



सत्यमेव जयते
भारत सरकार



आधार

भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1104/20157/24275

To,
बीजय कुमार सेठी
Bijay Kumar Sethi
S/O Manguli Sethi
Near powai Lake 602/4, Mhada, BOB officers QTRS
Rambaug powai
Powai lit S.O
Mumbai
Maharashtra 400076
9594331127

28/09/2011

Ref: 361 / 11E / 664622 / 664702 / P



UE444784957IN



आपला आधार क्रमांक / Your Aadhaar No. :

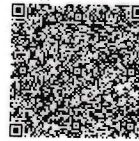
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आधार — सामान्य माणसाचा अधिकार



बीजय कुमार सेठी
Bijay Kumar Sethi
जन्म वर्ष / Year of Birth : 1966
पुरुष / Male

भारत सरकार
GOVERNMENT OF INDIA



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आधार — सामान्य माणसाचा अधिकार

PATIENT SUMMARY

Page 1 of 1

Patient : BIJAY KUMAR SETHI - 55/Years

OP Number : KA-PEC2022/345012

Address :

Phone : +919720351409

14/02/2022

OPTOMETRIST FINDINGS (-13:09:04)

WITH EXISTING GLASS DIST 6/6P RE 6/6P LE

WITH EXISTING GLASS NEAR N6 RE N6 LE

COLOR VISION RE Normal LE Normal

Sleeping with Contact Lens NO

DOCTOR ADVICE (DR.KEERTI MUKESH - 13:25:46)

PRESENTING COMPLAINTS clumax screening

LIDS & ADNEXA RE: NORMAL; LE: NORMAL

PUPIL RE: RRR; LE: RRR

CORNEA RERE: CLEAR; LE: CLEAR

LENS RERE: CLEAR; LE: CLEAR

CONJUNCTIVA RERE: NORMAL; LE: NORMAL

ANTERIOR CHAMBER RE: NORMAL; LE: NORMAL

OTHER RESULTS OTHER FINDINGSRE : continue same glasses
R/V for dilated fundus examination

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***** END *****

Thanking you for giving us an opportunity to provide you eye care services.



Sign-up & Health Assessment Form

To be filled by Customer

Name: Mr/Ms/Mrs **BEIJAY KUMAR SETHI**

Gender: Male Female Age: **55** years DOB: / /

Address: Pincode:

Mobile:

To be filled by Customer

Medical History

Have you been previously diagnosed with?

Diabetes (Sugar) Yes No

Hypertension (BP) Yes No

Cardiovascular Disease (Heart) Yes No

Asthma/Allergies (Dust, Pollen, Food, Animals, etc.) Yes No

Neurological Problems (Nerve) Yes No

Are you currently taking medications for?

Diabetes (Sugar) Yes No

Hypertension (BP) Yes No

Cardiovascular Disease (Heart) Yes No

Liver Disease Yes No

Cancer Yes No

Tuberculosis (TB) Yes No

Family History

Is there a history of below diseases in your family?

Diabetes (Sugar) Yes No

Hypertension (BP) Yes No

Cardiovascular Disease (Heart) Yes No

Cancer Yes No

Lifestyle

Do you exercise regularly? Yes No

Do you consume alcohol more than 2 times a week? Yes No

Do you smoke/chew tobacco? Yes No

Are you vegetarian? Yes No

General

Do you see a doctor at least once in 6 months? Yes No

Do you undergo a health checkup every year? Yes No

How would you rate your overall Health? Excellent Good Normal Poor Very Poor

Women's Health

Is there a family history of Breast Cancer? Yes No

Is there a family history of Endometrial (Uterus) Cancer? Yes No

Is there a family history of Ovarian Cancer? Yes No

Do you have irregular periods? Yes No

Do you have heavy bleeding during periods? Yes No

Do you have scanty periods? Yes No

Have you attained Menopause? Yes No

Do you have children? Yes No

Was it a normal delivery? Yes No

Did you have diabetes/hypertension during delivery? Yes No

Bar code

Vitals

To be filled by Technician

Height: **173** cms

Waist: **35** in.

Hip: **37** in.

Weight: **61.9** kg

Fat: **20.0** %

Visc. Fat: **5.0** %

RM: **1478** cal

BMI: **20.7** kg/m²

Body Age: **41** years

Sys. BP: **127** mmHg

Dia. BP: **81** mmHg

POC - 64

Name	BIJAY KUMAR SETHI	Customer ID	MED110943451
Age & Gender	55Y/M	Visit Date	Feb 14 2022 10:00AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: *Essentially normal study.*

DR. H.K. ANAND

DR. SHWETHA S

DR. PRAJNA SHENOY

DR. MAHESH M S

CONSULTANT RADIOLOGISTS




Name	MR.BIJAY KUMAR SETHI	ID	MED110943451
Age & Gender	55Y/MALE	Visit Date	14/02/2022
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern.
No evidence of focal lesion or intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents.
Gall bladder wall is of normal thickness.
CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern.
No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
Cortico- medullary differentiations are well made out.
No evidence of calculus or hydronephrosis.
The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.0	1.9
Left Kidney	9.1	1.7

URINARY BLADDER show normal shape and wall thickness.
It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size (wt-19.8gms) and echopattern.

No evidence of ascites.

Impression: No sonological abnormality detected.

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND

DR. PRAJNA SHENOY

DR. MAHESH. M. S

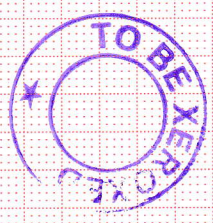
DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P

Ms/so



QRS : 84 ms
QT / QTcBaz : 404 / 406 ms
PR : 126 ms
P : 68 ms
RR / PP : 986 / 983 ms
P / QRS / T : 21 / 23 / 25 degrees



HR 61bpm

WNL

RM + 40°

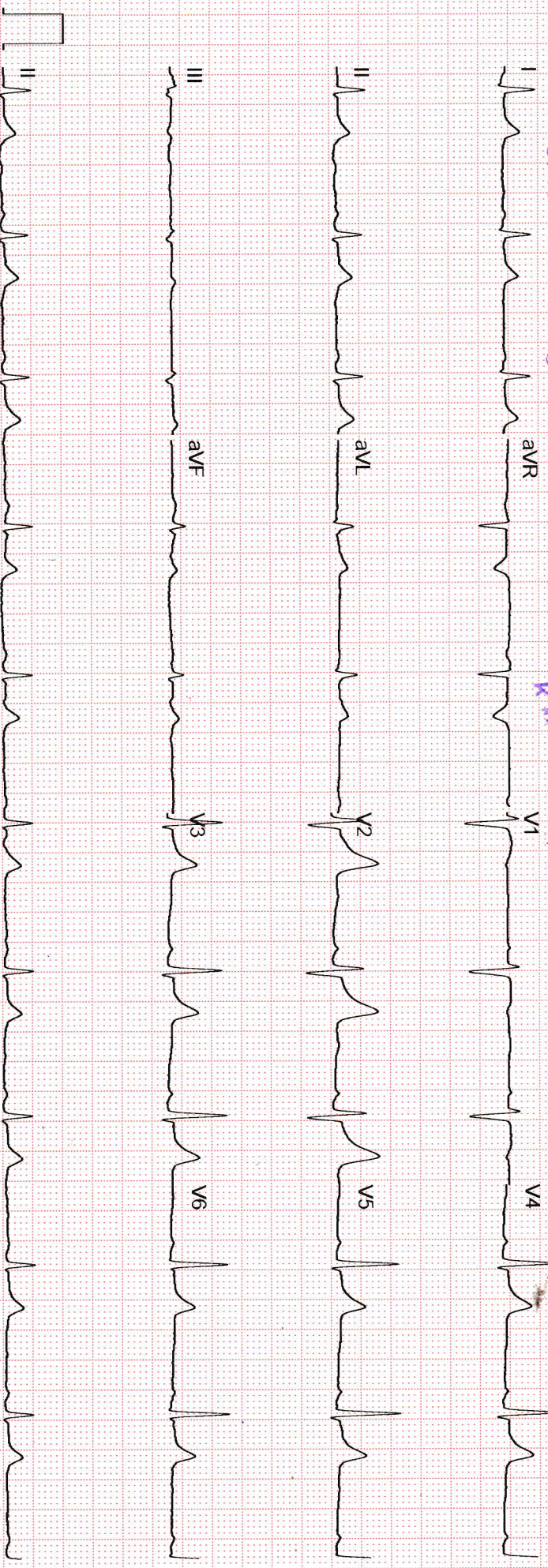
Normal ECG

3

Needs Clinical Correlation
for further Management)

Dr. SRIDHAR.L
MD.(Med), DM(Cardio), FICG
Interventional Cardiologist
K SR
299790

Technician: BHAGYA
Ordering Ph: MEDIWHEEL
Referring Ph: MEDIWHEEL
Attending Ph:



Name	MR.BIJAY KUMAR SETHI	ID	MED110943451
Age & Gender	55Y/MALE	Visit Date	14/02/2022
Ref Doctor	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.65	cms
LEFT ATRIUM	:	3.27	cms
AVS	:	1.31	cms
LEFT VENTRICLE (DIASTOLE)	:	4.73	cms
(SYSTOLE)	:	3.27	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.27	cms
(SYSTOLE)	:	1.80	cms
POSTERIOR WALL (DIASTOLE)	:	1.06	cms
(SYSTOLE)	:	1.92	cms
EDV	:	103	ml
ESV	:	43	ml
FRACTIONAL SHORTENING	:	30	%
EJECTION FRACTION	:	58	%
EPSS	:		cms
RVID	:	2.12	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -1.29m/s 'A' -1.06m/s	TRIVIAL MR
AORTIC VALVE	: 1.53 m/s	NO AR
TRICUSPID VALVE	:PASP : 22 mmHg	TRIVIAL TR
PULMONARY VALVE	:0.84 m/s	NO PR



Name	MR.BIJAY KUMAR SETHI	ID	MED110943451
Age & Gender	55Y/MALE	Visit Date	14/02/2022
Ref Doctor	MediWheel		

:2:

2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle : Normal size, Normal systolic function.
No regional wall motion abnormalities

Left Atrium : Normal

Right Ventricle : Normal

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapse.

Aortic valve : Normal, Trileaflet

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No Pericardial effusion.

IMPRESSION :

- TRIVIAL MITRAL REGURGITATION
- TRIVIAL TRICUSPID REGURGITATION (PASP : 22 mmHg)
- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 58 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

DR.SRIDHAR.L MD,DM,FICC.
CONSULTANT CARDIOLOGIST

Ls/ml

Dr. SRIDHAR.L
MD,(Med), DM(Cardio), FICC
Interventional Cardiologist
K.M.C. No.: 32248



Name : Mr. BIJAY KUMAR SETHI
PID No. : MED110943451
SID No. : 922011500
Age / Sex : 55 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	12.1	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	38.2	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	6.05	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	63.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	19.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	31.6	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	18.8	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	41.45	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6520	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	60.15	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	29.40	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.86	%	01 - 06


DR MANJUNATHA T.M
Consultant Pathologist
KMC Reg No : 112205

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	8.33	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.26	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.92	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.92	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.12	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.54	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.02	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	180.5	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	10.26	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	25	mm/hr	< 20


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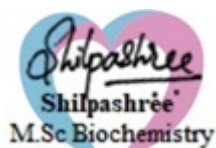


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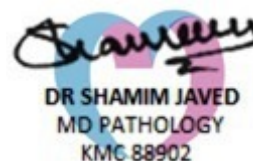
BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.7	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.5	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.1	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.4	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.7	g/dL	2.3 - 3.5
A : G Ratio (Serum/Derived)	1.6		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	18	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	18	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	66	U/L	56 - 119
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	16	U/L	< 55



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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	163	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	114	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

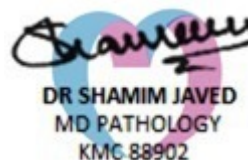
INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	48	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	92.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	22.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	115.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.



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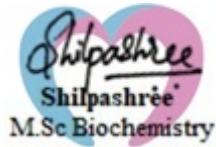
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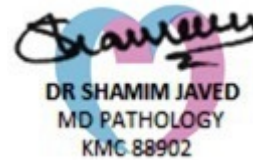
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.4		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	7.9	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

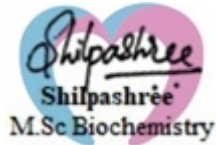
Estimated Average Glucose 180.03 mg/dL
(Whole Blood)

INTERPRETATION: Comments

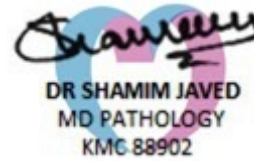
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.



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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/CMIA)	1.03	ng/mL	0.4 - 1.81
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INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Thyroxine) - Total (Serum/CMIA)	7.71	µg/dL	4.2 - 12.0
--	------	-------	------------

INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Microparticle Immunoassay(CMIA))	2.03	µIU/mL	0.35 - 5.50
--	------	--------	-------------

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION


Colour (Urine)	Pale Yellow		
Appearance (Urine)	Slightly Hazy		Clear
Volume (Urine)	20	mL	

CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.020		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative


DR MANJUNATHA T.M
Consultant Pathologist
KMC Reg No : 112205

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name : Mr. BIJAY KUMAR SETHI

PID No. : MED110943451

SID No. : 922011500

Age / Sex : 55 Year(s) / Male

Type : OP

Ref. Dr : MediWheel

Register On : 14/02/2022 10:05 AM

Collection On : 14/02/2022 1:03 PM

Report On : 15/02/2022 9:09 AM

Printed On : 15/02/2022 1:04 PM



Investigation

Observed Value

Unit

Biological Reference Interval

Leukocytes
(Urine)

Negative

leuco/uL

Negative

MICROSCOPY (URINE DEPOSITS)

Pus Cells
(Urine/Flow cytometry)

1-2

/hpf

3-5

Epithelial Cells
(Urine)

0-1

/hpf

1-2

RBCs
(Urine/Flow cytometry)

Nil

/hpf

2-3


Others
(Urine)

Calcium oxalate
crystals seen

Nil


DR MANJUNATHA T.M
Consultant Pathologist
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BIOCHEMISTRY

BUN / Creatinine Ratio	17		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	152	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose Fasting - Urine (Urine - F)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	216	mg/dL	70 - 140
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INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	14	mg/dL	7.0 - 21
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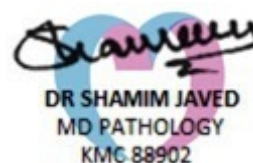
Creatinine (Serum/Jaffe Kinetic)	0.8	mg/dL	0.9 - 1.3
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INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	2.8	mg/dL	3.5 - 7.2
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IMMUNOASSAY

Prostate specific antigen - Total(PSA)
(Serum/Chemiluminescent Microparticle
Immunoassay(CMIA))

0.553

ng/mL

Normal: 0.0 - 4.0
Inflammatory & Non Malignant
conditions of Prostate & genitourinary
system: 4.01 - 10.0
Suspicious of Malignant disease of
Prostate: > 10.0

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).

Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.

PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

- In the early detection of Prostate cancer.
- As an aid in discriminating between Prostate cancer and Benign Prostatic disease.
- To detect cancer recurrence or disease progression.

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Value


Unit

Biological
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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'A' 'Positive'


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-- End of Report --