



# 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 Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. SANDEEP
EC NO.	<b>1827</b> 52
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	ALLAHABAD,KHULDABAD
BIRTHDATE	01-01-1977
PROPOSED DATE OF HEALTH CHECKUP	28-08-2022
BOOKING REFERENCE NO.	22S182752100023826E

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 19-08-2022 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 (Arcofemi Healthcare Limited))







ਸੰਦੀਪ Sandeep ਜਨਮ ਮਿਤੀ / DOB : 01/01/1977 HOE / MALE

3088 7648 5594



-ਆਮ ਆਦਮੀ ਦਾ ਅਧਿਕਾਰ



# भारतीय विशिष्ट पहचान प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA

ਪਤਾ:

S/O: ਸੁਰੇਸ਼ ਪ੍ਰਸਾਦ ਸਿੰਘ, ਨਯਾ ਗਾਉ, ਸ਼ੋਓਹਰ, ਡੁਮਰੀ ਕਾਟਸਰੀ, ਸ਼ੋਓਹਰ, ਬਿਹਾਰ, 843329 Kuresh Prasad Singh, Naya Gaon, Sheohar, Dumri Katsari Sheohar, Bihar, 843329 S/O: ਸੁਰੋਸ਼ ਪ੍ਰਸਾਦ ਸਿੰਘ, ਨਯਾ ਗਾਓ,

Address:







Sandrel



# बैक ओफ़ बड़ौदा Bank of Baroda

नाम - संदीप

Name - Sandeep

कर्मचारी कूट क - 182752

E.C. No. - 182752

0\_\_\_\_

जारीकर्त्ता प्राधिकारी Issuing Authority



Sandeel

धारक के हस्ताक्षर Signature of Holder

Sandell

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.SANDEEP-182752 Registered On : 28/Aug/2022 09:09:20

 Age/Gender
 : 45 Y 7 M 26 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000101680
 Received
 : N/A

Visit ID : ALDP0133072223 Reported : 28/Aug/2022 14:22:48

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

# **DEPARTMENT OF CARDIOLOGY-ECG**

# MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ECG / EKG \*

**1. Machnism, Rhythm** Sinus, Regular

2. Atrial Rate 67 /mt

3. Ventricular Rate 67 /mt

4. P - Wave Normal

**5. P R Interval** Normal

6. Q R S

Axis: Normal R/S Ratio: Normal Configuration: Normal

**7. Q T c Interval** Normal

8. S - T Segment Normal

9. T – Wave Normal

**FINAL IMPRESSION** 

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



Dr. R K VERMA MBBS, PGDGM

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

**Test Name** 

Patient Name : 28/Aug/2022 09:09:19 : Mr.SANDEEP-182752 Registered On Age/Gender : 28/Aug/2022 09:31:33 : 45 Y 7 M 26 D /M Collected UHID/MR NO : ALDP.0000101680 Received : 28/Aug/2022 09:58:57 Visit ID : ALDP0133072223 Reported : 28/Aug/2022 12:28:36 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

Result

# DEPARTMENT OF HAEMATOLOGY

Unit

Bio. Ref. Interval

Method

# MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Blood Group (ABO & Rh typing) * ,	Blood			
Blood Group	0			
Rh ( Anti-D)	POSITIVE			
Complete Blood Count (CBC) * , Who	le Blood			
Haemoglobin	13.60	g/dl	1 Day- 14.5-22.5 g 1 Wk- 13.5-19.5 g/ 1 Mo- 10.0-18.0 g/ 3-6 Mo- 9.5-13.5 g 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g 6-12 Yr- 11.5-15.5 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/ Female- 12.0-15.5	/dl /dl g/dl 5 g/dl g/dl O
TLC (WBC) <u>DLC</u>	5,900.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils )	52.00	%	55-70	ELECTRONIC IMPEDANCE

Polymorphs (Neutrophils )	52.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	44.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	8.00	Mm for 1st hr.		
Corrected	-	Mm for 1st hr.	< 9	
PCV (HCT)	36.00	cc %	40-54	
Platelet count				
Platelet Count	1.00	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.30	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	65.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.14	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	16.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.62	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE

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# **DEPARTMENT OF HAEMATOLOGY**

# MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	79.80	fl	80-100	CALCULATED PARAMETER
MCH	29.40	pg	28-35	CALCULATED PARAMETER
MCHC	36.80	%	30-38	CALCULATED PARAMETER
RDW-CV	13.00	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,068.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	59.00	/cu mm	40-440	



Dr. Akanksha Singh (MD Pathology)

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Patient Name : Mr.SANDEEP-182752 Registered On : 28/Aug/2022 09:09:19 Collected Age/Gender : 45 Y 7 M 26 D /M : 28/Aug/2022 12:07:13 UHID/MR NO : ALDP.0000101680 Received : 28/Aug/2022 12:43:43 Visit ID : ALDP0133072223 Reported : 28/Aug/2022 13:35:52 : Dr.Mediwheel - Arcofemi Health Care Ltd. Status Ref Doctor

### **DEPARTMENT OF BIOCHEMISTRY**

: Final Report

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING * , Plasma				
Glucose Fasting	101.40	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

# **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 *	129.50	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.



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### **DEPARTMENT OF BIOCHEMISTRY**

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

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

Glycosylated Haemoglobin (HbA1c)	5.70	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	39.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	117	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)	<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.

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

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### **DEPARTMENT OF BIOCHEMISTRY**

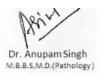
### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

# **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 MALE ABOVE 40 YRS

WESTWITE	<i>5/</i>			
Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) *	8.45	mg/dL	7.0-23.0	CALCULATED
Sample:Serum				
Creatinine *	1.00	mg/dl	0.5-1.3	MODIFIED JAFFES
Sample:Serum		G,		
Uric Acid *	4.26	mg/dl	2.5-6.0	URICASE
Sample:Serum		G,		
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	22.10	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	12.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	13.50	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.00	gm/dl	6.2-8.0	BIRUET
Albumin	4.00	gm/dl	3.8-5.4	B.C.G.
Globulin	2.00	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.00		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	80.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.00	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.70	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) * , Serum				
Cholesterol (Total)	159.00	mg/dl	<200 Desirable	CHOD-PAP
,		3.	200-239 Borderline High	h
			> 240 High	
HDL Cholesterol (Good Cholesterol)	43.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	103	mg/dl	< 100 Optimal	CALCULATED
			100-129 Nr.	
			Optimal/Above Optimal	
			130-159 Borderline High	h
			160-189 High	
-VI-PA	12.24	ma/dl	> 190 Very High 10-33	CALCULATED
		mg/dl	The state of the s	1 . 0
	61.20	mg/dl	< 150 Normal 150-199 Borderline	Landong
Microsoft Santage			200-499 High	1
第7条金属(1) (20 m) 同 (20 元 20 m)   (2 m)				kanksha Singh (MD Pathology)
ELEM VIOLUTOR			, 5	

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# **DEPARTMENT OF CLINICAL PATHOLOGY**

# MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE *	<b>,</b> Urine			
Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 6.0 )			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) Microscopic Examination:	ABSENT			
Epithelial cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			
Urine Microscopy is done on centrifug	ed urine sediment.			
SUGAR, FASTING STAGE * , Urine				
Sugar, Fasting stage	ABSENT	gms%		

# **Interpretation:**

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

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# **DEPARTMENT OF CLINICAL PATHOLOGY**

# MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

(++++) > 2

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

Sugar, PP Stage ABSENT

**Interpretation:** 

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%



Dr. Akanksha Singh (MD Pathology)

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### **DEPARTMENT OF IMMUNOLOGY**

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total ** Sample:Serum	1.290	ng/mL	< 2.0	CLIA

# **Interpretation:**

- 1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
- 2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
- 3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
- 4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
- 5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

# **THYROID PROFILE - TOTAL \*\***, Serum

T3, Total (tri-iodothyronine)	115.52	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.22	μIU/mL	0.27 - 5.5	CLIA

# **Interpretation:**

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

<sup>1)</sup> Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.

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### **DEPARTMENT OF IMMUNOLOGY**

: Final Report

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

- 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
- 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.





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# **DEPARTMENT OF X-RAY**

# MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

### X-RAY DIGITAL CHEST PA \*

# X-RAY REPORT (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) CHEST P-A VIEW

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.



Dr Nidhikant (MBBS, DMRD, DNB)

Hidhirant.

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

### **DEPARTMENT OF ULTRASOUND**

# MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

**LIVER**: - Normal in size (13.2 cm), shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

**GALL BLADDER**: - Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

**CBD**:- Normal in calibre at porta.

**PORTAL VEIN**: - Normal in calibre and colour uptake at porta.

**PANCREAS:** - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

**SPLEEN**: - Normal in size, shape and echogenicity.

**RIGHT KIDNEY**: - Normal in size, shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**LEFT KIDNEY**: - Normal in size, shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**URINARY BLADDER:** Normal in shape, outline and distension. No e/o wall thickening / calculus.

**PROSTATE:** Normal in size, shape and echo pattern.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

**IMPRESSION**: No significant abnormality seen.

Please correlate clinically



Dr Nidhikant (MBBS, DMRD, DNB)

Widhirant.

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206

Patient Name : Mr.SANDEEP-182752 Registered On : 28/Aug/2022 09:09:21

 Age/Gender
 : 45 Y 7 M 26 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000101680
 Received
 : N/A

Visit ID : ALDP0133072223 Reported : 28/Aug/2022 14:12:33

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

### **DEPARTMENT OF TMT**

# MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

# Tread Mill Test (TMT) \*

**NORMAL** 

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

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

Result/s to Follow:

STOOL, ROUTINE EXAMINATION



Dr. R K VERMA MBBS, PGDGM

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\*\*