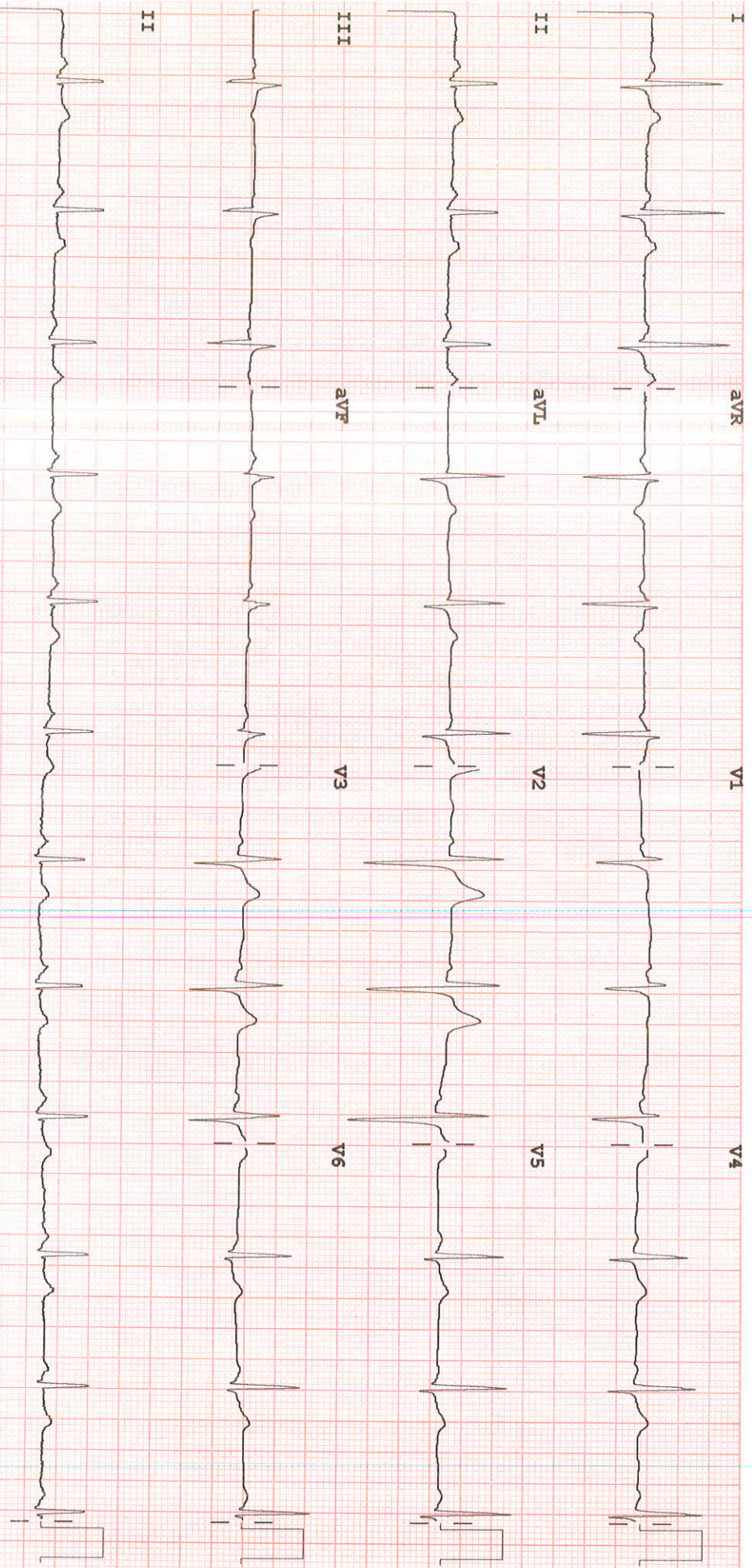


- ABNORMAL ECG -

Unconfirmed Diagnosis



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

F 60 ~ 0.15-100 Hz PH100B CL P2



Mediwheel
...Your wellness partner

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?

Yes

No

Name : Anuj Kumar

Contact Details : 9953666290

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

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

Appointment Date : 11-04-2024

Member Information		
Booked Member Name	Age	Gender
MR. KUMAR ANUJ	33 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

Thanks,
Mediwheel Team

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S/O Ram Kishan, Kanzimal,
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Uttar Pradesh - 247231

पता:
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देहात, सहारनपुर,
उत्तर प्रदेश - 247231

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भारत सरकार
Government of India



अनुज कुमार
Anuj Kumar
जन्म तिथि/DOB: 05/02/1991
पुरुष/ MALE

*Anuj
11/4/2019*

*For Annual
Health
checkup*

6052 0530 0858



मेरा आधार, मेरी पहचान



OUTPATIENT RECORD

Hospital No: MH013282240		Visit No: H18000002092																																							
Name: MR ANUJ KUMAR		Age/Sex: 33 Yrs/Male																																							
Doctor Name: HEALTH CHECK MGD		Specialty: HC SERVICE MGD																																							
Date: 11/04/2024 09:22AM																																									
BP Systolic: 169 mmHg	BP Diastolic: 117 mmHg	Pulse Rate: 93beats per minute																																							
Saturation(Oxygen): 100%	Height: 168cm	Weight : 74.4kg																																							
BMI: 26.36	Pain Score: 00	Fall Risk: 01																																							
Vulnerable: 01																																									
<p>OPD Notes :</p> <p>PRESENT OPHTHALMIC COMPLAINS -PHC SYSTEMIC/ OPHTHALMIC HISTORY - HTN</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">EXAMINATION DETAILS</th> <th style="text-align: center;">RIGHT EYE</th> <th style="text-align: center;">LEFT EYE</th> </tr> </thead> <tbody> <tr> <td>VISION</td> <td style="text-align: center;">6/6</td> <td style="text-align: center;">6/6</td> </tr> <tr> <td>CONJ</td> <td style="text-align: center;">NORMAL</td> <td style="text-align: center;">NORMAL</td> </tr> <tr> <td>CORNEA</td> <td style="text-align: center;">CLEAR</td> <td style="text-align: center;">CLEAR</td> </tr> <tr> <td>ANTERIOR CHAMBER/ IRIS</td> <td style="text-align: center;">N</td> <td style="text-align: center;">N</td> </tr> <tr> <td>LENS</td> <td style="text-align: center;">CLEAR</td> <td style="text-align: center;">CLEAR</td> </tr> <tr> <td>OCULAR MOVEMENTS</td> <td style="text-align: center;">FULL</td> <td style="text-align: center;">FULL</td> </tr> <tr> <td>NCT</td> <td style="text-align: center;">18</td> <td style="text-align: center;">18</td> </tr> <tr> <td>FUNDUS EXAMINATION</td> <td></td> <td></td> </tr> <tr> <td>A) VITREOUS</td> <td></td> <td></td> </tr> <tr> <td>B) OPTIC DISC</td> <td style="text-align: center;">C:D 0.4</td> <td style="text-align: center;">C:D 0.4</td> </tr> <tr> <td>C) MACULAR AREA</td> <td></td> <td></td> </tr> <tr> <td>D) VESSELS/ PERIPHERY</td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT</p> <p>POWER OF GLASS Right eye: -1.25 Dsp -6/6 Left eye: -1.25 Dsp -6/6</p> <p>DIAGNOSIS:</p> <p>ADVISE / TREATMENT E/D NST 4 TIMES DAILY BE REVIEW AFTER 6 MONTH</p>			EXAMINATION DETAILS	RIGHT EYE	LEFT EYE	VISION	6/6	6/6	CONJ	NORMAL	NORMAL	CORNEA	CLEAR	CLEAR	ANTERIOR CHAMBER/ IRIS	N	N	LENS	CLEAR	CLEAR	OCULAR MOVEMENTS	FULL	FULL	NCT	18	18	FUNDUS EXAMINATION			A) VITREOUS			B) OPTIC DISC	C:D 0.4	C:D 0.4	C) MACULAR AREA			D) VESSELS/ PERIPHERY		
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C) MACULAR AREA																																									
D) VESSELS/ PERIPHERY																																									

HEALTH CHECK MGD



TMT INVESTIGATION REPORT

Patient Name	MR ANUJ KUMAR	Location	: Ghaziabad
Age/Sex	: 33Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH013282240	Order Date	: 11/04/2024
Ref. Doctor	: HCP	Report Date	: 11/04/2024

Protocol	: Bruce	MPHR	: 187BPM
Duration of exercise	: 6min 16sec	85% of MPHR	: 159BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 168BPM
Blood Pressure (mmHg)	: Baseline BP : 150/90mmHg Peak BP : 160/90mmHg	% Target HR	: 89%
		METS	: 7.4METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	74	150/90	Nil	No ST changes seen	Nil
STAGE 1	3:00	126	150/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	166	160/90	Nil	No ST changes seen	Nil
STAGE 3	0:16	164	160/90	Nil	No ST changes seen	Nil
RECOVERY	3:16	92	140/90	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

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

**RADIOLOGY REPORT**

NAME	MR Anuj KUMAR	STUDY DATE	11/04/2024 10:44AM
AGE / SEX	33 y / M	HOSPITAL NO.	MH013282240
ACCESSION NO.	R7216813	MODALITY	CR
REPORTED ON	11/04/2024 11:28AM	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

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

**RADIOLOGY REPORT**

NAME	MR Anuj KUMAR	STUDY DATE	11/04/2024 10:19AM
AGE / SEX	33 y / M	HOSPITAL NO.	MH013282240
ACCESSION NO.	R7216814	MODALITY	US
REPORTED ON	11/04/2024 10:43AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears normal in size (measures 126 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 92 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 99 x 46 mm. It shows a concretion measuring 3.7 mm at lower calyx. Another 2.7mm concretion is seen at midpole

Left Kidney: measures 114 x 46 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 32 x 32 x 24 mm with volume 13 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.
-Right renal concretions.

Recommend clinical correlation.



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

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



LABORATORY REPORT

Name	: MR ANUJ KUMAR	Age	: 33 Yr(s) Sex :Male
Registration No	: MH013282240	Lab No	: 202404001692
Patient Episode	: H18000002092	Collection Date	: 11 Apr 2024 09:32
Referred By	: HEALTH CHECK MGD	Reporting Date	: 11 Apr 2024 13:57
Receiving Date	: 11 Apr 2024 09:32		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			Specimen Type : Serum
THYROID PROFILE, Serum			
T3 - Triiodothyronine (ELFA)	1.100	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.820	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	3.930	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 ANUJ KUMAR
Registration No : MH013282240
Patient Episode : H18000002092
Referred By : HEALTH CHECK MGD
Receiving Date : 11 Apr 2024 09:32

Age : 33 Yr(s) Sex : Male
Lab No : 202404001692
Collection Date : 11 Apr 2024 09:32
Reporting Date : 11 Apr 2024 12:57

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	5.88 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.5	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	46.2	%	[40.0-50.0]
MCV (DERIVED)	78.6 #	fL	[83.0-101.0]
MCH (CALCULATED)	24.7 #	pg	[25.0-32.0]
MCHC (CALCULATED)	31.4 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	16.7 #	%	[11.6-14.0]
Platelet count	251	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	10.80	fL	
WBC COUNT (TC) (IMPEDEANCE)	8.38	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	57.0	%	[40.0-80.0]
Lymphocytes	31.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	6.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	10.0	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MR ANUJ KUMAR	Age	: 33 Yr(s) Sex :Male
Registration No	: MH013282240	Lab No	: 202404001692
Patient Episode	: H18000002092	Collection Date	: 11 Apr 2024 09:32
Referred By	: HEALTH CHECK MGD	Reporting Date	: 11 Apr 2024 16:34
Receiving Date	: 11 Apr 2024 09:32		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.4	%	[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)	108	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.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

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

CHEMICAL EXAMINATION

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



LABORATORY REPORT

Name	: MR ANUJ KUMAR	Age	: 33 Yr(s) Sex :Male
Registration No	: MH013282240	Lab No	: 202404001692
Patient Episode	: H18000002092	Collection Date	: 11 Apr 2024 11:28
Referred By	: HEALTH CHECK MGD	Reporting Date	: 11 Apr 2024 13:03
Receiving Date	: 11 Apr 2024 11:28		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

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

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	208 #	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	121	mg/dl	[<150]
			Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	52	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	24	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	132.0 #	mg/dl	[<120.0]
Above optimal-100-129			Near/ Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio (Calculated)	4.0		<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



LABORATORY REPORT

Name : MR ANUJ KUMAR	Age : 33 Yr(s) Sex :Male
Registration No : MH013282240	Lab No : 202404001692
Patient Episode : H18000002092	Collection Date : 11 Apr 2024 09:32
Referred By : HEALTH CHECK MGD	Reporting Date : 11 Apr 2024 13:57
Receiving Date : 11 Apr 2024 09:32	

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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	18.9	mg/dl	[15.0-40.0]
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Method: GLDH, Kinatic assay

BUN, BLOOD UREA NITROGEN	8.8	mg/dl	[8.0-20.0]
--------------------------	-----	-------	------------

Method: Calculated

CREATININE, SERUM	1.05	mg/dl	[0.70-1.20]
-------------------	------	-------	-------------

Method: Jaffe rate-IDMS Standardization

URIC ACID	7.9	mg/dl	[4.0-8.5]
-----------	-----	-------	-----------

Method:uricase PAP

SODIUM, SERUM	138.60	mmol/L	[136.00-144.00]
---------------	--------	--------	-----------------

POTASSIUM, SERUM	4.37	mmol/L	[3.60-5.10]
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SERUM CHLORIDE	103.3	mmol/L	[101.0-111.0]
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Method: ISE Indirect

eGFR (calculated)	92.8	ml/min/1.73sq.m	[>60.0]
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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.



LABORATORY REPORT

Name : MR ANUJ KUMAR
Registration No : MH013282240
Patient Episode : H1800002092
Referred By : HEALTH CHECK MGD
Receiving Date : 11 Apr 2024 09:32

Age : 33 Yr(s) Sex :Male
Lab No : 202404001692
Collection Date : 11 Apr 2024 09:32
Reporting Date : 11 Apr 2024 13:57

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	1.55 #	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.24	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	1.31 #	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.50	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.53	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	1.53		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	33.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	38.00	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	73.0	IU/L	[32.0-91.0]
GGT	26.0	U/L	[7.0-50.0]



LABORATORY REPORT

Name : MR ANUJ KUMAR
Registration No : MH013282240
Patient Episode : H18000002092
Referred By : HEALTH CHECK MGD
Receiving Date : 11 Apr 2024 09:32
Age : 33 Yr(s) Sex : Male
Lab No : 202404001692
Collection Date : 11 Apr 2024 09:32
Reporting Date : 11 Apr 2024 13:57

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.

Page 6 of 8

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



Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR ANUJ KUMAR
Registration No : MH013282240
Patient Episode : H18000002092
Referred By : HEALTH CHECK MGD
Receiving Date : 11 Apr 2024 09:32

Age : 33 Yr(s) Sex : Male
Lab No : 202404001693
Collection Date : 11 Apr 2024 09:32
Reporting Date : 11 Apr 2024 13:57

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	90.0	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.

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

Dr. Charu Agarwal
Consultant Pathologist

