



Q313/24

Mr. Souradeep Ganguly.

Age - 32 yrs | male.

Opthal.

Distance.

(R) eye - 1.20

(L) eye - 1.20.

Hearr.

(R) eye - clear

(L) eye - clear.



ओपेक्स हॉस्पिटलस कांतिवली

Name mr. Ganguly

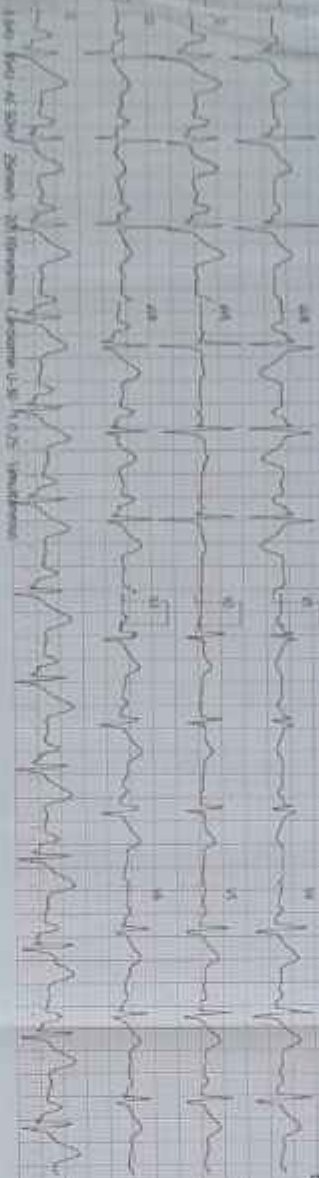
Date 23/03/24

Time 10 AM

Age 52 yrs

Gender male

Souradeep Ganguly 34/R/male



ECG report

Mr. SOURADEEP GANGULY  
 Gender: Male  
 Age: 52  
 Date: 23/03/24  
 Ref: N/A

HR: 48  
 PR: 137 ms  
 QRS: 104 ms  
 QT/QTc: 400/382 ms  
 P/QRS/T: 0.02/0.02/0.02 mV  
 QTc/QT: 0.84/0.84

Interpretation: Normal ECG

Cardiologist's signature: 23/03/24



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Tele.: 022-62747000 (-100 Lines)

### PHYSICIAN CONSULTATION

#### PRESENT COMPLAINT:

- Midsternum Chest Pain on & off : 2-3 months

#### PAST MEDICAL / SURGICAL HISTORY:

No any

#### GENERAL EXAMINATION:

PULSE: 70/min  
BP: 90/60 mmHg  
BMI: 13.4  
APETITE: (N)  
THIRST: (N)  
STOOL: (N)  
URINE: (N)  
SLEEP: (N)  
SKIN: Fair  
NAILS: (N)  
HABITAT: - No any

SYSTEMIC EXAMINATION: Conscious / oriented

RESPIRATORY EXAMINATION: (R) L2 congestion

CARDIOVASCULAR EXAMINATION: S1 S2 heard

ABDOMINAL EXAMINATION: Soft & NT

#### GYNACOLOGY / OBST HISTORY ( FOR FEMALE):

**OPHTHAL EXAMINATION:**

FAR VISION:  $\frac{P}{6.75} / \frac{L}{6.75}$   
NEAR VISION: 0.00 / 0.00  
COLOUR VISION: clear

**ENT EXAMINATION:**

EAR: MASTOID TUNNING FORK TEST: ) (N)  
NOSE: EXT NOSE/ POST NASAL SPACE:  
THROAT: TOUNGE/ PALATE/ TEETH:  
NECK: NODES/ THYROID/TEETH:

**DENTAL EXAMINATION:**

DECAY/ CRIES IF ANY: ) (N)  
PLAQUE IF ANY:  
GUMS:

Advice + Refer to Chest physician

Dr. Virendra Chohan  
PHYSICIAN NAME

PHYSICIAN SIGNATURE





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## DEPARTMENT OF RADIOLOGY

<b>Patient Name</b>	Mr. SOURADEEP GANGULY	<b>LabNo</b>	14919	
<b>UHID/IP No</b>	150009687 / 11395	<b>Order Date</b>	23/03/2024 5:38PM	
<b>Age/Gender</b>	32 Yrs/Male	<b>Receiving Date</b>	23/03/2024 6:02PM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	23/03/2024 6:11PM	
<b>Prescribed By</b>	Dr. Ramesh Hari Pawar	<b>Report Status</b>	Final	

### XRAY CHEST PA VIEW

- Both lung on either side shows adequate translucency and exhibit normal vasculature.
- Bilateral hila are symmetrical in size, outline and density
- Trachea is central in position and no mediastinal abnormality is visible.
- Bilateral costophrenic angles are clear.
- Cardiac shadow is unremarkable.
- Bone thorax appears unremarkable.

--End Of Report--

**Dr. SAUMIL PANDYA**  
MD, D.N.B, RADIOLOGIST



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Patient Name:	Mr. GANGULY SOURADEEP	M /32 Yrs
Ref. by:	MEDIWHEEL HEALTHCARE	Date: 23/03/2024

## SONOGRAPHY OF ABDOMEN AND PELVIS

**TECHNIQUE:** Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

**LIVER:** The liver is normal in 13.1 cm size, shape and has smooth margins. The hepatic parenchyma shows homogeneous bright echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation. Patchy areas of fat sparing seen.

**PORTAL VEIN:** It measures 9 mm in transverse diameter.

**GALL BLADDER:** The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

**COMMON BILE DUCT:** The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

**PANCREAS:** The head and part of body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

**SPLEEN:** The spleen measures 10.3 cm and is normal in size and shape. Its echotexture is homogeneous.

### KIDNEYS:

Right kidney	Left kidney
10.1 x 5.2cm	12.3 x 4.6cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

**URINARY BLADDER:** The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

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**PROSTATE:** It measures about 3.1 x 3.2 x 2.8cm; volume is 14 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

## ● IMPRESSION:

- Grade 1 fatty liver with patchy areas of fat sparing.
- No significant abnormality is seen.

Thanks for the reference.  
With regards,

**Dr. Ravi Kumar**  
Consultant Radiologist







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A Superspecialty Hospital

HARMLESS  
TACTIC

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23/03/24

MR B. Ganguly SOURADEEP  
32 yrs / male

BP - 110/70 mmHg

Pulse - 82/min

SpO2 - 99%

Height - 170 cm

Weight - 85.6 kg



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## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mr. SOURADEEP GANGULY	<b>LabNo</b>	14919	
<b>UHID/IP No</b>	150009687 / 11395	<b>Sample Date</b>	23/03/2024 5:38PM	
<b>Age/Gender</b>	32 Yrs/Male	<b>Receiving Date</b>	23/03/2024 6:01PM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	23/03/2024 6:40PM	
<b>Prescribed By</b>	Dr. Ramesh Hari Pawar	<b>Report Status</b>	Final	

### HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD</b>				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	14.9	gm/dl	13.5 - 18.0	SLS- Hb Method
RBC Count (Red Blood Cell)	5.42	10 <sup>6</sup> /uL	4.70 - 6.00	
PCV (Haematocrit)	44.7	%	40.0 - 50.0	
MCV	82.47	fl	78 - 100	Calculated
MCH	27.49	pg	27 - 31	Calculated
MCHC	33.33	gm/dl	30 - 36	Calculated
RDW	14.1	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	8100	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	62	%	40 - 80	
Lymphocyte %	35	%	20 - 40	
Eosinophil %	01	%	0 - 6	
Monocytes %	02	%	1 - 12	
Basophil %	00	%	0 - 2	
Absolute Neutrophil Count (ANC)	5022	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	2835	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	81	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	<b>162 L</b>	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	176	10 <sup>3</sup> /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	<b>13.8 H</b>	fl	7 - 12	

--End Of Report--

**Dr. SANDEEP B PORWAL**  
MBBS MD (Path) Mumbai



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<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	23/03/2024 6:40PM	
<b>Prescribed By</b>	Dr. Ramesh Hari Pawar	<b>Report Status</b>	Final	

## HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	10	mm/hr	< 15	Westergren

--End Of Report--

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## DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. SOURADEEP GANGAY	LabNo	14319	
UHID/IP No	150079687 / 11395	Sample Date	23/03/2024 5:30PM	
Age/Gender	32 Yrs/Male	Receiving Date	23/03/2024 6:01PM	
Bed No./Ward	OPO	Report Date	23/03/2024 6:40PM	
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

## IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>BLOOD GROUPING</b> Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"AB" Rh Positive			SLIDE METHOD

—End Of Report—

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Date: \_\_\_\_\_  
102-82747000 (100 Lines)

## DEPARTMENT OF LABORATORY SCIENCES

Patient Name	M. SUNDARARAJU GONDY	Lab No	1000	
LNID/OP No	15000007 / 11205	Sample Date	2020/02/04 0:00PM	
Age/Gender	32 Yrs/Male	Receiving Date	2020/02/04 0:00PM	
Bed No./Ward	CPD	Report Date	2020/02/04 0:00PM	
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

## IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>BLOOD GROUPING</b>				
Sample: M. S. GONDY				
Blood Group (ABO and Rh)	"A" Rh Positive			Slide Method

-End Of Report-

Dr. SANDHEEP S. JOURNAL  
10000 100 (Pathology) Mumbai

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## DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. SURADEEP GANDAY	LabNo	14919	
UHID/IP No	150009687 / 11295	Sample Date	23/03/2024 5:38PM	
Age/Gender	32 Yrs/Male	Receiving Date	23/03/2024 6:01PM	
Bed No./Ward	OPD	Report Date	23/03/2024 6:40PM	
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>GLUCOSE (PP)</b> Sample: F. Plasma				
Blood Sugar(2 Hours PP)	108.0	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :  
The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

### GLUCOSE (FASTING)

Sample: F. Plasma

Glucose (Fasting Blood Sugar / FBS)	95.0	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
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-End Of Report-

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) SERUM</b>				
Sample: Serum				
Bilirubin Total (TBil)	0.70	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.50	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.2	mg/dl	0 - 1	
SGPT (ALT)	<b>61.08 H</b>	U/L	5 - 40	IFCC modified
SGOT (AST)	33.16	U/L	5 - 40	IFCC modified
Protein Total	6.4	gm/dl	6.00 - 8.00	Biuret
Albumin	3.4	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	3.00	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.13		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	76.56	IU/L	42 - 140	
GGTP (GAMMA GT)	18.0	IU/L	15.0 - 72.0	UV Kinetic IFCC

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<b>Prescribed By</b>	Dr. Ramesh Hari Pawar	<b>Report Status</b>	Final

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>RFT (RENAL FUNCTION TEST)</b>				
Sample: Serum				
Creatinine	1.1	mg/dl	0.70 - 1.50	Jaffes
UREA	17.57	mg/dl	15 - 50	CDC Urease,Colorimetric
BUN - Blood Urea Nitrogen	8.21	mg/dl	7 - 20	
Calcium	8.9	mg/dl	8.6 - 10.5	Arsenazo III
Uric Acid	5.0	mm/hr	3.5 - 8.5	URICASE- PEROXIDASE
Phosphorus	4.0	mg/dl	2.5 - 5.0	Phosphomolybdate Reduction
Sodium	140.0	mEq/L	135 - 146	ISE Direct
Potassium	4.1	mEq/L	3.5 - 5.5	ISE Direct
Chloride	103.0	mEq/L	98 - 108	ISE Direct
Protein Total	6.4	gm/dl	6.00 - 8.00	Biuret
Albumin	3.4	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	3.00	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.13		1.00 - 2.50	Calculated Value

--End Of Report--

  
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### CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>URINE ROUTINE</b>				
Sample: Urine				
<b>PHYSICAL EXAMINATION</b>				
Quantity	25	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.020		1.010 - 1.025	
<b>CHEMICAL EXAMINATION</b>				
pH	6.0		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
<b>MICROSCOPIC EXAMINATION</b>				
Pus Cells	1-2/hpf			
RBCs	Absent			
Epithelial Cells	1-2/hpf			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	Absent			

--End Of Report--

**Dr. SANDEEP B PORWAL**  
MBBS MD (Path) Mumbai

Patient ID : PVD18323-24/74473  
 Patient : MR SOURADEEP GANGULY  
 Age/sex : 32 Yrs/ Male  
 Center : APEX HOSPITALS KANDIVALI  
 Ref. By : Self

Sample ID : 240730026  
 Req. Date : 23/03/2024  
 Report Date : 23/03/2024  
 Case No.



**HbA1c-GLYCOSYLATED HAEMOGLOBIN**

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.3	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	105.41	mg/dl.	

Method : HPLC-Biorad D10-USA

**INTERPRETATION**

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017. For diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemias (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation is required.
- To estimate the eAG from the HbA1c value, the following equation is used:  $eAG(mg/dl) = 28.7 * HbA1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
  - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
  - Heterozygous state detected (D1W, BioRx G8 is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
  - Excellent Control - 6 to 7 %
  - Fair to Good Control - 7 to 8 %
  - Unsatisfactory Control - 8 to 10 %
  - and Poor Control - More than 10 %

**Note :** Haemoglobin electrophoresis (HPLC method) is recommended for detecting haemoglobinopathy.

Patient Id : PVD18323-24/74473  
 Patient : MR SOURADEEP GANGULY  
 Age/sex : 32 Yrs/ Male  
 Center : APEX HOSPITALS KANDIVALI  
 Ref. By : Self

 Sample ID : 24036628  
 Reg. Date : 23/03/2024  
 Report Date : 23/03/2024  
 Case No. :

ISO 9001-2015 Certified



### IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
<b>TOTAL T3 T4 TSH (TFT)</b>			
T3 (Triiodothyronine)	128.15	ng/dl	83-200  For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	7.63	ug/dL	5.13 - 14.10  For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	4.11	uIU/ml	0.27 - 4.20


Method : ECLIA

#### INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	- Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	-Isolated High T3(especially in the range of 4.7 to 15 mIU/ml) is commonly associated with Physiological & Biological TSH Variability. -Subclinical Autoimmune Hypothyroidism -Intermittent T4 therapy for hypothyroidism -Recovery phase after Non-Thyroidal illness*
Raised	Decreased	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 T4 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 & 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 or within Range	Raised	Within Range	-T3 toxicosis -Non-Thyroidal illness

-----End Of Report-----

**Term & Conditions\*** Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-66 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted. The test report is not valid for Medicolegal purpose.

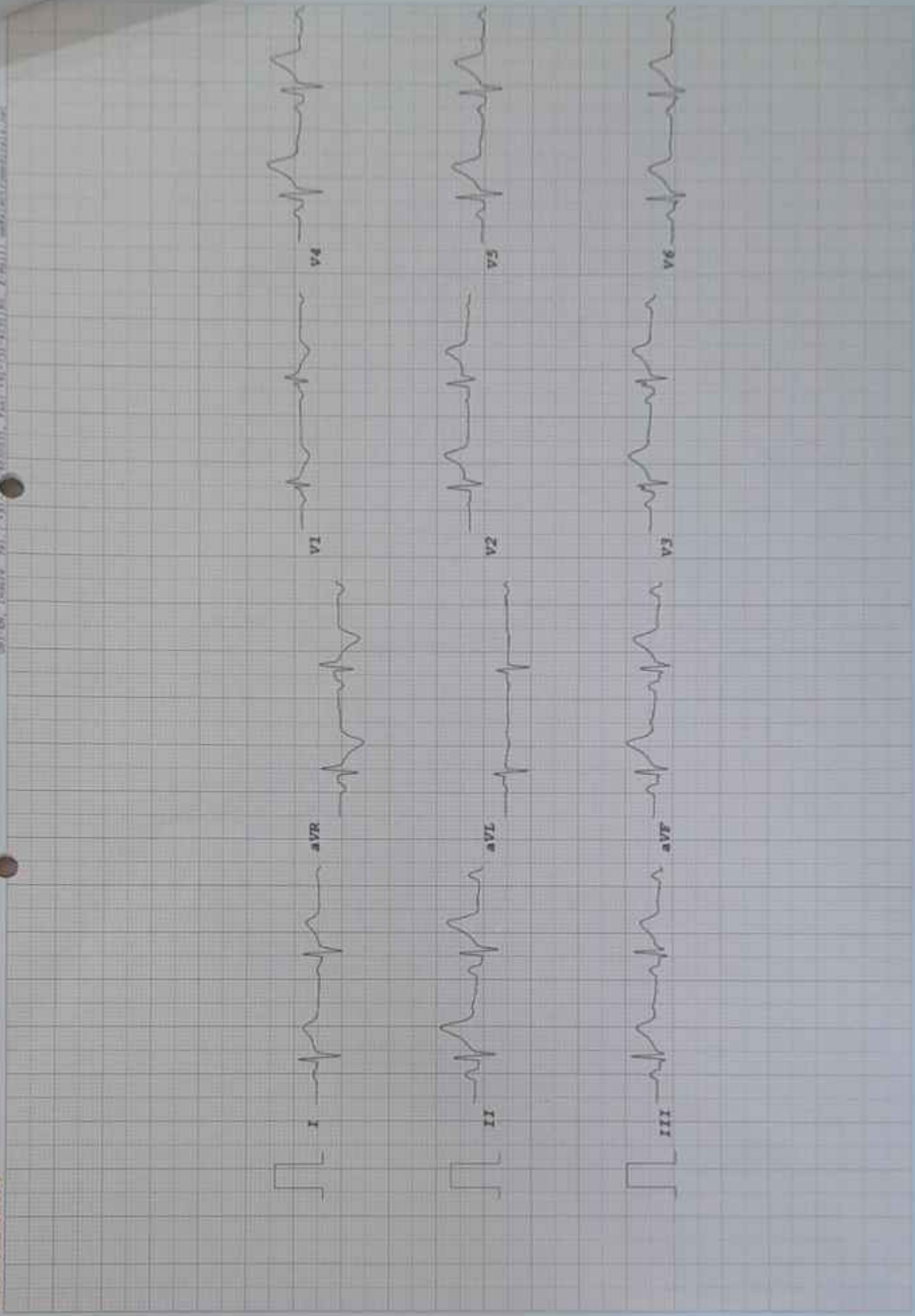
  
 DR. SANDEEP B. PORWAL  
 MBBS MD (Path) Mumbai  
 MMC Reg no 2001031640

#### CENTRAL PROCESSING LABORATORY

Grandeur 208/209/210, S.V. Road, Dahisar (East), Mumbai - 400 068.

Tel : 3563 7645 • Mob: 86910 17023 / 81042 45961 • www.pathvisiondiagnostics.com





# APEX HOSPITAL

MR SOURADEEP GANGULY  
I.D. 8927  
Age 32/M  
Date 23-03-2024

RATE 90bpm  
B.P. 110/70

WARM UP

ST # 10mm  
80ms Post.  
Speed 1.5



SVI-80, (India) Pvt. Ltd. - 45-771-433033, Fax: -

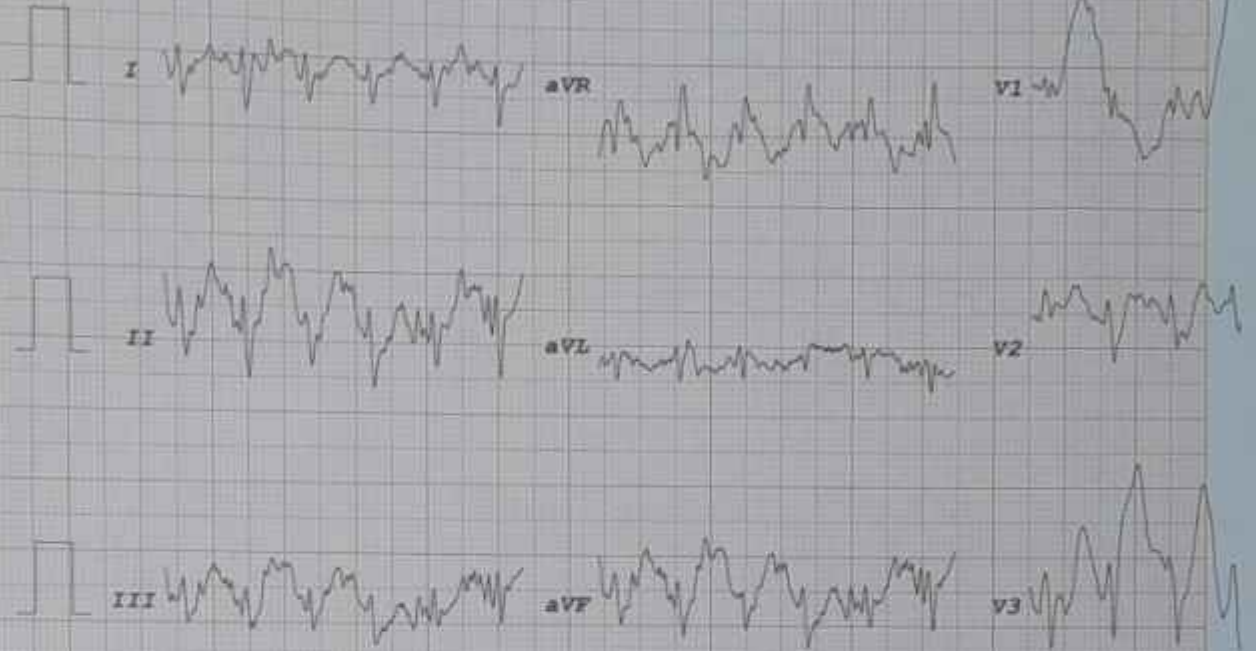
# APEX HOSPITAL

MR SOURADEEP GANGULY  
I.D. 8927  
Age 32/M  
Date 23-03-2024

RATE 174bpm  
B.P. 140/80

Bruce  
PK-EXERCISE  
TOTAL TIME 11:01  
PHASE TIME 2:01

ST @ 10mm  
80ms Post  
Speed 6.7  
SLOPE 16



Base Corrected

DR. SK. Choudh. Tel. : 471-732-4030001, Fax :

©compuhealth

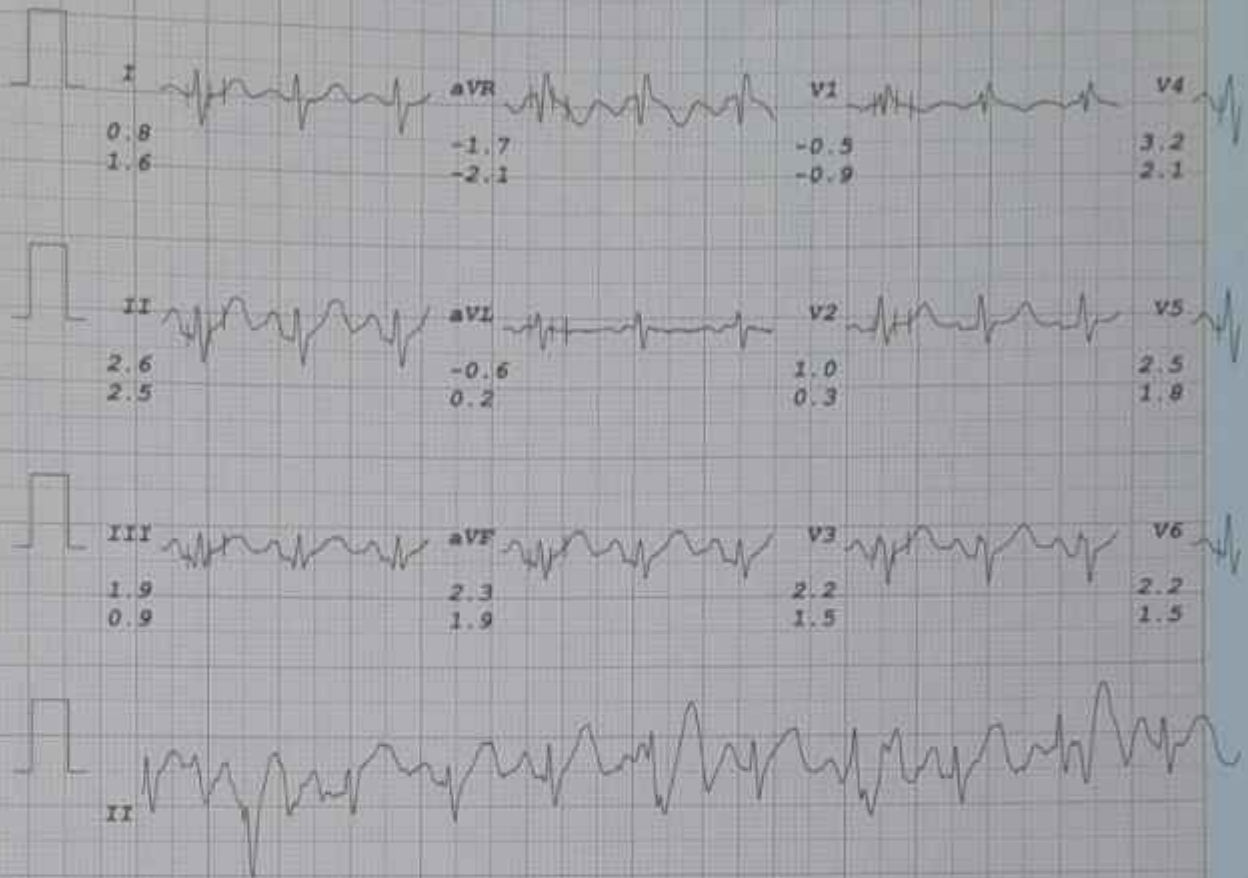
# APEX HOSPITAL

MR SOURADEEP GANGULY  
 I.D. 8927  
 Age 32/M  
 Date 23-03-2024

RATE 107bpm  
 B.P. 120/70

Bruce  
 Stage 1  
 TOTAL TIME 2:55  
 PHASE TIME 2:55

ST @ 10mm  
 80ms Post.  
 Speed 2.7  
 SLOPE 10



Base Corrected

DR. S. S. SHARMA, D.M.D., F.R.C.C., F.R.C.P., F.R.C.P.S., F.R.C.P.S.C., F.R.C.P.S.P., F.R.C.P.S.P.

COMPUTER TECH INDIA



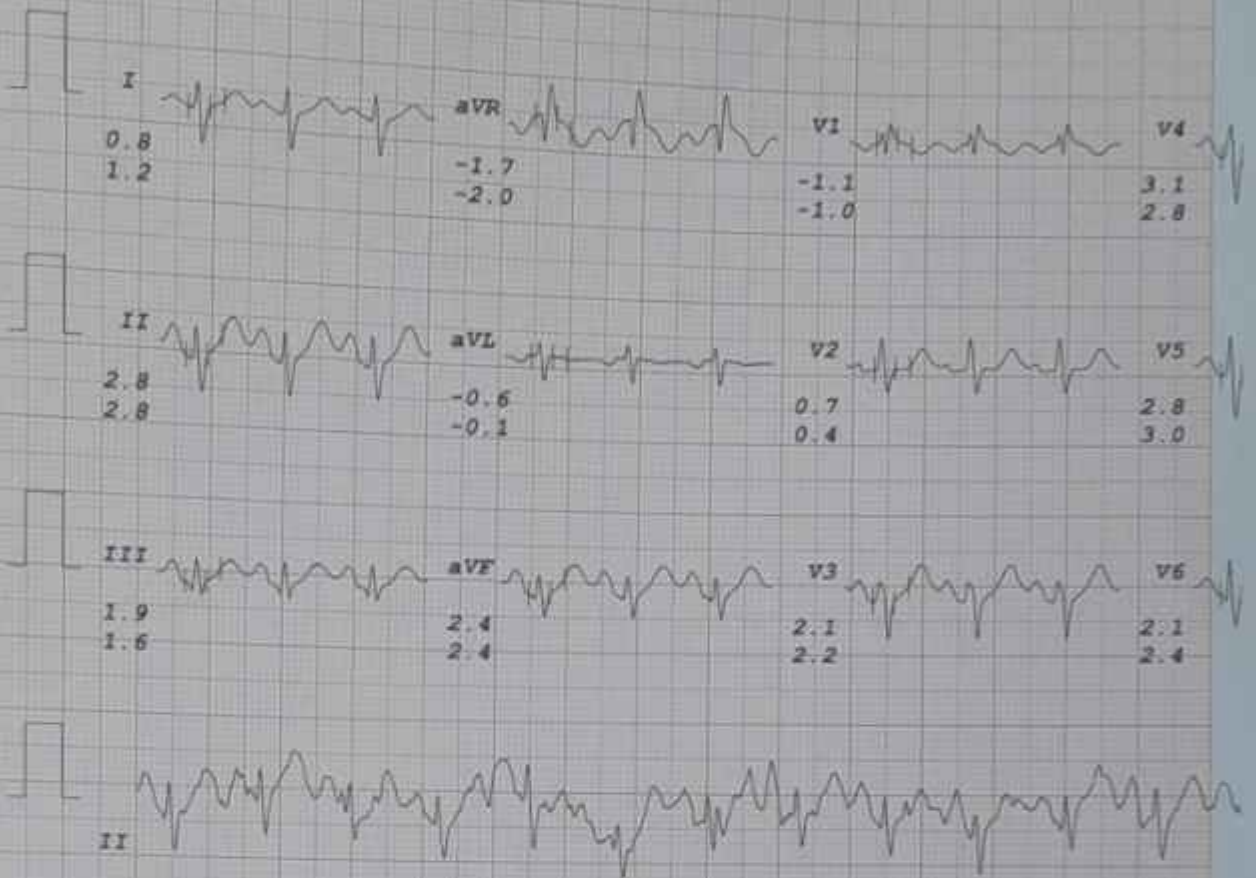
# APEX HOSPITAL

MR SOURADEEP GANGULY  
I.D. 8927  
Age 32/M  
Date 23-03-2024

RATE 122bpm  
B.P. 120/80

Bruce  
Stage 2  
TOTAL TIME 5:55  
PHASE TIME 2:55

ST # 10mm  
80mm Post  
Speed 4 x  
SLOPE 12



Base Corrected

MI-EM, Calicut, Tel. : 91-221-412033, Fax :

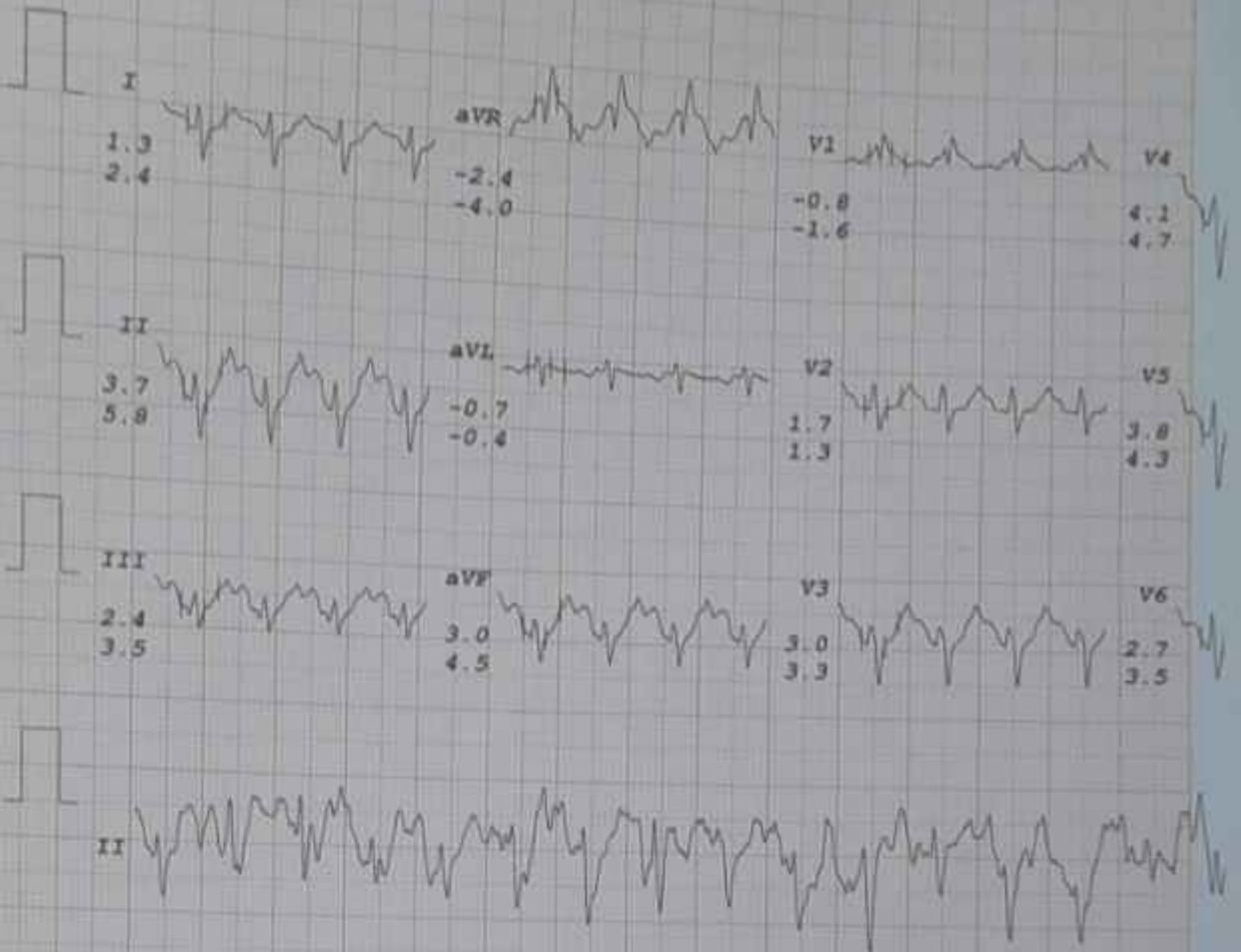
# APEX HOSPITAL

MR. HOUNADEEP GANGULY  
I.D. 8927  
Age 32/M  
Date 23-03-2024

RATE 153bpm  
B.P. 140/80

Bruce  
Stage 3  
TOTAL TIME 8:55  
PHASE TIME 2:55

ST # 10mm  
80mm Post.  
Speed 5.4  
SLOPE 14



Lead Corrected

UNIVERSITY OF MEDICAL SCIENCES, MALACCA

# APEX HOSPITAL

MR BUCHADEEP GANGULY  
I.D. 8827  
Age 32/M  
Date 23-03-2024

RATE 171bpm  
B.P. 140/80

Brace  
Stage 4  
TOTAL TIME 10:55  
PHASE TIME 1:55

ST # 15mm  
Pulse Power  
Speed # 1  
SLOPE 14



Base Corrected

100-05-2000, Rev. 1-10-00, GE Healthcare, Inc.

100-05-2000-9

R PA



MR GANGULY SOHAGDEEP 32 150009687 M Ped. Chest PA 23-Mar-24 SELF  
APEX HOSPITALS KANDIVALI, KANDIVALI (E)