



011-41195959

Dear Manipal Hospital

We have received a booking request for the details are following. Please provide your confirmation by clicking on the yes button.

**Are you sure to confirm the booking?**

Name : MR. YADAV RAJIV

Package Name : Mediwheel Full Body Health Checkup Male Above 40

Package Code : PKG10000476

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

Contact Details : 7906973510

E-mail id : RAJIV.YADAV@bankofbaroda.com

Booking Date : 16-02-2024

Appointment Date : 24-02-2024

Member Information		
Booked Member Name	Age	Gender
MR. YADAV RAJIV	42 year	Male

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

**Hospital Package Name** : Mediwheel Full Body Health Checkup Male Above 40

**User Package Name** : Mediwheel Full Body Health Checkup Male Above 40

**22 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

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भारत सरकार  
Government of India

राजीव यादव  
Rajiv Yadav



जन्म तिथि/DOB: 15/01/1982  
पुल / Male



4125 2812 8838

- आम आदमी का अधिकार

Unique Identification Authority of India

पता S/O: जय चंद यादव, 1061/ई  
गली नं०-5, बाबर पुर, शाहदरा  
उत्तर पूर्व दिल्ली, दिल्ली, 110032

Address: S/O: Jai Chand  
Yadav, 1061/e, GALI NO-5  
Babar Pur, Shahdara, North  
East Delhi, Shahdara, Delhi,  
110032

4125 2812 8838

1847  
1800 300 1947

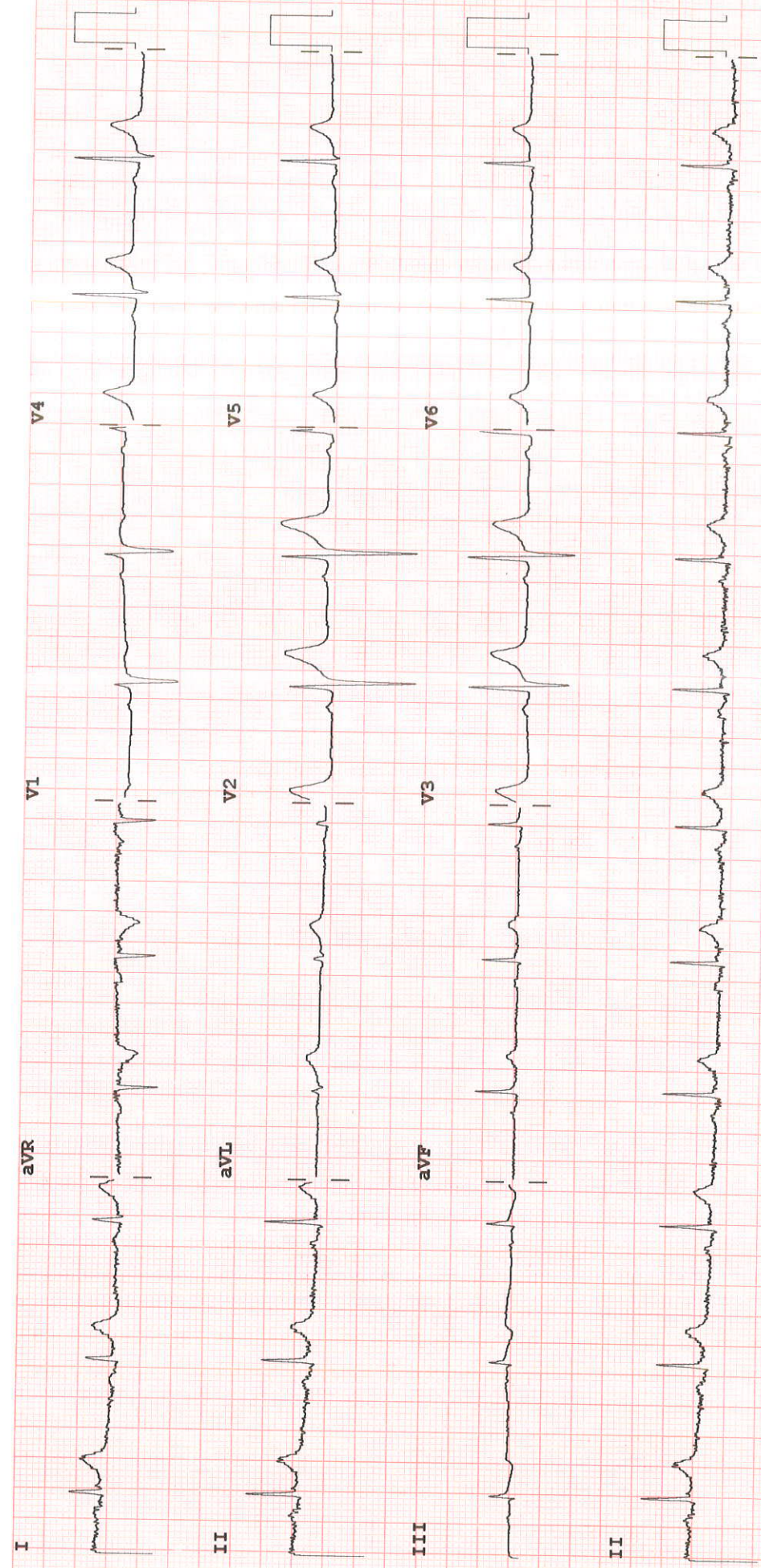
rajiv@uidai.gov.in

www.uidai.gov.in

*Reyiv ygdaw*

- 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	MR RAJIV YADAV	Location	: Ghaziabad
Age/Sex	: 42Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH011725882	Order Date	: 24/02/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 24/02/2024

<b>Protocol</b>	: Bruce	<b>MPHR</b>	: 189BPM
<b>Duration of exercise</b>	: 10min 24sec	<b>85% of MPHR</b>	: 151BPM
<b>Reason for termination</b>	: THR achieved	<b>Peak HR Achieved</b>	: 178BPM
<b>Blood Pressure (mmHg)</b>	: Baseline BP : 110/80mmHg	<b>% Target HR</b>	: 106%
	Peak BP : 140/90mmHg	<b>METS</b>	: 12.4METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	85	110/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	121	120/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	136	130/90	Nil	No ST changes seen	Nil
STAGE 3	3:00	167	140/90	Nil	No ST changes seen	Nil
STAGE 4	1:24	189	140/90	Nil	No ST changes seen	Nil
RECOVERY	4:17	112	130/90	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



**RADIOLOGY REPORT**

NAME	MR Rajiv YADAV	STUDY DATE	24/02/2024 11:08AM
AGE / SEX	42 y / M	HOSPITAL NO.	MH011725882
ACCESSION NO.	R6939197	MODALITY	CR
REPORTED ON	24/02/2024 11:17AM	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 noted.**

Recommend clinical correlation.

*Monica*

**Dr. Monica Shekhawat MBBS, DNB**

**CONSULTANT RADIOLOGIST**

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



**RADIOLOGY REPORT**

NAME	MR Rajiv YADAV	STUDY DATE	24/02/2024 11:33AM
AGE / SEX	42 y / M	HOSPITAL NO.	MH011725882
ACCESSION NO.	R6939198	MODALITY	US
REPORTED ON	24/02/2024 1:40PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS  
FINDINGS**

LIVER: appears enlarged in size (measures 164 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 91 mm), shape and echotexture. Rest normal.  
PORTAL VEIN: Appears normal in size and measures 8.7 mm.  
COMMON BILE DUCT: Appears obscured.  
IVC, HEPATIC VEINS: Normal.  
BILIARY SYSTEM: Normal.  
GALL BLADDER: Gall bladder is partially 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 91 x 41 mm.  
Left Kidney: measures 97 x 48 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 41 x 33 x 26 mm with volume 18 cc. Rest normal.  
SEMINAL VESICLES: Normal.  
BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

**-Hepatomegaly with diffuse grade II fatty infiltration in liver.**

Recommend clinical correlation.

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

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





**LABORATORY REPORT**

<b>Name</b>	: MR RAJIV YADAV	<b>Age</b>	: 42 Yr(s) Sex :Male
<b>Registration No</b>	: MH011725882	<b>Lab No</b>	: 202402004072
<b>Patient Episode</b>	: H18000001832	<b>Collection Date</b>	: 24 Feb 2024 09:59
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 25 Feb 2024 13:50
<b>Receiving Date</b>	: 24 Feb 2024 09:59		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
			<b>Specimen Type : Serum</b>
<b>THYROID PROFILE, Serum</b>			
T3 - Triiodothyronine (ELFA)	1.230	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.320	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	3.650	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 RAJIV YADAV Age : 42 Yr(s) Sex :Male  
Registration No : MH011725882 Lab No : 202402004072  
Patient Episode : H18000001832 Collection Date : 24 Feb 2024 09:59  
Referred By : HEALTH CHECK MGD Reporting Date : 25 Feb 2024 13:11  
Receiving Date : 24 Feb 2024 09:59

**BIOCHEMISTRY**

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

PROSTATE SPECIFIC ANTIGEN (PSA-Total): 1.020 ng/mL [<2.500]

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





**LABORATORY REPORT**

Name : MR RAJIV YADAV  
Registration No : MH011725882  
Patient Episode : H18000001832  
Referred By : HEALTH CHECK MGD  
Receiving Date : 24 Feb 2024 09:59

Age : 42 Yr(s) Sex :Male  
Lab No : 202402004072  
Collection Date : 24 Feb 2024 09:59  
Reporting Date : 24 Feb 2024 12:45

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	6.03 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	17.4 #	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	52.3 #	%	[40.0-50.0]
MCV (DERIVED)	86.7	fL	[83.0-101.0]
MCH (CALCULATED)	28.9	pg	[25.0-32.0]
MCHC (CALCULATED)	33.3	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.6	%	[11.6-14.0]
Platelet count	208	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	11.9		
WBC COUNT (TC) (IMPEDENCE)	6.05	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	59.0	%	[40.0-80.0]
Lymphocytes	32.0	%	[20.0-40.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	4.0	mm/1sthour	[0.0-



Name : MR RAJIV YADAV

Age : 42 Yr(s) Sex :Male

Registration No : MH011725882

Lab No : 202402004072

Patient Episode : H18000001832

Collection Date : 24 Feb 2024 12:10

Referred By : HEALTH CHECK MGD

Reporting Date : 25 Feb 2024 13:37

Receiving Date : 24 Feb 2024 12:10

**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	1.005	(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	1-2 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	





**LABORATORY REPORT**

Name : MR RAJIV YADAV  
Registration No : MH011725882  
Patient Episode : H18000001832  
Referred By : HEALTH CHECK MGD  
Receiving Date : 24 Feb 2024 12:10

Age : 42 Yr(s) Sex :Male  
Lab No : 202402004072  
Collection Date : 24 Feb 2024 12:10  
Reporting Date : 24 Feb 2024 15:14

**CLINICAL PATHOLOGY**

**STOOL COMPLETE ANALYSIS**

**Specimen-Stool**

**Macroscopic Description**

Colour	BROWN
Consistency	Semi Solid
Blood	Absent
Mucus	Absent
Occult Blood	NEGATIVE

**Microscopic Description**

Ova	Absent
Cyst	Absent
Fat Globules	Absent
Pus Cells	NIL
RBC	NIL
Others	NIL



**LABORATORY REPORT**

Name : MR RAJIV YADAV  
Registration No : MH011725882  
Patient Episode : H18000001832  
Referred By : HEALTH CHECK MGD  
Receiving Date : 24 Feb 2024 09:59

Age : 42 Yr(s) Sex :Male  
Lab No : 202402004072  
Collection Date : 24 Feb 2024 09:59  
Reporting Date : 24 Feb 2024 14:03

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b>			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.3	%	[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)	105	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	188	mg/dl	[<200] Moderate risk:200-239 High risk:>240
Method:Oxidase,esterase, peroxide			
TRIGLYCERIDES (GPO/POD)	89	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	56.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	18	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	114.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189

Above optimal-100-129



Name : MR RAJIV YADAV  
Registration No : MH011725882  
Patient Episode : H18000001832  
Referred By : HEALTH CHECK MGD  
Receiving Date : 24 Feb 2024 09:59

Age : 42 Yr(s) Sex :Male  
Lab No : 202402004072  
Collection Date : 24 Feb 2024 09:59  
Reporting Date : 24 Feb 2024 12:18

**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)	2.0		<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	20.2	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	9.4	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.88	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.9	mg/dl	[4.0-8.5]
Method:uricase PAP			

<b>SODIUM, SERUM</b>	<b>135.40 #</b>	<b>mmol/L</b>	<b>[136.00-144.00]</b>
POTASSIUM, SERUM	4.39	mmol/L	[3.60-5.10]
SERUM CHLORIDE	102.3	mmol/L	[101.0-111.0]
Method: ISE Indirect			



**LABORATORY REPORT**

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**Registration No** : MH011725882  
**Patient Episode** : H18000001832  
**Referred By** : HEALTH CHECK MGD  
**Receiving Date** : 24 Feb 2024 09:59

**Age** : 42 Yr(s) Sex :Male  
**Lab No** : 202402004072  
**Collection Date** : 24 Feb 2024 09:59  
**Reporting Date** : 24 Feb 2024 12:17

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	105.9	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	0.70	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.15	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.55	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.50	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.45	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.10	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.46		[1.00-2.50]
<b>AST (SGOT) (SERUM)</b> Method: IFCC W/O P5P	<b>48.00 #</b>	<b>U/L</b>	<b>[0.00-40.00]</b>





**LABORATORY REPORT**

Name : MR RAJIV YADAV  
Registration No : MH011725882  
Patient Episode : H18000001832  
Referred By : HEALTH CHECK MGD  
Receiving Date : 24 Feb 2024 09:59

Age : 42 Yr(s) Sex : Male  
Lab No : 202402004072  
Collection Date : 24 Feb 2024 09:59  
Reporting Date : 24 Feb 2024 12:18

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>ALT (SGPT) (SERUM)</b> <i>Method: IFCC W/O P5P</i>	83.80 #		U/L [17.00-63.00]
<b>Serum Alkaline Phosphatase</b> <i>Method: AMP BUFFER IFCC)</i>	98.0 #		IU/L [32.0-91.0]
<b>GGT</b>	139.0 #		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. Alka Dixit Vats**  
Consultant Pathologist



Name : MR RAJIV YADAV  
Registration No : MH011725882  
Patient Episode : H18000001832  
Referred By : HEALTH CHECK MGD  
Receiving Date : 24 Feb 2024 09:59

Age : 42 Yr(s) Sex : Male  
Lab No : 202402004073  
Collection Date : 24 Feb 2024 09:59  
Reporting Date : 24 Feb 2024 12:18

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> 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. Alka Dixit Vats  
Consultant Pathologist



**LABORATORY REPORT**

Name : MR RAJIV YADAV

Age : 42 Yr(s) Sex : Male

Registration No : MH011725882

Lab No : 202402004074

Patient Episode : H18000001832

Collection Date : 24 Feb 2024 15:27

Referred By : HEALTH CHECK MGD

Reporting Date : 25 Feb 2024 13:18

Receiving Date : 24 Feb 2024 15:27

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b> Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	89.0	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