



Add: Mukut Complex, Rekabganj, Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAGHUNANDAN PANDEY Registered On : 23/Dec/2023 10:38:22 Age/Gender Collected : 41 Y 3 M 1 D /M : 23/Dec/2023 11:02:54 UHID/MR NO : CHFD.0000276105 Received : 23/Dec/2023 11:13:35 Visit ID : CHFD0506252324 Reported : 23/Dec/2023 16:44:54

: Dr.MEDIWHEEL ACROFEMI Ref Doctor Status : Final Report HEALTHCARE LTD FZD -

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , BI	lood			
Blood Group	В			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whole	e Blood			
TLC (WBC)	14.60 5,400.00	g/dl /Cu mm	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl 4000-10000	
Polymorphs (Neutrophils)	45.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	51.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	18.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	< 9	
PCV (HCT) Platelet count	42.10	%	40-54	
Platelet Count	3.43	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.50	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	18.80	%	35-60	ELECTRONIC IMPEDANCE











Add: Mukut Complex, Rekabganj, Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAGHUNANDAN PANDEY Registered On : 23/Dec/2023 10:38:22 Age/Gender : 41 Y 3 M 1 D /M Collected : 23/Dec/2023 11:02:54 UHID/MR NO Received : CHFD.0000276105 : 23/Dec/2023 11:13:35 Visit ID : CHFD0506252324 Reported : 23/Dec/2023 16:44:54

Ref Doctor : Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD - Status : Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.31	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	9.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.92	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	81.20	fl	80-100	CALCULATED PARAMETER
MCH	30.20	pg	28-35	CALCULATED PARAMETER
MCHC	29.60	%	30-38	CALCULATED PARAMETER
RDW-CV	12.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	39.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,430.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	108.00	/cu mm	40-440	
·				

Dr. R. B. Varshney M.D. Pathology









Add: Mukut Complex, Rekabganj, Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAGHUNANDAN PANDEY Age/Gender : 41 Y 3 M 1 D /M Collected

UHID/MR NO : CHFD.0000276105 Visit ID

: CHFD0506252324

HEALTHCARE LTD FZD -

Dr. MEDIWHEEL ACROFEMI

: 23/Dec/2023 10:38:24 Registered On

: 23/Dec/2023 11:02:54 : 23/Dec/2023 11:36:05

Reported : 23/Dec/2023 12:37:11

: Final Report

DEPARTMENT OF BIOCHEMISTRY

Received

Status

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

GLUCOSE FASTING, Plasma

Glucose Fasting

Ref Doctor

102.83

mg/dl

< 100 Normal

GOD POD

100-125 Pre-diabetes

≥ 126 Diabetes

Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impared Glucose Tolerance.

Glucose PP Sample:Plasma After Meal 115.26

mg/dl

<140 Normal

GOD POD

140-199 Pre-diabetes

>200 Diabetes

Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impared Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) *, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	6.40	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	46.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	137	mg/dl	

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- · eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.



1800-419-0002





 $Add: Mukut\ Complex,\ Rekabganj, Faizabad$

Ph: 9235400973,

HEALTHCARE LTD FZD

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAGHUNANDAN PANDEY Registered On : 23/Dec/2023 10:38:24 Collected Age/Gender : 41 Y 3 M 1 D /M : 23/Dec/2023 11:02:54 UHID/MR NO : CHFD.0000276105 Received : 23/Dec/2023 11:36:05 Visit ID : CHFD0506252324 Reported : 23/Dec/2023 12:37:11 Dr. MEDIWHEEL ACROFEMI Ref Doctor Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method	
---	--

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

^{*}High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

N.B.: Test carried out on Automated VARIANT II TURBO HPLC Analyser.

Clinical Implications:

- *Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
- *With optimal control, the HbA 1c moves toward normal levels.
- *A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy
- c. Alcohol toxicity d. Lead toxicity
- *Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss
- *Pregnancy d. chronic renal failure. Interfering Factors:
- *Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

BUN (Blood Urea Nitrogen) Sample:Serum	8.55	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.01	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid Sample:Serum	4.17	mg/dl	3.4-7.0	URICASE

LFT (WITH GAMMA GT) *, Serum





^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.



Add: Mukut Complex, Rekabganj,Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAGHUNANDAN PANDEY Registered On : 23/Dec/2023 10:38:24 Age/Gender : 41 Y 3 M 1 D /M Collected : 23/Dec/2023 11:02:54 UHID/MR NO : CHFD.0000276105 Received : 23/Dec/2023 11:36:05 Visit ID : CHFD0506252324 Reported : 23/Dec/2023 12:37:11

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	U	nit Bio. Ref. Interva	al Method
SGOT / Aspartate Aminotransferase (AST)	30.97	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	39.88	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	84.30	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.97	gm/dl	6.2-8.0	BIURET
Albumin	4.40	gm/dl	3.4-5.4	B.C.G.
Globulin	3.57	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.23	91117 41	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	69.33	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.74	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.26	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.48	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) *, Serum				
Cholesterol (Total)	166.34	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	62.34	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	84	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High	
	10.00		> 190 Very High	
VLDL	19.80	mg/dl	10-33	CALCULATED
Triglycerides	99.01	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Dr. R. B. Varshney M.D. Pathology









Test Name

Add: Mukut Complex, Rekabganj, Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Method

Patient Name : Mr.RAGHUNANDAN PANDEY Registered On : 23/Dec/2023 10:38:23 Age/Gender Collected : 41 Y 3 M 1 D /M : 23/Dec/2023 17:00:08 UHID/MR NO : CHFD.0000276105 Received : 23/Dec/2023 17:15:10 Visit ID : CHFD0506252324 Reported : 23/Dec/2023 17:33:42

DEPARTMENT OF CLINICAL PATHOLOGY

Result

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Unit

Bio. Ref. Interval

i est ivallie	Result	Offic	Dio. Rei. Ilitei vai	Method
LIDING EVANAUNATION DOUTING				
URINE EXAMINATION, ROUTINE *				
Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR	y		
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+) 40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++)	
			> 2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	OCCASIONAL			MICROSCOPIC
				EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC
Cont	ADCENIT			EXAMINATION
Cast	ABSENT			MICDOCCODIC
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			LAAMINATION
STOOL, ROUTINE EXAMINATION *	, Stool			
Color	BROWNISH			
Consistency	SEMI SOLID			
Reaction (PH)	Acidic (6.0)			







Since 1991

CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj, Faizabad Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name

: Mr.RAGHUNANDAN PANDEY

Registered On

: 23/Dec/2023 10:38:23 : 23/Dec/2023 17:00:08

Age/Gender UHID/MR NO : 41 Y 3 M 1 D /M

Collected Received

: 23/Dec/2023 17:15:10

Visit ID

: CHFD.0000276105 : CHFD0506252324

Reported

: 23/Dec/2023 17:33:42

Method

Ref Doctor

Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD -

Status

: Final Report

Bio. Ref. Interval

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit
Mucus	ABSENT	
Blood	ABSENT	
Worm	ABSENT	
Pus cells	ABSENT	
RBCs	ABSENT	
Ova	ABSENT	
Cysts	ABSENT	
Others	ABSENT	

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage

ABSENT

gms%

Interpretation:

< 0.5 (+)

(++)0.5 - 1.0

(+++) 1-2

(++++) > 2

SUGAR, PP STAGE * , Urine

Sugar, PP Stage

ABSENT

Interpretation:

(+)

< 0.5 gms%

(++)(+++) 1-2 gms%

0.5-1.0 gms%

(++++) > 2 gms%

Dr. R. B. Varshney M.D. Pathology

Page 7 of 11









Add: Mukut Complex, Rekabganj, Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : 23/Dec/2023 10:38:24 : Mr.RAGHUNANDAN PANDEY Registered On Age/Gender Collected : 41 Y 3 M 1 D /M : 23/Dec/2023 11:02:54 UHID/MR NO : CHFD.0000276105 Received : 23/Dec/2023 11:51:15 Visit ID : CHFD0506252324 Reported : 23/Dec/2023 12:50:34 : Dr.MEDIWHEEL ACROFEMI Ref Doctor

Status : Final Report HEALTHCARE LTD FZD -

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	l Method
THYROID PROFILE - TOTAL *, Serum				
T3, Total (tri-iodothyronine)	135.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.70	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	0.900	μIŪ/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/n	nL First Trimes	ster
		0.5-4.6 μIU/n	nL Second Trin	nester
		0.8-5.2 μIU/n	L Third Trime	ster
		0.5-8.9 μIU/n	nL Adults	55-87 Years
		0.7-27 μIU/n		28-36 Week
		2.3-13.2 μIU/m		> 37Week
		0.7-64 μIU/m		(- 20 Yrs.)
		1-39 μΙU		0-4 Days
		1.7-9.1 μIU/n		2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Dr. R. B. Varshney M.D. Pathology

Page 8 of 11







Add: Mukut Complex, Rekabganj,Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAGHUNANDAN PANDEY

: 41 Y 3 M 1 D /M

Collected

Status

: 23/Dec/2023 10:38:26

Age/Gender UHID/MR NO

: CHFD.0000276105 : CHFD0506252324

Received Reported

Registered On

: 23/Dec/2023 13:06:54

Visit ID Ref Doctor

: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD - : Final Report

: N/A

: N/A

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X-RAY REPORT

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE) CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION:

NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Adv: clinico-pathological correlation and further evaluation.

Manufunda Sift

Page 9 of 11







Add: Mukut Complex, Rekabganj, Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name : Mr.RAGHUNANDAN PANDEY Registered On : 23/Dec/2023 10:38:26

 Age/Gender
 : 41 Y 3 M 1 D /M
 Collected
 : N/A

 UHID/MR NO
 : CHFD.0000276105
 Received
 : N/A

Visit ID : CHFD0506252324 Reported : 23/Dec/2023 11:58:48

Ref Doctor : Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD - Status : Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

• The liver is normal in size 13.31 cm in longitudinal span and has a normal homogenous echotexture. No focal lesion is seen.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct is not dilated.
- The gall bladder is normal in size. GB Wall thicknes is normal.

PANCREAS

• The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

GREAT VESSELS

• Great vessels are normal.

KIDNEYS

- Both the kidneys are normal in size and cortical echotexture.
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.

SPLEEN

• The spleen is normal in size and has a normal homogenous echo-texture.

LYMPH NODES

• No pre- or para - aortic lymph node mass is seen.

RETROPERITONEUM

• Retroperitoneum is free.

ILIAC FOSSAE & PERITONEUM

• Scan over the iliac fossae does not reveal any fluid collection or mass.

Page 10 of 11







Add: Mukut Complex, Rekabganj,Faizabad

Ph: 9235400973,

CIN: U85110DL2003PLC308206



Patient Name

: Mr.RAGHUNANDAN PANDEY

Registered On

: 23/Dec/2023 10:38:26

Age/Gender UHID/MR NO

: 41 Y 3 M 1 D /M

Collected Received : N/A

Visit ID

: CHFD.0000276105 : CHFD0506252324

Reported

: 23/Dec/2023 11:58:48

Ref Doctor

: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD FZD - Status

: Final Report

: N/A

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

• No free fluid is noted in peritoneal cavity.

URETERS

- The upper parts of both the ureters are normal.
- Thevesico ureteric junctions are normal.

URINARY BLADDER

• The urinary bladder is normal.

PROSTATE

• The Prostate gland is normal in size.

FINAL IMPRESSION:-

- Gas filled bowel loops.
- Rest is normal.

Adv: Clinico-pathological correlation and follow-up.

*** End Of Report ***

Result/s to Follow: ECG/EKG



Onvoy Dr. R. B. Varshney

Ultrasonologist

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *

*Facilities Available at Select Location

Page 11 of 11



