

| | |
|---------------------------------|--------------------------------------------|
| Patient Name : Mrs.DEEPTI RAWAT | Collected : 05/May/2023 10:11AM |
| Age/Gender : 37 Y 3 M 14 D/F | Received : 05/May/2023 01:23PM |
| UHID/MR No : CVIM.0000225629 | Reported : 05/May/2023 02:21PM |
| Visit ID : CVIMOPV539355 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 78797 | |

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

RBCs ARE NORMOCYTIC NORMOCHROMIC.ANISOCYTOSIS+.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN



SIN No:BED230107979

APOLLO CLINICS NETWORK

| | |
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HEMOGRAM , WHOLE BLOOD-EDTA

| | | | | |
|--------------------------------------------|---------|-------------------------|---------------|--------------------------------|
| HAEMOGLOBIN | 13.7 | g/dL | 12-15 | Spectrophotometer |
| PCV | 41.40 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.1 | Million/cu.mm | 3.8-4.8 | Electrical Impedence |
| MCV | 100.9 | fL | 83-101 | Calculated |
| MCH | 33.3 | pg | 27-32 | Calculated |
| MCHC | 33 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 15.4 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,760 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 55.7 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 32.8 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 4.4 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 6.9 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0.2 | % | <1-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3765.32 | Cells/cu.mm | 2000-7000 | Electrical Impedence |
| LYMPHOCYTES | 2217.28 | Cells/cu.mm | 1000-3000 | Electrical Impedence |
| EOSINOPHILS | 297.44 | Cells/cu.mm | 20-500 | Electrical Impedence |
| MONOCYTES | 466.44 | Cells/cu.mm | 200-1000 | Electrical Impedence |
| BASOPHILS | 13.52 | Cells/cu.mm | 0-100 | Electrical Impedence |
| PLATELET COUNT | 303000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 12 | mm at the end of 1 hour | 0-20 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

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| UHID/MR No : CVIM.0000225629 | Reported : 05/May/2023 03:16PM |
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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|-----------|--------|------|-----------------|--------|

BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

| | | | | |
|------------------|----------|--|--|-----------------------------|
| BLOOD GROUP TYPE | O | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | Microplate Hemagglutination |

SIN No:BED230107979



| | |
|---------------------------------|--------------------------------------------|
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| Age/Gender : 37 Y 3 M 14 D/F | Received : 05/May/2023 01:31PM |
| UHID/MR No : CVIM.0000225629 | Reported : 05/May/2023 02:04PM |
| Visit ID : CVIMOPV539355 | Status : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

| | | | | |
|-------------------------------|----|-------|--------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 84 | mg/dL | 70-100 | HEXOKINASE |
|-------------------------------|----|-------|--------|------------|

Comment:

As per American Diabetes Guidelines

| Fasting Glucose Values in mg/d L | Interpretation |
|----------------------------------|----------------|
| <100 mg/dL | Normal |
| 100-125 mg/dL | Prediabetes |
| ≥126 mg/dL | Diabetes |



SIN No:PLF01968030

APOLLO CLINICS NETWORK

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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| | | | | |
|----------------------------------------------------------|----|-------|--------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA | 83 | mg/dL | 70-140 | HEXOKINASE |
|----------------------------------------------------------|----|-------|--------|------------|

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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| | | | | |
|-----------------------------------------------------------|-----|-------|--|------------|
| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA | 4.7 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA | 88 | mg/dL | | Calculated |

Comment:

Reference Range as per American Diabetes Association (ADA):

| REFERENCE GROUP | HBA1C IN % |
|-------------------------------|------------|
| NON DIABETIC ADULTS >18 YEARS | <5.7 |
| AT RISK (PREDIABETES) | 5.7 – 6.4 |
| DIAGNOSING DIABETES | ≥ 6.5 |
| DIABETICS | |
| · EXCELLENT CONTROL | 6 – 7 |
| · FAIR TO GOOD CONTROL | 7 – 8 |
| · UNSATISFACTORY CONTROL | 8 – 10 |
| · POOR CONTROL | >10 |

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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|-----------|--------|------|-----------------|--------|

LIPID PROFILE , SERUM

| | | | | |
|---------------------|--------|-------|--------|----------------------------|
| TOTAL CHOLESTEROL | 221 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 89 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 63 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 158 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 139.79 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 17.81 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.49 | | 0-4.97 | Calculated |

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

| | Desirable | Borderline High | High | Very High |
|---------------------|----------------------------------------|-----------------|-----------|-----------|
| TOTAL CHOLESTEROL | < 200 | 200 - 239 | ≥ 240 | |
| TRIGLYCERIDES | <150 | 150 - 199 | 200 - 499 | ≥ 500 |
| LDL | Optimal < 100 Near Optimal 100-129 | 130 - 159 | 160 - 189 | ≥ 190 |
| HDL | ≥ 60 | | | |
| NON-HDL CHOLESTEROL | Optimal <130; Above Optimal 130-159 | 160-189 | 190-219 | >220 |

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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LIVER FUNCTION TEST (LFT) , SERUM

| | | | | |
|---------------------------------------|-------|-------|---------|--------------------|
| BILIRUBIN, TOTAL | 1.19 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.25 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.94 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 10.35 | U/L | <35 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 16.6 | U/L | <35 | IFCC |
| ALKALINE PHOSPHATASE | 52.21 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.68 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.33 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.35 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.29 | | 0.9-2.0 | Calculated |



SIN No:SE04364774

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

| | | | | |
|-----------------------|--------|--------|------------|--------------------------|
| CREATININE | 0.53 | mg/dL | 0.55-1.02 | Modified Jaffe, Kinetic |
| UREA | 15.41 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 7.2 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.17 | mg/dL | 2.6-6.0 | Uricase PAP |
| CALCIUM | 9.37 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.37 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 139.14 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 5.2 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 101.58 | mmol/L | 101-109 | ISE (Indirect) |



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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| | | | | |
|----------------------------------------------------|-------|-----|-----|------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 12.61 | U/L | <38 | IFCC |
|----------------------------------------------------|-------|-----|-----|------|



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------------------------------|--------|--------|-----------------|--------|
| TRI-iodothyronine (T3, TOTAL) | 1.13 | ng/mL | 0.7-2.04 | CLIA |
| Thyroxine (T4, TOTAL) | 9.45 | µg/dL | 6.09-12.23 | CLIA |
| Thyroid Stimulating Hormone (TSH) | 1.815 | µIU/mL | 0.34-5.60 | CLIA |

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
|----------------------|-----------------------------------------------------------------------|
| First trimester | 0.1 - 2.5 |
| Second trimester | 0.2 – 3.0 |
| Third trimester | 0.3 – 3.0 |



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| UHID/MR No : CVIM.0000225629 | Reported : 05/May/2023 03:57PM |
| Visit ID : CVIMOPV539355 | Status : Final Report |
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

| | | | | |
|--------------|-------------|--|-------------|------------------|
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 7.5 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.010 | | 1.002-1.030 | Bromothymol Blue |

BIOCHEMICAL EXAMINATION

| | | | | |
|------------------------|----------|--|----------|----------------------------|
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | MODIFIED EHRlich REACTION |
| BLOOD | NEGATIVE | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

| | | | | |
|------------------|--------|------|------------------|------------|
| PUS CELLS | 2 - 3 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 1 - 2 | /hpf | <10 | MICROSCOPY |
| RBC | NIL | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |



| | |
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| Age/Gender : 37 Y 3 M 14 D/F | Received : 05/May/2023 01:25PM |
| UHID/MR No : CVIM.0000225629 | Reported : 05/May/2023 02:10PM |
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| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |

*** End Of Report ***

Result/s to Follow:
LBC PAP TEST (PAPSURE)


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist


Dr. Sanjay Ingle
M.B.B.S, MD(Pathology)
Consultant Pathologist



Patient Name : Mrs. DEEPTI RAWAT

Age/Gender : 37 Y/F

UHID/MR No. : CVIM.0000225629

OP Visit No : CVIMOPV539355

Sample Collected on :

Reported on : 05-05-2023 16:47

LRN# : RAD1991890

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 78797

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

Patient Name : Mrs. DEEPTI RAWAT

Age/Gender : 37 Y/F

UHID/MR No. : CVIM.0000225629

OP Visit No : CVIMOPV539355

Sample Collected on :

Reported on : 05-05-2023 12:03

LRN# : RAD1991890

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 78797

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on right side. Non-obstructive left renal calculi in mid pole ranging in size from 4-6 mm

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 5.6 mm.

Both ovary are normal

No evidence of any adnexal pathology noted.

IMPRESSION:-

Non-obstructive left renal calculi in mid pole ranging in size from 4-6 mm.



Patient Name : Mrs. DEEPTI RAWAT

Age/Gender

: 37 Y/F

finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology