

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Ms Susmita Palbag MRN : 17600000246591 Gender/Age : FEMALE , 36y (07/12/1986)

Collected On : 09/09/2023 10:24 AM Received On : 09/09/2023 11:58 AM Reported On : 09/09/2023 12:49 PM

Barcode : F22309090086 Specimen : Whole Blood Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8148559327

**HAEMATOLOGY LAB**

Test	Result	Unit	Biological Reference Interval
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**BLOOD GROUP & RH TYPING**

Blood Group (Forward (Cell) & Reverse (Serum) Tube Method)	O	-	-
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RH Typing (Forward (Cell) & Reverse (Serum) Tube Method)	Positive	-	-
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**COMPLETE BLOOD COUNT (CBC)**

Haemoglobin (Hb%) (Cyanide-free Hemoglobin Method)	12.6	g/dL	12.0-15.0
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Red Blood Cell Count (Impedance Variation)	<b>3.67 L</b>	millions/ $\mu$ L	3.8-4.8
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PCV (Packed Cell Volume) / Hematocrit (Impedance)	38.3	%	36.0-46.0
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MCV (Mean Corpuscular Volume) (Calculated)	<b>104 H</b>	fL	83.0-101.0
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MCH (Mean Corpuscular Haemoglobin) (Calculated)	<b>34.3 H</b>	pg	27.0-32.0
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MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.8	g/dL	31.5-34.5
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Red Cell Distribution Width (RDW) (Impedance)	<b>14.3 H</b>	%	11.6-14.0
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Platelet Count (Impedance Variation/Microscopy)	175	Thousand / $\mu$ L	150.0-410.0
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Total Leucocyte Count(WBC) (Impedance Variation)	6.3	$\times 10^3/\text{mm}^3$	4.0-10.0
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**DIFFERENTIAL COUNT (DC)**

Neutrophils (Impedance Variation And Absorbency /Microscopy)	63.6	%	40.0-80.0
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Hospital Address: 78, Jessore Road (South), Kolkata 700127, West Bengal

Email: info.brs.kolkata@narayanahealth.org | [www.narayanahealth.org](http://www.narayanahealth.org)

Appointments

**1800-309-0309 (Toll Free)**

Emergencies

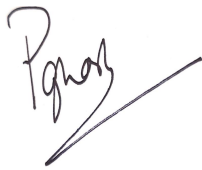
**9836-75-0808**

Patient Name : Ms Susmita Palbag MRN : 17600000246591 Gender/Age : FEMALE , 36y (07/12/1986)

Lymphocytes (Impedance Variation And Absorbency /Microscopy)	29.6	%	20.0-40.0
Monocytes (Impedance Variation And Absorbency /Microscopy)	3.3	%	2.0-10.0
Eosinophils (Impedance Variation And Absorbency /Microscopy)	3.4	%	1.0-6.0
Basophils (Impedance Variation And Absorbency /Microscopy)	<b>0.1 L</b>	%	1.0-2.0
Absolute Neutrophil Count (Impedance Variation And Absorbency/Microscopy(Leishman Stain Method))	4.01	$\times 10^3/\text{mm}^3$	2.0-7.0
Absolute Lymphocyte Count (Impedance Variation And Absorbency/Microscopy(Leishman Stain Method))	1.86	$\times 10^3/\text{mm}^3$	1.0-3.0
Absolute Monocyte Count (Impedance Variation And Absorbency/Microscopy(Leishman Stain Method))	0.21	$\times 10^3/\text{mm}^3$	0.2-1.0
Absolute Eosinophil Count (Impedance Variation And Absorbency/Microscopy(Leishman Stain Method))	0.21	$\times 10^3/\text{mm}^3$	0.02-0.5
Absolute Basophil Count (Impedance Variation And Absorbency/Microscopy(Leishman Stain Method))	<b>0.01 L</b>	$\times 10^3/\text{mm}^3$	0.02-0.1

*As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.*

--End of Report--



Dr. Prithwijit Ghosh  
MBBS, MD, Pathology  
Consultant Pathologist

Patient Name : Ms Susmita Palbag MRN : 17600000246591 Gender/Age : FEMALE , 36y (07/12/1986)

**Note**

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- Kindly correlate clinically.



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Collected On : 09/09/2023 01:49 PM Received On : 09/09/2023 01:49 PM Reported On : 09/09/2023 01:50 PM

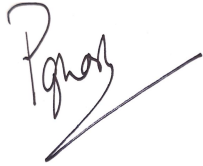
Barcode : F32309090023 Specimen : Urine Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8148559327

**CLINICAL PATHOLOGY**

Test	Result	Unit
Urine For Sugar	Absent	-

--End of Report--



Dr. Prithwijit Ghosh  
MBBS, MD, Pathology  
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Collected On : 09/09/2023 10:24 AM Received On : 09/09/2023 12:18 PM Reported On : 09/09/2023 01:47 PM

Barcode : F32309090011 Specimen : Urine Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8148559327

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
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**URINE ROUTINE & MICROSCOPY**

**PHYSICAL EXAMINATION**

Volume (Visible)	40	ml	-
Colour (Visible)	Pale Yellow	-	-
Appearance (Visible)	Clear	-	-

**CHEMICAL EXAMINATION**

pH(Reaction) (Dual Wavelength Reflectance )	7.5	-	5.0-8.0
Sp. Gravity (Dual Wavelength Reflectance)	1.010	-	1.002-1.030
Protein (Dual Wavelength Reflectance/Acetic Acid Tes (Heat Test))	Absent	-	-
Urine Glucose (Dual Wavelength Reflectance /Benedict's Test)	Absent	-	-
Ketone Bodies (Dual Wavelength Reflectance /Rothera's Test)	Absent	-	Negative
Bile Salts (Dual Wavelength Reflectance/Hay's Test)	Absent	-	Negative
Bile Pigment (Bilirubin) (Dual Wavelength Reflectance/Fouchet's Test)	Absent	-	Negative
Urobilinogen (Dual Wavelength Reflectance /Ehrlich's Method)	Normal	-	-
Urine Leucocyte Esterase (Dual Wavelength Reflectance)	Absent	-	Negative
Blood Urine (Dual Wavelength Reflectance)	Trace+	-	-

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Nitrite (Dual Wavelength Reflectance) Absent - -

**MICROSCOPIC EXAMINATION**

Pus Cells (Microscopy) 2-3/hpf - 1 - 2

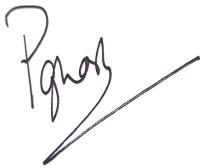
RBC (Microscopy) 1-2/hpf - 1-2/hpf

Epithelial Cells (Microscopy) 2-3/hpf - 2-3

Crystals (Microscopy) Not Seen - -

Others (Microscopy) Nil - -

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 Consultant Pathologist

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Barcode : F22309090087 Specimen : Whole Blood - ESR Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8148559327

**HAEMATOLOGY LAB**

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Westergren Method)	<b>49 H</b>	mm/1hr	0.0-20.0

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MC-5371

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Collected On : 09/09/2023 10:24 AM Received On : 09/09/2023 11:58 AM Reported On : 09/09/2023 12:57 PM

Barcode : F12309090092 Specimen : Plasma Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8148559327

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Glucose Oxidase, Hydrogen Peroxidase)	95	mg/dL	Normal: 70-109 Pre-diabetes: 110-125 Diabetes: => 126

--End of Report--

Dr. Samarpita Mukherjee  
MBBS, MD Biochemistry  
CONSULTANT

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Collected On : 09/09/2023 10:24 AM Received On : 09/09/2023 11:58 AM Reported On : 09/09/2023 12:57 PM

Barcode : F12309090091 Specimen : Serum Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8148559327

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Enzymatic Method)	0.6	mg/dL	0.52-1.04
eGFR	113.2	mL/min/1.73m <sup>2</sup>	-
<b>Serum Sodium</b> (ISE Direct )	144	mmol/L	137.0-145.0
<b>Serum Potassium</b> (ISE Direct )	4.3	mmol/L	3.5-5.1
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Cholesterol Oxidase Esterase Peroxidase)	<b>232 H</b>	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic End Point)	<b>215 H</b>	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Direct Measure, PTA /MgCl <sub>2</sub> )	<b>36 L</b>	mg/dL	Low: <40.0 mg/dL High: >60.0 mg/dL
Non-HDL Cholesterol	196	-	-
LDL Cholesterol (End Point)	<b>148.97 H</b>	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	<b>43 H</b>	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	6.4	-	-
<b>LIVER FUNCTION TEST(LFT)</b>			
Bilirubin Total (Dyphylline, Diazonium Salt)	1.1	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Direct Measure)	<b>0.4 H</b>	mg/dL	0.0-0.3

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Patient Name : Ms Susmita Palbag MRN : 17600000246591 Gender/Age : FEMALE , 36y (07/12/1986)			
Unconjugated Bilirubin (Indirect) (Direct Measure)	0.7	mg/dL	0.3-1.3
Total Protein (Biuret, No Serum Blank, End Point)	8.1	g/dL	6.3-8.2
Serum Albumin (Bromcresol Green (BCG))	4.8	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.3	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.45	-	1.0-2.1
SGOT (AST) (Multiple-point Rate)	<b>38 H</b>	U/L	14.0-36.0
SGPT (ALT) (Uv With P5p)	<b>55 H</b>	U/L	<35.0
Alkaline Phosphatase (ALP) (PNPP With Amp Buffer)	71	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (G-glutamyl-p-nitroanilide)	32	U/L	12.0-43.0
<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (CLIA)	1.50	ng/mL	0.97-1.69
Thyroxine (T4) (CLIA)	9.06	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (CLIA)	0.7410	µIU/mL	0.4-4.049

--End of Report--



Dr. Samarпита Mukherjee  
MBBS, MD Biochemistry  
CONSULTANT

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Barcode : F12309090091 Specimen : Serum Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8148559327

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>Blood Urea Nitrogen (BUN)</b> (Urease, UV)	<b>6.48 L</b>	mg/dL	7.0-17.0

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<b>Patient Name</b>	Susmita Palbag	<b>Requested By</b>	Dr. Swarup Paul
<b>MRN</b>	17600000246591	<b>Procedure DateTime</b>	2023-09-09 10:58:36
<b>Age/Sex</b>	36Y 9M/Female	<b>Hospital</b>	NH-BARASAT

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

Lung fields appear normal.

Trachea is in situ

CP angles are clear.

Cardiac shadow is normal.

**Suggested clinical correlation and further investigations**



**Dr. Subrata Sanyal**  
(Department of Radiology)

# ADULT TRANS-THORACIC ECHO REPORT

**PATIENT NAME** : Ms Susmita Palbag  
**GENDER/AGE** : Female, 36 Years  
**LOCATION** : -

**PATIENT MRN** : 17600000246591  
**PROCEDURE DATE** : 09/09/2023 11:30 AM  
**REQUESTED BY** : Dr. Swarup Paul



## IMPRESSION

- NORMAL SIZED LEFT VENTRICULAR CAVITY
- NO RWMA
- GOOD LEFT VENTRICULAR SYSTOLIC FUNCTION WITH LVEF 68 %
- NORMAL DIASTOLIC INFLOW PATTERN
- GOOD RIGHT VENTRICULAR SYSTOLIC FUNCTION
- NO PULMONARY HYPERTENSION

## FINDINGS

### CHAMBERS

LEFT ATRIUM : NORMAL  
AP DIAMETER(MM): 32

RIGHT ATRIUM : NORMAL

LEFT VENTRICLE : NORMAL SIZED LEFT VENTRICULAR CAVITY. NO RWMA. GOOD LEFT VENTRICULAR SYSTOLIC FUNCTION WITH LVEF 68 %. NORMAL DIASTOLIC INFLOW PATTERN.

LVIDD(MM)	: 38	IVSD(MM)	: 9	EDV(ML)	:
LVIDS(MM)	: 23	LVPWD(MM)	: 9	ESV(ML)	:
E/A RATIO	:	E/E'(AVERAGE)	:	LVEF(%)	: 68

RIGHT VENTRICLE : NORMAL IN SIZE (15MM). GOOD RV SYSTOLIC FUNCTION, TAPSE 24 MM

### VALVES

MITRAL : MORPHOLOGICALLY NORMAL  
AORTIC : MORPHOLOGICALLY NORMAL  
TRICUSPID : MORPHOLOGICALLY NORMAL  
PULMONARY : MORPHOLOGICALLY NORMAL

### SEPTAE

IAS : INTACT  
IVS : INTACT

### ARTERIES AND VEINS

AORTA : NORMAL  
SINUS(MM): 23

PA : NORMAL, NO PULMONARY HYPERTENSION  
IVC : IVC 12 MM WITH NORMAL RESPIRATORY VARIATION

**PERICARDIUM** : NORMAL

**INTRACARDIAC MASS** : NO INTRACARDIAC MASS OR THROMBUS SEEN IN TTE

**OTHERS** : DOPPLER DATA MITRAL :E: VELOCITY: 78 CM/SEC, A : VELOCITY : 64 CM/SEC AORTIC :  
VMAX : 130 CM/SEC, PEAK PG : 7 MMHG TRICUSPID :VMAX : 59 CM/SEC, PEAK PG : 1.0  
MMHG PULMONARY :VMAX : 77 CM/SEC, PEAK PG : 2 MMHG



DR. SANYAL SOUGATA  
ASSOCIATE CONSULTANT

09/09/2023 11:30 AM

**PREPARED BY** : SURAJIT BISWAS(353011)  
**GENERATED BY** : ANKANA GHOSH(357843)

**PREPARED ON** : 09/09/2023 11:41 AM  
**GENERATED ON** : 14/09/2023 10:27 AM

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Collected On : 09/09/2023 01:42 PM Received On : 09/09/2023 02:56 PM Reported On : 09/09/2023 03:19 PM

Barcode : F12309090125 Specimen : Plasma Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8148559327

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>Post Prandial Blood Sugar (PPBS)</b> (Glucose Oxidase, Hydrogen Peroxidase)	86	mg/dL	Normal: ≤140 Pre-diabetes: 141-199 Diabetes: => 200

**Interpretations:**  
(ADA Standards Jan 2017)  
FBS can be less than PPBS in certain conditions like post prandial reactive hypoglycaemia, exaggerated response to insulin, subclinical hypothyroidism, very lean/anxious individuals. In non-diabetic individuals, such patients can be followed up with GTT.

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CONSULTANT

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<b>MRN</b>	17600000246591	<b>Procedure DateTime</b>	2023-09-09 12:56:44
<b>Age/Sex</b>	36Y 9M/Female	<b>Hospital</b>	NH-BARASAT

### ULTRASONOGRAPHY OF WHOLE ABDOMEN

**LIVER** : Liver is mildly enlarged in size (16.3 cm)but has normal shape and outline. **There is mild diffuse homogenous increase of hepatic parenchymal echogenicity..** No focal SOL seen. IHBRs are not dilated.

**CBD** : It is not dilated, measuring – 4.7 mm at porta, visualized proximal lumen is clear. Distal CBD is obscured by bowel gas shadow.

**PV** : It appears normal, measuring – 11.4 mm at porta.

**GALL BLADDER** : It is partially distended. Visualized lumen is echofree.

**SPLEEN** : It is normal in size (10.8 cm), shape, outline & echotexture. No focal lesion seen.

**PANCREAS** : It is normal in size and echotexture . No focal lesion is seen. No calcification is seen. Main pancreatic duct is not dilated.

**ADRENAL GLANDS** : They are not enlarged.

**KIDNEYS** : Both kidneys are normal in size, shape, position and axis. Cortical echo is normal. Cortico-medullary differentiation is maintained. No calculus or hydronephrosis is seen. Perirenal fascial planes are intact. Measures : Right kidney – 8.7 cm. Left kidney – 9.4 cm.

**URETERS** : They are not visualized as they are not dilated.

Aorta – Normal.

IVC – Normal

**URINARY BLADDER** : It is optimally distended. Wall is normal. No intraluminal pathology seen.

**UTERUS** : It is elongated in size (8.1 cm x 3.9 cm x 5.2 cm), anteverted. Myometrial echopattern is within normal limits. **Multiple (at least 4) fibroids are noted. Largest measures 4.6 cm x 3.7 cm in subserosal location of uterine fundus. Another one measures 1.8 cm x 1.6 cm in anterior myometrium. Posterior myometrial fibroid measures 2.8 cm x 1.9 cm.** Endometrial echoes are central (4.1 mm) and shows normal echogenecity. Endomyometrial junction appears normal. The cervix appears normal. Internal os is closed at present.

**OVARIES** : Both ovaries are normal in shape, size, position & echotexture . Measures : Right Ovary – 3.9 cm x 1.8 cm ,Left Ovary – 3.2 cm x 2.0 cm.

No adnexal lesion is seen.

**RIF/ LIF:** Appendix is not visualized. No mass lesion or lymphadenopathy seen at RIF/ LIF.

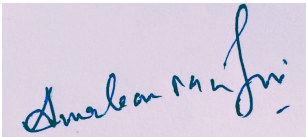
No ascites seen.

No pleural effusion seen.

**IMPRESSION :**

- **Hepatomegaly with Grade I fatty liver.**
- **Multiple uterine fibroids.**

Advise : Clinical correlation & further relevant investigation suggested.

A rectangular box containing a handwritten signature in blue ink. The signature appears to read "Anirban Majhi".

**Dr. Anirban Majhi**  
MD (Radiodiagnosis)

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Ms Susmita Palbag MRN : 17600000246591 Gender/Age : FEMALE , 36y (07/12/1986)

Collected On : 09/09/2023 10:24 AM Received On : 09/09/2023 11:58 AM Reported On : 09/09/2023 08:39 PM

Barcode : F12309090093 Specimen : Whole Blood Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8148559327

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC)	4.7	%	Both: Normal: 4.0-5.6 Both: Prediabetes: 5.7-6.4 Both: Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	88.19	-	-

**Interpretation:**

- HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- Any sample with >15% should be suspected of having a haemoglobin variant.

--End of Report--

Dr. Samarпита Mukherjee  
MBBS, MD Biochemistry  
CONSULTANT

**Note**

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



**Narayana Multispeciality Hospital**

(A unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Hospital Address: 78, Jessore Road (South), Kolkata 700127, West Bengal

Email: info.brs.kolkata@narayanahealth.org | www.narayanahealth.org

Appointments

**1800-309-0309 (Toll Free)**

Emergencies

**9836-75-0808**