



Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206



Patient Name	: Mr.AMAN KUMAR SAHU -181910	Registered On	: 19/Mar/2023 08:04:07
Age/Gender	: 27 Y O M 5 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000115329	Received	: N/A
Visit ID	: ALDP0367502223	Reported	: 19/Mar/2023 10:32:57
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CARDIOLOGY-ECG MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ECG / EKG *

1. Mao	chnism, Rhythm	Sinus, Regular	
2. Atri	ial Rate	87	/mt
3. Ven	tricular Rate	87	/mt
4. P - Y	Wave	Normal	
5. P R	Interval	Normal	
6. Q R	Axis : R/S Ratio : Configuration :	Normal Normal Normal	
7. Q T	c Interval	Normal	
8. S - 7	Г Segment	Normal	
9. T – <u>FINAL IMPRESSION</u>	Wave	Normal	

ECG Within Normal Limits: Sinus Rhythm.Voltage criteria for LVh noted. Baseline wandering. Please correlate clinically





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Home Sample Collection

1800-419-0002



Since 1991

Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206



Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mr.AMAN KUMAR SAHU : 27 Y 0 M 5 D /M : ALDP.0000115329 : ALDP0367502223 : Dr.Mediwheel - Arcofer		Registered C Collected Received Reported . Status	On : 19/Mar/2023 0 : 19/Mar/2023 0 : 19/Mar/2023 0 : 19/Mar/2023 1 : Final Report	8:22:47 9:59:55
		DEPARTMENT	of haemato	LOGY	
	MEDIWHEEL B	BANK OF BAROD	A MALE & FE	MALE BELOW 40 YRS	j
Test Name		Result	Unit	Bio. Ref. Interval	Method
Blood Group (A	BO & Rh typing) * , Blood				
Blood Group		В			
Rh (Anti-D)		POSITIVE			
Complete Blood	d Count (CBC) * , Whole Blo	ood			
Haemoglobin		15.60	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/d	1 1 1 1
			13	12-18 Yr 13.0-16.0 g/dl	
				Male- 13.5-17.5 g/dl	
				Female- 12.0-15.5 g/d	
TLC (WBC)		6,790.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC					
Polymorphs (Ne	utrophils)	64.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	÷	29.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes		4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils		3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR		0.00	%	<1	ELECTRONIC IMPEDANCE
Observed		6.00	Mm for 1st hr.		
Corrected			Mm for 1st hr.	< 9	
PCV (HCT)		41.00	%	40-54	
Platelet count					
Platelet Count		1.90	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPI
PDW (Platelet Di	stribution width)	16.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet La	arge Cell Ratio)	42.20	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Her	matocrit)	0.23	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Plat	,	12.40	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count	·				
RBC Count		5.03	Mill./cumm	4.2-5.5	ELECTRONIC IMPEDANCE







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Patient Name	: Mr.AMAN KUMAR SAHU -181910	Registered On	: 19/Mar/2023 08:04:04
Age/Gender	: 27 Y O M 5 D /M	Collected	: 19/Mar/2023 08:22:47
UHID/MR NO	: ALDP.0000115329	Received	: 19/Mar/2023 09:59:55
Visit ID	: ALDP0367502223	Reported	: 19/Mar/2023 13:48:47
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	82.50	fl	80-100	CALCULATED PARAMETER
MCH	31.10	pg	28-35	CALCULATED PARAMETER
MCHC	37.70	%	30-38	CALCULATED PARAMETER
RDW-CV	12.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,345.60	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	203.70	/cu mm	40-440	

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Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-2548257 CIN : U85110DL2003PLC308206



: Mr.AMAN KUMAR SAHU -181910	Registered On	: 19/Mar/2023 08:04:05
: 27 Y 0 M 5 D /M	Collected	: 19/Mar/2023 11:52:27
: ALDP.0000115329	Received	: 19/Mar/2023 12:17:27
: ALDP0367502223	Reported	: 19/Mar/2023 12:42:23
: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report
	: 27 Y 0 M 5 D /M : ALDP.0000115329 : ALDP0367502223	: 27 Y 0 M 5 D /M Collected : ALDP.0000115329 Received

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING *, Plasma Glucose Fasting	86.40	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

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 = Impared Glucose Tolerance.

Glucose PP * Sample:Plasma After Meal	93.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

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 = Impared Glucose Tolerance.

Dr. Akanksha Singh (MD Pathology)

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Patient Name	: Mr.AMAN KUMAR SAHU -181910	Registered On	: 19/Mar/2023 08:04:06
Age/Gender	: 27 Y O M 5 D /M	Collected	: 19/Mar/2023 08:22:47
UHID/MR NO	: ALDP.0000115329	Received	: 20/Mar/2023 12:50:44
Visit ID	: ALDP0367502223	Reported	: 20/Mar/2023 14:57:36
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	32.00	mmol/mol/IFCC		

mg/dl

Interpretation:

<u>NOTE</u>:-

Estimated Average Glucose (eAG)

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.

99

• 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 mnagement.

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 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

<u>Clinical Implications:</u>

*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

ISO 9001:2015

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CHANDAN DIAGNOSTIC CENTRE Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj



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Patient Name	: Mr.AMAN KUMAR SAHU -181910	Registered On	: 19/Mar/2023 08:04:06
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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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.

Dr. Anupam Singh (MBBS MD Pathology)

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Patient Name: Mr.AMAN KUMAR SAHU -Age/Gender: 27 Y 0 M 5 D /MUHID/MR NO: ALDP.0000115329Visit ID: ALDP0367502223Ref Doctor: Dr.Mediwheel - Arcofem		Registered On Collected Received Reported Status	: 19/Mar/2023 08:04: : 19/Mar/2023 08:22: : 19/Mar/2023 09:59: : 19/Mar/2023 11:21: : Final Report	47 55
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MEDIWHEEL BA			LE BELOW 40 YRS	
Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample:Serum	8.03	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.90	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20- 275 Female-20-320	MODIFIED JAFFES
Uric Acid * Sample:Serum	5.03	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT)	21.40 21.00	U/L U/L	< 35 < 40	IFCC WITHOUT P5P IFCC WITHOUT P5P
Gamma GT (GGT) Protein	47.40 6.30	IU/L gm/dl	11-50 6.2-8.0	OPTIMIZED SZAZING BIRUET
Albumin	4.30	gm/dl	3.8-5.4	B.C.G.
Globulin	2.00	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.15		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	121.50	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.90	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.40	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	154.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	39.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	95	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
			Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	
VLDL	19.22	mg/dl	10-33	CALCULATED
Triglycerides	96.10	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	GPO-PAP







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UHID/MR NO	: ALDP.0000115329	Received	: 19/Mar/2023 09:59:55
Visit ID	: ALDP0367502223	Reported	: 19/Mar/2023 11:21:21
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name

Result

Unit

Bio. Ref. Interval Method

>500 Very High

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Patient Name	: Mr.AMAN KUMAR SAHU -181910	Registered On	: 19/Mar/2023 08:04:05
Age/Gender	: 27 Y O M 5 D /M	Collected	: 19/Mar/2023 11:56:33
UHID/MR NO	: ALDP.0000115329	Received	: 19/Mar/2023 12:17:28
Visit ID	: ALDP0367502223	Reported	: 19/Mar/2023 14:17:02
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
RINE EXAMINATION, ROUTINE * ,	l Irin e			
Color	LIGHT YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
	ADOENIT	0/	> 500 (++++)	DIDCTION
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++) 1-2 (+++)	
			> 2 (+++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT	ing/ di	0.2 2.01	DIOONEIMISTI
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:	ADJENT		and starting	
Epithelial cells	1-2/h.p.f			MICROSCOPIC
	1 2/11.0.1			EXAMINATION
Pus cells	2-3/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
5	-			EXAMINATION
Others	ABSENT			

Urine Microscopy is done on centrifuged urine sediment.

STOOL, ROUTINE EXAMINATION * , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Neutral (7.0)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT





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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Pus cells	ABSENT			
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine		5		
Sugar, Fasting stage	ABSENT	gms%		
Interpretation:				
(+) < 0.5				
(++) 0.5-1.0				
(+++) 1-2 (++++) > 2		(YY)		
(++++) > 2				
SUGAR, PP STAGE * , Urine				
Sugar, PP Stage	ABSENT		and a second	
Interpretation:				
(+) < 0.5 gms%				

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Dr. Akanksha Singh (MD Pathology)

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0.5-1.0 gms%

(+++) 1-2 gms% (++++) >2 gms%

(++)





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Patient Name	: Mr.AMAN KUMAR SAHU -181910	Registered On	: 19/Mar/2023 08:04:06
Age/Gender	: 27 Y 0 M 5 D /M	Collected	: 19/Mar/2023 08:22:47
UHID/MR NO	: ALDP.0000115329	Received	: 20/Mar/2023 12:34:37
Visit ID	: ALDP0367502223	Reported	: 20/Mar/2023 14:04:39
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL ** , Serum				
T3, Total (tri-iodothyronine)	124.52	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	9.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	4.45 I	ulU/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 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)





Since 1991

CHANDAN DIAGNOSTIC CENTRE Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj

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Patient Name	: Mr.AMAN KUMAR SAHU -181910	Registered On	: 19/Mar/2023 08:04:08
Age/Gender	: 27 Y O M 5 D /M	Collected	: N/A
UHID/MR NO	: ALDP.0000115329	Received	: N/A
Visit ID	: ALDP0367502223	Reported	: 19/Mar/2023 13:05:25
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

<u>X-RAY REPORT</u> (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) <u>CHEST P-A VIEW</u>

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.

Nidhikant.

Dr Nidhikant (MBBS, DMRD, DNB)

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Home Sample Collection

1800-419-0002



CHANDAN DIAGNOSTIC CENTRE Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-2548257

CIN: U85110DL2003PLC308206



Patient Name	: Mr.AMAN KUMAR SAHU -181910	Registered On	: 19/Mar/2023 08:04:08
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Visit ID	: ALDP0367502223	Reported	: 19/Mar/2023 09:53:41
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER: - Normal in size, shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

GALL BLADDER :- Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

CBD :- Normal in calibre at porta.

PORTAL VEIN: - Normal in calibre and colour uptake at porta.

PANCREAS: - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

SPLEEN: - Normal in size, shape and echogenicity.

RIGHT KIDNEY: - Normal in size, shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size, shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

URINARY BLADDER :- Normal in shape, outline and distension. No e/o wall thickening / calculus.

PROSTATE :- Normal in size, shape and echo pattern.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

IMPRESSION : No significant abnormality seen.

Please correlate clinically

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.



Nidhikant

Dr Nidhikant (MBBS, DMRD, DNB)

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: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing * *365 Days Open* *Facilities Available at Select Location

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