



भारत सरकार



आधार

ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ

ભારત સરકાર

Unique Identification Authority of India
Government of India

નોંધણીની ઓળખ / Enrollment No.: 0664/10109/05834

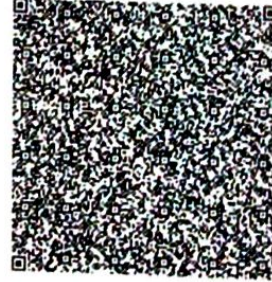
To,
ભગોરા મનુભાઈ જીવાભાઈ
Bhagora Manubhai Jivabhai
S/O: Jivabhai
Dhuleta Palla
Palla Bhiloda Arvalli
Gujarat 383355
9427871349

24/01/2017

Ref: 2342 / 07N / 332331 / 332346 / P



SB868231914FH



તમારો આધાર નંબર / Your Aadhaar No. :

6202 9834 2338

મારો આધાર, મારી ઓળખ



ભારત સરકાર

Government of India

ભગોરા મનુભાઈ જીવાભાઈ
Bhagora Manubhai Jivabhai

જન્મ તારીખ / DOB : 06/05/1979

પુરુષ / Male



6202 9834 2338

મારો આધાર, મારી ઓળખ



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LTHCARE

DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

MOLECULAR BIOLOGY | MICROBIOLOGY | GENETICS TESTING
VACCINATION | OPD CLINIC | DIGITAL X-RAY | ECG



 **GPS Map Camera**



Bhuj, Gujarat, India
1041A, Jadavji Nagar, Bhuj, Gujarat 370020, India
Lat 23.23505°
Long 69.650496°
13/01/24 11:20 AM GMT +05:30



LAB DIVISION

Patient ID	12233102	Collected On	13/01/2024 11:19:03
Patient Name	Mr. BHAGORA MANUBHAI JIVABHAI	Received On	13/01/2024 11:19:05
Gender / Age	Male / 44 Yrs 8 Mon 9 Days	Released On	13/01/2024 19:11:55
Refd. By		Printed On	15/01/2024 10:14:33
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
Glucose (Fasting) GOD-PAP	189.50	mg/dL	60.00 - 110.00

Fasting Plasma Glucose (mg/dl)	2 hr plasma Glucose (mg/dl) Post Glucose load	Diagnosis
99 or below	139 or below	Normal
100 to 125	140 to 199	Pre-Diabetes (IGT)
126 or above	200 or above	Diabetes

Glucose, Post Prandial (PP) GOD-PAP	250.00	mg/dL	70.00 - 140.00
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Fasting Glucose Plasma	2 hr Plasma Glucose (mg/dl) Post Glucose load	Diagnosis
99 or below	139 or below	Normal
100 to 125	140 to 199	Pre- Diabetes
126 or above	200 or above	Diabetes




Dr. Arun Kumar
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Consultant Pathologist

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Investigation	Value	Unit	Biological Ref. Range
Glycosylated Hb HPLC	9.0	%	
Average Plasma Glucose	212		

Interpretation :

HbA1c %

<=5.6	Normal
5.7-6.4	At Risk for Diabetes
>=6.5	Diabetes

Estimated Average Glucose (eAG) is a new way to understand how well you are managing your diabetes. Using eAG may help you get a better idea of how well you are taking care of your diabetes. And that can help you and your health care provider know what changes you may need to make to be as healthy as possible .

HbA1c %	5	5.5	6	6.5	7	7.5	8	8.5	9	10	11	12
(eAG) mg/dL	97	111	126	140	154	169	183	197	212	240	269	298

The HbA1c goal for people with diabetes is less than 7 percent. A 3 to 6 monthly monitoring is recommended in diabetics. People with diabetes should get the test done more often if their blood sugar stays too high or if their healthcare provider makes any change in the treatment plan. HbA1c concentration represents the integrated values for blood glucose over the preceding 6 -10 wks and is not affected by daily glucose fluctuation, exercise & recent food intake. It is a more useful tool for clinical management of *Diabetes mellitus* through routine monitoring & assesses compliance with therapeutic regimen.




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Investigation	Value	Unit	Biological Ref. Range
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Blood group Gel Technique	"O" Positive		
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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. The test is performed by both forward as well as reverse grouping methods.

The report is of sample received. It is presumed that the sample belongs to the patient. In case of any discrepancy related to this report, contact lab.




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Refd. By		Printed On	15/01/2024 10:14:37
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
Complete Blood Count			
Hemoglobin <small>Cynmeth Photometric Measurement</small>	14.1	gm/dL	13.0 - 17.0
Erythrocyte RBC Count <small>Electrical Impedance</small>	5.27	millions/cu.mm	4.50 - 5.50
HCT <small>Electrical Impedance</small>	43.9	%	40.0 - 50.0
Mean Cell Volume (MCV) <small>Electrical Impedance</small>	83.4	fL	80.0 - 100.0
Mean Cell Haemoglobin (MCH) <small>Electrical Impedance</small>	26.8	pg	27.0 - 32.0
Mean Corpuscular Hb Conc. (MCHC) <small>Electrical Impedance</small>	32.2	gm/dL	32.0 - 35.0
Red Cell Distribution Width (RDW-CV) <small>Electrical Impedance</small>	14.5	%	11.5 - 14.5
Total Leukocyte Count (TLC) <small>Electrical Impedance</small>	7.3	X10 ³ /uL	4.0 - 11.0
Differential Leukocyte Count (DLC)			
Neutrophils <small>VCS</small>	58	%	40 - 80
Lymphocytes <small>VCS</small>	34	%	20 - 40
Eosinophils <small>VCS</small>	03	%	01 - 06
Monocytes <small>VCS</small>	05	%	02 - 08
Basophils <small>VCS</small>	00	%	00 - 02
Platelet Count <small>Electrical Impedance</small>	172	x10 ³ /uL	150 - 450




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Investigation	Value	Unit	Biological Ref. Range
Erythrocyte Sedimentation Rate (ESR) <small>Westergren's</small>	14	mm in 1hr	00 - 15

- * Test conducted on EDTA whole blood at 37 degree Celsius.
- * ESR is an index of the presence of the active diseases of many types.
- * Increased- in most infections, anaemias, injection of foreign proteins, auto-immune disorders, conditions accompanied by hyperglobunemia and hypercholesterolaemia.
- * A rising ESR suggests a progressive disease.
- * Decreased- in polycythemia, congestive heart failure.
- * ESR is a useful but nonspecific marker of underlying inflammation. C-Reactive Protein(CRP) is the recommended test in a acute inflammatory conditions.




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Investigation	Value	Unit	Biological Ref. Range
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Peripheral Blood Smear

Microscopy

RBCs:- Normocytic normochromic with anisocytosis.

WBCs:- TLC is normal and DLC are within normal range.

Platelet:- Adequate in number and normal in morphology.

PARASITE AND IMMATURE CELLS:- Not seen.

Impression:- Smear is unremarkable.

Advise:- Clinical correlation.




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Refd. By		Printed On	15/01/2024 10:14:39
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
<u>Liver Function Test + GGT</u>			
Billirubin – Total <small>Diazonium Salt</small>	0.41	mg/dL	0.20 - 1.30
Billirubin – Direct <small>Diazo Reaction</small>	0.21	mg/dL	0.00 - 0.50
Bilirubin, Indirect <small>Calculated</small>	0.20	mg/dL	0.00 - 0.70
Gultamic Oxaloacetic Transaminase (SGOT, AST) <small>ifcc</small>	14.30	U/L	0.00 - 37.00
Gultamic Pyruvic Transaminase (SGPT, ALT) <small>IFCC</small>	22.60	U/L	0.00 - 41.00
ALP (Alkaline Phosphatase) <small>IFCC</small>	79.00	U/L	40.00 - 150.00
Total Protien <small>Biuret method</small>	6.93	g/dL	6.60 - 8.70
Albumin <small>Bromcresol Green</small>	4.05	g/dL	3.50 - 5.20
Globulin <small>Calculated</small>	2.88	g/dL	2.30 - 3.50
A:G (Albumin:Globulin) Ratio <small>Calculated</small>	1.41		1.20 - 2.00

These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Some tests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase). Conditions with elevated levels of ALT and AST include hepatitis A, B, C, paracetamol toxicity etc. Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medications are not adversely impacting the person's liver. Reference ranges vary between laboratories.

Note : The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation




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Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
<u>Kidney Function Test</u>			
Urea, Serum <small>Urease</small>	18.00	mg/dL	13.00 - 43.00
Blood Urea Nitrogen <small>Urease</small>	8.41	mg/dL	7.00 - 21.00
Creatinine <small>Modified jaffe's</small>	0.98	mg/dL	0.60 - 1.30
Uric Acid, Serum <small>enzymatic</small>	4.20	mg/dL	3.50 - 7.20
Calcium <small>Arsenazo III</small>	9.70	mg/dl	8.40 - 10.20
Phosphorus <small>UV PHOTOMETRIC</small>	3.60	mg/dL	2.60 - 4.50
BUN Creatinine Ratio <small>Serum</small>	8.58	Ratio	6.00 - 22.00

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is awaste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. Inblood, it is a marker of GFR .in urine, it can remove the need for 24-hour collections for many analytes or be used as a qualityassurance tool to assess the accuracy of a 24-hour collection Higher levels may be a sign that the kidneys are not workingproperly. As kidney disease progresses, the level of creatinine and urea in the blood increases. Certain drugs are nephrotoxicence KFT is done before and after initiation of treatment with these drugs.Low serum creatinine values are rare; they almost always reflect low muscle mass.Apart from renal failure Blood Urea can increase in dehydration and GI bleed.Reference ranges vary between laboratories.

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Refd. By		Printed On	15/01/2024 10:14:41
Client	Apollo Health & Lifestyle Ltd		

Investigation	Value	Unit	Biological Ref. Range
Lipid Profile			
Cholesterol TOTAL CHOD-PAP	147.00	mg/dL	Desirable < 200 Borderline 200 - 239 High Risk >= 240
Triglycerides Glycerol Phosphate Oxidase	159.00	mg/dL	Normal < 150 Borderline 150-199 High 200 -499 Very High >=500
DIRECT HDL Accelerator Selective Detergent	43.90	mg/dL	Major risk factor for heart disease < 40 Negative risk factor for heart disease =>60
VLDL Cholesterol Calculated	31.80	mg/dL	0.00 - 30.00
LDL Calculated	71.30	mg/dL	Recommended <130 Moderate Risk 130-159 High Risk >160
Total / HDL Cholesterol Ratio	3.35		Low Risk 3.3-4.4 Average Risk 4.4-7.1 Moderate Risk 7.1-11.0 High Risk >11.0
Non HDL Cholesterol Calculated	103.1	mg/dL	Adult Optimal <130 Above Optimal 130 -159 Borderline High 160-189 High 190 -219 Very High >=220

Lipid profile is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks cardiovascular disease, certain forms of pancreatitis. Hypertriglyceridemia is indicative of insulin resistance when present with low high-density lipoprotein (HDL) and elevated low-density lipoprotein (LDL), while elevated triglyceride is a clinical risk factor for coronary artery disease (CAD), especially when low HDL is present. Very high levels of triglycerides are defined by serum levels of 500mg/dL or greater and can be concerning for development of pancreatitis. Reference range between laboratories.

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Investigation	Value	Unit	Biological Ref. Range
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Thyroid Function Test

Triiodothyronine (T3) Chemiluminescent Microparticle Immunoassay (CMIA)	1.42	ng/ml	0.69 - 2.15
Thyroxine (T4) Chemiluminescent Microparticle Immunoassay (CMIA)	98.12	ng/mL	52.00 - 127.00
Thyroid Stimulating Hormone (TSH) Chemiluminescent Microparticle Immunoassay (CMIA)	2.37	uIU/ml	0.45 - 5.60

Euthyroid 0.25 - 5.00
Hyperthyroid < 0.15
Hypothyroid > 7.00

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Raised	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermittent 14 therapy or T4 overdose •Drug interference Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease). Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis • Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in 13 level can be upto 25%.




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Investigation	Value	Unit	Biological Ref. Range
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Urine Examination (Routine)

Physical Examination

Volume	30	mL	
Colour	PALE YELLOW		
Appearance	Clear		Clear
pH	6.0		Acidic
Specific Gravity	1.015		1.001-1.035


Chemical Examination

Urine Protein	Nil		Nil
Urine Glucose	Present (++)		Nil
Ketone	Negative		Negative
Nitrite	Negative		Negative
Blood	Nil		Nil
Urobilinogen	Not Increased		Not Increased
Bilirubin	Nil		Nil
Leukocyte esterase	NIL		NIL

Microscopic Examination.

Red Blood Cells	Occasional	/hpf	Nil
Pus Cells (WBC)	2-4	/hpf	NIL
Epithelial Cells	1-2	/hpf	Nil
Casts	Nil	/hpf	Nil
Crystals	Nil		Nil
Bacteria	Nil		Nil
Yeast Cell	Nil		Nil
Mucous	Nil		Nil
Trichomonas	Nil		Nil
Amorphous Material	Nil		Nil

*** End of Report ***

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SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

MER- MEDICAL EXAMINATION REPORT

Date of Examination	13/01/2024		
NAME	Bhagosa Manubhai Sivabhai		
AGE	44 Y	Gender	Male
HEIGHT(cm)	169	WEIGHT (kg)	67
B.P.	114/66 (Pulse: 75)		
ECG	Normal		
X Ray	Normal		
Vision Checkup	Color Vision: No color vision defect Far Vision Ratio : 6/6 without glasses Near Vision Ratio : N/6 without glasses		
Present Ailments	Diabetes		
Details of Past ailments (If Any)	—		
Comments / Advice : She /He is Physically Fit	Fit		

Signature with Stamp of Medical Examiner
Dr. Nihal J. Gor
M.B.B.S.
Reg. No. : G-64033





SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

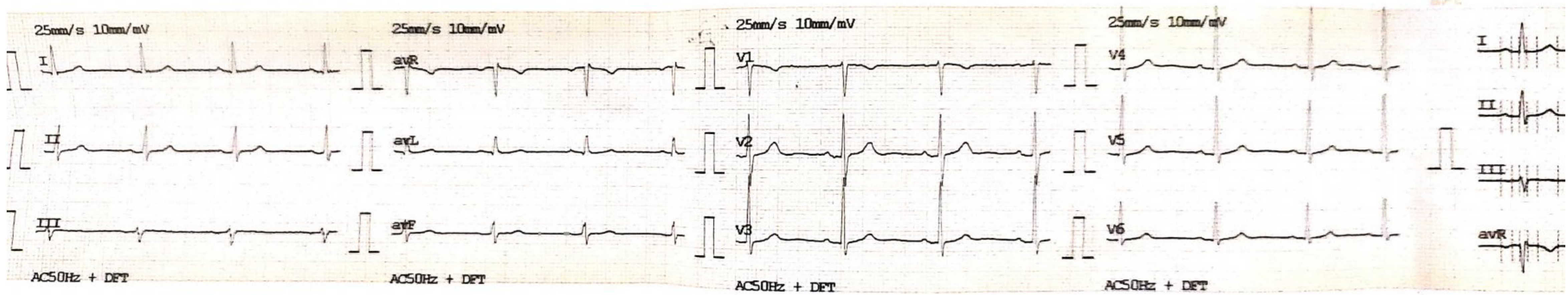
of Bhagwati Mambhai on 13/1/2024

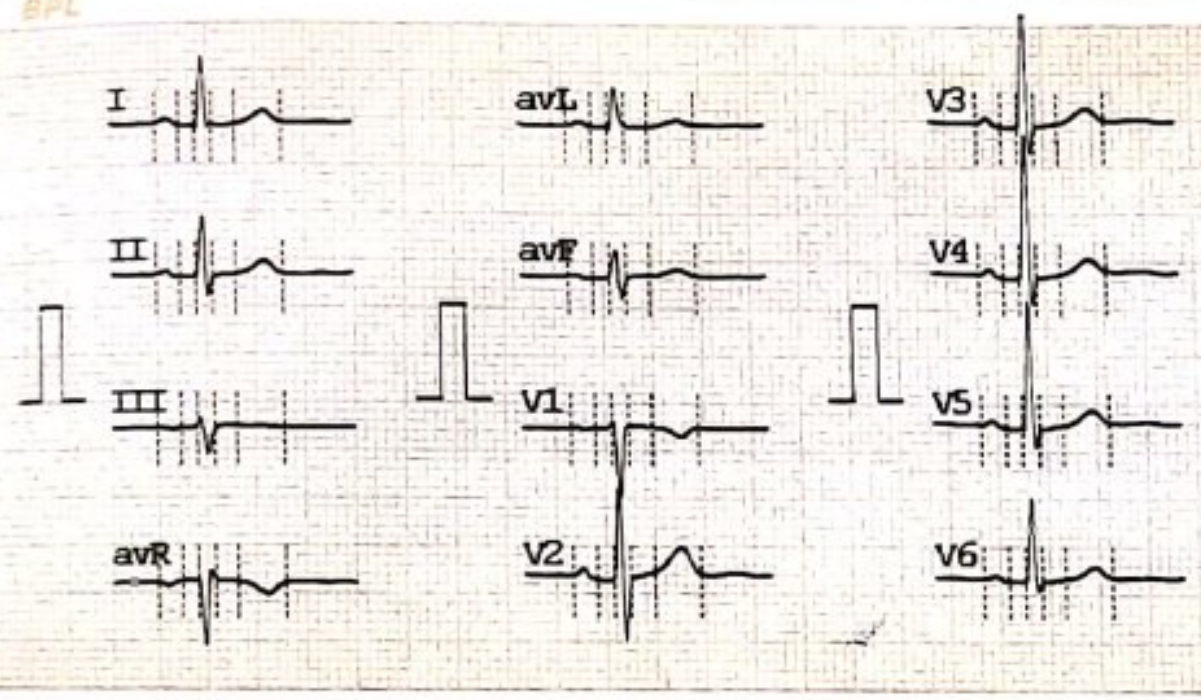
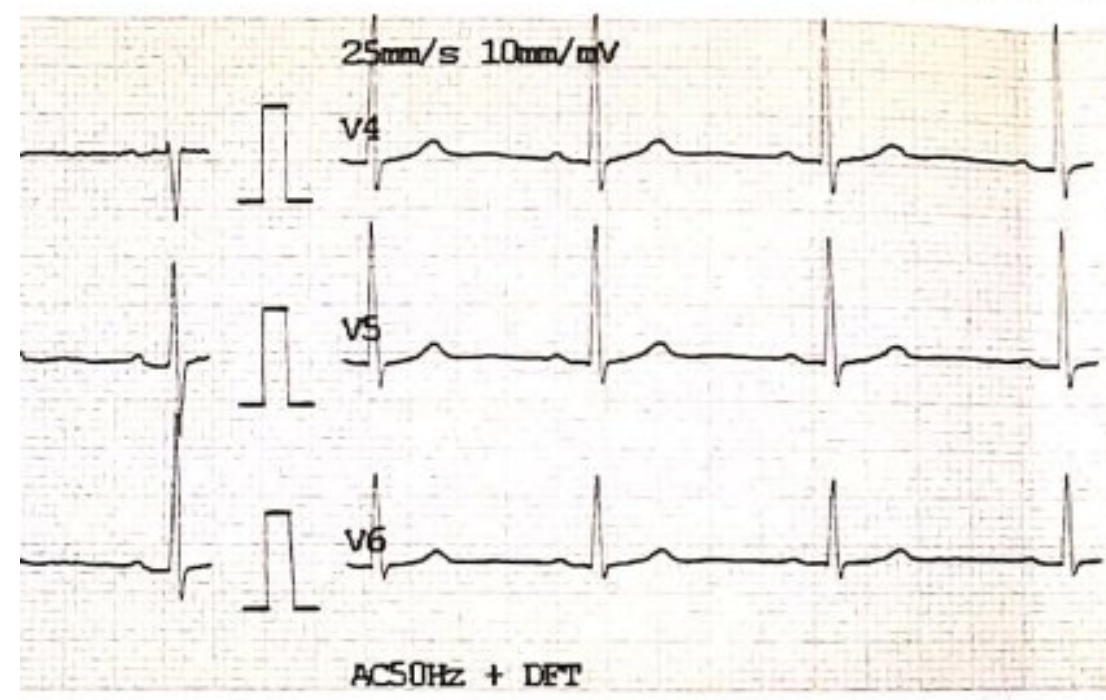
After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> Medically Fit 	✓
<ul style="list-style-type: none"> Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> Unfit 	

Dr. Ninad J Gor _____
Medical Officer
The Apollo Clinic, (Bhuj)

This certificate is not meant for medico-legal purposes





Date : 2024-01-13 12:26:35 HR (bpm): 66
 ID : 0000010 PR (ms): 166
 Name : Manubhai Bhuyar P (ms): 100
 Sex : M QRS (ms): 70
 Age : 44 T (ms): 190
 Weight : 67 QT/QTc (ms): 356/376
 P/QRS/T : 42.9/48.5/36.8
 R(V5)/S(V1) (mV): 1.358/0.000
 R(V5)+S(V1) (mV): 1.358



[Signature]
 Dr. Ninad J Gor
 B.S.
 Reg. No. : G-6 33

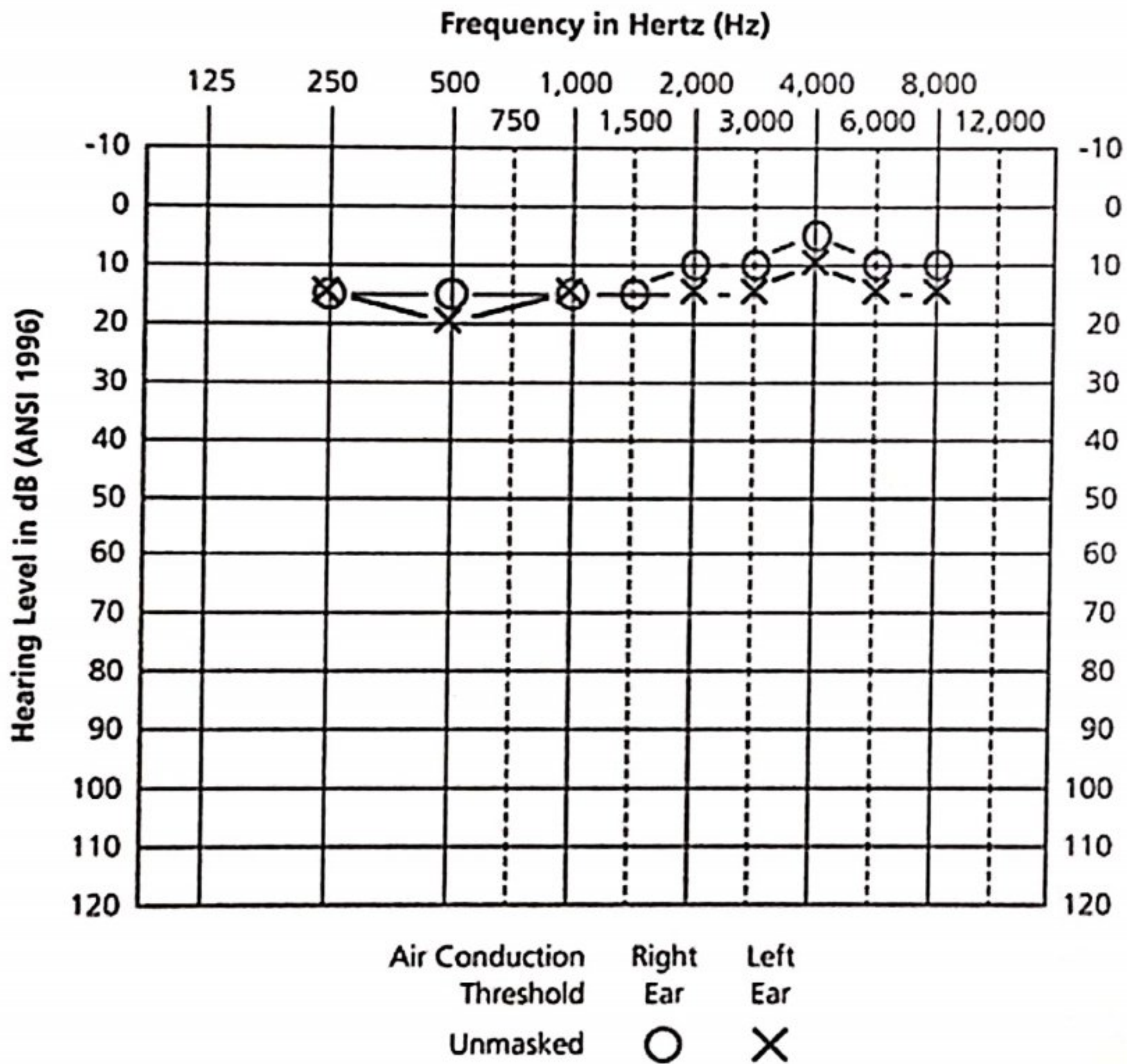
<<Conclusion>>
 Normal Sinus Rhythm
 Cardiac electric axis normal

<<Report need physician confirm>>

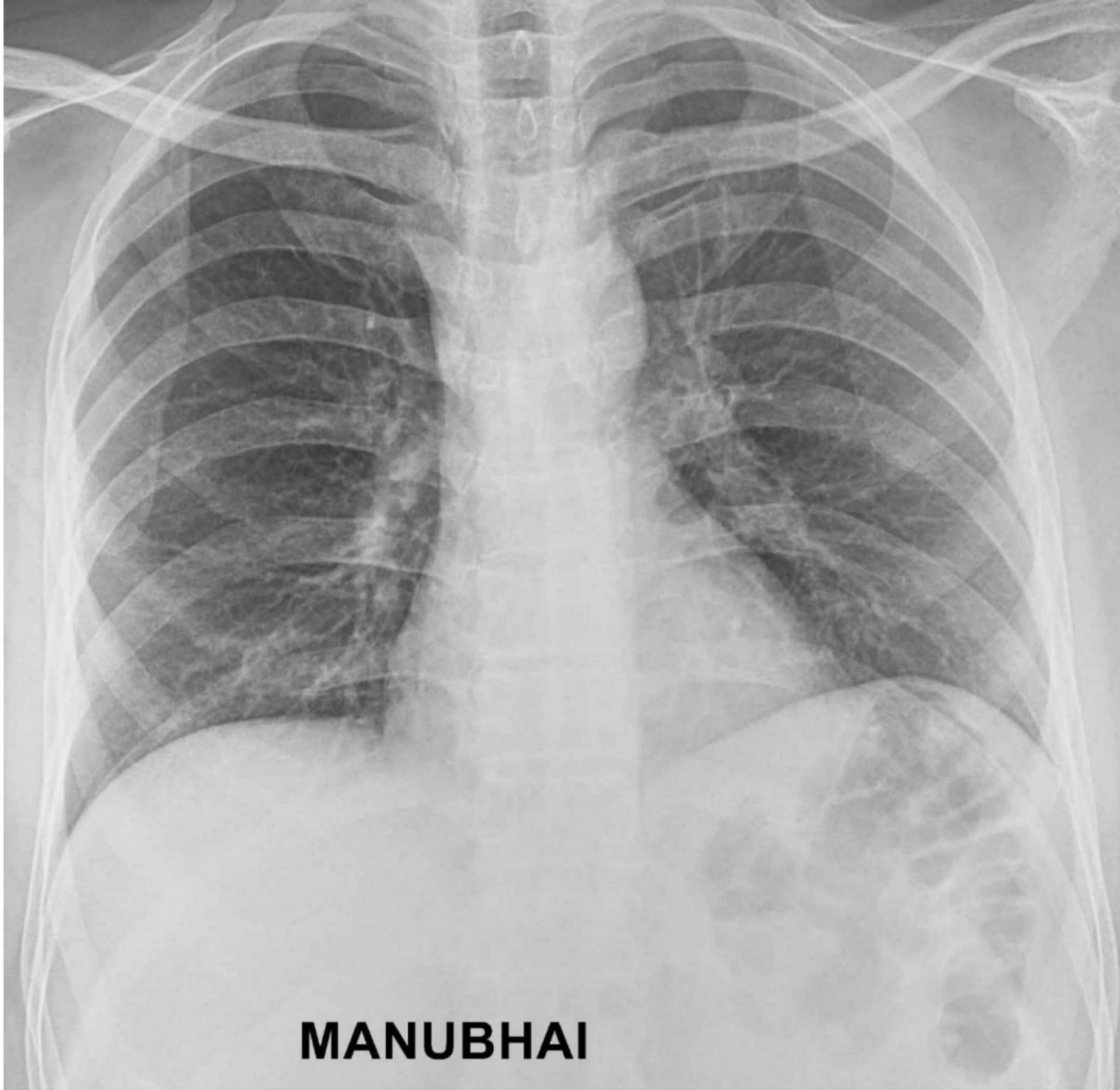
[Signature]

Patient Name: Mr. BHAGORA MANUBHAI Age: 44 Gender: Male Date: 13-01-2024

INVESTIGATION- AUDIOMETRY



IMP-BOTH EARS ARE SENSITIVITY ARE NORMAL.



MANUBHAI



SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

Patient Name : .., BHAGORA MANUBHAI
MR No : 1301202311
Modality : DX
Gender : M
Age: 44YY
Date :13/01/2024
Referred By :ROHA HEALTH CARE

X RAY CHEST (PA)

Both the lung fields do not reveal any parenchymal abnormality.

Both CP angles are clear.

Cardiac size is within normal limits.

Both domes of the diaphragm appear normal.

Bony thoracic cage appears normal.

CONCLUSION:

NO SIGNIFICANT ABNORMALITY DETECTED.

ADV: Clinical correlation and further investigation.Thanks for ref...

Dr.BHAVEN SHAH
M.D
RADIOLOGIST

KRICBHUI

Diagnostic Center Address : 1st Floor, Plot No. 04/11/111, Near US Pizza, College Road, V R Nagar, Bhuj, District Kutch - 370001, Gujarat.

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SWAMINARAYAN HOSPITAL

NCD CLINIC & COUNSELLING CENTER

Dr. Jagdish Dhanji Halai

NAME : BHAGORA MANUBHAI JIVABHAI

AGE/SEX : 44/MALE
MBBS, D. CARDIOLOGY & DIABETOLOGY


DATE : 13-01-2023

REF BY: ROHA HEALTHCARE.

2D ECHO AND COLOUR DOPPLER STUDY

FINAL IMPRESSION:

- NORMAL LV SYSTOLIC FUNCTION WITH NORMAL LV SIZE.
- LVEF : 68.00 %, NO RWMA AT REST.
- TRIVIAL AR/MILD TR/AR & TRIVIAL MR. NO MS/AS/TS/PS.
- NO PAH, NORMAL RA/RV. NORMAL LA.
- NORMAL RV FUNCTION. NORMAL RA AND RV.
- NORMAL LV COMPLAINE.
- NO ASD, NO VSD, NO PDA. NO PE.
- IVC : NORMAL.
- NO CHD, NO SHD, NO VHD


DR. JAGDISH DHANJI HALAI
CLINICAL CARDIOLOGIST
MBBS, D. CARDIOLOGY & DIABETOLOGY
CLINICAL CARDIOLOGIST
Reg.No.G 42676 IG 27-200855/Sr.No.D-19188

नाम नोधाभा भाटे Appointment : 74074 98098

Education is Foundation For Prevention, Prevention is better than cure

स्वतःस्फुर्णा : स्वाद आजादीनो - Swata:Sfurna : The taste of Freedom



SWAMINARAYAN HOSPITAL

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Dr. Jagdish Dhanji Halai

MBBS, D. CARDIOLOGY & DIABETOLOGY

NAME : BHAGORA MANUBHAI JIVABHAI

AGE/SEX : 44 /MALE

DATE : 13-01-2023

REF BY: ROHA HEALTHCARE.

2D ECHO AND COLOUR DOPPLER STUDY

MITRAL VALVE : NORMAL.
AORTIC VALVE : NORMLA.
PULMONARY VALVE : NORMAL.
TRICUSPID VALVE : NORMAL.
AORTA : ROOT: 18.00 MM AND AORTA ST JUNCTION: 19.00 MM.
NORMAL ARCH AND WHOLE AORTA FROM ORIGINE TO BIFURCATION.
LA : NORMAL,
LV- D/LV-S : 48/30 MM.
LVEF : 68.00 %, NO RWMA AT REST.
IVS : INTACT, IVS: 10.20 MM.
IAS : INTACT, PW: 10.20 MM.
AOVP : 1.44 M/SEC. PVP: 0.86 M/SEC.
RA AND RV : NORMAL, PA: NORMAL.
RVSP : TR JET + RA MEAN PRESSURE: 28 MM HG TAPSE: 21.00 MM
COLOR DOPPLER STUDY : TRIVIAL MR, MILD TR, PR : NO , TRIVIAL AR.
NO AS, NO MS, NO TS/PS.
ALL VLVES ARE NORMAL WITH NORMAL HEMODYNAMIC.
MVIS : MV A/E > 1
NO PERICARDIAL EFFUSION.
NO VSR, NO SCAR, NO CLOT, NO VEGETATION.
NO THROMBUS IN LV/LVA.

नाम नोधामा भाटे Appointment : 74074 98098

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KUTCH

RADIOLOGY & IMAGING CENTRE

(A Division of KRIC Radio Diagnostic Pvt. Ltd.)

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Dr. Kripalsinh Jadeja

M.B., D.M.R.E.

Consultant Radiologist

Dr. Bhaven Shah

M.D.

Consultant Radiologist

Patient Name : BHAGORA MANUBHAI JIVABHAI

MR No : E03139

Modality : US

Gender : M

Age : 44YY

Date : 13/01/2024

Referred By : ROHA.HEALTH.CARE

USG : ABDOMEN & PELVIS

LIVER : appears normal in size and echotexture. No evidence of focal or diffuse lesion. No evidence of dilated IHBR. PV and CBD appear normal in calibre.

GALL BLADDER : appears normal. No intrinsic lesion seen.

PANCREAS : appears normal in size and echotexture. No focal mass lesion or changes of pancreatitis seen.

SPLEEN : appears normal in size and echotexture. No evidence of focal or diffuse lesion.

BOTH KIDNEYS : appear normal in size and echotexture with preservation of corticomedullary differentiation. No evidence of calculus, hydronephrosis or mass lesion involving either kidney.

RK: 10.7 x 4.2 cm LK: 10.7 x 4.5 cm

URINARY BLADDER : appears normal. No intrinsic lesion seen.

PROSTATE: Appears normal in size.

No e/o Ascites or paraaortic lymphadenopathy seen.

CONCLUSION:

*** NORMAL SONOGRAPHY OF LIVER, GB, SPLEEN, PANCREAS, BOTH KIDNEYS , U.BLADDER & PROSTATE.**

ADV: Clinical correlation and further investigation. Thanks for ref...

Dr. KRIPALSINH JADEJA

M.B., D.M.R.E

RADIOLOGIST

KRICBHUI

1.5 TESLA 196 CHANNEL MRI | 16 SLICE MDCT SCAN | 3D & 4D USG | COLOUR DOPPLER | DIGITAL X-RAY | MAMMOGRAPHY | CBCT | OPG

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