## Mediwheel <wellness@mediwheel.in>

Fri 4/5/2024 12:36 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

: MR. YADAV KULDEEP

**Contact Details** 

: 9616706293

Hospital Package

Name

Mediwheel Full Body Health Checkup Female Below 40

Location

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

Links Aparment

**Appointment Date** 

: 11-04-2024

Member Information			
4D a alicad 8 f = b = k t =	Age	Gender	
Pratibha yadav	26 year	Female	

## Tests included in this Package -

- Pap Smear
- Stool Test
- Gynae Consultation
- 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

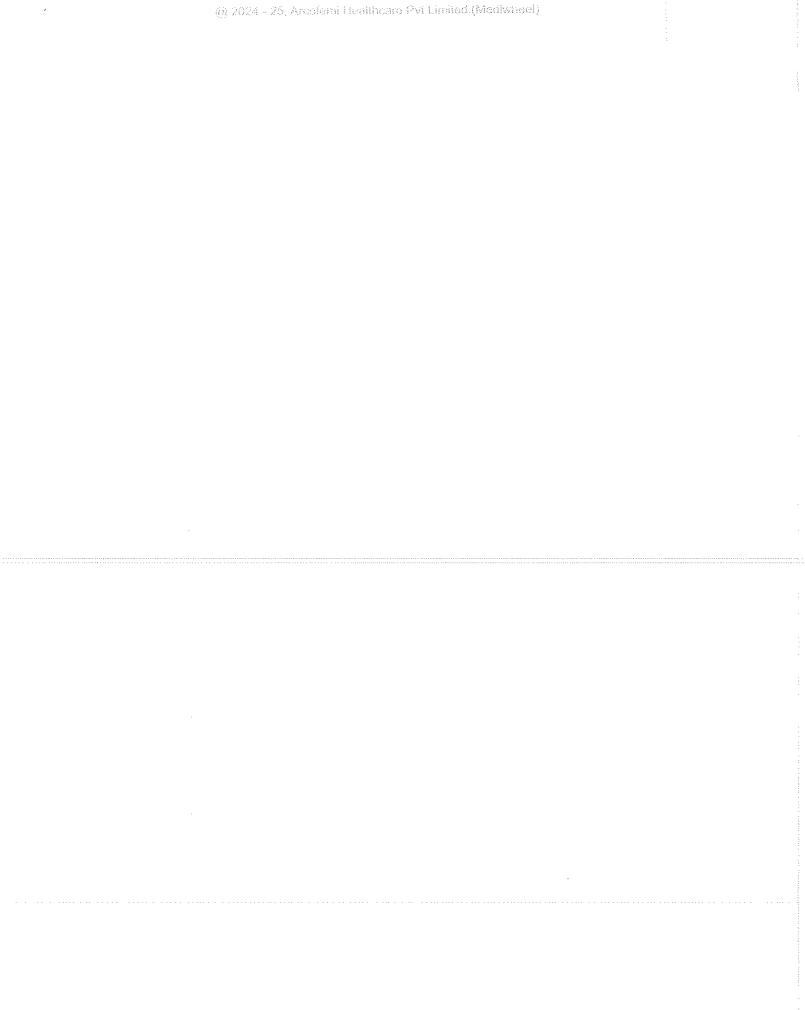
Thanks, Mediwheel Team

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Address: D/O: Ram Bipat Yadav, Post - Abusaldpur, Village - Abusaldpur, Abu Saldpur, Azamgarh, Uttar Pradesh - 276205



2534 5684 3717



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मेरा आधार, मेरी पहचान

LIFE'S ON

Manipal Hospital Ghaziabad

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad 201 002 0120 3535 353 / +91 88609 45566



## **OUTPATIENT RECORD**

Hospital No: MH013282054

Name:

Date:

MRS PRATIBHA YADAV

Doctor Name: HEALTH CHECK MGD

Visit No: H18000002087 Specialty: HC SERVICE MGD

Age/Sex: 26 Yrs/Female

11/04/2024 08:26AM

BP Systolic: 119 mmHg

BP Diastolic: 72 mmHg

Pulse Rate: 62beats per minute

Saturation(Oxygen): 100% BMI: 21.46

Height: 157cm Pain Score: 00

Weight: 52.9kg Fall Risk: 01

Vulnerable: 01

OPD Notes:

PRESENT OPHTHALMIC COMPLAINS - HEALTH CHECKUP

SYSTEMIC/ OPHTHLMIC HISTORY - N/C

**EXAMINATION DETAILS** 

RIGHT EYE

LEFT EYE

VISION

6/6

6/6

CONJ

NORMAL

NORMAL

CORNEA LENS

CLEAR

**CLEAR** 

OCULAR MOVEMENTS

CLEAR FULL **CLEAR** 

NCT

16

FULL 16

**FUNDUS EXAMINATION** 

OPTIC DISC

C:D 0.3

C:D 0.3

MACULAR AREA

FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT

ADVISE / TREATMENT

E/D NISOL 4 TIMES DAILY BE

TAB NIVIT ONCE IN THE MORNING WITH BREAKFAST

REVIEW AFTER 6 MTH

HEALTH CHECK MGD

1 of 1







## INVESTIGATION REPORT

Patient Name

IRS PRATIBHA YADAV 26Year(s)/Female

Location

Ghaziabad

Age/Sex

Visit No

: V0000000001-GHZB

MRN No

MH13282054

Order Date

:11/04/2024

Ref. Doctor

**HCP** 

Report Date

:11/04/2024

## Echocardiography

## **Final Interpretation**

- 1. No RWMA, LVEF=60%.
- 2. Normal CCD.
- 3. No MR, No AR.
- 4. Trace TR, Normal PASP.
- 5. No intracardiac clot/mass/pericardial pathology.
- 6. IVC normal

## **Chambers & valves:**

- Left Ventricle: It is normal sized.
- **Left Atrium:** It is normal sized.
- Right Atrium: It is normal sized.
- Right Ventricle: It is normal sized.
- Aortic Valve: It appears normal.
- Mitral Valve: Opens normally. Subvalvular apparatus appear normal.
- Tricuspid Valve: Trace TR, Normal PASP.
- Pulmonic Valve: It appears normal.
- Main Pulmonary artery & its branches: Appear normal.
- Pericardium: There is no pericardial effusion.

### **Description:**

LV is normal size with normal contractility.

#### 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@manipalhospitals.com www.manipalhospitals.com

# manipalhospitals





## INVESTIGATION REPORT

Patient Name MRS PRATIBHA YADAV

Location

Ghaziabad

Age/Sex

26Year(s)/Female

Visit No

: V0000000001-GHZB

MH13282054

Order Date

11/04/2024

Ref. Doctor : HCP

Report Date

11/04/2024

## **Echocardiography**

## Measurements (mm):

	Observed values	Normal values
Aortic root diameter	22	20-36 (22mm/M <sup>2</sup> )
Annual Control of the	20	15-26
Aortic valve opening	26	19-40

End Diastole	End Systole	Normal Values
	23	(ED=37-50:Es=22-40)
	12	(ED=6-12)
09	11	(ED=5-10)
	36 08 09	36 23 08 12

		FE0/ 900/
LV Ejection Fraction (%)	60%	55%-80%
LV Ejection Fraction (70)		
HR		

## **Color & Doppler evaluation**

Valve	Velocity(cm/s)	Regurgitation
	E/A-88/52 DT-	Nil
Mitral		Nil
Aortic	127	Trace
Tricuspid	28	Nil
Pulmonary	66	13.11

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

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

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Page 2 of 2

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NAME	MRS Pratibha YADAV	STUDY DATE	11/04/2024 9:57AM
AGE / SEX	26 y / F	HOSPITAL NO.	MH013282054
ACCESSION NO.	R7216261	MODALITY	CR /
REPORTED ON	11/04/2024 10:02AM	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 noted.

Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB

**CONSULTANT RADIOLOGIST** 

Maria.

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





NAME	MRS Pratibha YADAV	STUDY DATE	11/04/2024 9:29AM	
AGE / SEX	26 y / F	HOSPITAL NO.	MH013282054	
ACCESSION NO.	R7216262	MODALITY	US	1
REPORTED ON	11/04/2024 10:39AM	REFERRED BY	HEALTH CHECK MGD	

## **USG ABDOMEN & PELVIS**

#### **FINDINGS**

LIVER: Liver is normal in size (measures 125 mm), shape and echotexture. Rest normal. SPLEEN: Spleen is normal in size (measures 102 mm), 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 95 x 43 mm. Left Kidney: measures 100 x 39 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.

UTERUS: Uterus is anteverted, normal in size (measures 63 x 52 x 35 mm), shape and echotexture.

Endometrial thickness measures 6.4 mm. Cervix appears normal.

OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.

Right ovary measures  $28 \times 27 \times 15$  mm with volume 6.0 cc. Left ovary measures  $28 \times 26 \times 15$  mm with volume 5.6 cc.

BOWEL: Visualized bowel loops appear normal.

#### **IMPRESSION**

-No significant abnormality noted.

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

**CONSULTANT RADIOLOGIST** 

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





Name

MRS PRATIBHA YADAV

Age

26 Yr(s) Sex :Female

**Registration No** 

MH013282054 :

Lab No

202404001669

**Patient Episode** 

H18000002087

**Collection Date:** 

11 Apr 2024 08:54

Referred By

**Receiving Date** 

HEALTH CHECK MGD : : 11 Apr 2024 08:54

Reporting Date:

11 Apr 2024 14:01

## **BIOCHEMISTRY**

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

#### THYROID PROFILE, Serum

T3 - Triiodothyronine (ELFA)	1.210	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.030	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	3.520	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.

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## LABORATORY REPORT

Name

: MRS PRATIBHA YADAV

Age

26 Yr(s) Sex :Female

Registration No

MH013282054

Lab No

202404001669

Patient Episode

: H18000002087

**Collection Date:** 

11 Apr 2024 08:54

Referred By

: HEALTH CHECK MGD

Reporting Date:

11 Apr 2024 16:18

**Receiving Date** 

: 11 Apr 2024 08:54

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.

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

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NOTE:

# - Abnormal Values

, the

Dr. Charu Agarwal Consultant Pathologist







## LABORATORY REPORT

Name

: MRS PRATIBHA YADAV

**Registration No** 

: MH013282054

Patient Episode

: H18000002087

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: HEALTH CHECK MGD

**Receiving Date** 

: 11 Apr 2024 08:54

Age

26 Yr(s) Sex :Female

Lab No

202404001669

**Collection Date:** 

11 Apr 2024 08:54

Reporting Date:

11 Apr 2024 13:00

#### HAEMATOLOGY

7		CXI	
-	- 14	9	

ESR

RESULT

38.0 #

UNIT

**BIOLOGICAL REFERENCE INTERVAL** 

COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Bl	.ood
RBC COUNT (IMPEDENCE)	3.67 #	millions/cumm	[3.80-4.80]
HEMOGLOBIN	9.7 #	g/dl	[12.0-15.0]
Method: cyanide free SLS-colorime	try		
HEMATOCRIT (CALCULATED)	31.8 #	%	[36.0-46.0]
MCV (DERIVED)	86.6	fL	[83.0-101.0]
MCH (CALCULATED)	26.4	pg	[25.0-32.0]
MCHC (CALCULATED)	30.5 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	15.6 #	8	[11.6-14.0]
Platelet count	182	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			arra arra
MPV (DERIVED)	13.40	fL	
WBC COUNT (TC) (IMPEDENCE) DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)	5.64	$\times$ 10 $^3$ cells/cumm	[4.00-10.00]
Neutrophils	64.0	8	[40.0-80.0]
Lymphocytes	27.0	8	[20.0-40.0]
Monocytes	8.0	8	[2.0-10.0]
Eosinophils	1.0	90	[1.0-6.0]
Basophils	0.0	90	[0.0-2.0]

mm/1sthour

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[0.0-







### LABORATORY REPORT

Name

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Registration No

: MH013282054

Patient Episode

: H18000002087

Referred By

: HEALTH CHECK MGD

**Receiving Date** 

: 11 Apr 2024 08:54

Age

26 Yr(s) Sex :Female

Lab No

202404001669

**Collection Date:** 

11 Apr 2024 08:54

Reporting Date:

11 Apr 2024 16:34

#### **BIOCHEMISTRY**

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

Method: HPLC

HbA1c (Glycosylated Hemoglobin)

4.7

00

[0.0-5.6]

As per American Diabetes Association (ADA

HbAlc in %

Non diabetic adults >= 18years <5.7

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

Estimated Average Glucose (eAG)

88

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.

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

#### MACROSCOPIC DESCRIPTION

Colour

PALE YELLOW

(Pale Yellow - Yellow)

Appearance

CLEAR 7.0

(4.6-8.0)

Reaction[pH]
Specific Gravity

1.005

(1.003 - 1.035)

CHEMICAL EXAMINATION

Protein/Albumin

Negative

(NEGATIVE)

Glucose

NIL

(NIL)

Ketone Bodies

Negative

(NEGATIVE)

Urobilinogen No

Normal

(NORMAL)

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## **LABORATORY REPORT**

Name

: MRS PRATIBHA YADAV

Registration No

: MH013282054

Patient Episode

: H18000002087

Referred By

: HEALTH CHECK MGD

**Receiving Date** 

: 11 Apr 2024 09:46

Age

26 Yr(s) Sex :Female

Lab No

202404001669

11 Apr 2024 09:46

**Collection Date:** 

Reporting Date:

11 Apr 2024 13:04

## **CLINICAL PATHOLOGY**

MICROSCOPIC	EXAMINATION	Automated	/Manual)	ı
-------------	-------------	-----------	----------	---

2-3/hp	f	(0-5/hpf)
0-1/hp	f	(0-2/hpf)
NIL	/hpf	
NIL		
	0-1/hp NIL NIL NIL NIL	NIL NIL

A

Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL Method:Oxidase, esterase, peroxide	153	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	133	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	49	mg/dl	[35-65]
Method: Enzymatic Immunoimhibition		<b>3</b> 00	
VLDL- CHOLESTEROL (Calculated)	27	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	77.0	mg/dl	[<120.0] Near/
Above optimal-100-129			
			Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	3.1		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.6		<pre>&lt;3 Optimal 3-4 Borderline &gt;6 High Risk</pre>

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### LABORATORY REPORT

Name

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: MH013282054

Registration No Patient Episode

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Referred By

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**Receiving Date** 

: 11 Apr 2024 08:54

Age

26 Yr(s) Sex :Female

Lab No

202404001669

**Collection Date:** 

11 Apr 2024 08:54

Reporting Date:

11 Apr 2024 14:00

#### BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Note:

ranges based on ATP III Classifications. Reference

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		/ 13	[15.0-40.0]
UREA	17.1	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay BUN, BLOOD UREA NITROGEN	8.0	mg/dl	[8.0-20.0]
Method: Calculated CREATININE, SERUM	0.53 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization URIC ACID	3.1 #	mg/dl	[4.0-8.5]

Method:uricase PAP

SODIUM, SERUM	135.70 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM SERUM CHLORIDE Method: ISE Indirect	4.37 104.5	mmol/L mmol/L	[3.60-5.10] [101.0-111.0]
oCEP (calculated)	131.5	ml/min/1.73sq.m	[>60.0]

eGFR (calculated) 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.

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## NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

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## LABORATORY REPORT

Name

: MRS PRATIBHA YADAV

Registration No

: MH013282054

**Patient Episode** 

: H18000002087

Referred By

: HEALTH CHECK MGD

**Receiving Date** 

: 11 Apr 2024 08:54

8:34

Age

26 Yr(s) Sex :Female

Lab No

202404001669

**Collection Date:** 

11 Apr 2024 08:54

Reporting Date:

11 Apr 2024 14:00

**BIOCHEMISTRY** 

TEST	RESULT	UNIT BIOLOG	GICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	1.10	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.18	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.92 #	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.32	g/dl	[3.50-5.20]
GLOBULINS (SERUM)	3.00	gm/dl	[1.80-3.40]
Method: Calculation	<u> </u>	-	
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.45		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	21.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	15.20	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	55.0	IU/L	[32.0-91.0]
GGT	11.0	U/L	[7.0-50.0]
			Page 5 of 8







## **LABORATORY REPORT**

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: MH013282054

Patient Episode

: H18000002087

Referred By

: HEALTH CHECK MGD

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: 11 Apr 2024 08:54

Age

26 Yr(s) Sex :Female

Lab No

202404001669

**Collection Date:** 

11 Apr 2024 08:54

Reporting Date:

11 Apr 2024 14:00

**BIOCHEMISTRY** 

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

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.

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\_\_\_\_END OF REPORT\_\_\_\_\_

Dr. Charu Agarwal Consultant Pathologist

Charl







### NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

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LABORATORY REPORT

Name

: MRS PRATIBHA YADAV

Registration No

: MH013282054

**Patient Episode** 

: H18000002087

Referred By

: HEALTH CHECK MGD

**Receiving Date** 

: 11 Apr 2024 08:54

Age

26 Yr(s) Sex: Female

Lab No

202404001670

**Collection Date:** 

11 Apr 2024 08:54

Reporting Date:

11 Apr 2024 14:02

**BIOCHEMISTRY** 

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Specimen: Plasma

GLUCOSE, FASTING (F)

Method: Hexokinase

87.0

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.

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

Dr. Charu Agarwal Consultant Pathologist







## **LABORATORY REPORT**

Name

: MRS PRATIBHA YADAV

Registration No

: MH013282054

**Patient Episode** 

: H18000002087

Referred By

: HEALTH CHECK MGD

**Receiving Date** 

: 11 Apr 2024 13:00

Age

26 Yr(s) Sex :Female

Lab No

202404001671

**Collection Date:** 

11 Apr 2024 13:00

Reporting Date:

11 Apr 2024 15:34

**BIOCHEMISTRY** 

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

93.0

mg/dl

[80.0-140.0]

Method: Hexokinase

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**