



Pre - op

Post- op

Health Check-up

Date : 28/10/24

Patient Reg. No. : _____

Patient Name : Munasa Kamra Age / Sex : _____

Address : _____

Complaints :

Pain : _____

Bleeding gums : _____

Swelling : _____

Sensitivity : _____

Pus Discharge : _____

Medical History :

Hypertension : _____ DM Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication :

On Examination :

Abscess : _____ Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep Perio Surgery : _____

Restoration : _____ Class V Fillings : _____

RCT : _____ Extraction : _____

Dentures : _____ Partial Denture : _____

Implants : _____ Crown & Bridge Present : _____

Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :

Some Golden Rules :

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be performed in a well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

Adv: Aligners

Dr. Darshini V. Shah

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

Dr. Yagnesh Jada

88668 87897

DR. HARIN VADODARIA MD

M.D. (Internal Medicine)
Consultant Physician
Reg No: G 3394,
Mo: 9898053714

Shalby MD Physician Clinic

OPR NO:

Patient Name:-

Manasa - Kamnani
36/F

Date: 26/10/24

Age / Sex :-

Weight:- 52.4 kg

Chief Complaints:-

no fever cough

Height:- 155 cm

Nutritional assessment:-

- Obese
- Well nourished
- Mild-moderate nourished
- Severely mal-nourished

Drug / Food Allergy:-

no penicillin

Pulse:- 74 bpm

Past History :-

- TDM

ben Insulin

BP:- 110/60 mmHg

SpO2:- 99%

Family History:-

ok. parents

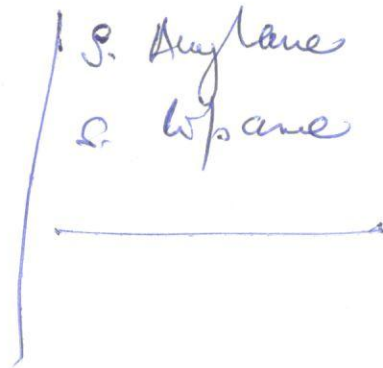
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Systemic Examination:-

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14
an

Provisional Diagnosis:-

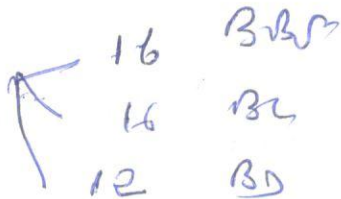
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INSOLU

NOVO RANG



INSOLU BASALOG 26 units
App. 10 PM

et Paneratin



DR. RUJUTA SHELAT

Consultant Ophthalmologists

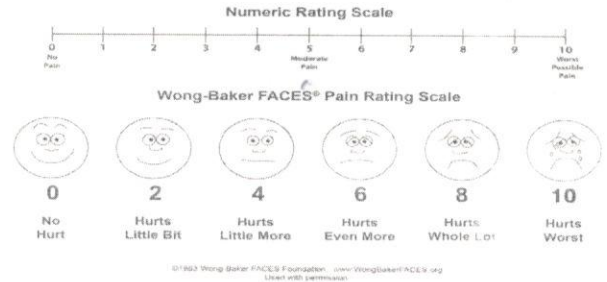
Reg. No.:- G-48712

Name:- Mansa Kamasapu

Date:- 26-10-24

Chief Complaints:-

- N/A to recent eye complains.
- Came for regular checkup.



Pain Assessment:-

Past History:- Nil

Family History:-

Allergy:- No any allergy of drugs & Food.

Personal History: - Habits: - Alcohol: - Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination: -

BP: - Pulse: - Temp: -

Visual Acuity: - $\left\langle \begin{matrix} 6/6 \\ 6/6 \end{matrix} \right\rangle$ N6
C PUP

NCT $\left\langle \begin{matrix} 12 \\ 12 \end{matrix} \right\rangle$

ON Examination

CONL

Ant. Segment

PAOD = ICT

Systemic Examination:-

HT: - WT:-
DM since 8 years ↓ Insulin.

PH Vision:-

Both Eye

CONL

clear. Anterior Chamber

Cornea

clear

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc: -

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

CWNL

Investigation:-

- BE : Myopic

Treatment:-
Actw Refresh liquigel.

Nutritional Assessment:-

Preventive Care & Counselling:-

Follow Up ON:-

1 year

Signature of the Consultant
Dr. Reyato Shetty

DR. HIMANI THAKER (VYAS)

M.S (Gynec)
Consultant Obstetrician & Gynecologist
Laprosopic Surgeon
Infertily Specialist
Email-ID:- thaker.himani@gmail.com
Register No. G-31062

Shalby Women's Health Clinic

Name:- *Manasa*

Chief Complaints:-

Date: *28/10/24*
Weight:-

Height:-

OPR NO:-

Nutritional Assessment:-

- Obese
- Well Nourished
- Mild-Moderate Nourished
- Severely Mal-Nourished

LMP:- *13/10/24*

*No spotting
intermittently*

M/H:-

O/H:- *paup - 34 days bhon
30*

P/H:- *0/H - Pch*

Examination:-
*1st exam / 0 / gyn / L
2nd exam / 0 / 3 yrs / L*

Provisional Diagnosis:-

*Endometrial
polyp*

*P/A - sup
P/A - healthy
GAD taker*

Treatment & Further Advices:-
(Write in Capital Letters)

Investigaion Adviced:-

Adv
HysteroscopiR
polypectomy

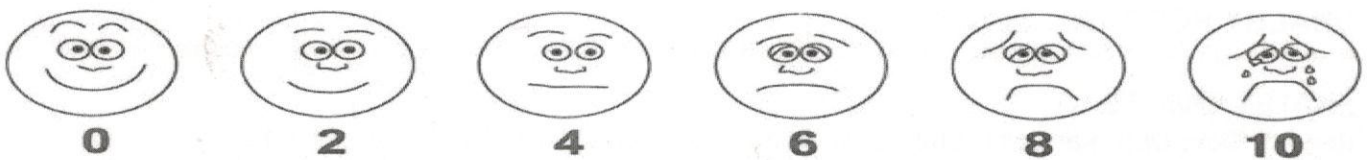
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Follow Up: _____ Date:- _____
Incase of emergency Please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



Patient's Name: Manasa Kamarapu

UHID:373787

Age: 36 yrs / Female

Date:26 / 10 / 2024

ECHOCARDIOGRAPHY REPORT

Valves:-

Mitral valve :Normal, No MR

Aortic valve :Normal, No AR

Tricuspid valve :Normal, No TR

Pulmonary valve:Normal, No PR

Chambers:-

Left Atrium:Normal

Right Atrium:Normal

Right Ventricle:Normal size cavity, Good RV systolic function With TAPSE:20

Left Ventricle: Normal size cardiac chambers, No Regional wall Motion abnormality.
Normal LV systolic function
with Ejection Fraction 60 %.
Normal Diastolic Flow Pattern.

Septae:-

IVS: Intact. No residual VSD.

IAS :Intact.

Pericardium:Normal.

IVC:13 mm with more than 50% collapsibility.

OTHER FINDINGS :- Bilateral lung angle clear

CONCLUSION:-

- Normal LV Systolic function
- No RWMA
- EF 60 %



DR.SUSHIL YADAV
Consultant Clinical cardiologist

Note : Normal echo study does not rule out underlying Coronary artery disease

SHALBY HOSPITAL, SURAT

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India. | Ph.: 0261-7190000 | Email : info.surat@shalby.org

SHALBY LIMITED

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India.
Corp. Office: B-301 & 302, Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India
Tel: 079-42222222 | Fax: 079-42221100 | info@shalby.org | www.shalby.org

ID:

Name:

Sex: M
cm kg

Birth date: / mmHg

years

Medication:

Symptoms:

History:

vent. rate 69 bpm
PR int 124 ms
QRS dur 80 ms
QT/QTc(E) int 382/402 ms
P/QRS/T axis -30/ 45/ -6 °
RV5/SV1 amp 1.16/ 0.64 mV
RV5+SV1 amp 1.80 mV

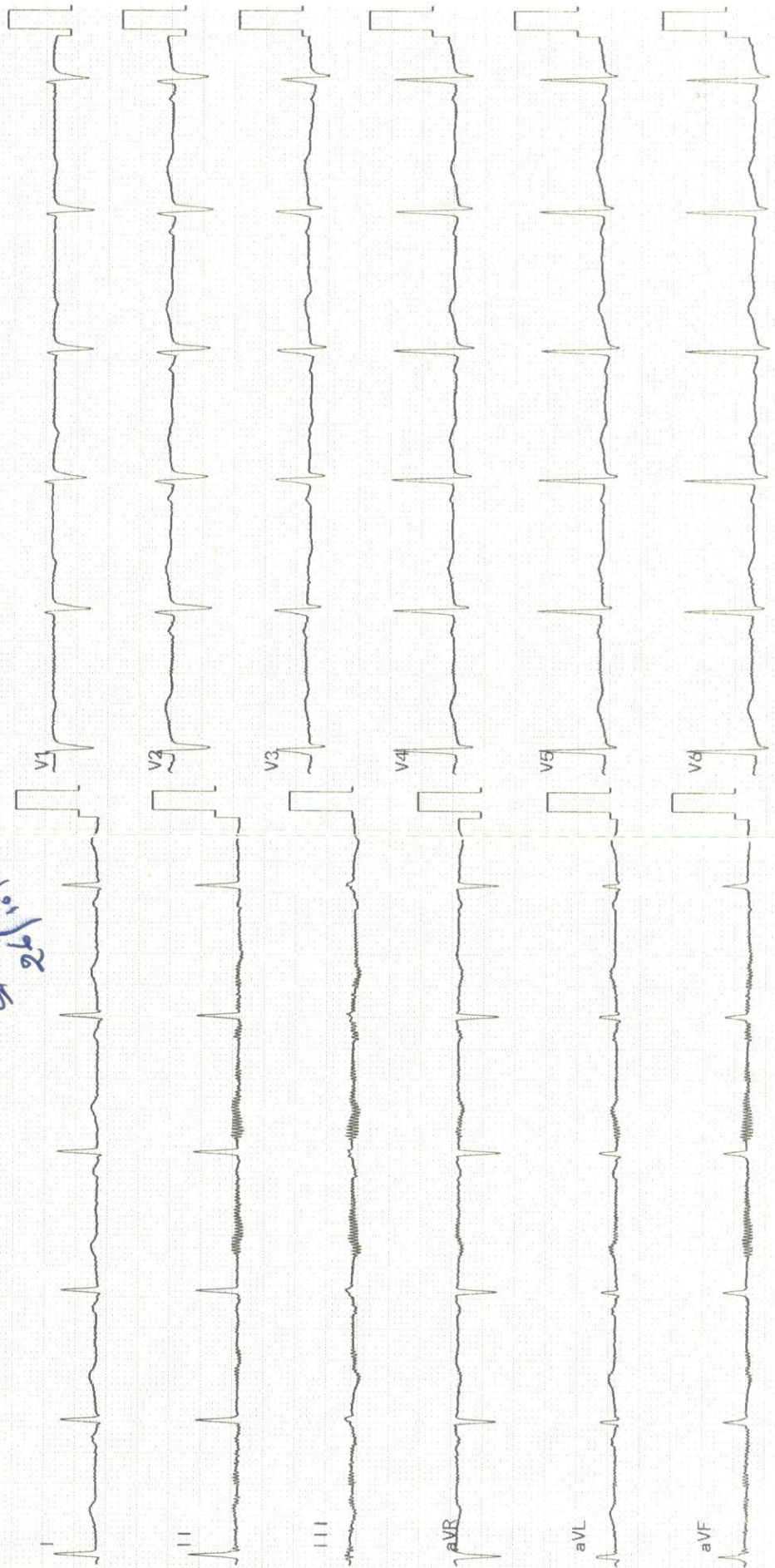
Magnus Kamao

Unconfirmed Report

Reviewed by:

10 mm/mV 25 mm/s Filter: H50 d 35 Hz

10 mm/mV



Patient ID:	SUR0000373787	Patient Name:	MANASA KAMARAPU
Age:	36 Years	Sex:	F
Accession Number:	10664 MHC	Modality:	DX
Referring Physician:	DR SHALBY	Study:	CHEST PA
Study Date:	26-Oct-2024		

CHEST X-RAY (PA)

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

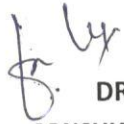
Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- No significant abnormality seen.

Thanks for referral.



DR. NITIN DESAI
CONSULTANT RADIOLOGIST



Certificate No.: MC-5200

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Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000373787 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Manasa Kamarapu /

Registered On : 26-Oct-2024 11:55 AM

Lab ID : 410902013

Collected On : 26-Oct-2024 11:44 AM

Gender/Age : Female / 36 Years

DOB : 07-Jul-1988

Received On : 26-Oct-2024 12:18 PM

Ref. By : Health Check Up Shalby

Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD COUNT AND INDICIES

HAEMOGLOBIN	Colorimetric Non Cyanide	11.1	g/dL	12.0 - 15.0
RBC COUNT	Electrical Impedance	4.10	mill/cmm	3.8 - 4.8
HCT	Calculated	34.6	%	36 - 46
MCV	Calculated based on the RBC histogram	84.5	fL	83 - 101
MCH	Calculated	27.1	pg	27 - 32
MCHC	Calculated	32.0	g/dL	31.5 - 34.5
RDW	Calculated	12.0	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	4680	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	49	%	40 - 80
LYMPHOCYTES	Flow Cytometry	41	%	20 - 40
EOSINOPHILS	Flow Cytometry	7	%	1 - 6
MONOCYTES	Flow Cytometry	3	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	349000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	8.6	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs	Normochromic and Normocytic.
WBCs	Total and differential leucocyte counts are within normal limit.
PLATELETs	Adequate in number and normal in morphology.
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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Dr Pankaj AgrawalM.B., D.C.P.
Consulting Pathologist



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Patient Name : Mrs. Manasa Kamarapu	/	Registered On : 26-Oct-2024 11:55 AM
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Gender/Age : Female / 36 Years	DOB : 07-Jul-1988	Received On : 26-Oct-2024 12:18 PM
Ref. By : Health Check Up Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD GROUP			
(Tube agglutination: Forward & reverse)			
ABO Type	"B"		
RH Type	POSITIVE		

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Dr Pankaj Agrawal
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Consulting Pathologist



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Gender/Age : Female / 36 Years DOB : 07-Jul-1988 Received On : 26-Oct-2024 12:18 PM
Ref. By : Health Check Up Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour <i>Modified Westergren Method</i>	10	mm in 1 hour	0 - 20
HBA1C			
HbA1c - Glycated Haemoglobin <i>Boronate Affinity Assay</i>	10.0	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemc control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5
Estimated Average Glucose (eAG) (mg/dL) <i>Calculated</i>	240	mg/dL	

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Lab ID : 410902013 Collected On : 26-Oct-2024 11:44 AM
Gender/Age : Female / 36 Years DOB : 07-Jul-1988 Received On : 26-Oct-2024 12:10 PM
Ref. By : Health Check Up Shalby Sample Type : Fluoride F, Urine (PP),
Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE

Plasma Glucose (F) <i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>	139	mg/dL	74 - 106
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Urine Sugar (F) <i>Glucose-oxidase/oxidase reaction</i>	ABSENT	mg/dL	Absent
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POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP) <i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>	331	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic :>=200
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Urine Sugar (PP) <i>Glucose-oxidase/oxidase reaction</i>	PRESENT[+++]	mg/dL	Absent
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Patient Name : **Mrs. Manasa Kamarapu** / Registered On : 26-Oct-2024 11:55 AM
 Lab ID : 410902013 Collected On : 26-Oct-2024 11:44 AM
 Gender/Age : Female / 36 Years DOB : 07-Jul-1988 Received On : 26-Oct-2024 12:00 PM
 Ref. By : Health Check Up Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	162	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	102	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	48	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	114	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	94	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	20	mg/dL	6 - 38
LDL/dHDL <i>Calculated</i>	2.0		2.5 - 3.5
Chol/dHDL <i>Calculated</i>	3.4	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Gender/Age : Female / 36 Years

DOB : 07-Jul-1988

Received On : 26-Oct-2024 12:00 PM

Ref. By : Health Check Up Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
THYROID PROFILE (TFT)			
Total T3 <i>Chemiluminescence immunoassay (CLIA)</i>	90	ng/dL	87 - 178
Total T4 <i>Chemiluminescence immunoassay (CLIA)</i>	9.66	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH <i>Chemiluminescence immunoassay (CLIA)</i>	2.491	µIU/mL	Non Pregnant Females: 0.38-5.33 µIU/mL Pregnant Females (1st trimester): 0.05-3.70 µIU/mL Pregnant Females (2nd trimester): 0.31-4.35 µIU/mL Pregnant Females (3rd trimester): 0.41-5.18 µIU/mL

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.

TSH levels During Pregnancy :

First Trimester :0.1 to 2.5 µIU/mL Second Trimester : 0.2 to 3.0 µIU/mL Third trimester : 0.3 to 3.0 µIU/mL

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Dr Pankaj AgrawalM.B., D.C.P
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Certificate No. : MC-5200

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DOB : 07-Jul-1988

Received On : 26-Oct-2024 12:00 PM

Ref. By : Health Check Up Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST**NABL Accredited Parameters****Urea Nitrogen (BUN)**

9

mg/dL

7 - 17

*Urease, colorimetric***UREA**

19

mg/dL

15 - 36

*Calculated***Creatinine**

0.54

mg/dL

0.52 - 1.04

*Enzymatic - Creatinine amidohydrolase***S. URIC ACID**

2.8

mg/dL

2.5 - 6.2

*Uricase/Peroxidase, Colorimetric***Calcium**

9.7

mg/dL

8.4 - 10.2

*Arsenazo III dye***Sodium**

138

mmol/L

137 - 145

*Direct Ion Selective Electrode***S. POTASSIUM**

4.4

mmol/L

3.5 - 5.1

*Direct Ion Selective Electrode***Chloride**

104

mmol/L

98 - 107

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Gender/Age : Female / 36 Years	DOB : 07-Jul-1988	Received On	: 26-Oct-2024 12:00 PM	
Ref. By : Health Check Up Shalby		Sample Type	: Serum	

Parameter	Result	Unit	Biological Ref. Interval
BIOCHEMISTRY			
Phosphorus (Not in NABL Scope)	4.6	mg/dL	2.5 - 4.5
<i>Phosphomolybdate reduction (PMA Phenol)</i>			

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Lab ID : 410902013		Collected On : 26-Oct-2024 11:44 AM
Gender/Age : Female / 36 Years	DOB : 07-Jul-1988	Received On : 26-Oct-2024 12:19 PM
Ref. By : Health Check Up Shalby		Sample Type : Urine

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Glucose	<i>Glucose-oxidase/peroxidase reaction</i> Negative		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprussidé reation</i> Negative		Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> 1.030	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Trace (+/-)		Negative
pH	<i>Double Indicator principle</i> 5.5	PH value	4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i> Negative		Negative
Urobilinogen	<i>Modified Ehrlich reaction</i> 0.2	EU/dL	Upto 1.0 mg/dL (EU/dL)
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i> Negative		Negative
Leucocyte	<i>Leucocyte Esterase Test</i> Negative		Negative
Microscopic Examination			
Pus cells	3-4/hpf	/hpf	0-5/hpf
Red blood cells	2-3/hpf	/hpf	NIL/hpf
Epithelial cells	8-10/hpf	/hpf	NA
Crystals	Nil		Nil
Cast	Nil		Nil
Bacteria	Present		Nil
Amorphous	Nil		Nil
Yeast	Present		Nil
Others	Nil		Nil

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 Consulting Pathologist

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 Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India.
 Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000373787 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Manasa Kamarapu /

Registered On : 26-Oct-2024 11:55 AM

Lab ID : 410902013

Collected On : 26-Oct-2024 11:44 AM

Gender/Age : Female / 36 Years

DOB : 07-Jul-1988

Received On : 26-Oct-2024 12:00 PM

Ref. By : Health Check Up Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
Liver Function Test			
SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	12	U/L	9 - 52
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	23	U/L	14 - 36
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	82	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT <i>L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic</i>	11	U/L	12 - 43
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	6.8	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	3.6	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	3.2	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.1	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.3	mg/dL	0-1 day (premature) 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0 Adult : 0.2 - 1.3
Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.0	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0.3	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

----- End of Report -----

This is an Electronically Authenticated Report.

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Dr Pankaj AgrawalM.B., D.C.P
Consulting Pathologist

Patient Name: MANASA KAMARAPU		UHID:	
Age / Sex: 36 Yrs. / Female		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby hospital	Date: 26.10.2024	

ULTRASOUND OF ABDOMEN AND PELVIS (TAS)

Liver is normal in size and appearance. It shows normal parenchymal reflectivity. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R. **Portal vein** appears normal.

Gall bladder is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

Pancreas appears normal in size and echotexture.

Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney it shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney it shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder well distended and appears normal. No evidence of any intraluminal mass or calculi.

Uterus appears mild bulky in size . The uterine myometrial echotexture is homogenous.. There is no evidence of any ovarian or adnexal mass lesion.

Approx 13x11 mm size hypoechoic lesion seen in posterior wall of uterus .s/o subserosal fibroid.

Approx 8x5 mm size anechoic lesion with internal vascularity seen with endometrial cavity. S/o Endometrial polyp seen.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

IMPRESSION:

- **Mild bulky uterus with uterine fibroid as described above.**
- **Endometrial polyp.**
-

Thanks for referrals.

DR. NITIN DESAI
CONSULTANT RADIOLOGIST

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