Code-292503

Mediwheel <wellness@mediwheel.in>

Thu 4/18/2024 2:32 PM

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



011-41195959

Hi Manipal Hospital,

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital

Package Name

: Mediwheel Full Body Health Checkup Female Above 40

Patient Package

Name

: Mediwheel Full Body Health Checkup Female Above 40

Hospital

NH-24, Hapur Road, Oppo. Bahmeta Village, Near Lancraft Golf Links

Address

Aparment

Contact Details : 9868512200

Appointment

Date

: 27-04-2024

Confirmation

Status

: Booking Confirmed

Preferred Time : 9:00am

| Member Information | | | | | |
|--------------------|-----|--------|--|--|--|
| Booked Member Name | Age | Gender | | | |
| Sonia Sharma | 4.0 | Female | | | |

We request you to facilitate the employee on priority.

Thanks. Mediwheel Team

Please Download Mediwheel App





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Election Commission of India भारत निर्वाचन आयोग

DTZ0554188

IDENTITY CARD

पहचान पत्र



Elector's Name: SONIA SHARMA

निर्वाचक का नाम ः सोनिया शर्मा

Husband's ame: KARTAR NATH SHARMA

पति का नामः

करतार नाथ शर्मा

Sex: Female

लिंग: स्त्री

Age as on 1.1.2002:

years they

1.1.2002 को आयु

26 ag

Address:

DTZ0554188

B-30, GALi-6 RAJGARH COLONY, DELHI

पता :

बी-३०, गली-६ राजगढ़ कॉलोनी , दिल्ली



(S. C. TYAGI)

Electoral Registration Officer निर्वाचक रजिस्ट्रीकरण अधिकारी

GANDHI NAGAR गांधी नगर

Assembly Constituency विधानसभा निर्वाचन क्षेत्र

Place: DELHI

Date:

स्थान:

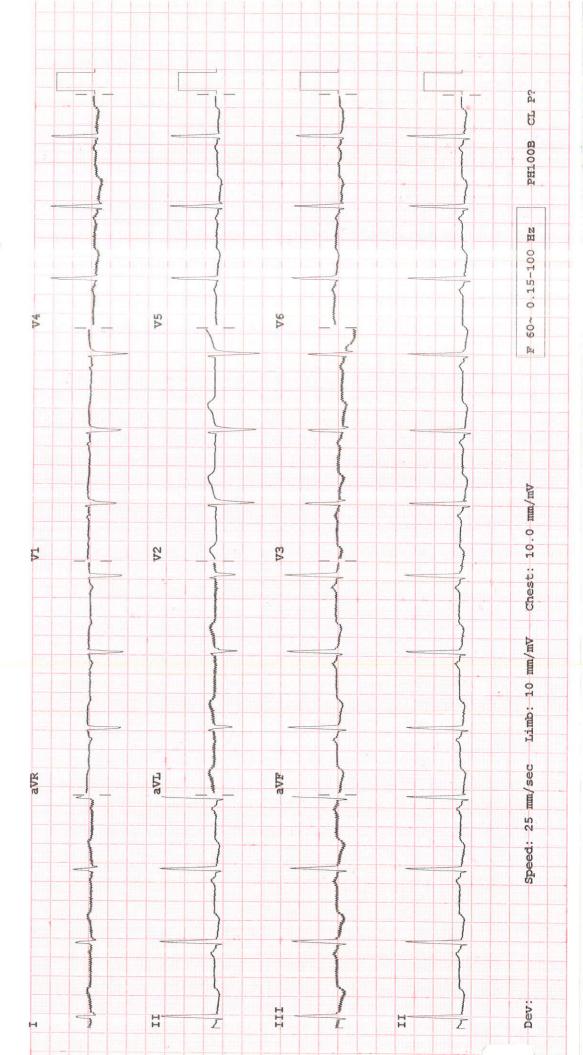
ज्री

दिनांक

06/05/2002

This Card may be used as an Identity Card under different Government Schemes.

इस पत्र का विभिन्न सरकारी योजनाओं के अन्तर्गत पह्चान पत्र के रुप में प्रयोग किया जा सकता है



manipalhospitals





TMT INVESTIGATION REPORT

Patient Name MRS SONIA SHARMA

Location

: Ghaziabad

Age/Sex

: 48Year(s)/Female

Visit No

: V0000000001-GHZB

MRN No

MH013350815

Order Date

: 06/05/2024

Ref. Doctor : HCP

Report Date

: 06/05/2024

Protocol

: Bruce

MPHR

: 172BPM

Duration of exercise

: 04min 17sec

85% of MPHR

: 146BPM

Reason for termination : THR achieved

Peak HR Achieved : 153BPM

: 88%

Blood Pressure (mmHg) : Baseline BP : 120/80mmHg

% Target HR

Peak BP : 140/90mmHg

METS

: 6.1METS

| STAGE | TIME (min) | H.R (bpm) | BP (mmHg) | SYMPTOMS | ECG CHANGES | ARRHYTHMIA |
|-----------|---------------|--------------|--------------|----------|--|------------|
| PRE- EXC. | 0:00 | 83 | 120/80 | Nil | No ST changes seen | Nil |
| STAGE 1 | 3:00 | 144 | 130/90 | Dyspnea | 1.5mm ST depression in II, III, aVF, V4-V6 | Nil |
| STAGE 2 | 1:17 | 153 | 140/90 | Nil | No New ST changes | Nil |
| RECOVERY | 8:13 | 92 | 130/90 | Nil | No New ST changes seen | Nil |

COMMENTS:

- No ST changes in base line ECG.
- 1.5mm ST depression in II, III, aVF, V4-V6 at peak stage.
- No New ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is mildly positive 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,PGDDC,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 0300 Einfo@manipalhospitals.com

www.manipalhospitals.com





| NAME | MRS Sonia SHARMA | STUDY DATE | 06/05/2024 10:57AM |
|---------------|-------------------|--------------|--------------------|
| AGE / SEX | 48 y / F | HOSPITAL NO. | MH013350815 |
| ACCESSION NO. | R7359297 | MODALITY | US |
| REPORTED ON | 06/05/2024 2:25PM | REFERRED BY | HEALTH CHECK MGD |

USG ABDOMEN & PELVIS FINDINGS

LIVER: appears normal in size (measures 138 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 88 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 8 mm.

COMMON BILE DUCT: Appears normal in size and measures 4 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 91 x 38 mm. Left Kidney: measures 86 x 41 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

UTERUS: Uterus is anteverted with bulky in size measures 102 x 65 x 55 mm and shows coarse myometrial

echotexture. It shows postmenopausal status.

Endometrial thickness measures 3.8 mm. Cervix appears normal.

Both ovaries are not seen probably atrophied. BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- -Diffuse grade I fatty infiltration in liver.
- -Bulky uterus with coarse myometrial echotexture.

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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





| NAME | MRS Sonia SHARMA | STUDY DATE | 06/05/2024 11:34AM |
|---------------|--------------------|--------------|--------------------|
| AGE / SEX | 48 y / F | HOSPITAL NO. | MH013350815 |
| ACCESSION NO. | R7359296 | MODALITY | CR |
| REPORTED ON | 06/05/2024 11:39AM | 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*****





| NAME | MRS Sonia SHARMA | STUDY DATE | 06/05/2024 3:02PM |
|---------------|-------------------|--------------|---------------------|
| AGE / SEX | 48 y / F | HOSPITAL NO. | MH013350815 |
| ACCESSION NO. | R7362108 | MODALITY | US |
| REPORTED ON | 06/05/2024 3:36PM | REFERRED BY | Referral Doctor MGD |

US- BREASTS BILATERAL FINDINGS

RIGHT BREAST

Right breast shows dense fibro-glandular parenchymal echotexture.

No abnormal mass lesion noted.

No dilated ducts seen. Ductal caliber measures 1.7 mm.

Nipple, areola and retro-areolar structures appear normal.

Skin and subcutaneous tissues appear normal.

Few small right axillary lymph nodes are seen with preserved fatty hilum and with the largest one measuring \sim 14 x 6 mm. No significant axillary lymphadenopathy is seen.

LEFT BREAST

Left breast shows dense fibro-glandular parenchymal echotexture.

No abnormal mass lesion noted.

No dilated ducts seen. Ductal caliber measures 1.9 mm.

Nipple, areola and retroareolar structures appear normal.

Skin and subcutaneous tissues appear normal.

Few small left axillary lymph nodes are seen with preserved fatty hilum and with the largest one measuring \sim 12 x 8 mm. No significant axillary lymphadenopathy is seen.

IMPRESSION: 48 Years old lady with present US- BREASTS BILATERAL study demonstrates:-

No significant abnormality noted.

ACR BIRADS assessment category: CATEGORY I

ASSESSMENT: NORMAL

Marica.

Recommend clinical correlation

Dr. Monica Shekhawat MBBS, DNB

CONSULTANT RADIOLOGIST

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





Name

: MRS SONIA SHARMA

Registration No

: MH013350815

Patient Episode

H18000002176

Referred By

: HEALTH CHECK MGD

Receiving Date

: 06 May 2024 10:25

Age

48 Yr(s) Sex :Female

Lab No

202405000825

Collection Date:

06 May 2024 10:25

Reporting Date:

06 May 2024 13:46

BLOOD BANK

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing

O Rh(D) Positive

Technical note:

ABO grouping and \it{Rh} typing is done by cell and serum grouping by microplate / gel technique.

Page1 of 1

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal Consultant Pathologist





Name

MRS SONIA SHARMA

Age

48 Yr(s) Sex :Female

Registration No

Lab No

202405000825

: MH013350815

Patient Episode

H18000002176

Collection Date:

06 May 2024 10:25

Referred By

HEALTH CHECK MGD

Reporting Date:

06 May 2024 14:07

Receiving Date

06 May 2024 10:25

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ELFA)

0.610

ng/ml ug/ dl [0.610 - 1.630][4.680-9.360]

T4 - Thyroxine (ELFA) Thyroid Stimulating Hormone

5.460 107.850 # 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.

Page 1 of 1

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal **Consultant Pathologist**

Chaery







48 Yr(s) Sex :Female

06 May 2024 10:25

06 May 2024 13:18

202405000825

Name

: MRS SONIA SHARMA

Registration No

: MH013350815

Patient Episode

: H18000002176

Referred By

: HEALTH CHECK MGD

Receiving Date

: 06 May 2024 10:25

HAEMATOLOGY

RESULT

UNIT

Age

Lab No

Collection Date:

Reporting Date:

BIOLOGICAL REFERENCE INTERVAL

| TEST | RESULT | UNIT BIOLOGICA | AL REFERENCE INTERVAL |
|--|--|---|---|
| COMPLETE BLOOD COUNT (AUTOMATED |)) | SPECIMEN-EDTA Whole | Blood |
| RBC COUNT (IMPEDENCE) HEMOGLOBIN | 3.94 11.4 # | millions/cumm g/dl | [3.80-4.80] [12.0-15.0] |
| Method:cyanide free SLS-colorin HEMATOCRIT (CALCULATED) MCV (DERIVED) MCH (CALCULATED) MCHC (CALCULATED) RDW CV% (DERIVED) Platelet count Method: Electrical Impedance MPV (DERIVED) | 36.4 92.4 28.9 31.3 # 16.8 # | % fL pg g/dl % x 10 ³ cells/cumm | [36.0-46.0] [83.0-101.0] [25.0-32.0] [31.5-34.5] [11.6-14.0] [150-410] |
| WBC COUNT (TC) (IMPEDENCE) DIFFERENTIAL COUNT | 5.17 | x 10³ cells/cumm | [4.00-10.00] |
| (VCS TECHNOLOGY/MICROSCOPY) Neutrophils Lymphocytes Monocytes Eosinophils Basophils | 52.0 38.0 5.0 5.0 | 00 00 00 | [40.0-80.0] [20.0-40.0] [2.0-10.0] [1.0-6.0] [0.0-2.0] |
| ESR | 50.0 # | mm/1sthour | -0.0] |

Page1 of 8







Name : MRS SONIA SHARMA

Registration No : MH013350815

Patient Episode : H18000002176

Referred By : HEALTH CHECK MGD

Receiving Date : 06 May 2024 11:10

Age : 48 Yr(s) Sex :Female

Lab No : 202405000825

Collection Date: 06 May 2024 11:10

Reporting Date: 06 May 2024 12:34

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour PALE YELLOW (Pale Yellow - Yellow)

Appearance CLEAR
Reaction[pH] 7.0 (4.6-8.0)
Specific Gravity 1.005 (1.003-1.035)

Specific Gravity

CHEMICAL EXAMINATION
Protein/Albumin Negative (NEGATIVE)

Glucose NIL (NIL)

NEGATIVE)

Ketone Bodies Negative (NEGATIVE)
Urobilinogen Normal (NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells 2-3/hpf (0-5/hpf) 0-1/hpf (0-2/hpf)

RBC 0-1/hpr (0 2/hpr)
Epithelial Cells NIL /hpf

CASTS NIL
Crystals NIL
Bacteria NIL

OTHERS NIL

Page 2 of 8







LABORATORY REPORT

Name

: MRS SONIA SHARMA

: MH013350815

Registration No Patient Episode

: H18000002176

Referred By

: HEALTH CHECK MGD

Receiving Date

: 06 May 2024 10:25

Age

48 Yr(s) Sex: Female

Lab No

202405000825

Collection Date:

06 May 2024 10:25

Reporting Date:

06 May 2024 14:07

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)

5.8 #

[0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADA HbAlc in % Non diabetic adults >= 18 years <5.7

Prediabetes (At Risk)5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG)

120

mg/dl

Comments : HbAlc 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 | 228 # | mg/dl | [<200] Moderate risk:200-239 |
|--|----------------------|----------------|--|
| TRIGLYCERIDES (GPO/POD) | 104 | mg/dl | High risk:>240 [<150] |
| TRIGHTOMATOR (CETA) | | | Borderline high:151-199 High: 200 - 499 Very high:>500 |
| HDL- CHOLESTEROL | 57 | mg/dl | [35-65] |
| Method: Enzymatic Immunoimhibition VLDL- CHOLESTEROL (Calculated) CHOLESTEROL, LDL, CALCULATED | 21 150.0 # | mg/dl mg/dl | [0-35] [<120.0] Near/ |

Above optimal-100-129

Borderline High: 130-159 High Risk: 160-189

Page 3 of 8







Name

: MRS SONIA SHARMA

Age

48 Yr(s) Sex :Female

Registration No

: MH013350815

Lab No

202405000825

Patient Episode

: H18000002176

Collection Date:

06 May 2024 10:25

Referred By

: HEALTH CHECK MGD

Reporting Date:

06 May 2024 12:51

Receiving Date

: 06 May 2024 10:25

BIOCHEMISTRY

| TEST | | RESULT | | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|-----------------|-------------------|--------|-----|------|---|
| T.Chol/HDL.Cho | l ratio(Calculat | ed) | 4.0 | | <4.0 Optimal 4.0-5.0 Borderline >6 High Risk |
| LDL.CHOL/HDL.CH | IOL Ratio(Calcula | ited) | 2.6 | | <pre><3 Optimal 3-4 Borderline >6 High Risk</pre> |

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 | 22.3 | mg/dl | [15.0-40.0] | |
|---|-----------------|----------|-----------------|--|
| Method: GLDH, Kinatic assay | | 1000-000 | | |
| BUN, BLOOD UREA NITROGEN Method: Calculated | 10.4 | mg/dl | [8.0-20.0] | |
| CREATININE, SERUM | 0.87 | mg/dl | [0.70-1.20] | |
| Method: Jaffe rate-IDMS Standard URIC ACID Method:uricase PAP | dization 6.4 | mg/dl | [4.0-8.5] | |
| Method. difease in | | 2 | | |
| SODIUM, SERUM | 139.10 | mmol/L | [136.00-144.00] | |
| POTASSIUM, SERUM | 4.36 | mmol/L | [3.60-5.10] | |
| SERUM CHLORIDE Method: ISE Indirect | 105.1 | mmol/L | [101.0-111.0] | |
| TICCITOR. TOTI TITALE COC | | | | |

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Name

: MRS SONIA SHARMA

: MH013350815

Registration No Patient Episode

: H18000002176

Referred By

: HEALTH CHECK MGD

Receiving Date

: 06 May 2024 10:25

Age

48 Yr(s) Sex :Female

Lab No

202405000825

Collection Date:

06 May 2024 10:25

Reporting Date:

06 May 2024 12:51

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

eGFR (calculated)

70

m1/min/1.73sq.m

[>60.0]

Technical Note eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 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.

LIVER FUNCTION TEST

| BILIRUBIN - TOTAL Method: D P D | 0.41 | mg/dl | [0.30-1.20] |
|--|-------|-------|--------------|
| BILIRUBIN - DIRECT Method: DPD | 0.05 | mg/dl | [0.00-0.30] |
| INDIRECT BILIRUBIN (SERUM) Method: Calculation | 0.36 | mg/dl | [0.10-0.90] |
| TOTAL PROTEINS (SERUM) Method: BIURET | 7.30 | gm/dl | [6.60-8.70] |
| ALBUMIN (SERUM) Method: BCG | 4.28 | 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 | 1.42 | | [1.00-2.50] |
| AST(SGOT) (SERUM) Method: IFCC W/O P5P | 27.00 | U/L | [0.00-40.00] |

Page 5 of 8







Name

: MRS SONIA SHARMA

: MH013350815

Registration No Patient Episode

: H18000002176

Referred By

: HEALTH CHECK MGD

Receiving Date

: 06 May 2024 10:25

Age

48 Yr(s) Sex :Female

Lab No

202405000825

Collection Date:

06 May 2024 10:25

Reporting Date :

06 May 2024 12:51

BIOCHEMISTRY

| TEST ALT(SGPT) (SERUM) Method: IFCC W/O P5P | RESULT 22.00 | UNIT BI | [14.00-54.00] | La |
|---|-----------------|---------|---------------|----|
| Serum Alkaline Phosphatase Method: AMP BUFFER IFCC) | 64.0 | IU/L | [32.0-91.0] | |
| GGT | 12.0 | - 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.

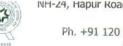
Page 6 of 8

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

Dr. Charu Agarwal Consultant Pathologist







Name

: MRS SONIA SHARMA

Registration No

: MH013350815

Patient Episode

: H18000002176

Referred By

: HEALTH CHECK MGD

Receiving Date

: 06 May 2024 10:25

Age

48 Yr(s) Sex : Female

Lab No

202405000826

Collection Date:

06 May 2024 10:25

Reporting Date:

06 May 2024 12:51

BIOCHEMISTRY

TEST

RESULT

BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F) Method: Hexokinase

86.0

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, adrenocortica insufficiency, hypopituitarism, diffuse liver disease, malignancy (adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases (e.g.galactosemia),

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

Page 7 of 8

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

Dr. Charu Agarwal Consultant Pathologist







Name

: MRS SONIA SHARMA

Registration No

: MH013350815

Patient Episode

: H18000002176

Referred By

: HEALTH CHECK MGD

Receiving Date

: 06 May 2024 15:16

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

48 Yr(s) Sex :Female

06 May 2024 15:16

06 May 2024 17:43

202405000827

PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

93.0

mg/dl

Age

Lab No

Collection Date:

Reporting Date:

[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

Page 8 of 8

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

Dr. Alka Dixit Vats

Consultant Pathologist