

#### LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,

Mediwheel (Arcofemi Healthcare Limited)

Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MRS. PRERNA
EC NO.	178606
DESIGNATION	JOINT MANAGER
PLACE OF WORK	LUCKNOW, AISHBAGH
BIRTHDATE	26-09-1991
PROPOSED DATE OF HEALTH CHECKUP	26-03-2023
BOOKING REFERENCE NO.	22M178606100052992E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 24-03-2023 till 31-03-2023 The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a cashless facility as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda



(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofomi Healthcare Limited))



# मारत सरकार GOVERNMENT OF INDIA



प्रेरणा Prerna जन्म वर्ष / Year of Birth : 1991 महिला / Female



6112 2502 7262

आधार — आम आदमी का अधिकार



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# भारतीय विशिष्ट पहचान प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: D/O राजेश कुमार सिन्हा, ए/४३, पी.सी.कॉलोनी, कंकड़बाग, पटना, लोहिया नगर, बिहार, 800020

Address: D/O Rajesh Kumar Sinha, A/43, P.C.Colony, Kankarbagh, Patna, Lohia Nagar, Bihar, 800020



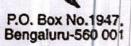
1947 1800 180 1947



heip@uldal.gov.in

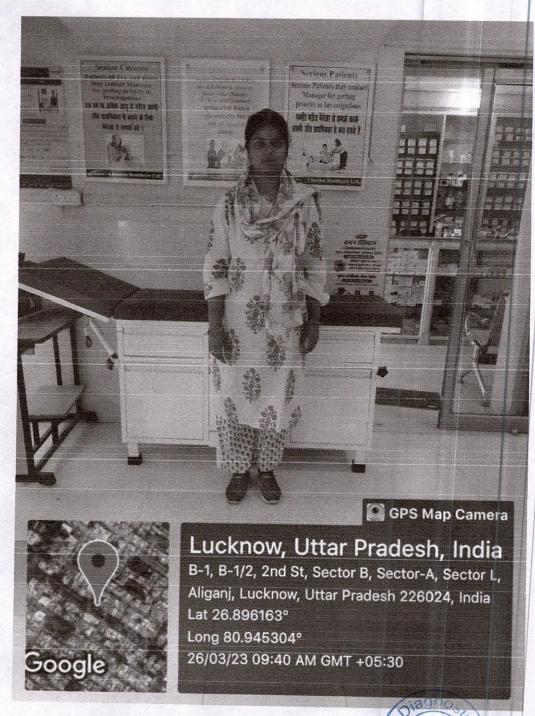


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Phena



# Chandan Diagnostic

Date and Time: 26th Mar 23 10:36 AM

CALI0177062223

29/Female

Age / Gender:

Mrs.PRERNA

Patient Name: Patient ID:

**V4** 75 9/ V1 72 73 aVR aVL aVF H Π

REPORTED BY 94933 AUTHORIZED BY Dr. Charit MD, DM: Cardiology P-R-T: 58° 75° 52° 63382 nalysis 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. PRI: 124ms 390ms QTc: 394ms OT: QRSD: 74ms Bradycardia. Please correlate clinically

0-20Hz, 50Hz

25.0 mm/s 10.0 mm/mV

VR: 59bpm

AR: 59bpm

Hon Sample Collection 1850-419-0602



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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.PRERNA Registered On : 26/Mar/2023 09:27:54 Age/Gender : 29 Y 0 M 0 D /F Collected : 26/Mar/2023 09:43:14 UHID/MR NO : CALI.0000042196 Received : 26/Mar/2023 13:36:43 Reported Visit ID : CALI0177062223 : 26/Mar/2023 16:12:38

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

#### **DEPARTMENT OF HAEMATOLOGY**

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Unit Bio. Ref. Interval Method **Test Name** Result

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

**Blood Group** 

В

Rh (Anti-D)

**POSITIVE** 

Complete Blood Count (CBC) \*\*, Whole Blood

Haemoglobin g/dl 11.00 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)	5,900.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils )	61.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	29.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	5.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	28.00	Mm for 1st hr.		
Corrected	12.00	Mm for 1st hr.	< 20	
PCV (HCT)	33.00	%	40-54	
Platelet count				
Platelet Count	1.64	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	48.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.21	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.07	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE







Since 1991

# CHANDAN DIAGNOSTIC CENTRE

 $\label{eq:Add:B1/2} Add: B\ 1/2, Sector\ J, Near\ Sangam\ Chauraha, Lda\ Stadium\ Road, Aliganj\ Ph:\ 9235432681,$ 

CIN: U85110DL2003PLC308206



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#### **DEPARTMENT OF HAEMATOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	84.00	fl	80-100	CALCULATED PARAMETER
MCH	27.00	pg	28-35	CALCULATED PARAMETER
MCHC	32.20	%	30-38	CALCULATED PARAMETER
RDW-CV	12.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	39.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,599.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	295.00	/cu mm	40-440	

Dr. Surbhi Lahoti (M.D. Pathology)









CIN: U85110DL2003PLC308206



Patient Name : Mrs.PRERNA : 26/Mar/2023 09:27:56 Registered On Age/Gender : 29 Y 0 M 0 D /F Collected : 26/Mar/2023 09:43:14 UHID/MR NO : CALI.0000042196 Received : 26/Mar/2023 13:52:39 Visit ID : CALI0177062223 Reported : 26/Mar/2023 15:41:08

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 97.00 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.

Glucose PP \*\* 107.40 mg/dl <140 Normal GOD POD

Sample:Plasma After Meal 140-199 Pre-diabetes >200 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 HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.80	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	29.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	91	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.









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#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
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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)	<b>Degree of Glucose Control Unit</b>
> 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

<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

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	7.09	mg/dL	7.0-23.0	CALCULATED
Creatinine ** Sample:Serum	0.70	mg/dl	Serum 0.5-1.5 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid ** Sample:Serum	3.86	mg/dl	2.5-6.0	URICASE





<sup>\*\*</sup>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	ι	Jnit Bio. Ref. I	nterval	Method
LFT (WITH GAMMA GT) ** , Serum					
SGOT / Aspartate Aminotransferase (AST)	26.50	U/L	< 35	IFCC	WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	34.10	U/L	< 40	IFCC	WITHOUT P5P
Gamma GT (GGT)	13.60	IU/L	11-50	OPTI	MIZED SZAZING
Protein	6.35	gm/dl	6.2-8.0	BIRU	ET
Albumin	3.80	gm/dl	3.8-5.4	B.C.G	à.
Globulin	2.55	gm/dl	1.8-3.6	CALC	CULATED
A:G Ratio	1.49		1.1-2.0	CALC	CULATED
Alkaline Phosphatase (Total)	92.00	U/L	42.0-165.0	IFCC	METHOD
Bilirubin (Total)	0.30	mg/dl	0.3-1.2	JEND	RASSIK & GROF
Bilirubin (Direct)	0.13	mg/dl	< 0.30	JEND	RASSIK & GROF
Bilirubin (Indirect)	0.17	mg/dl	< 0.8	JEND	RASSIK & GROF
LIPID PROFILE ( MINI ) ** , Serum					
Cholesterol (Total)	182.00	mg/dl	<200 Desirable 200-239 Borderlin		D-PAP
	52.40		> 240 High	DIDE	CT FAITMAATIC
HDL Cholesterol (Good Cholesterol)	53.10	mg/dl	30-70		CT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	113	mg/dl	< 100 Optimal	CALC	CULATED
The state of the s			100-129 Nr. Optimal/Above Optimal/Above Optimal/Above Option 130-159 Borderlin 160-189 High > 190 Very High		
VLDL	16.14	mg/dl	10-33	CALC	CULATED
Triglycerides	80.70	mg/dl	< 150 Normal 150-199 Borderlin 200-499 High >500 Very High	GPO e High	-PAP

Bring

Dr. Anupam Singh (MBBS MD Pathology)







Since 1991

# CHANDAN DIAGNOSTIC CENTRE

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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.PRERNA Registered On : 26/Mar/2023 09:27:55 Age/Gender : 29 Y 0 M 0 D /F Collected : 26/Mar/2023 16:14:24 UHID/MR NO : CALI.0000042196 Received : 26/Mar/2023 18:44:16 Visit ID : CALI0177062223 Reported : 26/Mar/2023 19:13:39

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, ROUTINE *	* , Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic ( 5.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+)	DIPSTICK
			40-200 (++)	
			200-500 (+++)	
	ADOCAL	24	> 500 (++++)	DIRECTION
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			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:				
Epithelial cells	0-1/h.p.f			MICROSCOPIC
zpiniena cens	0 1/mpn			EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				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









CIN: U85110DL2003PLC308206



Patient Name : Mrs.PRERNA Registered On : 26/Mar/2023 09:27:55 : 29 Y 0 M 0 D /F Age/Gender Collected : 26/Mar/2023 16:14:24 UHID/MR NO : CALI.0000042196 Received : 26/Mar/2023 18:44:16 Visit ID : CALI0177062223 Reported : 26/Mar/2023 19:13:39

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#### **DEPARTMENT OF CLINICAL PATHOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

**SUGAR, PP STAGE \*\***, Urine

Sugar, PP Stage

**ABSENT** 

# **Interpretation:**

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

Pring

Dr. Anupam Singh (MBBS MD Pathology)



Home Sample Collection 1800-419-0002



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

CIN: U85110DL2003PLC308206



Patient Name : Mrs.PRERNA : 26/Mar/2023 09:27:56 Registered On Age/Gender : 29 Y 0 M 0 D /F Collected : 26/Mar/2023 09:43:14 UHID/MR NO : CALI.0000042196 Received : 26/Mar/2023 13:33:59 Visit ID : CALI0177062223 Reported : 26/Mar/2023 15:50:38 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

#### **DEPARTMENT OF IMMUNOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	l Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	115.62	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.41	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/r	nL First Trimes	ster
		0.5-4.6 μIU/r	nL Second Trin	nester
		0.8-5.2 μIU/r	nL Third Trime	ester
		0.5-8.9 µIU/r	nL Adults	55-87 Years
		0.7-27 μIU/r	nL Premature	28-36 Week
		2.3-13.2 μIU/r		> 37Week
		0.7-64 μIU/r		( - 20 Yrs.)
			/mL Child	0-4 Days
		1.7-9.1 μIU/1		2-20 Week
		1 4 4 4		

- 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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)







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CIN: U85110DL2003PLC308206



Patient Name : Mrs.PRERNA Registered On : 26/Mar/2023 09:27:56

 Age/Gender
 : 29 Y 0 M 0 D /F
 Collected
 : N/A

 UHID/MR NO
 : CALI.0000042196
 Received
 : N/A

Visit ID : CALI0177062223 Reported : 26/Mar/2023 11:01:14

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**

- 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**:

• NO SIGNIFICANT DIAGNOSTIC ABNORMALITY SEEN.

Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)









CIN: U85110DL2003PLC308206



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Visit ID : CALI0177062223 Reported : 26/Mar/2023 10:53:25

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#### **DEPARTMENT OF ULTRASOUND**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

# **ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \***

# LIVER

• The liver is normal in size ~ 13.8 cm and shows diffused raised echogenicity of hepatic parenchyma ...... S/O grade I fatty liver. No focal lesion is seen.

#### **PORTAL SYSTEM**

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatis is normal.

#### **BILIARY SYSTEM**

- The intra-hepatic biliary radicles are normal.
- · Common duct is not dilated.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

#### **PANCREAS**

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

#### **KIDNEYS**

- Right kidney is normal in size ~ 10.1 x 3.1 cm position and cortical echotexture. Cortico-medullary demarcation is maintained.
- Left kidney is normal in size ~ 10.3 x 4.6 cm position and cortical echotexture. Corticomedullary demarcation is maintained.
- The collecting system of both the kidneys are not dilated.

#### SPLEEN

• The spleen is normal in size ~ 9.7 cm and has a normal homogenous echo-texture.

#### **ILIAC FOSSAE & PERITONEUM**

- Scan over the iliac fossae does not reveal any fluid collection or mass.
- No free fluid is noted in peritoneal cavity.

# **URINARY BLADDER**

• The urinary bladder is normal. Bladder wall is normal in thickness and is regular. No calculus seen.

# UTERUS







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#### **DEPARTMENT OF ULTRASOUND**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

- The uterus is anteverted and normal in size ~ 3.2 x 5.3 x 6.2 cm.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline. ET measures ~ 6.6 mm.
- · Cervix is normal.

#### ADNEXA & OVARIES

- Both ovaries are normal in size volume and echotexture.
- Adnexa are normal.

#### FINAL IMPRESSION:-

• GRADE I FATTY LIVER.

# Adv: Clinico-pathological correlation and follow-up.

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

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG



Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)

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



