



# CHANDAN DIAGNOSTIC CENTRE

Add: B 1/2, Sector J, Near Sangam Chauraha, LDA Stadium Road, ALIGANJ

Ph: 9235432681

CIN: U85110UP2003PLC193493

Patient Name	: Mr.SHIV PRAKASH DWIVEDI	Registered On	: 24/Nov/2024 09:59:17
Age/Gender	: 35 Y 0 M 0 D /M	Collected	: 24/Nov/2024 10:09:18
UHID/MR NO	: CALI.0000061193	Received	: 24/Nov/2024 11:13:38
Visit ID	: CALI0181532425	Reported	: 24/Nov/2024 13:41:04
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) \*\* , Blood

Blood Group	B			ERYTHROCYTE MAGNETIZED TECHNOLOGY/ TUBE AGGLUTINA
Rh ( Anti-D)	POSTIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY/ TUBE AGGLUTINA

#### Complete Blood Count (CBC) \*\* , EDTA Whole Blood

Haemoglobin	14.50	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	COLORIMETRIC METHOD (CYANIDE-FREE REAGENT)
TLC (WBC)	7,400.00	/Cu mm	4000-10000	IMPEDANCE METHOD
<b>DLC</b>				
Polymorphs (Neutrophils)	59.00	%	40-80	FLOW CYTOMETRY
Lymphocytes	31.00	%	20-40	FLOW CYTOMETRY
Monocytes	5.00	%	2-10	FLOW CYTOMETRY
Eosinophils	5.00	%	1-6	FLOW CYTOMETRY
Basophils	0.00	%	<1-2	FLOW CYTOMETRY
<b>ESR</b>				
Observed	10.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8	





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### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Pregnancy	
			Early gestation - 48 (62	
			if anaemic)	
			Later gestation - 70 (95	
			if anaemic)	
Corrected	8.00	Mm for 1st hr.	<9	
PCV (HCT)	44.00	%	40-54	
<b>Platelet count</b>				
Platelet Count	1.61	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.00	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	48.60	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.18	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	<b>13.10</b>	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.64	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	96.60	fL	80-100	CALCULATED PARAMETER
MCH	31.30	pg	27-32	CALCULATED PARAMETER
MCHC	32.40	%	30-38	CALCULATED PARAMETER
RDW-CV	13.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	48.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,366.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	370.00	/cu mm	40-440	

DR.KIRITI KANAUJIA MBBS MD(PATH)





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING\*\* , Plasma

Glucose Fasting	77.30	mg/dl	<100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impaired Glucose Tolerance.

**CLINICAL SIGNIFICANCE:-** Glucose is the major source of energy in the body . Lack of insulin or resistance to it section at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

#### Glucose PP\*\*

Sample:Plasma After Meal

105.90	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impaired Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\* , EDTA Whole Blood

Glycosylated Haemoglobin (HbA1c)	5.10	%NGSP	HPLC(NGSP)
Glycosylated Haemoglobin (HbA1c)	32.00	mmol/ mol/ IFCC	
Estimated Average Glucose (eAG)	99	mg/ dl	

#### Interpretation:

#### NOTE:-

- eAG is directly related to A1c.





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- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

\*\*Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO HPLC Analyser.

#### Clinical Implications:

\*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

\*With optimal control, the HbA 1c moves toward normal levels.

\*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy c. Alcohol toxicity d. Lead toxicity

\*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

\*Pregnancy d. chronic renal failure. Interfering Factors:

\*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

**BUN (Blood Urea Nitrogen) \*\***

13.20

mg/dL

7.0-23.0

CALCULATED

Sample:Serum





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### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Interpretation:

**Note: Elevated BUN levels can be seen in the following:**

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

**Low BUN levels can be seen in the following:**

Low-protein diet, overhydration, Liver disease.

<b>Creatinine **</b> <i>Sample:Serum</i>	1.05	mg/dl	Male 0.7-1.3 Newborn 0.3-1.0 Infent 0.2-0.4 Child 0.3-0.7 Adolescent 0.5- 1.0	MODIFIED JAFFES
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#### Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

<b>Uric Acid **</b> <i>Sample:Serum</i>	6.19	mg/dl	3.5-7.2	URICASE
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#### Interpretation:

**Note:-**

**Elevated uric acid levels can be seen in the following:**

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

#### LFT (WITH GAMMA GT) \*\* , Serum

SGOT / Aspartate Aminotransferase (AST)	33.30	U/L	<35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	<b>57.00</b>	U/L	<45	IFCC WITHOUT P5P
Gamma GT (GGT)	33.00	U/L	0-55	IFCC, KINETIC
Protein	6.43	gm/dl	6.2-8.0	BIURET





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### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Albumin	4.07	gm/dl	3.4-5.4	B.C.G.
Globulin	2.36	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.72		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	91.15	U/L	53-128	IFOCAMP KINETIC
Bilirubin (Total)	0.82	mg/dl	Adult 0-2.0	DIAZO
Bilirubin (Direct)	<b>0.23</b>	mg/dl	<0.20	DIAZO
Bilirubin (Indirect)	0.59	mg/dl	<1.8	CALCULATED
<b>LIPID PROFILE ( MINI ) ** , Serum</b>				
Cholesterol (Total)	167.00	mg/dl	<200 Desirable 200-239 Borderline High >240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	40.60	mg/dl	35.0-79.5	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	109	mg/dl	<100 Optimal 100-129 Nr. Optimal/ Above Optimal 130-159 Borderline High 160-189 High >190 Very High	CALCULATED
VLDL	16.98	mg/dl	10-33	CALCULATED
Triglycerides	84.90	mg/dl	<150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Dr. Anupam Singh (MBBS MD Pathology)







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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### URINE EXAMINATION, ROUTINE\*\* , Urine

Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 6.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	<10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) >500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	<0.5 (+) 0.5-1.0 (++) 1-2 (+++) >2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	Serum-0.1-3.0 Urine-0.0-14.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
<b>Microscopic Examination:</b>				
<b>Epithelial cells</b>	0-1/h.p.f			MICROSCOPIC EXAMINATION
<b>Pus cells</b>	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### STOOL, ROUTINE EXAMINATION\*\* , Stool

Color	BROWNISH
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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Consistency	SEMI SOLID			
Reaction (PH)	Acidic ( 6.5 )			
Mucus	ABSENT			
Blood	ABSENT			
Worm	ABSENT			
Pus cells	ABSENT			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			

### SUGAR, FASTING STAGE\*\* , Urine

Sugar, Fasting stage ABSENT gms%

#### Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2

### SUGAR, PP STAGE\*\* , Urine

Sugar, PP Stage ABSENT

#### Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%

Dr. Mamta Barthwal  
MD(Micro-Biology)







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## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total ** <i>Sample: Serum</i>	0.87	ng/mL	<4.1	CLIA

#### Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

#### THYROID PROFILE - TOTAL \*\* , Serum

T3, Total (tri-iodothyronine)	83.71	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.10	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.730	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or





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## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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autoimmune disorders.

- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

**Dr. Anupam Singh (MBBS MD Pathology)**





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## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

#### X-RAY DIGITAL CHEST PA \*\*

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### DIGITAL CHEST P-A VIEW

- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

#### IMPRESSION :

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY SEEN.**

  
Dr. Pankaj Kumar Gupta (M.B.B.S D.M.R.D)





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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*\*

##### WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

##### LIVER

- Liver is normal in size ~ 12.9 cm in longitudinal span **and shows diffused raised echogenicity of hepatic parenchyma ..... S/O grade I fatty liver.** No focal lesion is seen.

##### PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatis is normal.

##### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct is not dilated.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

##### PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

##### KIDNEYS

- Right kidney is normal in size ~ 8.1 x 3.9 cm position and cortical echotexture. Cortico-medullary demarcation is maintained.
- Left kidney is normal in size ~ 8.0 x 4.0 cm position and cortical echotexture. Cortico-medullary demarcation is maintained.
- The collecting system of both the kidneys are not dilated.

##### SPLEEN

- The spleen is normal in size ~ 8.9 cm and has a normal homogenous echo-texture.

##### ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or mass.
- No free fluid is noted in peritoneal cavity.
- Visualized bowel loops are gaseous and grossly appear normal in caliber, peristalsis and wall thickness.





# CHANDAN DIAGNOSTIC CENTRE

Add: B 1/2, Sector J, Near Sangam Chauraha, LDA Stadium Road, ALIGANJ  
Ph: 9235432681  
CIN: U85110UP2003PLC193493

Patient Name	: Mr.SHIV PRAKASH DWIVEDI	Registered On	: 24/Nov/2024 09:59:19
Age/Gender	: 35 Y 0 M 0 D /M	Collected	: 2024-11-24 10:45:15
UHID/MR NO	: CALI.0000061193	Received	: 2024-11-24 10:45:15
Visit ID	: CALI0181532425	Reported	: 24/Nov/2024 10:47:44
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

#### URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular. No calculus is seen.

#### PROSTATE

- The prostate gland is normal in size with smooth outline (volume ~ 18.8 cc).

#### FINAL IMPRESSION

- **GRADE I FATTY INFILTRATION OF LIVER.**
- **NO OTHER SIGNIFICANT ABNORMALITY SEEN.**

**Adv: Clinico-pathological correlation and follow-up.**

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

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

ECG / EKG, Tread Mill Test (TMT)



  
Dr. Parraj Kumar Gupta (M.B.B.S D.M.R.D)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: MRI, CT scan, DR X-ray, Ultrasound, Sonomammography, Digital Mammography, ECG (Bedside also), 2D Echo, TMT, Holter, OPG, EEG, NCV, EMG & BERA, Audiometry, BMD, PFT, Fibroscan, Bronchoscopy, Colonoscopy and Endoscopy, Allergy Testing, Biochemistry & Immunoassay, Hematology, Microbiology & Serology, Histopathology & Immunohistochemistry, Cytogenetics and Molecular Diagnostics and Health Checkups \*

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Page 13 of 13

