



भारत सरकार  
Government of India



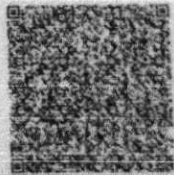
पिंकी सिन्हा  
Pinky Sinha  
जन्म तिथि/DOB: 20/01/1992  
महिला/ FEMALE

*Pinky Sinha*  
*9450109732*



7512 5087 7705

VID: 9174 0549 3075 9171



मेरी आधार, मेरी पहचान



# INDRA DIAGNOSTIC CENTRE

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar  
Ph: 7706041643, 7706041644  
CIN : U85196UP1992PLC014075



Patient Name	: Mrs.PINKY SINHA	Registered On	: 15/Apr/2021 10:56AM
Age/Gender	: 29 Y 2 M 24 D /F	Collected	: 15/Apr/2021 11:16AM
UHID/MR NO	: IDCD.0000102570	Received	: 15/Apr/2021 11:39AM
Visit ID	: IDCD0035072122	Reported	: 15/Apr/2021 03:51PM
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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### HAEMOGRAM \* , Blood

Haemoglobin	11.40	g/dl	13.5-17.5	PHOTOMETRIC
Blood Group (ABO & Rh typing)	B POSITIVE			
TLC (WBC)	7,200.00	/Cu mm	4000-10000	MICROSCOPIC EXAMINATION

DLC				
Polymorphs (Neutrophils)	64.00	%	55-70	MICROSCOPIC EXAMINATION
Lymphocytes	30.00	%	25-40	MICROSCOPIC EXAMINATION
Monocytes	5.00	%	3-5	MICROSCOPIC EXAMINATION
Eosinophils	1.00	%	1-6	MICROSCOPIC EXAMINATION
Basophils	0.00	%	< 1	MICROSCOPIC EXAMINATION

ESR				
Observed	26.00	Mm for 1st hr.		
Corrected	14.00	Mm for 1st hr.	< 20	
PCV (HCT)	34.00	cc %	40-54	

### General Blood Picture (G.B.P. / P.B.S.)

1. RBCs are Normocytic and normochromic.
2. Leucocytes are adequate in numbers and reveal normal distribution.
3. Platelets are within normal limits.
4. Smears are Negative for Malarial and Microfilarial Parasite.
5. There are no blasts (precursor cells).

Platelet count				
Platelet Count	2.60	LACS/cu mm	1.5-4.0	MICROSCOPIC EXAMINATION

RBC Count				
RBC Count	3.79	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE

Blood Indices (MCV, MCH, MCHC)				
M.C.V.	79.20	fl	80-100	CALCULATED PARAMETER



Customer Care No.: +91-9918300637 E-mail: [custcare@indradiagnostics.com](mailto:custcare@indradiagnostics.com) [www.chandandiagnostics.com](http://www.chandandiagnostics.com)



STN No. 51426000

Home Sample Collection  
1800-419-0002



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## DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
M.C.H.	30.10	pg	28-35	CALCULATED PARAMETER
M.C.H.C.	38.10	%	30-38	CALCULATED PARAMETER



Dr. Shoaib Irfan (MBBS, MD, PDCC)



Customer Care No.: +91-9918300637 E-mail: [customerservice@chdindia.com](mailto:customerservice@chdindia.com) | [www.chandandiagnostic.com](http://www.chandandiagnostic.com)



SIN No. 51476000

Home Sample Collection  
1800-419-0002

PPP: March 2021



# INDRA DIAGNOSTIC CENTRE

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar

Ph: 7706041643, 7706041644

CIN : U85196UP1992PLC014075



Patient Name	: Mrs.PINKY SINHA	Registered On	: 15/Apr/2021 10:56AM
Age/Gender	: 29 Y 2 M 24 D /F	Collected	: 15/Apr/2021 04:45PM
UHID/MR NO	: IDCD.0000102570	Received	: 15/Apr/2021 05:15PM
Visit ID	: IDCD0035072122	Reported	: 15/Apr/2021 05:43PM
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Glucose Fasting</b> <i>Sample:Plasma</i>	102.70	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 = Impaired Glucose Tolerance.

<b>Glucose PP</b> <i>Sample:Plasma After Meal</i>	118.10	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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### 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 = Impaired Glucose Tolerance.

Dr. Shoaib Irfan (MBBS, MD, PDCC)





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## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.80	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	40.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	119	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.

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.





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## DEPARTMENT OF BIOCHEMISTRY

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

*ASIM*

Dr. Anupam Singh  
M.B.B.S,M.D.(Pathology)





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## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen) *</b> Sample:Serum	7.80	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> Sample:Serum	0.94	mg/dl	0.5-1.2	MODIFIED JAFFES
<b>e-GFR (Estimated Glomerular Filtration Rate)</b> Sample:Serum	70.40	ml/min/1.73m <sup>2</sup>	90-120 Normal - 60-89 Near Normal	CALCULATED
<b>Uric Acid</b> Sample:Serum	3.98	mg/dl	2.5-6.0	URICASE
<b>L.F.T.(WITH GAMMA GT) *, Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	28.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	19.80	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	21.70	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.66	gm/dl	6.2-8.0	BIRUET
Albumin	4.16	gm/dl	3.8-5.4	B.C.G.
Globulin	3.50	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.19		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	128.50	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.56	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.24	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.32	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) *, Serum</b>				
Cholesterol (Total)	168.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	35.20	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	109	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	23.96	mg/dl	10-33	CALCULATED
Triglycerides	119.80	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	GPO-PAP





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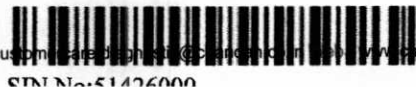
## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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>500 Very High



Dr. Shoaib Irfan (MBBS, MD, PDCC)







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Visit ID	: IDCDC0035072122	Reported	: 15/Apr/2021 04:04PM
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## DEPARTMENT OF IMMUNOLOGY

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

T3, Total (tri-iodothyronine)	109.16	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.50	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	13.36	μIU/mL	0.27 - 5.5	CLIA

### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.4-4.2	μIU/mL	Adults 21-54 Years
0.5-4.6	μIU/mL	Second Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
0.7-27	μIU/mL	Premature 28-36 Week
0.8-5.2	μIU/mL	Third Trimester
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week

- 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.

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

(\*) Test not done under NABL accredited Scope, (\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:  
ECG / EKG, STOOL R/M

Dr. Anupam Singh  
M.B.B.S.M.D.(Pathology)

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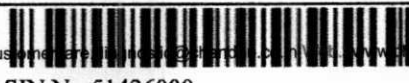
Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*



\*Facilities Available at Site Location

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Customer Care No.: +91-9918300637 E-mail: customer.care@indradiagnostics.com





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

## DEPARTMENT OF CLINICAL PATHOLOGY

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

Color	LIGHT YELLOW			
Specific Gravity	1.015			
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			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			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





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## DEPARTMENT OF CLINICAL PATHOLOGY

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. Shoaib Irfan (MBBS, MD, PDCC)



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## DEPARTMENT OF X-RAY

### X-RAY DIGITAL CHEST PA \*

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

### DIGITAL CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- 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.

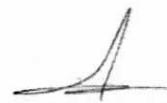
### IMPRESSION : NORMAL SKIAGRAM

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

(\*) Test not done under NABL accredited Scope

Result/s to Follow:

HAEMOGRAM, GLUCOSE PP, GLYCOSYLATED HAEMOGLOBIN (HBA1C), THYROID PROFILE - TOTAL, ECG / EKG, SUGAR, FASTING STAGE, SUGAR, PP STAGE, STOOL R/M, URINE EXAMINATION, ROUTINE



Dr. Anoop Agarwal  
MBBS, MD(Radiology)

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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, Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*



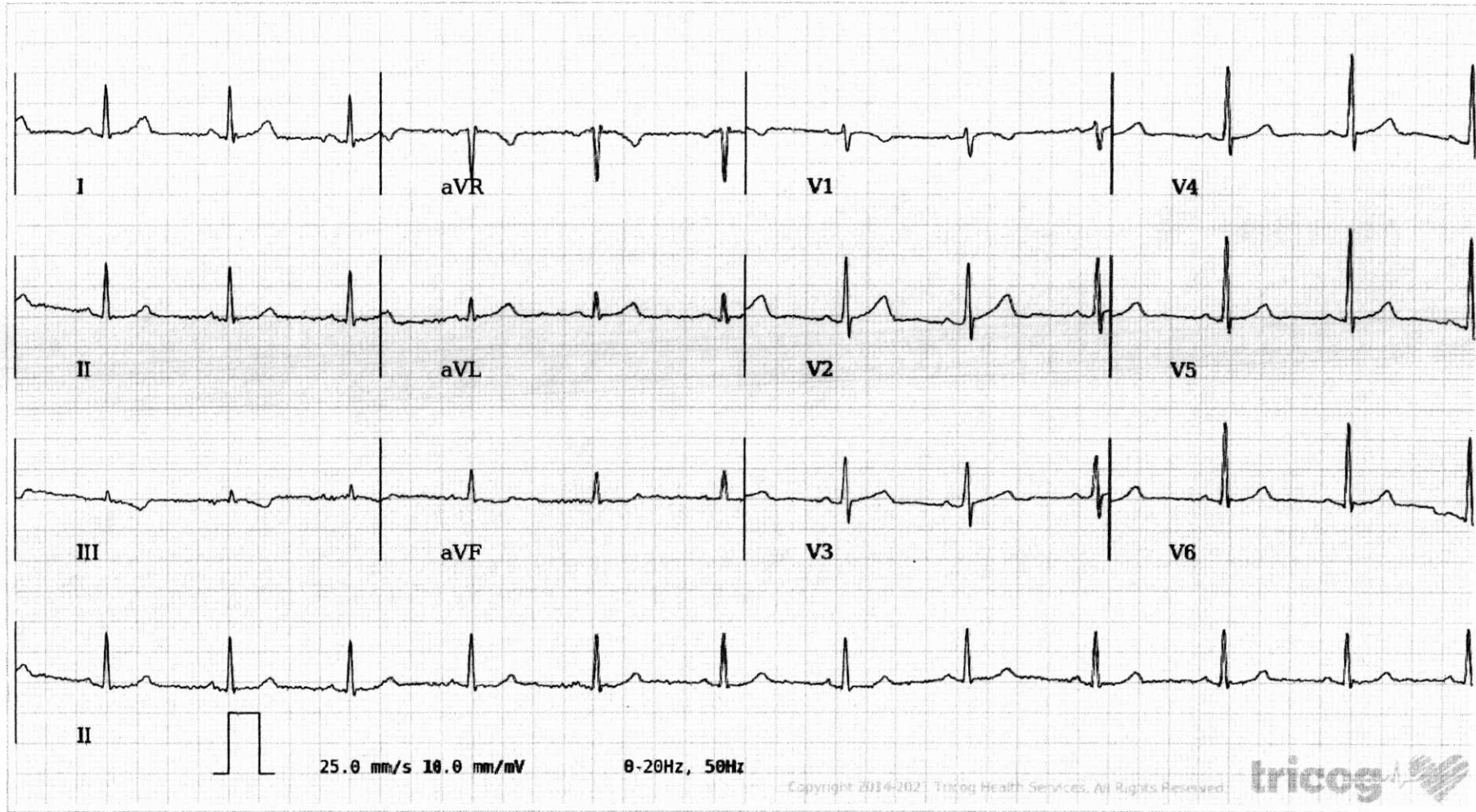
Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web.: www.chandandiagnostic.com

1800-419-0002



Age / Gender: 29/Female  
Patient ID: IDCD0035072122  
Patient Name: Mrs.PINKY SINHA

Date and Time: 15th Apr 21 12:23 PM



AR: 74 bpm VR: 74 bpm QRSD: 72 ms QT: 372 ms QTc: 412 ms PRI: 130 ms P-R-T: 20 35 6

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

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

REPORTED BY

Dr Surekha B



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## DEPARTMENT OF ULTRASOUND

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

#### LIVER

- The liver is normal in size and has a normal homogenous echotexture. No focal lesion is seen.

#### PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

#### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct are normal at the porta.
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

#### PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture.

#### RIGHT KIDNEY

- Right kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

#### LEFT KIDNEY

- Left kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.





# INDRA DIAGNOSTIC CENTRE

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar  
Ph: 7706041643, 7706041644  
CIN : U85196UP1992PLC014075



Patient Name	: Mrs.PINKY SINHA	Registered On	: 15/Apr/2021 10:56AM
Age/Gender	: 29 Y 2 M 24 D /F	Collected	: N/A
UHID/MR NO	: IDCD.0000102570	Received	: N/A
Visit ID	: IDCD0035072122	Reported	: 15/Apr/2021 01:52PM
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### SPLEEN

- The spleen is normal in size and has a homogenous echotexture. No focal lesion is seen.

### ILIAC FOSSA

- Scan over the iliac fossa does not reveal any fluid collection or mass.

### URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and regular.

### UTERUS

- The uterus is anteverted and anteflexed position.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline.
- Cervix is normal.

### ADNEXA & OVARIES

- Right ovary normal.
- Small cystic SOL noted seen in left adnexa which shows echo free lumen, measures 3.31 x 2.73 x 2.90 cms, volume ~ 13.71 ml. Left ovary not separately visualised.

### CUL-DE-SAC

- Pouch of Douglas is clear.

### IMPRESSION

- SMALL CYSTIC SOL LEFT ADNEXA, LIKELY OVARIAN CYST.


Typed by- anoop

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

(\*) Test not done under NABL accredited Scope

Result/s to Follow:

HAEMOGRAM, GLUCOSE PP, GLYCOSYLATED HAEMOGLOBIN (HBA1C), THYROID PROFILE - TOTAL, LIPID PROFILE ( MIN BUN (Blood Urea Nitrogen), CREATININE SERUM, L.F.T.(WITH GAMMA GT), ECG / EKG, X-RAY DIGITAL CHEST PA, SUGAR, STAGE, SUGAR, PP STAGE, STOOL R/M, URINE EXAMINATION, ROUTINE

  
Dr. Anoop Agarwal  
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 Conduction Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*  
365 Days Open Home Sample Collection \*Facilities Available in Selected Locations



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web.: www.chandandiagnostic.com

1800-419-0002