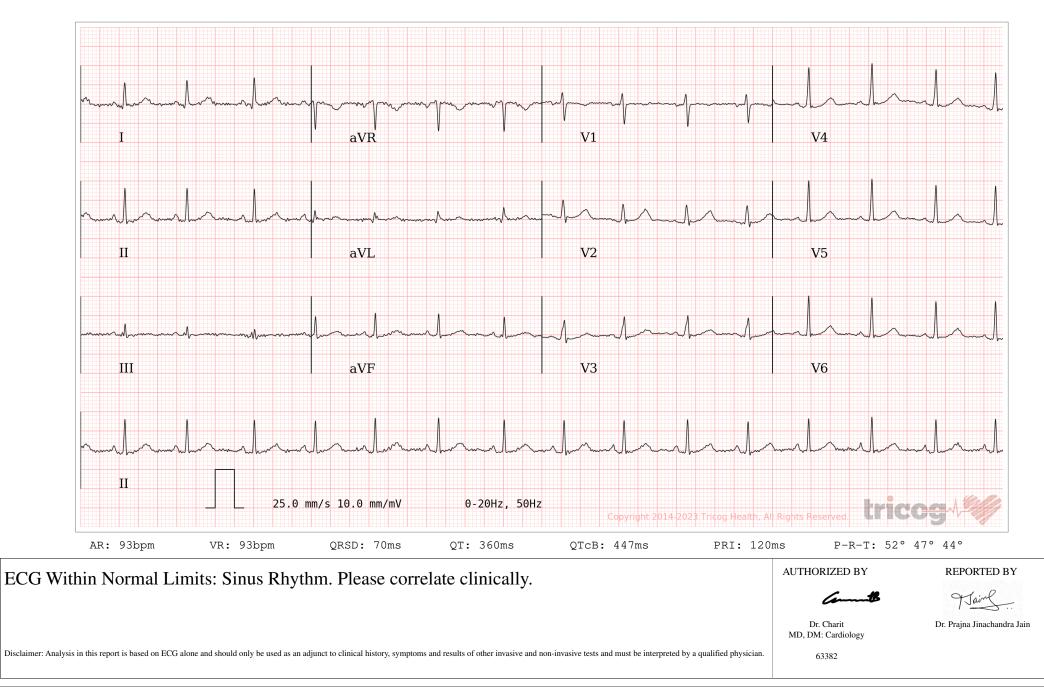
## **Chandan Diagnostic**



Age / Gender:31/FemalePatient ID:IDUN0168662324Patient Name:Mrs.PRIYANKA-34752

Date and Time: 19th Aug 23 12:38 PM





Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.PRIYANKA-34752	Registered On	: 19/Aug/2023 10:59:21
Age/Gender	: 31 Y 0 M 0 D /F	Collected	: 19/Aug/2023 11:06:12
UHID/MR NO	: IDUN.0000206627	Received	: 19/Aug/2023 11:40:54
Visit ID	: IDUN0168662324	Reported	: 19/Aug/2023 13:48:07
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

### DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , Blo	ood			
Blood Group	В			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE
Rh ( Anti-D)	NEGATIVE			AGGLUTINA ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whole	Blood			
Haemoglobin TLC (WBC)	13.00	g/dl /Cu mm	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 4000-10000	
DLC				
Polymorphs (Neutrophils )	65.30 27.50	% %	55-70 25-40	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE
Lymphocytes Monocytes	4.10	%	25-40 3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.30	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.80	%	<1	ELECTRONIC IMPEDANCE
Observed	8.00	Mm for 1st hr.		
Corrected		Mm for 1st hr.	< 20	
PCV (HCT) Platelet count	38.30	%	40-54	
Platelet Count	3.17	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	12.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	32.40	%	35-60	ELECTRONIC IMPEDANCE

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Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.PRIYANKA-34752	Registered On	: 19/Aug/2023 10:59:21
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## DEPARTMENT OF HAEM ATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.30	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	9.40	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	4.44	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	86.40	fl	80-100	CALCULATED PARAMETER
MCH	29.20	pg	28-35	CALCULATED PARAMETER
MCHC	33.80	%	30-38	CALCULATED PARAMETER
RDW-CV	11.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.40	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,250.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	150.00	/cu mm	40-440	

DR. RITU BHATIA MD (Pathology)





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Patient Name	: Mrs.PRIYANKA-34752	Registered On	: 19/Aug/2023 10:59:23
Age/Gender	: 31 Y 0 M 0 D /F	Collected	: 19/Aug/2023 11:06:11
UHID/MR NO	: IDUN.0000206627	Received	: 19/Aug/2023 11:40:54
Visit ID	: IDUN0168662324	Reported	: 19/Aug/2023 14:47:22
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

### DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING , <i>Plasma</i> Glucose Fasting	112.20	0, -	0 Normal ( 125 Pre-diabetes	GOD POD
Interpretation:		≥ 120	6 Diabetes	

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

#### 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.

GLYCOSYLATED HAEM OGLOBIN (HBA10	C) * , EDTA BLOOD		
Glycosylated Haemoglobin (HbA1c)	4.90	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	30.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	94	mg/dl	

### Interpretation:

### NOTE:-

- 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.
- 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.





Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN: U85110DL2003PLC308206



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Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

### DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
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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)	<b>Degree of Glucose Control Unit</b>
> 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 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 nondiabetic 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) * <i>Sample:Serum</i>	7.82	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.05	mg/dl	Serum 0.5-1.2 Spot Urine-Male- 20 Female-20-320	MODIFIED JAFFES )-275
Uric Acid Sample:Serum	5.00	mg/dl	2.5-6.0	URICASE







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Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	U	nit Bio. Ref. Interva	al Method
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	58.40	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	131.28	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	80.69	IU/L	11-50	OPTIMIZED SZAZING
Protein	8.30	gm/dl	6.2-8.0	BIURET
Albumin	4.91	gm/dl	3.4-5.4	B.C.G.
Globulin	3.39	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.45		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	153.81	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.81	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.51	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI)*, Serum				
Cholesterol (Total)	258.74	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	68.30	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	112	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
			Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High	
VLDL	78.58	mg/dl	10-33	CALCULATED
Triglycerides	392.88	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

DR.SMRITI GUPTA MD (PATHOLOGY)

Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web.: www.chandan.co.in







Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.PRIYANKA-34752	Registered On	: 19/Aug/2023 10:59:21
Age/Gender	: 31 Y 0 M 0 D /F	Collected	: 19/Aug/2023 11:06:12
UHID/MR NO	: IDUN.0000206627	Received	: 19/Aug/2023 11:40:54
Visit ID	: IDUN0168662324	Reported	: 19/Aug/2023 13:46:02
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
JRINE EXAMINATION, ROUTINE*	, Urine			
Color	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
Current and Carlos and Carlo	ADCENT		> 500 (++++)	DIDCTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
			>2 (++++)	
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	5-6/h.p.f			MICROSCOPIC
				EXAMINATION
Puscells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			

DR. RITU BHATIA MD (Pathology)



Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.PRIYANKA-34752	Registered On	: 19/Aug/2023 10:59:22
Age/Gender	: 31 Y 0 M 0 D /F	Collected	: 19/Aug/2023 11:18:36
UHID/MR NO	: IDUN.0000206627	Received	: 19/Aug/2023 11:40:54
Visit ID	: IDUN0168662324	Reported	: 21/Aug/2023 11:41:11
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
SUGAR, FASTING STAGE*, Urine				
Sugar, Fasting stage	ABSENT	gms%		
Interpretation:				
(+) < 0.5		5		
(++) 0.5-1.0				
(+++) 1-2 (++++) > 2				
(()) * 2				
			in the second	

DR. RITU BHATIA MD (Pathology)



Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN: U85110DL2003PLC308206



Patient Name	: Mrs.PRIYANKA-34752	Registered On	: 19/Aug/2023 10:59:23
Age/Gender	: 31 Y 0 M 0 D /F	Collected	: 19/Aug/2023 14:21:06
UHID/MR NO	: IDUN.0000206627	Received	: 19/Aug/2023 15:30:52
Visit ID	: IDUN0168662324	Reported	: 22/Aug/2023 13:49:14
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method

## SUGAR, PP STAGE\* , Urine

Sugar, PP Stage

ABSENT

### Interpretation:

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

DR. RITU BHATIA MD (Pathology)

**Home Sample Collection** 

1800-419-0002





Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.PRIYANKA-34752	Registered On	: 19/Aug/2023 10:59:23
Age/Gender	: 31 Y 0 M 0 D /F	Collected	: 19/Aug/2023 11:06:11
UHID/MR NO	: IDUN.0000206627	Received	: 19/Aug/2023 11:40:54
Visit ID	: IDUN0168662324	Reported	: 19/Aug/2023 20:40:28
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	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)	91.66	ng/dl	84.61–201.7	CLIA	
T4, Total (Thyroxine)	7.10	ug/dl	3.2-12.6	CLIA	
TSH (Thyroid Stimulating Hormone)	3.70	μlU/mL	0.27 - 5.5	CLIA	
Interpretation:		0.2.4.5			
		0.3-4.5 µIU/	mL First Trimester		

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.SMRITI GUPTA MD (PATHOLOGY)

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Add: Armelia.1St Floor,56New Road, M.K.P Chowk, Dehradun Ph: 9235501532,01352710192 CIN: U85110DL2003PLC308206



Patient Name	: Mrs.PRIYANKA-34752
Age/Gender	: 31 Y 0 M 0 D /F
UHID/MR NO	: IDUN.0000206627
Visit ID	: IDUN0168662324
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -

#### Registered On : 19/Aug/2023 10:59:25 Collected : N/A : N/A : 19/Aug/2023 15:27:43 : Final Report

## DEPARTMENT OF X-RAY

Status

Received

Reported

## MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

### X-RAY DIGITAL CHEST PA \*

(500 mA COM PUTERISED UNIT SPOT FILM DEVICE)

#### **DIGITAL CHEST P-A VIEW**

- Pulmonary parenchyma did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Diaphragmatic shadows are normal on both sides.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Bony cage is normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY DETECTED

Dr. Amit Bhandari MBBS MD RADIOLOGY

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Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.PRIYANKA-34752	Registered On	: 19/Aug/2023 10:59:25
Age/Gender	: 31 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: IDUN.0000206627	Received	: N/A
Visit ID	: IDUN0168662324	Reported	: 19/Aug/2023 13:03:06
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

### ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) \*

### <u>LIVER</u>

• The liver is enlarged and measures 182.2 mms. It shows diffuse increase in echogenicity. A unilocular thin walled anechoic cyst measuring 6.9 x 4.9 mms is seen in segment V of liver.

### PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein measured 10.0 mms. (Normal) at the porta.

#### BILLARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct measured 3.0 mms. (Normal) at the porta.
- The gall bladder is normal in size and has regular walls measuring 2.0 mms. in thickness (normal) .Lumen of the gall bladder is anechoic.

#### PANCREAS

• The pancreas is normal in size and shape and has a normal homogenous echotexture.

#### GREAT VESSELS

• Great vessels are normal.

### RIGHT KIDNEY

- The right kidney is normal in size, shape and cortical echotexture.
- The collecting system is normal and corticomedullary demarcation is clear.

#### LEFT KIDNEY

- The left kidney is normal in size, shape and cortical echotexture.
- The collecting system is normal and corticomedullary demarcation is clear.

#### <u>SPLEEN</u>

• The spleen is normal in size and has a homogenous echotexture.

### LYM PHNODES

• No pre-or-para aortic lymph node mass is seen.

## <u>URETERS</u>



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Add: Armelia,1St Floor,56New Road, M.K.P Chowk,Dehradun Ph: 9235501532,01352710192 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.PRIYANKA-34752	Registered On	: 19/Aug/2023 10:59:25
Age/Gender	: 31 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: IDUN.0000206627	Received	: N/A
Visit ID	: IDUN0168662324	Reported	: 19/Aug/2023 13:03:06
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

### DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

• Both ureters are normal.

#### URINARY BLADDER

• The urinary bladder is normal. Bladder wall is normal in thickness and regular.

#### UTERUS& CERVIX

- The uterus is normal in size for age.
- It has a homogenous myometrial echotexture.
- The endometrial echo is in mid line.
- The cervix is normal.

#### UTERINE ADNEXA

• No mass is seen in adnexa.

#### CUL-DE-SAC

• Pouch of Douglas is clear.

#### **IMPRESSION**

### GRADE I DIFFUSE FATTY CHANGE OF LIVER WITH SM PLE HEPATIC CYST SEGMENT V OF LIVER

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

Result/s to Follow: STOOL, ROUTINE EXAMINATION, ECG / EKG



DR. R B KALIA MD (RADIOLOGIST)

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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