ANANDRISHIJI MEDICAL CENTRE

Patient Name	: **MR. AMIT B. SALUNKE**	**Client Name**	: APOLLO
Age / Gender	: 34 Years / Male	**Registration Date**	: 11-Nov-2023 8:52 AM
Ref. By Dr	: APOLLO	**Sample Coll. Date**	: 11-Nov-2023 8:52 AM
Patient ID	: **112311002**	**Authentication Date**	: 11-Nov-2023 3:43 PM
Sample Coll By	:ANANDRISHIJI MEDICAL CENTRE	**Report Date**	: 11-Nov-2023 2:35 PM

1123110 02

LIPID PROFILE REPORT

Investigation	Result	Unit	Bio. Ref. Interval
TOTAL CHOLESTEROL	117.2	mg/dL	Desirable (< 200) Borderline high (200 - 239) High (> 240)
HDL CHOLESTEROL - DIRECT	40.8	mg/dL	Adult High Risk >60 Moderate Risk 40 – 60 No Risk <40
TRIGLYCERIDES	50.0	mg/dL	50-200
LDL CHOLESTEROL	66.4	mg/dL	Optimal (< 100) Near optimal/above optimal (100-129) Borderline high (130-159) High (160-189) Very high (≥ 190)
VLDL CHOLESTEROL	10.0	mg/dL	5-40
TC/HDL CHOLESTEROL RATIO	**2.9**	Ratio	3.0-5.0
LDL / HDL RATIO	1.6	Ratio	1.5-3.5
NON HDL CHOLESTEROL	76	ng/ml	
HDL / LDL CHOLESTEROL RATIO	2	Ratio	1.5-3.5

Interpretation :
The lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease and to help make decisions about what treatment may be best if there is borderline or high risk. Lipids are a group of fats and fat-like substances that are important constituents of cells and sources of energy. A lipid profile typically includes: 1. Total cholesterol — this test measures all of the cholesterol in all the lipoprotein particles. 2. High-density lipoprotein cholesterol (HDL-C) — measures the cholesterol in HDL particles; often called "good cholesterol" because it removes excess cholesterol and carries it to the liver for removal. 3. Low-density lipoprotein cholesterol (LDL-C) — calculates the cholesterol in LDL particles; often called "bad cholesterol".

Comment : Please correlate with clinical condition

---------- **END OF REPORT** ----------

Dr. Jitendra Suru
MD Pathology

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Sample Coll By	:ANANDRISHIJI MEDICAL CENTRE	**Report Date**	: 11-Nov-2023 2:46 PM

1123110 02

RENAL FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
RFT (RENAL FUNCTION TEST)			
BLOOD UREA LEVEL	15.0	mg/dL	15-45
S. CREATININE	0.73	mg/dL	0.5-1.5
URIC ACID	4.3	mg/dL	2.5-7.5
ELECTROLYTES			
SODIUM, SERUM	138	mmol/L	136-146
POTASSIUM, SERUM	3.8	mmol/L	3.40-5.10
CHLORIDE, SERUM	101	mmol/L	98.0-106.0
CALCIUM	8.7	mg/dL	8.6 - 10.3

Interpretation :
Renal function tests (RFT) are performed for evaluation of kidney function. The blood urea nitrogen or BUN test is primarily used, along with the creatinine test, to evaluate kidney function in a wide range of circumstances, to help diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. 1. Blood Urea Nitrogen (BUN) - Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. 2. Creatinine - Creatinine is a waste product produced by muscles from the breakdown of a compound called creatine. Almost all creatinine is filtered from the blood by the kidneys and released into the urine, so blood levels are usually a good indicator of how well the kidneys are working. 3. Uric acid - The uric acid blood test is used to detect high levels of this compound in the blood in order to help diagnose recurrent kidney stones and gout. The test is also used to monitor uric acid levels in people undergoing chemotherapy or radiation treatment for cancer.

Comment : Please correlate with clinical condition
Technology : Spectrophotometry
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

---------- **END OF REPORT** ----------

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112311002

BLOOD GROUP

Investigation	Result
BLOOD GROUP	
ABO GROUPING	A
RH GROUPING	Positive

Interpretation :
Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,

- Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.
- Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.
- Determine the blood group of potential blood donors at a collection facility.
- Determine the blood group of potential donors and recipients of organs, tissues, or bone marrow, as part of a workup for a transplant procedure.

Comment : Please correlate with clinical condition
Technology : Agglutination
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

---------- END OF REPORT ----------

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* 1 1 2 3 1 1 0 0 2 *

CLINICAL PATHOLOGY

Investigation	Result	Unit	Bio. Ref. Interval
URINE EXAMINATION			
PHYSICAL EXAMINATION			
COLOUR	Pale Yellow		Pale Yellow
APPEARANCE	Clear		Clear
PH	6.0		**5.0-7.5**
SPECIFIC GRAVITY	1.010		1.002-1.030
CHEMICAL EXAMINATION			
PROTIENS	Absent		Negative
GLUCOSE	Absent		Negative
KETONE BODIES	Absent		Negative
BILLIRUBIN	Absent		Negative
BLOOD	Absent		Negative
NITRITE	Absent		Negative
MICROSCOPIC EXAMINATION			
PUS CELLS	Occasional	/ HPF	0-5
RED BLOOD CELLS	Absent	/ HPF	Nil
EPITHELLIAL CELLS	Occasional	/ HPF	< 10
CASTS	Absent		Absent
CRYSTALS	Absent		Absent
YEAST CELLS	Absent		Absent
BACTERIA	Absent		Absent
MUCUS THREADS	Absent		Absent
TRICHOMONAS VAGINAILS	Absent		Absent
SPERMATOZA	Absent		Absent
LEUKOCYTES	Absent	ng/ml	
DEPOSIT	Absent		Absent

---------- **END OF REPORT** ----------

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1123110 02

GLUCOSE - POST PRANDIAL(PP)

Investigation	Result	Unit	Bio. Ref. Interval
GLUCOSE - POST PRANDIAL(PP)			
GLUCOSE - POST PRANDIAL	97.0	mg/dL	70-140

Interpretation :
A postprandial (PP) glucose test is a blood glucose test that determines the amount of a type of sugar, called glucose, in the blood after a meal. A 2-hour postprandial blood glucose test measures blood glucose exactly 2 hours after eating a meal, timed from the start of the meal. By this point blood sugar has usually gone back down in healthy people, but it may still be elevated in people with diabetes.

COMMENT	Please correlate with clinical condition
TECHNOLOGY	Spectrophotometry
NOTES	Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

---------- **END OF REPORT** ----------

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1123110 02

GLUCOSE FASTING, PLASMA

Investigation	Result	Unit	Bio. Ref. Interval
BLOOD SUGAR FASTING	92.6	mg/dL	74-106
METHOD	Hexokinase		

Interpretation :
The fasting (F) blood glucose test is the test most commonly used to diagnose diabetes. It measures blood glucose levels after a period of fasting, usually at least eight hours without food or liquid (except water). This test is more definitive than a random test, because there is no chance that it has been influenced by recent food intake

COMMENT Please correlate with clinical condition

---------- **END OF REPORT** ----------

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Sample Coll By	:ANANDRISHIJI MEDICAL CENTRE	**Report Date**	: 11-Nov-2023 3:24 PM

112311002

Liver Function Test

Investigation	Result	Unit	Bio. Ref. Interval
ALKALINE PHOSPHATASE	**44.0**	U/L	53 - 128
SGOT (AST)	**218.7**	U/L	0 -35
SGPT (ALT)	**107.4**	U/L	0 - 45
GGTP	17.2	U/L	0 - 55
BILIRUBIN	0.80	mg/dL	0 - 1.2
BILIRUBIN DIRECT	0.17	mg/dL	0 - 0.4
BILIRUBIN INDIRECT	0.63	mg/dL	0 - 1.0
TOTAL PROTEIN	**6.26**	g/dl	6.4 - 8.3
ALBUMIN	4.51	gm/dl	3.5 - 5.2
GLOBULIN	2	gm/dl	1.8 - 3.6
A/G RATIO	2		
SGOT/SGPT RATIO	2	Ratio	

---------- END OF REPORT ----------

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Sample Coll By	:ANANDRISHIJI MEDICAL CENTRE	**Report Date**	: 11-Nov-2023 2:35 PM

1123110 02

THYROID FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
TOTAL TRIIODOTHYRONINE (T3)	1.31	ng/ml	0.69-2.15
TOTAL THYROXINE (T4)	9.68	ug/dl	5.2-12.7
TSH	**5.30**	uIU/mL	0.3-4.5

T3/T4/TSH

Normal T3 concentrations do not necessarily reflect a normal – thyroid state. Certain thyroid disorders (such as latent hypo – or hyperthyroidism , compensatory T3 over secretion in iodine deficiency , TBG over secretion) may also be associated with euthyroid T3 levels

In pregnancy , the Total T4 result may be incorrect , i.e., falsely –low .This assay should not be used as the only marker for thyroid disease evaluation during pregnancy. To ensure maximum diagnostic accuracy , thyroid status in pregnant women should be determined using thyroid function tests such as TSH , Free T4 , and clinical evaluation by the physician. Whether high or low , an abnormal TSH result indicates an excess or deficiency in the amount of thyroid hormone available to the body , but it does not indicate the reason . An abnormal TSH test result is usually followed by additional testing to investigate the cause of the increase or decrease.

Many medications – including aspirin and thyroid hormone replacement therapy – may affect thyroid gland function the result and their use should be discussed with the doctor prior to testing.

When a doctor adjusts a person's thyroid hormone replacement dosage, it is important to wait at least one to two months before checking the TSH again so that the new dose can have its full effect.

Extreme stress and acute illness may also affect TSH test result . Results may be low during the first trimester pregnancy. Serum TSH levels alone give no evidence of the presence or absence of thyroid disease. They must always be interpreted in context with the clinical picture and other diagnostic procedure.

A high TSH result often means an underactive thyroid gland that is not responding adequately to the stimulation of TSH due to some type of acute or chronic thyroid dysfunction. Rarely, a high TSH result can indicate a problem with the pituitary gland ,such as tumour producing unregulated levels of TSH.A high TSH can also occur when someone with a known thyroid disorder or who has their thyroid gland removed is receiving too little thyroid hormone medication.

A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or excessive amounts of thyroid hormone medication in those who are being treated for an underactive (or removed) thyroid gland. Rarely, a low TSH result may indicate damage to the pituitary gland that prevents it from producing adequate amounts of TSH.

---------- END OF REPORT ----------

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* 1 1 2 3 1 1 0 0 2 *

HbA1C (GLYCOSYLATED HAEMOGLOBIN)

Investigation	Value	Unit	
HBA1C (GLYCOSYLATED HEMOGLOBIN), BLOOD	6.0	%	Below 6.0 : Normal Value 6.0-7.0 : Good Control 7.0-8.0 : Fair Control 8.0-10.0 : Unsatisfactory Control Above 10 : Poor Control
AVERAGE BLOOD GLUCOSE (ABG)	**136.30**	mg/dL	Below 136 : Normal Value 137 - 172 : Good Control 173 - 208 : Fair Control 208 - 279 : Unsatisfactory Control Above 279 : Poor Control

INTERPRETATION & REMARK

Interpretation
HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Comment Please correlate with with Clinical condition
Technology HPLC
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

---------- **END OF REPORT** ----------

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1123110 02

CBC-ESR

Investigation	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN	**8.2**	g/dl	13 --18
TOTAL WBC COUNT	5400	/ cumm	4000-10000
RED BLOOD CELL COUNT	4.54	/cumm	4.32-5.72
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	56	%	50 --70
LYMPHOCYTES	30	%	20 --40
EOSINOPHILS	04	%	0 --6
MONOCYTES	10	%	0-10
BASOPHILS	00	%	0 --1
RBC INDICES			
HEMATOCRIT	**29.0**	%	37 --54
MEAN CORPUSCULAR VOLUME	**63.8**	fl	78-92
MEAN CORPUSCULAR HEMOGLOBIN	**18.0**	pg	28 --32
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	**28.2**	g/dl	32 --37
RDW_CV	**15.6**	/ cumm	11.5-14.5
PLATELET COUNT	291000	/ cumm	150000-400000
MEAN PLATELET VOLUME	9.4	fl	7.4-10.4
PDW	**16**	fl	10-14
PCT	0.27	%	0.10-0.28
RED CELL DISTRIBUTION WIDTH (RDW-SD)	37.8	fl	
P-LCR	27.7	%	
PERIPHERAL BLOOD SMEAR			
ERYTHROCYTES	Microcytic hypochromic		
LEUCOCYTES	Within Normal Limits		
THROMOBOCYTES	Adequate On Smear		

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ANANDRISHIJI
MEDICAL CENTRE

PATIENT'S NAME	MR. AMIT SALUNKHE	AGE/SEX	34 Y/ MALE
REF BY	APOLLO	DATE :	11-Nov-23

X-RAY CHEST PA VIEW

Both the lung fields appear normal.

Both costophrenic angles are normal.
The hila, mediastinal and diaphragmatic outlines appear normal.

The cardiac shadow appears normal.
The bony thoracic cage and soft tissues appear normal.

IMPRESSION:- **No abnormality detected.**

***Kindly correlate clinically.**

ANANDRISHIJI MEDICAL CENTRE * PUNE *

DR. RUTUJA DOSHI.
MBBS, DMRE.
Consultant Radiologist.

1/23, 9:07 AM

Your Apollo order has been confirmed - armmedicalreporting@gmail.com - Gmail

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Collect MER as per package details & that company's format (already shared).
By 12 noon of appointment date, share Work order number & visit status (Show/No show).
Upload reports in Adbhutam portal as per specifications given earlier.

Appointment Booking Details

Corporate/TPA	Agreement Name	Package name	Package Inclusions	Customer Name	Gender M/F	Relation Self/Spouse	DOB/Age	Emp ID	
ARCOFEMI HEALTHCARE LIMITED	ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	Dietician consultation,Lipid Profile (all Parameters),Renal Function Test,Ultrasound - Whole Abdomen,Package Consultation - ENT,2 D ECHO,Consultation - Dental,Blood Grouping And Typing (Abo And Rh),ECG,Fitness by General Physician,URINE GLUCOSE(POST PRANDIAL),Urine Routine (CUE),GGTP: Gamma Glutamyl Transpeptidase - Serum,GLUCOSE - SERUM / PLASMA(FASTING AND POST PRANDIAL,THYROID PROFILE - I(T3,T4 AND TSH),Glycosylated Hemoglobin (HbA1C) - Whole Blood,LIVER FUNCTION TEST (PACKAGE),X-Ray Chest PA,HEMOGRAM (CBC+ESR),Opthal by General Physician,URINE GLUCOSE(FASTING),BMI,GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL),GLUCOSE, FASTING,RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT),COMPLETE URINE EXAMINATION,LIVER FUNCTION TEST (LFT),Doctor,DIET CONSULTATION,THYROID PROFILE (TOTAL T3, TOTAL T4, TSH),PERIPHERAL SMEAR,HEMOGRAM + PERIPHERAL SMEAR,BLOOD GROUP ABO AND RH FACTOR,GAMMA GLUTAMYL TRANFERASE (GGT),HbA1c, GLYCATED HEMOGLOBIN,LIPID PROFILE,BODY MASS INDEX (BMI)	MR. SALUNKHE AMIT BHALCHANDRA	male	Self	31	N/A	custome

Please login to AHCN Portal for more details.

AHCN Login Url : Click on Link

Regards,
Team Clinic Operations
Apollo Health and Lifestyle Ltd.,

Blood F
PP - 11:30
UR
USG - next week
Dental
2D Echo - 12pm.
Xmy
ECG
MER

USG pending

ANANDRISHIJI MEDICAL CENTRE * PUNE *

ANANDRISHIJI
MEDICAL CENTRE

PATIENT NAME:	Mr Amit Salunkhe	DATE: 12/11/23
AGE	YRS 34.	SEX- Male

HEIGHT- cms	WEIGHT- KG	BP- mmhg
159 cm	60 kg	128/72.

RIGHT EYE	LEFT EYE-
vision N/D	6/6, (N)

color vision - (N)
- ext app - (N).

PAST HISTORY- no medical history,
H/o - left Renal calculus
- Sx - Stone removal 3yrs ago.

PRESENT COMPLAINTS-
- allergic rhinitis.
- ? seasonal change
- recurrent renal calculi
- c/o. pain

CNS
CVS
R.S.
P.A
(N)

F/H
M - Asthmatic, HTN, Hypothyroid.
F - RTA, expired in 2000.

Fit.

UNFIT

FIT WITH RECOMMANDATION

ANANDRISHIJI MEDICAL CENTRE PUNE

Doctors Stamp & Signature

Dr. Pushpa Lakshmi Challa
Physician
Reg. No. [illegible]0
Per. Reg. No. 1811070027

ANANDRISHIJI
MEDICAL CENTRE

PATIENT'S NAME: MR. AMIT SALUNKHE **AGE : 37 Yrs**

REF. CLINICIAN : APOLLO **DATE : 11-Nov-23**

2 DIMENSIONAL ECHOCARDIOGRAPHY & COLOUR DOPPLER REPORT

M-MODE MEASUREMENTS:

LA	27	mm
AO root	26	mm
LVID(d)	38	mm
LVID (s)	23	mm
IVS (d)	11	mm
LVPW (d)	12	mm
LVEF	60	%

DOPPLER STUDY:

E wave velocity: 0.51 m/sec A wave velocity: 0.47 m/sec

E/A ratio > 1

	PEAK (mmHg)	GRADE OF REGURGITATION
MITRAL	N	Trivial
AORTIC	9	NIL
TRICUSPID	N	Trivial
PULMONARY	N	Nil

ANANDRISHIJI MEDICAL CENTRE * PUNE *

P.T.O

ANANDRISHIJI
MEDICAL CENTRE

2 DIMENSIONAL ECHOCARDIOGRAPHY & COLOUR DOPPLER REPORT

COMMENTS:

- No LV regional wall motion abnormality at rest.
- Normal resting LV systolic function. LVEF = 60%.
- Normal LV diastolic function.
- Normal chamber dimensions. No LA/LV enlargement.
- Mitral valve normal. Trivial mitral regurgitation.
- Annulo-papillary apparatus appears intact.
- Aortic valve - is trileaflet.
- Structurally normal tricuspid valve. Trivial TR.
  PASP by TR jet 27 mmHg. No pulmonary hypertension.
- Normal RV systolic function. IVC normal. IAS & IVS are intact.
- No LV clot/thrombus/pericardial effusion/ vegetation.

SUMMARY:

- Normal LV systolic function. LVEF=60%
- No Regional wall motion abnormality at rest.
- Normal LV diastolic function.
- No pulmonary hypertension. IVC- normal

Dr. Nikhil Raut
M.D(Medicine). D.M(Cardiology)

ANANDRISHIJI MEDICAL CENTRE * PUNE *

Dr. Nikhil Raut
M.D. (M[illegible] Cardiology
Reg. No. 2008/04/1568

First name Amit salunkhe /34y
Patient ID 844b2025-c5b2-4d2c-b1ec-fa04f11227c2

11.11.2023 09:47:32
Standard 12-Lead

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PUNE

Age		Gender	Male	HR	79 bpm	RR	755 ms	Sinus rhythm
Gender	Male	Room				P	86 ms	Normal electrical axis
Height		Medication				PR	118 ms	Normal ECG
Weight		Order ID		P axis	33 °	QRS	87 ms	
Ethnicity	Undefined	Ord. prov.		QRS axis	16 °	QT	342 ms	Unconfirmed report
Pacemaker	Unknown	Ord. prot.		T axis	30 °	QTcB	394 ms	
Indication								
Remark								

- sinus rhythm
- axis - N

ANAND RISHIJI MEDICAL

Dr. Pushpalakshmi Challa
MD Physician
Reg. No [illegible]0
Per. Reg. No. [illegible]070027

Normal

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

II

25 mm/s, 10 mm/mV

LP 25Hz, AC 50Hz

Printed on 11.11.2023 09:47:45

Impacted ... → Adv. Ext...

ANANDRISHIJI MEDICAL CENTRE

DENTAL DEPARTMENT

Date:

Patient's Name: Amit Bhalchandra Salunke

Age: 34 **Sex: Male / Female** **Date of Birth:** 17/05/1989

Address: 214/15 Mangalwar Peth Pune-11

Occupation: Service **Phone:Resi:** _____ **Mob:** 9503161548 **Mob 2:** _____

Email: Amit.Salunke7@gmail.com **Blood Group:** _____

Medical History: I have / Had following:

Nil

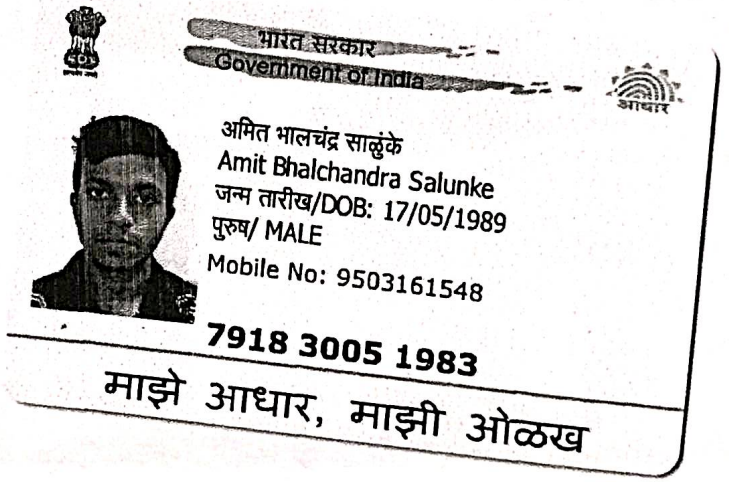
Drug Allergy	☐	Heart Attack	☐	Abnormal bleeding	☐
Diabetes	☐	Jaundice	☐	Pregnancy/Breast feeding	☐
Anaemia	☐	Fits/epilepsy	☐	Rheumatic Fever	☐
Medication	☐	Blood pressure	☐	Kidney Disease	☐

If age of patient is below 18 years Name of guardian: _____

CHIEF COMPLAINT: _____

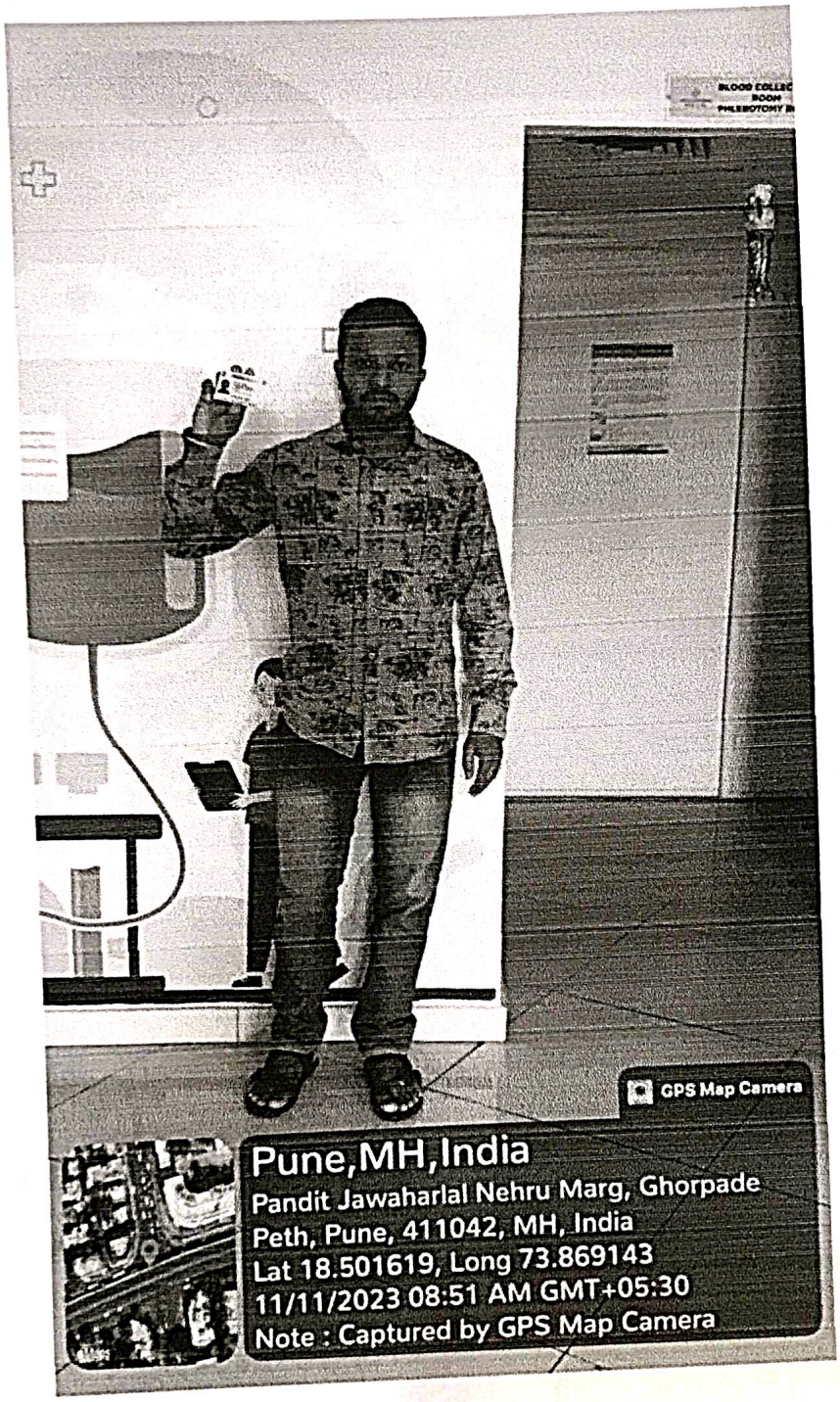
Preferred Mode of Payment

Cash ☐ **Card** ☐ **Net Banking** ☐ **Cheque** ☐


भारत सरकार
Government of India
आधार
अमित भालचंद्र सालुंके
Amit Bhalchandra Salunke
जन्म तारीख/DOB: 17/05/1989
पुरुष/ MALE
Mobile No: 9503161548
7918 3005 1983
माझे आधार, माझी ओळख

ANANDRISHIJI

toda...



Amit Salunkhe

ANANDRISHIJI MEDICAL CENTRE ★ PUNE ★