2310 3588



1947



help@uidai.gov.in

www

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INVESTIGATION REPORT

Patient Name	MR MANOJ KUMAR SINGH	Location	Ghaziabad
Age/Sex	50Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH11770529	Order Date	:13/03/2024
Ref. Doctor	Dr. BHUPENDRA SINGH	Report Date	:13/03/2024

Echocardiography

Final Interpretation

1. Distal septum, basal inferior wall & basal posterior wall hypokinetic, LVEF=40%.
2. Concentric LVH.
3. Dilated LA.
4. Trivial MR, Trivial AR.
5. Trivial TR, Normal PASP.
6. No intracardiac clot/mass/pericardial pathology.
7. IVC normal

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** Dilated LA.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** Trivial AR.
- **Mitral Valve:** Trivial MR.
- **Tricuspid Valve:** Trivial TR.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- Distal septum, basal inferior wall & basal posterior wall hypokinetic.

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 0300 E info@manihospitals.com www.manipalhospitals.com



INVESTIGATION REPORT

Patient Name	MR MANOJ KUMAR SINGH	Location	Ghaziabad
Age/Sex	50Year(s)/male	Visit No	: V0000000001-GHZB
Ref. Doctor	: Dr.BHUPENDRA SINGH	Order Date	13/03/2024
	MH11770529	Report Date	13/03/2024

Echocardiography

Measurements (mm):

	Observed values	Normal values
Aortic root diameter	31	20-36 (22mm/M ²)
Aortic valve opening	22	15-26
Left atrium size	45	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	48	38	(ED=37-50:Es=22-40)
Interventricular septum	14	16	(ED=6-12)
Posterior wall thickness	14	16	(ED=5-10)

LV Ejection Fraction (%)	40%	55%-80%
HR		

Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-90/59 DT-	Trivial
Aortic	124	Nil
Tricuspid	28	Trivial
Pulmonary	66	Nil

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

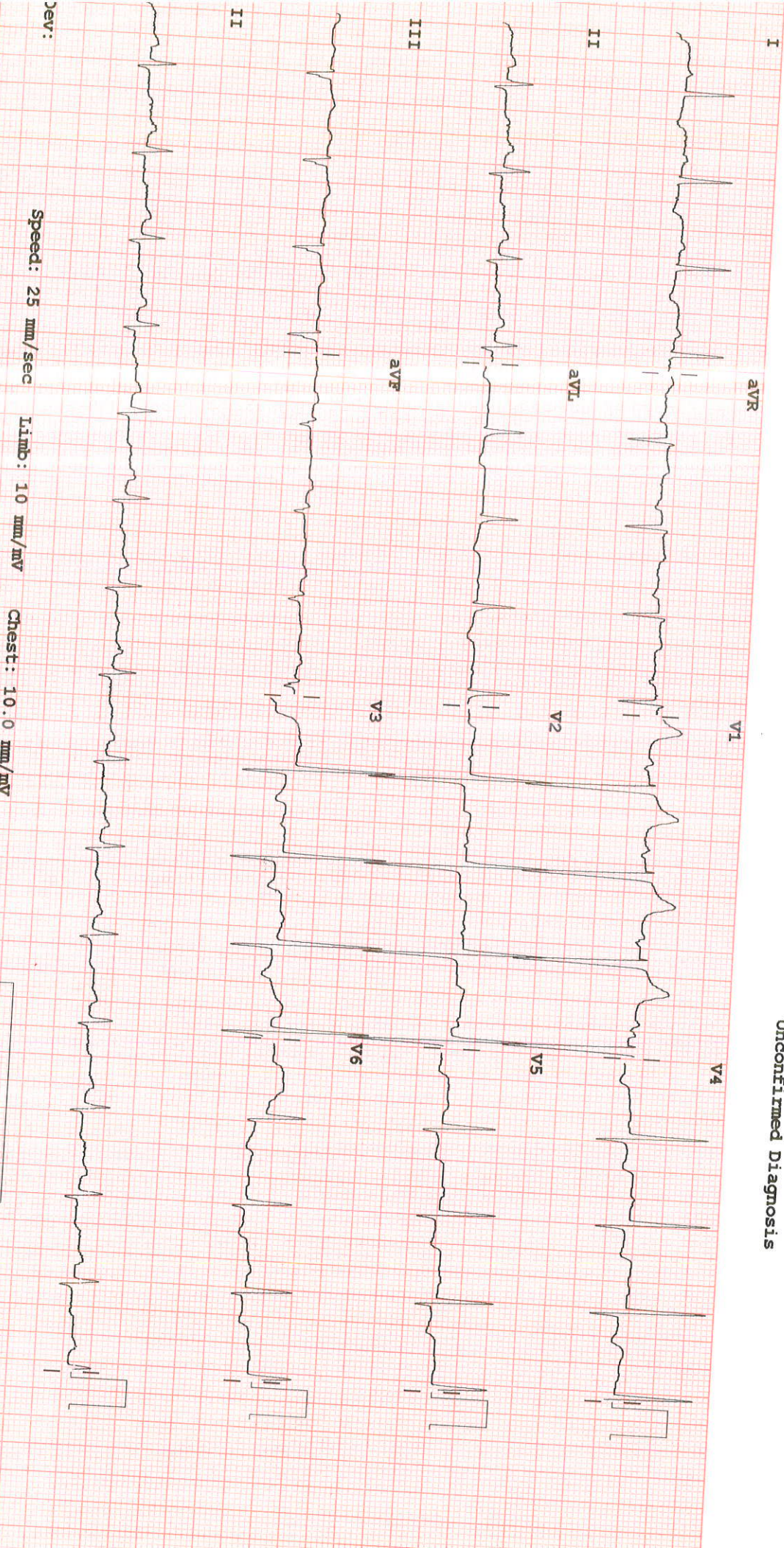
Dr. Sudhanshu Mishra
Cardiology Registrar

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

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

- ABNORMAL ECG -

Unconfirmed Diagnosis



F 60 ~ 0.15-100 Hz

PH100B CL P?

**RADIOLOGY REPORT**

NAME	MR Manoj Kumar SINGH	STUDY DATE	13/03/2024 8:57AM
AGE / SEX	50 y / M	HOSPITAL NO.	MH011770529
ACCESSION NO.	R7044400	MODALITY	CR
REPORTED ON	13/03/2024 11:36AM	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: Old healed fracture of left 2nd rib.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

Old healed fracture of left 2nd rib.

Please correlate clinically.

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

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

**RADIOLOGY REPORT**

NAME	MR Manoj Kumar SINGH	STUDY DATE	13/03/2024 9:35AM
AGE / SEX	50 y / M	HOSPITAL NO.	MH011770529
ACCESSION NO.	R7044401	MODALITY	US
REPORTED ON	13/03/2024 10:57AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: appears enlarged in size (measures 152 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade II fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 115 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9 mm.

COMMON BILE DUCT: Appears normal in size and measures 4.8 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Well distended with normal walls (~ 1.9mm). Its lumen shows a single calculus within measuring 24.1 mm. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Both kidneys are normal in size and shape but show raised renal cortical echotexture. Cortico-medullary differentiation is partially maintained. Rest normal.

Right Kidney: measures 104 x 47 mm.

Left Kidney: measures 106 x 48 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 41 x 30 x 28 mm with volume 18 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade II fatty infiltration in liver.

-Cholelithiasis.

-Bilateral raised renal cortical echotexture with partially maintained cortico-medullary differentiation (ADV: RFT correlation)

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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



LABORATORY REPORT

Name	: MR MANOJ SINGH	Age	: 50 Yr(s) Sex :Male
Registration No	: MH011770529	Lab No	: 202403001776
Patient Episode	: H18000001909	Collection Date	: 13 Mar 2024 08:43
Referred By	: HEALTH CHECK MGD	Reporting Date	: 13 Mar 2024 12:21
Receiving Date	: 13 Mar 2024 08:43		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
PROSTATE SPECIFIC ANTIGEN (PSA-Total):	0.700	ng/mL	[<3.500]

Method :ELFA

Note :1.This is a recommended test for detection of prostate cancer along with Digital Recta 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



LABORATORY REPORT

Name : MR MANOJ SINGH
Registration No : MH011770529
Patient Episode : H18000001909
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Mar 2024 08:43

Age : 50 Yr(s) Sex :Male
Lab No : 202403001776
Collection Date : 13 Mar 2024 08:43
Reporting Date : 13 Mar 2024 13:00

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.

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR MANOJ SINGH
Registration No : MH011770529
Patient Episode : H18000001909
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Mar 2024 08:43

Age : 50 Yr(s) Sex : Male
Lab No : 202403001776
Collection Date : 13 Mar 2024 08:43
Reporting Date : 13 Mar 2024 12:24

HAEMATOLOGY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	4.46 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	12.5 #	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	38.4 #	%	[40.0-50.0]
MCV (DERIVED)	86.1	fL	[83.0-101.0]
MCH (CALCULATED)	28.0	pg	[25.0-32.0]
MCHC (CALCULATED)	32.6	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.0	%	[11.6-14.0]
Platelet count	180	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	11.1		
WBC COUNT (TC) (IMPEDEANCE)	7.76	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	69.0	%	[40.0-80.0]
Lymphocytes	20.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	65.0 #	mm/1sthour	[0.0-



Name : MR MANOJ SINGH
Registration No : MH011770529
Patient Episode : H18000001909
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Mar 2024 10:08

Age : 50 Yr(s) Sex :Male
Lab No : 202403001776
Collection Date : 13 Mar 2024 10:08
Reporting Date : 13 Mar 2024 13:14

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	SLIGHTLY TURBID	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION (Automated/Manual)

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

Protein result rechecked



LABORATORY REPORT

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Patient Episode : H18000001909
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Mar 2024 08:43

Age : 50 Yr(s) Sex :Male
Lab No : 202403001776
Collection Date : 13 Mar 2024 08:43
Reporting Date : 13 Mar 2024 18:00

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	7.8 #	%	[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) 177 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 glycemc control.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	179	mg/dl	<200 Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	214 #	mg/dl	<150 Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	39	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated) CHOLESTEROL, LDL, CALCULATED	43 # 97.0	mg/dl mg/dl	[0-35] [<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129



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Referred By : HEALTH CHECK MGD
Receiving Date : 13 Mar 2024 08:43

Age : 50 Yr(s) Sex : Male
Lab No : 202403001776
Collection Date : 13 Mar 2024 08:43
Reporting Date : 13 Mar 2024 12:10

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	4.6		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.5		<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	37.2	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	17.4	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	1.56 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.4	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	133.30 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	5.11 #	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.4	mmol/L	[101.0-111.0]
Method: ISE Indirect			



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Referred By : HEALTH CHECK MGD
Receiving Date : 13 Mar 2024 08:43

Age : 50 Yr(s) Sex : Male
Lab No : 202403001776
Collection Date : 13 Mar 2024 08:43
Reporting Date : 13 Mar 2024 12:08

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated) 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.	51.0 #	ml/min/1.73sq.m	[>60.0]
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.27 #	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.07	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.20	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	4.90 #	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	2.93 #	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.00	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.49		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	16.00	U/L	[0.00-40.00]



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Age : 50 Yr(s) Sex :Male
Lab No : 202403001776
Collection Date : 13 Mar 2024 08:43
Reporting Date : 13 Mar 2024 12:10

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	19.40	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	97.0 #	IU/L	[32.0-91.0]
GGT	25.0	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.

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT



Name : MR MANOJ SINGH
Registration No : MH011770529
Patient Episode : H18000001909
Referred By : HEALTH CHECK MGD
Receiving Date : 13 Mar 2024 14:14

Age : 50 Yr(s) Sex : Male
Lab No : 202403001778
Collection Date : 13 Mar 2024 14:14
Reporting Date : 13 Mar 2024 15:39

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	238.0 #	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. Alka Dixit Vats
Consultant Pathologist