



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 : MUKESH KUMAR
Contact Details : 7217771473
Hospital Package Name : Mediwheel Full Body Health Checkup Male Above 40
Location : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Aparment
Appointment Date : 03-04-2024

Member Information		
Booked Member Name	Age	Gender
MR. KUMAR MUKESH	42 year	Male

Tests included in this Package -

- Stool Test
- 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
- Prostate Specific Antigen (PSA Male)

Thanks,
Mediwheel Team
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भारत सरकार
GOVERNMENT OF INDIA



ముకేష్ కుమార
Mukesh Kumar
పుట్టిన తేదీ/ DOB: 16/12/1981
పురుషుడు / MALE



2225 0337 7336

ఆధార్-సామాన్యమానవుడి హక్కు

For medical checks

Draw



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

చిరునామా:

S/O: కున్వర్ పాల్, ఈ - 125,
సెక్టర్ - 09, జేకేజీఎస్ పాఠశాల
దగ్గర, న్యూ విజయ నగర్,
ఘజియాబాద్, ఘజియాబాద్,
ఉత్తర్ ప్రదేశ్ - 201001

Address:

S/O: Kunwar Pal, E-125, Sector -09,
Near JKGS School, New Vijay
Nagar, Ghaziabad, Ghaziabad,
Uttar Pradesh - 201001

For medical checks

2225 0337 7336

Aadhaar-Aam Admi ka Adhikar



LABORATORY REPORT

Name	: MR MUKESH KUMAR	Age	: 42 Yr(s) Sex :Male
Registration No	: MH010772972	Lab No	: 202404000418
Patient Episode	: H18000002050	Collection Date	: 03 Apr 2024 09:04
Referred By	: HEALTH CHECK MGD	Reporting Date	: 03 Apr 2024 13:05
Receiving Date	: 03 Apr 2024 09:04		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	0.810	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	4.750	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	1.660	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 MUKESH KUMAR	Age	: 42 Yr(s) Sex :Male
Registration No	: MH010772972	Lab No	: 202404000418
Patient Episode	: H18000002050	Collection Date	: 03 Apr 2024 09:04
Referred By	: HEALTH CHECK MGD	Reporting Date	: 03 Apr 2024 13:05
Receiving Date	: 03 Apr 2024 09:04		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Specimen Type :	Serum		
PROSTATE SPECIFIC ANTIGEN (PSA-Total):	1.440	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 MUKESH KUMAR
Registration No : MH010772972
Patient Episode : H18000002050
Referred By : HEALTH CHECK MGD
Receiving Date : 03 Apr 2024 09:04

Age : 42 Yr(s) Sex : Male
Lab No : 202404000418
Collection Date : 03 Apr 2024 09:04
Reporting Date : 03 Apr 2024 13:36


BLOOD BANK

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

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

NOTE:
- Abnormal Values

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


Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name : MR MUKESH KUMAR
Registration No : MH010772972
Patient Episode : H18000002050
Referred By : HEALTH CHECK MGD
Receiving Date : 03 Apr 2024 09:04

Age : 42 Yr(s) Sex :Male
Lab No : 202404000418
Collection Date : 03 Apr 2024 09:04
Reporting Date : 03 Apr 2024 10:43

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)			
SPECIMEN-EDTA Whole Blood			
RBC COUNT (IMPEDENCE)	4.17 #	millions/cumm	[4.50-5.50]
HEMOGLOBIN	12.4 #	g/dl	[13.0-17.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	38.8 #	%	[40.0-50.0]
MCV (DERIVED)	93.0	fL	[83.0-101.0]
MCH (CALCULATED)	29.7	pg	[25.0-32.0]
MCHC (CALCULATED)	32.0	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	15.1 #	%	[11.6-14.0]
Platelet count	169	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	12.40	fL	
WBC COUNT (TC) (IMPEDENCE)	4.62	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	48.0	%	[40.0-80.0]
Lymphocytes	43.0 #	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	31.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MR MUKESH KUMAR	Age	: 42 Yr(s) Sex :Male
Registration No	: MH010772972	Lab No	: 202404000418
Patient Episode	: H18000002050	Collection Date	: 03 Apr 2024 09:58
Referred By	: HEALTH CHECK MGD	Reporting Date	: 03 Apr 2024 13:00
Receiving Date	: 03 Apr 2024 09:58		

CLINICAL PATHOLOGY

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)

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 MUKESH KUMAR	Age	: 42 Yr(s) Sex :Male
Registration No	: MH010772972	Lab No	: 202404000418
Patient Episode	: H18000002050	Collection Date	: 03 Apr 2024 09:04
Referred By	: HEALTH CHECK MGD	Reporting Date	: 03 Apr 2024 16:15
Receiving Date	: 03 Apr 2024 09:04		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.1	%	[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)	100	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 glycemc control.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	229 #	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			
			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	197 #	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	60	mg/dl	[35-65]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	39 #	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	130.0 #	mg/dl	[<120.0]
			Near/
			Borderline High:130-159
			High Risk:160-189

Above optimal-100-129



LABORATORY REPORT

Name	: MR MUKESH KUMAR	Age	: 42 Yr(s) Sex :Male
Registration No	: MH010772972	Lab No	: 202404000418
Patient Episode	: H18000002050	Collection Date	: 03 Apr 2024 09:04
Referred By	: HEALTH CHECK MGD	Reporting Date	: 03 Apr 2024 13:05
Receiving Date	: 03 Apr 2024 09:04		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.8		<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	19.0	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	8.9	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	0.79	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	5.3	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			
SODIUM, SERUM	138.80	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.89	mmol/L	[3.60-5.10]
SERUM CHLORIDE	104.8	mmol/L	[101.0-111.0]
<i>Method: ISE Indirect</i>			



LABORATORY REPORT

Name	: MR MUKESH KUMAR	Age	: 42 Yr(s) Sex :Male
Registration No	: MH010772972	Lab No	: 202404000418
Patient Episode	: H18000002050	Collection Date	: 03 Apr 2024 09:04
Referred By	: HEALTH CHECK MGD	Reporting Date	: 03 Apr 2024 13:05
Receiving Date	: 03 Apr 2024 09:04		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	110.8	ml/min/1.73sq.m	[>60.0]
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.			
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.65	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.11	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.54	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	6.90	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.54	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.40	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.92		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	31.00	U/L	[0.00-40.00]



LABORATORY REPORT

Name	: MR MUKESH KUMAR	Age	: 42 Yr(s) Sex :Male
Registration No	: MH010772972	Lab No	: 202404000418
Patient Episode	: H18000002050	Collection Date	: 03 Apr 2024 09:04
Referred By	: HEALTH CHECK MGD	Reporting Date	: 03 Apr 2024 13:05
Receiving Date	: 03 Apr 2024 09:04		


BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	43.70	U/L	[17.00-63.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	57.0	IU/L	[32.0-91.0]
GGT	28.0	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.

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


Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: MR MUKESH KUMAR	Age	: 42 Yr(s) Sex :Male
Registration No	: MH010772972	Lab No	: 202404000419
Patient Episode	: H18000002050	Collection Date	: 03 Apr 2024 09:04
Referred By	: HEALTH CHECK MGD	Reporting Date	: 03 Apr 2024 10:30
Receiving Date	: 03 Apr 2024 09:04		

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, sulfonyleureas, tobutamide, and other oral hypoglycemic agents.

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: MR MUKESH KUMAR	Age	: 42 Yr(s) Sex :Male
Registration No	: MH010772972	Lab No	: 202404000420
Patient Episode	: H18000002050	Collection Date	: 03 Apr 2024 13:17
Referred By	: HEALTH CHECK MGD	Reporting Date	: 03 Apr 2024 15:22
Receiving Date	: 03 Apr 2024 13:17		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen:Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	103.0	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. Alka Dixit Vats
Consultant Pathologist

**RADIOLOGY REPORT**

NAME	MR Mukesh KUMAR	STUDY DATE	03/04/2024 9:46AM
AGE / SEX	42 y / M	HOSPITAL NO.	MH010772972
ACCESSION NO.	R7171761	MODALITY	US
REPORTED ON	03/04/2024 10:35AM	REFERRED BY	HEALTH CHECK MGD


USG ABDOMEN & PELVIS**FINDINGS**

LIVER: Liver is normal in size (measures 140 mm), shape and echotexture. Rest normal.
 SPLEEN: Spleen is normal in size (measures 87 mm), shape and echotexture. Rest normal.
 PORTAL VEIN: Appears normal in size and measures 10.6 mm.
 COMMON BILE DUCT: Appears normal in size and measures 3.4 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: Right Kidney: measures 108 x 40 mm with parenchymal thickness 9.1 mm.
 Right kidney is normal in size, shape, position and echotexture. Cortico-medullary differentiation is maintained.
 Left Kidney: measures 93 x 30 mm with parenchymal thickness 6.9 mm. Left kidney is ectopic and is seen in left iliac fossa region. It is malrotated with the renal hilum facing anteriorly. However it is normal in size, shape and echotexture. Cortico-medullary differentiation is maintained.
 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 27 x 26 mm with volume 13 cc. Rest normal.
 SEMINAL VESICLES: Normal.
 BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Ectopic malrotated left kidney seen in left iliac fossa region with the renal hilum facing anteriorly.

Recommend clinical correlation.



**Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST**

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



RADIOLOGY REPORT

NAME	MR Mukesh KUMAR	STUDY DATE	03/04/2024 9:19AM
AGE / SEX	42 y / M	HOSPITAL NO.	MH010772972
ACCESSION NO.	R7171760	MODALITY	CR
REPORTED ON	03/04/2024 9:42AM	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.

Note is made of extraneous metallic clips artefacts overlying the D6 vertebral body.

IMPRESSION:

No significant abnormality noted.

Recommend clinical correlation.

Monica

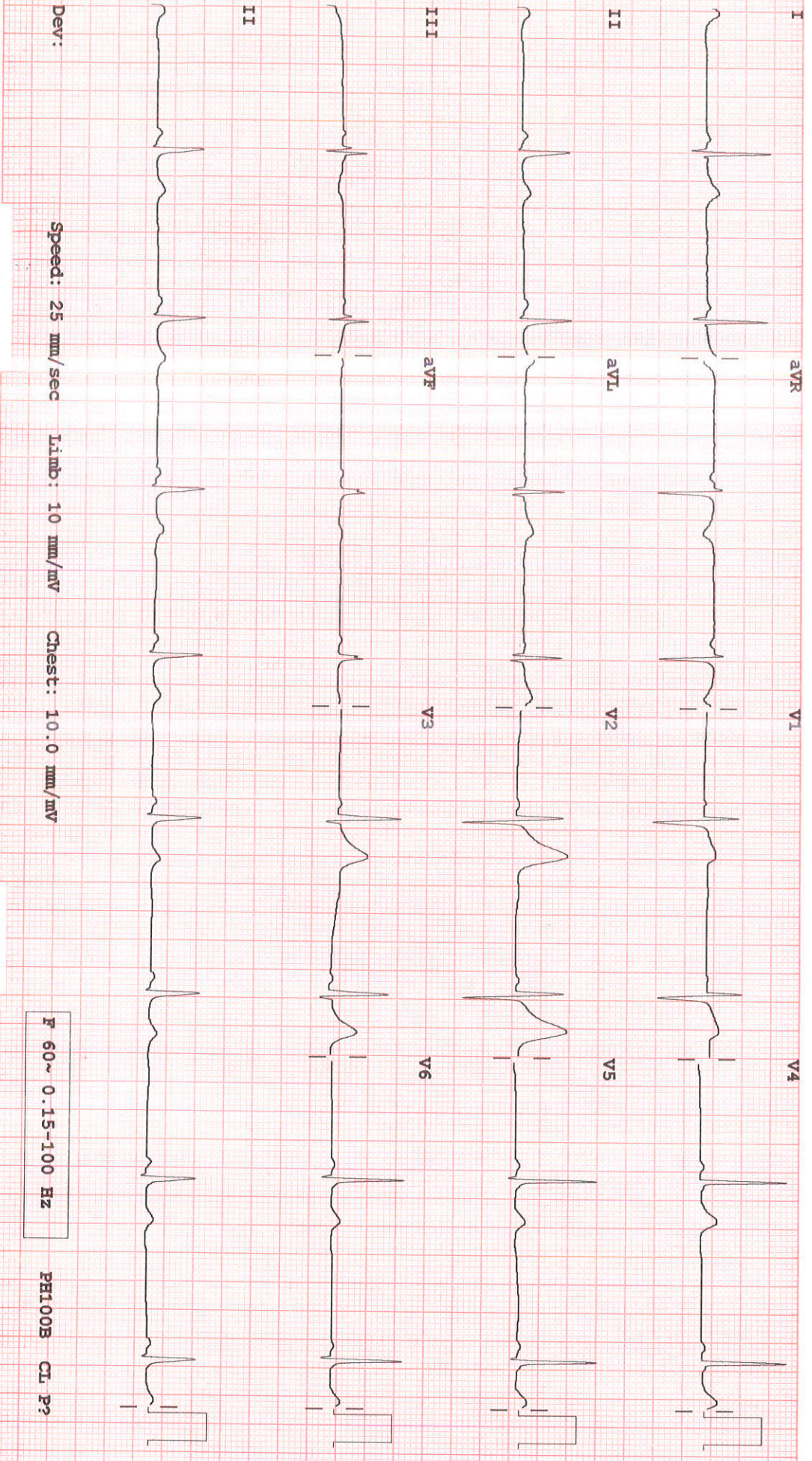
Dr. Monica Shekhawat MBBS, DNB

CONSULTANT RADIOLOGIST

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

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis





Patient Name	MR MUKESH KUMAR	Location	: Ghaziabad
Age/Sex	: 42Year(s)/male	Visit No	: V000000001-GHZB
MRN No	MH010772972	Order Date	: 03/04/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 03/04/2024

Protocol	: Bruce	MPHR	: 178BPM
Duration of exercise	: 7min 50sec	85% of MPHR	: 151BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 160BPM
Blood Pressure (mmHg)	: Baseline BP : 120/80mmHg Peak BP : 150/90mmHg	% Target HR	: 89%
		METS	: 9.8METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	59	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	103	130/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	135	140/90	Nil	No ST changes seen	Nil
STAGE 3	1:50	160	150/90	Nil	1mm horizontal ST depression seen in lead II,III,aVF & V4-V6	Nil
RECOVERY	3:15	79	130/90	Nil	No New ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- 1mm horizontal ST depression seen in lead II,III,aVF & V4-V6 at peak stage.
- No New ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is **Mildly Positive** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh
MD, 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