NE

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NET WORK

MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. JANCY FRANCIS
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	16/02/1981, 41 Yrs Gender: F/M
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height ....166..... (cms) b. Weight ....95..... (Kgs) c. Girth of Abdomen ..100..... (cms)

d. Pulse Rate ....70..... (/Min) e. Blood Pressure: Systolic 140 Diastolic 90

1st Reading		
2nd Reading		

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father			
Mother			
Brother(s)		WS	
Sister(s)			

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
—	—	—

PERSONAL HISTORY

a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. DM Y/N

b. Have you undergone/been advised any surgical procedure? LSCS Y/N

c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? Y/N

d. Have you lost or gained weight in past 12 months? Y/N

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? Y/N
- Any disorders of Respiratory system? Y/N
- Any Cardiac or Circulatory Disorders? Y/N
- Enlarged glands or any form of Cancer/Tumour? Y/N
- Any Musculoskeletal disorder? Y/N
- Any disorder of Gastrointestinal System? Y/N
- Unexplained recurrent or persistent fever, and/or weight loss Y/N
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y/N
- Are you presently taking medication of any kind? Zorfm2 Y/N

DDRC SRL Diagnostics Private Limited
Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Corp. Office: DDRC SRL Tower, G-131, Panampilly Nagar, Ernakulam - 682 036. Ph No. 2310688, 2318222. web: www.ddrcsrl.com

- Any disorders of Urinary System? Y/N
- Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin Y/N

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs? Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports) Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries? Y/N

d. Do you have any history of miscarriage/ abortion or MTP Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc Y/N

f. Are you now pregnant? If yes, how many months? Y/N

CONFIDENTAIL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? Y/N
- Is there anything about the examine's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N
- Are there any points on which you suggest further information be obtained? Y/N
- Based on your clinical impression, please provide your suggestions and recommendations below;

Medical consult

- Do you think he/she is MEDICALLY FIT or UNFIT for employment.

FIT

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

Seal of Medical Examiner :

Dr. GEORGE THOMAS
MD, FCSI, FIAE
MEDICAL EXAMINER
Reg: 86614

Name & Seal of DDRC SRL Branch :

DDRC SRL DIAGNOSTICS PVT. LTD. KADAVIL BUILDINGS PANAMPILLY NAGAR KOCHI-36

Date & Time : 27/09/2022

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DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

Patient Ref. No. 666000001660715

Cert. No. MC-2354

CLIENT CODE : CA00010147
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

DDRC SRL DIAGNOSTICS
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PANAMPALLY NAGAR, 682036
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : MRS. JANCY FRANCIS PATIENT ID : **JANCF2409814126**

ACCESSION NO : **4126VI008723** AGE : 41 Years SEX : Female

DRAWN : RECEIVED : 24/09/2022 10:25 REPORTED : 26/09/2022 16:56

REFERRING DOCTOR : DR. MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED CLIENT PATIENT ID :

Test Report Status	Results			Units
MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)TMT				
SERUM BLOOD UREA NITROGEN				
BLOOD UREA NITROGEN METHOD : UREASE - UV	8		6 - 20	mg/dL
BUN/CREAT RATIO				
BUN/CREAT RATIO	12.5			
CREATININE, SERUM				
CREATININE METHOD : JAFFE KINETIC METHOD	0.64		0.60 - 1.1	mg/dL
GLUCOSE, POST-PRANDIAL, PLASMA				
GLUCOSE, POST-PRANDIAL, PLASMA METHOD : HEXOKINASE	119		Diabetes Mellitus : > or = 200 mg/dL. Impaired Glucose tolerance/ Prediabetes : 140 to 199 mg/dL. Hypoglycemia : < 55 mg/dL.	mg/dL
CORONARY RISK PROFILE (LIPID PROFILE), SERUM				
CHOLESTEROL	**213**	**High**	Desirable cholesterol level < 200 Borderline high cholesterol 200 - 239 High cholesterol > / = 240	mg/dL
TRIGLYCERIDES	**174**	**High**	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High: > 499	mg/dL
HDL CHOLESTEROL METHOD : DIRECT ENZYME CLEARANCE	42		40 - 60	mg/dL
DIRECT LDL CHOLESTEROL	**127**	**High**	Adult Optimal : < 100 Near optimal : 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very high : > or = 190	mg/dL
NON HDL CHOLESTEROL	**171**	**High**	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL

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CHOL/HDL RATIO	**5.1**	**High**	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	1.5		0.5 - 3.0 Desirable/ Low Risk 3.1-6.0 Borderline /Moderate Risk > 6.0 High Risk	
VERY LOW DENSITY LIPOPROTEIN	34.8		Desirable value : 10 - 35	mg/dL
GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD				
GLYCOSYLATED HEMOGLOBIN (HBA1C)	**7.3**	**High**	Normal : 4.0 - 5.6 %. Non-diabetic level : < 5.7%. More stringent goal : < 6.5 %. General goal : < 7%. Less stringent goal : < 8%. Glycemic targets in CKD :- If eGFR > 60 : < 7%. If eGFR < 60 : 7 - 8.5%.	%
MEAN PLASMA GLUCOSE	162.8			mg/dL
LIVER FUNCTION TEST WITH GGT				
BILIRUBIN, TOTAL	0.26		< 1.1	mg/dL
BILIRUBIN, DIRECT METHOD : DIAZO METHOD	0.12		< 0.31	mg/dL
BILIRUBIN, INDIRECT	0.14		0.00 - 0.60	mg/dL
TOTAL PROTEIN	7.0		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.3		3.5 - 5.2	g/dL
GLOBULIN	2.7		2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	1.5		1.00 - 2.00	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19		< 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : IFCC WITHOUT PDP	27		< 34	U/L
ALKALINE PHOSPHATASE METHOD : IFCC	70		35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	**56**	**High**	< 40	U/L
TOTAL PROTEIN, SERUM				
TOTAL PROTEIN METHOD : BIURET	7.0		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL

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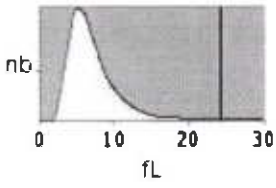
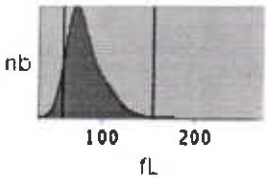
URIC ACID, SERUM				
URIC ACID	5.0		2.4 - 5.7	mg/dL
METHOD : SPECTROPHOTOMETRY				
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD				
ABO GROUP	A			
METHOD : GEL CARD METHOD				
RH TYPE	POSITIVE			
BLOOD COUNTS				
HEMOGLOBIN	**11.7**	Low	12.0 - 15.0	g/dL
METHOD : NON CYANMETHEMOGLOBIN				
RED BLOOD CELL COUNT	4.35		3.8 - 4.8	mil/µL
METHOD : IMPEDANCE				
WHITE BLOOD CELL COUNT	8.33		4.0 - 10.0	thou/µL
METHOD : IMPEDANCE				
PLATELET COUNT	332		150 - 410	thou/µL
METHOD : IMPEDANCE				





RBC AND PLATELET INDICES

HEMATOCRIT	**35.3**	Low	36 - 46	%
METHOD : CALCULATED				
MEAN CORPUSCULAR VOL	**81.3**	Low	83 - 101	fL
METHOD : DERIVED FROM IMPEDANCE MEASURE				

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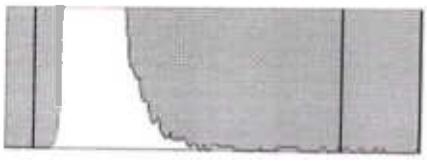
MEAN CORPUSCULAR HGB.	**26.9**	**Low**	27.0 - 32.0	pg
METHOD : CALCULATED				
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.1		31.5 - 34.5	g/dL
METHOD : CALCULATED				
RED CELL DISTRIBUTION WIDTH	**16.9**	**High**	11.6 - 14.0	%
METHOD : DERIVED FROM IMPEDANCE MEASURE				
MEAN PLATELET VOLUME	7.2		6.8 - 10.9	fL
METHOD : DERIVED FROM IMPEDANCE MEASURE				
WBC DIFFERENTIAL COUNT - NLR				
SEGMENTED NEUTROPHILS	62		40 - 80	%
METHOD : DHSS FLOWCYTOMETRY				
ABSOLUTE NEUTROPHIL COUNT	5.16		2.0 - 7.0	thou/µL
METHOD : CALCULATED				
LYMPHOCYTES	31		20 - 40	%
METHOD : DHSS FLOWCYTOMETRY				
ABSOLUTE LYMPHOCYTE COUNT	2.58		1 - 3	thou/µL
METHOD : CALCULATED				
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.9			
EOSINOPHILS	2		1 - 6	%
METHOD : DHSS FLOWCYTOMETRY				
ABSOLUTE EOSINOPHIL COUNT	0.17		0.02 - 0.50	thou/µL
METHOD : CALCULATED				
MONOCYTES	5		2 - 10	%
METHOD : DHSS FLOWCYTOMETRY				
ABSOLUTE MONOCYTE COUNT	0.42		0.20 - 1.00	thou/µL
METHOD : CALCULATED				
BASOPHILS	0		0 - 2	%
METHOD : IMPEDANCE				
ABSOLUTE BASOPHIL COUNT	0		0.00 - 0.10	thou/µL

nb 

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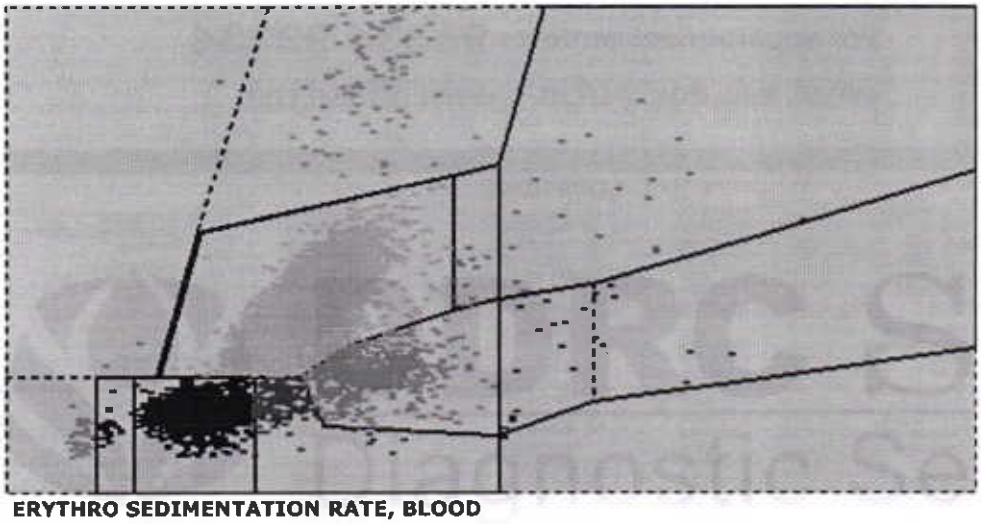

ERYTHRO SEDIMENTATION RATE, BLOOD

SEDIMENTATION RATE (ESR)	**23**	**High**	0 - 20	mm at 1 hr
METHOD : WESTERGREN METHOD				

STOOL: OVA & PARASITE

COLOUR	YELLOW		
CONSISTENCY	WELL FORMED		
ODOUR	FAECAL		
MUCUS	NOT DETECTED	NOT DETECTED	
VISIBLE BLOOD	ABSENT	ABSENT	
POLYMORPHONUCLEAR LEUKOCYTES	0-1	0 - 5	/HPF
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
CYSTS	NOT DETECTED	NOT DETECTED	
OVA	NOT DETECTED		

*** SUGAR URINE - POST PRANDIAL**

SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED

CYTOLOGY - CS (PAP SMEAR)

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CYTOLOGY - CS (PAP SMEAR)

CYTOLOGY NO : CY/4146/2022

NATURE OF SPECIMEN : Pap smear.

GROSS SPECIMEN : 2 smears stained.

MICROSCOPY: Satisfactory smear shows superficial and intermediate squamous cells, in a background of lactobacilli. No endocervical cells or atypical cells seen.

IMPRESSION : Negative for intraepithelial lesion or malignancy.

THYROID PANEL, SERUM			
T3	103.10	80 - 200	ng/dL
METHOD : ELECTROCHEMILUMINESCENCE			
T4	7.19	5.1 - 14.1	µg/dl
METHOD : ELECTROCHEMILUMINESCENCE			
TSH 3RD GENERATION	2.660	Non-Pregnant : 0.4-4.2 Pregnant Trimester-wise : 1st : 0.1-2.5 2nd : 0.2-3 3rd : 0.3-3	µIU/mL
METHOD : ELECTROCHEMILUMINESCENCE			
*** SUGAR URINE - FASTING**			
SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED	
URINE ANALYSIS			
COLOR	**AMBER**		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.020	1.003 - 1.035	
GLUCOSE	NOT DETECTED	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED	
BLOOD	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
NITRITE	NOT DETECTED	NOT DETECTED	
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
CHEMICAL EXAMINATION, URINE			
PH	5.0	4.7 - 7.5	

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Test Report Status	Results		Units
PROTEIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
MICROSCOPIC EXAMINATION, URINE			
WBC	1-2	0-5	/HPF
EPITHELIAL CELLS	0-1	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
GLUCOSE, FASTING, PLASMA			
GLUCOSE, FASTING, PLASMA	**118.9** **High**	74 - 106	mg/dL

Interpretation(s)
SERUM BLOOD UREA NITROGEN-
Causes of Increased levels
Pre renal
• High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
• Renal Failure
Post Renal
• Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels
• Liver disease
• SIADH.
CREATININE, SERUM-
Higher than normal level may be due to:
• Blockage in the urinary tract
• Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
• Loss of body fluid (dehydration)
• Muscle problems, such as breakdown of muscle fibers
• Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:
• Myasthenia Gravis
• Muscular dystrophy
GLUCOSE, POST-PRANDIAL, PLASMA-
ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water,over a period of 5 minutes.
CORONARY RISK PROFILE (LIPID PROFILE), SERUM-
Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk.It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the ""good"" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely.HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery

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PANAMPALLY NAGAR, 682036
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : MRS. JANCY FRANCIS PATIENT ID : **JANCF2409814126**

ACCESSION NO : **4126VI008723** AGE : 41 Years SEX : Female

DRAWN : RECEIVED : 24/09/2022 10:25 REPORTED : 26/09/2022 16:56

REFERRING DOCTOR : DR. MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED CLIENT PATIENT ID :

Test Report Status	Results	Units

disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease.
Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:
Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.
GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD-
Glycosylated hemoglobin (GHb) has been firmly established as an index of long-term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. Formation of GHb is essentially irreversible, and the concentration in the blood depends on both the life span of the red blood cell (average 120 days) and the blood glucose concentration. Because the rate of formation of GHb is directly proportional to the concentration of glucose in the blood, the GHb concentration represents the integrated values for glucose over the preceding 6-8 weeks.
Any condition that alters the life span of the red blood cells has the potential to alter the GHb level. Samples from patients with hemolytic anemias will exhibit decreased glycated hemoglobin values due to the shortened life span of the red cells. This effect will depend upon the severity of the anemia. Samples from patients with polycythemia or post-splenectomy may exhibit increased glycated hemoglobin values due to a somewhat longer life span of the red cells.
Glycosylated hemoglobins results from patients with HbSS, HbCC, and HbSC and HbD must be interpreted with caution, given the pathological processes, including anemia, increased red cell turnover, transfusion requirements, that adversely impact HbA1c as a marker of long-term glycemic control. In these conditions, alternative forms of testing such as glycated serum protein (fructosamine) should be considered.
"Targets should be individualized; More or less stringent glycemic goals may be appropriate for individual patients. Goals should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations."

References
1. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R.Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 879-884.
2. Forsham PH. Diabetes Mellitus:A rational plan for management. Postgrad Med 1982, 71,139-154.
3. Mayer TK, Freedman ZR: Protein glycosylation in Diabetes Mellitus: A review of laboratory measurements and their clinical utility. Clin Chim Acta 1983, 127, 147-184.
TOTAL PROTEIN, SERUM-
Serum total protein,also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage),Burns,Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome,Protein-losing enteropathy etc.
URIC ACID, SERUM-
Causes of Increased levels
Dietary
- High Protein Intake.
- Prolonged Fasting,
- Rapid weight loss.

Gout
Lesch nyhan syndrome.
Type 2 DM.
Metabolic syndrome.

Causes of decreased levels
- Low Zinc Intake
- OCP's
- Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels
- Drink plenty of fluids
- Limit animal proteins
- High Fibre foods
- Vit C Intake
- Antioxidant rich foods

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-
Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in

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CLIENT CODE : CA00010147
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
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PANAMPALLY NAGAR, 682036
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PATIENT NAME : MRS. JANCY FRANCIS PATIENT ID : **JANCF2409814126**

ACCESSION NO : **4126VI008723** AGE : 41 Years SEX : Female

DRAWN : RECEIVED : 24/09/2022 10:25 REPORTED : 26/09/2022 16:56

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plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.
BLOOD COUNTS-
The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.
RBC AND PLATELET INDICES-
The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.
WBC DIFFERENTIAL COUNT - NLR-
The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
This ratio element is a calculated parameter and out of NABL scope.
ERYTHRO SEDIMENTATION RATE, BLOOD-
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. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0 -1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Reference :
1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition
2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin
3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th Edition"
SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST
CYTOLOGY - CS (PAP SMEAR)-METHOD: STAINING- MICROSCOPY

Specimens sent for biopsy will be preserved in the Lab only for 30 days after despatch of reports.They will be discarded after this period. Slides/blocks of tissues will be issued only on written request from the concerned medical officer. Slides / Blocks and Reports will be preserved only for a period of 10 years.Generally Slides will be made available only a day after giving the request.Only two copies of the report will be given . Additional copies will be given only on production of a letter from the concerned doctor. Special stains & tests will be done whereever necessary to assist diagnosis and will be charged extra.
THYROID PANEL, SERUM-
Triiodothyronine T3 , is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.
Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active.
In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.
Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

Levels in Pregnancy	TOTAL T4 (µg/dL)	TSH3G (µIU/mL)	TOTAL T3 (ng/dL)
First Trimester	6.6 - 12.4	0.1 - 2.5	81 - 190
2nd Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260
3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

T3 (ng/dL)	T4 (µg/dL)
New Born: 75 - 260	1-3 day: 8.2 - 19.9
.	1 Week: 6.0 - 15.9

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.
Kindly note: Method specific reference ranges are appearing on the report under biological reference range.

Reference:
1. Burtis C.A., Ashwood E. R. Bruns D.E. Teitz textbook of Clinical Chemistry and Molecular Diagnostics, 4th Edition.
2. Gowenlock A.H. Varley's Practical Clinical Biochemistry, 6th Edition.
3. Behrman R.E. Kliegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition
SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST
MICROSCOPIC EXAMINATION, URINE-
Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders

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INDIA'S LEADING DIAGNOSTICS NETWORK

Patient Ref. No. 666000001660715

Cert. No. MC-2354

CLIENT CODE : CA00010147
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
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PATIENT NAME : MRS. JANCY FRANCIS PATIENT ID : **JANCF2409814126**

ACCESSION NO : **4126VI008723** AGE : 41 Years SEX : Female

DRAWN : RECEIVED : 24/09/2022 10:25 REPORTED : 27/09/2022 13:37

REFERRING DOCTOR : DR. MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED CLIENT PATIENT ID :

Test Report Status **Final**	Results	Units

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 cases of hemolytic anemia
GLUCOSE, FASTING, PLASMA-
ADA 2012 guidelines for adults as follows:
Pre-diabetics: 100 - 125 mg/dL
Diabetic: > or = 126 mg/dL

(Ref: Tietz 4th Edition & ADA 2012 Guidelines)

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession

TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

DR.HARI SHANKAR, MBBS MD
HEAD - Biochemistry & Immunology

DR.VIJAY K N,MD(PATH)
HEAD-HAEMATOLOGY & CLINICAL PATHOLOGY

DR.SMITHA PAULSON,MD (PATH),DPB
LAB DIRECTOR & HEAD-HISTOPATHOLOGY & CYTOLOGY

DR.NISHA G,MD(PATH)
CONSULTANT PATHOLOGIST

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CIN : U85190MH2006PTC161480

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

This is to certify that I have examined

MR / MS JANCY FRANCIS **aged.** 41 **and**

his / her oral findings are as follows

D - Decay

M - Missing

F - Filling

				M							M				
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M	F			M							M		D		D

Oral hygiene status : Good / ~~Food~~ Fair / Poor

Calculus / Stains :

Any other findings : Metal Crown 17

Ceramic facing Crown 61

DDRC SRL DIAGNOSTICS PVT LTD. KADAVIL PANAMPILLY NAGAR KOCHI-36

Date : 24/9/22

Dr. K C Jose

Dr. SERIN TERESA BDS, MDSc
General Dentist & Orthodontist
Kalarickal Dental Care
Reg. No: 8731

Dr. Serin Teresa

For KALARICKAL DENTAL CARE

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

LABORATORY SERVICES

Date 21.09.2022

OPHTHALMOLOGY REPORT

This is to certify that I have examined

Mr / Ms : Jansy Thomas **.....Aged...41...and his / her**

visual standards is as follows :

Visual Acuity:

For far vision

R: .....6/9.P..... c PH 6/6

L : .....6/9.P..... L 6/6

For near vision

R : .....N6..... c PH N6

L : .....N6..... L N6

Color Vision : .....Normal.....

.....

DDRC SRL DIAGNOSTICS PVT LTD. KADAVIL BUILDINGS PANAMPILLY NAGAR KOCHI-36

Nannu Elizabeth

(Optometrist)

ID: 8723 24-09-2022 02:18:53 PM

R JANCY FRANCIS
Female 41Years

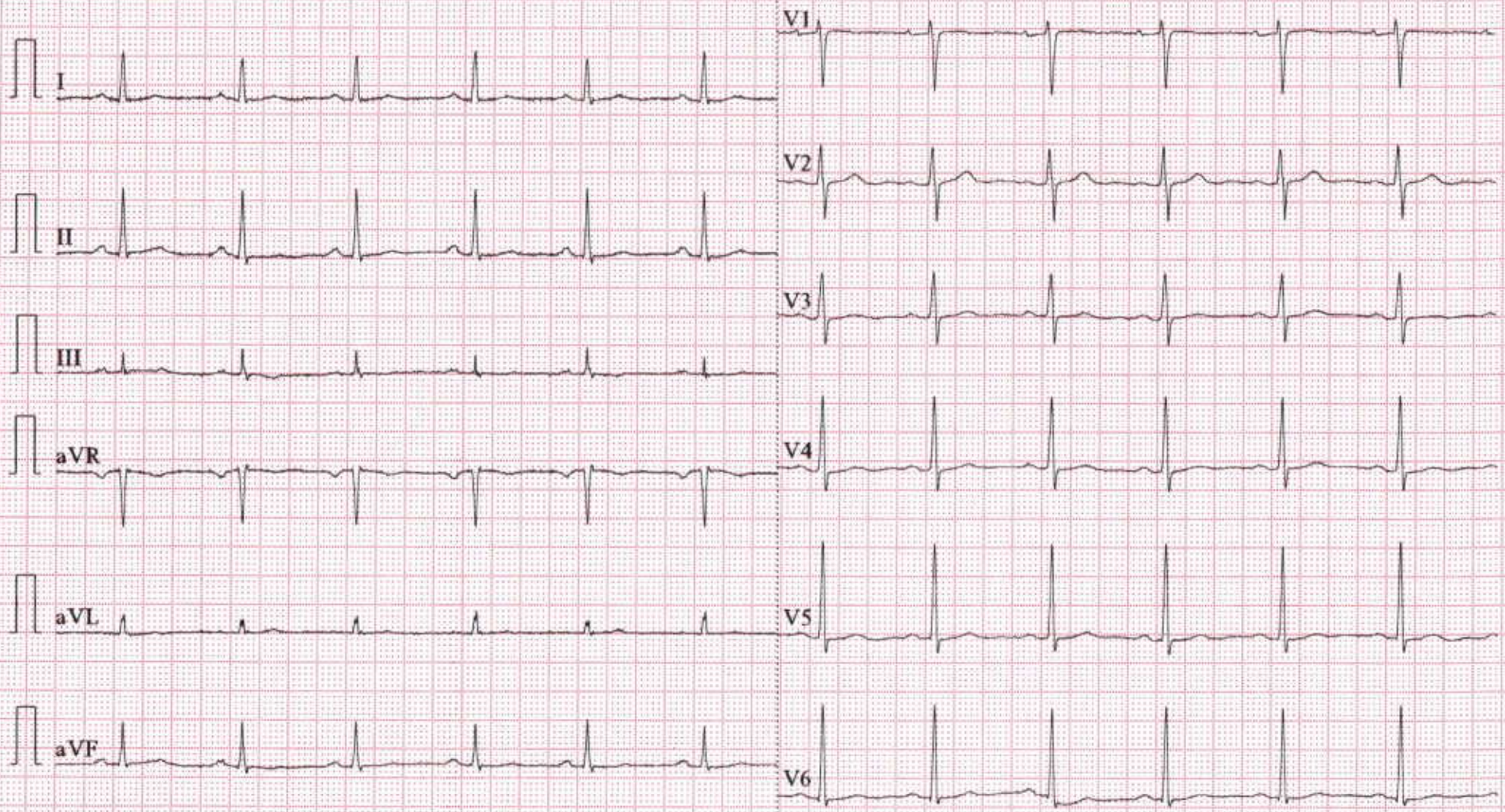
HR	: 74	bpm	
P	: 114	ms	
PR	: 176	ms	
QRS	: 77	ms	
QT/QTc	: 367/408	ms	
P/QRS/T	: 53/47/5	°	
RV5/SV1	: 1.632/1.000	mV	

Diagnosis Information:

Within normal limits
Dr. George Thomas MD,FCSI,FIAE
Cardiologist

Technician : ALEENA
Ref-Phys. : BOB
Report Confirmed by:

DDRC SRL DIAGNOSTICS PVT LTD. KADAVIL BUILDINGS PANAMPILLY NAGAR KOCHI-36



[redacted] 0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥74 V2.2 SEMIP V1.81 DDRCSRL DIAGNOSTICS P NAGAR

NAME: MRS JANCY FRANCIS	**STUDY DATE:24/09/2022**
AGE / SEX : 41 YRS / F	**REPORTING DATE :24/09/2022**
REFERRED BY : MEDIWHEEL ARCOFEMI	**ACC NO: 4126VI008723**

X - RAY - CHEST PA VIEW

- Both the lung fields are clear.
- B/L hila and mediastinal shadows are normal.
- Cardiac silhouette appears normal.
- Cardio – thoracic ratio is normal.
- Bilateral CP angles and domes of diaphragm appear normal.

IMPRESSION: NORMAL STUDY

Navneet

Dr. NAVNEET KAUR MBBS, MD
Consultant Radiologist.

DDRC SRL DIAGNOSTICS PVT. LTD. KADAVIL BUILDING PANAMPILLY NAGAR KOCHI-36

NAME	MRS JANCY FRANCIS	AGE	41 YRS
SEX	FEMALE	DATE	September 24, 2022
REFERRAL	MEDIWHEEL	ACC NO	4126VI008723

MAMMOGRAPHY

Technique: Bilateral MLO and CC views
Clinical details: screening b/l breasts
Findings:

- Both breasts show ACR type B composition.
- Oval isodense lesion seen in right axillary tail with no calcifications.
- Breast parenchymal architecture is preserved.
- No evidence of micro/macro calcifications seen in breast.
- The skin, nipple-areola complex and retro-areolar zone are normal.
- The retro-mammary clear zone and underlying pectoralis muscle appear normal.

ULTRASOUND SCREENING:

RIGHT BREAST

- Normal stromal echogenicity.
- No focal lesions seen in the present study.
- Nipple & areola normal.
- A 20*8 mm intramammary node seen in relation to axillary tail.

LEFT BREAST

- Normal stromal echogenicity.
- No focal lesions seen in the present study.
- Nipple & areola normal.

Bilateral axillae show nodes with preserved fatty hilum, largest 9 mm in SAD in Rt axilla.

DDRC SRL DIAGNOSTICS PVT LTD KADAVIL BUILDINGS PANAMPILLY NAGAR KOCHI-36

IMPRESSION:

- **Right breast intramammary node.**
- ***No significant abnormality of both breasts***

Navneet

Dr. NAVNEET KAUR MBBS . MD
Consultant Radiologist

ACR BIRADS Category

0	More information is needed to give a final mammogram report
I	Your mammogram is normal.
II	Your mammogram shows only minor abnormalities that are not suspicious for cancer. No additional testing is needed.
III	Your mammogram shows minor abnormalities that are probably benign. The radiologist may recommend follow-up testing to make sure the suspicious area has not changed.
IV	Your mammogram shows a suspicious change, and a biopsy should probably be performed.
V	Your mammogram shows a worrisome change. A biopsy is strongly recommended.
VI	Known biopsy – proven malignancy; Surgical excision when clinically appropriate.


Rt LN 2


Rt LN 1


Lt LN 1

NAME	MRS JANCY FRANCIS	AGE	41 YRS
SEX	FEMALE	DATE	September 24, 2022
REFERRAL	MEDIWHEEL	ACC NO	4126VI008723

USG ABDOMEN AND PELVIS

LIVER
Measures ~ 15.1cm. Normal in shape and shows bright echopattern.
Smooth margins and no obvious focal lesion within.
No IHBR dilatation.
Portal vein normal in caliber.

GB
Partly contracted. Normal GB wall caliber.

SPLEEN
Measures 9.9~ cm, normal to visualized extent. Splenic vein normal.

PANCREAS
Normal to visualized extent. PD is not dilated.

KIDNEYS
RK: 11.0*4.0cm, appears normal in size and echotexture.
LK: 10.8*5.6cm, appears normal in size and echotexture.
No focal lesion / calculus within.
Maintained corticomedullary differentiation and normal parenchymal thickness.
No hydroureteronephrosis.

BLADDER
Normal wall caliber, no internal echoes/calculus within.

UTERUS
Anteverted, normal in size [10.1*6.2*4.9 cm] and echopattern.
No obvious focal lesion within.
ET - 12 mm.

OVARIES
RT OV: 3.1 x 1.7 x 4.6 cm [volume ~ 7.7 cc].
LT OV: 2.6 x 1.5 x 2.1 cm [volume ~ 4.5 cc].

NODES/FLUID
Nil to visualized extent.

BOWEL
Visualized bowel loops appear normal.

IMPRESSION
- **Moderate fatty hepatomegaly**

Kindly correlate clinically.

Navneet

Dr. NAVNEET KAUR MBBS . MD
Consultant Radiologist

Thank you for referral. Your feedback will be appreciated.

NOTE: This report is only a professional opinion based on the real time image finding and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, If this ultrasound opinion and other clinical findings / reports don't correlate.

DDRC SRL DIAGNOSTICS PVT LTD. KATAVIL PANAMPILLY NAGAR KOCHI-36

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

JANCY FRANCIS (41 F) ID: VI008723 Date: 24-Sep-22 Exec Time : 0 m 0 s Stage Time : 0 m 6 s ***HR: 81 bpm***

Protocol: Bruce Stage: Supine Speed: 0 mph Grade: 0 % (THR: 152 bpm) B.P: 130 / 80

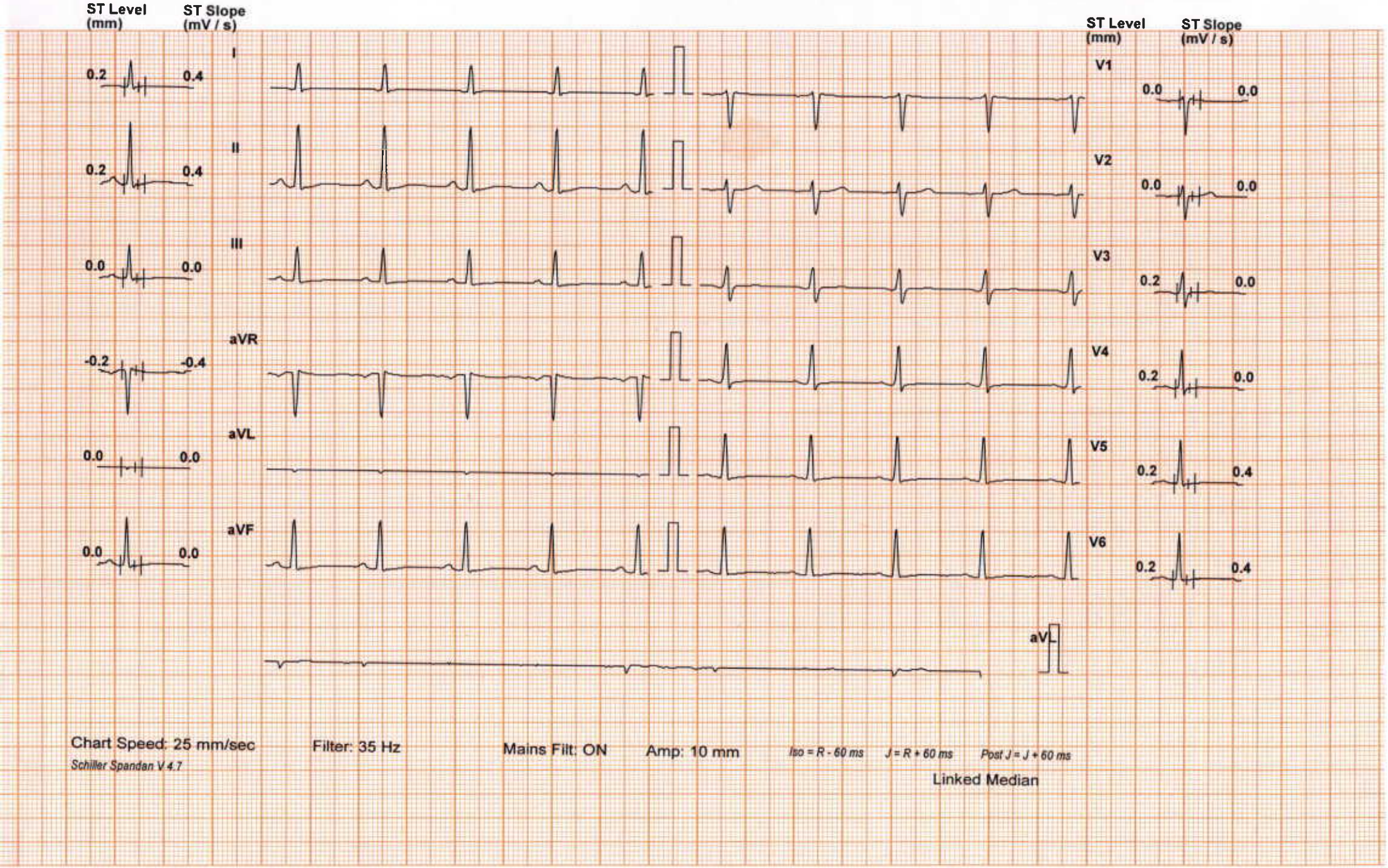


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

JANCY FRANCIS (41 F) ID: VI008723 Date: 24-Sep-22 Exec Time : 0 m 0 s Stage Time : 0 m 21 s ***HR: 85 bpm***

Protocol: Bruce Stage: Standing Speed: 0 mph Grade: 0 % (THR: 152 bpm) B.P: 130 / 80

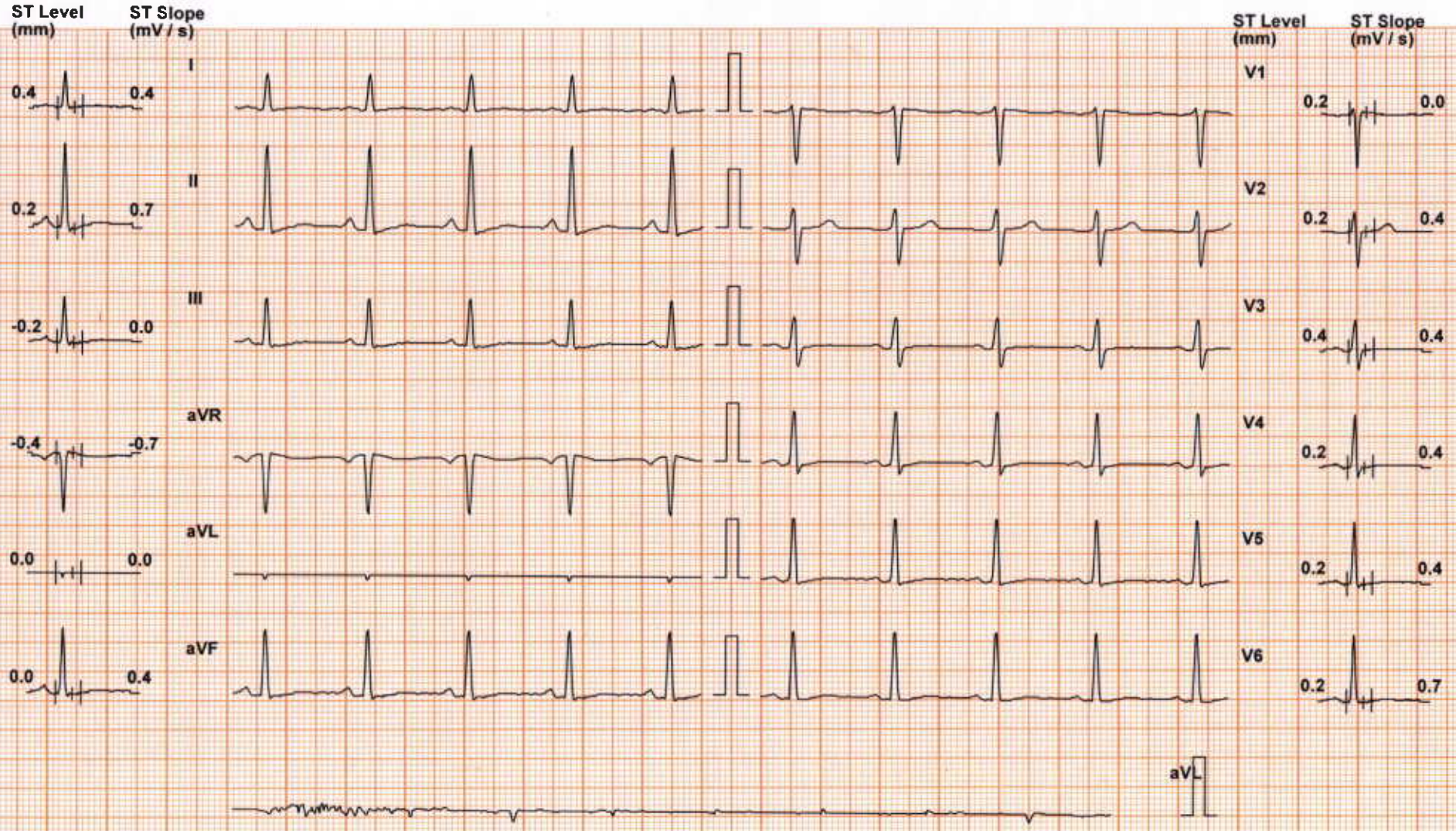


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

JANCY FRANCIS (41 F) ID: VI008723 Date: 24-Sep-22 Exec Time : 2 m 54 s Stage Time : 2 m 54 s ***HR: 128 bpm***

Protocol: Bruce Stage: 1 Speed: 1.7 mph Grade: 10 % (THR: 152 bpm) B.P: 140 / 80

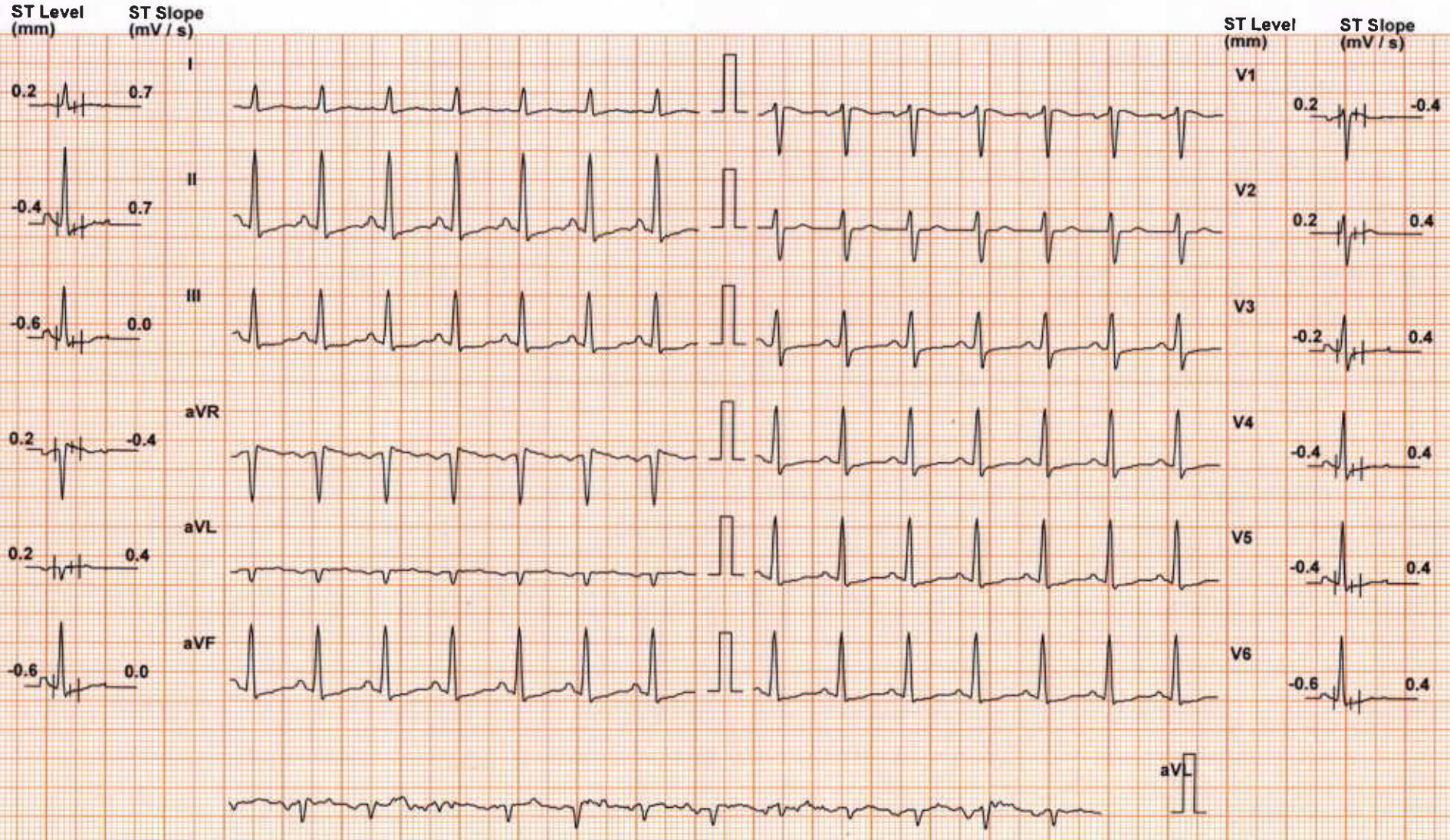


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

JANCY FRANCIS (41 F) ID: VI008723 Date: 24-Sep-22 Exec Time : 5 m 54 s Stage Time : 2 m 54 s ***HR: 152 bpm***

Protocol: Bruce Stage: 2 Speed: 2.5 mph Grade: 12 % (THR: 152 bpm) B.P: 150 / 80

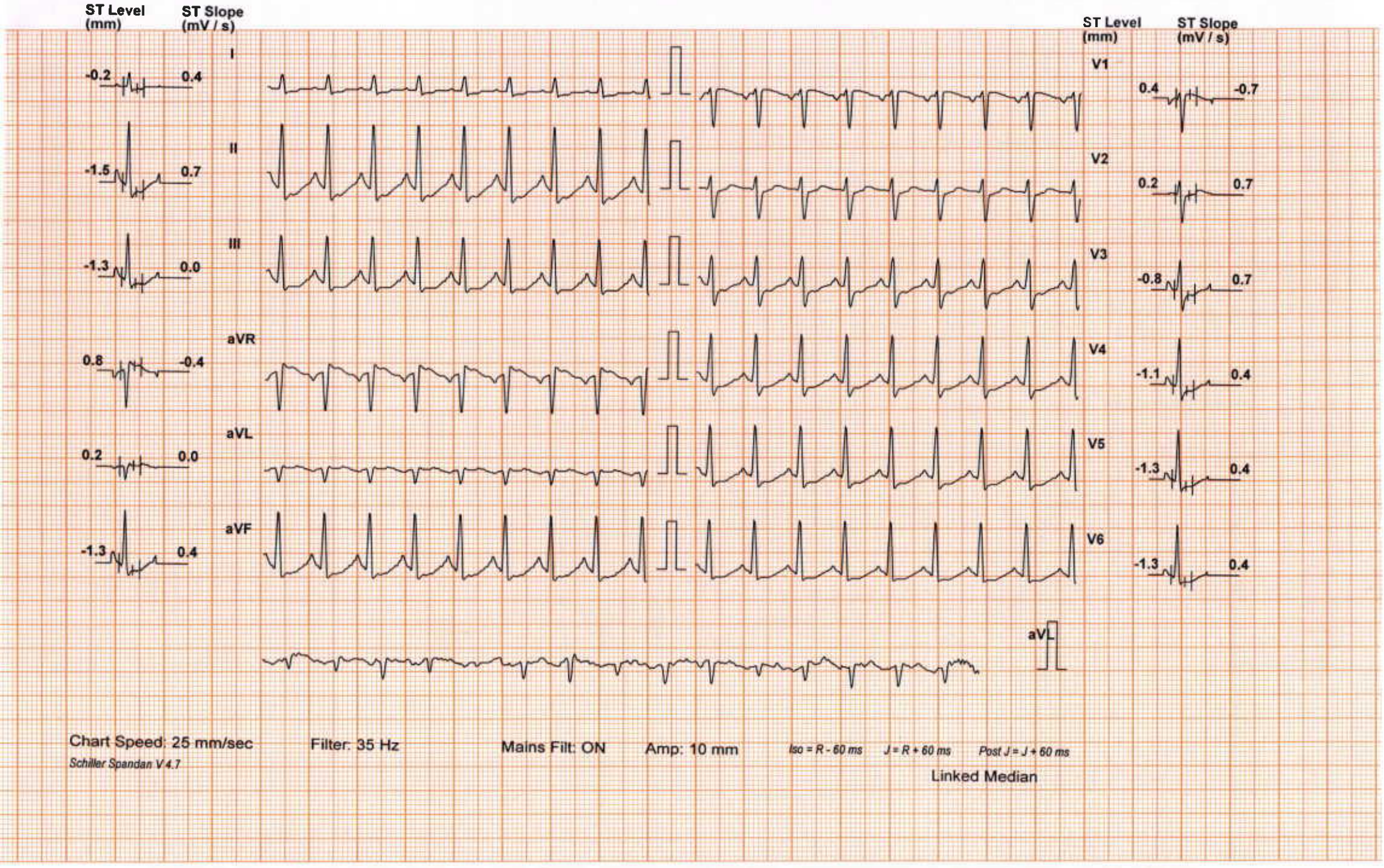


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

JANCY FRANCIS (41 F) ID: VI008723 Date: 24-Sep-22 Exec Time : 6 m 59 s Stage Time : 0 m 59 s ***HR: 166 bpm***

Protocol: Bruce Stage: Peak Ex Speed: 3.4 mph Grade: 14 % (THR: 152 bpm) B.P: 160 / 80

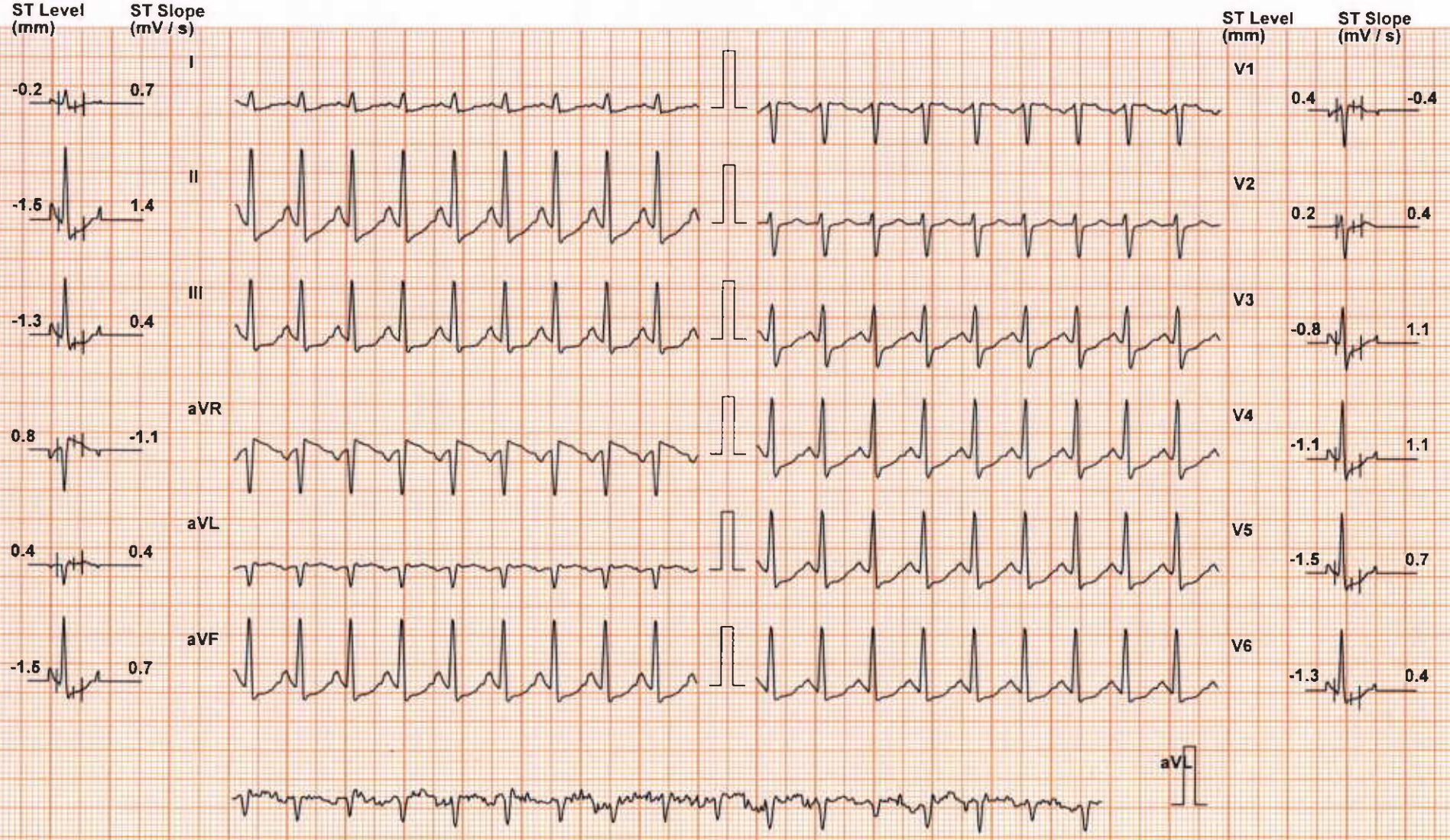


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

JANCY FRANCIS (41 F) ID: VI008723 Date: 24-Sep-22 Exec Time : 7 m 5 s Stage Time : 0 m 54 s ***HR: 133 bpm***

Protocol: Bruce Stage: Recovery(1) Speed: 1 mph Grade: 0 % (THR: 152 bpm) B.P: 180 / 80

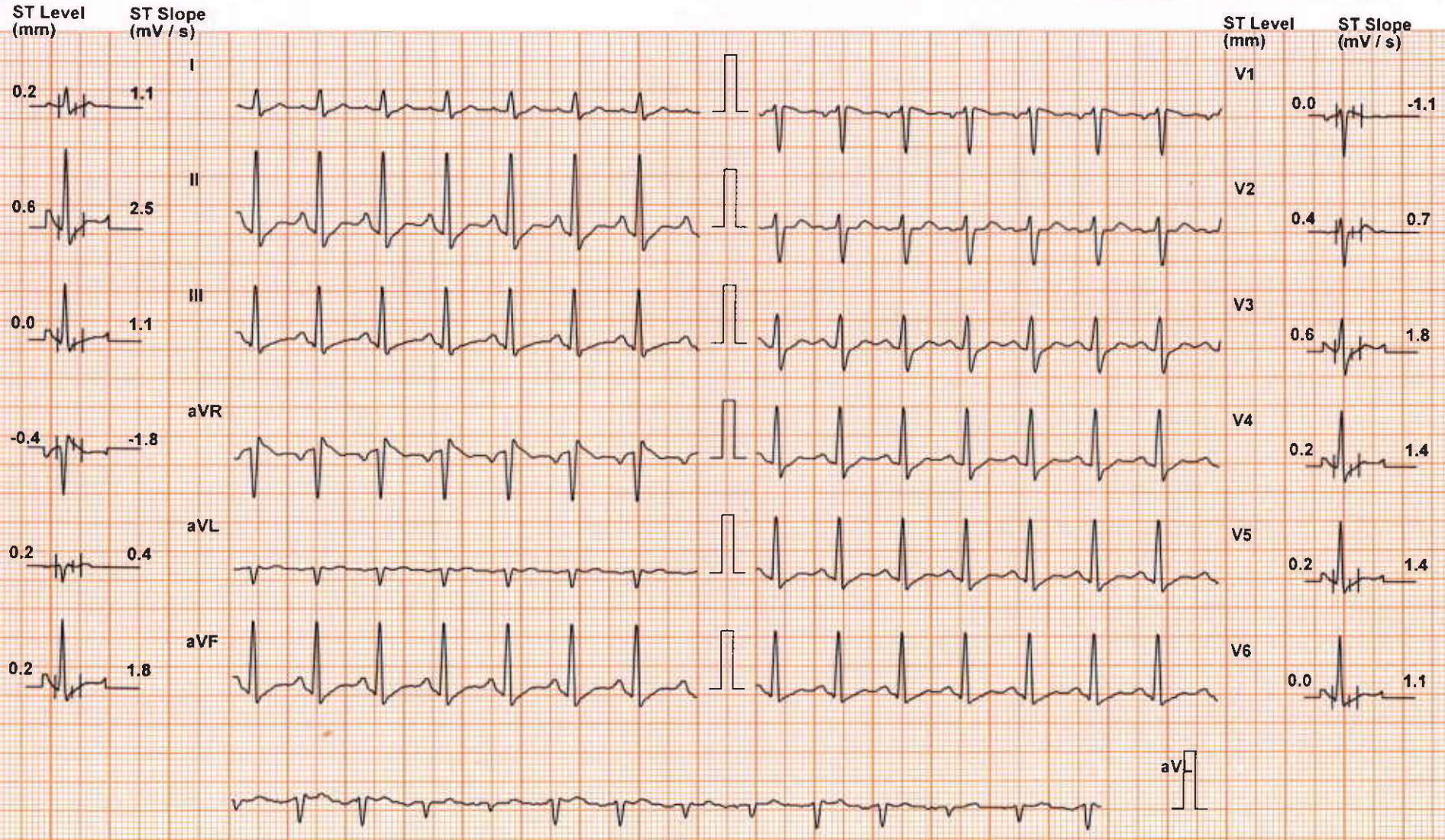


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

JANCY FRANCIS (41 F)

ID: VI008723 Date: 24-Sep-22 Exec Time : 7 m 5 s Stage Time : 0 m 54 s ***HR: 105 bpm***

Protocol: Bruce Stage: Recovery(2) Speed: 0 mph Grade: 0 % (THR: 152 bpm) B.P: 170 / 80

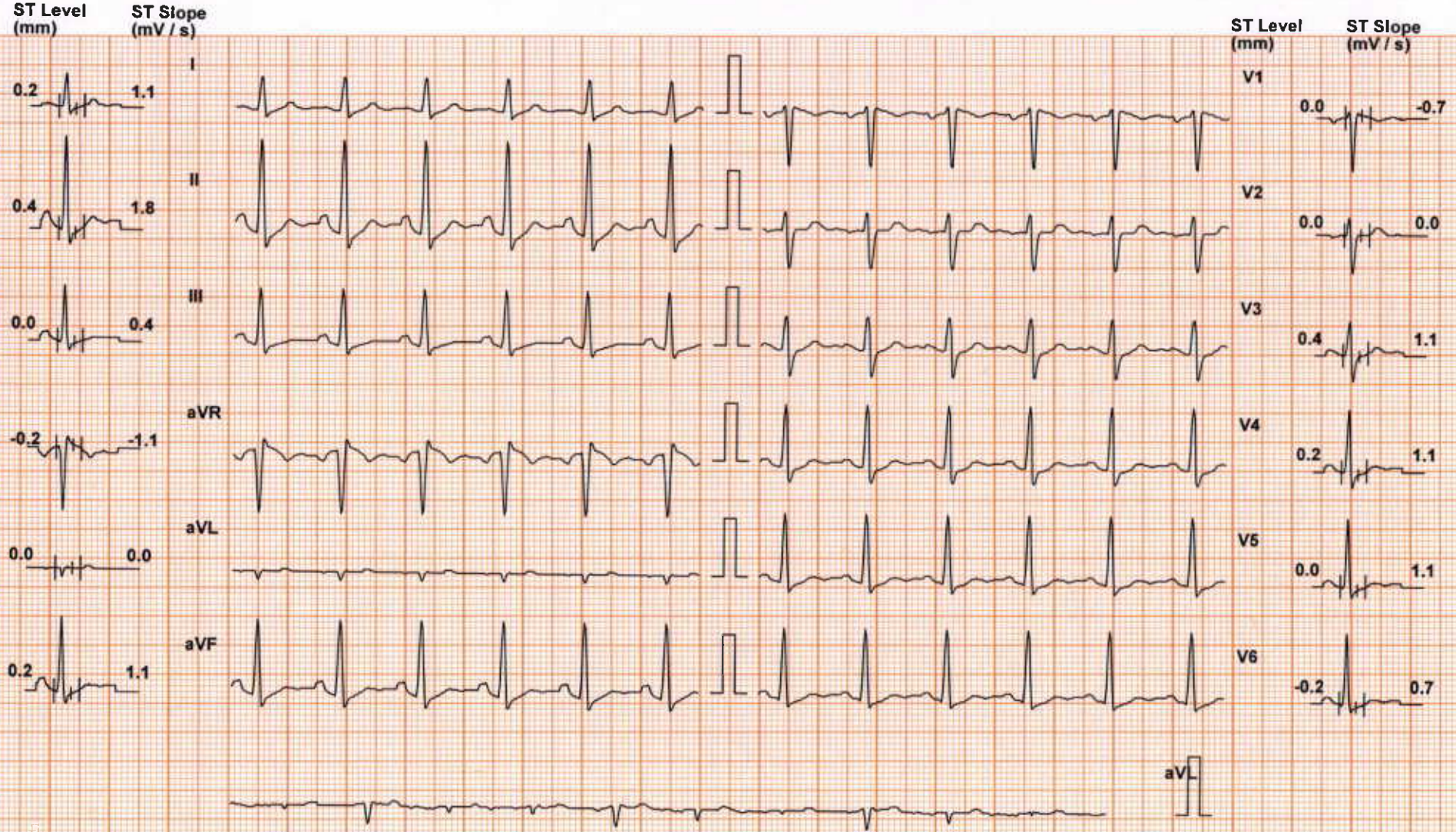


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms*

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

JANCY FRANCIS (41 F) ID: VI008723 Date: 24-Sep-22 Exec Time : 7 m 5 s Stage Time : 0 m 54 s ***HR: 97 bpm***

Protocol: Bruce Stage: Recovery(3) Speed: 0 mph Grade: 0 % (THR: 152 bpm) B.P: 150 / 80

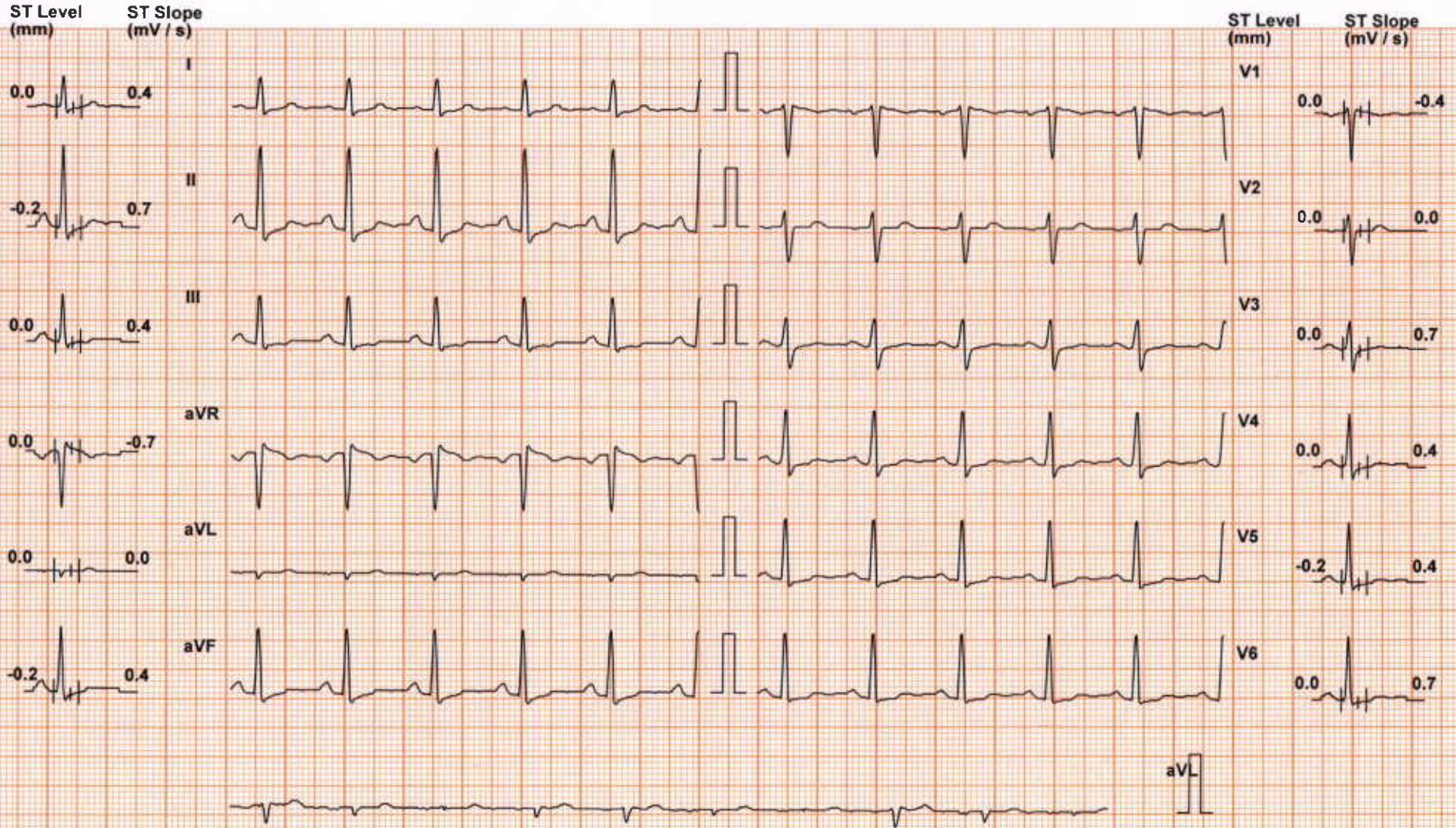


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

JANCY FRANCIS (41 F) ID: V1000723 Date: 24-Sep-22 Exec Time : 7 m 5 s Stage Time : 0 m 54 s **HR: 97 bpm**

Protocol: Bruce Stage: Recovery(4) Speed: 0 mph Grade: 0 % (THR: 152 bpm) B.P: 150 / 80

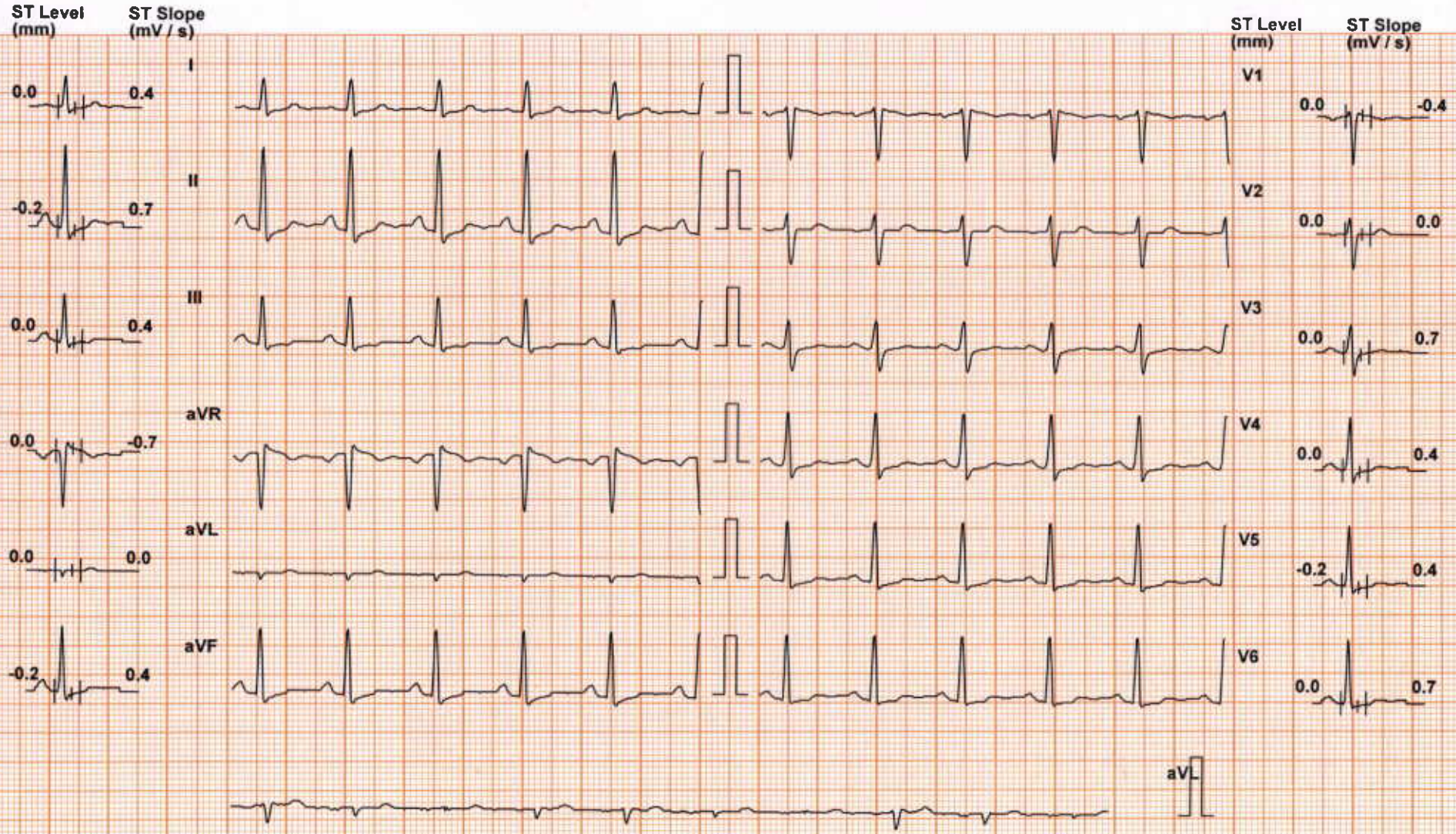


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Patient Details **Date: 24-Sep-22** **Time: 14:03:50**

Name: JANCY FRANCIS **ID: VI008723**

Age: 41 y **Sex: F** **Height: 166 cms** **Weight: 95 Kgs**

Clinical History: DM

Medications: T.Zoryl

Test Details

Protocol: Bruce **Pr.MHR:** 179 bpm **THR:** 152 (85 % of Pr.MHR) bpm

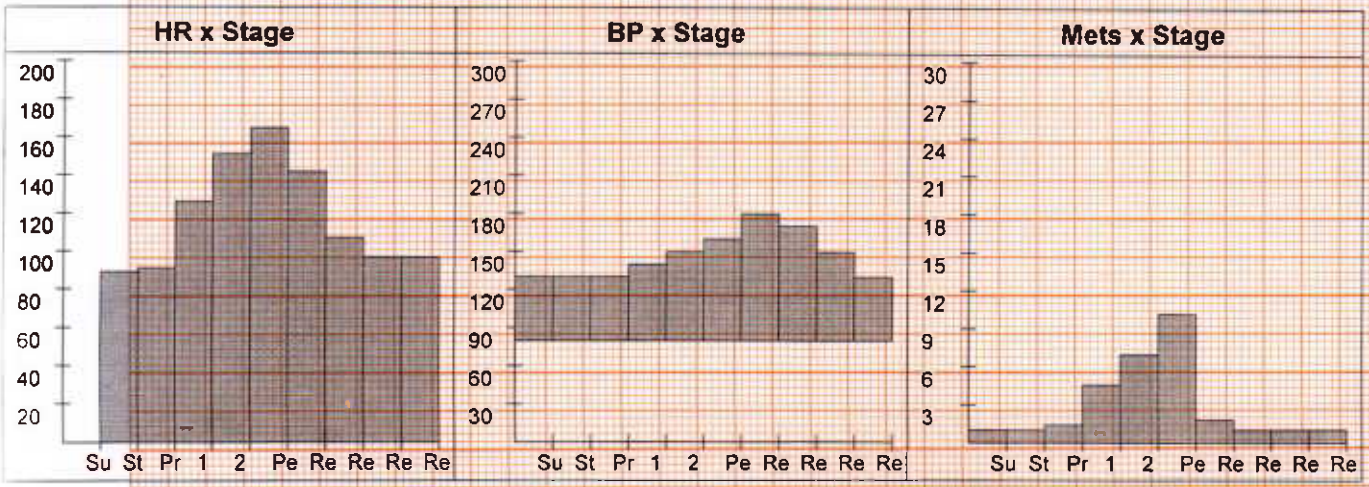
Total Exec. Time: 7 m 5 s **Max. HR:** 165 (92% of Pr.MHR)bpm **Max. Mets:** 10.20

Max. BP: 180 / 80 mmHg **Max. BP x HR:** 29700 mmHg/min **Min. BP x HR:** 7120 mmHg/min

Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 12	1.0	0	0	0	130 / 80	0.00 I	0.00 II
Standing	0 : 27	1.0	0	0	89	130 / 80	-0.42 aVR	0.71 II
1	3 : 0	4.6	1.7	10	126	140 / 80	-0.85 aVR	1.42 II
2	3 : 0	7.0	2.5	12	151	150 / 80	-1.91 II	1.77 II
Peak Ex	1 : 5	10.2	3.4	14	165	160 / 80	-2.12 II	1.42 II
Recovery(1)	1 : 0	1.8	1	0	142	180 / 80	-1.49 II	2.48 II
Recovery(2)	1 : 0	1.0	0	0	107	170 / 80	-0.64 aVR	2.83 II
Recovery(3)	1 : 0	1.0	0	0	97	150 / 80	-0.42 aVR	1.77 II
Recovery(4)	0 : 14	1.0	0	0	97	130 / 80	-0.42 V6	-1.06 aVR



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tient Details **Date:** 24-Sep-22 **Time:** 14:03:50

me: JANCY FRANCIS ID: VI008723

e: 41 y **Sex:** F **Height:** 166 cms **Weight:** 95 Kgs

terpretation

The patient exercised according to the Bruce protocol for 7 m 5 s achieving a rk level of Max. METS : 10.20. Resting heart rate initially 0 bpm, rose to a ax. heart rate of 165 (92% of Pr.MHR) bpm. Resting blood Pressure 130 / mmHg, rose to a maximum blood pressure of 180 / 80 mmHg,No gina,No Arrhythmia.

-Non-significant ST changes noted
-Test negative for inducible ischaemia

DR GEORGE THOMAS
MD,FCSI,FAE
CARDIOLOGIST

DDRC SRL DIAGNOSTICS PVT LTD
PANAMPILLY NAGAR
KOCHI-36

Ref. Doctor: BANK OF BARODA **Doctor:** -----

(Summary Report edited by user)