

**Subject:** Health Check up Booking Confirmed Request(22E51046), Package Code-, Beneficiary Code-278955

**From:** Mediwheel <wellness@mediwheel.in>

**Date:** 07/02/2025, 3:42 pm

**To:** "Gaurav Kumar" <GAURAV.KUMAR17@bankofbaroda.com>

**CC:** "customercare@mediwheel.in" <customercare@mediwheel.in>

**\*\*सावधान:** यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक न करें.  
**\*\*CAUTION:** THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS

Dear **Gaurav Kumar,**

We are pleased to confirm your health checkup booking request with the following details.

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

**Name of Diagnostic/  
Hospital :** Ivy Hospital

**Address of Diagnostic/  
Hospital- :** Sector - 71, Mohali

**City :** Mohali

**State :** PUNJAB

**Pincode :** 160071

**Appointment Date :** 08-02-2025

**Confirmation Status :** Booking Confirmed

**Preferred Time :** 09:00 AM - 09:30 AM

**Booking Status :** Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. KUMAR GAURAV	34 year	Male

**Note - Please note to not pay any amount at the center.**

**Instructions to undergo Health Check:**

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.



भारत सरकार  
Government of India

जुआर

गौरव कुमार  
Gaurav Kumar  
जन्म तिथि / DOB: 15/09/1990  
पुरुष / MALE

9764 0816 1201

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता: संबोधित: महेश प्रसाद सिंह, आदमपुर, वैशाली, बिहार, 844114.

Address: S/O: Mahesh Prasad Singh, Adampur, Vaishali, Bihar, 844114

9764 0816 1201

1947 help@uidai.gov.in www.uidai.gov.in

बैंक ऑफ बड़ोदा  
Bank of Baroda

गौरव कुमार  
Gaurav Kumar

नाम  
Name

कर्मचारी कूट नं.  
E.C. No. 111561

9764 0816 1201

गौरव कुमार  
Signature of Holder



Name : MR. Gaurav Kumar (34y, Male)  
Phone : 9546863662  
ID : 504133  
Doctor : Dr. Puneet Kumar

Date & Time : 08-Feb-2025 03:36 PM  
#Visit : 1

**Complaints:** ROUTINE CHECKUP

**Diagnosis:** GRADE 1/2 FATTY LIVER , HYPERURICAEMIA

Rx

Medicine	Dosage	Timing - Freq. - Duration
1) TOCOAD CAPSULE *	1 - 0 - 0	After Food - Daily - 90 Days
Timing : 1 After breakfast		
2) GOUTFREE XL 40 MG TABLET *	0 - 0 - 1	After Dinner - Daily - 60 Days
Composition : Febuxostat 40 MG		
Timing : 1 After dinner		

**Advice:** WEIGHT REDUCTION

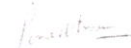
**Diet and Exercise:** low fat diet  
30-40 min walk daily  
AVOID NUTS/BEANS/COLD DRINKS

**Tests Prescribed:**

- [ Next Visit] URIC ACID
- [ Next Visit] LFT

**Next Visit :**60 days (09-Apr-2025 - Wednesday)

**Admission Advice:** NO

  
Dr. Puneet Kumar  
Consultant - Internal Medicine  
MBBS, MD (Medicine)  
Regd. No.: PMC 41837

Mr Gommee

AS/B Dr. Mukesh Vats

8/ Feb/25

W/P @ 6/15

ⓐ AS/B

Centus

prepaid rent AS - work  
Co - users

Am

ⓑ Rain SOS

Dr. Mukesh Vats  
MB, BVS  
ENT, Consultant & Pharyng Surgeon

**Livasa Hospital, Mohali**  
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Phase 8, SAS Nagar, Mohali, Punjab-160071  
Phone: 91-172-7170000, Fax: 91-172-2274900

CIN No.: U85110PB2005PTC027898

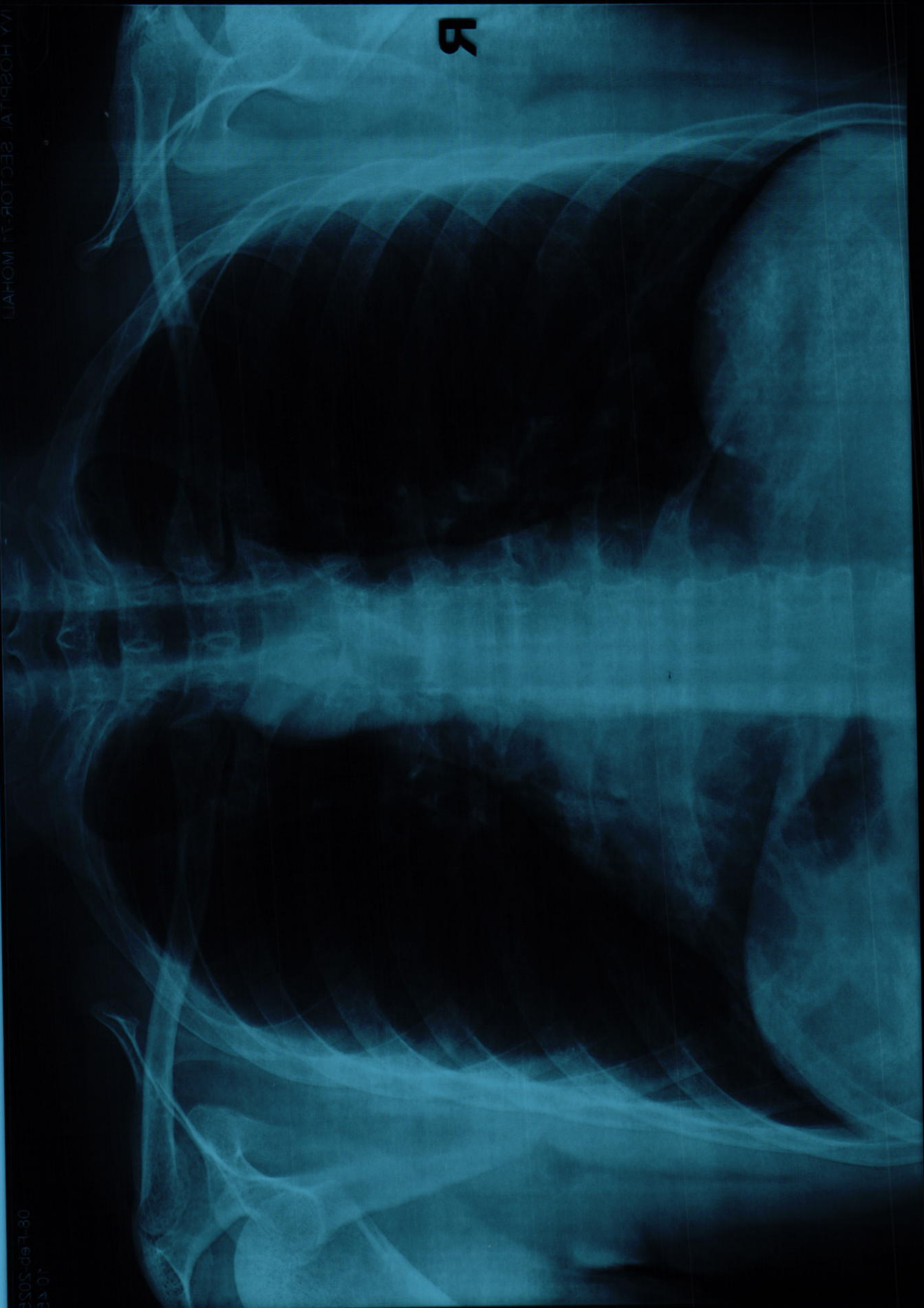
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IVY HOSPITAL SECTOR-21 MOHALI

ID504133 GAURAV KUMAR M 34 years XI 5260 OPD

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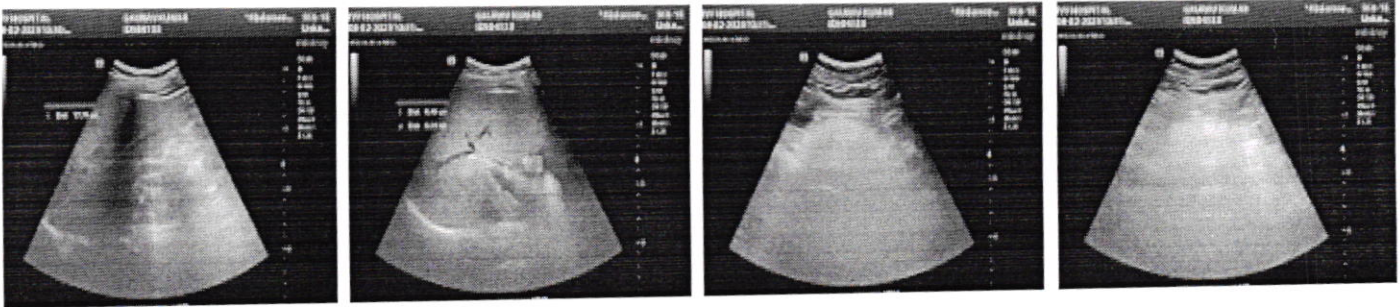
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IVY HOSPITAL SECTOR-21 MOHALI



NAME	., GAURAV KUMAR	SEX/AGE	M34Y
PATIENT ID	ID504133	Accession Number	
REF CONSULTANT	PACKAGE	DATE	08/02/2025 10:50

**USG WHOLE ABDOMEN**



**LIVER:** is enlarged in size (~ 17.7cm), normal in outline and shows increased echogenicity. IHBR are not dilated. Portal vein is normal. Visualized proximal CBD measures ~ 5.4mm.

**GALL BLADDER:** is not visualized - post operative status.

**SPLEEN:** is normal in size (~ 10.2cm), outline and echotexture.

**PANCREAS & UPPER RETROPERITONEUM:** Visualised pancreatic head and proximal body are normal in size and echotexture. Tail of pancreas is obscured by bowel gas.

**RIGHT KIDNEY:** It is normal in size (~ 9.3cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

**LEFT KIDNEY:** It is normal in size (~ 10.3cm), outline and echotexture. Corticomedullary differentiation is well-defined. No hydronephrosis is seen.

**U-BLADDER:** is minimally distended at the time of examination.

**PROSTATE:** is normal in size.

No free fluid is seen in peritoneal cavity.

**OPINION:** Hepatomegaly with fatty liver Grade I / II.

Adv. Clinical correlation and follow up.



Dr GURSIRAN SINGH ANAND  
MD RADIODIAGNOSIS

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations  
(NOT FOR MEDICO-LEGAL PURPOSE)

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NAME	., GAURAV KUMAR	SEX/AGE	M34Y
PATIENT ID	ID504133	Accession Number	
REF CONSULTANT	PACKAGE	DATE	08/02/2025 10:50

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Patient Name GAURAV KUMAR Patient ID 504133  
Gender/Age Male / 35 Test Date : 08 Feb 2025

**CARDIOLOGY DIVISION**  
**ECHOCARDIOGRAPHY REPORT**

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.0	3.7-5.6 CM
Left Ventricular ES Dimension	2.6	2.2-4.0 CM
IVS (D)	1.0	0.6-1.2 CM
IVS (s)	1.6	0.7-2.6 CM
LVPW (D)	1.0	0.6-1.1 CM
LVPW (S)	1.4	0.8-1.0 CM
Aortic Root	3.1	2.0-3.7 CM
LA Diameter	3.4	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	62%	54-76%

**Mitral Valve** : Normal movements of all leaflet, No subvalvular pathology, No calcification, no prolapse.

**Aortic Valve** : Thin Trileaflet open completely with central closure

**Tricuspid Valve** : Thin, opening well with no prolapse

**Pulmonary Valve** : Thin, Pulmonary Artery not dilated

**Pulse & CW Doppler** : **Mitral valve:** E= 70cm/s, A= 50cm/s, E>A,

**Aortic valve:** Vmax = 112cm/s

**Pulmonary valve:** Vmax = 78cm/s

**Chamber Size -**

LV - Normal/ Enlarged LA - Normal / Enlarged

RV - Normal/ Enlarged RA - Normal/ Enlarged

RWMA - Nil

**Others** : Intact IAS, IVS

No LA, LV Clot seen

No vegetation or intracardiac mass present

No Pericardial effusion present

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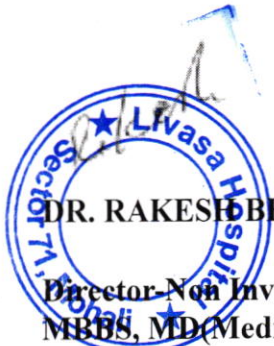


Remarks -

**FINAL IMPRESSION -**

No RWMA of LV

Normal LV systolic function (LVEF~62%)



**DR. RAKESH BHUTUNGRU**

Director-Non Invasive Cardiology  
MBBS, MD(Medicine), DM(Cardiology)  
PMC-42588

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NAME	GAURAV KUMAR	SEX/AGE	M34Y
PATIENT ID	ID504133	Accession Number	XN.2590 OPD
REF CONSULTANT	Dr.	DATE	08/02/2025 10:45

**X-RAY CHEST (PA VIEW)**

- Bony structures and soft tissue appear normal.
- Trachea is slightly deviated towards right.
- Bronchovascular markings are prominent in both lung fields.
- Bilateral hilar regions appear normal.
- Domes of diaphragm and costophrenic angles appear normal.
- Cardiac shadow is within normal limit.

*Please correlate clinically.*



DR EKTA MISHRA  
MD RADIO- DIAGNOSIS

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

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HR 65 bpm  
MR GAURAV KUMAR  
SOH133  
34y/M

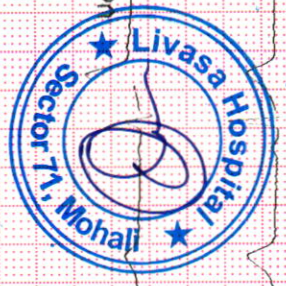
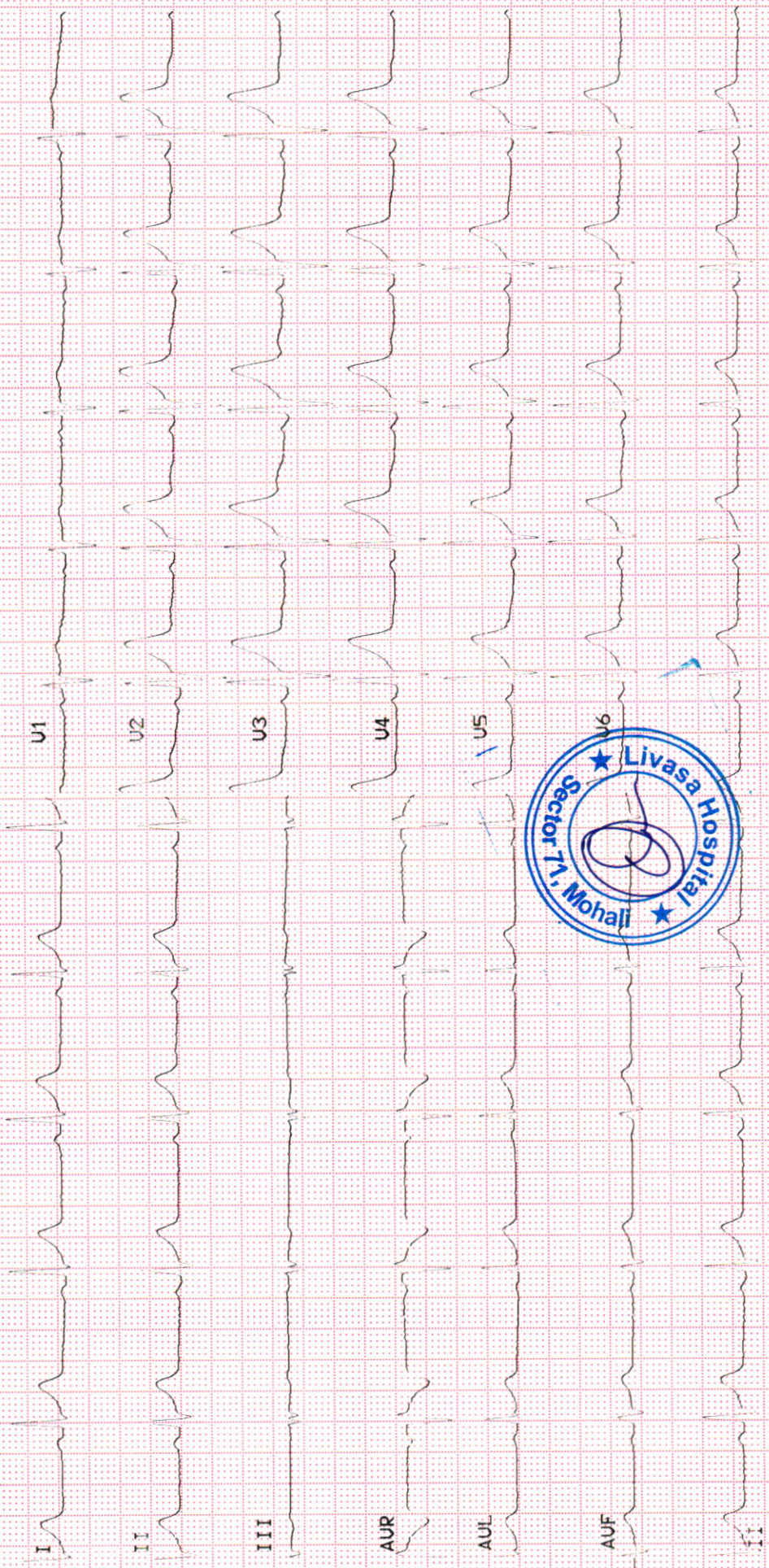
Measurement Results:

QRS	:	396 /	-90	< P
QT/QTcB	:	140 ms	aUR	< T
PR	:	92 ms	aUL	< QRS
P	:	890 ms	O I	
RR/PP	:	30/ 15/	25 degrees	
P/QRS/T	:	24 /	25 ms	
QT/QTcBD	:	1.7 mV	III	
Sokolow	:	8	aUF	
NK	:			

Interpretation:

R/S inversion area between U1 and U2  
borderline ECG

Unconfirmed report.





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NAME	: MR GAURAV KUMAR	Requisition Date	: 08/Feb/2025 10:06AM
DOB/Gender	: 15-Sep-1990/M	SampleCollDate	: 08/Feb/2025 11:03AM
UHID	: 504133	Sample Rec.Date	: 08/Feb/2025 11:03AM
Inv. No.	: 4934299	Approved Date	: 08/Feb/2025 12:15PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13395637		

Test Description	Observed Value	Unit	Reference Range
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## IMMUNOASSAY

### TOTAL THYROID PROFILE

Serum Total T3 (CLIA/Vitros 5600)	1.20	ng/mL	0.970 - 1.69
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#### Summary & Interpretation:

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of medicaments such as propranolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4 (CLIA/Vitros 5600)	6.10	µg/dL	5.52 - 12.97
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#### Summary & Interpretation:

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

Serum TSH (CLIA/Vitros 5600- TSH 3rd generation)	5.600	mIU/L	0.4001 - 4.049
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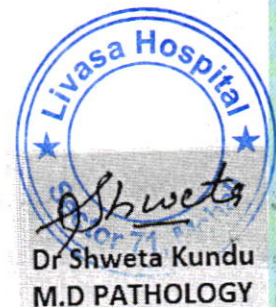
#### Summary & Interpretation:

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

#### Note:

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
- Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic - Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 - 3.70
2nd Trimester	0.31 - 4.35
3rd Trimester	0.41 - 5.18



Result Entered By: Satvir 6849M

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## BIOCHEMISTRY

### GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting (VITROS 5600 /Colorimetric - Glucose oxidase, hydrogen peroxide)	102	mg/dL	Normal 70-99 mg/dl Impaired Tolerance 100 - 125mg/dl Diabetic $\geq$ 126 mg/dl
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Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dL is considered normal.
- A fasting plasma glucose level between 100-125 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level  $\geq$ 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

### RFT (RENAL FUNCTION TESTS)

Serum Urea (VITROS 5600 /Colorimetric - Urease, UV)	24.00	mg/dl	19.26-42.8
Serum Creatinine (JAFKE KINETIC/ AU480)	0.90	mg/dL	0.67-1.17
Serum Uric acid (VITROS 5600 /Colorimetric - Uricase)	9.50	mg/dL	3.5--8.5 mg/dl

#### Interpretation:

Renal function tests are used to detect and diagnose diseases of the Kidney.

Result Entered By: Satvir 6849M



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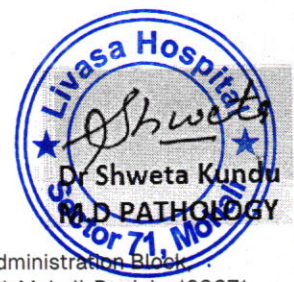
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NAME : MR GAURAV KUMAR

DOB/Gender : 15-Sep-1990/M

UHID : 504133

Inv. No. : 4934299

Panel Name : Livasa Mohali

Bar Code No : 13395637

Requisition Date : 08/Feb/2025 10:06AM

SampleCollDate : 08/Feb/2025 11:03AM

Sample Rec.Date : 08/Feb/2025 11:03AM

Approved Date : 08/Feb/2025 12:15PM

Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
<b>LIVER FUNCTION TEST WITH GGT</b>			
Serum Bilirubin Total (VITROS 5600 /Colorimetric - Diphylline, Diazonium salt)	1.10	mg/dL	0.2-1.3 mg/dl
Bilirubin(Unconjugated) (VITROS 5600 / Colorimetric - Direct measure)	0.70	mg/dL	Adult 0.0 - 1.1 Neonate 0.6 - 10.5
Bilirubin(Conjugated) (VITROS 5600 / Colorimetric - Spectrophotometric)	0.01	mg/dL	Adult 0.0 - 0.3 Neonate 0.0 - 0.6
Serum SGOT(AST) (VITROS 5600 /UV with P5P)	40	U/L	Male 17-59U/L
Serum SGPT(ALT) (VITROS 5600 /Multi-point rate - UV with P5P)	62	U/L	<50
Serum AST/ALT Ratio (Calculated)	0.65		
Serum GGT (VITROS 5600 /Multi-point rate - G-glutamyl-p-nitroanilide)	52	U/L	15 - 73
Serum Alkaline Phosphatase (VITROS 5600 /Multi-point rate - PMPP, AMP Buffer (37°C))	107	U/L	38-126U/L
Serum Protein Total (VITROS 5600 /Colorimetric - Biuret,no serum blank, end point)	8.7	g/dl	6.3-8.2g/dl
Serum Albumin (VITROS 5600 /Colorimetric - Bromocresol Green)	5.0	g/dl	3.5-5.0g/dl
Serum Globulin (Calculated)	3.70	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.35	%	1.0 - 1.8

### Interpretation:

Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.

Result Entered By:Satvir 6849M



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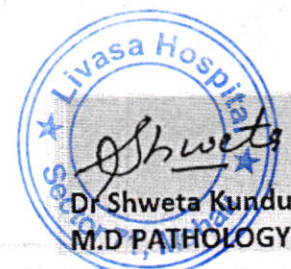
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Phase 8, SAS Nagar, Mohali, Punjab-160071  
Phone: 91-172-7170000, Fax: 91-172-2274900

CIN No.: U85110PB2005PTC027898  
GSTIN: O3AABCI4594F1ZQ



# LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 01727170000, 9115115257

Email: pathreports@livasahospitals.in



MC-6172

**Livasa**  
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NAME	: MR GAURAV KUMAR	Requisition Date	: 08/Feb/2025 10:06AM
DOB/Gender	: 15-Sep-1990/M	SampleCollDate	: 08/Feb/2025 11:03AM
UHID	: 504133	Sample Rec.Date	: 08/Feb/2025 11:03AM
Inv. No.	: 4934299	Approved Date	: 08/Feb/2025 12:15PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13395637		

Test Description	Observed Value	Unit	Reference Range
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## CLINICAL PATHOLOGY

### COMPLETE URINE EXAMINATION

#### Physical Examination

Urine Volume	35.00	mL	
Urine Colour	Yellow		Light Yellow
Urine Appearance	Clear		Clear

#### Chemical Examination (Reflectance Photometry)

Urine pH	6.00		4.8-7.6
Urine Specific Gravity	1.015		1.010-1.030
Urine Glucose	Negative		Negative
Urine Protein (Protein Ionization)	Negative		Negative
Urine Ketones	Negative		Negative
Urine Bilirubin	Negative		Negative
Urine for Urobilinogen	Normal		Normal
Urine Nitrite	Negative		Negative

#### Microscopic Examination

Urine Pus Cells	0-1		Negative
Urine RBC	Absent	/hpf	Negative
Urine Epithelial Cells	Absent	/hpf	0-5
Urine Casts	Absent	/lpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent

Result Entered By: Satvir 6849M



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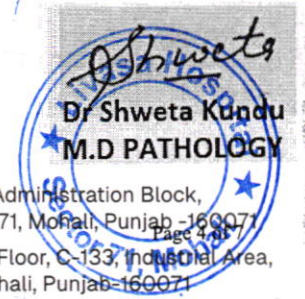
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NAME	: MR GAURAV KUMAR	Requisition Date	: 08/Feb/2025 10:06AM
DOB/Gender	: 15-Sep-1990/M	SampleCollDate	: 08/Feb/2025 10:20AM
UHID	: 504133	Sample Rec.Date	: 08/Feb/2025 10:20AM
Inv. No.	: 4934299	Approved Date	: 08/Feb/2025 12:17PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13395637		

Test Description	Observed Value	Unit	Reference Range
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## HAEMATOLOGY

### BLOOD GROUP RH TYPE

#### ABO & RH Typing

##### Forward Grouping

Anti A	POSITIVE
Anti B	POSITIVE
Anti D	POSITIVE
Final Blood Group	AB POSITIVE

#### NOTE :

- \* Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- \* So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- \* Presence of maternal antibodies in newborns, may interfere with blood grouping.
- \* Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

The highlighted values should be correlated clinically  
Result Entered By: Satvir 6849M



#### Livasa Hospital, Mohali

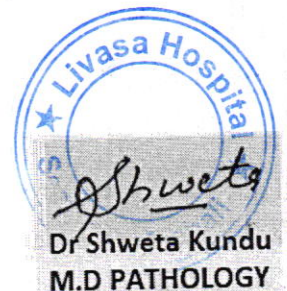
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NAME	: MR GAURAV KUMAR	Requisition Date	: 08/Feb/2025 10:06AM
DOB/Gender	: 15-Sep-1990/M	SampleCollDate	: 08/Feb/2025 10:20AM
UHID	: 504133	Sample Rec.Date	: 08/Feb/2025 10:20AM
Inv. No.	: 4934299	Approved Date	: 08/Feb/2025 11:08AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13395637		

Test Description	Observed Value	Unit	Reference Range
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## HAEMATOLOGY

### ESR

Primary Sample Type:EDTA Blood

ESR (Automated ESR analyser)	21	mm/h	0-10
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### COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin (Noncyanmethhaemoglobin)	13.2	g/dl	13.0 - 17.0
Hematocrit(PCV) (Calculated)	41.9	%	36-48
Red Blood Cell (RBC) (Impedence/DC Detection)	4.60	10 <sup>6</sup> / $\mu$ l	4.5-5.5
Mean Corp Volume (MCV) (Impedence/DC Detection)	90.1	fL	83-97
Mean Corp HB (MCH) (Calculated)	28.4	pg/mL	27-31
Mean Corp HB Conc (MCHC) (Calculated)	31.5	gm/dl	32-36
Red Cell Distribution Width -CV (Calculated)	15.4	%	11-15
Platelet Count (Impedence/DC Detection/Microscopy)	148	10 <sup>3</sup> /ul	150-450
Mean Platelet Volume (MPV) (Impedence/DC Detection)	15.1	fL	7.5-10.3
Total Leucocyte Count (TLC) (Impedence/DC Detection)	6.7	10 <sup>3</sup> / $\mu$ l	4.0 - 10.0

### Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	50	%	40-75
Lymphocytes	41	%	20-40
Monocytes	7	%	0-8
Eosinophils	2	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,350	$\mu$ l	2000-7000
Absolute Lymphocyte Count	2,747	uL	1000-3000
Absolute Monocyte Count	469	uL	200-1000
Absolute Eosinophil Count	134	$\mu$ l	20-500

The highlighted values should be correlated clinically  
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*Shweta*  
Dr Shweta Kundu  
M.D PATHOLOGY

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NAME	: MR GAURAV KUMAR	Requisition Date	: 08/Feb/2025 10:06AM
DOB/Gender	: 15-Sep-1990/M	SampleCollDate	: 08/Feb/2025 01:57PM
UHID	: 504133	Sample Rec.Date	: 08/Feb/2025 01:57PM
Inv. No.	: 4934299	Approved Date	: 08/Feb/2025 02:33PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13395637		

Test Description	Observed Value	Unit	Reference Range
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## HAEMATOLOGY

### Glycosylated HB (HbA1c)

Whole Blood HbA1c (HPLC)	5.7	%	Non diabetic:4.0-5.7 Pre-diabetes:5.7-6.4 Diabetes:>=6.5
Estimated Average Glucose (eAG) (Calculated)	117	mg/dL	

ADA criteria for correlation between HbA1c & Mean plasma glucose levels:  
(Last three month's average).

HbA1c (%)	Mean Plasma Glucose (mg / dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

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

Result Entered By: Satvir 6849M



### Livasa Hospital, Mohali

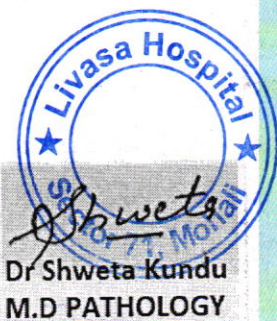
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