



Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206



Patient Name : Mr.PRABHANSHU KIRAN -199290 Registered On : 29/Jun/2023 08:45:28 Age/Gender Collected : 29/Jun/2023 09:07:44 : 30 Y 6 M 23 D /M UHID/MR NO : ALDP.0000121049 Received : 29/Jun/2023 10:20:18 Visit ID Reported : 29/Jun/2023 13:27:24 : ALDP0091512324

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

# DEPARTMENT OF HAEMATOLOGY

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

MEDIWHEE	L BANK OF BAROI	JA MALE & FE	MALE BELOW 40 YRS	
Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , Blood	ood			
Blood Group	0			
Rh ( Anti-D)	POSITIVE			
Complete Blood Count (CBC) * , Whole	e Blood			
Haemoglobin	12.80	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)	7,000.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC	7,000.00	, 04 111111	1000 10000	ELECTROTTIC IVII EBYTTCE
Polymorphs (Neutrophils )	65.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	29.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR	0.00	70	<b>\</b> 1	LLLOTRONIC IVII LDANCE
Observed	6.00	Mm for 1st hr.		
Corrected	0.00	Mm for 1st hr.		
	- 2E 00			
PCV (HCT)	35.00	%	40-54	
Platelet count				
Platelet Count	1.22	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	74.90	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.19	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	18.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.72	Mill./cu mm	4 2-5 5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)	7.7∠	iviiii., cu milli	1.2 0.0	LLLOTROTUTO IIVII LDATUOL
Dioda iliaidos (iviov, iviori, iviorio)				









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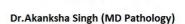


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Test Name	Result	Unit	Bio. Ref. Interval	Method
MCV	76.10	fl	80-100	CALCULATED PARAMETER
MCH	27.20	pg	28-35	CALCULATED PARAMETER
MCHC	35.70	%	30-38	CALCULATED PARAMETER
RDW-CV	14.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	54.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,550.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	210.00	/cu mm	40-440	











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: 29/Jun/2023 08:45:30

Age/Gender UHID/MR NO : 30 Y 6 M 23 D /M : ALDP.0000121049 Collected Received : 29/Jun/2023 11:50:59 : 29/Jun/2023 12:13:45

Visit ID

: ALDP0091512324

Reported

: 29/Jun/2023 13:44:34

Ref Doctor

Dr. Mediwheel - Arcofemi Health Care Ltd.

Status

: Final Report

#### DEPARTMENT OF BIOCHEMISTRY

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING * , Plasma				
Glucose Fasting	88.10	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

# **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.

Glucose PP \*
Sample:Plasma After Meal

118.10

mg/dl

<140 Normal

**GOD POD** 

140-199 Pre-diabetes

>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.

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Dr. Akanksha Singh (MD Pathology)









Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206



Patient Name : 29/Jun/2023 08:45:31 : Mr.PRABHANSHU KIRAN -199290 Registered On Age/Gender : 30 Y 6 M 23 D /M Collected : 29/Jun/2023 09:07:44 UHID/MR NO : ALDP.0000121049 Received : 30/Jun/2023 11:35:15 Visit ID : ALDP0091512324 Reported : 30/Jun/2023 12:52:09

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

# **DEPARTMENT OF BIOCHEMISTRY**

## MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit Bi	o. Ref. Interval	Method	
GLYCOSYLATED HAEMOGLOBIN (HBA1C) *	* , EDTA BLOOD				
Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP		HPLC (NGSP)	
Glycosylated Haemoglobin (HbA1c)	32.00	mmol/mol/IFCC			
Estimated Average Glucose (eAG)	99	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.

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

<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

## **Clinical Implications:**

- \*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





<sup>\*\*</sup>Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.





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# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

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.



Dr. Anupam Singh (MBBS MD Pathology)









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Patient Name : Mr.PRABHANSHU KIRAN -199290 Registered On : 29/Jun/2023 08:45:31 Age/Gender Collected : 29/Jun/2023 09:07:43 : 30 Y 6 M 23 D /M UHID/MR NO : ALDP.0000121049 Received : 29/Jun/2023 10:20:18 Visit ID Reported : 29/Jun/2023 14:41:50 : ALDP0091512324

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# DEPARTMENT OF BIOCHEMISTRY MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample:Serum	29.88	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.70	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid * Sample:Serum	6.54	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total)	31.60 <b>57.10</b> 25.30 6.20 4.40 1.80 <b>2.44</b> 124.20	U/L U/L IU/L gm/dl gm/dl gm/dl	< 35 < 40 11-50 6.2-8.0 3.4-5.4 1.8-3.6 1.1-2.0 42.0-165.0	IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIRUET B.C.G. CALCULATED CALCULATED IFCC METHOD
Bilirubin (Total)	1.00	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct) Bilirubin (Indirect)	0.30 0.70	mg/dl mg/dl	< 0.30 < 0.8	JENDRASSIK & GROF JENDRASSIK & GROF
LIPID PROFILE (MINI) *, Serum				
Cholesterol (Total)	151.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	36.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	56	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High	
VLDL Triglycerides	58.02 290.10	mg/dl mg/dl	10-33 < 150 Normal 150-199 Borderline High 200-499 High >500 Very High	CALCULATED GPO-PAP









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# **DEPARTMENT OF BIOCHEMISTRY**

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

Result Rechecked



Dr. Akanksha Singh (MD Pathology)









Test Name

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

Ph: 9235447965,0532-2548257 CIN: U85110DL2003PLC308206



Method

Patient Name : Mr.PRABHANSHU KIRAN -199290 Registered On : 29/Jun/2023 08:45:30 Age/Gender : 30 Y 6 M 23 D /M Collected : 29/Jun/2023 12:09:51 UHID/MR NO : ALDP.0000121049 Received : 29/Jun/2023 12:36:02 Visit ID Reported : 29/Jun/2023 14:54:05 : ALDP0091512324

Result

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

# DEPARTMENT OF CLINICAL PATHOLOGY

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Unit

Rio Ref Interval

rine LIGHT YELLOW			
LIGHT YELLOW			
2.0			
1.010			
Acidic (5.0)			DIPSTICK
ABSENT	mg %	< 10 Absent	DIPSTICK
	,		
ADCENIT			DIDCTICK
ABSENT	gms%		DIPSTICK
ABSENT	ma/dl		BIOCHEMISTRY
0-2/h n f			MICROSCOPIC
0 Z/11.p.i			EXAMINATION
0-2/h.p.f			
•			MICROSCOPIC
			EXAMINATION
ABSENT			
ABSENT			MICROSCOPIC
			EXAMINATION
ABSENT			
rine sediment			
	ABSENT ABSENT ABSENT ABSENT O-2/h.p.f O-2/h.p.f ABSENT ABSENT ABSENT ABSENT	ABSENT gms%  ABSENT mg/dl ABSENT ABSENT ABSENT 0-2/h.p.f 0-2/h.p.f ABSENT ABSENT ABSENT ABSENT ABSENT ABSENT	ABSENT  ABSENT  mg %  < 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (+++)  > 500 (+++)  0.5-1.0 (++) 1-2 (+++) > 2 (+++)  ABSENT ABSENT ABSENT ABSENT  O-2/h.p.f  O-2/h.p.f  ABSENT ABSENT  ABSENT  ABSENT  ABSENT  ABSENT  ABSENT  ABSENT  ABSENT

# **SUGAR, FASTING STAGE \***, Urine

Sugar, Fasting stage ABSENT gms%

# **Interpretation:**

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2









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UHID/MR NO Visit ID

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Ref Doctor

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# DEPARTMENT OF CLINICAL PATHOLOGY

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

(++++) > 2

SUGAR, PP STAGE \* , Urine

Sugar, PP Stage

**ABSENT** 

**Interpretation:** 

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

AS\_

Dr. Akanksha Singh (MD Pathology)









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Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

#### DEPARTMENT OF IMMUNOLOGY

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	I Method
THYROID PROFILE - TOTAL * , Serum				
T3, Total (tri-iodothyronine)	118.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	8.40	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.50	μlU/mL	0.27 - 5.5	CLIA
T. /				
Interpretation:		0.3-4.5 μIU/m	nL First Trimes	ster
		0.5-4.6 μIU/n	nL Second Trir	mester
		0.8-5.2 μIU/m	nL Third Trime	ester
		0.5-8.9 µIU/m	nL Adults	55-87 Years
		0.7-27 μIU/m	nL Premature	28-36 Week
		2.3-13.2 μIU/m	L Cord Blood	> 37Week
		0.7-64 μIU/m	nL Child(21 wk	x - 20 Yrs.)
		1-39 μΙU/	mL Child	0-4 Days
		1.7-9.1 μIU/n	nL 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.

Bring

Dr. Anupam Singh (MBBS MD Pathology)



Home Sample Collection 1800-419-0002





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# **DEPARTMENT OF X-RAY**

# MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

# X-RAY DIGITAL CHEST PA \*

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

- 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.

Widhirant (MBBS,DMRD,DNB)









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#### DEPARTMENT OF ULTRASOUND

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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

LIVER: - Enlarged in size (18.6 cm), with normal shape and shows diffuse increase in the liver parenchymal echogenicity with patchy attenuation of portal venous walls and diaphragm, suggestive of grade-III fatty changes. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

**GALL BLADDER**: Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

**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 e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

SPLEEN: - Enlarged in size (12.2 cm), with normal shape and echogenicity.

**RIGHT KIDNEY**: - Normal in size, shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**LEFT KIDNEY**: - Normal in size, shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**URINARY BLADDER:** Normal in shape, outline and distension. No e/o wall thickening / calculus.

**PROSTATE:** Normal in size, shape and echo pattern.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

XAMINATION

# **IMPRESSION:**

- Moderate hepatomegaly with grade III fatty liver.
- Mild splenomegaly.

Please correlate clinically

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

(\*\*) Test Performed at Chandan Speciality Lab.

Dr Nidhikant (MBBS, DMRD, DNB)

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 \*

\*Facilities Available at Select Location





