

**Re: Health Check up Booking Confirmed Request(bobE22338),Package Code-PKG10000236, Beneficiary Code-25022**

1 message

anurag sri <anurag.idc@gmail.com>

Tue, Jan 24, 2023 at 12:53 PM

To: Mediwheel <wellness@mediwheel.in>, "idc. ashlyana" <idcashlyana@gmail.com>

Cc: mediwheelwellness@gmail.com

confirmed

Pack Code 2639

On Tue, Jan 24, 2023 at 11:18 AM Mediwheel <wellness@mediwheel.in> wrote:



**Mediwheel**  
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Hi Chandan Healthcare Limited,

Diagnostic/Hospital Location :M-214/215 Sec G LDA Colony Near Power House Chauraha  
Kanpur road, City: Lucknow

We have received the confirmation for the following booking .

**Beneficiary Name :** PKG10000236

**Beneficiary Name :** MR. SINGH HARISH KUMAR

**Member Age :** 46

**Member Gender :** Male

**Member Relation :** Employee

**Package Name :** Medi-Wheel Full Body Health Checkup Male Above 40

**Location :** LUCKNOW, Uttar Pradesh-226010

**Contact Details :** 7007625195

**Booking Date :** 05-12-2022

**Appointment Date:** 28-01-2023

**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.







भारत सरकार

Government of India

रहीश कुमार सिंह

Harish Kumar Singh

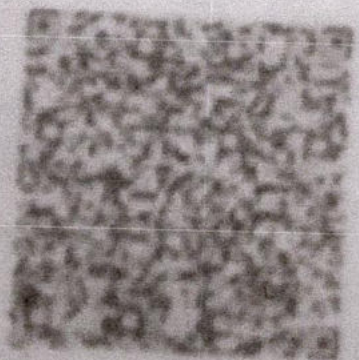
जन्म तिथि/ DOB: 19/07/1974

प्राण / MALE



3540 4213 6915

श्री आर्यार, श्री पर्याज



*[Handwritten signature]*



Bank of Baroda  
बैंक ऑफ बड़ोदा

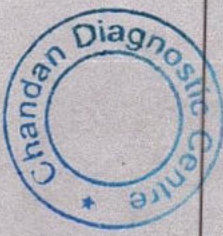
नाम हरिशा कुमार सिंह

Name Harish Kumar Singh

कार्यवाही श्रुत संख्या

E C Number 112136

आचार्य प्रविष्टि  
Issuing Authority



*Handwritten signature*

धारक के हस्ताक्षर

Holder's Signature

*Handwritten mark*





Chauran Diagnostic Centre

GPS Map Camera



Google

Lucknow, Uttar Pradesh, India  
M/217, Parag Rd, Sector G, LDA Colony, Lucknow,  
Uttar Pradesh 226012, India  
Lat 26.787465°  
Long 80.908453°  
28/01/23 10:08 AM GMT +05:30









# CHANDAN DIAGNOSTIC CENTRE

Add: M-214/215, Sec G Lda Colony Near Power House Chauraha Kanpur Road  
Ph: 9235432707,  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.HARISH KUMAR SINGH	Registered On	: 28/Jan/2023 09:26:03
Age/Gender	: 48 Y 0 M 0 D /M	Collected	: 28/Jan/2023 09:40:38
UHID/MR NO	: IDCG.0000029522	Received	: 28/Jan/2023 10:10:19
Visit ID	: CDCA0270762223	Reported	: 28/Jan/2023 13:57:14
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
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	B
Rh ( Anti-D)	POSITIVE

#### Complete Blood Count (CBC) \* , Whole 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
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TLC (WBC)	4,700.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
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#### DLC

Polymorphs (Neutrophils)	63.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE

#### ESR

Observed	16.00	Mm for 1st hr.
Corrected	12.00	Mm for 1st hr. <9
PCV (HCT)	40.00	% 40-54

#### Platelet count

Platelet Count	1.5	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	NR	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.10	fL	6.5-12.0	ELECTRONIC IMPEDANCE

#### RBC Count

RBC Count	4.40	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	90.90	fl	80-100	CALCULATED PARAMETER
MCH	29.09	pg	28-35	CALCULATED PARAMETER
MCHC	32.00	%	30-38	CALCULATED PARAMETER
RDW-CV	13.20	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	40.50	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	<b>2,961.00</b>	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	94.00	/cu mm	40-440	

Dr. R.K. Khanna  
(MBBS, DCP)





# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235432707,  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.HARISH KUMAR SINGH	Registered On	: 28/Jan/2023 09:26:03
Age/Gender	: 48 Y 0 M 0 D /M	Collected	: 28/Jan/2023 13:47:15
UHID/MR NO	: IDCG.0000029522	Received	: 28/Jan/2023 14:08:15
Visit ID	: CDCA0270762223	Reported	: 28/Jan/2023 14:52:00
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
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#### GLUCOSE FASTING \* , Plasma

Glucose Fasting	95.88	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### Glucose PP \*

Sample: Plasma After Meal

102.05	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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 diabetes in future, which is why an Annual Health Check up is essential.
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Visit ID	: CDCA0270762223	Reported	: 28/Jan/2023 15:24:54
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
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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.80	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	29.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	91	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 management.

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)	Degree of Glucose Control Unit
> 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 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

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







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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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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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UHID/MR NO	: IDCG.0000029522	Received	: 28/Jan/2023 10:43:15
Visit ID	: CDCA0270762223	Reported	: 28/Jan/2023 12:10:29
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
<b>BUN (Blood Urea Nitrogen) *</b> <i>Sample:Serum</i>	10.30	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine *</b> <i>Sample:Serum</i>	0.79	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
<b>Uric Acid *</b> <i>Sample:Serum</i>	4.30	mg/dl	3.4-7.0	URICASE
<b>LFT (WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	25.40	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	27.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	16.72	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.40	gm/dl	6.2-8.0	BIRUET
Albumin	3.83	gm/dl	3.8-5.4	B.C.G.
Globulin	2.57	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.49		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	76.18	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.54	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.14	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.40	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) * , Serum</b>				
Cholesterol (Total)	149.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	46.14	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	74	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	28.72	mg/dl	10-33	CALCULATED
Triglycerides	143.60	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	GPO-PAP







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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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>500 Very High



Dr. R.K. Khanna  
(MBBS,DCP)





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UHID/MR NO	: IDCG.0000029522	Received	: 28/Jan/2023 12:01:15
Visit ID	: CDCA0270762223	Reported	: 28/Jan/2023 14:18:06
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
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#### URINE EXAMINATION, ROUTINE \* , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic ( 5.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	ABSENT			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

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

Sugar, Fasting stage	ABSENT	gms%
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#### Interpretation:

(+) < 0.5  
 (++) 0.5-1.0  
 (+++) 1-2  
 (++++) > 2

Dr. R.K. Khanna  
(MBBS,DCP)







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UHID/MR NO	: IDCG.0000029522	Received	: 28/Jan/2023 13:45:13
Visit ID	: CDCA0270762223	Reported	: 28/Jan/2023 14:29:22
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
PSA (Prostate Specific Antigen), Total ** <i>Sample:Serum</i>	0.520	ng/mL	< 2.0	CLIA

#### Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

#### THYROID PROFILE - TOTAL \*\*, Serum

T3, Total (tri-iodothyronine)	135.63	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.35	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

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.





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## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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- 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. Anupam Singh (MBBS MD Pathology)







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Patient Name	: Mr.HARISH KUMAR SINGH	Registered On	: 28/Jan/2023 09:26:05
Age/Gender	: 48 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: IDCG.0000029522	Received	: N/A
Visit ID	: CDCA0270762223	Reported	: 28/Jan/2023 17:11:05
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 \*


(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

### CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- **Both hilar shadows and bronchovascular markings are prominent.**
- Pulmonary parenchyma did not reveal any significant lesion.

### IMPRESSION

- **Bronchitis.**

  
Dr. Anoop Agarwal  
MBBS,MD(Radiology)





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Age/Gender	: 48 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: IDCG.0000029522	Received	: N/A
Visit ID	: CDCA0270762223	Reported	: 28/Jan/2023 12:02:59
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

- Liver is normal in size measures 141.1 mm in cranio caudal extent, shows diffuse bright echoes. No focal lesion is seen.

##### PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

##### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct are normal at the porta.
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

##### PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture.

##### RIGHT KIDNEY

- Right kidney is normal in size and shape and cortical echotexture.
- **Bright echo calculus seen in lower calyx, measures 6.4 mms. approx.**
- The collecting system is not dilated.
- The upper part of right ureter is normal. The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear. Renal respiratory excursions are normal.

##### LEFT KIDNEY

- Left kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal. The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear. Renal respiratory excursions are normal.







# CHANDAN DIAGNOSTIC CENTRE

Add: M-214/215, Sec G Lda Colony Near Power House Chauraha Kanpur Road  
Ph: 9235432707,  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.HARISH KUMAR SINGH	Registered On	: 28/Jan/2023 09:26:05
Age/Gender	: 48 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: IDCG.0000029522	Received	: N/A
Visit ID	: CDCA0270762223	Reported	: 28/Jan/2023 12:02:59
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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

#### SPLEEN

- The spleen is normal in size and has a homogenous echotexture.

#### ILIAC FOSSA

- Scan over the iliac fossa does not reveal any fluid collection or mass.

#### URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and regular.

#### PROSTATE

- The prostate gland is normal in texture and size, measures 3.4 x 3.3 x 2.8 cm and approx weight 17.08 gms.

#### IMPRESSION

- **Grade-I fatty changes liver.**
- **Right renal calculus.**


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

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

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, ECG / EKG, Tread Mill Test (TMT)



  
Dr. Anoop Agarwal  
MBBS,MD(Radiology)

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

