

BP- 100/60
P- 80/5
H- 165
WT- 59

Mr. Naveen K. Kess
Age- 39 y/m

4/10/23

For Heart check

CBC- 13.6/5.03/5.28/108
T3- 1.13
T4- 10.70
TSH- 2.160
HbA1c- 5.6
FBS- 97, PP- 115.0
Lipid- 166/96/56/90.80
LFT- 20/23/75

- Cap near am स्तर है x300

2



Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2011
Apollo Clinic, Raipur

ECHOCARDIOGRAPHY REPORT

NAME : MR. NAVEEN KUMAR XESS	Age/Sex: 39Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 14/10/2023	REGN. NO. : FRAI.00000
Ref. By Dr : BOB		

M-MODE MEASUREMENTS:-

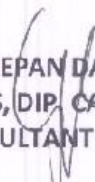
	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
Aortic Root Diameter	2.9	2.0 – 3.7	IVS Thickness	ED = 1.0 ES = 1.4	0.6 – 1.1
Aortic Valve Opening	1.8	1.5 – 2.6	PW Thickness	ED = 1.0 ES = 1.4	0.6 – 1.1
LA Dimension	2.9	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	3.9	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.4	2.2 – 4.0	TAPSE	----	1.6 – 2.6
LV EJECTION FRACTION	> 60%		(NORMAL VALUE: 55 – 60%)		

2D ECHO, COLOR FLOW & DOPPLER ASSESSMENT

- Left Ventricle : LV Size & contractility is Normal, NO RWMA, Calculated EF IS > 60%
- Left Atrium : LA Size Is Normal
- Right Ventricle : Normal
- Right Atrium : Normal
- IAS/IVS : Intact
- Pericardium : Normal, there is no Pericardial Effusion.
- Mitral Valve : E>A, Normal
- Tricuspid Valve : Normal
- Aortic Valve : Normal
- Pulmonary Valve : Pulmonary valve appears normal in morphology.
- Systemic venous : IVC normal in size with normal Inspiratory collapse.
- Diastolic Function : Normal.

FINAL IMPRESSION : NO RWMA AT REST.
 NORMAL LV SYSTOLIC FUNCTION.
 NORMAL CARDIAC CHEMBER AND NORMAL VALVES.
 NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.




DR. DEEPAN DAS
 MBBS, DIP. CARDIOLOGY
 CONSULTANT DEPT. OF NIC

Dr. Sweety Lath

BDS (Cosmetic Dental Surgeon)



Dr. Vivek Lath

Chief Dental Consultant
BDS, MDS, Diplomate (WCOI, Japan)
Professor, MCDRC - Durg
Reg. No. CGDC/14/PG/45

- Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
- Digital OPG • Braces Treatment • Tooth Removal • Klds Dental Treatment • All Kind of Dental Surgeries

Mr. Naveen Kumar

14/10

37/M.

pt came for routine dental checkup

ok status of calt

Amalgam Restorations

+

ok

oral profusion



Signature

Apollo Clinic

LICENSEE : SAMRIDDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Raipur (C.G.)

Email : raipur1@apolloclinic.com

Online appointments : www.askapollo.com Online reports : https://phr.apolloclinic.com



0771 4033341/42

www.apolloclinic.com

ID: 878
MR NAVEEN KUMAR
Male 39Y years

14-10-2023 09:39:45 AM

HR : 81 bpm
P : 102 ms
PR : 150 ms
QRS : 98 ms
QT/QTc : 334/388 ms
P/ORS/ST : 58/28/57
RV5/SV1 : 1.52/2.0/2.31 mV

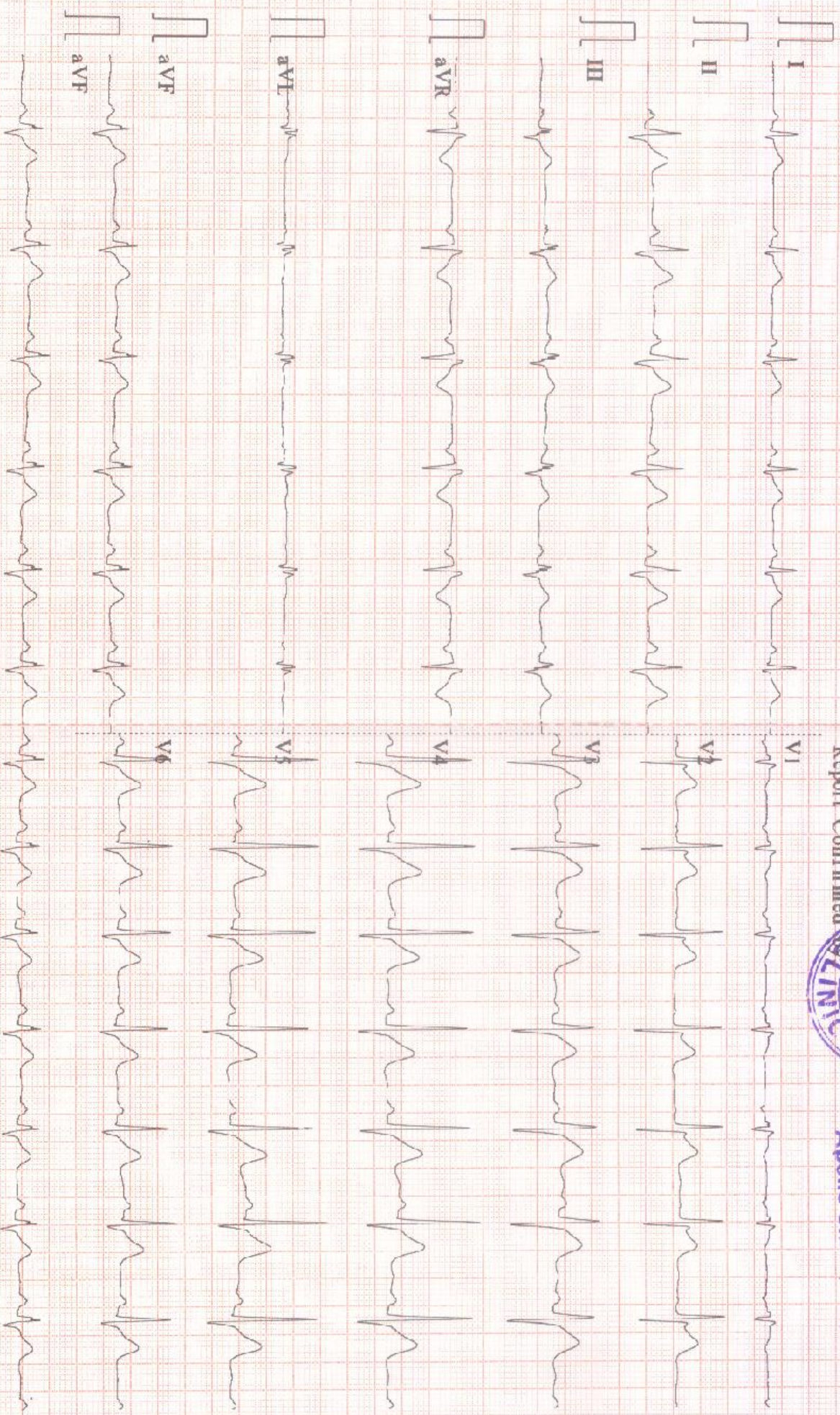
Diagnosis Information:

Sinus rhythm
rS'(V1) - probable normal variant
Normal ECG

Report Confirmed



Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2011
Apollo Clinic, Raipur



005-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 81 CARD

9108 D V143 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Naveen Kumar

Date 14/10/23

Sex/Age M/39y

MR No

Employee Id

EXTERNAL EXAMINATION			
SQUINT		NO	
NYSTAGMUS			
COLOUR VISION		NORMAL	
FUNDUS:(RE):-	<u>WNL</u>	(LE):-	<u>WNL</u>
INDIVIDUAL COLOUR IDENTIFICATION		<u>Good</u>	
DISTANT VISION:(RE):-	<u>6/6</u>	(LE):-	<u>6/6</u>
NEAR VISION:(RE):-	<u>N6</u>	(LE):-	<u>N6</u>
NIGHT BLINDNESS		<u>NAD</u>	
	SPH	CYL	AXIS
RIGHT			
LEFT			
REMARKS :-			



Dr. Vikas Mishra
MBBS, MS (Ophthalmologist)
Reg. No. CGMC 621/2006

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apollo Clinic

LICENSEE : SAMRIDDI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapolo.com | Online reports: https://phr.apolloclinic.com

+91 96918 26363

0771 4033341/42

PATIENT NAME:- MR. NAVEEN KUMAR XESS
REF BY :- BOB

AGE/SEX: 39YRS/M
DATE:- 14.10.2023

USG ABDOMEN

Liver : Liver is normal in size cm, smooth in outline with echotexture. IHBR's are not dilated. CBD is not dilated. Portal vein and hepatic veins are normal.

Gall bladder : Distended & normal.

Pancreas & Paraaortic Region : Normal.

Spleen : Is normal size measures cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.63X3.46cm	10.23X4.39cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Urinary bladder.- Distended & normal

Prostate: is enlarged in size measures weight 31.420 gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION;

USG abomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MBBS, MD
DR. ZEESHAN ATEEB DANI
Reg. No. CGMC-232472(MD)
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.
*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apollo Clinic

LICENSEE : SAMRIDHI AROGYAM PVT. LTD

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://hr.apolloclinic.com

+91 96918 26363

0771 4033341/42

NAME OF PATIENT: MR. NAVEEN KUMAR XESS

AGE 39YRS/MALE

REFERRED BY: BOB

DATE:14/10/2023.

CHEST X - RAY PA VIEW

FINDINGS:

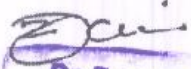
- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY SEEN.**

Advised: Clinical correlation and further evaluation if clinically indicated.




Dr. Zeeshan Ateeb Dani
DR. ZEESHAN ATEEB DANI
Consultant (MD)
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. This report is not for medico-legal purposes.

Patient Name : Mrs.NAVEEN KUMAR XESS	Collected : 14/Oct/2023 02:31PM
Age/Gender : 39 Y 0 M 0 D /F	Received : 14/Oct/2023 02:57PM
UHID/MR No : DSUS.0000005233	Reported : 14/Oct/2023 04:09PM
Visit ID : DSUSOPV6036	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.13	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	10.70	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.160	µIU/mL	0.35-5.5	CLIA

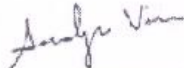
Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

*** End Of Report ***


Dr. SANDHYA VERMA
MBBS, MD, (Pathology)
Consultant Pathologist
Apollo Clinic

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

LICENSEE : SAMRIDDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com

Page 1 of 2

 +91 96918 26363

 0771 4033341/42

Patient Name : MR NAVEEN KUMAR XESS
UHID/ MR No : 7207
Visit Date : 14/10/2023
Sample Collected On : 14/10/2023 12:27PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 39 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 14/10/2023 04:05PM


HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	13.6	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.03	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	40.80	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	81.1	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	27.0	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	12.4	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.28	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	64	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	30	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	01	%	1-6%
Monocytes	05	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 5 of 6


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR NAVEEN KUMAR XESS
UHID/ MR No : 7207
Visit Date : 14/10/2023
Sample Collected On : 14/10/2023 12:27PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 39 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 14/10/2023 04:05PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	108	lacs/cu mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10

Blood Group (ABO Typing)

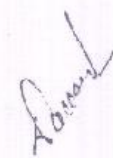
Blood Group (ABO Typing) : AB
RhD factor (Rh Typing) : POSITIVE

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

Page 6 of 6


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR NAVEEN KUMAR XESS
UHID/ MR No : 7207
Visit Date : 14/10/2023
Sample Collected On : 14/10/2023 12:27PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 39 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 14/10/2023 04:05PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.6	%	Non-diabetic: ≤5.6, Pre-Diabetic 5.7-6.4, Diabetic: ≥6.5


1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. 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%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflam

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. 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%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state dete

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 4 of 6


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR NAVEEN KUMAR XESS
 UHID/ MR No : 7207
 Visit Date : 14/10/2023
 Sample Collected On : 14/10/2023 12:27PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 39 Y. Male
 OP Visit No : OPD-UNIT-II-1
 Reported On : 14/10/2023 04:05PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	115.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	97.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.0	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.6	mg/dL	2.6 - 7.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 1 of 6

Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apollo Clinic

LICENSEE : SAMRIDDH AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com

 **+91 96918 26363**

 **0771 4033341/42**

Patient Name : MR NAVEEN KUMAR XESS
 UHID/ MR No : 7207
 Visit Date : 14/10/2023
 Sample Collected On : 14/10/2023 12:27PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 39 Y. Male
 OP Visit No : OPD-UNIT-II-1
 Reported On : 14/10/2023 04:05PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	166.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	96.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	56	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	90.80	mg/dl	Optimal:< 100 Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	19.20	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	2.96		3.5-5
Method: Spectrophotometric			

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 2 of 6

Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apollo Clinic

LICENSEE : SAMRIDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com

 **+91 96918 26363**

 **0771 4033341/42**

Patient Name : MR NAVEEN KUMAR XESS
 UHID/ MR No : 7207
 Visit Date : 14/10/2023
 Sample Collected On : 14/10/2023 12:27PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 39 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 14/10/2023 04:05PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.8	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	20	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	23	U/L	0 - 41
ALKALINE PHOSPHATASE	75	U/L	25-147
Total Proteins Method: Spectrophotometric	6.3	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
Globulin Method: Calculated	1.8	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	2.8	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 3 of 6

Dhananjay
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR NAVEEN KUMAR XESS
UHID/ MR No : 7207
Visit Date : 14/10/2023
Sample Collected On : 14/10/2023 12:27PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 39 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 14/10/2023 04:05PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	5.0		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
Microscopic Examination			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	1-2	/hpf	0 - 5
Epithelial Cell	Occasional	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 1 of 2

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY