

PATIENT NAME : Y SATYANARAYANA REDDY

REF. DOCTOR : SELF

CODE/NAME &amp; ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED  
F701A, LADO SARAI, NEW DELHI,SOUTH DELHI,  
DELHI,  
SOUTH DELHI 110030  
8800465156

ACCESSION NO : **4071XC005382**

PATIENT ID : YSATM0503764071

CLIENT PATIENT ID: UBOIE4301

ABHA NO :

AGE/SEX : 48 Years Male

DRAWN :

RECEIVED : 23/03/2024 09:27:03

REPORTED : 24/03/2024 13:49:45

Test Report Status **Final**

Results

Biological Reference Interval Units

**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT****TREADMILL TEST**

TREADMILL TEST

TEST COMPLETED

**OPHTHAL**

OPHTHAL

TEST COMPLETED

**PHYSICAL EXAMINATION**

PHYSICAL EXAMINATION

TEST COMPLETED



**JIBI J**  
**LAB TECHNOLOGIST**

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Patient Ref. No. 66600008307859

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**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT**

**ECG WITH REPORT**

**REPORT**

**TEST COMPLETED**

**USG ABDOMEN AND PELVIS**

**REPORT**

Reported

**CHEST X-RAY WITH REPORT**

**REPORT**

**TEST COMPLETED**

**HAEMATOLOGY**

**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT**

**GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**

HBA1C	5.6	Normal	: 4.0 -	%
		5.6%.		
		Non-diabetic level	: < 5.7%.	
		Diabetic	: >6.5%	

Glycemic control goal  
 More stringent goal : < 6.5 %.  
 General goal : < 7%.  
 Less stringent goal : < 8%.

Glycemic targets in CKD :-  
 If eGFR > 60 : < 7%.  
 If eGFR < 60 : 7 - 8.5%.

MEAN PLASMA GLUCOSE	114.0	< 116.0	mg/dL
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**ARYA KG**  
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**(Reg No - TCMC 55174)**  
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**DR.KARTHIKA RAMANATHAN, M.D**  
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**BLOOD COUNTS,EDTA WHOLE BLOOD**

HEMOGLOBIN	16.4	13.0 - 17.0	g/dL
RED BLOOD CELL COUNT	<b>5.65 High</b>	4.5 - 5.5	mil/ $\mu$ L
WHITE BLOOD CELL COUNT	7.18	4.0 - 10.0	thou/ $\mu$ L
PLATELET COUNT	252	150 - 410	thou/ $\mu$ L

**RBC AND PLATELET INDICES**

HEMATOCRIT	<b>50.8 High</b>	40 - 50	%
MEAN CORPUSCULAR VOL	89.8	83 - 101	fL
MEAN CORPUSCULAR HGB.	29.0	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	32.3	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	13.4	11.6 - 14.0	%
MENTZER INDEX	15.9		
MEAN PLATELET VOLUME	8.6	6.8 - 10.9	fL

**WBC DIFFERENTIAL COUNT**

SEGMENTED NEUTROPHILS	57	40 - 80	%
LYMPHOCYTES	32	20 - 40	%
MONOCYTES	04	2 - 10	%
EOSINOPHILS	<b>07 High</b>	1 - 6	%
BASOPHILS	00	< 1 - 2	%
ABSOLUTE NEUTROPHIL COUNT	4.09	2.0 - 7.0	thou/ $\mu$ L
ABSOLUTE LYMPHOCYTE COUNT	2.30	1.0 - 3.0	thou/ $\mu$ L
ABSOLUTE MONOCYTE COUNT	0.29	0.2 - 1.0	thou/ $\mu$ L
ABSOLUTE EOSINOPHIL COUNT	0.50	0.02 - 0.50	thou/ $\mu$ L
ABSOLUTE BASOPHIL COUNT	00		thou/ $\mu$ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.8		

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Units

**ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD**

SEDIMENTATION RATE (ESR) 02 0 - 14 mm at 1 hr

**SUGAR URINE - POST PRANDIAL**

SUGAR URINE - POST PRANDIAL NOT DETECTED NOT DETECTED

**SUGAR URINE - FASTING**

SUGAR URINE - FASTING NOT DETECTED NOT DETECTED

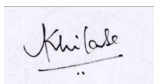
**IMMUNOHAEMATOLOGY****MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT****ABO GROUP & RH TYPE, EDTA WHOLE BLOOD**ABO GROUP TYPE B  
RH TYPE POSITIVE

&lt;b&gt;Interpretation(s)&lt;/b&gt;

ABO GROUP &amp; RH TYPE, EDTA WHOLE BLOOD-Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.

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LAB TECHNOLOGISTARYA KG  
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**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT****BLOOD UREA NITROGEN (BUN), SERUM**

BLOOD UREA NITROGEN	12	Adult(<60 yrs) : 6 to 20	mg/dL
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**BUN/CREAT RATIO**

BUN/CREAT RATIO	13.3		
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**CREATININE, SERUM**

CREATININE	0.90	18 - 60 yrs : 0.9 - 1.3	mg/dL
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**GLUCOSE, POST-PRANDIAL, PLASMA**

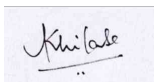
GLUCOSE, POST-PRANDIAL, PLASMA	101	Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
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**GLUCOSE FASTING,FLUORIDE PLASMA**

FBS (FASTING BLOOD SUGAR)	93	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL
---------------------------	----	--	-------

**LIVER FUNCTION TEST WITH GGT**

BILIRUBIN, TOTAL	1.12	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.29	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	<b>0.83 High</b>	0.00 - 0.60	mg/dL



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TOTAL PROTEIN		7.8	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8 g/dL
ALBUMIN		4.6	20-60yrs : 3.5 - 5.2 g/dL
GLOBULIN		3.2	General Range : 2 - 3.5 Premature Neonates : 0.29 - 1.04 g/dL
ALBUMIN/GLOBULIN RATIO		1.4	1.0 - 2.0 RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		33	Adults : < 40 U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)		51	Adults : < 45 U/L
ALKALINE PHOSPHATASE		81	Adult(<60yrs) : 40 -130 U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)		29	Adult (Male) : < 60 U/L

**TOTAL PROTEIN, SERUM**

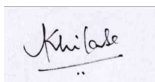
TOTAL PROTEIN	7.8	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
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**URIC ACID, SERUM**

URIC ACID	4.8	Adults : 3.4-7	mg/dL
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**BIOCHEMISTRY - LIPID****MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT****LIPID PROFILE, SERUM**

CHOLESTEROL	226	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
TRIGLYCERIDES	125	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL



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HDL CHOLESTEROL		56	mg/dL
LDL CHOLESTEROL, DIRECT		<b>162 High</b>	mg/dL
		General range : 40-60	
		Optimum : < 100	
		Above Optimum : 100-129	
		Borderline High : 130-159	
		High : 160-189	
		Very High : >or= 190	
NON HDL CHOLESTEROL		<b>170 High</b>	mg/dL
		Desirable: Less than 130	
		Above Desirable: 130 - 159	
		Borderline High: 160 - 189	
		High: 190 - 219	
		Very high: > or = 220	
VERY LOW DENSITY LIPOPROTEIN		25.0	mg/dL
		Desirable value : 10 - 35	
CHOL/HDL RATIO		4.0	
		3.3-4.4 Low Risk	
		4.5-7.0 Average Risk	
		7.1-11.0 Moderate Risk	
		> 11.0 High Risk	
LDL/HDL RATIO		2.9	
		0.5 - 3.0 Desirable/Low Risk	
		3.1 - 6.0 Borderline/Moderate Risk	
		>6.0 High Risk	

## Comments

- \* Kindly correlate clinically.
- \* Kindly inform lab within 24 hours if clinically not correlating.

## SPECIALISED CHEMISTRY - HORMONE

## MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT

## THYROID PANEL, SERUM

T3	98.64	Adult : 80-200	ng/dL
T4	6.08	Adults : 4.5-12.1	µg/dl
TSH 3RD GENERATION	2.670	21-50 yrs : 0.4 - 4.2	µIU/mL

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## SPECIALISED CHEMISTRY - TUMOR MARKER

## MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT

## PROSTATE SPECIFIC ANTIGEN, SERUM

PROSTATE SPECIFIC ANTIGEN	0.617	Age Specific :-	ng/mL
		<49yrs : <2.5	
		50-59yrs : <3.5	
		60-69yrs : <4.5	
		>70yrs : <6.5	

## CLINICAL PATH - URINALYSIS

## MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT

## PHYSICAL EXAMINATION, URINE

COLOR	PALE YELLOW
APPEARANCE	CLEAR

## CHEMICAL EXAMINATION, URINE

PH	6.0	4.8 - 7.4
SPECIFIC GRAVITY	1.020	1.015 - 1.030
PROTEIN	NOT DETECTED	NOT DETECTED
GLUCOSE	NOT DETECTED	NOT DETECTED
KETONES	NOT DETECTED	NOT DETECTED
BLOOD	NOT DETECTED	NOT DETECTED
BILIRUBIN	NOT DETECTED	NOT DETECTED
UROBILINOGEN	NORMAL	NORMAL
NITRITE	NOT DETECTED	NOT DETECTED

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**MICROSCOPIC EXAMINATION, URINE**

RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
WBC	1-2	0-5	/HPF
EPITHELIAL CELLS	0-1	0-5	/HPF
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NOT DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	

**CLINICAL PATH - STOOL ANALYSIS****MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT****PHYSICAL EXAMINATION,STOOL**

COLOUR	BROWNISH		
CONSISTENCY	SEMI FORMED		
MUCUS	ABSENT	NOT DETECTED	
VISIBLE BLOOD	ABSENT	ABSENT	

**MICROSCOPIC EXAMINATION,STOOL**

PUS CELLS	1-2		/hpf
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
CYSTS	NOT DETECTED	NOT DETECTED	
OVA	NOT DETECTED		
LARVAE	NOT DETECTED	NOT DETECTED	



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**Units**

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**CONSULTANT PATHOLOGIST**

**ATHIRA S**  
**LAB TECHNOLOGIST**

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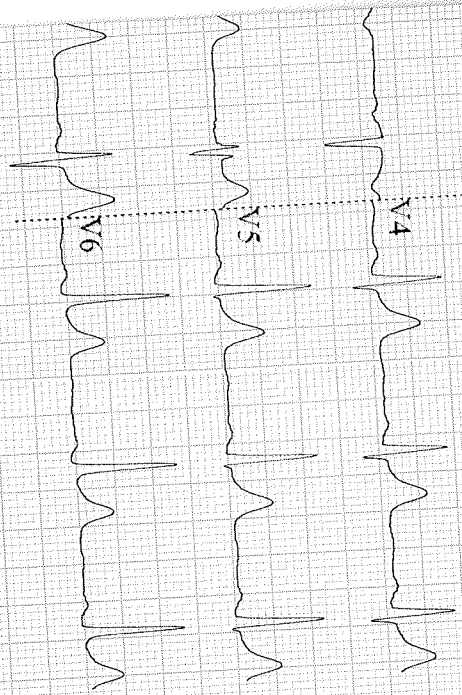
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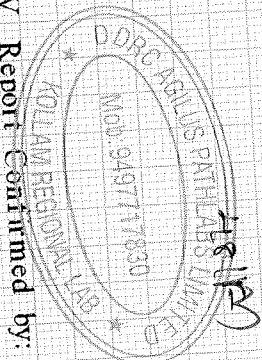
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Diagnosis Information:

Male / mmHg  
 Years / kg  
 cm

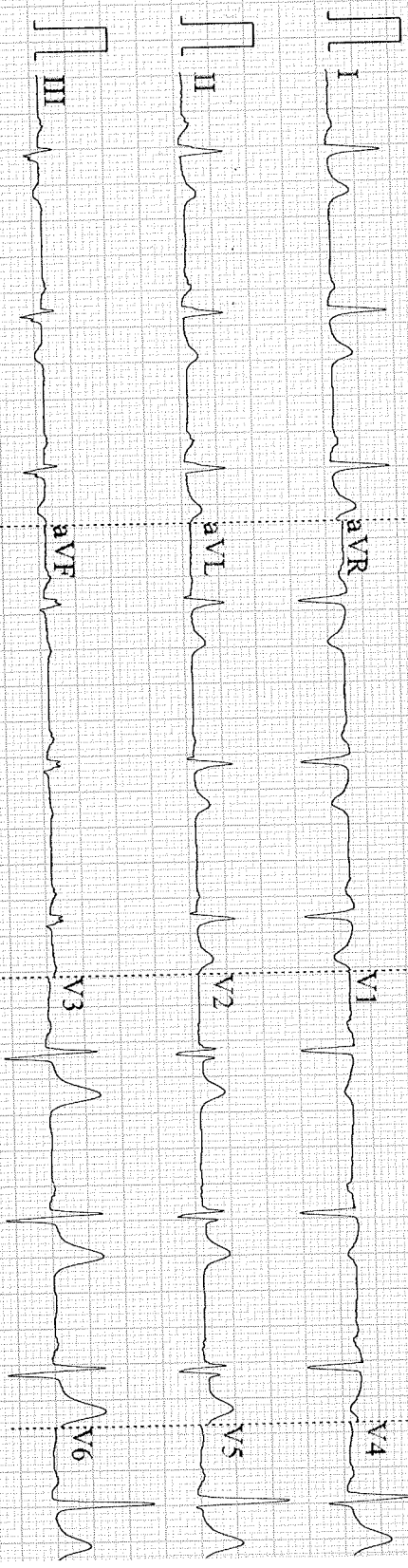
y. Satyanarayana Reddy

HR : 70 bpm  
 P : 122 ms  
 PR : 164 ms  
 QRS : 91 ms  
 Q-Tc : 356/384 ms  
 P/ORS/T : 51/20/17 °  
 RV5/SV1 : 1.206/0.737 mV



Report Confirmed by:  
 A<sub>2</sub>W CE

ID: 9418 23-03-2024 10:24:30 AM



0.67-35Hz AC50 25mm/m/s 10mm/mV 73 V1.3 SEMIP V1.7 DDRG\_AGILUS\_KADAPPAKADA

Arrow CE

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	: Mr./Mrs./Ms. <i>Y. Satyanarayana Reddy</i>
2. Mark of Identification	: (Mole/Scar/any other (specify location)):
3. Age/Date of Birth	: <i>05-03-1976</i> Gender: <i>M</i>
4. Photo ID Checked	: (Passport/Election Card/PAN Card/Driving Licence/Company ID) <i>Passport</i>

### PHYSICAL DETAILS:

a. Height <i>186</i> (cms)	b. Weight <i>80</i> (Kgs)	c. Girth of Abdomen <i>95</i> (cms)
d. Pulse Rate <i>72</i> (Min)	e. Blood Pressure:	Systolic Diastolic
	1 <sup>st</sup> Reading	<i>130</i> <i>90</i>
	2 <sup>nd</sup> Reading	<i>130</i> <i>90</i>

### FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	<i>82</i>		<i>Normal</i>
Mother	<i>75</i>	<i>Healthy</i>	
Brother(s)	<i>51, 44</i>	<i>Healthy</i>	
Sister(s)	<i>49</i>	<i>Healthy</i>	

### HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol

### PERSONAL HISTORY

- |   |   |
|---|---|
| a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. <i>Y/N</i> ✓ | c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? <i>Y/N</i> ✓ |
| b. Have you undergone/been advised any surgical procedure? <i>Y/N</i> ✓   | d. Have you lost or gained weight in past 12 months? <i>Y/N</i> ✓   |

### Have you ever suffered from any of the following?

- |  |   |
|--|---|
| • Psychological Disorders or any kind of disorders of the Nervous System? <i>Y/N</i> ✓ | • Any disorder of Gastrointestinal System? <i>Y/N</i> ✓                               |
| • Any disorders of Respiratory system? <i>Y/N</i> ✓                                    | • Unexplained recurrent or persistent fever, and/or weight loss <i>Y/N</i> ✓          |
| • Any Cardiac or Circulatory Disorders? <i>Y/N</i> ✓                                   | • Have you been tested for HIV/HBsAg / HCV before? If yes attach reports <i>Y/N</i> ✓ |
| • Enlarged glands or any form of Cancer/Tumour? <i>Y/N</i> ✓                           | • Are you presently taking medication of any kind? <i>Y/N</i> ✓                       |
| • Any Musculoskeletal disorder? <i>Y/N</i> ✓   |   |

**DDRC agilus Pathlabs Limited.**

Corp. Office : Express House, Second Floor, Opp. Pothys Silks, Banerjee Road, Kaloor -682017

Contact :- 93334 93334, Web :- www.ddrcagilus.com Email :- info.ddrc@agilus.in

• Any disorders of Urinary System?

Y/N

• Any disorder of the Eyes, Ears, Nose, Mouth & Skin

NO

**FOR FEMALE CANDIDATES ONLY**

a. Is there any history of diseases of breast/genital organs?

Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N

d. Do you have any history of miscarriage/abortion or MTP

e. For Parous Women, were there any complications during pregnancy such as gestational diabetes, hypertension etc

f. Are you now pregnant? If yes, how many months?

Y/N

NO

**CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER**

➤ Was the examinee co-operative?

Y/N

➤ Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job?

Y/N

➤ Are there any points on which you suggest further information be obtained?

Y/N

➤ Based on your clinical impression, please provide your suggestions and recommendations below;

Y/N

➤ Do you think he/she is **MEDICALLY FIT** or **UNFIT** for employment.

**MEDICAL EXAMINER'S DECLARATION**

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner

DR AKHILA SEKSHAR

Seal of Medical Examiner

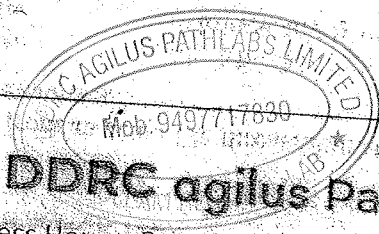
Dr. Akhila Sekhar MBBS, MD  
Consultant Pathologist  
Reg. No. 55174

Name & Seal of DDRC SRL Branch

DDRC Agilus Pathlabs Ltd Kadappakada

Date & Time

23/03/2016 16:22pm



**DDRC agilus Pathlabs Limited.**

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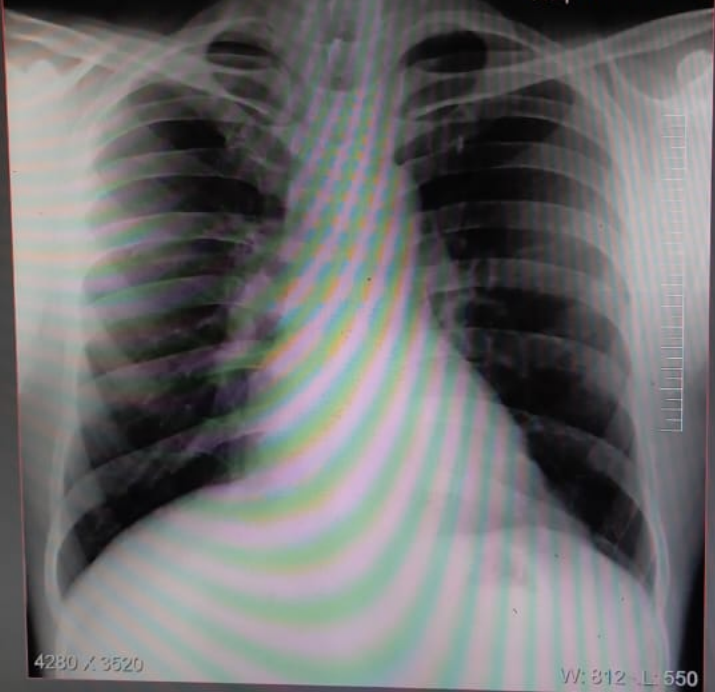
Contact :- 93334 93334, Web :- www.ddrcagilus.com Email :- info.ddrc@agilus.in

ru0 DDRC AGILUS DIAGNOSTIC (P) LTD, KADAPPAKADA, KOLLAM  
CHEST-PA Y SATYANARAYANA REDDY 48 Y

4071/5382  
23-Mar-24


Acq Tm: 10:38 AM

**R**



4280 X 3520

W: 812 - L: 550

<p><b>Dr Harikrishnan Cp</b> MS Phaco Surgeon Cataract Services Email: info.klm@chaithanya.org Phone: 0474 2735500</p>	<p><b>Chaithanya Eye Hospital and Research Institute</b> Prathibha Jn Kadappakada Kollam Kerala-691008</p>	
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MR No. 03-138588  
Name MR. SATYANARAYANA REDDY Y  
Age 48 Years  
Sex Male

Address : UNION BANK,  
CHINNAKADA, ,  
KOLLAM, Kollam,  
KERALA, INDIA - 691001.

**Purpose of Visit** Consultation--

		Visual Acuity Refraction GLASS PRESCRIPTION					
		Distance Vision				ADD	
Eye	Sph	Cyl	Axis	BCVA	Sph	BCVA	Distance
RIGHT EYE	+0.75			6/6 (0.00)	+1.50	N6	
LEFT EYE	+0.75			6/6 (0.00)	+1.50	N6	
				<b>Right Eye</b>			
Lids	Normal				<b>Left Eye</b>		
Conjunctiva	Normal				Normal		
Cornea	Normal				Normal		
AC	Normal				Normal		
Sclera	Normal				Normal		
Iris	Normal				Normal		
Lens	Normal				Normal		

**Intra Ocular Pressure**

<b>Method</b>	<b>Actual Time</b>	<b>Right Eye Value</b>	<b>Left Eye Value</b>
Applanation	13.43	14 mm of Hg	14 mm of Hg

<b>Cup Disc Ratio</b>	<b>Right Eye</b>	<b>Left Eye</b>
	0.4,	0.4,

**PROCEDURE NAME** EYE

**COLOUR VISION** Both Eyes

**EYE** Right Left  
Eye Eye  
**Comments** 21/21. 21/21.

**Diagnosis**

<b>EYE</b>	<b>DESCRIPTION</b>
	GENERAL EXAMINATION - V70.9a

For queries, get in touch with your doctor or to fix up an appointment please use following contact details :

**Address** Chaithanya Eye Hospital and Research Institute  
Prathibha Jn  
Kadappakada Kollam  
Phone : 0474 2735500

**Dr. HARIKRISHNAN, CP** MBBS, MS (Ophthalmology)  
Consultant Phaco Surgeon  
Reg. No. 47946  
Chaithanya Eye Hospital & Research Institute  
Prathibha Junction, Kadappakada  
Kollam - 691008



**RADIOLOGY DIVISION**

<i>Name : Mr. Y. Satyanarayana Reddy</i>	<i>Age : 48 yrs</i>	<i>Sex: M</i>	<i>Date : 23.03.2024</i>
<i>Ref. from. Mediwheel Arcofemi</i>			

**USG OF ABDOMEN**

( Technical consideration : Poor sonological window)

LIVER: Is normal in size (15.5 cms). *Echotexture is increased uniformly through out of liver, suggestive of fatty changes.* No focal lesions are seen. No dilatation of intra-hepatic biliary radicles present. Portal vein is normal. Common bile duct is normal.

GALL BLADDER: Is distended. Normal in wall thickness. No calculus or mass.

PANCREAS: Visualized head and body appears normal. Rest obscured by bowel gas

SPLEEN: Is normal in size ( 8.0 cms) and echotexture.

RIGHT KIDNEY: Measures 9.6 x 4.1 cms. Normal in size and echotexture. Cortico medullary differentiation is well maintained. No calculus, hydronephrosis or mass.

LEFT KIDNEY: Measures 10.0 x 5.0 cms. Normal in size and echotexture. Cortico medullary differentiation is well maintained. No calculus, hydronephrosis or mass.

URINARY BLADDER: Is partially distended. Normal in wall thickness. No evidence of calculus or mass. No vesical diverticulum present.

PROSTATE: Is normal in size ( volume - 18.3 cc). Parenchymal echoes normal.

No ascites present. No retroperitoneal lymphadenopathy present.

Both iliac fossae appear normal and there is no obvious evidence of bowel mass or bowel wall thickening present.

**IMPRESSION:**

❖ ***Grade I fatty infiltration of liver.***

- Suggested follow up & clinical correlation.
- Images overleaf.

  
**DR. AISALUTH THULASEEDHARAN**  
**MBBS, DMRD**

(Note: Diagnosis should not be made solely on one investigation. Advised further / repeat investigation and clinical correlation in suspected cases and in case of unexpected results, ultrasound is not 100% accurate and this report is not valid for medico legal purpose)

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Contact :- 93334 93334, Web :- www.ddrcagilus.com Email :- info.ddrc@agilus.in

# MSK Report

Patient ID : 23\_03\_2024\_14\_34\_23

Sex : M

Age :

Patient Name : satyanarayana reddy

Study Date : 23/03/2024

Referring MD :

Performing MD :

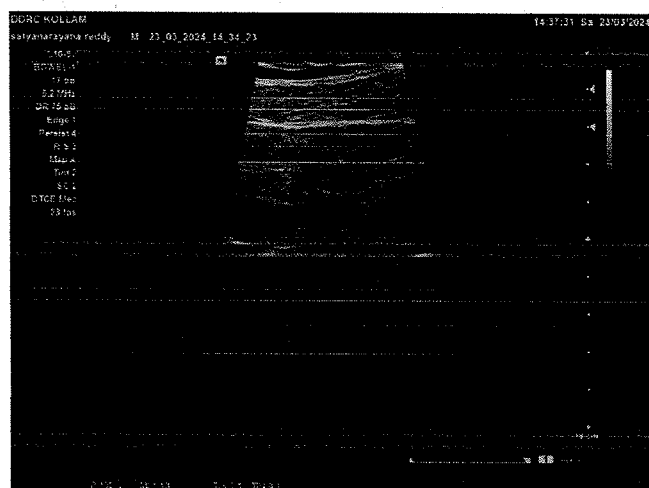
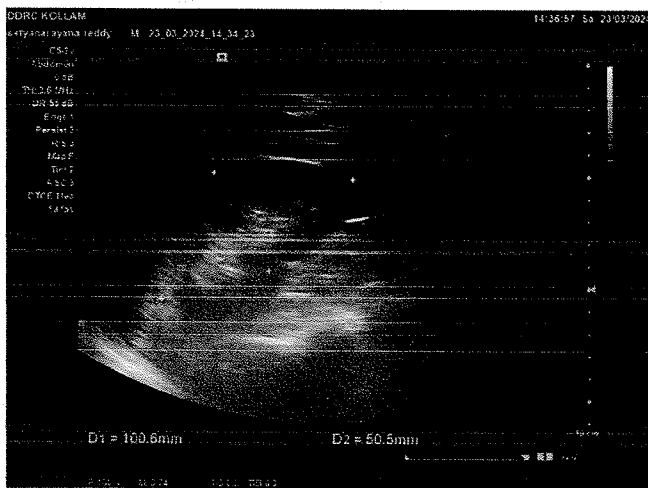
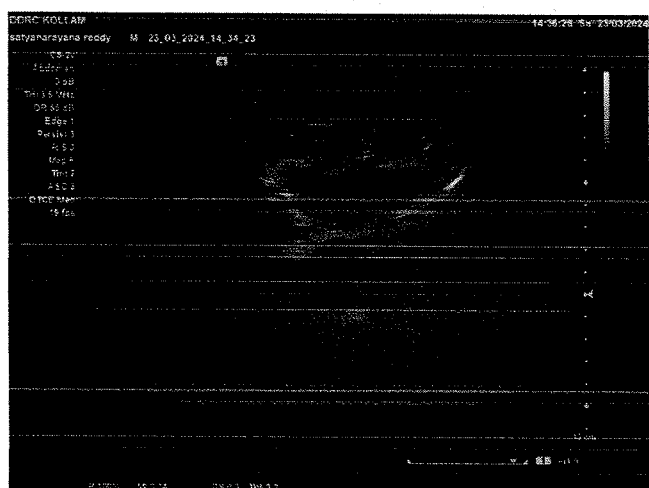
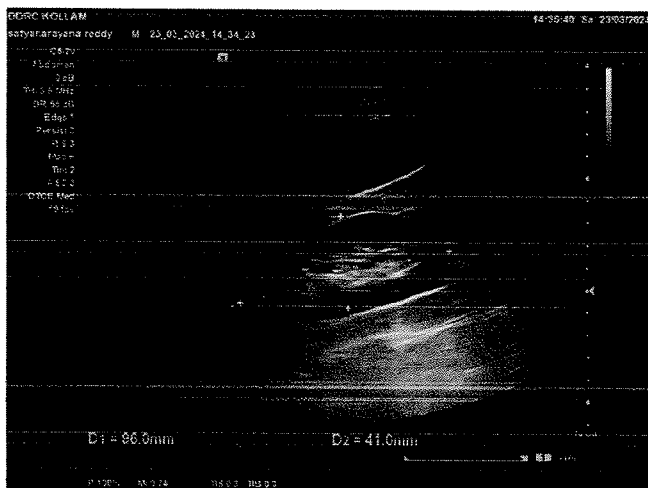
Sonographer :

Indication :

Exam Type : MSK

Height :

Weight :



Signature \_\_\_\_\_

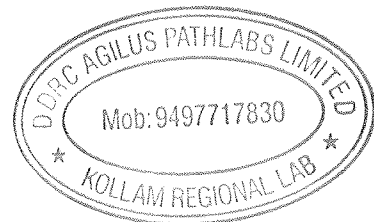
NAME	AGE/ SEX	DATE
Y SATYANARAYANA REDDY	48/M	23.03.2024

**X-RAY- CHEST WITH REPORT**

CHEST X RAY : NORMAL

**Impression : Within radiological limits**

Ney eya 1 avl pax y vav 3

Dr. Akhila Sekhar MBBS.MD  
Consultant Pathologist  
Reg.No. 55174**DR AKHILA SEKHAR****MBBS, MD****CONSULTANT PATHOLOGIST**

NAME : Y SATYANARAYAN REDDY	AGE/ SEX : 48/ M	DATE : 23/03/2024
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**ELECTRO CARDIOGRAM REPORT**

ELECTRO CARDIOGRAM : NSR – *70* /minute. No evidence of ischaemia or chamber hypertrophy

➤ **Impression** : **ECG within normal limits.**

*Chr increased*

Dr. Akhila Sekhar MBBS.MD  
Consultant Pathologist  
Reg.No. 55174

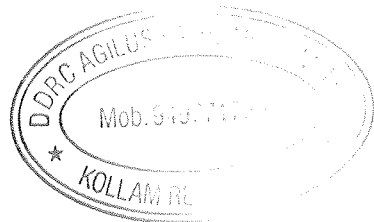
*Akhila*

**DR AKHILA SEKHAR**

**MBBS MD**

**CONSULTANT PATHOLOGIST**

**DDRC AGILUS DIAGNOSTICS PVT LTD**



FROM

y. Satyanarayana Reddy

I inform you that I am not willing to  
test the following test:

1. Dental Test

with  
Regards

