

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 : ANIL KUMAR CHAUHAN
Contact Details : 9911264006
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 : 29-03-2024

Member Information		
Booked Member Name	Age	Gender
ANIL KUMAR CHAUHAN	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



Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India
RO - NEW DELHI
FIRST FLOOR, NO.1, MGF
AUTOMOBILIES 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 50-60 Male

Shri/Smt./Kum. CHAUHAN,ANIL KUMAR

P.F. No. 657702 Designation : Single Window Operator - A

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 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,


R. Anila
(Signature of the Employee)


Yours Faithfully,

Barkul
BRANCH MANAGER/SENIOR MANAGER

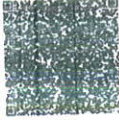
PS. : Status of the application- Sanctioned

View Worklist Previous in Worklist Next in Worklist


 भारत सरकार
Government of India

 अनिल कुमार चौहान
Anil Kumar Chauhan
जन्म तिथि/DOB: 01/07/1973
पुरुष/ MALE

2817 7798 3054
VID : 9134 8433 1168 4019



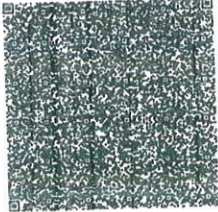
Chauhan

 भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
अनिल कुमार चौहान, ए एच - 711, राज एम्पायर, नियर
मूर्ति विलेज, राज नगर विस्तार, राज नगर एक्सटेंशन,
गौजियाबाद,
उत्तर प्रदेश - 201017

Address:
C/O Anil Kumar Chauhan, Ah-711, Raj
Empire, Near Morti Village, Raj Nagar
Extension, Raj Nagar Extension,
Ghaziabad,
Uttar Pradesh - 201017

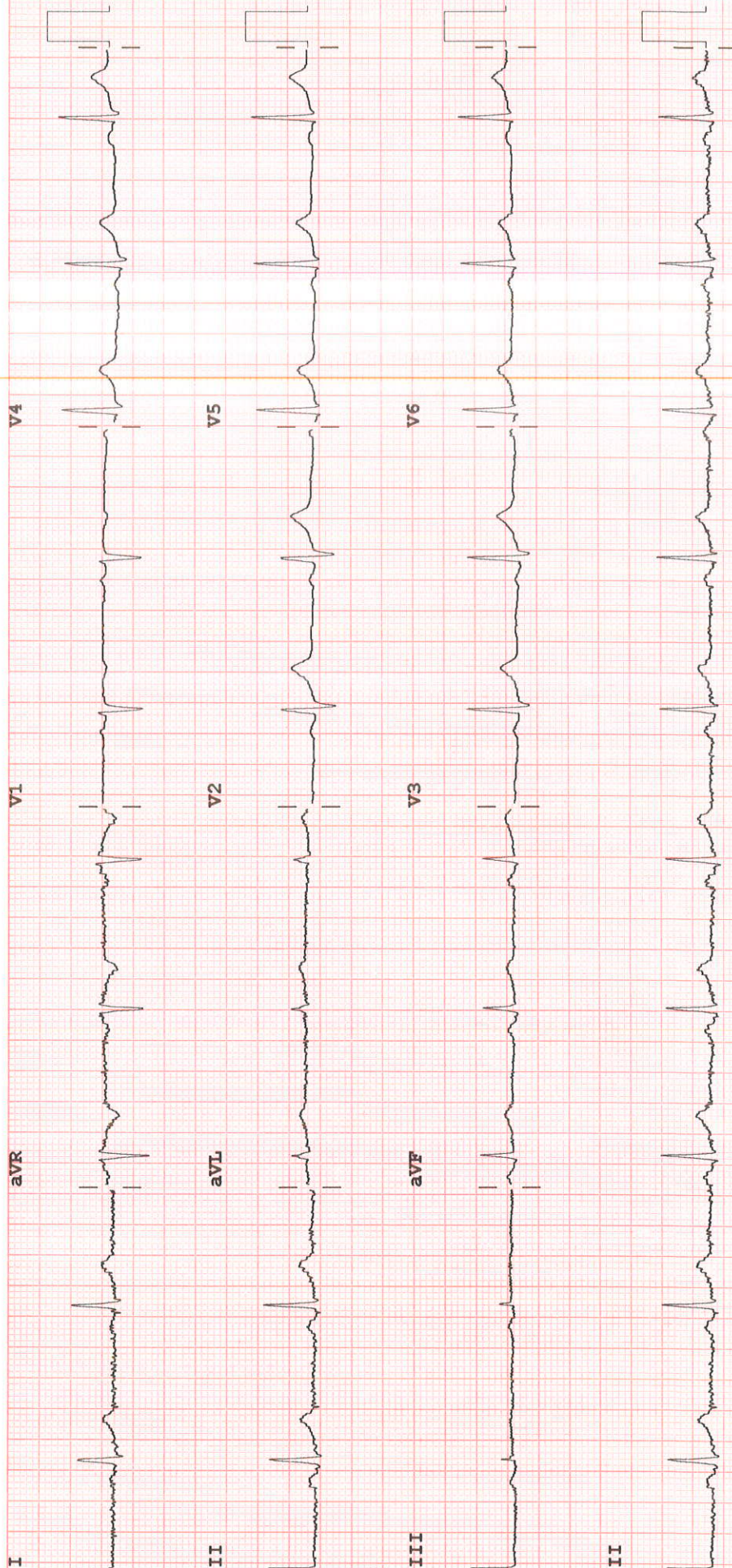
2817 7798 3054
VID : 9134 8433 1168 4019



QR Code with Photograph

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Dev:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60 ~ 0.15-100 Hz

PH100B CL P?



Patient Name	MR ANIL KUMAR CHAUHAN	Location	: Ghaziabad
Age/Sex	: 52Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH011792273	Order Date	: 01/04/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 01/04/2024

Protocol : Bruce **MPHR** : 168BPM
Duration of exercise : 7min 16sec **85% of MPHR** : 142BPM
Reason for termination : THR achieved **Peak HR Achieved** : 156BPM
Blood Pressure (mmHg) : Baseline BP : 140/92mmHg **% Target HR** : 92%
 Peak BP : 150/92mmHg **METS** : 8.9METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	64	140/92	Nil	No ST changes seen	Nil
STAGE 1	3:00	120	140/92	Nil	No ST changes seen	Nil
STAGE 2	3:00	139	150/92	Nil	No ST changes seen	Nil
STAGE 3	1:16	153	150/92	Nil	No ST changes seen	Nil
RECOVERY	5:36	91	136/80	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
MD
Cardiology Registrar

Manipal Hospital, Ghaziabad

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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

**RADIOLOGY REPORT**

NAME	MR Anil Kumar CHAUHAN	STUDY DATE	01/04/2024 9:17AM
AGE / SEX	50 y / M	HOSPITAL NO.	MH011792273
ACCESSION NO.	R7157378	MODALITY	US
REPORTED ON	01/04/2024 9:17PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS FINDINGS

LIVER: appears enlarged in size (measures 157 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 110 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 11 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 115 x 47 mm.

Left Kidney: measures 104 x 47 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.

Pre-void urine volume 149 cc.

Post-void residual urine volume 79 cc (Significant).

PROSTATE: is enlarged in size with median lobe enlargement (measures 55 x 45 x 41 mm with volume ~ 53 cc) but normal in echotexture. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade II fatty infiltration in liver.

-Prostatomegaly with median lobe enlargement and significant post-void residual urine volume (ADV: Serum PSA estimation).

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	MR Anil Kumar CHAUHAN	STUDY DATE	01/04/2024 8:37AM
AGE / SEX	50 y / M	HOSPITAL NO.	MH011792273
ACCESSION NO.	R7157377	MODALITY	CR
REPORTED ON	01/04/2024 9:17AM	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*****



LABORATORY REPORT

Name	: MR ANIL CHAUHAN	Age	: 50 Yr(s) Sex :Male
Registration No	: MH011792273	Lab No	: 202404000041
Patient Episode	: H18000002031	Collection Date	: 01 Apr 2024 08:25
Referred By	: HEALTH CHECK MGD	Reporting Date	: 01 Apr 2024 12:52
Receiving Date	: 01 Apr 2024 08:25		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ELFA)	0.990	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.290	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	4.490	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.



LABORATORY REPORT

Name : MR ANIL CHAUHAN **Age** : 50 Yr(s) Sex :Male
Registration No : MH011792273 **Lab No** : 202404000041
Patient Episode : H18000002031 **Collection Date** : 01 Apr 2024 08:25
Referred By : HEALTH CHECK MGD **Reporting Date** : 01 Apr 2024 12:51
Receiving Date : 01 Apr 2024 08:25

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Specimen Type : Serum

PROSTATE SPECIFIC ANTIGEN (PSA-Total):	1.850	ng/mL	[<3.500]
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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 ANIL CHAUHAN Age : 50 Yr(s) Sex :Male
Registration No : MH011792273 Lab No : 202404000041
Patient Episode : H18000002031 Collection Date : 01 Apr 2024 08:25
Referred By : HEALTH CHECK MGD Reporting Date : 01 Apr 2024 12:38
Receiving Date : 01 Apr 2024 08:25

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



LABORATORY REPORT

Name : MR ANIL CHAUHAN
Registration No : MH011792273
Patient Episode : H18000002031
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 08:25

Age : 50 Yr(s) Sex : Male
Lab No : 202404000041
Collection Date : 01 Apr 2024 08:25
Reporting Date : 01 Apr 2024 12:26

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	4.35 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	13.2	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	37.8 #	%	[40.0-50.0]
MCV (DERIVED)	86.9	fL	[83.0-101.0]
MCH (CALCULATED)	30.3	pg	[25.0-32.0]
MCHC (CALCULATED)	34.9 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.0	%	[11.6-14.0]
Platelet count	177	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.00	fL	
WBC COUNT (TC) (IMPEDEANCE)	7.03	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	64.0	%	[40.0-80.0]
Lymphocytes	27.0	%	[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	33.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MR ANIL CHAUHAN	Age	: 50 Yr(s) Sex :Male
Registration No	: MH011792273	Lab No	: 202404000041
Patient Episode	: H18000002031	Collection Date	: 01 Apr 2024 09:37
Referred By	: HEALTH CHECK MGD	Reporting Date	: 01 Apr 2024 12:01
Receiving Date	: 01 Apr 2024 09:37		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	6.5	(4.6-8.0)
Specific Gravity	1.015	(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	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	1-2 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



LABORATORY REPORT

Name : MR ANIL CHAUHAN
Registration No : MH011792273
Patient Episode : H18000002031
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 08:25

Age : 50 Yr(s) Sex : Male
Lab No : 202404000041
Collection Date : 01 Apr 2024 08:25
Reporting Date : 01 Apr 2024 18:16

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	4.9	%	[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)	94	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 glyceimic control.			
Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL	122	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	132	mg/dl	Moderate risk:200-239 High risk:>240 [<150]
Borderline high:151-199			
High: 200 - 499			
Very high:>500			
HDL- CHOLESTEROL	36	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	26	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	60.0	mg/dl	[<120.0]
Near/			
Borderline High:130-159			
High Risk:160-189			

Above optimal-100-129



LABORATORY REPORT

Name : MR ANIL CHAUHAN
Registration No : MH011792273
Patient Episode : H18000002031
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 08:25

Age : 50 Yr(s) Sex : Male
Lab No : 202404000041
Collection Date : 01 Apr 2024 08:25
Reporting Date : 01 Apr 2024 09:30

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	3.4		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	1.7		<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	33.2	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	15.5	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.93	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	7.1	mg/dl	[4.0-8.5]
Method: uricase PAP			
SODIUM, SERUM	139.20	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.12	mmol/L	[3.60-5.10]
SERUM CHLORIDE	107.8	mmol/L	[101.0-111.0]
Method: ISE Indirect			



LABORATORY REPORT

Name : MR ANIL CHAUHAN
Registration No : MH011792273
Patient Episode : H18000002031
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 08:25

Age : 50 Yr(s) Sex :Male
Lab No : 202404000041
Collection Date : 01 Apr 2024 08:25
Reporting Date : 01 Apr 2024 09:30

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	95.4	ml/min/1.73sq.m	[>60.0]
<p>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.</p>			

LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.76	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.16	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.60	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	6.70	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	3.93	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.80	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	50.00 #	U/L	[0.00-40.00]



LABORATORY REPORT

Name : MR ANIL CHAUHAN
Registration No : MH011792273
Patient Episode : H1800002031
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 08:25

Age : 50 Yr(s) Sex : Male
Lab No : 202404000041
Collection Date : 01 Apr 2024 08:25
Reporting Date : 01 Apr 2024 09:30

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	87.90 #	U/L	[17.00-63.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	94.0 #	IU/L	[32.0-91.0]
GGT	28.0	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 ANIL CHAUHAN
Registration No : MH011792273
Patient Episode : H18000002031
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 08:25

Age : 50 Yr(s) Sex : Male
Lab No : 202404000042
Collection Date : 01 Apr 2024 08:25
Reporting Date : 01 Apr 2024 09:31

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, sulfonyleureas, tobutamide, and other oral hypoglycemic agents.

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR ANIL CHAUHAN
Registration No : MH011792273
Patient Episode : H18000002031
Referred By : HEALTH CHECK MGD
Receiving Date : 01 Apr 2024 12:45

Age : 50 Yr(s) Sex : Male
Lab No : 202404000043
Collection Date : 01 Apr 2024 12:45
Reporting Date : 01 Apr 2024 13:53

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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PLASMA GLUCOSE

Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	103.0	mg/dl	[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

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

Dr. Charu Agarwal
Consultant Pathologist