

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mr.RAHUL PAL-174225	Registered On	: 13/Apr/2024 10:01:05
Age/Gender	: 30 Y 8 M 14 D /M	Collected	: 13/Apr/2024 10:11:25
UHID/MR NO	: ALDP.0000138374	Received	: 13/Apr/2024 10:54:58
Visit ID	: ALDP0015562425	Reported	: 13/Apr/2024 15:25:27
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

# DEPARTMENT OF HAEMATOLOGY

MED	IWHEEL BANK OF E	BARODA MALE	ABOVE 40 YRS	
Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , /	Blood			
Blood Group	В			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , What	ole Blood			
Haemoglobin	15.70	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 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/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC) <u>DLC</u>	6,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils ) Lymphocytes Monocytes Eosinophils Basophils <b>ESR</b>	60.00 <b>22.00</b> 5.00 <b>13.00</b> 0.00	% % % %	55-70 25-40 3-5 1-6 < 1	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE
Observed Corrected PCV (HCT)	4.00 - 46.00	Mm for 1st hr. Mm for 1st hr. %	< 9 40-54	
Platelet count Platelet Count	1.55	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width) P-LCR (Platelet Large Cell Ratio)	16.20 -	fL %	9-17 35-60	ELECTRONIC IMPEDANCE





Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mr.RAHUL PAL-174225	Registered On	: 13/Apr/2024 10:01:05
Age/Gender	: 30 Y 8 M 14 D /M	Collected	: 13/Apr/2024 10:11:25
UHID/MR NO	: ALDP.0000138374	Received	: 13/Apr/2024 10:54:58
Visit ID	: ALDP0015562425	Reported	: 13/Apr/2024 15:25:27
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd	Status	: Final Report

# DEPARTMENT OF HAEMATOLOGY

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.18	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.20	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.37	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	85.70	fl	80-100	CALCULATED PARAMETER
MCH	29.30	pg	28-35	CALCULATED PARAMETER
МСНС	34.20	%	30-38	CALCULATED PARAMETER
RDW-CV	13.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,080.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	884.00	/cu mm	40-440	

AS

Dr.Akanksha Singh (MD Pathology)





Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mr.RAHUL PAL-174225	Registered On	: 13/Apr/2024 10:01:07
Age/Gender	: 30 Y 8 M 14 D /M	Collected	: 13/Apr/2024 10:11:24
UHID/MR NO	: ALDP.0000138374	Received	: 13/Apr/2024 10:54:58
Visit ID	: ALDP0015562425	Reported	: 13/Apr/2024 13:45:16
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

### DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	l Method
GLUCOSE FASTING * , Plasma				
Glucose Fasting	76.10	100	00 Normal -125 Pre-diabetes 26 Diabetes	GOD POD
<b>Interpretation:</b> a) Kindly correlate clinically with intake of hypog b) A negative test result only shows that the pers will never get diabetics in future, which is why ar	on does not have dia	abetes at the time of	U	

c) I.G.T = Impared Glucose Tolerance.

<b>Glucose PP *</b> Sample:Plasma After Meal		84.70	mg/dl	<140 Normal 140-199 Pre-diabetes	GOD POD
				>200 Diabetes	

#### 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)	<b>) * ,</b> EDTA BLOOD		
Glycosylated Haemoglobin (HbA1c)	4.50	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	26.10	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	84	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.









Patient Name	: Mr.RAHUL PAL-174225	Registered On	: 13/Apr/2024 10:01:07
Age/Gender	: 30 Y 8 M 14 D /M	Collected	: 13/Apr/2024 10:11:24
UHID/MR NO	: ALDP.0000138374	Received	: 13/Apr/2024 10:54:58
Visit ID	: ALDP0015562425	Reported	: 13/Apr/2024 13:45:16
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

### DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

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)	<b>Degree of Glucose Control Unit</b>
> 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 VARIANT II TURBO HPLC Analyser.

#### **<u>Clinical Implications:</u>**

\*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	20.87	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine *</b> Sample:Serum	0.80	mg/dl	0.6-1.30	MODIFIED JAFFES
<b>Uric Acid *</b> Sample:Serum	7.80	mg/dl	3.4-7.0	URICASE

### LFT (WITH GAMMA GT) \* , Serum

150 9001:2015

Page 4 of 11







Patient Name	: Mr.RAHUL PAL-174225	Registered On	: 13/Apr/2024 10:01:07
Age/Gender	: 30 Y 8 M 14 D /M	Collected	: 13/Apr/2024 10:11:24
UHID/MR NO	: ALDP.0000138374	Received	: 13/Apr/2024 10:54:58
Visit ID	: ALDP0015562425	Reported	: 13/Apr/2024 13:45:16
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

# DEPARTMENT OF BIOCHEMISTRY MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

INEDIW	HEEL BAINK OF B			10
Test Name	Result	ι	Jnit Bio. Ref. In	terval Method
SGOT / Aspartate Aminotransferase (AST)	25.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	<b>55.60</b>	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	30.80	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.70	gm/dl	6.2-8.0	BIURET
Albumin	4.30	gm/dl	3.4-5.4	B.C.G.
Globulin	3.40	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.26	gini di	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	178.30	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.10	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF
		5		
IPID PROFILE ( MINI ) * , Serum				
Cholesterol (Total)	164.00	mg/dl	<200 Desirable	CHOD-PAP
			200-239 Borderline	e High
			> 240 High	
HDL Cholesterol (Good Cholesterol)	41.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	102	mg/dl	< 100 Optimal	CALCULATED
			100-129 Nr.	
			Optimal/Above Op	
			130-159 Borderline	e High
			160-189 High	
	21.22		> 190 Very High	
VLDL	21.22	mg/dl	10-33	CALCULATED
Triglycerides	106.10	mg/dl	< 150 Normal	GPO-PAP
			150-199 Borderline 200-499 High	енцп
			>500 Very High	

AS

Dr.Akanksha Singh (MD Pathology)





Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mr.RAHUL PAL-174225	Registered On	: 13/Apr/2024 10:01:07
Age/Gender	: 30 Y 8 M 14 D /M	Collected	: 13/Apr/2024 14:45:51
UHID/MR NO	: ALDP.0000138374	Received	: 13/Apr/2024 14:48:39
Visit ID	: ALDP0015562425	Reported	: 13/Apr/2024 16:10:36
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

# DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
RINE EXAMINATION, ROUTINE *	, Urine			
Color	PALE YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic ( 5.0 )			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	<sup>′</sup> mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
	ADOENT	<b>A</b> /	> 500 (++++)	DIDCTICI
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++) 1-2 (+++)	
			>2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT	ing/ di	0.1 5.0	DIOGHEIMISTICI
Bile Pigments	ABSENT			
Bilirubin	ABSENT		and a second	DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			DII STICK
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:	ADJLINI			DIFSTICK
•	0.0.11			
Epithelial cells	0-2/h.p.f			MICROSCOPIC
Pus cells	0.0/b.n.f			EXAMINATION
	0-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ADCENIT			LANNINATION
	ABSENT ABSENT			MICROSCOPIC
Crystals	ADSEINI			EXAMINATION
				LANNINATION
Others	ABSENT			

# SUGAR, FASTING STAGE \* , Urine

Sugar, rasting stage Absent gris%	Sugar, Fasting stage	ABSENT	gms%	
-----------------------------------	----------------------	--------	------	--

Page 6 of 11





Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mr.RAHUL PAL-174225	Registered On	: 13/Apr/2024 10:01:07
Age/Gender	: 30 Y 8 M 14 D /M	Collected	: 13/Apr/2024 14:45:51
UHID/MR NO	: ALDP.0000138374	Received	: 13/Apr/2024 14:48:39
Visit ID	: ALDP0015562425	Reported	: 13/Apr/2024 16:10:36
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

# DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Interpretation:				
(+) < 0.5				
(++) 0.5-1.0				
(+++) 1-2				
(++++) > 2				
SUGAR, PP STAGE * , Urine				
Sugar, PP Stage	ABSENT			
Interpretation:				
(+) < 0.5 gms%				
(++) 0.5-1.0 gms%		and the second		
(+++) 1-2 gms%				
(++++) > 2  gms%				
			and the second second	

AS

Dr.Akanksha Singh (MD Pathology)

Page 7 of 11











Patient Name	: Mr.RAHUL PAL-174225	Registered On	: 13/Apr/2024 10:01:07
Age/Gender	: 30 Y 8 M 14 D /M	Collected	: 13/Apr/2024 10:11:24
UHID/MR NO	: ALDP.0000138374	Received	: 13/Apr/2024 10:54:58
Visit ID	: ALDP0015562425	Reported	: 13/Apr/2024 16:42:31
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

### DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL * , Serum				
T3, Total (tri-iodothyronine)	181.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.40	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.000	µIU/mL	0.27 - 5.5	CLIA
		,		
Interpretation:		0.2.4.5 111		
		0.3-4.5 μIU/	mL First Trimester	

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

Page 8 of 11









Patient Name	: Mr.RAHUL PAL-174225	Registered On	: 13/Apr/2024 10:01:09
Age/Gender	: 30 Y 8 M 14 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000138374	Received	: N/A
Visit ID	: ALDP0015562425	Reported	: 13/Apr/2024 16:29:50
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## **DEPARTMENT OF X-RAY**

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

### X-RAY DIGITAL CHEST PA \*

## <u>X-RAY REPORT</u> (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) <u>CHEST P-A VIEW</u>

- 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.



Dr. Aishwarya Neha (MD Radiodiagnosis

Page 9 of 11







Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mr.RAHUL PAL-174225	Registered On	: 13/Apr/2024 10:01:09
Age/Gender	: 30 Y 8 M 14 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000138374	Received	: N/A
Visit ID	: ALDP0015562425	Reported	: 13/Apr/2024 14:18:24
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

**LIVER**: - Normal in size (14.1 cm), shape and **shows diffusely raised echotexture**. No focal lesion is seen. No intra hepatic biliary radicle dilation is seen.

GALL BLADDER :- Partially distended. (Postprandial status)

**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 evidence of ductal dilatation or calcification is seen. Rest of the pancreas is obscured by bowel gases.

SPLEEN: - Enlarged in size (13.4 cm), with normal shape and echogenicity. No evidence of mass lesion is seen.

**RIGHT KIDNEY**: - Normal in size, shape and position. Cortical echogenicity is normal with maintained corticomedullary differentiation. No focal lesion or calculus is seen. Pelvicalyceal system is not dilated.

**LEFT KIDNEY**: - Normal in size, shape and position. Cortical echogenicity is normal with maintained corticomedullary differentiation. No focal lesion or calculus is seen. Pelvicalyceal system is not dilated.

URINARY BLADDER :- Is adequately distended. No evidence of wall thickening/calculus is seen.

**PROSTATE :-** Normal in size (2.1 x 1.9 x 3.5 cm vol - 7.9 cc), shape and echo pattern.

**HIGH RESOLUTION** :- No evidence of bowel loop dilatation or abnormal wall thickening is seen. No significant retroperitoneal lymphadenopathy is seen. No free fluid is seen in the abdomen/pelvis.

### **IMPRESSION :**

- Grade I fatty liver.
- Mild splenomegaly.

Please correlate clinically

Dr. Aishwarya Neha (MD Radiodiagnosis

Page 10 of 11





Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mr.RAHUL PAL-174225	Registered On	: 13/Apr/2024 10:01:10
Age/Gender	: 30 Y 8 M 14 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000138374	Received	: N/A
Visit ID	: ALDP0015562425	Reported	: 14/Apr/2024 11:24:52
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## **DEPARTMENT OF TMT**

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

## Tread Mill Test (TMT) \*

NORMAL

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

Result/s to Follow: STOOL, ROUTINE EXAMINATION, ECG / EKG, PSA (Prostate Specific Antigen), Total



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 \*

 365 Days Open
 \*Facilities Available at Select Location

Page 11 of 11

Dr. R K VERMA MBBS, PGDGM



