

**PHYSICAL EXAMINATION REPORT**

Patient Name	Liju Pawar	Sex/Age	M/37
Date	22/3/23	Location	Thane

**History and Complaints**

- covid (2021) hospitalized for 7 days

H/o - ↑ Chol. (3 months BP taken) (2022)

do - Acidity

**EXAMINATION FINDINGS:**

Height (cms):	166	Temp (0c):	37.0
Weight (kg):	66	Skin:	NAD
Blood Pressure	130/80	Nails:	
Pulse	72/min	Lymph Node:	

**Systems :**

- Cardiovascular:
- Respiratory:
- Genitourinary:
- GI System:
- CNS:

NAD

**Impression:**

↓ HDL, Hightop's  
USG - Fatty Liver

Advice:

- Low Fat, Low sugar Diet.  
- Reg. EXERCISE.  
- Physician's consultation.

1)	Hypertension:
2)	IHD
3)	Arrhythmia
4)	Diabetes Mellitus
5)	Tuberculosis
6)	Asthama
7)	Pulmonary Disease
8)	Thyroid/ Endocrine disorders
9)	Nervous disorders
10)	GI system
11)	Genital urinary disorder
12)	Rheumatic joint diseases or symptoms
13)	Blood disease or disorder
14)	Cancer/lump growth/cyst
15)	Congenital disease
16)	Surgeries
17)	Musculoskeletal System

Nil

Acidity

Nil

PERSONAL HISTORY:

1)	Alcohol
2)	Smoking
3)	Diet
4)	Medication

No  
No  
- mixed.  
No



**Dr. Manasee Kulkarni**  
M.B.B.S  
2005/09/3439





CID : 2308108926  
Name : MR.DANIEL LIJU  
Age / Gender : 37 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 22-Mar-2023 / 08:32  
Reported : 22-Mar-2023 / 11:27

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.78	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.8	40-50 %	Measured
MCV	89.6	80-100 fl	Calculated
MCH	29.5	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4200	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	43.4	20-40 %	
Absolute Lymphocytes	1822.8	1000-3000 /cmm	Calculated
Monocytes	7.8	2-10 %	
Absolute Monocytes	327.6	200-1000 /cmm	Calculated
Neutrophils	43.3	40-80 %	
Absolute Neutrophils	1818.6	2000-7000 /cmm	Calculated
Eosinophils	5.5	1-6 %	
Absolute Eosinophils	231.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	234000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	10.7	11-18 %	Calculated

**RBC MORPHOLOGY**



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Hypochromia -  
Microcytosis -  
Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-15 mm at 1 hr. Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



*Amit Taori*

**Dr. AMIT TAORI**  
M.D ( Path )  
Pathologist





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	99.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	88.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.44	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.26	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.5	1 - 2	Calculated
SGOT (AST), Serum	31.4	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	44.9	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	40.5	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	50.8	40-130 U/L	PNPP
BLOOD UREA, Serum	23.0	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	10.8	6-20 mg/dl	Calculated



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Reported : 22-Mar-2023 / 17:01

CREATININE, Serum	0.92	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	98	>60 ml/min/1.73sqm	Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum	6.2	3.5-7.2 mg/dl	Uricase
------------------	-----	---------------	---------

Urine Sugar (Fasting)	Absent	Absent
Urine Ketones (Fasting)	Absent	Absent

Urine Sugar (PP)	Absent	Absent
Urine Ketones (PP)	Absent	Absent

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amit Taori*

**Dr.AMIT TAORI**  
M.D ( Path )  
Pathologist

022-6170-0000





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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



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Reported : 22-Mar-2023 / 12:19

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	

**Interpretation:** The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose:(1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl,4+ -1000 mg/dl)
- Ketone:(1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

**Reference:** Pack insert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

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



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0000-0513-5507





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Reported : 22-Mar-2023 / 13:02

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**

ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	169.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	220.2	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	39.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	130.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	108.3	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	22.5	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

Kindly correlate clinically.  
Note : LDL test is performed by direct measurement.

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



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Reported : 22-Mar-2023 / 12:10

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.27	0.35-5.5 microIU/ml	ECLIA





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**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors

can give falsely high TSH.

2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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



*Amit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist



Name: *Liju Daniel*  
*22/07/22*

CID:  
 Sex / Age: *A-36*

**EYE CHECK UP**

Chief complaints: *REV*

Systemic Diseases: *NH*

Past history: *NH*

Unaided Vision: *BU 6/6 N.V. BK H'6*

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: *Good Vision*

**MR. PRAKASH KUDVA**

**SR. OPTOMETRIST**

# SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Date and Time: 22nd Mar 23 9:20 AM

Patient Name: DANIEL LIJU  
Patient ID: 2308108926



Age 37 years 5 months 25 days

Gender Male

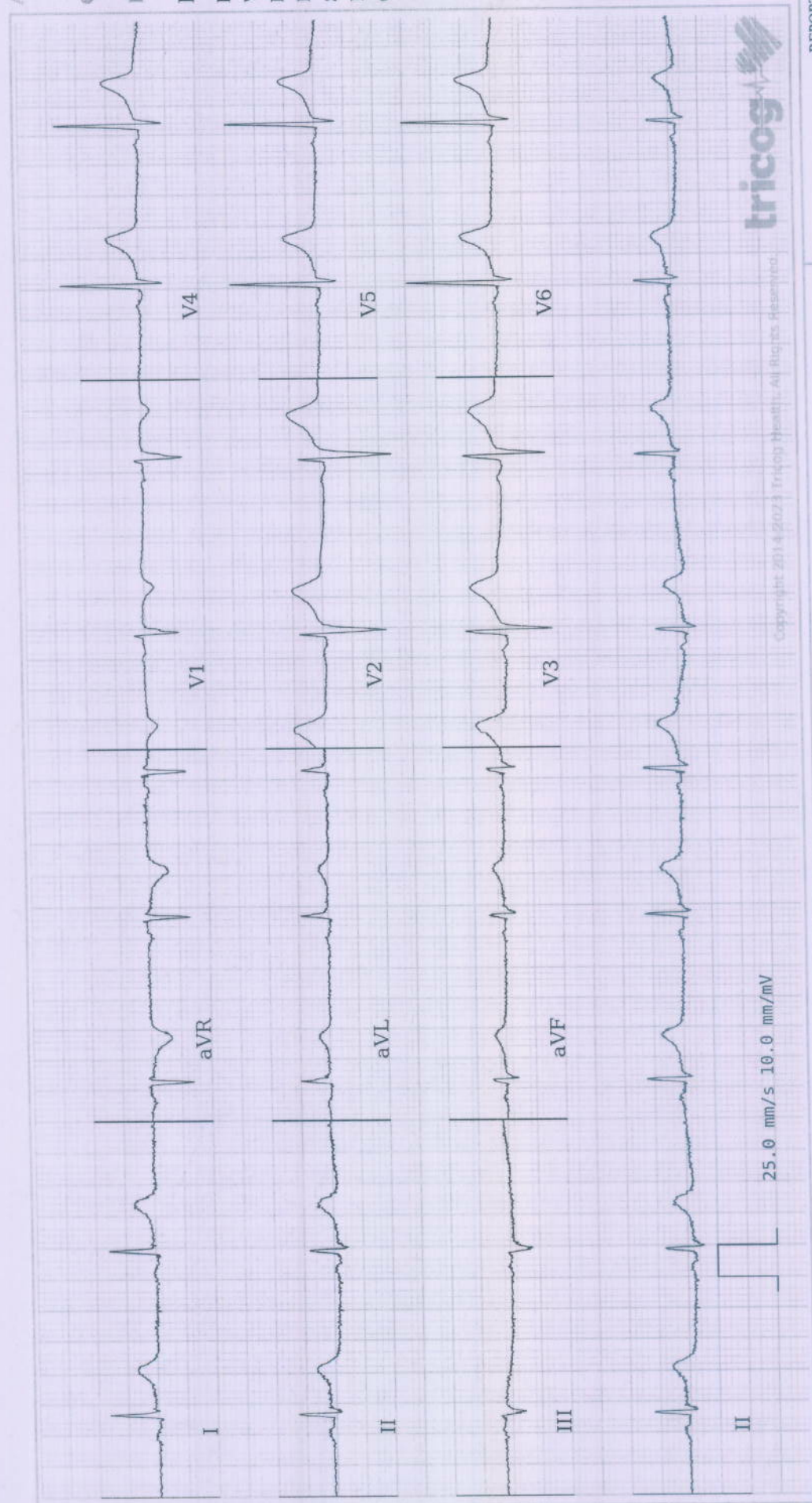
Heart Rate 58bpm

### Patient Vitals

BP: 130/80 mmHg  
Weight: 66 kg  
Height: 166 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others:

### Measurements

QRSD: 82ms  
QT: 430ms  
QTc: 422ms  
PR: 138ms  
P-R-T: 45° 6° 22°



REPORTED BY

DR SHAILAJA PILLAI  
MBBS, MD Physician  
MD Physician  
49972

ECG Within Normal Limits: Sinus Bradycardia., Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG alone, and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



Authenticity Check



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**Ref. Dr** :  
**Reg. Location** : G B Road, Thane West Main Centre  
**Reg. Date** : 22-Mar-2023  
**Reported** : 22-Mar-2023 / 9:31

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### USG WHOLE ABDOMEN

**LIVER:** Liver appears normal in size and *shows increased echorefectivity*. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 9.7 x 4.1 cm. Left kidney measures 9.6 x 4.5 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**PROSTATE:** Prostate is normal in size and echotexture . No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032208311627>

Page no 1 of 2

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CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.

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**IMPRESSION:**

- **GRADE I FATTY INFILTRATION OF LIVER.**

Advice: Clinical co-relation sos further evaluation and follow up.

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. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

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OUR PRESENCE

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REG NO. : 2308108926	SEX : MALE
NAME : MR.DANIEL LIJU	AGE : 37 YRS
REF BY : -----	DATE: 22.03.2023

**2D ECHOCARDIOGRAPHY**

**M - MODE FINDINGS :**

LVIDD	40	mm
LVIDS	24	mm
LVEF	60	%
IVS	10	mm
PW	7	mm
AO	16	mm
LA	27	mm

**2D ECHO:**

- All cardiac chambers are normal in size
- Left ventricular contractility : Normal
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid , aortic , pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal .
- Inter - atrial and inter - ventricular septum are intact .
- Pulmonary veins , IVC , hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

**PATIENT NAME : MR.DANIEL LIJU**

**COLOR DOPPLER:**

- Mitral valve doppler – E- 0.9 m/s, A- 0.5 m/s.
- Mild TR.
- No aortic / mitral regurgition. Aortic velocity 1.2 m/s, PG 6.1 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

**IMPRESSION :**

- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC FUNCTION.**

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



**DR.YOGESH KHARCHE**  
**DNB(MEDICINE) DNB (CARDIOLOGY)**  
**CONSULTANT INTERVENTIONAL CARDIOLOGIST.**





Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2308108926  
**Name** : Mr DANIEL LIJU  
**Age / Sex** : 37 Years/Male  
**Ref. Dr** :  
**Reg. Location** : G B Road, Thane West Main Centre  
**Reg. Date** : 22-Mar-2023  
**Reported** : 22-Mar-2023 / 12:50

**X-RAY CHEST PA VIEW**

Both lung fields are clear.  
Both costo-phrenic angles are clear.  
The cardiac size and shape are within normal limits.  
The domes of diaphragm are normal in position and outlines.  
The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

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