



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. <i>Smaya K Vijayan.</i>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)): <i>blackmole on forehead.</i>
3. Age/Date of Birth	:	Gender: <i>F/M</i>
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

**PHYSICAL DETAILS:**

a. Height ..... <i>152</i> ..... (cms)	b. Weight ..... <i>59</i> ..... (Kgs)	c. Girth of Abdomen ..... <i>72</i> ..... (cms)
d. Pulse Rate ..... <i>78</i> ..... (/Min)	e. Blood Pressure: <i>110/70</i>	Systolic <i>110</i> Diastolic <i>70</i>
		1 <sup>st</sup> Reading <i>110</i> <i>70</i>
		2 <sup>nd</sup> Reading <i>110</i> <i>70</i>

**FAMILY HISTORY:**

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	<i>63</i>	<i>Okay</i>	
Mother	<i>65</i>	<i>Arthritis patient</i>	
Brother(s)			
Sister(s)	<i>31</i>	<i>Okay</i>	

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

Tobacco in any form	Sedative	Alcohol
	<i>✓</i>	<i>✓</i>

**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. *Y/N* ✓
- b. Have you undergone/been advised any surgical procedure? *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? *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 ✓

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

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 ✓

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

Y/N ✓

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

Y/N ✓

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

Y/N ✓

**CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER**

➤ Was the examinee co-operative?

Y/N ✓

➤ Is there anything about the examinee'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;

.....  
.....

➤ 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 :

Dr. Austin Varghees  
*[Signature]*

Seal of Medical Examiner :

**Dr. Austin Varghees**  
**MBBS**  
**TCMC Reg. No:77017**

Name & Seal of DDRC SRL Branch :



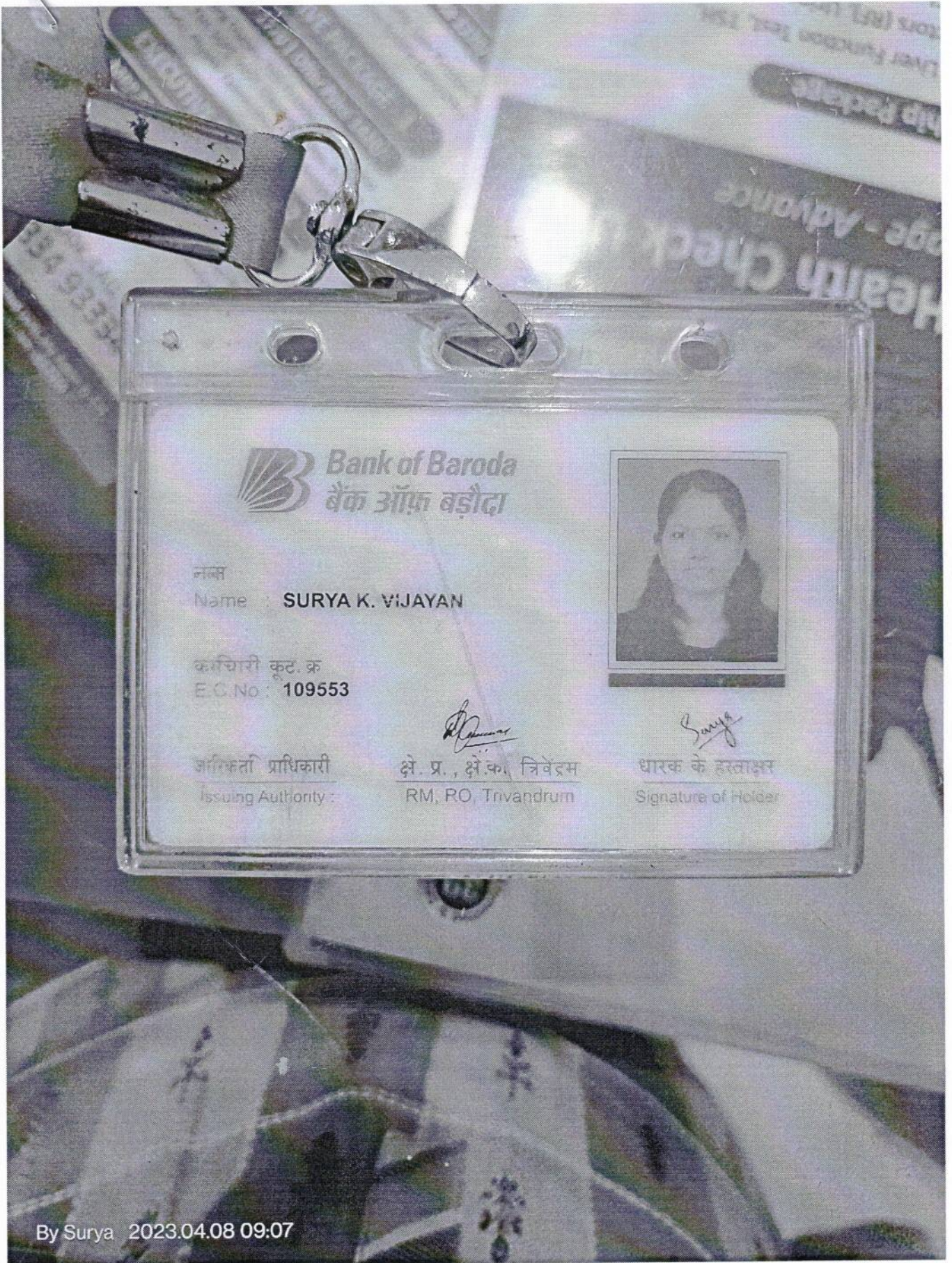
Date & Time :

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Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.





By Surya 2023.04.08 09:07

— Attachments: —

IMG20230408090714.jpg

2.9 MB



from,

Surya K Vijayam.

Bank of Baroda.

Kodimatha.

08/04/2023

to,

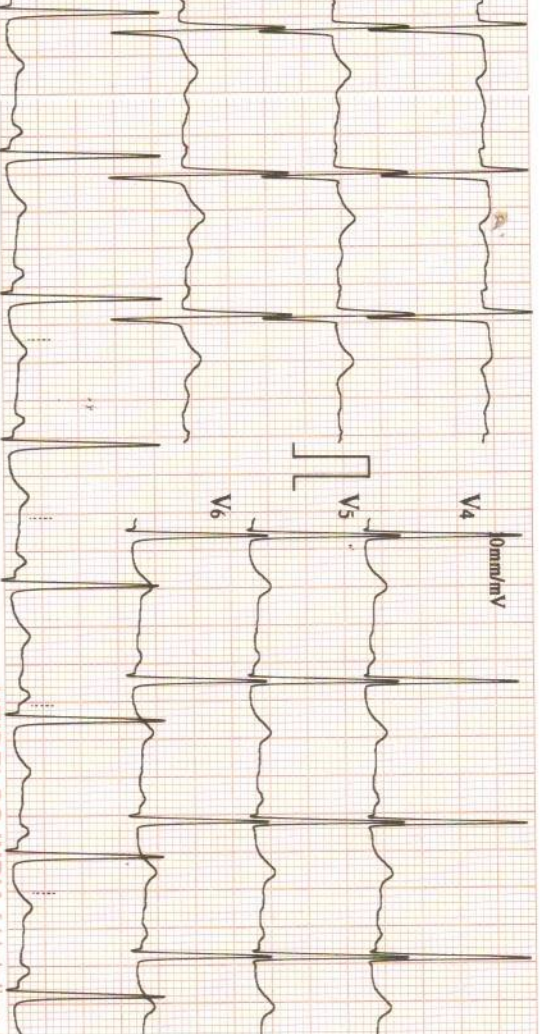
DDRC SRL  
Diagnostic Services.

Madam,

I am not interested in the motion  
test included in the Bank total health medical  
check up.

Yours truly

Surya.



08/04/2023 12:55

ID : 1959

Name: SURYA

KVIJAYAN

Sex : Female

Age : 26

HR	: 78	bpm
R-R	: 762	ms
P-R	: 135	ms
QRS	: 96	ms
QT/QTc	: 388/444	ms
P/QRS/T	: 55/71/52	°
RV5/SV1	: 1.990/1.520	mV
RV5+SV1	: 3.510	mV

V2:002 (Bios:V2:004/AMP:V1:006)

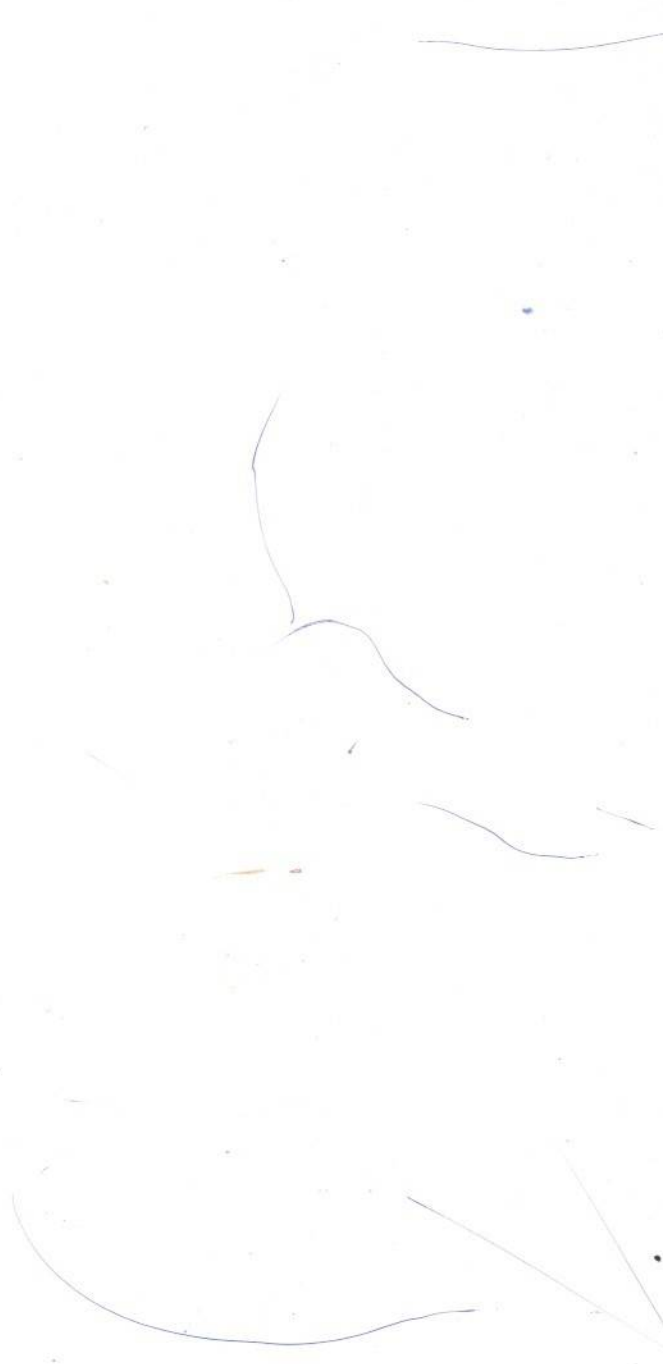
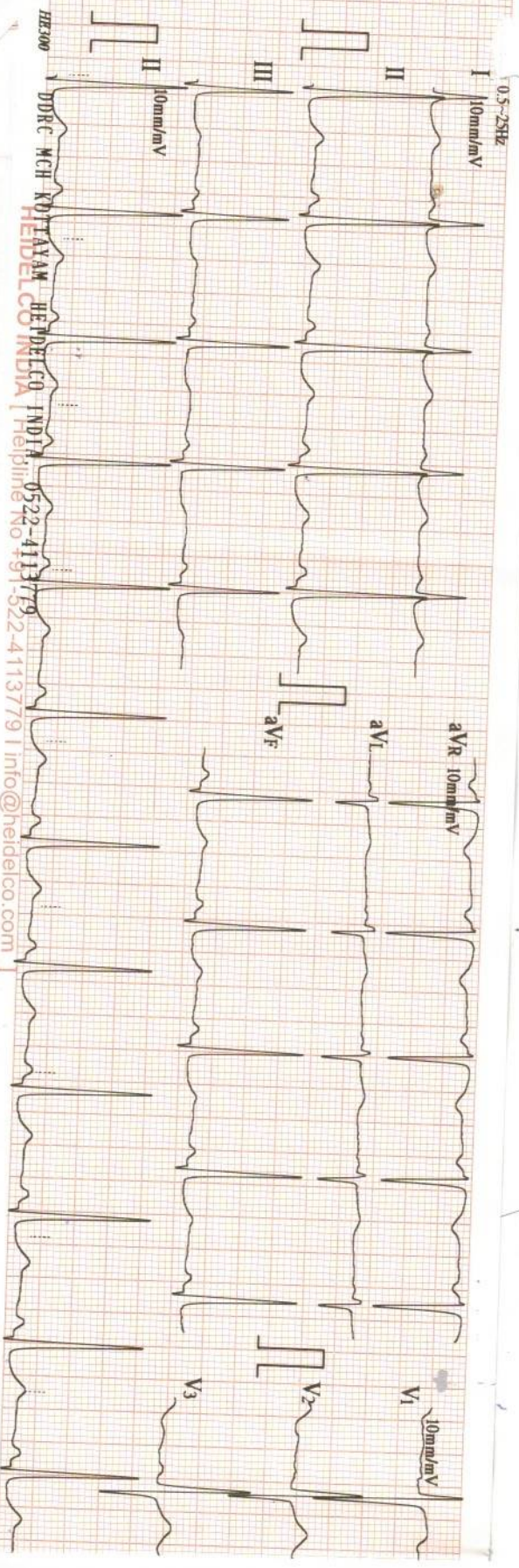


\*Machine Interpretation Only\*

Confirm with Physician

Physician:



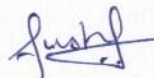


## ECG REPORT

ACCESSION NO : 4036WD001194  
 NAME : SURYA K VIJAYAN  
 AGE : 26  
 SEX : FEMALE  
 DATE : 08.04.2023  
 COMPANY : MEDIWHEEL

RATE : 78 bpm  
 RHYTHM : Normal sinus rhythm  
 P. WAVE : Normal  
 P-R INTERVAL : 135ms  
 Q,R,S,T. WAVES : Normal  
 AXIS : Normal  
 ARRHYTHMIAS : Nil  
 QT INTERVAL : 388ms  
 OTHERS : Nil  
 OPINION : Normal ECG



  
**Dr. Austin Varghees**  
 MBBS  
 TCMC Reg. No:77017

## OPHTHALMOLOGY REPORT

ACCESSION NO:4036WD001194

This is to certify that I have examined

MR /MS. Surya. k. vijayan Aged 26 yrs and

His / her visual standard is as follows.

Acuity of Vision

For Far

R ..... 6/8 .....L ..... 6/8 .....

For Near

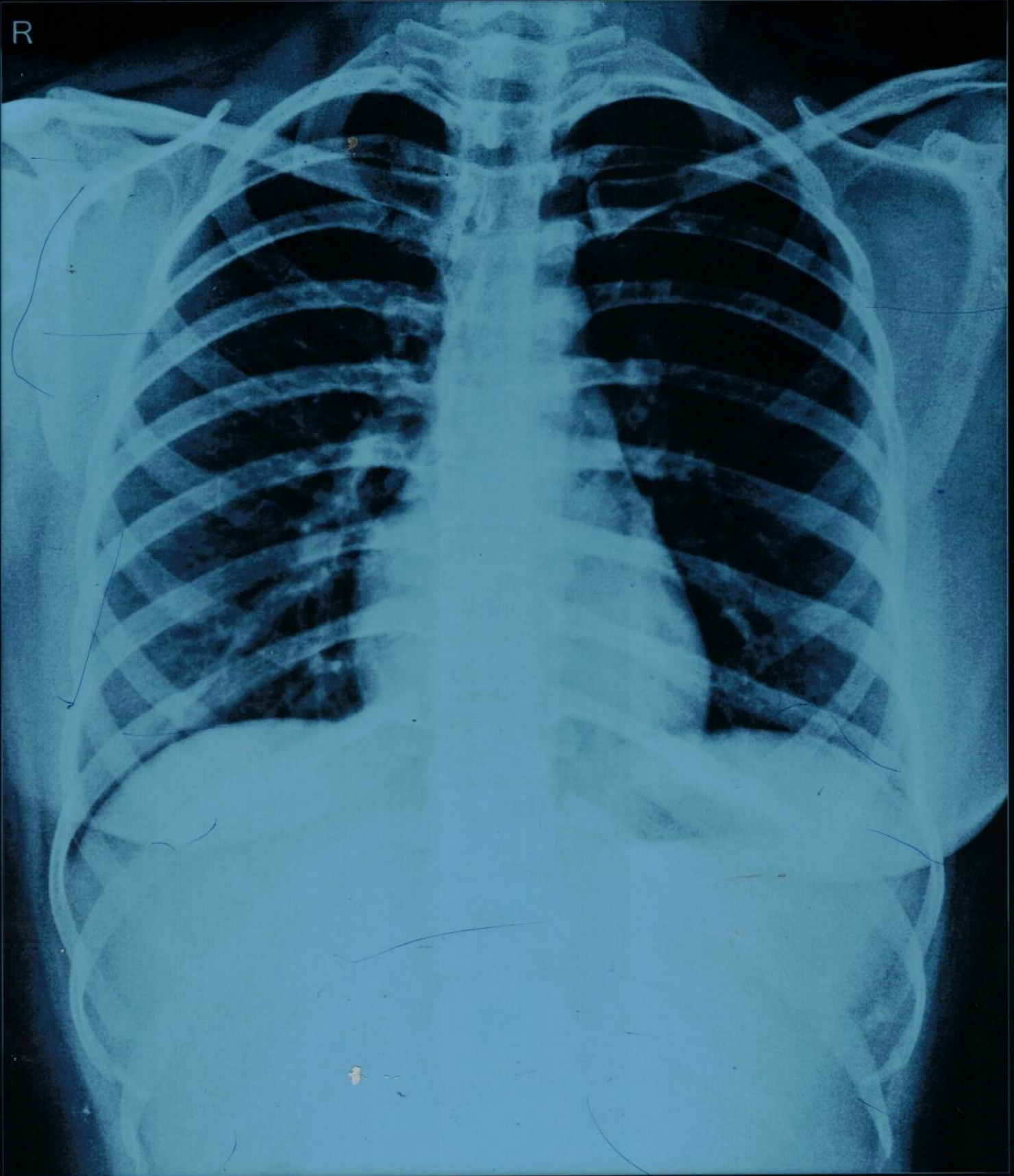
R ..... N<sub>6</sub> .....L ..... N<sub>6</sub> .....

Colour Vision

... NORMAL .....DATE: 08.04.2023  
OPTOMETRIST



R



SURYA K VIJAYAN 26Y 1172 CHEST-PA 08-04-2023


DDRC SRL DIAGNOSTICS, GANDHI NAGAR, KOTTAYAM.



## X - RAY CHEST - REPORT

ACCESSION NO : 4036WD001194  
 NAME : SURYA K VIJAYAN  
 AGE : 26  
 SEX : FEMALE  
 DATE : 08.04.2023  
 COMPANY : MEDIWHEEL  
 EXPOSURE : *Good*  
 POSITIONING : *central*  
 SOFT TISSUES : *Normal*  
 LUNG FIELDS : *Normal*  
 HEART SHADOW : *Normal*  
 CARDIOPHRENIC ANGLE : *no obliteration*  
 COSTOPHRENIC ANGLE :  
 HILUM : *Normal*  
 OPINION : *Normal chest xray*



  
**Dr. Austin Varghees**  
 MBBS  
 TCMC Reg. No:77017



**Name:** SURYA K VIJAYAN  
**Age/Sex:** 26 yrs/F  
**Accession No:** 4036WD001194

**Report Date:** 08.04.2023  
**Ref.by:** Mediwheel

### USG ABDOMEN & PELVIS

#### OBSERVATIONS:

- Liver:** Normal in size. Shows normal parenchymal echotexture. No focal parenchymal lesion noted. The biliary radicals appear normal. Portal vein is normal (10 mm).
- Gall bladder:** Partially distended (measures 2.6 x 0.9 cm). No calculus seen. No e/o of any wall thickening / edema. No e/o any pericholecystic collection.
- CBD:** Not dilated ( 3 mm).
- Spleen:** Normal in size (7.2 cm) and echotexture. No focal lesion.
- Pancreas:** Head (2 cm), body (1.2 cm) and tail (1.3 cm) appear normal. No focal lesion. No calcification or duct dilatation noted.
- Kidneys:** Right kidney length measures 11 cm. Parenchymal thickness 1.8 cm Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis.  
 Left kidney length measures 10.3 cm. Parenchymal thickness 1.8 cm Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis.
- Ureters:** Not dilated.
- Urinary Bladder:** Distended, No luminal or wall abnormality noted.
- Uterus:** Is anteverted and normal in size measures 6.7 x 3.1 x 4.3 cm. Myometrial echo is uniform. Endometrial echo is normal. ET- 6.6 mm. Cavity is empty.
- Ovaries:** Right ovary: 3.3 x 1.2 cm                      Left ovary: 2.6 x 1 cm  
 Normal in size and morphology on both sides.
- Adnexa:** No adnexal lesions.
- Others:** No evident lymphadenopathy. No evidence of bowel wall thickening/echogenic mesentery/dilated bowel loops. Normal peristalsis seen. No free fluid in the peritoneal cavity. No pleural effusion noted.

#### IMPRESSION:

- No significant abnormality detected.




**Dr. Deepak.V, MBBS, DMRD**  
 Radiologist

Note: This is radiological opinion and not the final diagnosis. Ultrasound is limited by patient adiposity, bowel gas and correlate clinically and investigate further as needed.



## Patient

## Exam

ID 08-04-2023-0013  
Name SURYA  
Birth Date  
Gender Other

Accession #  
Exam Date 08042023  
Description  
Sonographer

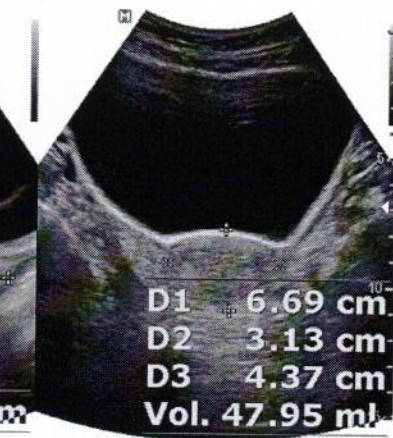
[2D] G1/118dB/FA10/P90/HARFSI 1



[2D] G1/118dB/FA10/P90/HARFSI 1



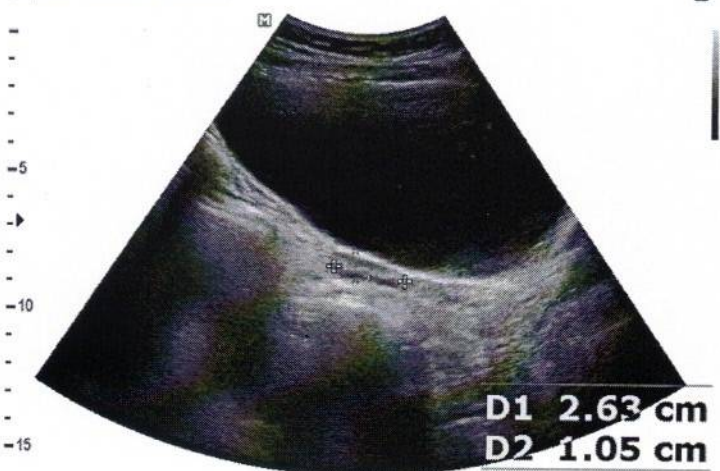
[2D] G1/118dB/FA10/P90/HARFSI 1



[2D] G1/118dB/FA10/P90/HARFSI 1



[2D] G1/118dB/FA10/P90/HARFSI 1



[2D] G22/118dB/FA10/P90/HARFSI 1



[2D] G25/118dB/FA10/P90/HARFSI 1





**DIAGNOSTIC REPORT**

Patient Ref. No. 666000004025469



**CLIENT CODE :** CA00010147 - MEDIWHEEL  
**CLIENT'S NAME AND ADDRESS:** MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
 F701A, LADO SARAI, NEW DELHI,  
 SOUTH DELHI, DELHI,  
 SOUTH DELHI 110030  
 DELHI INDIA  
 8800465156



Cert. No. MC-5590

DDRC SRL DIAGNOSTICS

GANDHI NAGAR, KTM  
 KERALA, INDIA  
 Tel : 93334 93334  
 Email : customercare.ddrc@srl.in

**PATIENT NAME : SURYA K VIJAYAN**PATIENT ID : **SURYF0207964036**ACCESSION NO : **4036WD001194** AGE : 26 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 08/04/2023 10:34

REPORTED : 08/04/2023 17:21

REFERRING DOCTOR : DR. MEDIWHEEL

CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Biological Reference Interval	Units
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**MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT****\* TREADMILL TEST**

TREADMILL TEST NOT DONE

**\* OPHTHAL**

OPHTHAL COMPLETED

**\* PHYSICAL EXAMINATION**

PHYSICAL EXAMINATION COMPLETED



Scan to View Details



Scan to View Report

**DIAGNOSTIC REPORT**



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**PATIENT NAME :** SURYA K VIJAYAN **PATIENT ID :** SURYF0207964036  
**ACCESSION NO :** 4036WD001194 **AGE :** 26 Years **SEX :** Female **ABHA NO :**  
**DRAWN :** **RECEIVED :** 08/04/2023 10:34 **REPORTED :** 08/04/2023 17:21  
**REFERRING DOCTOR :** DR. MEDIWHEEL **CLIENT PATIENT ID :**

Test Report Status	Preliminary	Results	Units
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**MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT**

**BLOOD UREA NITROGEN (BUN), SERUM**

BLOOD UREA NITROGEN 8 Adult(<60 yrs) : 6 to 20 mg/dL  
 \* **BUN/CREAT RATIO**

BUN/CREAT RATIO 11.5

**CREATININE, SERUM**

CREATININE 0.71 18 - 60 yrs : 0.6 - 1.1 mg/dL

**GLUCOSE, POST-PRANDIAL, PLASMA**

GLUCOSE, POST-PRANDIAL, PLASMA 122 Diabetes Mellitus : > or = 200. mg/dL  
 Impaired Glucose tolerance/  
 Prediabetes : 140 - 199.  
 Hypoglycemia : < 55.

**GLUCOSE FASTING, FLUORIDE PLASMA**

GLUCOSE, FASTING, PLASMA 83 Diabetes Mellitus : > or = 126. mg/dL  
 Impaired fasting Glucose/  
 Prediabetes : 101 - 125.  
 Hypoglycemia : < 55.

**GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**

GLYCOSYLATED HEMOGLOBIN (HBA1C) 5.5 Normal : 4.0 - 5.6%. %  
 Non-diabetic level : < 5.7%.  
 Diabetic : >6.5%

Glycemic control goal  
 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%.

**LIPID PROFILE, SERUM**

CHOLESTEROL 192 Desirable : < 200 mg/dL  
 Borderline : 200-239  
 High : >or= 240

TRIGLYCERIDES 124 Normal : < 150 mg/dL  
 High : 150-199  
 Hypertriglyceridemia : 200-499

HDL CHOLESTEROL 45 Very High : > 499  
 General range : 40-60 mg/dL





**DIAGNOSTIC REPORT**



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ACCESSION NO : **4036WD001194** AGE : 26 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 08/04/2023 10:34 REPORTED : 08/04/2023 17:21

**REFERRING DOCTOR :** DR. MEDIWHEEL CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
DIRECT LDL CHOLESTEROL		137	mg/dL
		Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	
NON HDL CHOLESTEROL		<b>147</b>	mg/dL
		<b>High</b> Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	
VERY LOW DENSITY LIPOPROTEIN CHOL/HDL RATIO		24.8	mg/dL
LDL/HDL RATIO		4.3	
		3.30 - 4.40	
<b>LIVER FUNCTION TEST WITH GGT</b>			
BILIRUBIN, TOTAL		0.55	mg/dL
		General Range : < 1.1	
BILIRUBIN, DIRECT		0.22	mg/dL
		General Range : < 0.3	
BILIRUBIN, INDIRECT		0.33	mg/dL
		0.00 - 1.00	
TOTAL PROTEIN		7.6	g/dL
		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	
ALBUMIN		4.3	g/dL
		20-60yrs : 3.5 - 5.2	
GLOBULIN		3.3	g/dL
		2.0 - 4.1	
ALBUMIN/GLOBULIN RATIO		1.3	RATIO
		1.0 - 2.0	
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		29	U/L
		Adults : < 33	
ALANINE AMINOTRANSFERASE (ALT/SGPT)		45	U/L
		Adults : < 34	
ALKALINE PHOSPHATASE		103	U/L
		Adult(<60yrs) : 35 - 105	
GAMMA GLUTAMYL TRANSFERASE (GGT)		24	U/L
		Adult (female) : < 40	
<b>TOTAL PROTEIN, SERUM</b>			
TOTAL PROTEIN		7.6	g/dL
		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	
<b>URIC ACID, SERUM</b>			
URIC ACID		3.4	mg/dL
		Adults : 2.4-5.7	
<b>ABO GROUP &amp; RH TYPE, EDTA WHOLE BLOOD</b>			
ABO GROUP		TYPE O	
RH TYPE		POSITIVE	
<b>BLOOD COUNTS,EDTA WHOLE BLOOD</b>			
HEMOGLOBIN		12.2	g/dL
		12.0 - 15.0	



**DIAGNOSTIC REPORT**



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ACCESSION NO : **4036WD001194** AGE : 26 Years SEX : Female ABHA NO :

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Test Report Status	Preliminary	Results	Units
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RED BLOOD CELL COUNT		4.10	3.8 - 4.8	mil/ $\mu$ L
WHITE BLOOD CELL COUNT		<b>10.40</b>	<b>High</b> 4.0 - 10.0	thou/ $\mu$ L
PLATELET COUNT		281	150 - 410	thou/ $\mu$ L
<b>RBC AND PLATELET INDICES</b>				
HEMATOCRIT		36.4	36 - 46	%
MEAN CORPUSCULAR VOL		89.0	83 - 101	fL
MEAN CORPUSCULAR HGB.		29.8	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION		33.6	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH		<b>11.1</b>	<b>Low</b> 11.6 - 14.0	%
MENTZER INDEX		21.7		
<b>WBC DIFFERENTIAL COUNT</b>				
SEGMENTED NEUTROPHILS		66	40 - 80	%
LYMPHOCYTES		32	20 - 40	%
MONOCYTES		<b>00</b>	<b>Low</b> 2 - 10	%
EOSINOPHILS		02	1 - 6	%
BASOPHILS		00	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT		6.86	2.0 - 7.0	thou/ $\mu$ L
ABSOLUTE LYMPHOCYTE COUNT		<b>3.33</b>	<b>High</b> 1.0 - 3.0	thou/ $\mu$ L
ABSOLUTE MONOCYTE COUNT		<b>00</b>	<b>Low</b> 0.2 - 1.0	thou/ $\mu$ L
ABSOLUTE EOSINOPHIL COUNT		0.21	0.02 - 0.50	thou/ $\mu$ L
ABSOLUTE BASOPHIL COUNT		<b>00</b>	<b>Low</b> 0.02 - 0.10	thou/ $\mu$ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		2.1		
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD</b>				
SEDIMENTATION RATE (ESR)		<b>50</b>	<b>High</b> 0 - 20	mm at 1 hr
<b>SUGAR URINE - POST PRANDIAL</b>				
SUGAR URINE - POST PRANDIAL		NOT DETECTED	NOT DETECTED	
<b>THYROID PANEL, SERUM</b>				
T3		176.05	Non-Pregnant : 60-181	ng/dL
			Pregnant Trimester-wise 1st : 81-190 2nd : 100-260 3rd : 100-260	
T4		<b>15.80</b>	<b>High</b> 3.2 - 12.6	$\mu$ g/dl





**DIAGNOSTIC REPORT**



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TSH 3RD GENERATION	2.850	(Non Pregnant) : 0.4 - 4.2 Pregnant(Trimester wise) 1st : 0.1 - 2.5 2nd : 0.2 - 3 3rd : 0.3 - 3	µIU/mL
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**PHYSICAL EXAMINATION, URINE**

COLOR	PALE YELLOW
APPEARANCE	CLEAR

**\* CHEMICAL EXAMINATION, URINE**

PH	6.5	4.7 - 7.5
SPECIFIC GRAVITY	1.010	1.003 - 1.035
PROTEIN	NOT DETECTED	NOT DETECTED
GLUCOSE	NOT DETECTED	NOT DETECTED
KETONES	NOT DETECTED	NOT DETECTED
BLOOD	NOT DETECTED	NOT DETECTED
BILIRUBIN	NOT DETECTED	NOT DETECTED
UROBILINOGEN	NORMAL	NORMAL
NITRITE	NOT DETECTED	NOT DETECTED

**MICROSCOPIC EXAMINATION, URINE**

RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
WBC	3-5	0-5	/HPF
EPITHELIAL CELLS	2-3	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	
<b>SUGAR URINE - FASTING</b>			
SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED	

**Comments**

NOTE - Kindly correlate clinically.

* <b>PHYSICAL EXAMINATION,STOOL</b>	RESULT PENDING
* <b>CHEMICAL EXAMINATION,STOOL</b>	RESULT PENDING
* <b>MICROSCOPIC EXAMINATION,STOOL</b>	RESULT PENDING



**DIAGNOSTIC REPORT**

Patient Ref. No. 666000004025469

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

Cert. No. MC-5590

DDRC SRL DIAGNOSTICS

GANDHI NAGAR, KTM  
KERALA, INDIA  
Tel : 93334 93334  
Email : customercare.ddrc@srl.in**PATIENT NAME :** SURYA K VIJAYAN**PATIENT ID :** SURYF0207964036**ACCESSION NO :** 4036WD001194 **AGE :** 26 Years **SEX :** Female**ABHA NO :****DRAWN :****RECEIVED :** 08/04/2023 10:34**REPORTED :** 08/04/2023 17:21**REFERRING DOCTOR :** DR. MEDIWHEEL**CLIENT PATIENT ID :**

Test Report Status	<u>Preliminary</u>	Results	Units
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Scan to View Details



Scan to View Report



**DIAGNOSTIC REPORT**

Patient Ref. No. 666000004025469



**CLIENT CODE :** CA00010147 - MEDIWHEEL  
**CLIENT'S NAME AND ADDRESS:** MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED

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**PATIENT NAME : SURYA K VIJAYAN****PATIENT ID : SURYF0207964036**ACCESSION NO : **4036WD001194** AGE : 26 Years SEX : Female

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RECEIVED : 08/04/2023 10:34

REPORTED : 08/04/2023 17:21

**REFERRING DOCTOR :** DR. MEDIWHEEL

CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
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**MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT****\* ECG WITH REPORT****REPORT**

COMPLETED

**\* USG ABDOMEN AND PELVIS****REPORT**

COMPLETED

**\* CHEST X-RAY WITH REPORT****REPORT**

COMPLETED

**\*\*End Of Report\*\***

Please visit [www.ddrcsrl.com](http://www.ddrcsrl.com) for related Test Information for this accession  
 TEST MARKED WITH '\*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

**PRASEEDA S NAIR**  
 BIOCHEMIST

**DR.KRIPA ELIZABETH JOHN**  
 CONSULTANT PATHOLOGIST

**K.MEERA BHAI**  
 SENIOR BIOCHEMIST



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