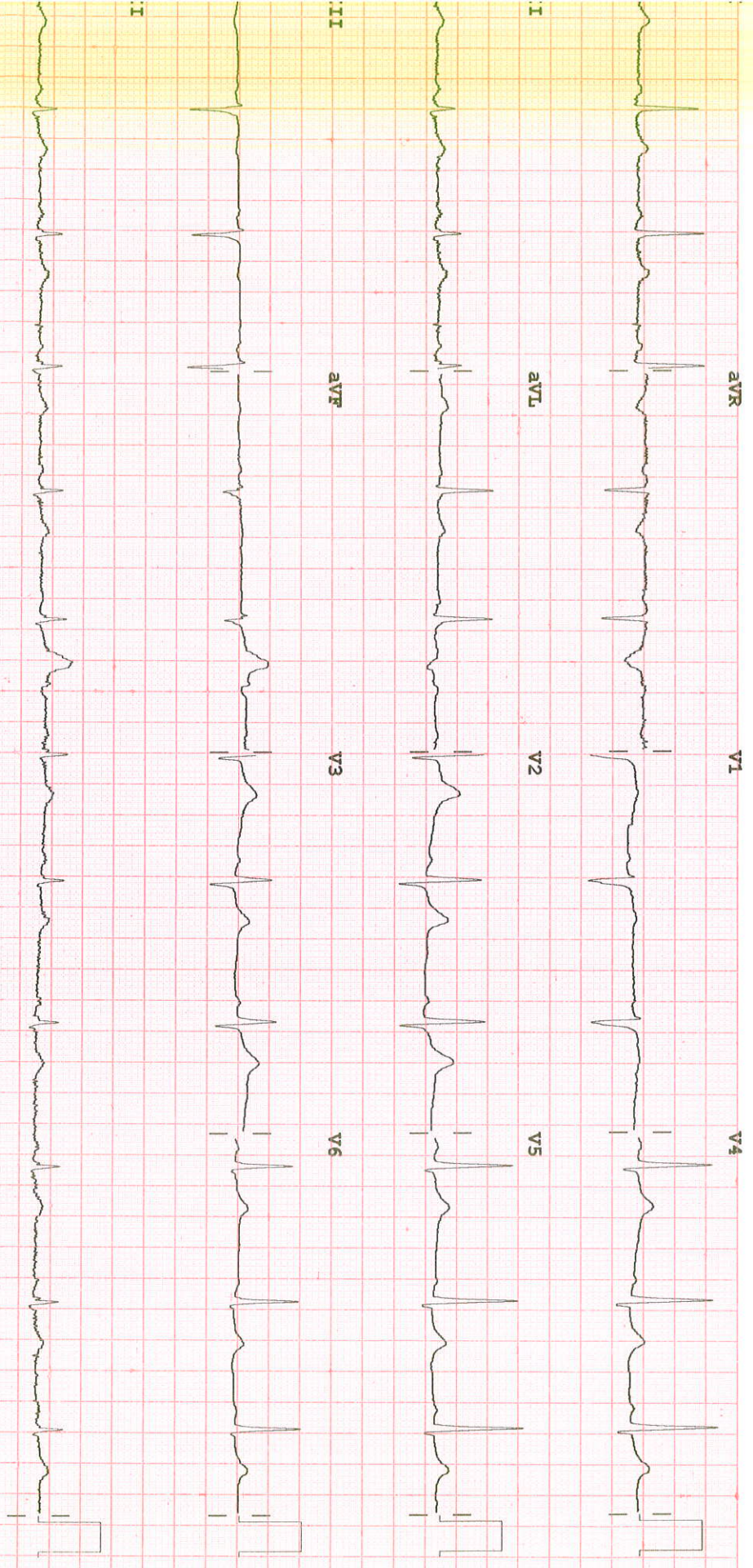


- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60 ~ 0.15-100 Hz

PH100B CL P?



TMT INVESTIGATION REPORT

Patient Name	MR KARAN KAKKAR	Location	: Ghaziabad
Age/Sex	: 44Year(s)/male	Visit No	: V0000000001-GHZZB
MRN No	MH010618997	Order Date	: 20/05/2024
Ref. Doctor	: HCP	Report Date	: 20/05/2024

Protocol : Bruce **MPHR** : 176BPM
Duration of exercise : 09min 30sec **85% of MPHR** : 149BPM
Reason for termination : THR achieved **Peak HR Achieved** : 163BPM
Blood Pressure (mmHg) : Baseline BP : 120/80mmHg **% Target HR** : 92%
Peak BP : 150/90mmHg **METS** : 10.9METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	84	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	101	130/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	115	140/90	Nil	No ST changes seen	Nil
STAGE 3	3:00	147	150/90	Nil	No ST changes seen	Nil
STAGE 4	0:30	163	150/90	Nil	No ST changes seen	Nil
RECOVERY	3:14	97	130/80	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

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

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

Dr. Geetesh Govil

MD, D. Card, PGDDC, MAAC, M. Med, MIMA, FAGE
Jr. Consultant Cardiology

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@manipalhospitals.com www.manipalhospitals.com

Beneficiary Code-296425

Karan Kakkar <KARAN.KAKKAR@bankofbaroda.com>

Mon 5/20/2024 9:04 AM

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

You don't often get email from karan.kakkar@bankofbaroda.com. [Learn why this is important](#)

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From: Mediwheel <wellness@mediwheel.in>

Sent: Wednesday, May 1, 2024 16:50

To: Karan Kakkar <KARAN.KAKKAR@bankofbaroda.com>

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

Subject: Health Check up Booking Confirmed Request(22E29095),Package Code-PKG10000476, Beneficiary Code-296425

यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या
! THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR

011-41195959

Dear **Karan kakkar,**

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Health Checkup Male Above 40

Patient Package Name : Mediwheel Full Body Health Checkup Male Above 40

Name of Diagnostic/Hospital : Manipal Hospital

Address of Diagnostic/Hospital : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Aparment

City : Ghaziabad

State : Uttar Pradesh

Pincode : 201002

Appointment Date : 20-05-2024

Confirmation Status : Booking Confirmed

Preferred Time : 9:30am

Member Information

Booked Member Name	Age	Gender
MR. KAKKAR KARAN	44 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

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.

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अस्वीकरण: ***** यह ईमेल (किसी भी संलग्नक सहित) केवल अपेक्षित प्राप्तकर्ता/ओं के उपयोग के लिए है और इसमें ऐसी सामग्री हो सकती है जो कंपनी की गोपनीय और निजी सूचना हो. दूसरों द्वारा इसमें कोई भी संशोधन या इसे आधार बनाना या इस संदेश की किसी भी या सभी सामग्री को कॉपी करना या वितरित करना या अप्रेषित करना पूरी तरह से वर्जित है. यदि आप अपेक्षित प्राप्तकर्ता नहीं हैं, तो कृपया ईमेल द्वारा संबंधित प्रेषक से संपर्क करें और सभी प्रतियां हटा दें. इस संबंध में आपका सहयोग वांछनीय है.

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भारत सरकार
GOVERNMENT OF INDIA

करन कक्कर
Karan Kakkar

जन्म तिथि / DOB : 06-12-1979
पुरुष / MALE
Mobile No. 9718669770

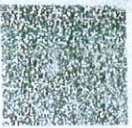
7508 1445 7361



भारत सरकार
GOVERNMENT OF INDIA

पता:
S/O: विनोद प्रकाश कक्कर, 2033, साहिबाबाद सब्जी
मंडी के पास, सेक्टर- 16ए, वसुन्धरा, गाजियाबाद,
उत्तर प्रदेश - 201012

Address
S/O: Vinod Prakash Kakkar 2033 Sector- 16A
Near Sahibabad Sabzi Mandi Vasundhra
Vasundhra Ghaziabad Uttar Pradesh - 201012



Registration Date: 22/09/2018

मेरा आधार, मेरी पहचान

7508 1445 7361



Karan



Manipal Hospital Ghaziabad

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad 201 002

0120 3535 353 / +91 88609 45566



URN : MH010618997

OUTPATIENT RECORD

Hospital No: MH010618997	Visit No: O18000083743
Name: MR KARAN KAKKAAR	Age/Sex: 44 Yrs/Male
Doctor Name: DR PRIYANKA THUKRAL	Specialty: DENTAL MEDICINE MGD
Date: 20/05/2024 09:20AM	

Clinical examination:
STAINS ++ CAL ++ MISSING 14,24,35,44,45
OCCLUSAL CARIES 36, DEEP CARIES 13, SPACING WITH LOWER ANTERIORS.

Diagnosis:
CHRONIC GEN PERIODONTITIS

Advice:
ORAL PROPHYLAXIS
RCT WITH 13

DR PRIYANKA THUKRAL

Name : MR KARAN KAKKAAR
Registration No : MH010618997
Patient Episode : H18000002219
Referred By : HEALTH CHECK MGD
Receiving Date : 20 May 2024 09:17

Age : 44 Yr(s) Sex :Male
Lab No : 202405003117
Collection Date : 20 May 2024 09:17
Reporting Date : 20 May 2024 11:45

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	1.020	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.550	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.660	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.

Name : MR KARAN KAKKAAR **Age** : 44 Yr(s) Sex :Male
Registration No : MH010618997 **Lab No** : 202405003117
Patient Episode : H18000002219 **Collection Date** : 20 May 2024 09:17
Referred By : HEALTH CHECK MGD **Reporting Date** : 20 May 2024 11:32
Receiving Date : 20 May 2024 09:17

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type	: Serum		
PROSTATE SPECIFIC ANTIGEN (PSA-Total)	3.340 #	ng/mL	[<2.500]

Method :ELFA

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

Name : MR KARAN KAKKAAR
Registration No : MH010618997
Patient Episode : H18000002219
Referred By : HEALTH CHECK MGD
Receiving Date : 20 May 2024 09:17

Age : 44 Yr(s) Sex :Male
Lab No : 202405003117
Collection Date : 20 May 2024 09:17
Reporting Date : 20 May 2024 11:47

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.

Page 3 of 3

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist



Name : MR KARAN KAKKAAR
Registration No : MH010618997
Patient Episode : H18000002219
Referred By : HEALTH CHECK MGD
Receiving Date : 20 May 2024 09:17

Age : 44 Yr(s) Sex : Male
Lab No : 202405003117
Collection Date : 20 May 2024 09:17
Reporting Date : 20 May 2024 11:33

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.74	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.0	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	44.6	%	[40.0-50.0]
MCV (DERIVED)	94.1	fL	[83.0-101.0]
MCH (CALCULATED)	29.5	pg	[25.0-32.0]
MCHC (CALCULATED)	31.4 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.1	%	[11.6-14.0]
Platelet count	320	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	9.40	fL	
WBC COUNT (TC) (IMPEDENCE)	7.46	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	66.0	%	[40.0-80.0]
Lymphocytes	25.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	16.0 #	mm/1sthour	[0.0-



Name : MR KARAN KAKKAAR
Registration No : MH010618997
Patient Episode : H18000002219
Referred By : HEALTH CHECK MGD
Receiving Date : 20 May 2024 09:18

Age : 44 Yr(s) Sex :Male
Lab No : 202405003117
Collection Date : 20 May 2024 09:18
Reporting Date : 20 May 2024 10:16

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.025	(1.003-1.035)

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION (Automated/Manual)

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



Name : MR KARAN KAKKAAR
Registration No : MH010618997
Patient Episode : H18000002219
Referred By : HEALTH CHECK MGD
Receiving Date : 20 May 2024 09:17

Age : 44 Yr(s) Sex :Male
Lab No : 202405003117
Collection Date : 20 May 2024 09:17
Reporting Date : 20 May 2024 13:58

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	4.2	%	[0.0-5.6]
Method: HPLC			
			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) 74 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.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	147	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	62	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	35	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	12	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	100.0	mg/dl	[<120.0]

Above optimal-100-129

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



Name : MR KARAN KAKKAAR
Registration No : MH010618997
Patient Episode : H18000002219
Referred By : HEALTH CHECK MGD
Receiving Date : 20 May 2024 09:17

Age : 44 Yr(s) Sex :Male
Lab No : 202405003117
Collection Date : 20 May 2024 09:17
Reporting Date : 20 May 2024 10:13

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	4.2		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.9		<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	24.9	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	11.6	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.97	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	4.9	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	137.90	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.42	mmol/L	[3.60-5.10]
SERUM CHLORIDE	107.0	mmol/L	[101.0-111.0]
Method: ISE Indirect			



Name : MR KARAN KAKKAAR
Registration No : MH010618997
Patient Episode : H18000002219
Referred By : HEALTH CHECK MGD
Receiving Date : 20 May 2024 09:17

Age : 44 Yr(s) Sex :Male
Lab No : 202405003117
Collection Date : 20 May 2024 09:17
Reporting Date : 20 May 2024 10:13

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	94.5	ml/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 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.			

LIVER FUNCTION TEST

BILIRUBIN - TOTAL <i>Method: D P D</i>	0.76	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.18	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.58	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	6.90	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.39	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	2.50	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.75		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	24.00	U/L	[0.00-40.00]



Name : MR KARAN KAKKAAR
Registration No : MH010618997
Patient Episode : H18000002219
Referred By : HEALTH CHECK MGD
Receiving Date : 20 May 2024 09:17

Age : 44 Yr(s) Sex :Male
Lab No : 202405003117
Collection Date : 20 May 2024 09:17
Reporting Date : 20 May 2024 10:13

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	24.50	U/L	[17.00-63.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	81.0	IU/L	[32.0-91.0]
GGT	31.0	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 : MR KARAN KAKKAAR
Registration No : MH010618997
Patient Episode : H18000002219
Referred By : HEALTH CHECK MGD
Receiving Date : 20 May 2024 09:17

Age : 44 Yr(s) Sex : Male
Lab No : 202405003118
Collection Date : 20 May 2024 09:17
Reporting Date : 20 May 2024 10:13

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	103.0	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.

Page 7 of 8

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

Dr. Charu Agarwal
Consultant Pathologist



Name : MR KARAN KAKKAAR
Registration No : MH010618997
Patient Episode : H18000002219
Referred By : HEALTH CHECK MGD
Receiving Date : 20 May 2024 11:32

Age : 44 Yr(s) Sex :Male
Lab No : 202405003119
Collection Date : 20 May 2024 11:32
Reporting Date : 20 May 2024 12:17

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	117.0	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

Page 8 of 8

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

Dr. Charu Agarwal
Consultant Pathologist