





# TMT INVESTIGATION REPORT

Patient Name: DEEKSHA SAXENA

Location

: Ghaziabad

Age/Sex

: 34Year(s)/Female

Visit No

: V000000001-GHZB

MRN No

MH010215304

Order Date

: 22/07/2023

Ref. Doctor : HCP

Report Date

: 22/07/2023

**Protocol** 

: Bruce

**MPHR** 

: 185BPM

**Duration of exercise** 

: 7min 02sec

85% of MPHR

: 157BPM

Reason for termination

: THR achieved

Peak HR Achieved : 167BPM % Target HR

: 90%

Blood Pressure (mmHg) : Baseline BP : 100/66mmHg

Peak BP

: 126/70mmHg

**METS** 

: 8.6METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	95	100/66	Nil	No ST changes seen	Nil
STAGE 1	3:00	131	110/66	Nil	No ST changes seen	Nil
STAGE 2	3:00	154	120/70	Nil	No ST changes seen	Nil
STAGE 3	1:02	167	126/70	Nil	No ST changes seen	Nil
RECOVERY	3:03	102	104/66	Nil	No ST changes seen	Nil

### **COMMENTS:**

- No ST changes in base line ECG.
- No ST changes during test and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

### **IMPRESSION:**

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh

Dr. Abhishek Singh

Dr. Sudhanshu Mishra

MD, DM (CARDIOLOGY), FACC MD, DNB (CARDIOLOGY), MNAMS MD

Cardiology Registrar

Sr. Consultant Cardiology

Sr.Consultant Cardiology

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

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Page 1 of 2

Manipal Health Enterprises Private Limited

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# RADIOLOGY REPORT

	THE SAVENA	STUDY DATE	22/07/2023 9:13AM
NAME	MRS DEEKSHA SAXENA	STUDITUALL	
	34 y / F	HOSPITAL NO.	MH010215304
AGE / SEX		MODALITY	US
ACCESSION NO.	R5844007		HEALTH CHECK MGD
REPORTED ON	22/07/2023 10:10AM	REFERRED BY	HEALITI SHESK MOS

# **USG ABDOMEN & PELVIS**

### **FINDINGS**

LIVER: Liver is normal in size (measures 130 mm), shape and echotexture. Rest normal. SPLEEN: Spleen is normal in size (measures 82 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9.5 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.4 mm.

IVC, HEPATIC VEINS: Normal. BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is

maintained. Rest normal.

Right Kidney: measures 99 x 34 mm. Left Kidney: measures 92 x 34 mm. PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged. FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest

UTERUS: Uterus is retroverted, normal in size (measures 60 x 39 x 38 mm), shape and echotexture.

Endometrial thickness measures 13.6 mm. Cervix appears normal.

OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.

Right ovary measures 27 x 24 x 21 mm with volume 7.3 cc.

Left ovary measures 30 x 26 x 18 mm with volume 7.3 cc.

Bilateral adnexa is clear.

Bowel: Visualized bowel loops appear normal.

### **IMPRESSION**

No significant abnormality noted.

Recommend clinical correlation.

Brobbet

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS (FRCR 2A)

CONSULTANT RADIOLOGIST

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

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# RADIOLOGY REPORT

		OTHEW DATE	22/07/2023 9:28AM
NAME	MRS DEEKSHA SAXENA	STUDY DATE	22/01/2023 9.20AW
NAME		HOSPITAL NO.	MH010215304
AGE / SEX	34 y / F		CR
ACCESSION NO.	R5844006	MODALITY	
PEPORTED ON	22/07/2023 9:38AM	REFERRED BY	HEALTH CHECK MGD

## **XR- CHEST PA VIEW**

### FINDINGS:

LUNGS: Bronchovascular markings appear prominent.

TRACHEA: Normal. CARINA: Normal.

RIGHT AND LEFT MAIN BRONCHI: Normal.

PLEURA: Normal. HEART: Normal.

RIGHT HEART BORDER: Normal. LEFT HEART BORDER:Normal. PULMONARY BAY: Normal. PULMONARY HILA: Normal.

AORTA: Normal.

THORACIC SPINE: Normal.

OTHER VISUALIZED BONES: Normal. VISUALIZED SOFT TISSUES: Normal.

DIAPHRAGM: Normal.

VISUALIZED ABDOMEN: Normal. VISUALIZED NECK: Normal.

# IMPRESSION:

Prominent bronchovascular markings in bilateral lung fields.

Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB

CONSULTANT RADIOLOGIST

Marica!

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

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MRS DEEKSHA SAXENBORATORY REPORT Name 34 Yr(s) Sex :Female

**Registration No** MH010215304 RefHosp No.: Lab No 32220610334

ghzb-0000175247

**Collection Date:** 29 Jun 2022 19:14

**Patient Episode** H18000000729

Reporting Date: 29 Jun 2022 20:07

Referred By HEALTH CHECK MGD **Receiving Date** 29 Jun 2022 19:21

**BIOCHEMISTRY** 

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Specimen: EDTA Whole blood

As per American Diabetes Association (ADA

HbAlc (Glycosylated Hemoglobin) [4.0-6.5]

HbA1c in %

Non diabetic adults : < 5.6 %

Prediabetes (At Risk): 5.7% - 6.4%

Diabetic Range : > 6.5 %

Methodology Turbidimetric inhibition immunoassay (TINIA)

Estimated Average Glucose (eAG) 111 mq/dl

### Use :

1. Monitoring compliance and long-

term blood glucose level control in patients with diabetes.

- 2. Index of diabetic control (direct relationship between poor control and development of complications).
- 3. Predicting development and progression of diabetic microvascular complications.

## Limitations :

- 1. AlC values may be falsely elevated or decreased in those with chronic kidney disease.
- 2. False elevations may be due in part to analytical interference from carbamylated hemoglobi formed in the presence of elevated concentrations of urea, with some assays.
- 3. False decreases in measured A1C may occur with hemodialysis and altered red cell turnover specially in the setting of erythropoietin treatment

References: Rao.L.V., Michael snyder.L.

(2021) . Wallach's Interpretation of Diagnostic Tests.

11th Edition. Wolterkluwer. NaderRifai, Andrea Rita Horvath, Carl T. wittwer. (2018) Teitz Text book

of Clinical Chemistry and Molecular Diagnostics. First edition, Elsevier, South Asia.

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-----END OF REPORT-----

Dediapas Dr. Lona Mohapatra

CONSULTANT PATHOLOGY

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# LABORATORY REPORT

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This report is subject to the terms and conditions mentioned overleaf



Name : MRS DEEKSHA SAXENA ORATORY REPORT : 34 Yr(s) Sex : Female

**Registration No** : MH010215304 RefHosp No. :

ghzb-0000175247

**Lab No** : 202307002553

H18000000729

Collection Date: 22 Jul 2023 08:53

Referred By : HEALTH CHECK MGD

**Reporting Date:** 24 Jul 2023 09:54

**Receiving Date** : 22 Jul 2023 08:53

**Patient Episode** 

**HAEMATOLOGY** 

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

COMPLETE BLOOD COUNT (AUTOMA:	red)	SPECIMEN-EDTA Whole Blood		
RBC COUNT (IMPEDENCE)	4.28	millions/cumm	[3.80-4.80]	
HEMOGLOBIN	11.5 #	g/dl	[12.0-16.0]	
Method:cyanide free SLS-color	rimetry			
HEMATOCRIT (CALCULATED)	35.7 #	8	[36.0-46.0]	
MCV (DERIVED)	83.4	fL	[83.0-101.0]	
MCH (CALCULATED)	26.9 #	pg	[27.0-32.0]	
MCHC (CALCULATED)	32.2	g/dl	[31.5-34.5]	
RDW CV% (DERIVED)	14.1 #	8	[11.6-14.0]	
Platelet count	185	x 10 <sup>3</sup> cells/cumm	[150-400]	
MPV (DERIVED)	11.9			
WBC COUNT(TC) (IMPEDENCE) DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)	5.09	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]	
Neutrophils	36.0 #	<b>ે</b>	[40.0-80.0]	
Lymphocytes	58.0 #	%	[17.0-45.0]	
Monocytes	6.0	00	[2.0-10.0]	
Eosinophils	0.0 #	%	[2.0-7.0]	
Basophils	0.0	00	[0.0-2.0]	
ESR	5.0	mm/1sthour	[0.0-	

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MRS DEEKSHA SAXENBORATORY REPORT 34 Yr(s) Sex :Female

MH010215304 RefHosp No.: **Registration No** 

ghzb-0000175247

202307002553 Lab No

Collection Date: 22 Jul 2023 09:40

H18000000729 **Patient Episode** 

Reporting Date:

23 Jul 2023 08:52

Referred By

HEALTH CHECK MGD

**Receiving Date** 

22 Jul 2023 09:40

**CLINICAL PATHOLOGY** 

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

PALE YELLOW Colour

CLEAR

Reaction[pH] Specific Gravity

Appearance

Glucose

Ketone Bodies

Urobilinogen

7.0

1.005

(4.6 - 8.0)(1.003 - 1.035)

(Pale Yellow - Yellow)

\_HEMICAL EXAMINATION

Protein/Albumin

Negative

NIL

Negative

(NIL) (NEGATIVE)

Normal

(NORMAL)

(0-5/hpf)

(0-2/hpf)

(NEGATIVE)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells

0-1/hpf

RBC

NIL

Epithelial Cells

0 - 1

/hpf

CASTS Crystals NIL

NIL

OTHERS

NIL

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MANIPAL HOSPITALS



Name : MRS DEEKSHA SAXENA ORATORY REPORT : 34 Yr(s) Sex : Female

Registration No : MH010215304 RefHosp No. :

**Lab No** : 202307002553

ghzb-0000175247

**Collection Date:** 22 Jul 2023 08:53

Patient Episode : H18000000729

**Reporting Date:** 23 Jul 2023 08:43

Referred By : HEALTH CHECK MGD
Receiving Date : 22 Jul 2023 08:53

**BLOOD BANK** 

**TEST** 

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing

B Rh(D) Negative

### Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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--END OF REPORT----

Dr. Charu Agarwal Consultant Pathologist



Name : MRS DEEKSHA SAXENABORATORY REPORT

34 Yr(s) Sex :Female

Registration No

: MH010215304 RefHosp No. :

Lab No

202307002555

Patient Episode

H18000000729

Collection Date:

22 Jul 2023 12:42

Referred By

1110000000729

ghzb-0000175247

Reporting Date:

22 Jul 2023 17:07

Receiving Date

: HEALTH CHECK MGD : 22 Jul 2023 12:42

**BIOCHEMISTRY** 

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Specimen: Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

86.0

mg/dl

[80.0-140.0]

Method: Hexokinase

Note:

Coditions which can lead to lower postprandial glucose levels as compared to facting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Page 8 of 8

-----END OF REPORT---

Alle

Dr. Alka Dixit Vats Consultant Pathologist



Name : MRS DEEKSHA SAXE ABORATORY REPORT : 34 Yr(s) Sex : Female

: MH010215304 RefHosp No. : Lab No : 202307002554 ghzb-0000175247

Collection Date: 22 Jul 2023 08:53

Patient Episode : H18000000729 Reporting Date : 22 Jul 2023 17:21

Referred By : HEALTH CHECK MGD Receiving Date : 22 Jul 2023 08:53

**BIOCHEMISTRY** 

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

Registration No

Specimen: Plasma
GLUCOSE, FASTING (F) 78.0 mg/dl [70.0-110.0]
Method: Hexokinase

-----END OF REPORT----

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Dr. Alka Dixit Vats Consultant Pathologist Page 7 of 8



Name		MRS DEEKSHA SAXENABORATORY REP	<b>QRT</b>	:	34 Yr(s) Sex :Female
Registration No	•	MH010215304 RefHosp No. :	Lab No	:	202307002553
n n		ghzb-0000175247	Collection Date	e:	22 Jul 2023 08:53
Patient Episode		H18000000729	Reporting Date	e :	22 Jul 2023 14:21
Referred By	:	HEALTH CHECK MGD			
Receiving Date	:	22 Jul 2023 08:53			

## **BIOCHEMISTRY**

TEST	RESULT	UNIT BIOLO	GICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.72	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.16	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.56	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.60	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.08	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.50 #	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.16		[1.00-2.50]
A (SGOT) (SERUM) Mechod: IFCC W/O P5P	24.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	17.00	U/L	[14.00-54.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	48.0	IU/L	[40.0-98.0]
GGT	16.0	U/L	[7.0-50.0]
			Daga E of O

--END OF REPORT---

Dr. Charu Agarwal

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MRS DEEKSHA SAXE ABORATORY REPORT 34 Yr(s) Sex :Female Name

MH010215304 RefHosp No.: Registration No

ghzb-0000175247

Lab No

202307002553

**Patient Episode** H18000000729 **Collection Date:** 

22 Jul 2023 08:53

HEALTH CHECK MGD Referred By

Reporting Date:

22 Jul 2023 14:20

**Receiving Date** 

22 Jul 2023 08:53

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
IESI	RESULI	UNII	BIOLOGICAL REFERENCE INTE

Specimen: Serum  U	KIDNEY PROFILE			
U 27.9 mg/dl [15.0-40.0]  Method: GLDH, Kinatic assay  BUN, BLOOD UREA NITROGEN 13.0 mg/dl [8.0-20.0]	Specimen: Serum			
BUN, BLOOD UREA NITROGEN 13.0 mg/dl [8.0-20.0]		27.9	mg/dl	[15.0-40.0]
	Method: GLDH, Kinatic assay			
	BUN, BLOOD UREA NITROGEN	13.0	mg/dl	[8.0-20.0]
Method: Calculated	Method: Calculated			
CREATININE, SERUM 0.81 mg/dl [0.70-1.20]	CREATININE, SERUM	0.81	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization	Method: Jaffe rate-IDMS Standardizat	tion		
URIC ACID 4.9 mg/dl [4.0-8.5]	. :	4.9	mg/dl	[4.0-8.5]
Method:uricase PAP	Method:uricase PAP			
SODIUM, SERUM 132.90 # mmol/L [136.00-144.00]	SODIUM, SERUM	132.90 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM 4.29 mmol/L [3.60-5.10]	POTASSIUM, SERUM	4.29	mmol/L	[3.60-5.10]
SERUM CHLORIDE 100.6 # mmol/L [101.0-111.0]	SERUM CHLORIDE	100.6 #	mmol/L	[101.0-111.0]
Method: ISE Indirect	Method: ISE Indirect			of Comment to State and Ind. A
eGFR (calculated) 95.1 ml/min/1.73sq.m [>60.0]	eGFR (calculated)	95.1	ml/min/1.73sq.m	[>60.0]
Technical Note	Technical Note			

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 eration normalized to1.73 sq.m BSA and is not applicable to individuals below 18 years. eG.R tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

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MRS DEEKSHA SAXENABORATORY REPORT 34 Yr(s) Sex :Female Name MH010215304 RefHosp No.: 202307002553 Registration No Lab No ghzb-0000175247 **Collection Date:** 22 Jul 2023 08:53 Patient Episode H18000000729 Reporting Date: 22 Jul 2023 14:21 HEALTH CHECK MGD Referred By **Receiving Date** 22 Jul 2023 08:53 BIOCHEMISTRY TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL Serum LIPID PROFILE Serum TOTAL CHOLESTEROL 195 mg/dl [<200] Method: Oxidase, esterase, peroxide Moderate risk:200-239 High risk:>240 TKIGLYCERIDES (GPO/POD) 54 mg/dl [<150] Borderline high: 151-199 High: 200 - 499 Very high:>500 HDL- CHOLESTEROL 57.0 mg/dl [35.0-65.0]

Above optimal-100-129

T.Chol/HDL.Chol ratio(Calculated) 3.4

LDL.CHOL/HDL.CHOL Ratio(Calculated)

Method: Enzymatic Immunoimhibition VLDL- CHOLESTEROL (Calculated)

CHOLESTEROL, LDL, CALCULATED

2.2

11

127.0 #

mg/dl

mg/dl

<3 Optimal
3-4 Borderline

<4.0 Optimal

>6 High Risk

>6 High Risk

[0-35]

High Risk: 160-189

4.0-5.0 Borderline

Borderline High: 130-159

[<120.0]

Near/

Note:

Reference ranges based on ATP III Classifications.

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MRS DEEKSHA SAXENABORATORY REPORT 34 Yr(s) Sex :Female Name

MH010215304 RefHosp No.: Registration No

32220610334 Lab No

ghzb-0000175247

29 Jun 2022 19:14 **Collection Date:** 

H18000000729 **Patient Episode** 

Reporting Date:

29 Jun 2022 20:07

Referred By

HEALTH CHECK MGD

29 Jun 2022 19:21 **Receiving Date** 

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA) T - Thyroxine (ECLIA)

0.75 3.91 # ng/ml µg/dl [0.70 - 2.04][4.60-12.00]

Specimen Type : Serum

Thyroid Stimulating Hormone (ECLIA)

2.370

uIU/mL

[0.340 - 4.250]

1st Trimester: 0.6 - 3.4 micIU/mL 2nd Trimester: 0.37 - 3.6 micIU/mL 3rd Trimester: 0.38 - 4.04 micIU/mL

Note: TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm. Factors such as change of seasons hormonal fluctuations, Ca or Fe supplements, high fibre diet, stress and illness affect TSH results.

- \* References ranges recommended by the American Thyroid Association
- 1) Thyroid. 2011 Oct; 21(10):1081-125.PMID .21787128
- 2) http://www.thyroid-info.com/articles/tsh-fluctuating.html

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-----END OF REPORT-----

Dr. Lona Mohapatra CONSULTANT PATHOLOGY

Dediapado



Name : MRS DEEKSHA SAXENABORATORY REPORT : 34 Yr(s) Sex :Female

Registration No : MH010215304 RefHosp No.: Lab No : 32220610334

Reporting Date: 29 Juli 2022 20.07

Referred By : HEALTH CHECK MGD
Receiving Date : 29 Jun 2022 19:21

**BIOCHEMISTRY** 

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Specimen: EDTA Whole blood

As per American Diabetes Association (ADA) 20

1 (Glycosylated Hemoglobin) 5.5 % [4.0-6.5]

HbAlc in %

Non diabetic adults : < 5.6 %

Prediabetes (At Risk): 5.7 % - 6.4 %

Diabetic Range : > 6.5 %

Methodology Turbidimetric inhibition immunoassay (TINIA)

Estimated Average Glucose (eAG) 111 mg/dl

### Use :

1. Monitoring compliance and long-

term blood glucose level control in patients with diabetes.

- 2. Index of diabetic control (direct relationship between poor control and development of complications).
- 3. Predicting development and progression of diabetic microvascular complications.

#### Limitations :

- 1. AlC values may be falsely elevated or decreased in those with chronic kidney disease.
- 2. False elevations may be due in part to analytical interference from carbamylated hemoglobin  $f_0$  med in the presence of elevated concentrations of urea, with some assays.
- 3. False decreases in measured A1C may occur with hemodialysis and altered red cell turnover, especially in the setting of erythropoietin treatment

References: Rao.L.V., Michael snyder.L.

(2021) . Wallach's Interpretation of Diagnostic Tests.

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(2018) Teitz Text book

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