

Chandan healthcare <chandanhealthcare26@gmail.com>

Re: Health Check up Booking Confirmed Request(bobE30568), Package Code-PKG10000238, Beneficiary Code-62046

1 message

anurag sri <anurag.idc@gmail.com>

Sat, Feb 25, 2023 at 3:22 PM

To: Mediwheel <wellness@mediwheel.in>, Chandan healthcare <chandanhealthcare26@gmail.com>

Cc: mediwheelwellness@gmail.com

confirmed

pack code 2613

On Sat, Feb 25, 2023 at 2:29 PM Mediwheel <wellness@mediwheel.in> wrote:



011-41195959 Email:wellness@mediwheel.in

Hi Chandan Healthcare Limited,

Diagnostic/Hospital Location :B1/2 Sec-J, Aliganj, Lucknow, City: Lucknow We have received the confirmation for the following booking.

Beneficiary Name: PKG10000238

Beneficiary Name: MR. SINGH NITISH

Member Age : 32

Member Gender : Male

Member Relation : Employee

Package Name : Full Body Health Checkup Male Below 40

Location : CHATHUWA, Uttar Pradesh-229309

Contact Details : 9335257616

Booking Date : 22-02-2023

Appointment Date: 26-02-2023

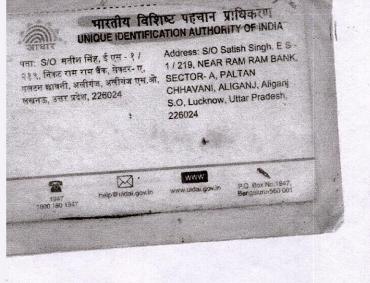
Instructions to undergo Health Check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- 2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- 3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
- 4. Please bring all your medical prescriptions and previous health medical records with you.
- 5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

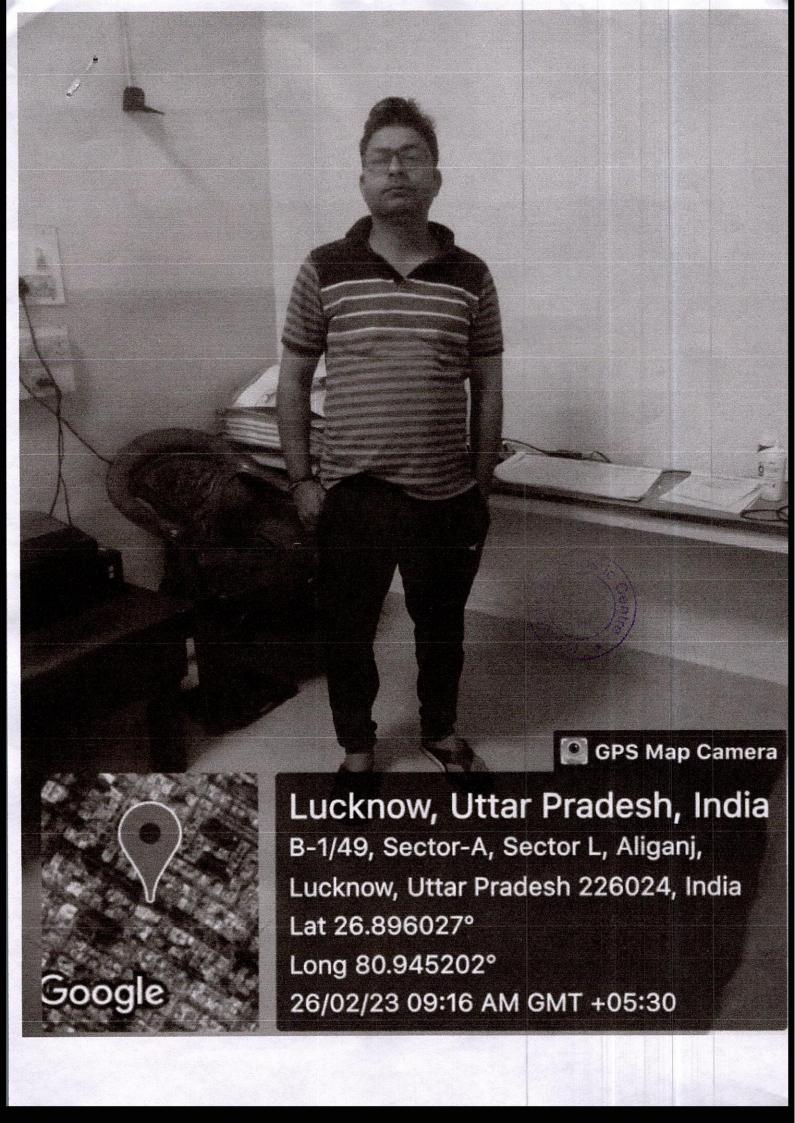
- 1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- 2. It is advisable not to undergo any Health Check during menstrual cycle.









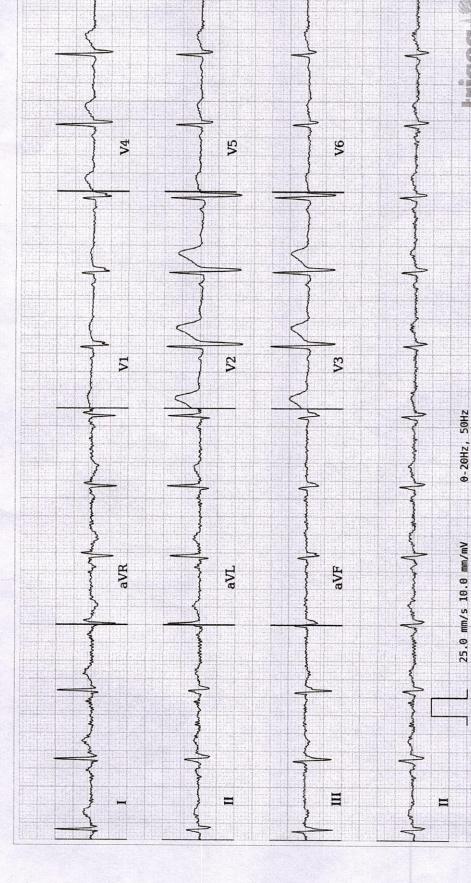




CALI0157052223 32/Male Age / Gender: Patient ID: Mr.NITISH SINGH

Patient Name:

Date and Time: 26th Feb 23 9:43 AM



ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

AUTHORIZED BY

P-R-T: 40° -13° 12°

PRI: 142ms

QTc: 393ms

QT: 348ms

QRSD: 88ms

VR: 77bpm

AR: 77bpm

REPORTED BY

Dr. Charit MD, DM: Cardiology

63382

Dr. Devendra Muralidhar Dhande

Hemole



CHANDAN DIAGNOSTIC CENTRE

Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj Ph: 9235432681,

CIN: U85110DL2003PLC308206



Patient Name : Mr.NITISH SINGH Registered On : 26/Feb/2023 08:11:56 Age/Gender : 32 Y 0 M 0 D /M Collected : 26/Feb/2023 08:23:13 UHID/MR NO : CALI.0000029024 Received : 26/Feb/2023 14:23:15 Visit ID : CALI0157052223 Reported : 26/Feb/2023 17:54:09

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

Blood Group (ABO & Rh typing) **, Blood

Blood Group

Α

Rh (Anti-D)

POSITIVE

Complete Blood Count (CBC) ** , Whole Blood

Haemoglobin 18.00 g/dl 1 Day- 14.5-22.5 g/dl

1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5

g/dl

2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0

g/dl

Male- 13.5-17.5 g/dl

Female- 12.0-15.5 g/dl

TLC (WBC)	6,200.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	57.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	33.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	6.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	4.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	4.00	Mm for 1st hr.		
Corrected	0.00	Mm for 1st hr.	< 9	
PCV (HCT)	56.00	%	40-54	
Platelet count				
Platelet Count	1.95	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.70	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	35.30	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.19	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.30	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.24	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE









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DEPARTMENT OF HABMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	99.20	fl	80-100	CALCULATED PARAMETER
MCH	34.40	pg	28-35	CALCULATED PARAMETER
MCHC	34.70	%	30-38	CALCULATED PARAMETER
RDW-CV	13.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,534.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	248.00	/cu mm	40-440	

Bring

Dr. Anupam Singh (MBBS MD Pathology)







Add: B 1/2, Sector J, Near Sangam Chauraha, Lda Stadium Road, Aliganj Ph: 9235432681,

CIN: U85110DL2003PLC308206



Patient Name : Mr.NITISH SINGH : 26/Feb/2023 08:11:58 Registered On Age/Gender : 32 Y 0 M 0 D /M Collected : 26/Feb/2023 08:23:13 UHID/MR NO : CALI.0000029024 Received : 26/Feb/2023 14:17:57 Visit ID : CALI0157052223 Reported : 26/Feb/2023 15:04:59

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	

GLUCOSE FASTING **, Plasma

Glucose Fasting 78.80 mg/dl < 100 Normal GOD POD

100-125 Pre-diabetes ≥ 126 Diabetes

Interpretation:

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

GLYCOSYLATED HAEM OGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	34.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	105	mg/dl	

Interpretation:

NOTE:-

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

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

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







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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

Clinical Implications:

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

BUN (Blood Urea Nitrogen) ** Sample:Serum	15.90	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	0.98	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid ** Sample:Serum	3.50	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) ** , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total)	28.60 43.60 53.00 7.08 4.87 2.21 2.20	U/L U/L IU/L gm/dl gm/dl gm/dl	< 35 < 40 11-50 6.2-8.0 3.8-5.4 1.8-3.6 1.1-2.0 42.0-165.0	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD
Bilirubin (Total)	0.88	mg/dl	0.3-1.2	JENDRASSIK & GROF





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

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



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Ur	nit Bio. Ref. Interv	al Method
Bilirubin (Direct)	0.27	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.61	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) ** , Serum				
Cholesterol (Total)	233.00	mg/dl	<200 Desirable 200-239 Borderline Higl > 240 High	CHOD-PAP n
HDL Cholesterol (Good Cholesterol)	63.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	138	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	
VLDL	31.34	mg/dl	10-33	CALCULATED
Triglycerides	156.70	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Bring

Dr. Anupam Singh (MBBS MD Pathology)







CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235432681,

CIN: U85110DL2003PLC308206



Patient Name : Mr.NITISH SINGH Registered On : 26/Feb/2023 08:11:57 Age/Gender : 32 Y 0 M 0 D /M Collected : 26/Feb/2023 16:41:26 UHID/MR NO : CALI.0000029024 Received : 26/Feb/2023 18:45:20 Visit ID : CALI0157052223 Reported : 26/Feb/2023 19:29:22

ABSENT

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
URINE EXAMINATION, ROUTI	INE** , Urine				
Color	PALE YELLOW				
Specific Gravity	1.005				
Reaction PH	Neutral (7.0)			DIPSTICK	

mg % 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)

< 10 Absent

DIPSTICK

ABSENT < 0.5 (+)**DIPSTICK** gms%

0.5-1.0(++)1-2 (+++) > 2 (++++)

Ketone **ABSENT** mg/dl 0.2 - 2.81**BIOCHEMISTRY**

Bile Salts ABSENT Bile Pigments ABSENT Urobilinogen(1:20 dilution) **ABSENT**

Microscopic Examination:

Protein

Sugar

Epithelial cells 0-1/h.p.f **MICROSCOPIC EXAMINATION**

Pus cells **ABSENT**

RBCs MICROSCOPIC ABSENT EXAMINATION

Cast **ABSENT**

Crystals **ABSENT MICROSCOPIC EXAMINATION**

Others **ABSENT**

SUGAR, FASTING STAGE ** , Urine

Sugar, Fasting stage **ABSENT** gms%

Interpretation:

< 0.5 (+)

(++)0.5 - 1.0

(+++) 1-2

(++++) > 2

Dr. Anupam Singh (MBBS MD Pathology)



Home Sample Collectio 1800-419-0002



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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL ** , Serum				
T3, Total (tri-iodothyronine)	121.32	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	8.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.20	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 µIU/1 0.5-4.6 µIU/1 0.8-5.2 µIU/1 0.5-8.9 µIU/1 0.7-27 µIU/1 2.3-13.2 µIU/1 0.7-64 µIU/1 1-39 µIU 1.7-9.1 µIU/1	mL Second Trim mL Third Trime mL Adults mL Premature mL Cord Blood mL Child(21 wk m/mL Child	nester ster 55-87 Years 28-36 Week > 37Week

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

Brin

Dr. Anupam Singh (MBBS MD Pathology)







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Patient Name : Mr.NITISH SINGH Registered On : 26/Feb/2023 08:11:59

 Age/Gender
 : 32 Y 0 M 0 D /M
 Collected
 : N/A

 UHID/MR NO
 : CALI.0000029024
 Received
 : N/A

Visit ID : CALI0157052223 Reported : 26/Feb/2023 11:53:35

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW

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

IMPRESSION: NORMAL SKIAGRAM

Typed by shanaya

(This report is a professional opinion & not a diagnosis. Kindly intimate us immediately or within 7 days for any reporting / typing error or any query regarding radiological correlation of clinical findings).

Dr. Anil Kumar Verma (MBBS,DMRD)









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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) *

LIVER

- Liver is normal in size (~ 146 mm) and has a normal homogenous echo texture.
- No obvious focal lesion is seen. The intra-hepatic biliary radicles are normal.
- Portal vein is normal in caliber.

GALL BLADDER & CBD

- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic. No wall
 thickening or pericholecystic fluid noted.
- Visualised proximal common bile duct is normal in caliber.

PANCREAS

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

KIDNEYS

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

SPLEEN

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

LYMPH NODES

• No significant lymph node noted.

URINARY BLADDER

• Urinary bladder is well distended. Bladder wall is normal in thickness and is regular.







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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

PROSTATE

• Prostate is normal in size & measures ~ 16.5 grams.

HRS finding:-

• Mild diffuse bowel wall thickening seen at left side of abdomen (~ approx 3.6 mm)? nonspecific Inflammatory.

IMPRESSION

 Mild diffuse bowel wall thickening seen at left side of abdomen.....? nonspecific Inflammatory.

Typed by- shanaya

(This report is an expert opinion & not a diagnosis. Kindly intimate us immediately or within 7 days for any reporting / typing error or any query regarding sonographic correlation of clinical findings)

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG



Dr. Anil Kumar Verma (MBBS,DMRD)

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

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

*Facilities Available at Select Location



