

| | | | |
|----------------|---------------------|-----------------------------------|-------------------------|
| NAME | Sarojini SHARMA | STUDY DATE | 13-03-2023 09:29:17 |
| AGE / SEX | 058Yrs / F | HOSPITAL NO. | MH010842556 |
| REFERRING DEPT | OPD | MODALITY/Procedure Description | CR /Xray chest PA (CXR) |
| REPORTED ON | 13-03-2023 19:29:23 | REFERRED BY | Dr. Health Check MHD |

X-RAY CHEST - PA VIEW

Findings:

Visualized lung fields appear clear.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

Impression:

No significant abnormality seen.



Dr.Pankaj Saini MD,DHA
DMC reg. no. 15796
Consultant Radiologist

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

| | | | |
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Rate 102 . Sinus tachycardia.....rate> 99
 . S1,S2,S3 pattern.....S >30mS & >0.2mV, I II III
 PR 141 . Abnormal R-wave progression, late transition.....QRS area<0 in V5/V6
 QRSD 99 . Borderline repolarization abnormality.....ST dep & abnormal T
 QT 365
 QTc 476

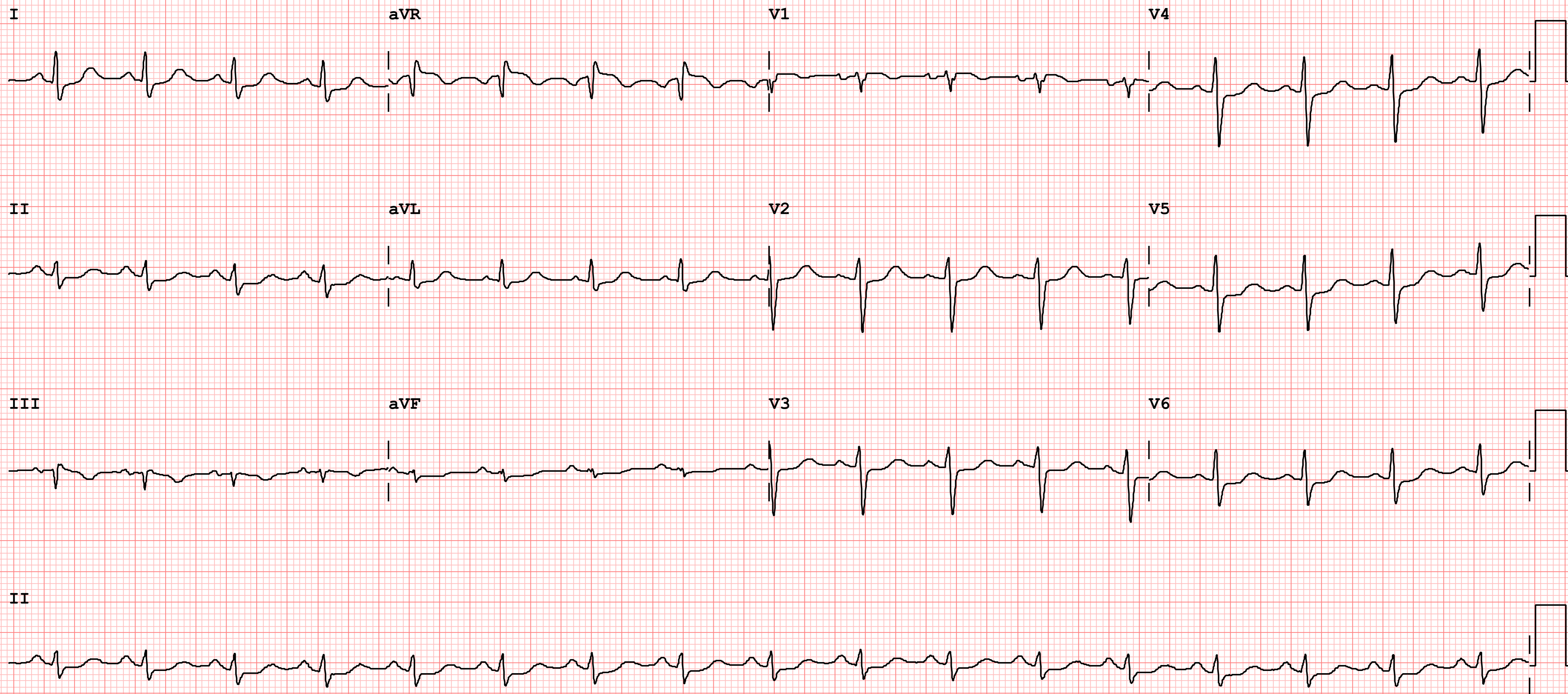
--AXIS--

P 37
 QRS -21
 T -4

- BORDERLINE ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



| | | | |
|----------------|---------------------|-----------------------------------|----------------------|
| NAME | Sarojini SHARMA | STUDY DATE | 13-03-2023 11:20:41 |
| AGE / SEX | 058Yrs / F | HOSPITAL NO. | MH010842556 |
| REFERRING DEPT | OPD | MODALITY/Procedure Description | US /Echo-Cardiogram |
| REPORTED ON | 13-03-2023 13:56:51 | REFERRED BY | Dr. Health Check MHD |

2D ECHOCARDIOGRAPHY REPORT

Findings:

| | End diastole | End systole |
|--|--------------|-------------|
| IVS thickness (cm) | 0.9 | 1.1 |
| Left Ventricular Dimension (cm) | 4.0 | 2.5 |
| Left Ventricular Posterior Wall thickness (cm) | 0.9 | 1.0 |
| Aortic Root Diameter (cm) | 2.4 | |
| Left Atrial Dimension (cm) | 3.0 | |
| Left Ventricular Ejection Fraction (%) | 60% | |

| | | |
|---|---|-------------------------------------|
| LEFT VENTRICLE | : | Normal in size. No RWMA. LVEF=60% |
| RIGHT VENTRICLE | : | Normal in size. Normal RV function. |
| LEFT ATRIUM | : | Normal in size |
| RIGHT ATRIUM | : | Normal in size |
| MITRAL VALVE | : | Trace MR. |
| AORTIC VALVE | : | Normal |
| TRICUSPID VALVE | : | Trace TR (PASP = Normal) |
| PULMONARY VALVE | : | Normal |
| MAIN PULMONARY ARTERY & ITS BRANCHES | : | Appears normal. |
| INTERATRIAL SEPTUM | : | Intact. |
| INTERVENTRICULAR SEPTUM | : | Intact. |

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| AGE / SEX | 058Yrs / F | HOSPITAL NO. | MH010842556 |
| REFERRING DEPT | OPD | MODALITY/Procedure Description | US /Echo-Cardiogram |
| REPORTED ON | 13-03-2023 13:56:51 | REFERRED BY | Dr. Health Check MHD |

PERICARDIUM : No pericardial effusion or thickening

DOPPLER STUDY

| VALVE | Peak Velocity (cm/sec) | Maximum P.G. (mmHg) | Mean P. G. (mmHg) | Regurgitation | Stenosis |
|-----------|------------------------|---------------------|-------------------|---------------|----------|
| MITRAL | E= 101 A=61 | - | - | Trace | Nil |
| AORTIC | 99 | - | - | Nil | Nil |
| TRICUSPID | - | N | N | Trace | Nil |
| PULMONARY | 63 | N | N | Nil | Nil |

SUMMARY & INTERPRETATION:

- o No LV regional wall motion abnormality with LVEF = 60%
- o Normal sized RA/RV/LV/LA with no chamber hypertrophy. Normal RV function.
- o Trace MR.
- o Trace TR (PASP = Normal)
- o Normal mitral inflow pattern.
- o IVC normal in size, >50% collapse with inspiration, suggestive of normal RA pressure.
- o No clot/ no vegetation/ no pericardial effusion.

Please correlate clinically.


DR. BIPIN KUMAR DUBEY
HEAD OF DEPARTMENT
CARDIOLOGY

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Name : MRS SAROJINI SHARMA **Age** : 58 Yr(s) Sex :Female
Registration No : MH010842556 **Lab No** : 31230300617
Patient Episode : H03000052917 **Collection Date** : 13 Mar 2023 09:03
Referred By : HEALTH CHECK MHD **Reporting Date** : 13 Mar 2023 12:05
Receiving Date : 13 Mar 2023 10:06

Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

Blood Group & Rh Typing (Agglutination by gel/tube technique)

Blood Group & Rh typing O Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Cell Panel I NEGATIVE
Cell Panel II NEGATIVE
Cell Panel III NEGATIVE
Autocontrol NEGATIVE

Final Antibody Screen Result Negative

Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

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

Dr Himanshu Lamba



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Name : MRS SAROJINI SHARMA **Age** : 58 Yr(s) Sex :Female
Registration No : MH010842556 **Lab No** : 32230304650
Patient Episode : H03000052917 **Collection Date** : 13 Mar 2023 09:03
Referred By : HEALTH CHECK MHD **Reporting Date** : 13 Mar 2023 11:56
Receiving Date : 13 Mar 2023 09:26

BIOCHEMISTRY

Glycosylated Hemoglobin

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin) 5.9

As per American Diabetes Association (ADA)
% [4.0-6.5] HbA1c in %
Non diabetic adults \geq 18years $<$ 5.7
Prediabetes (At Risk) 5.7-6.4
Diagnosing Diabetes \geq 6.5

Methodology (HPLC)

Estimated Average Glucose (eAG) 123 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.

Specimen Type : Serum

THYROID PROFILE, Serum

| | | | |
|--|----------------|------------------------------|----------------------|
| T3 - Triiodothyronine (ECLIA) | 1.15 | ng/ml | [0.70-2.04] |
| T4 - Thyroxine (ECLIA) | 9.04 | micg/dl | [4.60-12.00] |
| Thyroid Stimulating Hormone (ECLIA) | 5.190 # | μIU/mL | [0.340-4.250] |

1st Trimester:0.6 - 3.4 micIU/mL
2nd Trimester:0.37 - 3.6 micIU/mL
3rd Trimester:0.38 - 4.04 micIU/mL

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness



Name : MRS SAROJINI SHARMA **Age** : 58 Yr(s) Sex :Female
Registration No : MH010842556 **Lab No** : 32230304650
Patient Episode : H03000052917 **Collection Date** : 13 Mar 2023 09:03
Referred By : HEALTH CHECK MHD **Reporting Date** : 13 Mar 2023 19:07
Receiving Date : 13 Mar 2023 09:26

BIOCHEMISTRY

affect TSH results.

* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

| Test Name | Result | Unit | Biological Ref. Interval |
|-----------------------------------|-------------|--------------|--|
| Lipid Profile (Serum) | | | |
| TOTAL CHOLESTEROL (CHOD/POD) | 171 | mg/dl | [<200] Moderate risk:200-239 High risk:>240 |
| TRIGLYCERIDES (GPO/POD) | 128 | mg/dl | [<150] Borderline high:151-199 High: 200 - 499 Very high:>500 |
| HDL - CHOLESTEROL (Direct) | 70 # | mg/dl | [30-60] |
| VLDL - Cholesterol (Calculated) | 26 | mg/dl | [10-40] |
| LDL- CHOLESTEROL | 75 | mg/dl | [<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189 |
| T.Chol/HDL.Chol ratio | 2.4 | | <4.0 Optimal 4.0-5.0 Borderline >6 High Risk |
| LDL.CHOL/HDL.CHOL Ratio | 1.1 | | <3 Optimal 3-4 Borderline >6 High Risk |

Note:
Reference ranges based on ATP III Classifications.
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.



Name : MRS SAROJINI SHARMA Age : 58 Yr(s) Sex :Female
Registration No : MH010842556 Lab No : 32230304650
Patient Episode : H03000052917 Collection Date : 13 Mar 2023 09:03
Referred By : HEALTH CHECK MHD Reporting Date : 13 Mar 2023 12:52
Receiving Date : 13 Mar 2023 09:26

BIOCHEMISTRY

| Test Name | Result | Unit | Biological Ref. Interval |
|---|---------------|--------------|--------------------------|
| LIVER FUNCTION TEST (Serum) | | | |
| BILIRUBIN-TOTAL (mod.J Groff)** | 0.26 | mg/dl | [0.10-1.20] |
| BILIRUBIN - DIRECT (mod.J Groff) | 0.15 | mg/dl | [<0.2] |
| BILIRUBIN - INDIRECT (mod.J Groff) | 0.11 # | mg/dl | [0.20-1.00] |
| SGOT/ AST (P5P,IFCC) | 18.30 | IU/L | [5.00-37.00] |
| SGPT/ ALT (P5P,IFCC) | 12.80 | IU/L | [10.00-50.00] |
| ALP (p-NPP,kinetic)* | 89 | IU/L | [46-118] |
| TOTAL PROTEIN (mod.Biuret) | 8.1 | g/dl | [6.0-8.2] |
| SERUM ALBUMIN (BCG-dye) | 4.8 | g/dl | [3.5-5.0] |
| SERUM GLOBULIN (Calculated) | 3.3 | g/dl | [1.8-3.4] |
| ALB/GLOB (A/G) Ratio | 1.45 | | [1.10-1.80] |

Note:

**NEW BORN:Vary according to age (days), body wt & gestation of baby

*New born: 4 times the adult value





Name : MRS SAROJINI SHARMA **Age** : 58 Yr(s) Sex :Female
Registration No : MH010842556 **Lab No** : 32230304650
Patient Episode : H03000052917 **Collection Date** : 13 Mar 2023 09:03
Referred By : HEALTH CHECK MHD **Reporting Date** : 13 Mar 2023 12:51
Receiving Date : 13 Mar 2023 09:26

BIOCHEMISTRY

| Test Name | Result | Unit | Biological Ref. Interval |
|----------------------------------|--------|-----------------|--------------------------|
| KIDNEY PROFILE (Serum) | | | |
| BUN (Urease/GLDH) | 9.00 | mg/dl | [8.00-23.00] |
| SERUM CREATININE (mod.Jaffe) | 0.78 | mg/dl | [0.60-1.40] |
| SERUM URIC ACID (mod.Uricase) | 4.7 | mg/dl | [2.6-6.0] |
| SERUM CALCIUM (NM-BAPTA) | 9.9 | mg/dl | [8.6-10.0] |
| SERUM PHOSPHORUS (Molybdate, UV) | 3.5 | mg/dl | [2.3-4.7] |
| SERUM SODIUM (ISE) | 140.0 | mmol/l | [134.0-145.0] |
| SERUM POTASSIUM (ISE) | 4.61 | mmol/l | [3.50-5.20] |
| SERUM CHLORIDE (ISE / IMT) | 104.3 | mmol/l | [95.0-105.0] |
| eGFR | 84.1 | ml/min/1.73sq.m | [>60.0] |

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.

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

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



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Name : MRS SAROJINI SHARMA **Age** : 58 Yr(s) Sex :Female
Registration No : MH010842556 **Lab No** : 32230304651
Patient Episode : H03000052917 **Collection Date** : 13 Mar 2023 12:58
Referred By : HEALTH CHECK MHD **Reporting Date** : 13 Mar 2023 14:55
Receiving Date : 13 Mar 2023 13:31

BIOCHEMISTRY

Specimen Type : Plasma

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 216 # mg/dl [70-140]

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

Specimen Type : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase) 119 # mg/dl [70-100]

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

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Name : MRS SAROJINI SHARMA **Age** : 58 Yr(s) Sex :Female
Registration No : MH010842556 **Lab No** : 33230302776
Patient Episode : H03000052917 **Collection Date** : 13 Mar 2023 09:04
Referred By : HEALTH CHECK MHD **Reporting Date** : 13 Mar 2023 14:53
Receiving Date : 13 Mar 2023 09:26

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR **25.0 #** /1sthour **[0.0-20.0]**

Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

| Test Name | Result | Unit | Biological Ref. Interval |
|---|---------------|---------------|--------------------------|
| COMPLETE BLOOD COUNT (EDTA Blood) | | | |
| WBC Count (Flow cytometry) | 9860 | /cu.mm | [4000-10000] |
| RBC Count (Impedence) | 4.61 | million/cu.mm | [3.80-4.80] |
| Haemoglobin (SLS Method) | 11.0 # | g/dL | [12.0-15.0] |
| Haematocrit (PCV) (RBC Pulse Height Detector Method) | 36.5 | % | [36.0-46.0] |
| MCV (Calculated) | 79.2 # | fL | [83.0-101.0] |
| MCH (Calculated) | 23.9 # | pg | [25.0-32.0] |
| MCHC (Calculated) | 30.1 # | g/dL | [31.5-34.5] |
| Platelet Count (Impedence) | 178000 | /cu.mm | [150000-410000] |
| RDW-CV (Calculated) | 14.3 # | % | [11.6-14.0] |
| DIFFERENTIAL COUNT | | | |
| Neutrophils (Flowcytometry) | 58.8 | % | [40.0-80.0] |
| Lymphocytes (Flowcytometry) | 32.3 | % | [20.0-40.0] |

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Name : MRS SAROJINI SHARMA **Age** : 58 Yr(s) Sex :Female
Registration No : MH010842556 **Lab No** : 33230302776
Patient Episode : H03000052917 **Collection Date** : 13 Mar 2023 09:04
Referred By : HEALTH CHECK MHD **Reporting Date** : 13 Mar 2023 11:37
Receiving Date : 13 Mar 2023 09:26

HAEMATOLOGY

| | | | |
|---|--------------|---------------|---------------------------------|
| Monocytes (Flowcytometry) | 4.9 | % | [2.0-10.0] |
| Eosinophils (Flowcytometry) | 3.7 | % | [1.0-6.0] |
| Basophils (Flowcytometry) | 0.3 # | % | [1.0-2.0] |
| IG | 0.10 | % | |
| Neutrophil Absolute(Flourescence flow cytometry) | 5.8 | /cu mm | [2.0-7.0]x10 ³ |
| Lymphocyte Absolute(Flourescence flow cytometry) | 3.2 # | /cu mm | [1.0-3.0]x10³ |
| Monocyte Absolute(Flourescence flow cytometry) | 0.5 | /cu mm | [0.2-1.2]x10 ³ |
| Eosinophil Absolute(Flourescence flow cytometry) | 0.4 | /cu mm | [0.0-0.5]x10 ³ |
| Basophil Absolute(Flourescence flow cytometry) | 0.0 | /cu mm | [0.0-0.1]x10 ³ |

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

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

Dr.Lakshita singh



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Name : MRS SAROJINI SHARMA **Age** : 58 Yr(s) Sex :Female
Registration No : MH010842556 **Lab No** : 38230300905
Patient Episode : H03000052917 **Collection Date** : 13 Mar 2023 09:03
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Mar 2023 11:40
Receiving Date : 13 Mar 2023 13:59

CLINICAL PATHOLOGY

| Test Name | Result | Biological Ref. Interval |
|---|--------------|--------------------------|
| ROUTINE URINE ANALYSIS | | |
| MACROSCOPIC DESCRIPTION | | |
| Colour (Visual) | PALE YELLOW | (Pale Yellow - Yellow) |
| Appearance (Visual) | CLEAR | |
| CHEMICAL EXAMINATION | | |
| Reaction[pH] (Reflectancephotometry(Indicator Method)) | 7.0 | (5.0-9.0) |
| Specific Gravity (Reflectancephotometry(Indicator Method)) | 1.005 | (1.003-1.035) |
| Bilirubin | Negative | NEGATIVE |
| Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA) | Negative | (NEGATIVE-TRACE) |
| Glucose (Reflectance photometry (GOD-POD/Benedict Method)) | NOT DETECTED | (NEGATIVE) |
| Ketone Bodies (Reflectance photometry(Legal's Test)/Manual Rotheras) | NOT DETECTED | (NEGATIVE) |
| Urobilinogen Reflectance photometry/Diazonium salt reaction | NORMAL | (NORMAL) |
| Nitrite | NEGATIVE | NEGATIVE |
| Reflectance photometry/Griess test | | |
| Leukocytes | NIL | NEGATIVE |
| Reflectance photometry/Action of Esterase | | |
| BLOOD (Reflectance photometry(peroxidase)) | NIL | NEGATIVE |
| MICROSCOPIC EXAMINATION (Manual) Method: Light microscopy on centrifuged urine | | |
| WBC/Pus Cells | 2-3/hpf | (4-6) |
| Red Blood Cells | NIL | (1-2) |
| Epithelial Cells | 2-4 /hpf | (2-4) |
| Casts | NIL | (NIL) |
| Crystals | NIL | (NIL) |
| Bacteria | NIL | |
| Yeast cells | NIL | |

Interpretation:



Name : MRS SAROJINI SHARMA **Age** : 58 Yr(s) Sex :Female
Registration No : MH010842556 **Lab No** : 38230300905
Patient Episode : H03000052917 **Collection Date** : 13 Mar 2023 09:03
Referred By : HEALTH CHECK MHD **Reporting Date** : 14 Mar 2023 11:40
Receiving Date : 13 Mar 2023 13:59

CLINICAL PATHOLOGY

URINALYSIS--Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.

Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.

Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most Common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

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

Dr.Lakshita singh



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| | | | |
|----------------|---------------------|--------------------|---------------------------------|
| NAME | Sunaina DUTT | STUDY DATE | 16-03-2023 13:50:43 |
| AGE / SEX | 039Yrs / F | HOSPITAL NO. | MH010851564 |
| REFERRING DEPT | OPD | MODALITY/Procedure | US /Ultrasound abdomen n pelvis |
| REPORTED ON | 16-03-2023 16:44:29 | REFERRED BY | Dr. Health Check MHD |

USG WHOLE ABDOMEN SCREENING

Findings:

Liver is normal in size and echopattern. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder is adequately distended and appears echofree with normal wall thickness. Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is normal in size and echopattern.

Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen in either kidney. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is optimally distended with normal wall thickness and clear contents. No significant intra or extraluminal mass is seen.

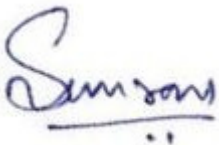
Uterus is anteverted. It is normal in size. Myometrial echogenicity appears uniform. Endometrium is central.

Both ovaries are normal in size and echopattern.

No significant free fluid is detected

Impression: USG findings are suggestive of normal study

Kindly correlate clinically



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Consultant Radiologist**

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

| | | | |
|----------------|----------------------------|--------------------|--|
| NAME | Sunaina DUTT | STUDY DATE | 16-03-2023 13:50:43 |
| AGE / SEX | 039Yrs / F | HOSPITAL NO. | MH010851564 |
| REFERRING DEPT | OPD | MODALITY/Procedure | US /Ultrasound abdomen n pelvis |
| REPORTED ON | 16-03-2023 16:44:29 | REFERRED BY | Dr. Health Check MHD |

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