

Mediwheel <wellness@mediwheel.in>

Thu 3/7/2024 9:32 AM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>
Cc:customercare@mediwheel.in <customercare@mediwheel.in>



011-41195959

Hi **Manipal Hospital,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital Package Name : Mediwheel Full Body Health Checkup Male Above 40
Patient Package Name : MediWheel Full Body Health Checkup Male 40 To 50
Contact Details : 8938908888
Appointment Date : 08-03-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:30am

Member Information		
Booked Member Name	Age	Gender
DEEPAK KUMAR KOLI	43 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team
Please Download Mediwheel App



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आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

DEEPAK KUMAR KOLI

PREM RAM KOLI

18/05/1980

Permanent Account Number

AWNPK2918E

Deepak
Signature



Deepak

आयकर विभाग
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DEEPAK KUMAR KOLI

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Deepak
Signature



Deepak



NAME	MR Deepak Kumar KOLI	STUDY DATE	08/03/2024 9:31AM
AGE / SEX	43 y / M	HOSPITAL NO.	MH011757863
ACCESSION NO.	R7014301	MODALITY	US
REPORTED ON	08/03/2024 12:48PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS

FINDINGS

LIVER: appears enlarged in size (measures 164 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.
SPLEEN: Spleen is normal in size (measures 89 mm), shape and echotexture. Rest normal.
PORTAL VEIN: Appears normal in size and measures 10 mm.
COMMON BILE DUCT: Appears normal in size and measures 3 mm.
IVC, HEPATIC VEINS: Normal.
BILIARY SYSTEM: Normal.
GALL BLADDER: Gall bladder is partially distended. Wall thickness is normal. Multiple small echogenic shadow without posterior acoustic shadowing are seen in anterior and posterior wall of gallbladder with the largest one measuring 3.1 mm suggesting small polyps /cholesterol granules. Rest normal. (advised review after fat free diet)
PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.
KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.
Right Kidney: measures 109 x 33 mm.
Left Kidney: measures 101 x 43 mm.
PELVI-CALYCEAL SYSTEMS: Compact.
NODES: Not enlarged.
FLUID: Nil significant.
URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.
PROSTATE: Prostate is normal in size, shape and echotexture. It measures 35 x 33 x 31 mm with volume 19 cc. Rest normal.
SEMINAL VESICLES: Normal.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade I fatty infiltration in liver.
-Gall bladder is contracted. Multiple small polyps /cholesterol granules are seen in anterior and posterior wall of gallbladder.

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

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



NAME	MR Deepak Kumar KOLI	STUDY DATE	08/03/2024 9:09AM
AGE / SEX	43 y / M	HOSPITAL NO.	MH011757863
ACCESSION NO.	R7014297	MODALITY	CR
REPORTED ON	08/03/2024 10:31AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

-No significant abnormality seen.

Please correlate clinically

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

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



LABORATORY REPORT

Name	: MR DEEPAK KOLI	Age	: 43 Yr(s) Sex :Male
Registration No	: MH011757863	Lab No	: 202403000893
Patient Episode	: H18000001869	Collection Date	: 08 Mar 2024 08:57
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2024 12:40
Receiving Date	: 08 Mar 2024 08:57		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	0.900	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.760	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	3.170	µIU/mL	[0.250-5.000]

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.

In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders.

The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.



LABORATORY REPORT

Name	: MR DEEPAK KOLI	Age	: 43 Yr(s) Sex :Male
Registration No	: MH011757863	Lab No	: 202403000893
Patient Episode	: H18000001869	Collection Date	: 08 Mar 2024 08:57
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2024 14:02
Receiving Date	: 08 Mar 2024 08:57		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type	: Serum		
PROSTATE SPECIFIC ANTIGEN (PSA-Total)	0.770	ng/mL	[<2.500]

Method :ELFA

Note :1.This is a recommended test for detection of prostate cancer along with Digital Recta Examination (DRE) in males above 50 years of age
 damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.
 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
 3. PSA levels may appear consistently elevated / depressed due to the interference by hetero antibodies & nonspecific protein binding
 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massag indwelling catheterization, and ultrasonography and needle biopsy of prostate is not recomme as they falsely elevate levels
 5. PSA values regardless of levels should not be interpreted as absolute evidence of the pre or absence of disease. All values should be correlated with clinical findings and results of other investigations
 6. Sites of Non - prostatic PSA production are breast epithelium, salivary glands, peri - urethral & anal glands, cells of male urethra && breast mil
 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity

Recommended Testing Intervals

- * Pre-operatively (Baseline)
- * 2-4 days post-operatively
- * Prior to discharge from hospital
- * Monthly follow-up if levels are high or show a rising trend

**LABORATORY REPORT**

Name	: MR DEEPAK KOLI	Age	: 43 Yr(s) Sex :Male
Registration No	: MH011757863	Lab No	: 202403000893
Patient Episode	: H18000001869	Collection Date	: 08 Mar 2024 08:57
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2024 13:26
Receiving Date	: 08 Mar 2024 08:57		

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	A Rh(D) Positive		

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: MR DEEPAK KOLI	Age	: 43 Yr(s) Sex :Male
Registration No	: MH011757863	Lab No	: 202403000893
Patient Episode	: H18000001869	Collection Date	: 08 Mar 2024 08:57
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2024 13:18
Receiving Date	: 08 Mar 2024 08:57		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.52	millions/cumm	[4.50-5.50]
HEMOGLOBIN	11.8 #	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	37.9 #	%	[40.0-50.0]
MCV (DERIVED)	83.8	fL	[83.0-101.0]
MCH (CALCULATED)	26.1	pg	[25.0-32.0]
MCHC (CALCULATED)	31.1 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.7 #	%	[11.6-14.0]
Platelet count	154	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	----		
WBC COUNT(TC) (IMPEDENCE)	5.96	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	56.0	%	[40.0-80.0]
Lymphocytes	34.0	%	[20.0-40.0]
Monocytes	8.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	30.0 #	mm/1sthour	[0.0-

**LABORATORY REPORT**

Name	: MR DEEPAK KOLI	Age	: 43 Yr(s) Sex :Male
Registration No	: MH011757863	Lab No	: 202403000893
Patient Episode	: H18000001869	Collection Date	: 08 Mar 2024 09:50
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2024 13:59
Receiving Date	: 08 Mar 2024 09:50		

CLINICAL PATHOLOGY**ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine****MACROSCOPIC DESCRIPTION**

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	7.0	(4.6-8.0)
Specific Gravity	1.000	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



LABORATORY REPORT

Name	: MR DEEPAK KOLI	Age	: 43 Yr(s) Sex :Male
Registration No	: MH011757863	Lab No	: 202403000893
Patient Episode	: H18000001869	Collection Date	: 08 Mar 2024 08:57
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2024 17:16
Receiving Date	: 08 Mar 2024 08:57		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.4	%	[0.0-5.6]
Method: HPLC			
			As per American Diabetes Association (ADA)
			HbA1c in %
			Non diabetic adults >= 18years <5.7
			Prediabetes (At Risk) 5.7-6.4
			Diagnosing Diabetes >= 6.5
Estimated Average Glucose (eAG)	108	mg/dl	
Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.			

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	158	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	129	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	41	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	26	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	91.0	mg/dl	[<120.0]
			Near/
Above optimal-100-129			Borderline High:130-159
			High Risk:160-189



LABORATORY REPORT

Name	: MR DEEPAK KOLI	Age	: 43 Yr(s) Sex :Male
Registration No	: MH011757863	Lab No	: 202403000893
Patient Episode	: H18000001869	Collection Date	: 08 Mar 2024 08:57
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2024 12:22
Receiving Date	: 08 Mar 2024 08:57		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio (Calculated)	3.9		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.2		<3 Optimal 3-4 Borderline >6 High Risk

Note:

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum			
UREA	16.0	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	7.5 #	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.93	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.2	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	137.80	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.13	mmol/L	[3.60-5.10]
SERUM CHLORIDE	106.6	mmol/L	[101.0-111.0]
Method: ISE Indirect			



LABORATORY REPORT

Name	: MR DEEPAK KOLI	Age	: 43 Yr(s) Sex :Male
Registration No	: MH011757863	Lab No	: 202403000893
Patient Episode	: H18000001869	Collection Date	: 08 Mar 2024 08:57
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2024 12:21
Receiving Date	: 08 Mar 2024 08:57		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	100.2	ml/min/1.73sq.m	[>60.0]
<p>Technical Note eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.</p>			

LIVER FUNCTION TEST

BILIRUBIN - TOTAL <i>Method: D P D</i>	0.53	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.09	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.44	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	6.80	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.46	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	2.30	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.91		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	21.00	U/L	[0.00-40.00]

**LABORATORY REPORT**

Name : MR DEEPAK KOLI
 Registration No : MH011757863
 Patient Episode : H18000001869
 Referred By : HEALTH CHECK MGD
 Receiving Date : 08 Mar 2024 08:57

Age : 43 Yr(s) Sex :Male
 Lab No : 202403000893
 Collection Date : 08 Mar 2024 08:57
 Reporting Date : 08 Mar 2024 12:22

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	15.40 #	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	74.0	IU/L	[32.0-91.0]
GGT	21.0	U/L	[7.0-50.0]

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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

Dr. Charu Agarwal
 Consultant Pathologist



LABORATORY REPORT

Name	: MR DEEPAK KOLI	Age	: 43 Yr(s) Sex :Male
Registration No	: MH011757863	Lab No	: 202403000894
Patient Episode	: H18000001869	Collection Date	: 08 Mar 2024 08:57
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Mar 2024 12:40
Receiving Date	: 08 Mar 2024 08:57		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	92.0	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
 Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
 Drugs-
 insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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

Dr. Charu Agarwal
 Consultant Pathologist



LABORATORY REPORT

Name : MR DEEPAK KOLI

Age : 43 Yr(s) Sex :Male

Registration No : MH011757863

Lab No : 202403000895

Patient Episode : H18000001869

Collection Date : 08 Mar 2024 12:48

Referred By : HEALTH CHECK MGD

Reporting Date : 08 Mar 2024 13:33

Receiving Date : 08 Mar 2024 12:48

BIOCHEMISTRY

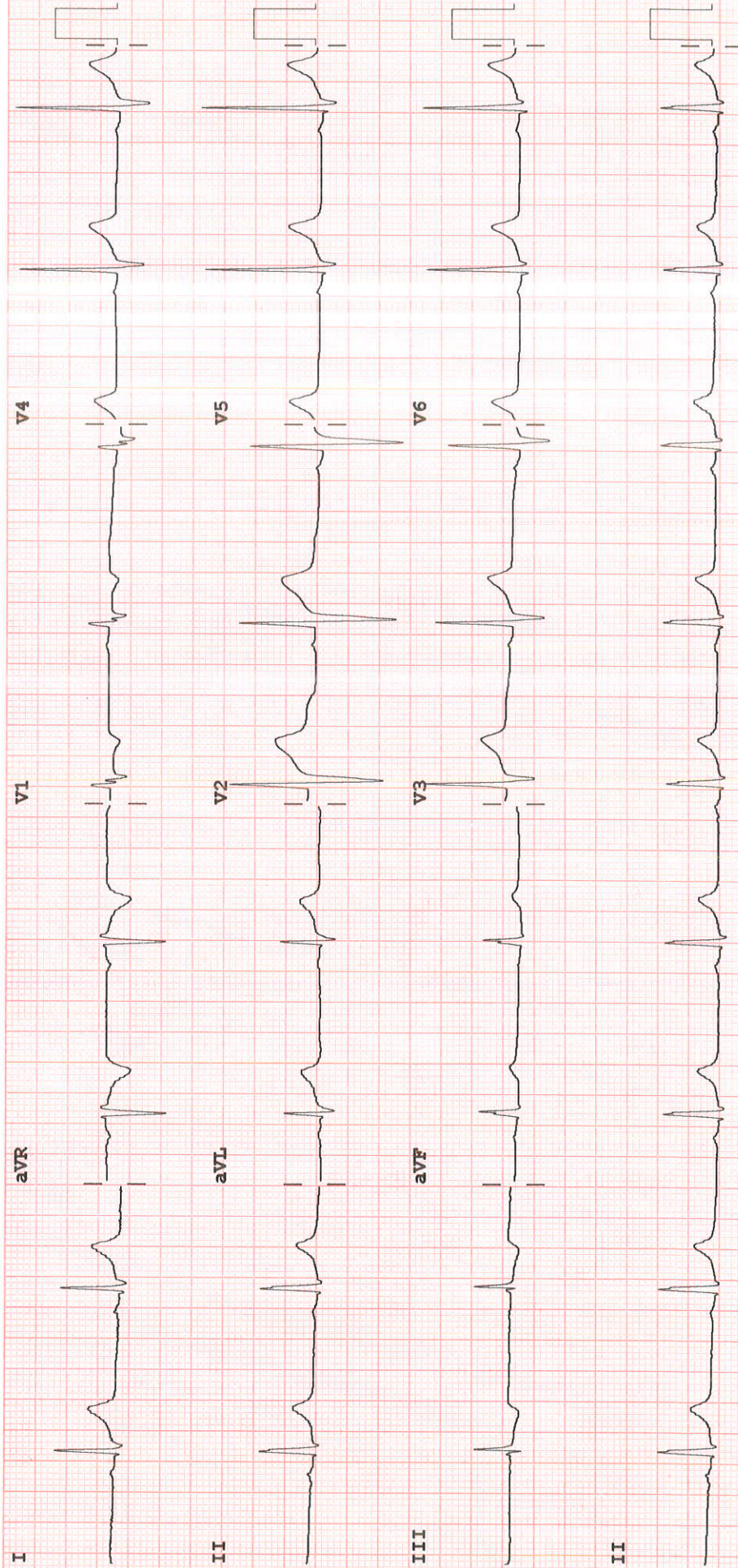
TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen:Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	82.0	mg/dl	[80.0-140.0]
Method: Hexokinase			
Note:			
Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise			

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

Dr. Charu Agarwal
Consultant Pathologist

- BORDERLINE ECG -

Unconfirmed Diagnosis



Dev:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?



TMT INVESTIGATION REPORT

Patient Name	MR DEEPAK KUMAR KOLI	Location	: Ghaziabad
Age/Sex	: 43Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH011757863	Order Date	: 08/03/2024
Ref. Doctor	: DR ABHISHEK SINGH	Report Date	: 08/03/2024

Protocol	: Bruce	MPHR	: 181BPM
Duration of exercise	: 7min 25sec	85% of MPHR	: 150BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 177BPM
Blood Pressure (mmHg)	: Baseline BP : 136/80mmHg	% Target HR	: 102%
	Peak BP : 150/90mmHg	METS	: 9.1METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	61	136/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	109	140/80	Nil	No ST changes seen	Nil
STAGE 2	3:00	114	146/90	Nil	No ST changes seen	Nil
STAGE 3	1:25	151	150/90	Nil	No ST changes seen	Nil
RECOVERY	5:14	68	140/80	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra SinghMD, DM (CARDIOLOGY),FACC
Sr. Consultant Cardiology**Dr. Abhishek Singh**MD, DNB (CARDIOLOGY),MNAMS
Sr.Consultant Cardiology**Dr. Sudhanshu Mishra**MD
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad,Uttar Pradesh - 201 002

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com