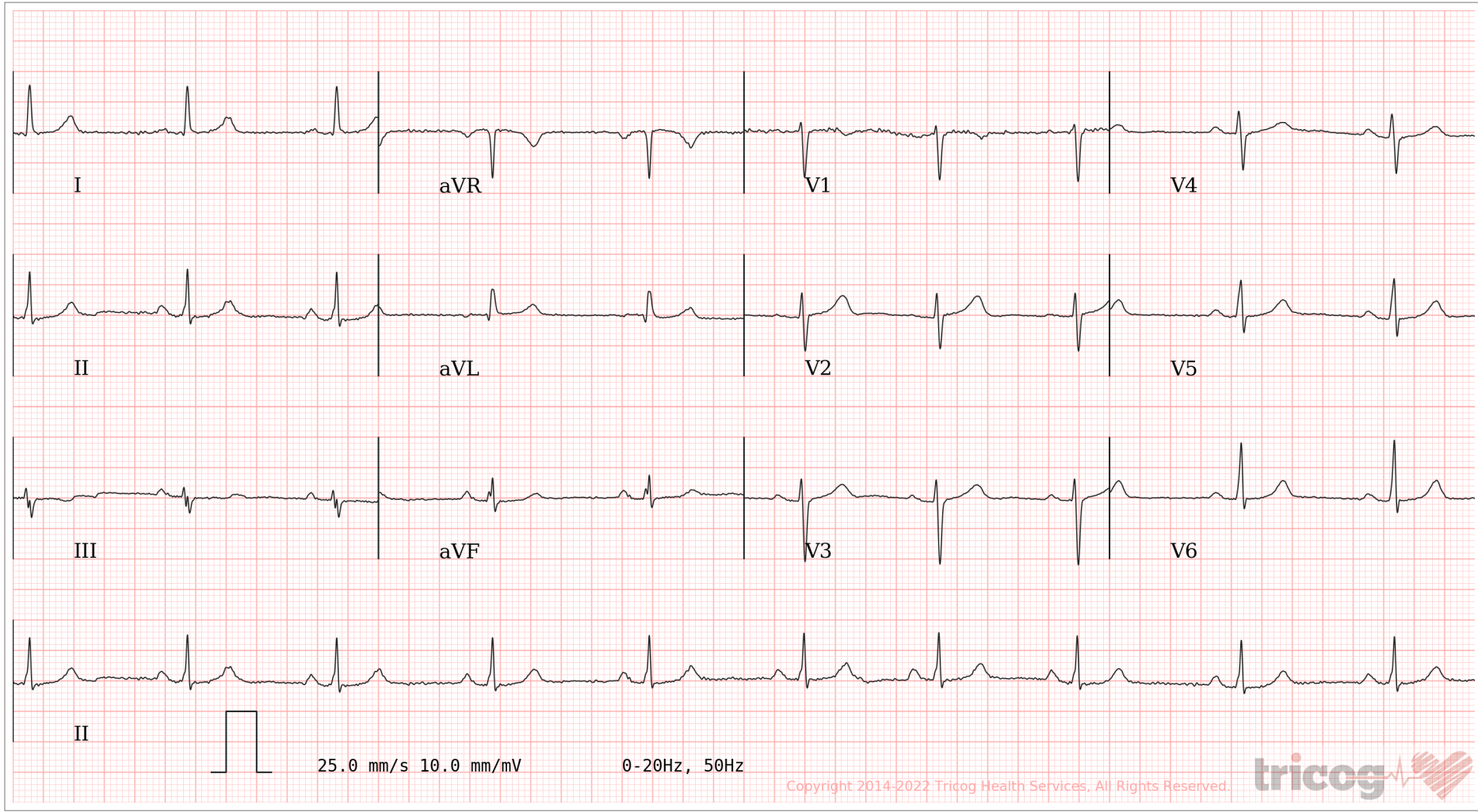




Age / Gender: 46/Female  
Patient ID: IDUN0175812223  
Patient Name: Mrs.SUMAN-BOBS15291

Date and Time: 23rd Aug 22 10:18 AM



AR: 60bpm VR: 60bpm QRSD: 74ms QT: 392ms QTc: 392ms PRI: 168ms P-R-T: 68° 25° 27°

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

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

Dr. Prashant Valecha

12-45260



भारत सरकार

Government of India



सुमन

Suman

जन्म तिथि/DOB: 22/10/1975

महिला/ FEMALE

7122 5779 4357

VID: 9172 2503 5118 3918

मेरा आधार, मेरी पहचान



*Rishi*  
RISHI BHUSHAN KALIA  
M.D.  
HANDAN DIAGNOSTIC CENTRE  
6, New Road, MKP Chowk  
Dehradun-248001  
Reg.No.01858



# CHANDAN DIAGNOSTIC CENTRE

Add: Armelia, 1St Floor, 56New Road, M.K.P Chowk, Dehradun  
Ph: 9235501532, 01352710192  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SUMAN-BOBS15291	Registered On	: 23/Aug/2022 09:30:38
Age/Gender	: 46 Y 0 M 0 D /F	Collected	: 23/Aug/2022 09:59:53
UHID/MR NO	: IDUN.0000179629	Received	: 23/Aug/2022 10:47:54
Visit ID	: IDUN0175812223	Reported	: 23/Aug/2022 11:56:50
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	A
Rh ( Anti-D)	POSITIVE

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

Haemoglobin	14.20	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
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TLC (WBC)	4,490.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
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#### DLC

Polymorphs (Neutrophils)	57.20	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	32.40	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	8.80	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.20	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.40	%	<1	ELECTRONIC IMPEDANCE

#### ESR

Observed	14.00	Mm for 1st hr.	
Corrected	--	Mm for 1st hr.	< 20
PCV (HCT)	37.80	cc %	40-54

#### Platelet count

Platelet Count	2.42	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	11.00	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	25.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.21	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	8.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE

#### RBC Count

RBC Count	4.34	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
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Visit ID	: IDUN0175812223	Reported	: 23/Aug/2022 11:56:50
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## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	87.20	fl	80-100	CALCULATED PARAMETER
MCH	32.90	pg	28-35	CALCULATED PARAMETER
MCHC	37.70	%	30-38	CALCULATED PARAMETER
RDW-CV	12.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	<b>2,570.00</b>	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	50.00	/cu mm	40-440	



DR. RITU BHATIA  
MD (Pathology)







# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235501532, 01352710192  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SUMAN-BOBS15291	Registered On	: 23/Aug/2022 09:30:39
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UHID/MR NO	: IDUN.0000179629	Received	: 23/Aug/2022 10:47:55
Visit ID	: IDUN0175812223	Reported	: 23/Aug/2022 12:22:37
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING , Plasma

Glucose Fasting	109.86	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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.
- I.G.T = Impaired Glucose Tolerance.

#### Glucose PP

Sample: Plasma After Meal

111.03	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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.
- I.G.T = Impaired Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	33.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	103	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 management.





# CHANDAN DIAGNOSTIC CENTRE

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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 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)	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

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

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

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.





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen) *</b> <i>Sample:Serum</i>	9.37	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> <i>Sample:Serum</i>	0.75	mg/dl	0.5-1.3	MODIFIED JAFFES
<b>Uric Acid</b> <i>Sample:Serum</i>	5.19	mg/dl	2.5-6.0	URICASE
<b>LFT (WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	25.34	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	31.35	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	13.50	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.01	gm/dl	6.2-8.0	BIRUET
Albumin	3.86	gm/dl	3.8-5.4	B.C.G.
Globulin	3.15	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.23		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	90.01	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.38	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.16	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.22	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) * , Serum</b>				
Cholesterol (Total)	224.94	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	56.66	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	148	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	20.34	mg/dl	10-33	CALCULATED
Triglycerides	101.71	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP



*Ritu*  
DR. RITU BHATIA  
MD (Pathology)





# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235501532, 01352710192  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SUMAN-BOBS15291	Registered On	: 23/Aug/2022 09:30:39
Age/Gender	: 46 Y 0 M 0 D /F	Collected	: 23/Aug/2022 09:59:53
UHID/MR NO	: IDUN.0000179629	Received	: 23/Aug/2022 10:47:55
Visit ID	: IDUN0175812223	Reported	: 23/Aug/2022 13:31:50
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### URINE EXAMINATION, ROUTINE \* , Urine

Color	YELLOW			
Specific Gravity	1.025			
Reaction PH	Acidic ( 5.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	2-5/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
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#### Interpretation:

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







# CHANDAN DIAGNOSTIC CENTRE

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Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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

DR. RITU BHATIA  
MD (Pathology)





# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235501532, 01352710192  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SUMAN-BOBS15291	Registered On	: 23/Aug/2022 09:30:39
Age/Gender	: 46 Y 0 M 0 D /F	Collected	: 23/Aug/2022 14:37:41
UHID/MR NO	: IDUN.0000179629	Received	: 23/Aug/2022 16:03:29
Visit ID	: IDUN0175812223	Reported	: 24/Aug/2022 09:18:49
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### SUGAR, PP STAGE \* , Urine

Sugar, PP Stage ABSENT

#### Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%



DR.SMIRITI GUPTA MD (PATHOLOGY)





# CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: IDUN.0000179629	Received	: 23/Aug/2022 10:47:54
Visit ID	: IDUN0175812223	Reported	: 23/Aug/2022 18:13:45
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL \* , Serum

T3, Total (tri-iodothyronine)	<b>78.46</b>	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.45	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

- 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.



DR.SMRITI GUPTA MD (PATHOLOGY)





# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235501532, 01352710192  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SUMAN-BOBS15291	Registered On	: 23/Aug/2022 09:30:40
Age/Gender	: 46 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: IDUN.0000179629	Received	: N/A
Visit ID	: IDUN0175812223	Reported	: 23/Aug/2022 14:53:31
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN	Status	: Final Report

## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### X-RAY DIGITAL CHEST PA \*

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### DIGITAL CHEST P-A VIEW

- Cervical rib is seen on right side.
- Pulmonary parenchyma did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Diaphragmatic shadows are normal on both sides.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.

**IMPRESSION : CERVICAL RIB ON RIGHT SIDE.**

**REST NO SIGNIFICANT ABNORMALITY DETECTED**



Dr. Amit Bhandari MBBS MD RADIOLOGY







# CHANDAN DIAGNOSTIC CENTRE

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Age/Gender	: 46 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: IDUN.0000179629	Received	: N/A
Visit ID	: IDUN0175812223	Reported	: 23/Aug/2022 11:50:10
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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

**Liver** is normal in size and echotexture. No focal lesion seen.

PV and CBD are normal. IHBR are not dilated.

**Gall bladder** seen in distended state with echofree lumen. Wall thickness is normal.

**Spleen** is normal in size, shape and echotexture.

**Pancreas:** Head and body appear normal. Tail is obscured by bowel gases.

**Kidneys:** Both kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Parenchymal thickness is normal.

No mass/calculus/hydronephrosis seen.

**Urinary bladder** seen in distended state with echofree lumen. Wall thickness is normal.

**Uterus:** - is normal in size, shape and echotexture. No focal lesion seen. Endometrial thickness is approx 5.8 mm.

**Adnexa:** - No adnexal mass is seen.

No significant free fluid seen in peritoneal cavity.

**IMP:** - No significant abnormality detected.

*Note: In case of any discrepancy due to typing error kindly get it rectified immediately.*

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

Result/s to Follow:  
STOOL, ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT)



Dr. Amit Bhandari MBBS MD RADIOLOGY

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 \*  
365 Days Open \*Facilities Available at Select Location





# CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: IDUN.0000179629	Received	: 23/Aug/2022 05:20PM
Visit ID	: IDUN0175812223	Reported	: 24/Aug/2022 11:29AM
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN	Status	: Final Report
		Contract By	: MEDIWHEEL - ARCOFEMI HEALTH CARE LTD. [52610]CREDIT

## DEPARTMENT OF CYTOLOGY

**SPECIMEN:** PAP SMEARS

**CYTOLOGY NO:** 712/22-23

**GROSS:** Two wet smears prepared and stained by papanicolaou's technique.

**MICROSCOPIC:** The smears show adequate cellularity and consist of superficial and intermediate cells on a dirty background full of neutrophils and bacteria. Endocervical cells are seen. There is no evidence of dysplasia or malignancy.

**IMPRESSION:**

- NILM ( NO INTRAEPITHELIAL LESION OR MALIGNANCY ).
- INFLAMMATORY SMEARS.

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

Result/s to Follow:  
STOOL, ROUTINE EXAMINATION, ECG / EKG, Tread Mill Test (TMT)

**DR. RITU BHATIA**  
MD (Pathology)

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, Online Booking Facilities for Diagnostics Test And Health Check-ups, Online Report Viewing, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2S 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\*  
365 Days Open  
\*Facilities Available at Selected Location



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