MEDICAL	EXAMINATION REPO	RT	
Name Nace Balbarithi	Gender M / F Date of E	Birth	
LITE. HAPPANA	() 0011.001		
Position Selected For	Identification marks		
HISTORY:			
1. Do you have, or are you being t	reated for, any of the following coeditions	? (please tic	k all that app
Anxiety	Cancer	High Blood F	Pressure
Arthritis		High Cholest	
Asthama, Bronchitis, Emphyse		Migraine Hea	
Back or spinal problems			lergic Rhinitis
Epilepsy	Any other serious problem for which you are receiving medical attention	Hay Fever)	
2. List the medications taken Reg			
3. List allergies to any known med	dications or chemicals		
4. Alcohol: Yes No	Occasional		
	Quit(more than 3 years)		
6. Respiratory Function:			
a. Do you become unusually short	of breath while walking fast or taking stair - case	e? Yes	No
b. Do you usually cough a lot first	thing in morning?	Yes	No
c. Have you vomited or coughed	out blood?	Yes	No
7. Cardiovascular Function & Phys	ical Activity :		
a. Exercise Type: (Select 1)			
o No Activity			
Very Light Activity (Seated At D			
Light Activity (Walking on level s			
Moderate Activity (Brisk walking Vigrous Activity (Seesas Bunning)			
Vigrous Activity (Soccer, Running Begular (III)			
c. Do you feel pain in chest when e	ess than 3 days/ week) / Irregular (more than engaging in physical activity?		
8. Hearing :	S-S-S-S-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F	Yes	No
a. Do you have history of hearing to		Yes	No
b. Do you experiences ringing in yo		Yes	No
c. Do you experience discharge fro		Yes	No
d. Have you ever been diagnosed v	with industrial deafness?	Yes	No
9. Musculo - Skeletal History a. Neck :	Have you are to be	The Later	
b. Back :	Have you ever injured or experienced pain? If Yes; approximate date (MM/YYYY)	Yes	No
c. Shoulder, Elbow, Writs, Hands	Consulted a medical professional?	Yes	Na
d. Hips, Knees, Ankles, Legs	Resulted in time of work?	Yes	No No
	Surgery Required ?	Yes	No
	Ongoing Problems ?	Yes	No

	10. Function History	
	•Climbing: Yes No •Sitting: •Standing: Yes No •Bending:	sting? Sting? Sting? Sting? Sting? Sting? Sting? Sting? Sting? Yes No
	f. Do you have pain when working with hand tools g. Do you experience any difficulty operating mach h. Do you have difficulty operating computer instru	hinery? Yes No
В.	CLINICAL EXAMINATION :	
	a. Height 66.3 Chest measurements: a. Normal	b. Expanded 20 80 mmhg
The same of the sa	Waist Circumference	Ear, Nose & Throat
	Skin	Respiratory System
	Vision	Nervous System -
	Circulatory System —	Genito- urinary System
	Gastro-intestinal System	Colour Vision
	Discuss Particulars of Section B :-	
C.	REMARKS OF PATHOLOGICAL TESTS:	ECG
	Complete Blood Count —	Urine routine
	Serum cholesterol	Blood sugar
	Blood Group	S.Creatinine
D.	CONCLUSION:	
	Any further investigations required	Any precautions suggested
E.	FITNESS CERTIFICATION	
		opear to be suffering from any disease communicable
		bodily informity except
		r this as disqualification for employment in the Company. S
	Candidate is free from Contagious/Com	
Dat	e: 30-11-2)	Dr. S. MANIKA iong Aire of Medical Cardinger
	- L. Padlanski	TIRUNELVELIN JALC JUSPITAL T JNEL J. 1. Reg No : b1785

Eye Examination Report

Candidate Name: Mrs. Prabhavathy

Age/ Gender: 24y | Female.

Date:

30-11-21

This is to certify that I have examined Mr.S/AMs. Prehading hereby, his/her visual standards are as follows: standards are as follows:

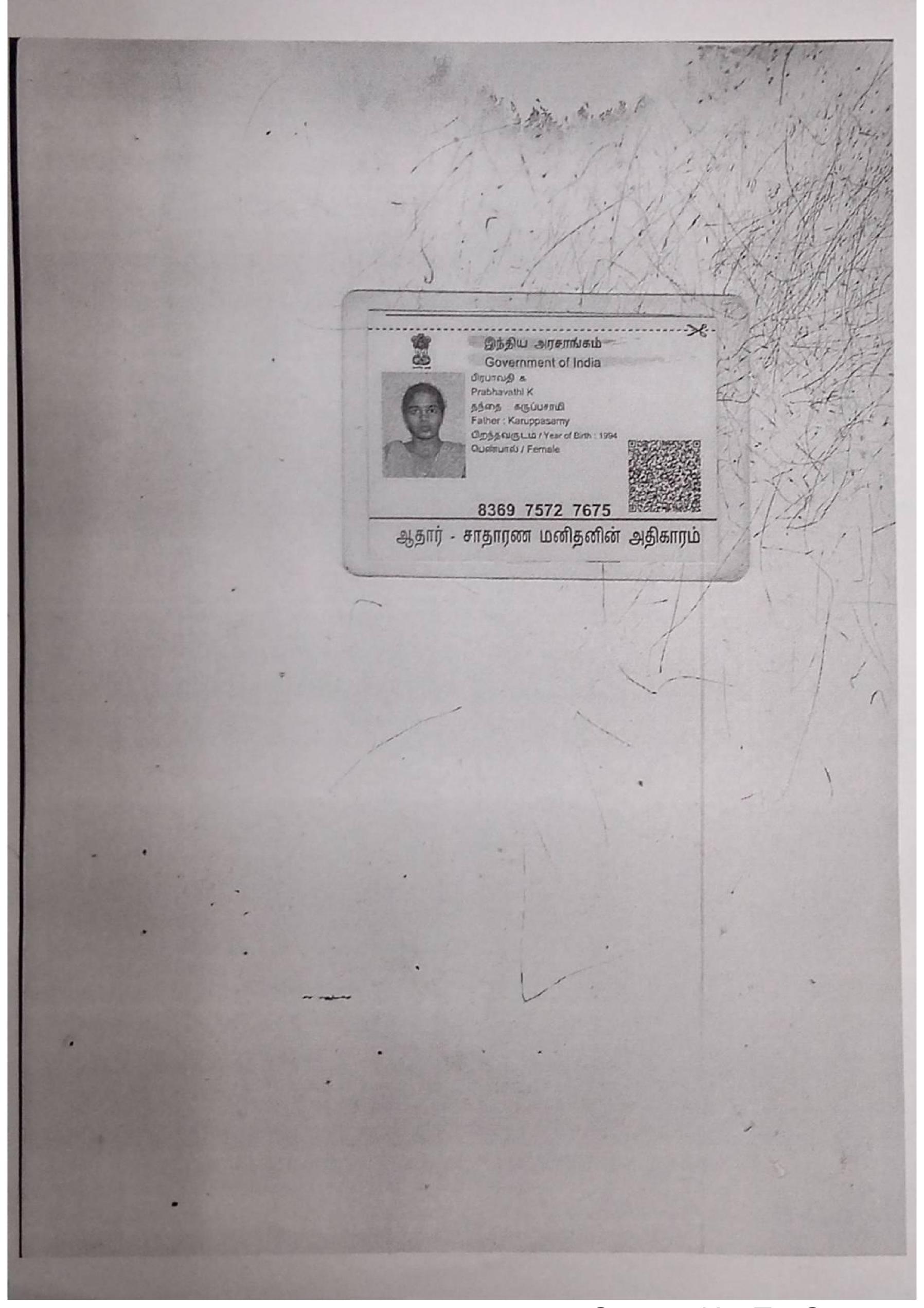
W	ithout Glasses	With Glasses		Color Vision (Normal/Defective	
R	L	R	L	Dorma	

Doctor Signature:

Dr. S.MANIKANDAN M.D.D.M., (Cardio)
Asst. Professor of Cardiology

Doctor Stamp

TIRUNELVELI MEDICAL COLLEGE I IQSFITAL TIRUNELVELI. Reg No: 61785



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Name\

: Mrs. PRABHAVATHI K

PID No.

: MED120519648

SID No.

: 621039080

Age / Sex

: 27 Year(s) / Female

Ref. Dr

: MediWheel

Register On

: 30/11/2021 9:20 AM

Collection On : 30/11/2021 10:04 AM

Report On

: 30/11/2021 2:43 PM

Printed On

: 02/12/2021 1:04 PM

Type

: OP

Investigation	Observed Value	Unit	Biological Reference Interval
IMMUNOHAEMATOLOGY			
BLOOD GROUPING AND Rh TYPING (Blood /Agglutination)	'B' 'Positive'		
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	12.96	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	39.83	%	37 - 47
RBC Count (Blood/Impedance Variation)	04.76	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	83.75	ſL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	27.26	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	32.55	g/dL	32 - 36
RDW-CV(Derived from Impedance)	13.5	%	11.5 - 16.0
RDW-SD(Derived from Impedance)	39.57	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	8110	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	48.70	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	42.90	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	04.00	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	04.20	%	02 - 08
Basophils (Blood/Impedance Variation & Flow Cytometry)		%	00 - 01
INTERPRETATION: Tests done on Automated microscopically.	Five Part cell counter. A	All abnormal res	ults are reviewed and confirmed
Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	3.95	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	3.48	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.32	10^3 / µl	0.04 - 0.44
	0.24	1043 / ul	< 1.0

0.34

Consultant Pathologist Reg NO : 95961

< 1.0

Page 1 of 5

The results pertain to sample tested.

Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)

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10^3 / µl



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Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.02	10^3 / µl	< 0.2
Platelet Count (Blood/Impedance Variation)	316	10^3 / µl	150 - 450
MPV (Blood/Derived from Impedance)	08.96	fL	8.0 - 13.3
PCT(Automated Blood cell Counter)	0.28	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	10	mm/hr	< 20
BIOCHEMISTRY			
BUN / Creatinine Ratio	9.48		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	77.8	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F) Negative Negative

Glucose Postprandial (PPBS) (Plasma - PP/ 112.4 mg/dL 70 - 140 GOD-PAP)

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

modication during accument for Diabetes.			
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.92	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.94	mg/dL	0.6 - 1.1
Uric Acid (Serum/Enzymatic)	3.9	mg/dL	2.6 - 6.0
Liver Function Test			
Bilirubin(Total) (Serum)	0.60	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.19	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.41	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	7.0	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	4.9	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	10.6	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	48.6	U/L	42 - 98
Total Protein (Serum/Biuret)	6.20	gm/dl	6.0 - 8.0

B. Supraja DR SUPRAJA B MD Consultant Pathologist Reg NO: 95961

The results pertain to sample tested.

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Name : Mrs. PRABHAVATHI K

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SID No. : 621039080

Age / Sex : 27 Year(s) / Female

Ref. Dr : MediWheel

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Type : OP

Investigation	Observed Value	Unit	Dielected D. C
Albumin (Serum/Bromocresol green)	4.60		Biological Reference Interval
Globulin (Serum/Derived)	1.60	gm/dl	3.5 - 5.2
A : G RATIO (Serum/Derived)	2.87	gm/dL	2.3 - 3.6
Lipid Profile	2.01		1.1 - 2.2
Cholesterol Total (Serum/CHOD-PAP with ATCS)	157.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	92.1	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diumal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	48.2	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	91.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	18.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	109.6	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

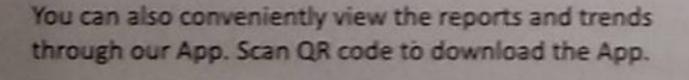
Total Cholesterol/HDL Cholesterol Ratio 3.3 (Serum/Calculated)

Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0

> B. Supraja DR SUPRAJA B MI Consultant Pathologist Rep NO: 95961

The results pertain to sample tested.

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: OP

Investigation

Triglyceride/HDL Cholesterol Ratio

(TG/HDL) (Serum/Calculated)

LDL/HDL Cholesterol Ratio (Serum/

Calculated)

1.9

Observed Value

Unit

Biological Reference Interval

Optimal: < 2.5

Mild to moderate risk: 2.5 - 5.0

High Risk: > 5.0

1.9

Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/Ion exchange HPLC by D10)

5.2

%

Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4

Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)

102.54

mg/dL

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/

Chemiluminescent Immunometric Assay

(CLIA))

1.17

ng/ml

0.7 - 2.04

INTERPRETATION:

Comment:

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/

Chemiluminescent Immunometric Assay

7.74

2.25

µg/dl

4.2 - 12.0

INTERPRETATION:

Comment:

(CLIA))

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum

/Chemiluminescent Immunometric Assay

(CLIA))

µIU/mL

0.35 - 5.50

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Consultant Pathologist

Reg NO : 95961



Name

: Mrs. PRABHAVATHI K

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Investigation

Observed Value

Unit

Biological Reference Interval

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester: 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment:

1. TSH reference range during pregnancy depends on lodine intake, TPO status, Serum HCG concentration, race, Ethnicity and

2. TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

3. Values&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

CLINICAL PATHOLOGY

Unine Analysis - Routine

Colour (Urine)

Appearance (Urine)

PALE YELLOW

SLIGHTLY TURBID

Yellow to Amber

Clear

Protein (Urine)

Negative

Negative

Negative

NIL

NIL

Glucose (Urine)

Pus Cells (Urine)

RBCs (Urine)

Negative

/hpf

Epithelial Cells (Urine)

2 - 3

2 - 3

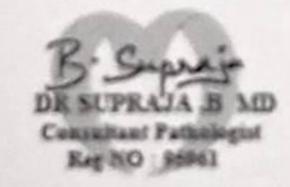
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/hpf

NIL

NIL

- End of Report -



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Customer Name	MRS.PRABHAVATHI K	Customer ID	MED120519648
Age & Gender	27Y/FEMALE	Visit Date	30/11/2021
Ref Doctor	MediWheel		

Thanks for your reference

REAL - TIME 2D & 4D ULTRASOUND DONE WITH VOLUSON 730 EXPERT. SONOGRAM REPORT

WHOLE ABDOMEN

Liver:

The liver is normal in size, measures 14.2 cm and shows uniform echotexture with no focal abnormality. There is no intra or extra hepatic biliary ductal dilatation. Portal vein shows normal flow and measures 9 mm

Gallbladder: The gall bladder is normal sized and smooth walled and contains no

calculus

Pancreas:

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal

Spleen:

Normal, measures 11.1 cm. No focal lesions

Right Kidney:

Size: Normal, measures 4.4 x 9.5 cm (Length x AP)

Echogenicity: Normal

Cortico-medullary differentiation: maintained

No hydronephrosis/ calculi

Left Kidney:

Size: Normal, measures 8.9 x 3.8cm (Length x AP)

Echogenicity: Normal

Cortico-medullary differentiation: maintained

No hydronephrosis/ calculi





Customer Name	MRS.PRABHAVATHI K	Customer ID	MED120519648
Age & Gender	27Y/FEMALE	Visit Date	30/11/2021
Ref Doctor	MediWheel		

Urinary bladder: The urinary bladder is smooth walled and uniformly transonic

There is no intravesical mass or calculus

Uterus: The uterus is anteverted

Myometrial echoes are homogeneous

The endometrium is central and normal measures 6 mm in thickness

Ovaries: The right ovary measure 6 cc

The left ovary measures 3 cc

No significant mass or cyst is seen in the ovaries

Parametria are free

RIF: Iliac fossae are normal

No mass or fluid collection is seen in the right iliac fossa

The appendix is not visualized

There is no free or loculated peritoneal fluid No para aortic lymphadenopathy is seen

IMPRESSION:

> No significant abnormality

Dr. Daniel Schwartz David., DMRD, Consultant Radiologist





Medall Healthcare Pvt Ltd 10/5, HARSHA COMPLEX, NORTH BYE PASS ROAD, Vannarapetai, Tirunelveli-627003

Customer Name	MPS PDADUATIAMENT	T	
Age & Condo	& Gender 27Y/FEMALE	Customer ID	MED120519648
		Visit Date	30/11/2021
Ref Doctor	MediWheel		

















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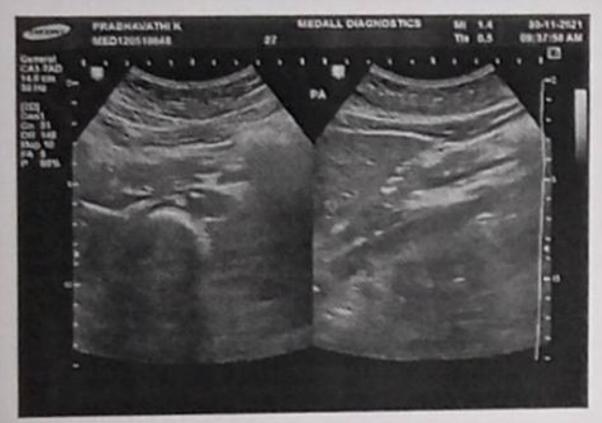




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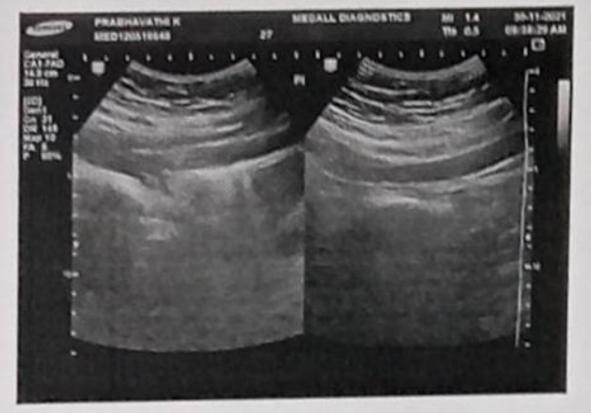
Customer Name	MRS.PRABHAVATHI K	Customer ID	MED120519648
Age & Gender	27Y/FEMALE	Visit Date	30/11/2021
Ref Doctor	MediWheel	11010	100/22/2022



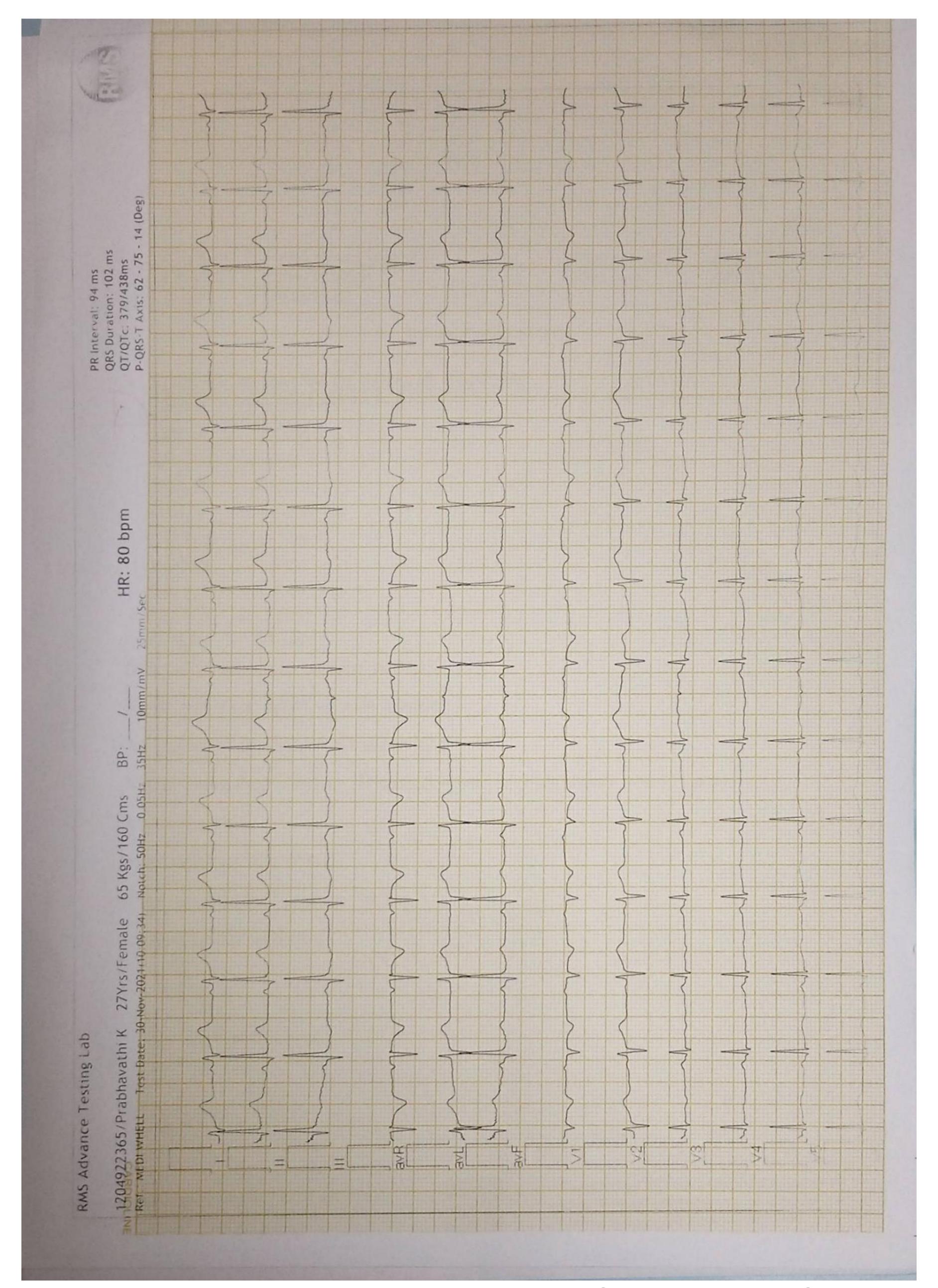














Customer Name	MRS.PRABHAVATHI K	Customer ID	MED120519648	
Age & Gender	27Y/FEMALE	Visit Date	30/11/2021	
Ref Doctor	MediWheel		100/12/2021	

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.2cm LVIDs ... 2.6cm EF ... 70% IVS d ...0.7cm IVS s ... 0.6cm LVPW d ... 0.7cm LVPW s ... 0.9cm ... 2.9cm LA ... 2.6cm AO TAPSE ... 23mm

Left ventricle, Left atrium normal.

Right ventricle, Right atrium normal.

No regional wall motion abnormality present.

Mitral valve, Aortic valve, Tricuspid valve & Pulmonary valve normal.

Aorta normal.

Inter atrial septum intact.

Inter ventricular septum intact.

No pericardial effusion.

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Contamor Nama	MRS.PRABHAVATHI K	Customer ID	MED120519648	
Age & Gender	27Y/FEMALE	Visit Date	30/11/2021	
Ref Doctor	MediWheel			

Doppler:

Mitral valve : E: 0.98m/s

A: 0.62m/s

E/A Ratio: 1.52

E/E: 8.97

Aortic valve: AV Jet velocity: 1.10 m/s

Tricuspid valve: TV Jet velocity: 1.44 m/s

TRPG: 8.26 mmHg.

Pulmonary valve: PV Jet velocity: 1.10 m/s

IMPRESSION:

1. Normal chambers & Valve.

2. No regional wall motion abnormality present.

3. Normal LV systolic function.

4. Pericardial effusion - Nil.

5. No pulmonary artery hypertension.

Dr. S. MANIKANDAN. MD.DM.(Cardio)

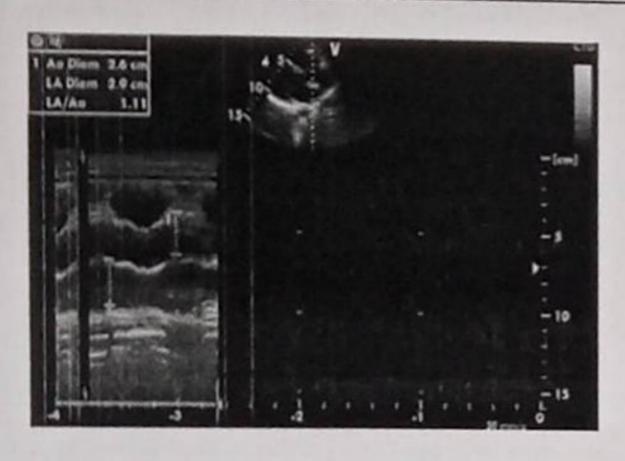
Cardiologist

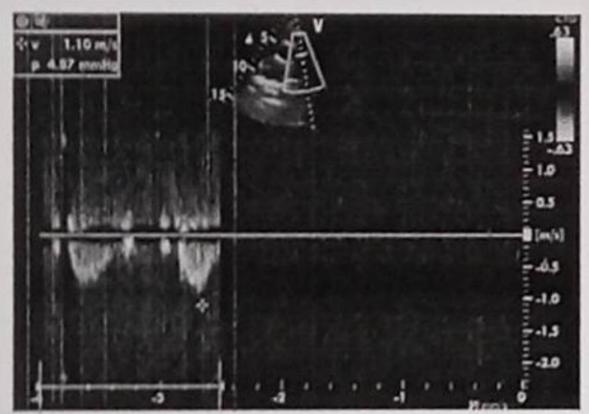


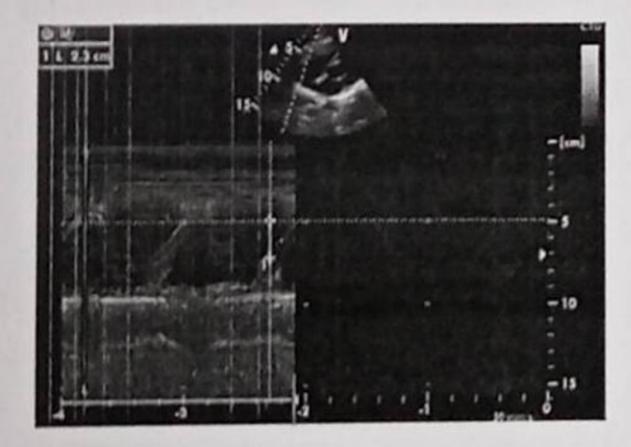


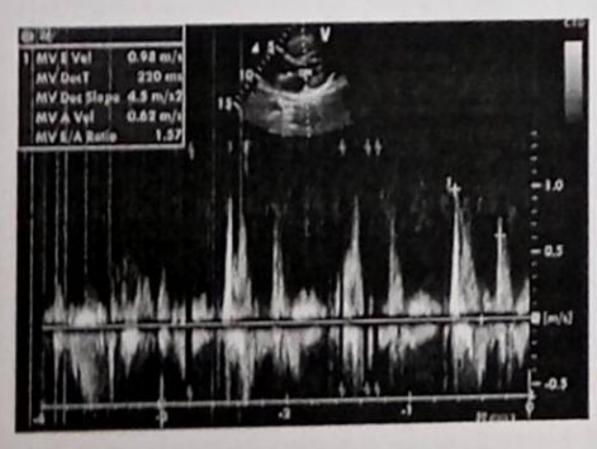
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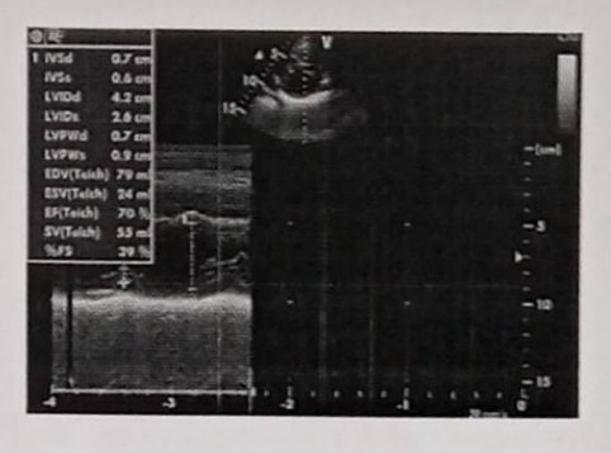
Customer Name	MRS.PRABHAVATHI K	T 0 - 4 - VT	
		Customer ID	MED120519648
Age & Gender	27Y/FEMALE	Visit Date	30/11/2021
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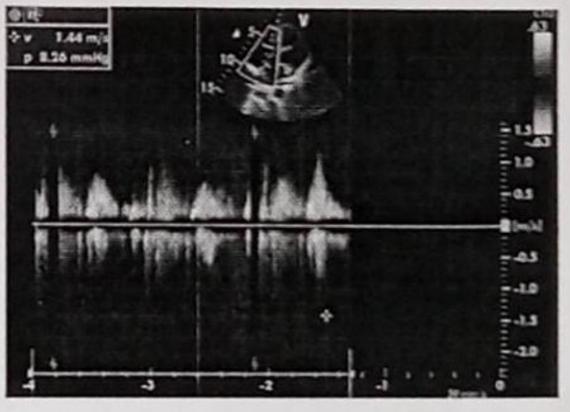


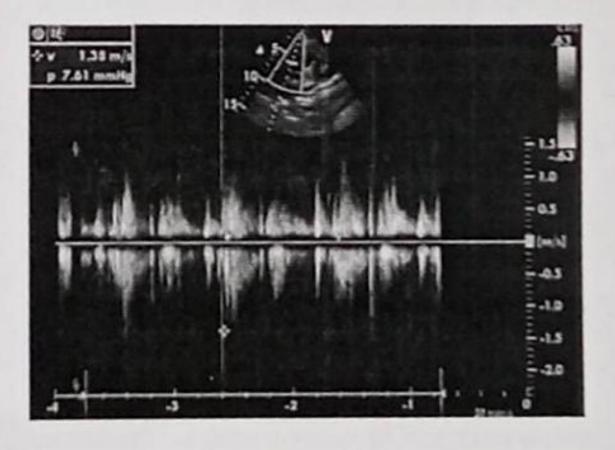


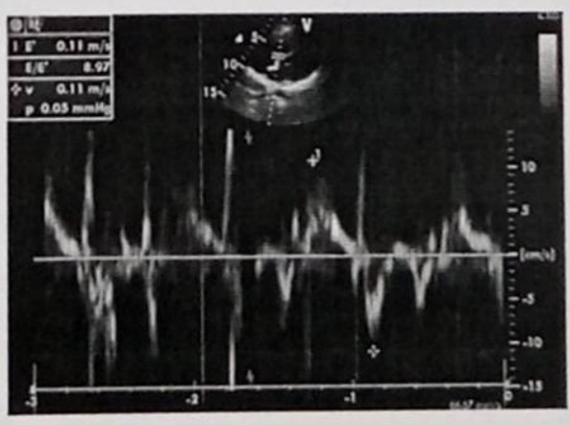












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Customer Name	MRS.PRABHAVATHI K	S.PRABHAVATHI K Customer ID		
Age & Gender	27Y/FEMALE	Visit Date	MED120519648 30/11/2021	
Ref Doctor	MediWheel		100/11/2021	

Thanks for your reference

DIGITAL X- RAY CHEST PA VIEW

Unfolded aorta with aortic knuckle calcification.

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Both costophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

No significant abnormality demonstrated.

DR. PRARTHANA ANTOLINE ABHIA, DNB, RD., Consultant Radiologist



