

Patient Name : Mr. JAGADEEP TEJA DOWLURI

Age/Gender : 33 Y 8 M 23 D /M

DOB : 16/Jun/1990 Ref Doctor : SELF

Client Name : MEDI WHEELS

Client Add : F-701, Lado Sarai, Mehravli, N

Hospital Name :

UHID/MR No : YOD.0000628410

Client Code : YOD-DL-0021

Registration : 09/Mar/2024 10:00AM

Collected : 09/Mar/2024 10:00AM

Received :

Barcode No

Reported : 09/Mar/2024 01:00PM

: 10965416

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

Clinical Details: General check-up.

LIVER: Normal in size (142mm) and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualized common bile duct & portal vein appears normal.

GALL BLADDER: Well distended. No evidence of wall thickening / calculi.

PANCREAS: Normal in size and echotexture. No ductal dilatation. No calcifications / calculi.

SPLEEN: Normal in size (97mm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY: measures 100x46mm. Normal in size and echotexture. Cortico-medullary differentiation well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY: measures 106x48mm. Normal in size and echotexture. Cortico-medullary differentiation well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

URINARY BLADDER: Well distended. No evidence of wall thickening / calculi.

PROSTATE: Normal in size (vol: 14cc) and echo-texture.

No enlarged nodes are visualized. No retro-peritoneal lesion is identified. Great vessels appear normal. No free fluid is seen in peritoneal cavity.

IMPRESSION:

No obvious sonological abnormality detected.

Verified By : Syed Hyder Ali





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Barcode No : 10965416 : 09/Mar/2024 10:00AM

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DEPARTMENT OF RADIOLOGY

CHEST X-RAY (PA VIEW)

FINDINGS:

Trachea is midline.

Mediastinal outline, and cardiac silhouette are normal.

Bilateral lung fields show normal vascular pattern with no focal lesion.

Bilateral hila are normal in density.

Bilateral costo-phrenic angles and domes of diaphragms are normal.

The rib cage and visualized bones appear normal.

IMPRESSION:

· No significant abnormality detected.

Suggested clinical correlation and follow up

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 Ref Doctor
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 Collected
 : 09/Mar/2024 10:18AM

Client Name : MEDI WHEELS Received : 09/Mar/2024 11:37AM

Client Add : F-701, Lado Sarai, Mehravli, N Reported : 09/Mar/2024 01:18PM

Hospital Name :

DEPARTMENT OF HAEMATOLOGY				
Test Name	Result	Unit	Biological Ref. Range	Method

ESR (ERYTHROCYTE SEDIMENTATION RATE)					
Sample Type : WHOLE BLOOD EDTA					
ERYTHROCYTE SEDIMENTATION RATE	1	mm/1st hr	0 - 15		Capillary Photometry

COMMENTS:

ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatici fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).

Falsely decreased levels may indicate: Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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Client Add : F-701, Lado Sarai, Mehravli, N Reported : 09/Mar/2024 02:25PM

Hospital Name :

DEPARTMENT OF HAEMATOLOGY				
Test Name	Result	Unit	Biological Ref. Range	Method

BLOOD GROUP ABO & RH Typing				
Sample Type : WHOLE BLOOD EDTA				
ABO	В			
Rh Typing	POSITIVE			

Method: Hemagglutination Tube method by forward and reverse grouping

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings. Advsied cross matching before transfusion

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DEPARTMENT OF HAEMATOLOGY				
Test Name	Result	Unit	Biological Ref. Range	Method

CBC(COMPLETE BLOOD COUNT)					
Sample Type : WHOLE BLOOD EDTA					
HAEMOGLOBIN (HB)	18.4	g/dl	13.0 - 17.0	Cyanide-free SLS method	
RBC COUNT(RED BLOOD CELL COUNT)	5.74	million/cmm	4.50 - 5.50	Impedance	
PCV/HAEMATOCRIT	54.1	%	40.0 - 50.0	RBC pulse height detection	
MCV	94.3	fL	83 - 101	Automated/Calculated	
MCH	32	pg	27 - 32	Automated/Calculated	
MCHC	33.9	g/dl	31.5 - 34.5	Automated/Calculated	
RDW - CV	13.5	%	11.0-16.0	Automated Calculated	
RDW - SD	46.3	fl	35.0-56.0	Calculated	
MPV	8.5	fL	6.5 - 10.0	Calculated	
PDW	16	fL	8.30-25.00	Calculated	
PCT	0.21	%	0.15-0.62	Calculated	
TOTAL LEUCOCYTE COUNT	5,340	cells/ml	4000 - 11000	Flow Cytometry	
DLC (by Flow cytometry/Microscopy)					
NEUTROPHIL	72.7	%	40 - 80	Impedance	
LYMPHOCYTE	13.9	%	20 - 40	Impedance	
EOSINOPHIL	5	%	01 - 06	Impedance	
MONOCYTE	7.8	%	02 - 10	Impedance	
BASOPHIL	0.6	%	0 - 1	Impedance	
PLATELET COUNT	2.36	Lakhs/cumm	1.50 - 4.10	Impedance	

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DEPARTMENT OF BIOCHEMISTRY				
Test Name	Result	Unit	Biological Ref. Range	Method

THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	1.48	ng/ml	0.60 - 1.78	CLIA
T4	9.17	ug/dl	4.82-15.65	CLIA
TSH	3.04	ulU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

- 1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- 2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- 3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol and propylthiouracil.
- 5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- 6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes
- in non-thyroidal illness also.

 7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- 8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.
- O DEFEDENCE DANGE

PREGNANCY	TSH in uI U/mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

(References range recommended by the American Thyroid Association) Comments:

- $1.\,$ During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
- 2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

Verified By : Syed Hyder Ali

- . . .

Approved By:

SURYADEEP PRATAP Senior Biochemist







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Client Add : F-701, Lado Sarai, Mehravli, N : 09/Mar/2024 12:56PM Reported

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DEPARTMENT OF BIOCHEMISTRY				
Test Name	Result	Unit	Biological Ref. Range	Method

LIVER FUNCTION TEST(LFT)				
Sample Type : SERUM				
TOTAL BILIRUBIN	2.28	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.38	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	1.90	mg/dl		Calculated
AST (S.G.O.T)	41	U/L	< 50	KINETIC WITHOUT P5P- IFCC
ALT (S.G.P.T)	32	U/L	< 50	KINETIC WITHOUT P5P- IFCC
ALKALINE PHOSPHATASE	67	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.5	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.9	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.6	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.88			Calculated

Verified By:









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Test Name	Result	Unit	Biological Ref. Range	Method	

LIPID PROFILE					
Sample Type : SERUM					
TOTAL CHOLESTEROL	202	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase	
H D L CHOLESTEROL	67	mg/dl	>40	Enzymatic/ Immunoinhibiton	
L D L CHOLESTEROL	84	mg/dl	Refere Table Below	Enzymatic Selective Protein	
TRIGLYCERIDES	255	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO	
VLDL	51.0	mg/dl	< 35	Calculated	
T. CHOLESTEROL/ HDL RATIO	3.01	y y	Refere Table Below	Calculated	
TRIGLYCEIDES/ HDL RATIO	3.81	Ratio	< 2.0	Calculated	
NON HDL CHOLESTEROL	135	mg/dl	< 130	Calculated	

Interpretation				
NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP)	TOTAL CHOLESTEROL	TRIGLYCERIDE	LDL CHOLESTEROL	NON HDL CHOLESTEROL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

REMARKS	Cholesterol : HDL Ratio
Low risk	3.3-4.4
Average risk	4.5-7.1
Moderate risk	7.2-11.0
High risk	>11.0

- 1. Measurements in the same patient can show physiological analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol
- 2. NLA-2014 identifies Non HDL Cholesterol(an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lpa, Chylomicron remnants)along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non HDL.
- 3.Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- 4. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

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Test Name	Result	Unit	Biological Ref. Range	Method	

HBA1C					
Sample Type : WHOLE BLOOD EDTA					
HBA1c RESULT	4.6	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC	
ESTIMATED AVG. GLUCOSE	85	mg/dl			

Note

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .

2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions targeting a goal of < 7.0 % may not be appropriate

co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

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

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Test Name	Result	Unit	Biological Ref. Range	Method	

BLOOD UREA NITROGEN (BUN)					
Sample Type : Serum					
SERUM UREA	27	mg/dL	13 - 43	Urease GLDH	
Blood Urea Nitrogen (BUN)	12.6	mg/dl	5 - 25	GLDH-UV	

Increased In:

Impaired kidney function, Reduced renal blood flow {CHF, Salt and water depletion, (vomiting, diarrhea, diuresis, sweating), Shock}, Any obstruction of urinary tract, Increased protein catabolism, AMI, Stress

Decreased In:

Diuresis (e.g. with over hydration), Severe liver damage, Late pregnancy, Infancy, Malnutrition, Diet (e.g., low-protein and high-carbohydrate, IV feedings only), Inherited hyperammonemias (urea is virtually absent in blood)

Limitations:

Urea levels increase with age and protein content of the diet.

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Test Name	Result	Unit	Biological Ref. Range	Method	

FBS (GLUCOSE FASTING)					
Sample Type : FLOURIDE PLASMA					
FASTING PLASMA GLUCOSE	102	mg/dl	70 - 100	HEXOKINASE	

INTERPRETATION: Increased In

Diabetes Mellitus

- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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Client Add : F-701, Lado Sarai, Mehravli, N Reported : 09/Mar/2024 01:59PM

Hospital Name :

DEPARTMENT OF BIOCHEMISTRY						
Test Name	Test Name Result Unit Biological Ref. Range Method					

PPBS (POST PRANDIAL GLUCOSE)					
Sample Type : FLOURIDE PLASMA					
POST PRANDIAL PLASMA GLUCOSE	110	mg/dl	<140	I	HEXOKINASE

INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
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DE	PARTMENT O	F BIOCHEM	ISTRY	
Test Name	Result	Unit	Biological Ref. Range	Method

	SERUM C	REATININE		
Sample Type : SERUM				
SERUM CREATININE	0.95	mg/dl	0.70 - 1.30	KINETIC-JAFFE

Increased In:

- Diet: ingestion of creatinine (roast meat), Muscle disease: gigantism, acromegaly,
- Impaired kidney function.

Decreased In:

- Pregnancy: Normal value is 0.4-0.6 mg/dL. A value >0.8 mg/dL is abnormal and should alert the clinician to further diagnostic evaluation.
- Creatinine secretion is inhibited by certain drugs (e.g., cimetidine, trimethoprim).

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	URIC AC	ID -SERUM		
Sample Type : SERUM				
SERUM URIC ACID	7.4	mg/dl	3.5 - 7.20	URICASE - PAP

Interpretation

Uric acid is the final product of purine metabolism in the human organism. Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

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BUN/CREATININE RATIO				
Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	12.6	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.95	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	13.28	Ratio	6 - 25	Calculated

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DEPARTMENT OF RADIOLOGY

2D ECHO DOPPLER STUDY

MITRAL VALVE : Normal

AORTIC VALVE : Normal

TRICUSPID VALVE : Normal

PULMONARY VALVE : Normal

RIGHT ATRIUM : Normal

RIGHT VENTRICLE : Normal

LEFT ATRIUM : 2.9 cms

LEFT VENTRICLE :

EDD: 4.2 cm IVS(d): 1.0 cm LVEF: 70 % ESD: 2.6 cm PW (d): 1.0 cm FS: 35 %

No RWMA

IAS : Intact

IVS : Intact

AORTA : 3.0cms

PULMONARY ARTERY : Normal

PERICARDIUM : Normal

IVS/ SVC/ CS : Normal

Verified By: Syed Hyder Ali







Patient Name : Mr. JAGADEEP TEJA DOWLURI

Age/Gender : 33 Y 8 M 23 D /M

DOB : 16/Jun/1990
Ref Doctor : SELF

Client Name : MEDI WHEELS

Client Add : F-701, Lado Sarai, Mehravli, N

Hospital Name :

UHID/MR No : YOD.0000628410

Client Code : YOD-DL-0021

Registration : 09/Mar/2024 10:00AM

: 10965416

Collected : 09/Mar/2024 10:00AM

Received :

Barcode No

Reported : 09/Mar/2024 01:44PM

DEPARTMENT OF RADIOLOGY

PULMONARY VEINS : Normal

INTRA CARDIAC MASSES: No

DOPPLER STUDY:

MITRAL FLOW : E 0.7 m/sec, A 0.6 m/sec.

AORTIC FLOW : 1.1m/sec

PULMONARY FLOW : 1.0m/sec

TRICUSPID FLOW : NORMAL

COLOUR FLOW MAPPING: TRIVIAL TR

IMPRESSION:

- * NO RWMA OF LV
- * NORMAL LV SYSTOLIC FUNCTION
- * NORMAL LV FILLING PATTERN
- * TRIVIAL TR
- * NO PE / CLOT / PAH

Verified By : Syed Hyder Ali Approved By:

Dr.D.Madhav Kumar PGDDRM (U.K.) MBBS, PGDCC (Dip. Cardiology) Cardiologist





Patient Name : Mr. JAGADEEP TEJA DOWLURI

 $Age/Gender \hspace{35pt} : 33 \; Y \; 8 \; M \; 23 \; D \; / M$

DOB : 16/Jun/1990 Ref Doctor : SELF

Client Name : MEDI WHEELS

Client Add : F-701, Lado Sarai, Mehravli, N

Hospital Name :

UHID/MR No	: YOD.0000628410
Client Code	: YOD-DL-0021

Barcode No : 10965416

Registration : 09/Mar/2024 10:00AM Collected : 09/Mar/2024 10:18AM

Received : 09/Mar/2024 11:38AM

Reported : 09/Mar/2024 01:50PM

DEPARTMENT OF CLINICAL PATHOLOGY				
Test Name	Test Name Result Unit Biological Ref. Range Method			

Verified By : Syed Hyder Ali Approved By:





Visit ID : YOD651284 UHID/MR No : YOD.0000628410

Patient Name : Mr. JAGADEEP TEJA DOWLURI Client Code : YOD-DL-0021

Age/Gender : 33 Y 8 M 23 D /M Barcode No : 10965416

DOB : 16/Jun/1990 Registration : 09/Mar/2024 10:00AM Ref Doctor : SELF Collected : 09/Mar/2024 10:18AM : MEDI WHEELS Client Name Received : 09/Mar/2024 11:38AM

: F-701, Lado Sarai, Mehravli, N : 09/Mar/2024 01:50PM Client Add Reported

Hospital Name

DEPARTMENT OF CLINICAL PATHOLOGY				
Test Name Result Unit Biological Ref. Range Method				Method

C	UE (COMPLETE U	JRINE EXAMINA	ATION)	
Sample Type : SPOT URINE				
PHYSICAL EXAMINATION				
TOTAL VOLUME	20	ml		
COLOUR	Amber	. /		
APPEARANCE	Clear	\wedge		
SPECIFIC GRAVITY	1.024		1.003 - 1.035	Bromothymol Blue
CHEMICAL EXAMINATION			The state of the s	•
pН	5		4.6 - 8.0	Double Indicator
PROTEIN	Negative		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	Negative		NEGATIVE	Glucose Oxidase
UROBILINOGEN	0.1	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	Negative		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	Negative		Negative	Azocoupling Reaction
BLOOD	Negative		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	Negative		Negative	Azocoupling reaction
NITRITE	Negative		NEGATIVE	Diazotization Reaction
MICROSCOPIC EXAMINATION	·	·		·
PUS CELLS	2-3	cells/HPF	0-5	
EPITHELIAL CELLS	1-2	/hpf	0 - 15	
RBCs	Nil	Cells/HPF	Nil	
CRYSTALS	Nil	Nil	Nil	
CASTS	Nil	/HPF	Nil	
BUDDING YEAST	Nil		Nil	
BACTERIA	Nil		Nil	
OTHER	Nil			

*** End Of Report ***

Verified By: Syed Hyder Ali

Approved By:







Patient Name : Mr. JAGADEEP TEJA DOWLURI

: 33 Y 8 M 23 D /M Age/Gender

DOB : 16/Jun/1990 Ref Doctor : SELF

: MEDI WHEELS Client Name

Client Add : F-701, Lado Sarai, Mehravli, N

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DEPARTMENT OF CLINICAL PATHOLOGY				
Test Name	Result	Unit	Biological Ref. Range	Method

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