

Patient Name: ANKIT KUMAR

Date and Time: 23rd Jul 22 9:43 AM

Patient ID: 2220424688

Age **30 10 15**  
years months days

Gender **Male**

Heart Rate **59bpm**

**Patient Vitals**

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: \_\_\_\_\_

**Measurements**

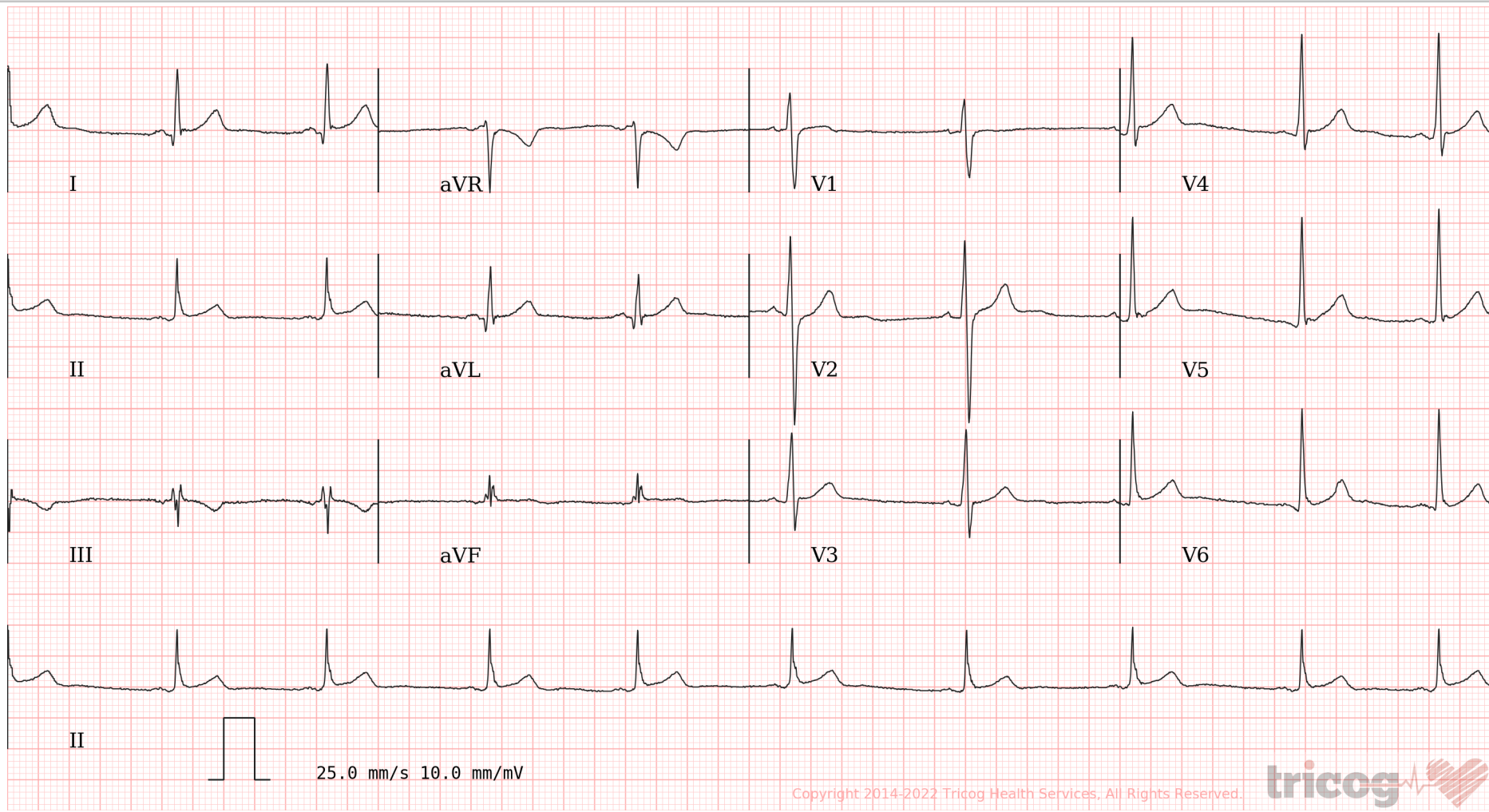
QRSD: 98ms

QT: 388ms

QTc: 384ms

PR: 122ms

P-R-T: -2° 21° 7°



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**ECG Within Normal Limits: Sinus Bradycardia with Sinus Arrhythmia. Please correlate clinically.**

REPORTED BY

*Ajita*

Dr. Ajita Bhosale  
M.B.B.S./P.G.D.C.C (DIP. Cardiology)  
2013062200



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**CID** : 2220424688  
**Name** : Mr ANKIT KUMAR  
**Age / Sex** : 30 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Mahavir Nagar, Kandivali West Main Centre  
**Reg. Date** : 23-Jul-2022  
**Reported** : 23-Jul-2022/19:31

**USG WHOLE ABDOMEN**

**LIVER:**

It is normal in size, shape and shows smooth margins. It shows normal parenchymal echotexture. Intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. Main portal vein and CBD appears normal.

**GALL BLADDER:**

It is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

**PANCREAS:**

It is well visualised and appears normal. No evidence of solid or cystic mass lesion.

**KIDNEYS:**

**Both the kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is well maintained. Bilateral renal pelvicalyceal system appears normal. No evidence of any renal calculi. Right kidney measures 10.6 x 4.5 cm. Left kidney measures 10.9 x 4.8 cm.**

**SPLEEN:**

It is normal in size and echotexture. No evidence of focal lesion is noted.

**URINARY BLADDER:**

It is well distended and reveal no intraluminal abnormality. Bilateral ureterovesical junction appears normal.

**PROSTATE:**

It appears normal in size and echotexture, measures **3.8 x 3.4 x 3.0 cm**, corresponding weight is **20.5 gms**. No evidence of any obvious focal lesion is seen. No evidence of free fluid in abdomen or significant abdominal lymphadenopathy seen.

**IMPRESSION:**

**No significant abnormality seen.**

Advice - clinical correlation

-----End of Report-----

**This report is prepared and physically checked by DR.MAHESH KADAM before dispatch.**



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Centre

**Reg. Date** : 23-Jul-2022  
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DR.MAHESH KADAM  
MBBS ,DMRD  
Reg No - 2011/08/2693  
Consultant Radiologist



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**X- RAY CHEST (PA VIEW)**

**FINDINGS AND IMPRESSION: -**

- Both lung fields appear normal in radiolucency. No evidence of any parenchymal opacity/lesion is seen.
- Both hilar shadow appears normal.
- Bilateral costophrenic and cardio phrenic angles appear clear. No evidence of pleural effusion.
- Both domes of diaphragm appears normal in position and outline.
- Cardiac shadow appears normal.
- No evidence of any abnormal soft tissue shadow seen.
- Bony skeleton under review appears normal.

**No significant pleuro-parenchymal abnormality seen.**

**Advice:-** Clinical correlation.

Note : Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X ray is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly.

-----End of Report-----

**This report is prepared and physically checked by DR.MAHESH KADAM before dispatch.**

**DR.MAHESH KADAM**  
**MBBS ,DMRD**  
**Reg No - 2011/08/2693**  
**Consultant Radiologist**



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Collected : 23-Jul-2022 / 09:33  
Reported : 23-Jul-2022 / 12:07

## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.1	13.0-17.0 g/dL	Spectrophotometric
RBC	5.05	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.2	40-50 %	Measured
MCV	90	80-100 fl	Calculated
MCH	29.8	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6010	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	36.2	20-40 %	
Absolute Lymphocytes	2175.6	1000-3000 /cmm	Calculated
Monocytes	6.9	2-10 %	
Absolute Monocytes	414.7	200-1000 /cmm	Calculated
Neutrophils	51.4	40-80 %	
Absolute Neutrophils	3089.1	2000-7000 /cmm	Calculated
Eosinophils	5.4	1-6 %	
Absolute Eosinophils	324.5	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	6.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

Platelet Count	207000	150000-400000 /cmm	Elect. Impedance
MPV	9.6	6-11 fl	Calculated
PDW	18.6	11-18 %	Calculated

### **RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-



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Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 5 2-15 mm at 1 hr. Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*Bmhasakar*

Dr.KETAKI MHASKAR  
M.D. (PATH)  
Pathologist



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	98.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	89.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.59	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.27	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.32	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.2	1 - 2	Calculated
SGOT (AST), Serum	20.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	25.5	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	21.6	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	84.8	40-130 U/L	Colorimetric
BLOOD UREA, Serum	18.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.78	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	124	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.4	3.5-7.2 mg/dl	Enzymatic





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**Reported** : 23-Jul-2022 / 17:06

Urine Sugar (Fasting)	Absent	Absent
Urine Ketones (Fasting)	Absent	Absent

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



MC-2111

**Dr. ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab**  
**Director**

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

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MC-2111



*M. Sharma*  
**Dr.MEGHA SHARMA**  
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Reported : 23-Jul-2022 / 20:02

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (5.5)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

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*Bmhaskar*

**Dr.KETAKI MHASKAR**  
M.D. (PATH)  
Pathologist



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**

ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	150.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	133.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	35.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	115.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	88.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	27.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.25	0.35-5.5 microIU/ml	ECLIA

**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)



*Anupa*

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**HEALTHLINE - MUMBAI:** 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

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Use a QR Code Scanner  
Application To Scan the Code

CID : 2220424688  
Name : MR.ANKIT KUMAR  
Age / Gender : 30 Years / Male  
Consulting Dr. : -  
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 23-Jul-2022 / 09:33  
Reported : 23-Jul-2022 / 12:21

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



CID#	: 2220424688	SID#	: 177805310976
Name	: MR.ANKIT KUMAR	Registered	: 23-Jul-2022 / 09:17
Age / Gender	: 30 Years/Male	Collected	: 23-Jul-2022 / 09:17
Consulting Dr.	: -	Reported	: 25-Jul-2022 / 12:02
Reg.Location	: Mahavir Nagar, Kandivali West (Main Centre)	Printed	: 25-Jul-2022 / 12:09

## PHYSICAL EXAMINATION REPORT

<b>History and Complaints: NIL</b>			
<b>EXAMINATION FINDINGS:</b>			
<b>Height (cms):</b>	<b>177</b>	<b>Weight (kg):</b>	<b>80.5</b>
<b>Temp :</b>	<b>Afebrile</b>	<b>Skin:</b>	<b>Normal</b>
<b>Blood Pressure (mm/Hg):</b>	<b>130/80</b>	<b>Nails:</b>	<b>Healthy</b>
<b>Pulse:</b>	<b>60/MIN</b>	<b>Lymph Node:</b>	<b>Not Palpable</b>
<b>Systems</b>			
<b>Cardiovascular: S1,S2 Normal No Murmurs</b>			
<b>Respiratory: Air Entry Bilaterally Equal</b>			
<b>Genitourinary: NAD</b>			
<b>GI System: Soft non tender No Organomegaly</b>			
<b>CNS: NAD</b>			
<b>IMPRESSION: HEALTHY.</b>			
<b>ADVICE: REGULAR EXERCISE. HEALTHY DIET.</b>			

**CENTRAL PROCESSING LAB: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053**

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