

	Shwari Shams	Date	24/08/2024
Age	34	UHID No	
Sex	F	Ref By	
Occupation		Phone No	
		Email	

HEALTH ASSESSMENT FORM

A - GENERAL EXAMINATION

CHIEF COMPLAINTS	elo grades NONE				
MEDICAL HISTORY	HYPERTENSION	Asthama	Heart Disease	Thyroid Disorder	Allergy
	NO	NO	NO	NO	NO
	Diabetes	Stroke	Kidney Disorder	Tuberculosis	Liver Disorder
	NO	NO	NO	NO	NO
	Other History	NONE			
SURGICAL HISTORY	Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
	Other Surgical History	NO			
GYNECOLOGICAL HISTORY	AGE MENOPAUSE	MENARCHE AT YEARS OF AGE	Regularity	Duration	OTHER
		16-17	Yes	Flow - 3-5 days - cycle 30 days	
	Other Gynecological History	LSCS => 2022			
BREAST EXAMINATION		RIGHT		LEFT	
	Skin				
	Nodule				
	Nipple				
	Pain	NO			
	Other Remarks				
CURRENT MEDICATIONS	Sr. No	Complaints	Dosage	Duration	

NAME	Shivani sharma	Weight	74.0kg
BP	110/70 mmHg	Height	164 cm
Pulse	75 bpm	SPO2	98
Temperature	36.5	Peripheral Pulses	+
Oedema	+	Breath Sound	
Heart Sound			

B - SYSTEMIC EXAMINATION

FILL YES/NO

CONSTITUTIONAL		GENITOURINARY SYSTEM	
Fever	no	Frequency of urine	no
Chills	no	Blood in urine	no
Recent weight gain	no	Incomplete empty of bladder	no
EYES		Nycturia	no
Eye pain	no	Dysuria	no
Spots before eyes	no	Urge Incontinence	no
Dry eyes	yes	OBS/GYNE.	
Wearing glasses	no	Abnormal bleed	no
Vision changes	no	Vaginal Discharge	yes foul smelling
Itchy eyes	no	Irregular menses	no
		Midcycle bleeding	no
EAR/NOSE/THROAT		MUSCULOSKELETAL	
Earaches	pain ear fungal infection treated for 5 days	Joint swelling	no
Nose bleeds	no	Joint pain	no
Sore throat	no	Limb swelling	no
Loss of hearing	no	Joint stiffness	no
Sinus problems	no	INTEGUMENTARY(SKIN)	
Dental problems	no	Acne	no
CARDIOVASCULAR		Breast pain	no
Chest pain	no	Change in mole	no
Heart rate is fast/slow	no	Breast	no
Palpitations	no	NEUROLOGICAL	
Leg swelling	no	Confused	no
RESPIRATORY		Sensation in limbs	no
Shortness of breath	no	Migraines	no
Cough	no	Difficulty walking	no
Orthopnoea	no	PSYCHIATRIC	
Wheezing	no	Suicidal	no
Dyspnoea	no	Change in personality	no
Respiratory distress in sleep	no	Anxiety	no
GASTROINTESTINAL		Sleep Disturbances	no
Abdominal pain	no	Depression	no
Constipation	no	Emotional	no
Heartburn	no	H/O depression 1 year back due to mother's death	
Vomiting	no		
Diarrhoea	no		
Melena	no		

death



भारत सरकार
Government of India



Issue Date : 19/08/2013



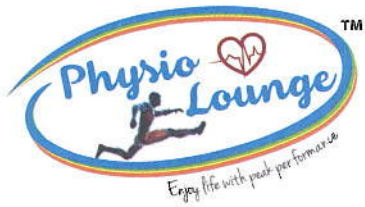
Shivani Sharma
DOB : 20/07/1990
Female

3165 6812 0298

मेरा आधार, मेरी पहचान

DR. SHILPA SINGH
MD (Physician) Russia D. Card
Reg No.: MMC 2013/12/3680

VRX HEALTHCARE PVT. LTD.
(Physio Lounge & Diagnolounge)
104-105, 1st Floor, Asmi Dreamz,
At Junction Of S.V. Road, & M. G. Road,
Goregaon (West), Mumbai- 400104.



Report

VRX HEALTH CARE PVT. LTD.

Name	: MS. SHIVANI SHARMA	UHID	: VRX-43362
Age / Gender	: 34 Years 1 Months / F	Registered On	: 24/08/2024 08:53
Referred By	: MEDIWHEEL	Collected On	: 24/08/2024 09:06
		Reported On	: 24/08/2024 18:44

Investigations	Observed Value	Bio. Ref. Interval	METHOD
CBC-COMplete BLOOD COUNT			
HAEMOGLOBIN	11.1	12.0 - 15.0 gm/dl	
RBC COUNT	4.25	3.8 - 4.8 Millions/Cmm	
PACKED CELL VOLUME	33.5	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	78.82	83.0 - 101.0 fL	
MEAN CORP HB (MCH)	26.12	27.0 - 32.0 pg	
MEAN CORP HB CONC (MCHC)	33.13	31.5 - 34.5 g/dl	
RDW	14.6	11.6 - 14.0 %	
WBC COUNT	3.5	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	43.4	40 - 80 %	
LYMPHOCYTES	46.3	20 - 40 %	
EOSINOPHILS	4.2	1 - 6 %	
MONOCYTES	5.7	2 - 10 %	
BASOPHILS	0.4		
PLATELETS COUNT	196	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Adequate		
MPV	10.1	6.78 - 13.46 %	
PDW	16.9	9 - 17 %	
RBC MORPHOLOGY	HYPOCHROMIA(+) MICROCYTOSIS(+)		
REMARKS EDTA Whole Blood - Tests done on Automated NIHON KOHDEN MEK-7300K 5 Part Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by Impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated) All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.			
INTERPRETATION			

--- End of the Report ---

NRS

Dr. Vipul Jain
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)



Page 1 of 2



Report

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE			
ESR	5	< 20 mm at the end of 1Hr.	WESTERGREN
<p>INTERPRETATION ESR(Erythrocyte Sedimentation Rate)-The ESR measures the time required for erythrocytes from a whole blood sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but nonspecific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies. Increased ESR: may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia. Decreased ESR: may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.</p>			
BLOOD GROUP	A POSITIVE		SLIDE AGGLUTINATION - FORWARD GROUPING

--- End of the Report ---

NRS Jain

Dr. Vipul Jain
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G






Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.24000000001
 Patient Name : MS. SHIVANI SHARMA
 Age : 34 Yrs 1 Month
 Gender : FEMALE
 Ref. Doctor : SELF
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A069037
 Registered On : 24/08/2024,01:31 PM
 Collected On : 24/08/2024,02:02 PM
 Reported On : 24/08/2024,08:29 PM
 SampleID : 

REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycylated Haemoglobin) WB-EDTA			
HbA1c (Glycylated Haemoglobin)	6.0	%	Normal <5.7 % Pre Diabetic 5.7 - 6.4 % Diabetic >6.5 % Target for Diabetes on therapy < 7.0 % Re-evaluation of therapy > 8.0 % Reference ADA Diabetic Guidelines 2013

Method : HPLC (High Performance Liquid Chromatography)

Mean Blood Glucose : 125.5 mg/dL
 Method : Calculated

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

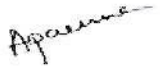
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Verified By

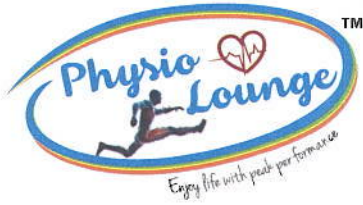
Dr Suvarna Deshpande
 MD (Path)
 Reg.No.83385


 Dr Aparna Jairam
 MD (Path)
 Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)





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REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
Corelation of A1C with average glucose			
A1C (%)	Mean Blood Glucose (mg/dl)		
6	126		
7	154		
8	183		
9	212		
10	240		
11	269		
12	298		

Interpretation :

- The HbA1c levels corelate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose. This Methodology is better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia does not INTERFERE with the results in this methodology.
- It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics.
- Mean blood glucose (MBG) in first 30 days (0-30)before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

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Referred By	: MEDIWHEEL	Collected On	: 24/08/2024 09:06
		Reported On	: 24/08/2024 18:44

Investigations	Observed Value	Bio. Ref. Interval	METHOD
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MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE

Lipid Test			
TOTAL CHOLESTEROL	147.3	130 - 200 mg/dl	
TRIGLYCERIDES	40.6	25 - 160 mg/dl	
HDL CHOLESTEROL	42.7	35 - 80 mg/dl	
LDL CHOLESTEROL	96.48	< 100 mg/dl	
VLDL CHOLESTEROL	8.12	7 - 35 mg/dl	
LDL-HDL RATIO	2.26	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	3.45	2.5 - 4.0 mg/dl	

INTERPRETATION

SAMPLE : SERUM,PLAIN

Note : Non HDL is the best risk predictor of all cholesterol measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics,Hypertension .With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.

*VLDL and LDL Calculated.

(References : Interpretation of Diagnostic Tests by Wallach's)

Technique : Fully Automated Pentra C-200 Biochemistry Analyzer.

**All Test Results are subjected to stringent international External and Internal Quality Control Protocols.

--- End of the Report ---

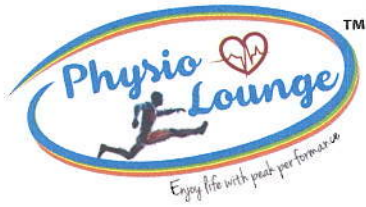
Dr. Vipul Jain
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





Report

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE			
LIVER FUNCTION TEST			
SGOT	22.4	< 34 U/L	
SGPT	21.9	10 - 49 U/L	
TOTAL BILIRUBIN	0.40	0.3 - 1.2 mg/dl	
DIRECT BILIRUBIN	0.15	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.25	< 1.2 mg/dl	
TOTAL PROTEINS	6.15	6.0 - 8.3 g/dl	
ALBUMIN	3.84	3.5 - 5.2 g/dl	
GLOBULIN	2.31	2.0 - 3.5 g/dl	
A/G RATIO	1.66	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	73.6	42 - 98 U/L	
GGT	9.3	< 38 U/L	
REMARKS SAMPLE : SERUM, PLAIN PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.			

--- End of the Report ---

NR Jain

Dr. Vipul Jain
M.D.(PATH)

APPROVED BY

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE			
URIC ACID	3.60	2.6 - 6.0 mg/dl	URICASE
BUN			
UREA	29.9	15 - 40 mg/dl	
BLOOD UREA NITROGEN	13.9	7.3 - 18.8 mg/dl	
CREATININE	0.57	0.5 - 1.4 mg/dl	Jaffe/Alkaline Picrate
BUN / CREAT RATIO			
BUN (Blood Urea Nitrogen)	13.9	7.3 - 18.8 mg/dL	
Creatinine	0.57	0.5 - 1.4 mg/dL	
BUN/Creatinine Ratio	24.39	5.0 - 23.5	

--- End of the Report ---

NR Jain

Dr. Vipul Jain
M.D.(PATH)

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
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MEDIWHEEL FULL BODY CHECK UP BELOW 40 FEMALE

URINE ROUTINE			
Investigations	Observed Value	Bio. Ref. Interval	METHOD
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY TURBID		
SPECIFIC GRAVITY	1.010		
REACTION (PH)	5.0		
PROTEIN	Absent		
SUGAR	Absent		
KETONE	Absent		
BILE SALT	Absent		
BILIRUBIN	Absent		
OCCULT BLOOD	Absent		
PUS CELLS	8-10	< 6 hpf	
EPITHELIAL CELLS	15-20	< 5 hpf	
RBC	NIL	< 2 hpf	
CASTS	NIL		
CRYSTALS	NIL		
AMORPHOUS DEBRIS	Absent		
BACTERIA	NIL		
YEAST CELLS	Absent		
SPERMATOOZOA	Absent		

--- End of the Report ---

NRS Jain

Dr. Vipul Jain
M.D.(PATH)

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Bill No. : A069037
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 Collected On : 24/08/2024,02:00 PM
 Reported On : 24/08/2024,08:29 PM
 SampleID : 

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
Total T3 Method : ECLIA	86.9	ng/dL	58-159
Total T4 Method : ECLIA	8.5	mcg/dl	4.2-11.2
TSH-Ultrasensitive Method : Chemiluminescent Microparticle Immunoassay	1.257	uIU/ml	0.2-5.7
Trimester Ranges	T3- 1st Trimester - 138-278 ng.dl 2nd Trimester- 155-328 ng/dl 3rd Trimester - 137-324 ng/dl T4- 1st Trimester - 7.31-15.0 mcg/dl 2nd Trimester- 8.92-17.38 mcg/dl 3rd Trimester - 7.98-17.7 mcg/dl TSH- 1st Trimester - 0.04-3.77 uIU/ml 2nd Trimester- 0.30-3.21 uIU/ml 3rd Trimester - 0.6-4.5 uIU/ml		


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Verified By

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 Reg.No.83385


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 MD (Path)
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 SampleID : 

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
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1.Total T3(Total Tri- ido- thyronine)is one of the bound form of thyroid hormones produced by thyroid gland.Its production is tightly regulated by TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland.In euthyroid state,thyroid gland secretes 10- 15% of T3,which in circulation is heavily protein bound and is the principle bioactive form.T4 is converted to T3 by deiodinases in peripherally (Mainly Liver),and in target organs . Total T3 levels are increased in primary and central hyperthyroidism and T3 toxicosis& its levels are decreased in the primary and central hypothyroidism.but its normal in case of subclinical hypothyroidism and hyperthyroidism alterations in Total T 3 levels can also occur in conditions like Non -Thyroidal illness,pregnancy, certain drugs and genetic conditions.

2.Total T4 (Total tetra- iodo-thyronine or total thyroxin)is one of the bound form of thyroid hormones produced by thyroid gland .its production is tightly regulated TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland .In euthyroid state,thyroid gland secretes 85- 90% of Thyroxine,which is circulated is heavily protein bound and has more half life than T 3 .Total T4 levels are increased in primary and central hyperthyroidism and its levels are decreased in primary and central hypothyroidism but its normal in case of subclinical hypothyroidism and hyper thyrodisim and T3 Toxicosis is alterations in Total T4 Levels can also occur in conditions like Non -Thyroidal illness, pregnancy,certain drugs and genetic conditionS.

3.TSH (Thyroid stimulating hormone or Thyrotropin)is produced by anterior pituitary in response to its stimulation by TRH (Thyrotropin releasing hormone) released from hypothalamus .TSH and TRH releases are regulated by thyroid hormone through a feedback mechanism. There are several cases causes that can lead to thyroid gland dysfunction or dysregulation which eventually results in hypothyroidism or hypothyroidism based on the thyroid hormones and TSH levels it can be classified as subclinical primary or central apart from this certain other conditions can also lead to diagnostic confusions in the interpretation of a thyroid function test .They are pregnancy, Levothyroxine therapy certain other drug therapy assay interference alterations in the thyroid hormones binding proteins concentration and its binding capacity conditions of non-thyroidal illness and certain genetic conditions . TSH secretions exhibits diurnal pattern, so its advices able to check it during morning. Measurement of TSH alone may be misleading in conditions like recent treatment for thyrotoxicosis, TSH assay interference, central hypothyroidism. TSH Secreting pituitary adenoma,resistantance to thyroid hormone ,and disorders of thyroid hormones transport or metabolism.TSH receptor present in thyroid gland can be stimulated or inhibited by autoantibodies produced during autoimmune thyroid disorders which can lead to functional abnormalities of thyroid gland.The American Thyroid association determined that only TSH assays with third generation functional sensitivity (Sensitivity =0.01 mIU/L) are sufficient for use as screening tests for hypothyroidism their recommendation in consistent with the National Academy of Clinical Biochemistry Laboratory Medicine practice guideline for assessment of thyroid function.

----- End of Report -----

Results are to be correlated clinically

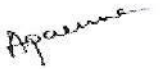
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PATIENT NAME : MS. SHIVANI SHARMA	AGE : 34YEARS
LAB NO :	SEX : FEMALE
REF DR NAME : MEDIWHEEL	DATE : 24/08/2024

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is partially distended and normal. No gall stones or mass lesions seen.

PANCREAS:

The pancreas is well visualized and normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus,hydronephrosis or mass lesion seen.
Right kidney measures 100 x 42 mm. Left kidney measures 106 x 46 mm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

Uterus is normal in size and echotexture. It measures 96 x 46 mm. ET – 6.4 mm. No focal lesion is seen.

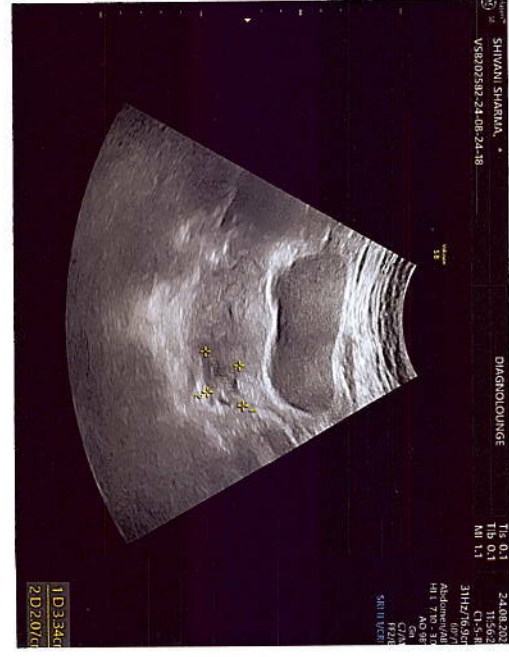
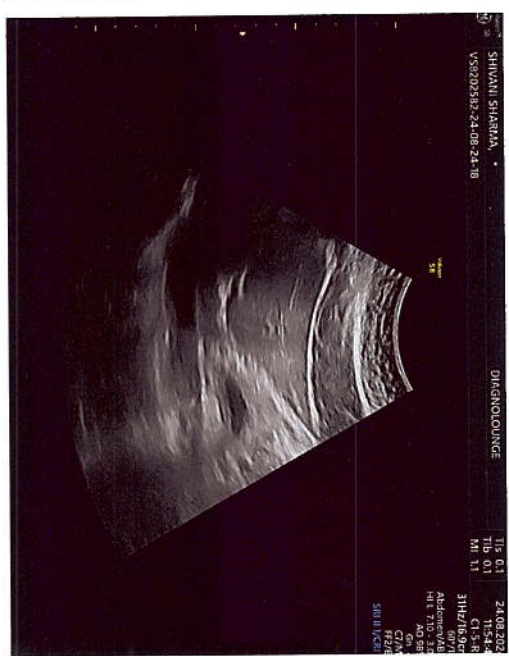
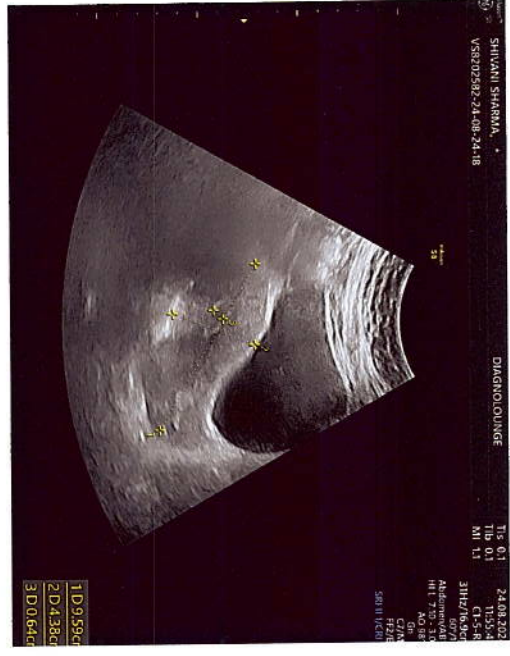
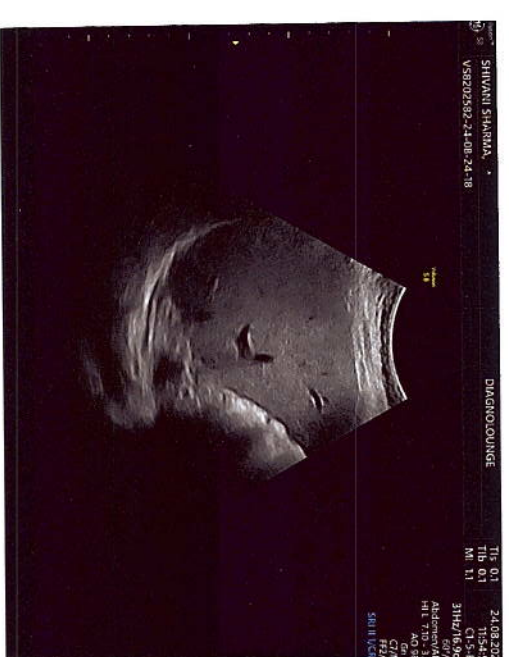
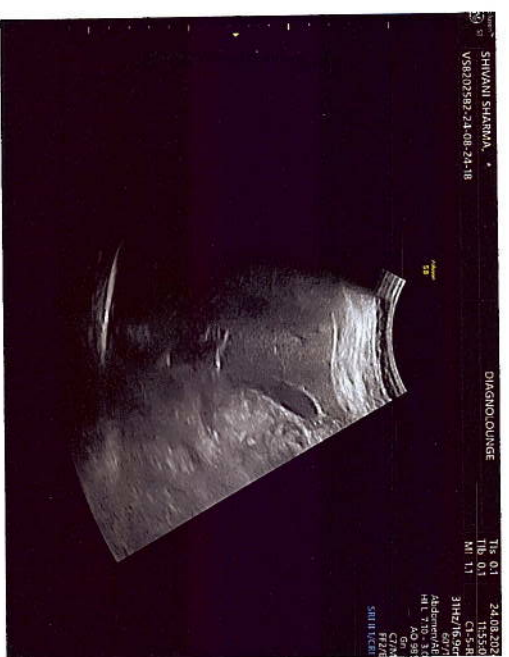
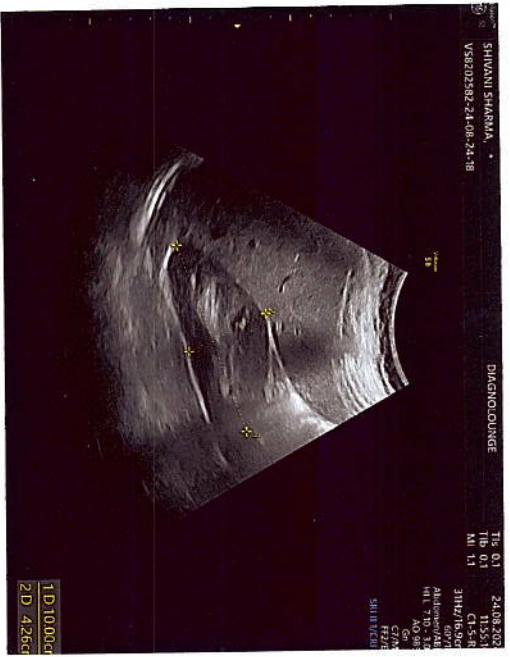
OVARIES:

Both the ovaries are normal. No adnexal mass is seen.
Right ovary = 38 x 17 mm Left ovary = 33 x 20 mm.

IMPRESSION:

No significant abnormality is seen.


DR. CHETAN SHETH
(CONSULTANT RADIOLOGIST)



Female

QRS : 76 ms
QT / QTcBaz : 372 / 415 ms
PR : 130 ms
P : 88 ms
RR / PP : 796 / 800 ms
P / QRS / T : 42 / 52 / 36 degrees

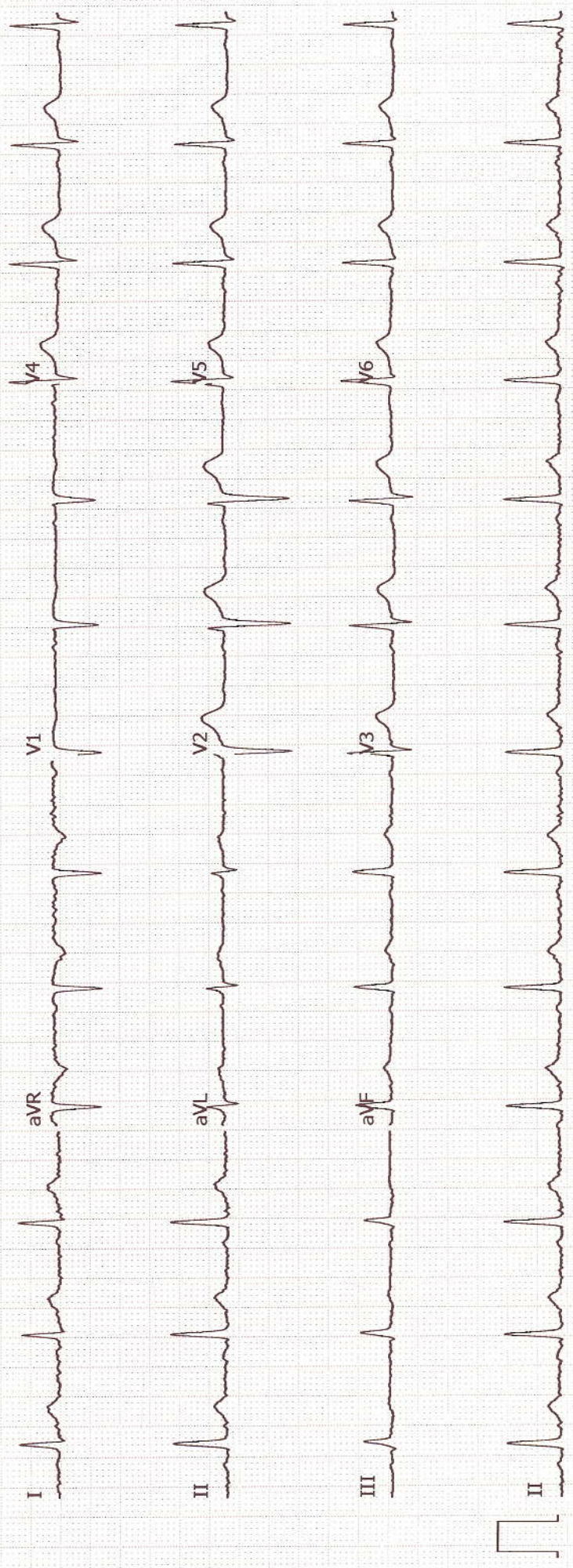
Normal sinus rhythm
Normal ECG

Low Rhythm

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

DR. SHILPA SINGH
MB (Physician) Russia D. Card
Reg No.: MMC 2013/12/3680

Consult
Cludley





Patient Name: MS.SHIVANI SHARMA
Ref.:- MEDIWHEEL

Date: - 24/08/2024
Age: - 34YRS/F

ECHO CARDIOGRAM AND COLOUR DOPPLER REPORT.

SUMMARY:

- * Normal LV systolic and diastolic function. LVEF = 0.55-0.60.
- * Normal cardiac valves.
- * Trivial TR.
- * No regional wall motion abnormality at rest.
- * No PH.
- * Intact septae.
- * Normal aortic arch.
- * IVC collapsing and non-dilated

COMMENTS

- * The LV size, wall thickness and contractility are normal.
- * There is no regional wall motion abnormality at rest.
- * The LV systolic function is normal. LVEF = 0.55-0.60.
- * There is no LV diastolic dysfunction.
- * The cardiac valves are structurally and functionally normal.
- * Trivial tricuspid regurgitation
- * PAP as estimated by the TR jet is 23mmHg. There is no PH.
- * There are no clots, vegetation's or pericardial effusion.

P.T.O



...PAGE 2.... MS.SHIVANI SHARMA

- * The cardiac septae are intact.
- * The aortic arch is normal. There is no coarctation.
- * IVC collapsing and non-dilated

MEASUREMENTS

Dimensions :

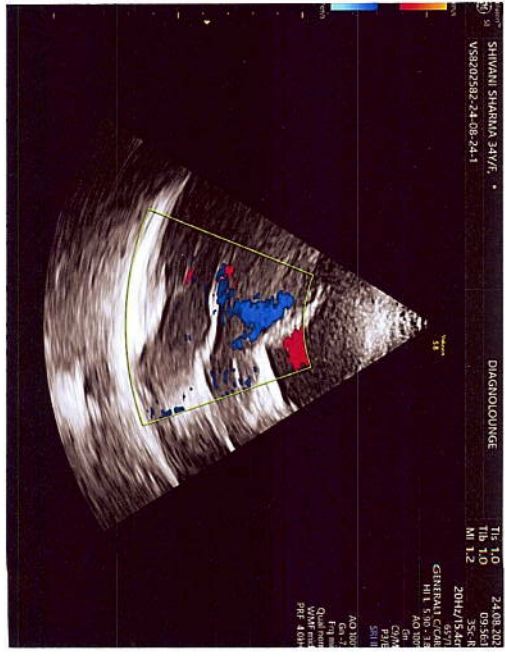
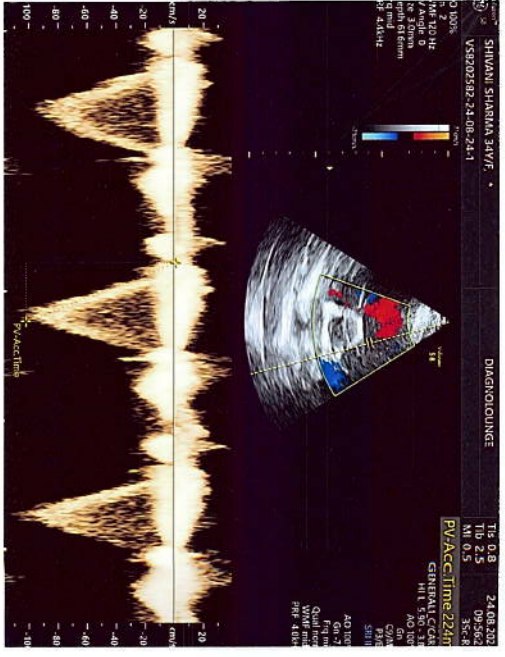
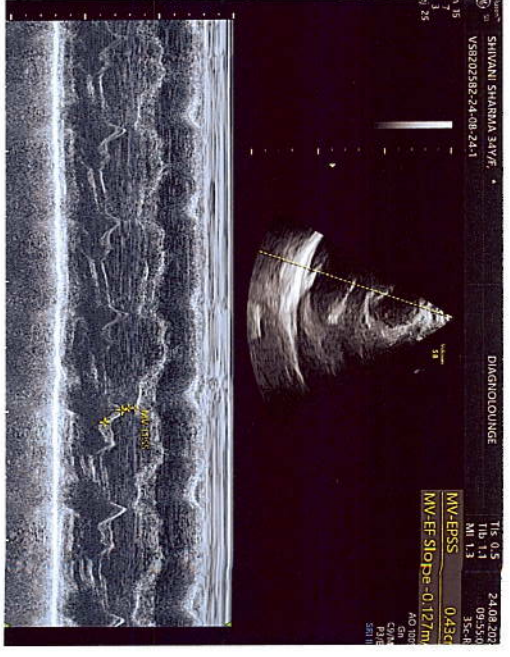
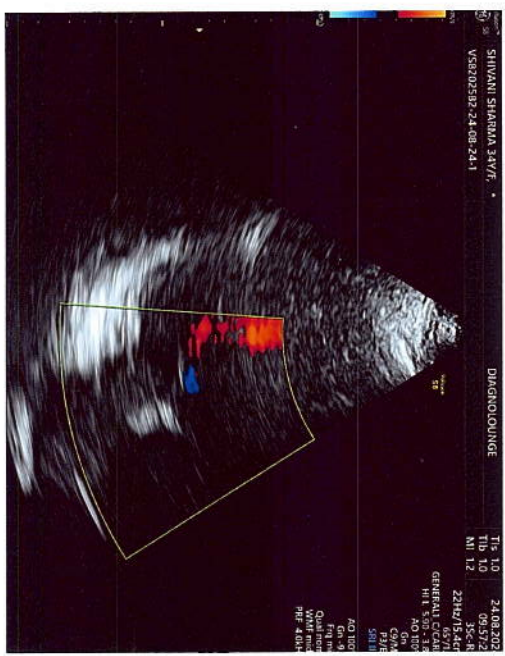
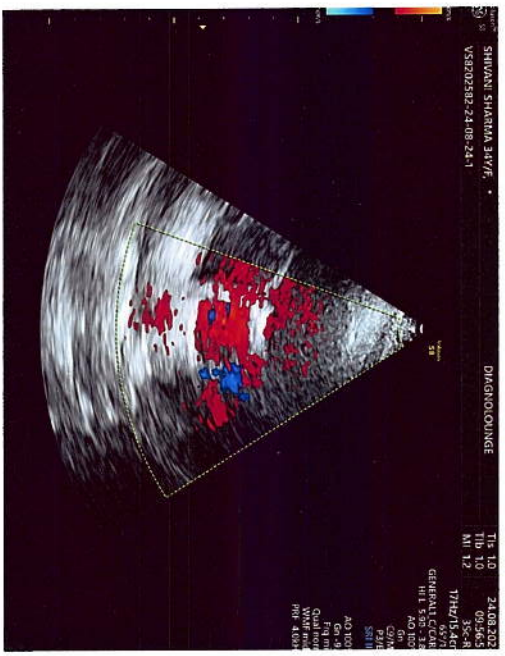
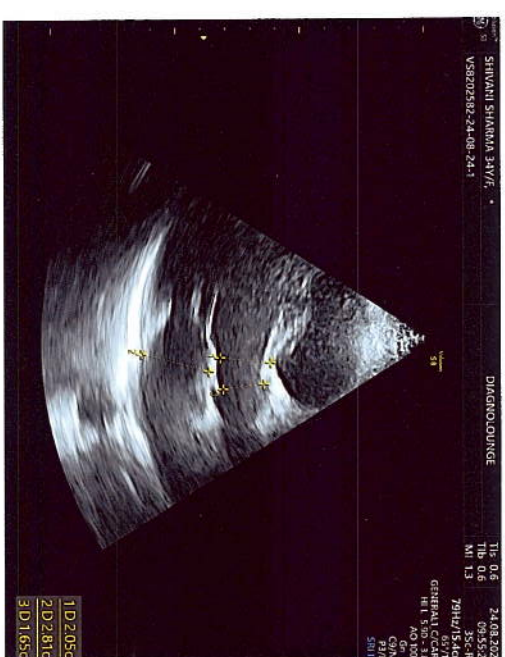
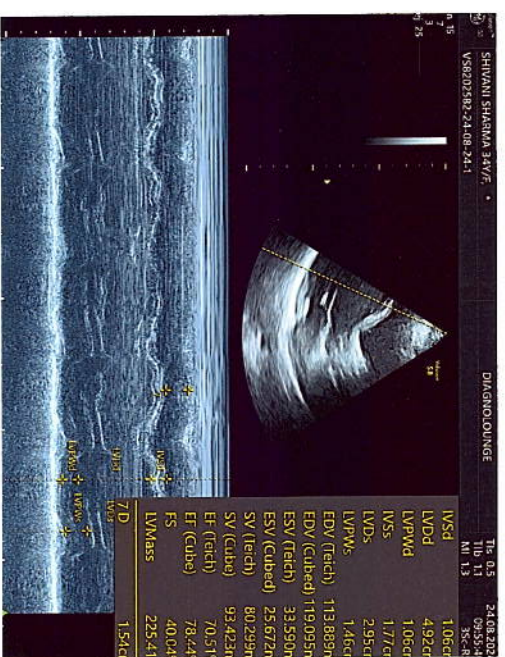
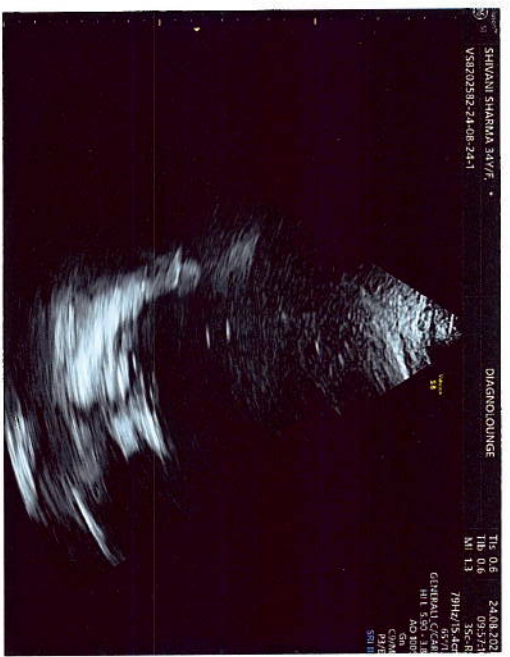
LA	: 2.8 cm
AO	: 2.1 cm
AO (Sep)	: 16 mm
EF Slope	: 127 mm/sec
EPPS	: 4 cm
LVID(s)	: 3.0 cm
LVID(d)	: 4.9 cm
IVS(d)	: 1.0 cm
PW(d)	: 1.0 cm
RVID(d)	: 1.5 cm
LVEF	: 0.55-0.60.

DOPPLER

	MITRAL	AORTIC	TRICUSPID	PULMONARY
GRADE of regurgitation	NIL	NIL	TRIVIAL	TRIVIAL

DR. SHILPA SINGH
D. CARD
MD PHYSICIAN (Russia)

Disclaimer- 2 D Echo is a machine dependent and observer dependent study. Inter observer and inter machine variations can occur. It shows the condition of the heart at the given time only. It should not be the sole investigation to make clinical decision.





Report

VRX HEALTH CARE PVT. LTD.

NAME : MS. SHIVANI SHARMA
REF. BY : DR. MEDIWHEEL
EXAMINATION : X-RAY CHEST PA VIEW

DATE: 24/08/2024

AGE: 34YRS/F

Both the lungs are essentially clear and show normal bronchial and vascular pattern.

Pleural spaces appear clear.

Both domes of diaphragm are in normal position.

Bony thorax appears normal.

Cardiac size is within normal limits.

Remark:

No pleuro parenchymal abnormality noted.


DR. SHRIRANT BODKE
(CONSULTANT RADIOLOGIST).

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X RAY is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.

