Mediwheel <wellness@mediwheel.in>
Sun 3/3/2024 4:28 PM
To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>
Cc:customercare@mediwheel.in <customercare@mediwheel.in>

Mediwheel
...Your wellness partner

011-41195959
Email:wellness@mediwheel.in

Dear **Manipal Hospitals**,

Diagnostic/Hospital Location :**NH-24 Hapur Road,Oppo. Bahmeta Village, Near Lancroft Golf Links Apartment**,City:**Ghaziabad**

We regret to state that following request for Health check up appointment has been Re Scheduled by you. Please let us know if request had not been Re Schedule from your end. We will ask the user to make a fresh request for the same.

Booking Code	: bobE52356
Appointment Date	: 09-03-2024
Appointment Time	: 8:00am-8:30am
Beneficiary Name	: MR. SAHAI MANOJ KUMAR
Package Name	: Medi-Wheel Metro Full Body Health Checkup Male Above 40
Member Age	: 51
Member Relation	: Employee
Member Gender	: Male
Address of Diagnostic/Hospital	: NH-24 Hapur Road,Oppo. Bahmeta Village, Near Lancroft Golf Links Apartment
City	: Ghaziabad
State	: Uttar Pradesh
Pincode	: 201002
Contact Details	: 9910525735
Email	: phc.ghaziabad@manipalhospitals.com

Please login to your account to confirm the same. Also you mail us for confirmation.

भारत सरकार

मनोज कुमार
Manoj Kumar
जन्म तिथि/ DOB: 25/01/1970
पुरुष / MALE

5124 5686 5153

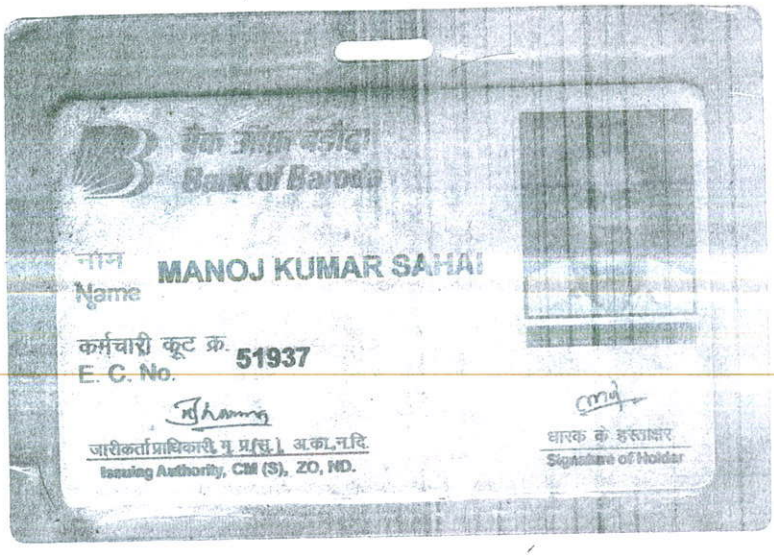
मेरा आधार, मेरी पहचान

आधार

पता:
S/O फूल सहाय, 16, रईसपुर,
गाज़ियाबाद, गाजियाबाद,
उत्तर प्रदेश - 201002

Address:
S/O Phool Sahai, 16,
Raispur, Ghaziabad,
Ghaziabad, Uttar Pradesh -
201002

1947
1800 300 1947
help@uidai.gov.in
www.uidai.gov.in
P.O. Box No.1947,
Bengaluru-560 001


Bank of Baroda
नाम
Name
MANOJ KUMAR SAHAI
कर्मचारी कूट क्र.
E. C. No.
51937
जारीकर्ता प्राधिकारी मु. प्र.सु.), अ.का.,न.दि.
Issuing Authority, CM (S), ZO, ND.
धारक के हस्ताक्षर
Signature of Holder

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TMT INVESTIGATION REPORT

Patient Name	MR MANOJ KUMAR SAHAI	Location	: Ghaziabad
Age/Sex	: 54Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH010131750	Order Date	: 28/03/2024
Ref. Doctor	: DR ABHISHEK SINGH	Report Date	: 28/03/2024

Protocol : Bruce
Duration of exercise : 7min 10sec
Reason for termination : THR achieved
Blood Pressure (mmHg) : Baseline BP : 110/90mmHg
Peak BP : 150/90mmHg

MPHR : 166BPM
85% of MPHR : 141BPM
Peak HR Achieved : 166BPM
% Target HR : 100%
METS : 8.8METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	64	110/90	Nil	No ST changes seen	Nil
STAGE 1	3:00	104	120/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	136	140/90	Nil	No ST changes seen	Nil
STAGE 3	1:10	166	150/90	Nil	0.5-1mm ST depression in inferolateral lead	Nil
RECOVERY	5:34	93	130/80	Nil	No new ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- 0.5-1mm ST depression in inferolateral lead at peak stage.
- No 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
MD
Cardiology Registrar

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

Manipal Health Enterprises Private Limited
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RADIOLOGY REPORT

NAME	, MANOJ KUMAR SAHAI	STUDY DATE	28/03/2024 9:49AM
AGE / SEX	54 y / M	HOSPITAL NO.	MH010131750
ACCESSION NO.	R7135268	MODALITY	US
REPORTED ON	28/03/2024 10:35AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: Liver is normal in size (measures 145 mm), shape and but shows raised echogenicity suggestive of grade I fatty changes.
SPLEEN: Spleen is normal in size (measures 90 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 111 x 46 mm. Renal concretion measuring 4 mm is seen in the mid pole of right kidney. A small cortical calcification measuring 3.9 mm is seen in the lower pole of right kidney.
Left Kidney: measures 99 x 47 mm. A tiny renal concretion measuring 3.2 mm is seen in the mid pole of left kidney.
PELVI-CALYCEAL SYSTEMS: There is mild prominence of right renal pelvis.
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 enlarged in size and measures approximately 30 mL in volume.
SEMINAL VESICLES: Normal.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

Grade I fatty liver.
Bilateral renal concretions.
Minimal fullness of right pelvicalyceal system.
Prostatomegaly.

Recommend clinical correlation.

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

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

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RADIOLOGY REPORT

NAME	, MANOJ KUMAR SAHAI	STUDY DATE	28/03/2024 9:10AM
AGE / SEX	54 y / M	HOSPITAL NO.	MH010131750
ACCESSION NO.	R7135267	MODALITY	CR
REPORTED ON	28/03/2024 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******

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LABORATORY REPORT

Name	:	MANOJ KUMAR SAHAI	**Age**	:	54 Yr(s) Sex :Male
Registration No	:	MH010131750	**Lab No**	:	202403004061
Patient Episode	:	H18000001996	**Collection Date :**		28 Mar 2024 08:55
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		28 Mar 2024 12:08
Receiving Date	:	28 Mar 2024 08:55			

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			**Specimen Type : Serum**
T3 - Triiodothyronine (ELFA)	1.090	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.050	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	**7.700 #**	**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	:	MANOJ KUMAR SAHAI	**Age**	:	54 Yr(s) Sex :Male
Registration No	:	MH010131750	**Lab No**	:	202403004061
Patient Episode	:	H18000001996	**Collection Date :**		28 Mar 2024 08:55
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		28 Mar 2024 13:16
Receiving Date	:	28 Mar 2024 08:55			

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type : Serum			
PROSTATE SPECIFIC ANTIGEN(PSA-Total):	2.240	ng/mL	[<3.500]
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

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LABORATORY REPORT

Name	:	MANOJ KUMAR SAHAI	**Age**	:	54 Yr(s) Sex :Male
Registration No	:	MH010131750	**Lab No**	:	202403004061
Patient Episode	:	H18000001996	**Collection Date :**		28 Mar 2024 08:55
Referred By	:	HEALTH CHECK MGD	**Reporting Date :**		28 Mar 2024 13:24
Receiving Date	:	28 Mar 2024 08:55			

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.

NOTE:
- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist

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LABORATORY REPORT

Name	: MANOJ KUMAR SAHAI	**Age**	: 54 Yr(s) Sex :Male
Registration No	: MH010131750	**Lab No**	: 202403004061
Patient Episode	: H18000001996	**Collection Date :**	28 Mar 2024 08:55
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	28 Mar 2024 12:01
Receiving Date	: 28 Mar 2024 08:55		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		**SPECIMEN-EDTA Whole Blood**	
RBC COUNT (IMPEDENCE)	**4.33 #**	**millions/cumm**	**[4.50-5.50]**
HEMOGLOBIN	14.3	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	43.3	%	[40.0-50.0]
MCV (DERIVED)	100.0	fL	[83.0-101.0]
MCH (CALCULATED)	**33.0 #**	**pg**	**[25.0-32.0]**
MCHC(CALCULATED)	33.0	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	**14.7 #**	**%**	**[11.6-14.0]**
Platelet count	150	x 10^3 cells/cumm	[150-410]
Method: Electrical Impedance			
MPV(DERIVED)	13.70	fL	
WBC COUNT(TC)(IMPEDENCE)	4.35	x 10^3 cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	43.0	%	[40.0-80.0]
Lymphocytes	40.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	**9.0 #**	**%**	**[1.0-6.0]**
Basophils	0.0	%	[0.0-2.0]
ESR	5.0	mm/1sthour	[0.0-

LABORATORY REPORT

Name	: MANOJ KUMAR SAHAI	**Age**	: 54 Yr(s) Sex :Male
Registration No	: MH010131750	**Lab No**	: 202403004061
Patient Episode	: H18000001996	**Collection Date :**	28 Mar 2024 10:01
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	28 Mar 2024 11:59
Receiving Date	: 28 Mar 2024 10:01		

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	1.010	(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	0-1	/hpf	
CASTS	NIL		
Crystals	NIL		
Bacteria	NIL		
OTHERS	NIL		

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LABORATORY REPORT

Name	: MANOJ KUMAR SAHAI	**Age**	: 54 Yr(s) Sex :Male
Registration No	: MH010131750	**Lab No**	: 202403004061
Patient Episode	: H18000001996	**Collection Date :**	28 Mar 2024 08:55
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	28 Mar 2024 13:16
Receiving Date	: 28 Mar 2024 08:55		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.1	%	[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)	100	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	**205 #**	**mg/dl**	**[<200]**
Method:Oxidase,esterase, peroxide			Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	**168 #**	**mg/dl**	**[<150]** Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	56	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	34	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	115.0	mg/dl	[<120.0] Near/
Above optimal-100-129			Borderline High:130-159 High Risk:160-189

Name	: MANOJ KUMAR SAHAI	**Age**	: 54 Yr(s) Sex :Male
Registration No	: MH010131750	**Lab No**	: 202403004061
Patient Episode	: H18000001996	**Collection Date :**	28 Mar 2024 08:55
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	28 Mar 2024 10:02
Receiving Date	: 28 Mar 2024 08:55		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.7		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.1		<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 *Method: GLDH, Kinatic assay*	19.9	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN *Method: Calculated*	9.3	mg/dl	[8.0-20.0]
CREATININE, SERUM *Method: Jaffe rate-IDMS Standardization*	0.88	mg/dl	[0.70-1.20]
URIC ACID *Method:uricase PAP*	7.0	mg/dl	[4.0-8.5]
SODIUM, SERUM	136.20	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.17	mmol/L	[3.60-5.10]
SERUM CHLORIDE *Method: ISE Indirect*	102.6	mmol/L	[101.0-111.0]

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LABORATORY REPORT

Name	: MANOJ KUMAR SAHAI	**Age**	: 54 Yr(s) Sex :Male
Registration No	: MH010131750	**Lab No**	: 202403004061
Patient Episode	: H18000001996	**Collection Date :**	28 Mar 2024 08:55
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	28 Mar 2024 10:02
Receiving Date	: 28 Mar 2024 08:55		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	97.4	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 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*	1.01	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT *Method: DPD*	0.18	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN(SERUM) *Method: Calculation*	0.83	mg/dl	[0.10-0.90]
TOTAL PROTEINS(SERUM) *Method: BIURET*	6.80	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) *Method: BCG*	4.17	g/dl	[3.50-5.20]
GLOBULINS (SERUM) *Method: Calculation*	2.60	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO *Method: Calculation*	1.59		[1.00-2.50]
AST(SGOT) (SERUM) *Method: IFCC W/O P5P*	25.00	U/L	[0.00-40.00]

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LABORATORY REPORT

Name	: MANOJ KUMAR SAHAI	**Age**	: 54 Yr(s) Sex :Male
Registration No	: MH010131750	**Lab No**	: 202403004061
Patient Episode	: H18000001996	**Collection Date**	: 28 Mar 2024 08:55
Referred By	: HEALTH CHECK MGD	**Reporting Date**	: 28 Mar 2024 10:03
Receiving Date	: 28 Mar 2024 08:55		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT(SGPT) (SERUM) *Method: IFCC W/O P5P*	19.20	U/L	[17.00-63.00]
Serum Alkaline Phosphatase *Method: AMP BUFFER IFCC)*	68.0	IU/L	[32.0-91.0]
GGT	15.0	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

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LABORATORY REPORT

Name	: MANOJ KUMAR SAHAI	**Age**	: 54 Yr(s) Sex :Male
Registration No	: MH010131750	**Lab No**	: 202403004062
Patient Episode	: H18000001996	**Collection Date**	: 28 Mar 2024 08:55
Referred By	: HEALTH CHECK MGD	**Reporting Date**	: 28 Mar 2024 10:22
Receiving Date	: 28 Mar 2024 08:55		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting			
Specimen: Plasma			
GLUCOSE, FASTING (F)	92.0	mg/dl	[70.0-110.0]
Method: Hexokinase			

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

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

Dr. Charu Agarwal
Consultant Pathologist

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LABORATORY REPORT

Name	: MANOJ KUMAR SAHAI	**Age** :	54 Yr(s) Sex :Male
Registration No	: MH010131750	**Lab No** :	202403004063
Patient Episode	: H18000001996	**Collection Date :**	28 Mar 2024 14:39
Referred By	: HEALTH CHECK MGD	**Reporting Date :**	28 Mar 2024 15:32
Receiving Date	: 28 Mar 2024 14:39		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen:Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	121.0	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----------

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