

Health Check up

Mediwheel <wellness@mediwheel.in>

Tue 3/26/2024 6:04 PM

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

Cc:customercare@mediwheel.in <customercare@mediwheel.in>



011-41195959

Dear Manipal Hospital

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking?

Name : MS. MALIK KAMNA
Contact Details : 09654367794
Hospital Package Name : Mediwheel Full Body Health Checkup Female Below 40
Location : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Aparment
Appointment Date : 27-03-2024

Member Information		
Booked Member Name	Age	Gender
MS. MALIK KAMNA	36 year	Female

Tests included in this Package -

- Pap Smear
- Stool Test
- Gynae Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,
Mediwheel Team
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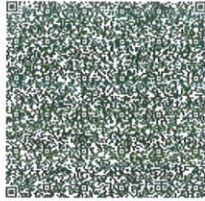
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भारत सरकार
Unique Identification Authority of India
Government of India

नामांकन क्रम/ Enrolment No.: 0000/00484/83349

To
कामना मलिक
Kamna Malik
D/O Santosh Malik
F-229
Second Floor
Laxmi Nagar
Mangal Bazar Road
Laxmi Nagar (east Delhi)
Laxmi Nagar (east Delhi)
East Delhi Delhi - 110092
9654367794

Download Date: 31/03/2018

Generation Date: 01/01/2018



QR Code with Photograph

आपका आधार क्रमांक / Your Aadhaar No. :

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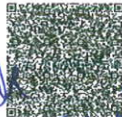
मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



कामना मलिक
Kamna Malik
जन्म तिथि/DOB: 21/01/1988
महिला/ FEMALE



7043 6320 0783

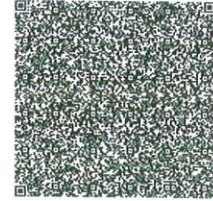
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भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
संतोष मलिक, एफ-229, सेकेंड फ्लोर, लक्ष्मी नगर, मंगल
बाजार मार्ग, लक्ष्मी नगर, पूर्वी दिल्ली,
दिल्ली - 110092

Address:
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Delhi - 110092



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www.uidai.gov.in

- सूचना
- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
 - पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
 - यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.

*Kamna Malik
for Health checkup
Manipal Hospital
Noida*

**RADIOLOGY REPORT**

NAME	MRS Kamna MALIK	STUDY DATE	27/03/2024 12:21PM
AGE / SEX	36 y / F	HOSPITAL NO.	MH011804692
ACCESSION NO.	R7130556	MODALITY	US
REPORTED ON	27/03/2024 1:41PM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: appears enlarged in size (measures 190 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade II fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 88 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 11 mm.

COMMON BILE DUCT: Appears normal in size and measures 4.9 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

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 103 x 43 mm.

Left Kidney: measures 95 x 41 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.

UTERUS: Uterus is anteverted, normal in size (measures 50 x 47 x 41 mm), shape and echotexture.

Endometrial thickness measures 6.9 mm. Cervix appears normal.

OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.

Right ovary measures 26 x 25 x 15 mm with volume 5.2 cc.

Left ovary measures 24 x 22 x 20 mm with volume 5.3 cc.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade II fatty infiltration in liver.

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	MRS Kamna MALIK	STUDY DATE	27/03/2024 11:52AM
AGE / SEX	36 y / F	HOSPITAL NO.	MH011804692
ACCESSION NO.	R7130555	MODALITY	CR
REPORTED ON	27/03/2024 12:15PM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW**FINDINGS:**

LUNGS: Bronchovascular markings appear prominent.
 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: Note made of bilateral cervical ribs. Rest normal.
 VISUALIZED SOFT TISSUES: Normal.
 DIAPHRAGM: Normal.
 VISUALIZED ABDOMEN: Normal.
 VISUALIZED NECK: Normal.

IMPRESSION:

Prominent bronchovascular markings in bilateral lung fields.
Note made of bilateral cervical ribs.
 Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB
 CONSULTANT RADIOLOGIST

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



Name : MRS KAMNA MALIK Age : 36 Yr(s) Sex :Female
Registration No : MH011804692 Lab No : 202403003891
Patient Episode : H18000001992 Collection Date : 27 Mar 2024 11:37
Referred By : HEALTH CHECK MGD Reporting Date : 27 Mar 2024 14:17
Receiving Date : 27 Mar 2024 11:37

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	1.200	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	7.880	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.430	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.



Name : MRS KAMNA MALIK Age : 36 Yr(s) Sex :Female
Registration No : MH011804692 Lab No : 202403003891
Patient Episode : H18000001992 Collection Date : 27 Mar 2024 11:37
Referred By : HEALTH CHECK MGD Reporting Date : 27 Mar 2024 15:00
Receiving Date : 27 Mar 2024 11:37

BLOOD BANK

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



Name : MRS KAMNA MALIK
Registration No : MH011804692
Patient Episode : H18000001992
Referred By : HEALTH CHECK MGD
Receiving Date : 27 Mar 2024 11:37

Age : 36 Yr(s) Sex :Female
Lab No : 202403003891
Collection Date : 27 Mar 2024 11:37
Reporting Date : 27 Mar 2024 14:21

HAEMATOLOGY

BIOLOGICAL REFERENCE INTERVAL

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.64	millions/cumm	[3.80-4.80]
HEMOGLOBIN	14.0	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	44.6	%	[36.0-46.0]
MCV (DERIVED)	96.1	fL	[83.0-101.0]
MCH (CALCULATED)	30.2	pg	[25.0-32.0]
MCHC (CALCULATED)	31.4 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.8	%	[11.6-14.0]
Platelet count	202	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	13.50	fL	
WBC COUNT (TC) (IMPEDENCE)	8.53	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	55.0	%	[40.0-80.0]
Lymphocytes	36.0	%	[20.0-40.0]
Monocytes	4.0	%	[2.0-10.0]
Eosinophils	5.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	23.0 #	mm/1sthour	[0.0-



Name : MRS KAMNA MALIK
Registration No : MH011804692
Patient Episode : H18000001992
Referred By : HEALTH CHECK MGD
Receiving Date : 27 Mar 2024 11:37

Age : 36 Yr(s) Sex :Female
Lab No : 202403003891
Collection Date : 27 Mar 2024 11:37
Reporting Date : 27 Mar 2024 17:06

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.0	%	[0.0-5.6]
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)	97	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.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.020	(1.003-1.035)

CHEMICAL EXAMINATION

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



LABORATORY REPORT



Name : MRS KAMNA MALIK
Registration No : MH011804692
Patient Episode : H18000001992
Referred By : HEALTH CHECK MGD
Receiving Date : 27 Mar 2024 12:38

Age : 36 Yr(s) Sex :Female
Lab No : 202403003891
Collection Date : 27 Mar 2024 12:38
Reporting Date : 27 Mar 2024 17:45

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	NIL	/hpf
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	204 #	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	167 #	mg/dl	[<150]
			Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	51	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	33	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	120.0 #	mg/dl	[<120.0]
			Near/ Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	4.0		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.4		<3 Optimal 3-4 Borderline >6 High Risk

Above optimal-100-129



Name : MRS KAMNA MALIK **Age** : 36 Yr(s) Sex :Female
Registration No : MH011804692 **Lab No** : 202403003891
Patient Episode : H18000001992 **Collection Date** : 27 Mar 2024 11:37
Referred By : HEALTH CHECK MGD **Reporting Date** : 27 Mar 2024 12:59
Receiving Date : 27 Mar 2024 11:37

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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	16.1	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	0.63 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	6.7	mg/dl	[4.0-8.5]
Method:uricase PAP			

SODIUM, SERUM	135.70 #	mmol/L	[136.00-144.00]
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POTASSIUM, SERUM	4.47	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.0	mmol/L	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated)	115.8	ml/min/1.73sq.m	[>60.0]
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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.



Name : MRS KAMNA MALIK
Registration No : MH011804692
Patient Episode : H18000001992
Referred By : HEALTH CHECK MGD
Receiving Date : 27 Mar 2024 11:37

Age : 36 Yr(s) Sex :Female
Lab No : 202403003891
Collection Date : 27 Mar 2024 11:37
Reporting Date : 27 Mar 2024 12:59

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.88	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.17	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.71	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	8.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.73	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	3.60 #	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.32		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	126.00 #	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	207.90 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	164.0 #	IU/L	[32.0-91.0]
GGT	129.0 #	U/L	[7.0-50.0]



Name : MRS KAMNA MALIK

Age : 36 Yr(s) Sex :Female

Registration No : MH011804692

Lab No : 202403003891

Patient Episode : H18000001992

Collection Date : 27 Mar 2024 11:37

Referred By : HEALTH CHECK MGD

Reporting Date : 27 Mar 2024 12:59

Receiving Date : 27 Mar 2024 11:37

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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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.

Page 6 of 8

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

Dr. Charu Agarwal
Consultant Pathologist



Name : MRS KAMNA MALIK Age : 36 Yr(s) Sex :Female
Registration No : MH011804692 Lab No : 202403003892
Patient Episode : H18000001992 Collection Date : 27 Mar 2024 11:37
Referred By : HEALTH CHECK MGD Reporting Date : 27 Mar 2024 13:12
Receiving Date : 27 Mar 2024 11:37

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	102.0	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



Name : MRS KAMNA MALIK
Registration No : MH011804692
Patient Episode : H18000001992
Referred By : HEALTH CHECK MGD
Receiving Date : 27 Mar 2024 15:38

Age : 36 Yr(s) Sex :Female
Lab No : 202403003893
Collection Date : 27 Mar 2024 15:38
Reporting Date : 27 Mar 2024 17:08

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	198.0 #	mg/dl	[80.0-140.0]

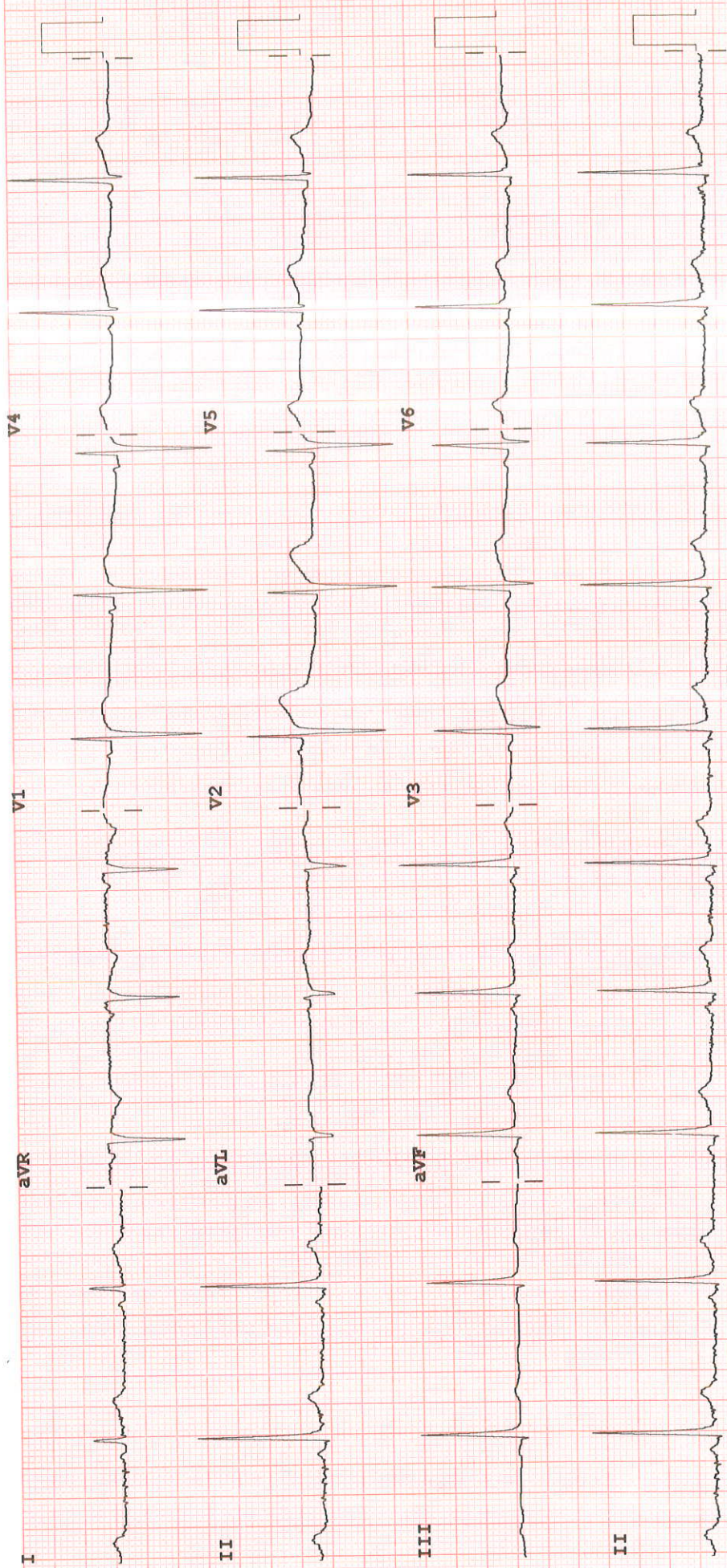
Note:

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. Alka Dixit Vats
Consultant Pathologist

- BORDERLINE ECG -
Unconfirmed Diagnosis



PH100B CL P?

F 60~ 0.15-100 HZ

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

Dev:



INVESTIGATION REPORT

Patient Name	MRS KAMNA MALIK	Location	Ghaziabad
Age/Sex	36Year(s)/Female	Visit No	: V0000000001-GHZZ
MRN No	MH011804692	Order Date	:27/03/2024
Ref. Doctor	Dr. ABHISHEK SINGH	Report Date	:27/03/2024

EchocardiographyFinal Interpretation

1. No RWMA, LVEF=60%.
2. Normal CCD.
3. No MR, No AR.
4. No TR, Normal PASP.
5. No intracardiac clot/mass/pericardial pathology.
6. IVC normal

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal.
- **Tricuspid Valve:** It appears normal.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

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

P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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



INVESTIGATION REPORT

Patient Name	MRS KAMNA MALIK	Location	Ghaziabad
Age/Sex	36Year(s)/Female	Visit No	: V0000000001-GHZZB
	MH011804692	Order Date	27/03/2024
Ref. Doctor	: Dr.ABHISHEK SINGH	Report Date	27/03/2024

Echocardiography

Measurements (mm):

	Observed values	Normal values
Aortic root diameter	22	20-36 (22mm/M ²)
Aortic valve opening	20	15-26
Left atrium size	30	19-40


	End Diastole	End Systole	Normal Values
Left ventricle size	41	28	(ED=37-50:Es=22-40)
Interventricular septum	11	14	(ED=6-12)
Posterior wall thickness	09	14	(ED=5-10)

LV Ejection Fraction (%)	60%	55%-80%
HR		

Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-84/42 DT-	Nil
Aortic	137	Nil
Tricuspid	20	Nil
Pulmonary	66	Nil

Dr. Bhupendra Singh
MD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology


Dr. Abhishek Singh
MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
Cardiology Registrar

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