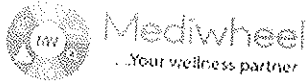


Mediwheel <wellness@mediwheel.in>

Tue 2/20/2024 3:46 PM

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

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



011-41195959

Hi **Manipal Hospital,**

We have received the confirmation for the following booking. Please provide your confirmation by clicking on the yes and no button.

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

Patient Package Name : Mediwheel Full Body Health Checkup Female Below 40

Package Code : PKG10000475

Contact Details : 7906973510

Email : APPU566@GMAIL.COM

Booking Date : 16-02-2024

Appointment Date : 24-02-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
RUMJHUM	39 year	Female

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

Please visit to our **Terms & Conditions** for more informaion. This email is recieved because you are register with us [Click here](#) to unsubscribe.

भारत सरकार
Government of India



रुमजुम यादव
Rumjhum Yadav
जन्म तिथि/ DOB: 01/01/1984
लिंग / GENDER: FEMALE



5251 2543 7248

मेरा मेरी पहचान

Unique Identification Authority of India

पता:
अधीनस्थ राजीव यादव, बानीसराल,
जुहार, जेवार " गौतम बुद्ध नगर,
उत्तर प्रदेश - 203135

Address:
W/O Rajiv Yadav, baneesaral,
jewar, Jewar " Gautam Buddha
Nagar,
Uttar Pradesh - 203135

5251 2543 7248

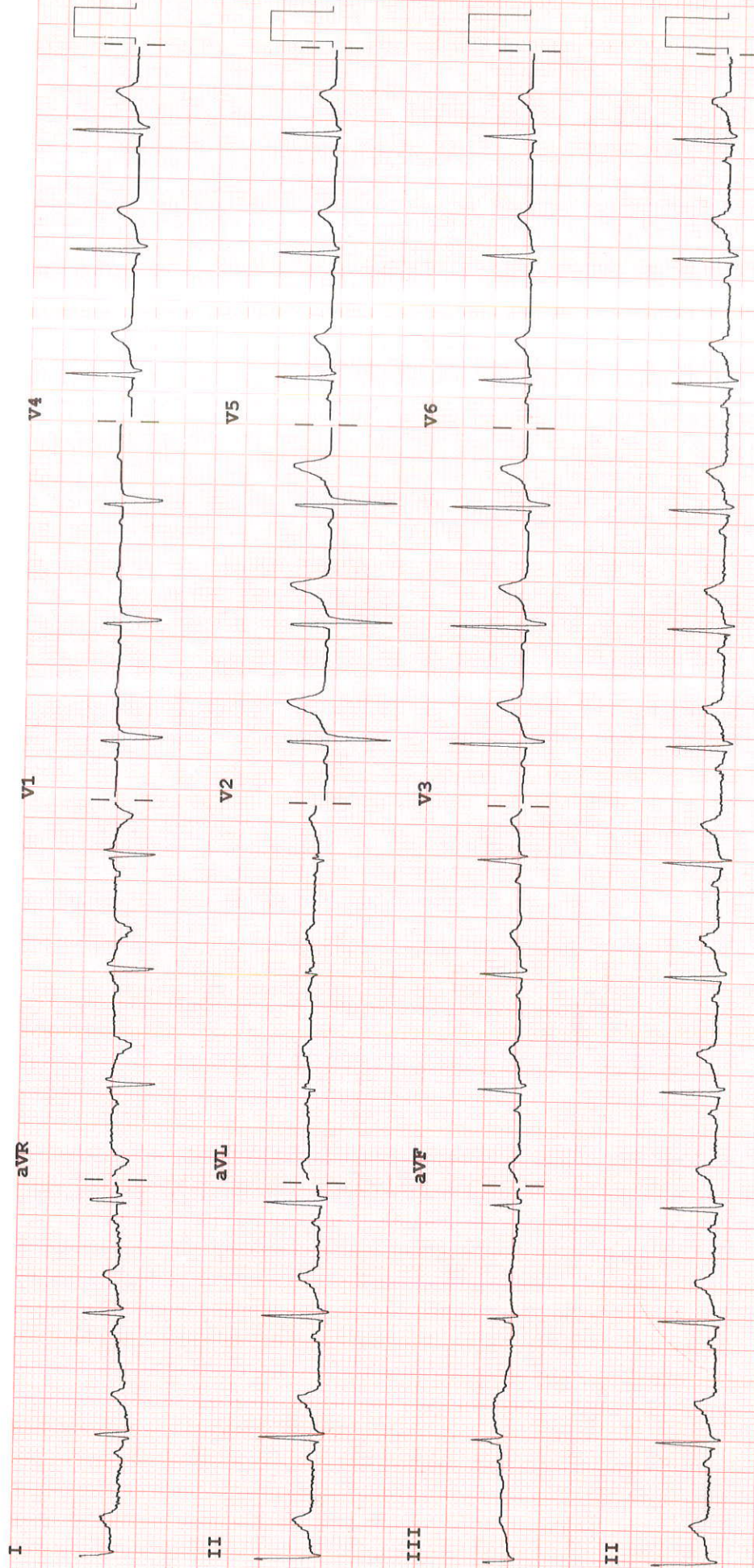


Rumjhum

Rumijum

- 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?



TMT INVESTIGATION REPORT

Patient Name	MRS RUNJHUNA	Location	: Ghaziabad
Age/Sex	: 40Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH011725954	Order Date	: 24/02/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 24/02/2024

Protocol	: Bruce	MPHR	: 196BPM
Duration of exercise	: 5min 02sec	85% of MPHR	: 153BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 180BPM
Blood Pressure (mmHg)	: Baseline BP : 100/60mmHg	% Target HR	: 108%
	: Peak BP : 130/80mmHg	METS	: 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	92	100/60	Nil	No ST changes seen	Nil
STAGE 1	3:00	186	120/70	Nil	No ST changes seen	Nil
STAGE 2	2:02	196	130/80	Nil	No ST changes seen	Nil
RECOVERY	4:15	117	126/76	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



RADIOLOGY REPORT

NAME	MRS Rumjhum YADAV	STUDY DATE	24/02/2024 11:48AM
AGE / SEX	40 y / F	HOSPITAL NO.	MH011725954
ACCESSION NO.	R6939375	MODALITY	US
REPORTED ON	24/02/2024 2:19PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: Liver is normal in size (measures 132 mm), shape and echotexture. Rest normal.
SPLEEN: Spleen is normal in size (measures 105 mm), shape and echotexture. Rest normal.
PORTAL VEIN: Appears normal in size and measures 9.8 mm.
COMMON BILE DUCT: Appears normal in size and measures 3.9 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 96 x 35 mm.
Left Kidney: measures 98 x 32 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 59 x 47 x 32 mm), shape and echotexture.
Endometrial thickness measures 5.1 mm. Cervix appears normal.
OVARIES: RIGHT OVARY: is normal in size (measures 38 x 36 x 22 mm with volume 15.9 cc) and shows a small well-defined cyst within with low level internal echoes within but with no calcification or abnormal vascularity within. It measures 23 x 22 x 17 mm with volume 4.4 cc, suggesting small hemorrhagic right ovarian cyst.
Left ovary is normal in size (measures 29 x 29 x 20 mm with volume 8.9 cc), shape and echotexture. Rest normal.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Small hemorrhagic right ovarian cyst.

Recommend clinical correlation.



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



RADIOLOGY REPORT

NAME	MRS Rumjhum YADAV	STUDY DATE	24/02/2024 11:48AM
AGE / SEX	40 y / F	HOSPITAL NO.	MH011725954
ACCESSION NO.	R6939375	MODALITY	US
REPORTED ON	24/02/2024 2:19PM	REFERRED BY	HEALTH CHECK MGD

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



RADIOLOGY REPORT

NAME	MRS Rumjhum YADAV	STUDY DATE	24/02/2024 10:19AM
AGE / SEX	40 y / F	HOSPITAL NO.	MH011725954
ACCESSION NO.	R6939374	MODALITY	CR
REPORTED ON	24/02/2024 10:34AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Few tiny calcific foci are seen in right lower zone. Rest 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: Slight levoscoliosis of the lower dorsal spine is seen. Rest normal .
OTHER VISUALIZED BONES: Bilateral rudimentary cervical ribs are seen. Rest normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

Few tiny calcific foci in right lower zone suggesting small calcified granulomas.
Slight levoscoliosis of the lower dorsal spine.
Bilateral rudimentary cervical ribs.
Recommend clinical correlation.

Monica

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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



TERMS & CONDITIONS OF LABORATORY REPORT

Name : MRS RUMJHUM YADAV Age : 40 Yr(s) Sex :Female
Registration No : MH011725954 Lab No : 202402004077
Patient Episode : H18000001833 Collection Date : 24 Feb 2024 10:09
Referred By : HEALTH CHECK MGD Reporting Date : 25 Feb 2024 13:11
Receiving Date : 24 Feb 2024 10:09

BIOCHEMISTRY

Table with 4 columns: TEST, RESULT, UNIT, BIOLOGICAL REFERENCE INTERVAL. Includes Thyroid Profile, Serum with values for T3, T4, and TSH.

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.

Partial reproduction of this report is not permitted.
Any query from the referring doctor pertaining to this report should be directed to the Laboratory, Manipal Hospitals.



TERMS & CONDITIONS OF LABORATORY REPORT

The reported results are for the information and interpretation of the referring doctor only and Manipal Hospitals will not be responsible for the consequences of any interpretation by non-qualified persons.

Name : MRS RUMJHUM YADAV **Age :** 40 Yr(s) **Sex :** Female

Registration No. : MH011725954 **Lab No. :** 202402004077

Patient Episode : HI8000001833 **Collection Date :** 24 Feb 2024 10:09

Referred By : HEALTH CHECK MGD **Reporting Date :** 25 Feb 2024 13:07

Receiving Date : 24 Feb 2024 10:09

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) Negative		

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Technical note:
ABO grouping and Rh typing is done by cell and serum grouping by microplate gel technique.

NOTE:

Abnormal Values: The report results are in accordance with standard procedures on receipt. The report results are in accordance with standard procedures on receipt. The report results are in accordance with standard procedures on receipt.

END OF REPORT

Charu

Dr. Charu Agarwal
Consultant Pathologist

A test requested might require various technical reasons and this response will appear against the test name followed by a detailed comment at the end of the report. The report will be sent for the purpose of reporting on the same parameters.

A report that carries a 'Preliminary' status signifies that results are yet to be reported for one or more of the tests, or else as is the case with many microbiology tests, a 'Final' culture, identification or drug susceptibility results might be pending. In such cases, the descriptor 'Result Pending' will be printed alongside the test name in the 'Results' column and will be replaced by the test results whenever the same is ready. The report will, when completed, acquire a 'Final' status.

In the event the results are withheld for the purpose of correlation or verification by assays, the response 'Results Held For Assays' will appear against the test name and the report will bear a 'Preliminary' status. This response will be replaced by the results on finalization and the report will then bear a 'Final' status.

Any query from the referring doctor pertaining to this report should be directed to the Laboratory, Manipal Hospitals.

Note: Laboratory investigations are limited by the sensitivity and specificity of the assay procedure as well as the quality of specimen received by Laboratory. Kindly correlate this report with clinical presentation and other related investigations to arrive at a conclusion.

PARTIAL REPRODUCTION OF THIS REPORT IS NOT PERMITTED



LABORATORY REPORT

Name : MRS RUMJHUM YADAV
Registration No : MH011725954
Patient Episode : H18000001833
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 10:09

Age : 40 Yr(s) Sex :Female
Lab No : 202402004077
Collection Date : 24 Feb 2024 10:09
Reporting Date : 24 Feb 2024 13:14

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.18	millions/cumm	[3.80-4.80]
HEMOGLOBIN	9.4 #	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	31.3 #	%	[36.0-46.0]
MCV (DERIVED)	74.9 #	fL	[83.0-101.0]
MCH (CALCULATED)	22.5 #	pg	[25.0-32.0]
MCHC (CALCULATED)	30.0 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	17.2 #	%	[11.6-14.0]
Platelet count	150	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	----		
WBC COUNT (TC) (IMPEDENCE)	5.90	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	64.0	%	[40.0-80.0]
Lymphocytes	28.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	30.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name : MRS RUMJHUM YADAV
Registration No : MH011725954
Patient Episode : H18000001833
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 10:09

Age : 40 Yr(s) Sex :Female
Lab No : 202402004077
Collection Date : 24 Feb 2024 10:09
Reporting Date : 24 Feb 2024 14:03

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	4.7	%	[0.0-5.6]
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)	88	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]	5.0	(4.6-8.0)
Specific Gravity	1.020	(1.003-1.035)

CHEMICAL EXAMINATION

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



LABORATORY REPORT

Name : MRS RUMJHUM YADAV
Registration No : MH011725954
Patient Episode : H18000001833
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 12:09

Age : 40 Yr(s) Sex :Female
Lab No : 202402004077
Collection Date : 24 Feb 2024 12:09
Reporting Date : 25 Feb 2024 13:37

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-4 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	2-3 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	167	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	91	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	51.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	18	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	98.0	mg/dl	[<120.0]
			Near/
Above optimal-100-129			
			Borderline High:130-159
			High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	3.3		<4.0 Optimal
			4.0-5.0 Borderline
			>6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.9		<3 Optimal
			3-4 Borderline
			>6 High Risk



LABORATORY REPORT

Name : MRS RUMJHUM YADAV
Registration No : MH011725954
Patient Episode : H18000001833
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 10:09

Age : 40 Yr(s) Sex :Female
Lab No : 202402004077
Collection Date : 24 Feb 2024 10:09
Reporting Date : 24 Feb 2024 12:18

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	28.4	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	13.3	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.65 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.0	mg/dl	[4.0-8.5]
Method:uricase PAP			

SODIUM, SERUM	135.10 #	mmol/L	[136.00-144.00]
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POTASSIUM, SERUM	4.62	mmol/L	[3.60-5.10]
SERUM CHLORIDE	106.3	mmol/L	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated)	111.4	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.



Name : MRS RUMJHUM YADAV
Registration No : MH011725954
Patient Episode : H18000001833
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 10:09

Age : 40 Yr(s) Sex :Female
Lab No : 202402004077
Collection Date : 24 Feb 2024 10:09
Reporting Date : 24 Feb 2024 12:18

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.60	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.13	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.47	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.80	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.50	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.92		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	26.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	17.60	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	68.0	IU/L	[32.0-91.0]
GGT	35.0	U/L	[7.0-50.0]



LABORATORY REPORT

Name : MRS RUMJHUM YADAV
Registration No : MH011725954
Patient Episode : H18000001833
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 10:09

Age : 40 Yr(s) Sex :Female
Lab No : 202402004077
Collection Date : 24 Feb 2024 10:09
Reporting Date : 24 Feb 2024 12:18

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. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS RUMJHUM YADAV
Registration No : MH011725954
Patient Episode : H18000001833
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 10:08

Age : 40 Yr(s) Sex :Female
Lab No : 202402004078
Collection Date : 24 Feb 2024 10:08
Reporting Date : 24 Feb 2024 12:18

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	96.0	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. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MRS RUMJHUM YADAV
Registration No : MH011725954
Patient Episode : H18000001833
Referred By : HEALTH CHECK MGD
Receiving Date : 24 Feb 2024 15:23

Age : 40 Yr(s) Sex :Female
Lab No : 202402004079
Collection Date : 24 Feb 2024 15:23
Reporting Date : 25 Feb 2024 13:18

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	107.0	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

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

Dr. Charu Agarwal
Consultant Pathologist