

CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206



Patient Name

: Mr.SUBHAM BAJPAI - 111856

Registered On

: 26/Aug/2023 08:42:33

Age/Gender UHID/MR NO : 30 Y 7 M 14 D /M

CARE LTD -

Collected Received : N/A

Visit ID

: ALDP.0000124407 : ALDP0154932324

Reported

: 26/Aug/2023 12:19:32

Ref Doctor

: Dr. MEDIWHEEL-ARCOFEMI HEALTH

Status

: Final Report

: N/A

DEPARTMENT OF CARDIOLOGY-ECG

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ECG / EKG *

1. Machnism, Rhythm

Sinus, Regular

2. Atrial Rate

53

/mt

3. Ventricular Rate

53

/mt

4. P - Wave

Normal

5. P R Interval

Normal

6. Q R S

Axis:

Normal

R/S Ratio: Configuration:

Normal Normal

7. Q T c Interval

Normal

8. S - T Segment

Normal

9. T – Wave

Normal

FINAL IMPRESSION

Abnormal: Sinus Bradycardia, Short PR Interval.suspected LA-LL reversal. Please correlate clinically.











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Patient Name : Mr.SUBHAM BAJPAI - 111856 Registered On : 26/Aug/2023 08:42:28 Age/Gender Collected : 26/Aug/2023 09:02:23 : 30 Y 7 M 14 D /M UHID/MR NO : ALDP.0000124407 Received : 26/Aug/2023 09:27:49 Visit ID Reported : 26/Aug/2023 13:48:35 : ALDP0154932324

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

CARE LTD -

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * ,	Pland			
• •				EDVILIDO OVITE
Blood Group	0			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE	·		ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE
				AGGLUTINA
Complete Blood Count (CBC) * , wh	nole Blood			
Haemoglobin	15.00	g/dl	1 Day- 14.5-22.5 g/dl	
		Table 1 (25)	1 Wk- 13.5-19.5 g/dl	
		The state of the s	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/d	ı
			12-18 Yr 13.0-16.0	-
			g/dl	
			Male- 13.5-17.5 g/dl	
			Female- 12.0-15.5 g/d	L
TLC (WBC)	5,300.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC	.,			
Polymorphs (Neutrophils)	62.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	6.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR	3.33	,,		
Observed	5.00	Mm for 1st hr.		
Corrected	-	Mm for 1st hr.		
PCV (HCT)	45.00	%	40-54	
Platelet count	*	,,		
Platelet Count	1.58	LACS/cu mm	1.5-4.0	ELECTRONIC
				IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.20	fL	9-17	ELECTRONIC IMPEDANCE









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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
P-LCR (Platelet Large Cell Ratio)	42.10	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.30	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.98	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	91.60	fl	80-100	CALCULATED PARAMETER
MCH	30.00	pg	28-35	CALCULATED PARAMETER
MCHC	32.80	%	30-38	CALCULATED PARAMETER
RDW-CV	13.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.30	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,286.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	106.00	/cu mm	40-440	

Dr.Akanksha Singh (MD Pathology)









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Patient Name : Mr.SUBHAM BAJPAI - 111856 : 26/Aug/2023 08:42:31 Registered On Age/Gender : 30 Y 7 M 14 D /M Collected : 26/Aug/2023 09:02:22 UHID/MR NO : ALDP.0000124407 Received : 26/Aug/2023 09:27:50 Visit ID : ALDP0154932324 Reported : 26/Aug/2023 12:09:49

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report CARE LTD -

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Ur	nit Bio. Ref. Inte	erval Method	
GLUCOSE FASTING * , Plasma					
Glucose Fasting	93.90	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD s	

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)	5.60	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	37.60	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	114	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)	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









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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

N.B.: Test carried out on Automated VARIANT II TURBO 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	12.94	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	1.10	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid * Sample:Serum	5.93	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) Bilirubin (Total)	25.30 26.10 12.70 7.00 4.10 2.90 1.41 95.10 0.80	U/L U/L IU/L gm/dl gm/dl gm/dl	< 35 < 40 11-50 6.2-8.0 3.4-5.4 1.8-3.6 1.1-2.0 42.0-165.0 0.3-1.2	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIURET B.C.G. CALCULATED CALCULATED IFCC METHOD JENDRASSIK & GROF





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

^{**}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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Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report CARE LTD -

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	U	nit Bio. Ref. Interva	al Method
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	216.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	67.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	127	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	22.34	mg/dl	10-33	CALCULATED
Triglycerides	111.70	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

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Dr. Akanksha Singh (MD Pathology)









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Patient Name : Mr.SUBHAM BAJPAI - 111856

: 30 Y 7 M 14 D /M

Collected

Registered On

: 26/Aug/2023 08:42:28 : 26/Aug/2023 09:06:12

Age/Gender UHID/MR NO

: ALDP.0000124407

Received Reported : 26/Aug/2023 09:27:49 : 26/Aug/2023 14:00:11

Visit ID Ref Doctor : ALDP0154932324

: 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	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
		,	10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
			1-2 (+++) > 2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT	mg/di	0.2-2.01	DIOGNEIVIISTICI
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:	ADJENT			
	0.04			MADOCOODIO
Epithelial cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1.2/b.n.f			EXAMINATION
RBCs	1-3/h.p.f ABSENT			MICROSCOPIC
KDCS	ADSEIVI			EXAMINATION
Cast	ABSENT			LAAMINATION
Crystals	ABSENT			MICROSCOPIC
or yours	ADJUNI			EXAMINATION
Others	ABSENT			270 (10110) (11014
Thin Missesses is done on soutificate				

Urine Microscopy is done on centrifuged urine sediment.

Dr.Akanksha Singh (MD Pathology)









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Patient Name : Mr.SUBHAM BAJPAI - 111856 Age/Gender Collected : 30 Y 7 M 14 D /M UHID/MR NO

: ALDP0154932324 Visit ID

> : Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -

: ALDP.0000124407

Registered On

: 26/Aug/2023 08:42:29

: 27/Aug/2023 08:20:59 Received : 27/Aug/2023 09:23:15

Reported : 27/Aug/2023 12:15:06

Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

STOOL, ROUTINE EXAMINATION *, Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Neutral (7.0)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Others	ABSENT

Dr. Akanksha Singh (MD Pathology)









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Patient Name : Mr.SUBHAM BAJPAI - 111856 : 26/Aug/2023 08:42:31 Registered On Age/Gender Collected : 26/Aug/2023 09:02:21 : 30 Y 7 M 14 D /M UHID/MR NO : ALDP.0000124407 Received : 26/Aug/2023 09:27:49 Visit ID : 26/Aug/2023 15:19:02 : ALDP0154932324 Reported : Dr. MEDIWHEEL-ARCOFEMI HEALTH

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	l Method
THYROID PROFILE - TOTAL * , Serum				
T3, Total (tri-iodothyronine)	116.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.00	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.90	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
. •		0.3-4.5 μIU/r	nL First Trimes	ster
		0.5-4.6 μIU/r		nester
		0.8-5.2 μIU/r	nL Third Trime	ster
		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	nL Cord Blood	> 37Week
		0.7-64 μIU/r		z - 20 Yrs.)
			/mL Child	0-4 Days
		1.7-9.1 μIU/r		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. Akanksha Singh (MD Pathology)









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Visit ID : ALDP0154932324

> : Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -

Registered On

: 26/Aug/2023 08:42:33

: N/A : N/A

Received Reported

Collected

: 26/Aug/2023 13:51:13

Status : Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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.

Widhirant.

Dr Nidhikant (MBBS, DMRD, DNB)









Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206



Patient Name : Mr.SUBHAM BAJPAI - 111856 Registered On : 26/Aug/2023 08:42:34

 Age/Gender
 : 30 Y 7 M 14 D /M
 Collected
 : N/A

 UHID/MR NO
 : ALDP.0000124407
 Received
 : N/A

Visit ID : ALDP0154932324 Reported : 26/Aug/2023 10:52:36

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER: - Normal in size , 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

*** End Of Report ***

Result/s to Follow:

GLUCOSE PP, SUGAR, FASTING STAGE, SUGAR, PP STAGE



Widhikant.

Dr Nidhikant (MBBS, DMRD, DNB)

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





