

| | |
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| Patient Name ^{VES} : Miss.SITA KUMARI | Collected : 25/Mar/2023 11:23AM |
| Age/Gender : 27 Y 5 M 21 D/F | Received : 25/Mar/2023 11:56AM |
| UHID/MR No : SKAR.0000095854 | Reported : 25/Mar/2023 12:50PM |
| Visit ID : SKAROPV119937 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 1221454 | |

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

| | |
|------------|---|
| RBCs | Show mild anisocytosis, are predominantly Normocytic Normochromic |
| WBCs | Normal in number and morphology Differential count is within normal limits |
| Platelets | Adequate in number, verified on smear |
| | No Hemoparasites seen in smears examined. |
| Impression | Normal peripheral smear study |
| Advice | Clinical correlation |



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

HEMOGRAM , WHOLE BLOOD-EDTA

| | | | | |
|--|--------|-------------------------|---------------|--------------------------------|
| HAEMOGLOBIN | 11.7 | g/dL | 12-15 | Spectrophotometer |
| PCV | 35.50 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.2 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 84.0 | fL | 83-101 | Calculated |
| MCH | 27.8 | pg | 27-32 | Calculated |
| MCHC | 33.0 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 15.2 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 4,900 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 62 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 32 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 02 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 04 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3038 | Cells/cu.mm | 2000-7000 | Electrical Impedance |
| LYMPHOCYTES | 1568 | Cells/cu.mm | 1000-3000 | Electrical Impedance |
| EOSINOPHILS | 98 | Cells/cu.mm | 20-500 | Electrical Impedance |
| MONOCYTES | 196 | Cells/cu.mm | 200-1000 | Electrical Impedance |
| PLATELET COUNT | 254000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 05 | mm at the end of 1 hour | 0-20 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

| | | | | |
|------------------|----------|--|--|-------------------|
| BLOOD GROUP TYPE | A | | | Gel agglutination |
| Rh TYPE | POSITIVE | | | Gel agglutination |



| | |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

| | | | | |
|--------------------------------------|----|-------|--------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 88 | mg/dL | 70-100 | GOD - POD |
|--------------------------------------|----|-------|--------|-----------|

Comment:

As per American Diabetes Guidelines

| Fasting Glucose Values in mg/d L | Interpretation |
|----------------------------------|----------------|
| <100 mg/dL | Normal |
| 100-125 mg/dL | Prediabetes |
| ≥126 mg/dL | Diabetes |

| | | | | |
|--|----|-------|--------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA | 85 | mg/dL | 70-140 | GOD - POD |
|--|----|-------|--------|-----------|

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach



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| Age/Gender : 27 Y 5 M 21 D/F | Received : 25/Mar/2023 03:51PM |
| UHID/MR No : SKAR.0000095854 | Reported : 25/Mar/2023 04:59PM |
| Visit ID : SKAROPV119937 | Status : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|------------|
| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA | 5.2 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA | 103 | mg/dL | | Calculated |

Comment:

Reference Range as per American Diabetes Association (ADA):

| REFERENCE GROUP | HBA1C IN % |
|-------------------------------|------------|
| NON DIABETIC ADULTS >18 YEARS | <5.7 |
| AT RISK (PREDIABETES) | 5.7 – 6.4 |
| DIAGNOSING DIABETES | ≥ 6.5 |
| DIABETICS | |
| · EXCELLENT CONTROL | 6 – 7 |
| · FAIR TO GOOD CONTROL | 7 – 8 |
| · UNSATISFACTORY CONTROL | 8 – 10 |
| · POOR CONTROL | >10 |

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



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| UHID/MR No : SKAR.0000095854 | Reported : 25/Mar/2023 01:49PM |
| Visit ID : SKAROPV119937 | Status : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

LIPID PROFILE , SERUM

| | | | | |
|---------------------|--------------|-------|--------|-------------|
| TOTAL CHOLESTEROL | 178 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 88 | mg/dL | <150 | |
| HDL CHOLESTEROL | 54 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 124 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 106.4 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 17.6 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.30 | | 0-4.97 | Calculated |

Kindly correlate clinically

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

| | Desirable | Borderline High | High | Very High |
|---------------------|--|-----------------|-----------|-----------|
| TOTAL CHOLESTEROL | < 200 | 200 - 239 | ≥ 240 | |
| TRIGLYCERIDES | <150 | 150 - 199 | 200 - 499 | ≥ 500 |
| LDL | Optimal < 100 Near Optimal 100-129 | 130 - 159 | 160 - 189 | ≥ 190 |
| HDL | ≥ 60 | | | |
| NON-HDL CHOLESTEROL | Optimal <130; Above Optimal 130-159 | 160-189 | 190-219 | >220 |

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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

| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
|--|-------------|-------|---------|-------------------|
| BILIRUBIN, TOTAL | 0.40 | mg/dL | 0.1-1.2 | Azobilirubin |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | mg/dL | 0.1-0.4 | DIAZO DYE |
| BILIRUBIN (INDIRECT) | 0.30 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 20 | U/L | 4-44 | JSCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 21.0 | U/L | 8-38 | JSCC |
| ALKALINE PHOSPHATASE | 82.00 | U/L | 32-111 | IFCC |
| PROTEIN, TOTAL | 8.10 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 5.60 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 2.50 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 2.24 | | 0.9-2.0 | Calculated |

Kindly correlate clinically



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM

| | | | | |
|-----------------------|--------------|--------|------------|------------------|
| CREATININE | 0.53 | mg/dL | 0.4-1.1 | ENZYMATIC METHOD |
| UREA | 16.30 | mg/dL | 17-48 | Urease |
| BLOOD UREA NITROGEN | 7.6 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.90 | mg/dL | 3.0-5.5 | URICASE |
| CALCIUM | 8.80 | mg/dL | 8.4-10.2 | CPC |
| PHOSPHORUS, INORGANIC | 2.80 | mg/dL | 2.6-4.4 | PNP-XOD |
| SODIUM | 141 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.2 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 104 | mmol/L | 98-107 | Direct ISE |

Kindly correlate clinically



| | |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

| | | | | |
|--|--------------|-----|-------|------------------------------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 15.00 | U/L | 16-73 | Glycylglycine Kinetic method |
|--|--------------|-----|-------|------------------------------|

Kindly correlate clinically



| | |
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| Age/Gender : 27 Y 5 M 21 D/F | Received : 25/Mar/2023 08:54PM |
| UHID/MR No : SKAR.0000095854 | Reported : 25/Mar/2023 09:44PM |
| Visit ID : SKAROPV119937 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

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

| | | | | |
|-----------------------------------|-------|--------|------------|------|
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.1 | ng/mL | 0.7-2.04 | |
| THYROXINE (T4, TOTAL) | 8.30 | µg/dL | 6.09-12.23 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.560 | µIU/mL | 0.34-5.60 | CLIA |

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

| 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 |



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

COMPLETE URINE EXAMINATION , URINE

PHYSICAL EXAMINATION

| | | | | |
|--------------|-------------|--|-------------|------------------|
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 6.5 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.030 | | 1.002-1.030 | Dipstick |

BIOCHEMICAL EXAMINATION

| | | | | |
|------------------------|----------|--|----------|----------------------------|
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GOD-POD |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | NITROPRUSSIDE |
| UROBILINOGEN | NN | | NORMAL | EHRlich |
| BLOOD | NEGATIVE | | NEGATIVE | Dipstick |
| NITRITE | NEGATIVE | | NEGATIVE | Dipstick |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | PYRROLE HYDROLYSIS |

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

| | | | | |
|------------------|--------|------|------------------|------------|
| PUS CELLS | 3-4 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 2-3 | /hpf | <10 | MICROSCOPY |
| RBC | NIL | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |




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DEPARTMENT OF CLINICAL PATHOLOGY

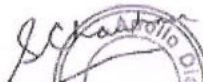
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | NEGATIVE | | NEGATIVE | Dipstick |
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |


*** End Of Report ***



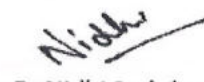
Dr. Tanish Mandal
MBBS,MD(Pathology)
Consultant Pathologist



Dr. SHIVANGI CHAUHAN
M.B.B.S, M.D(Pathology)
Consultant Pathologist



Dr. Manju Kumari
M.B.B.S, MD(Pathology)
Consultant Pathologist.



Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist



Mrs. Sita

Age: 27 Y/ Sex: F

Date: 25.3.2023

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size and echotexture. No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

Gall bladder does not show any evidence of cholecystitis or cholelithiasis. **CBD** is not dilated.

Portal vein is normal in caliber.

Both kidneys are of normal size, shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size and echotexture.

Pancreas does not show any pathology.

No free fluid seen in the peritoneal cavity.

Urinary bladder is partially distended. No pelvis mass seen.

Uterus is anteverted, normal in size, shape and echopattern.

Endometrium echo is 11 mm, echogenic.

Please correlate clinically


DR. GLOSSY B SABHARWAL, MD
CONSULTANT RADIOLOGIST

This report is only a professional opinion and it is not valid for medico-legal purposes.

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: U85100KA2009PTC049961

Apollo Spectra Hospitals
66A/2, New Rohtak Road, Karol Bagh,
New Delhi-110 005

Ph.: 011-49407700, 8448702877
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Registered Address

#7-1-617/A, 615 & 616 Imperial Towers,
7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad-500038. Telangana.

Patient

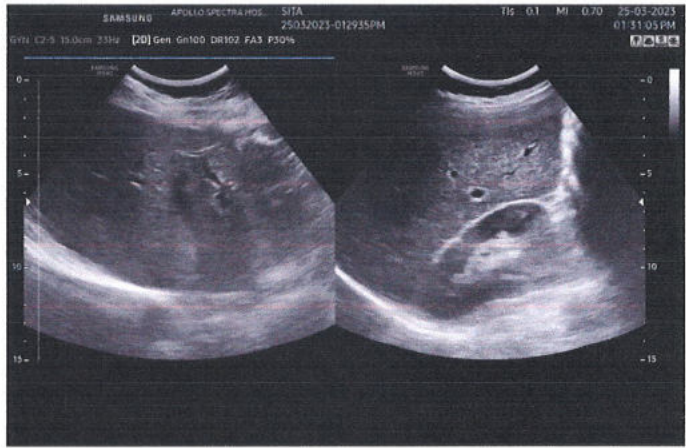
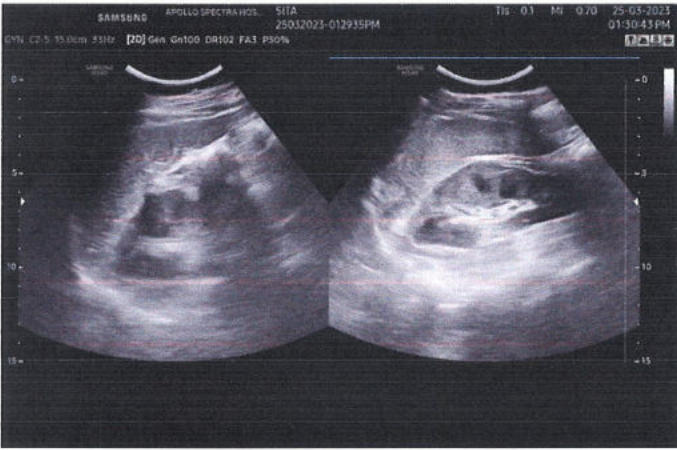
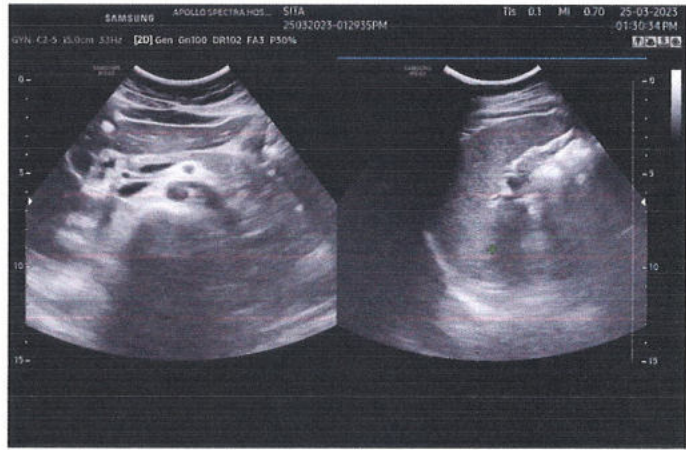
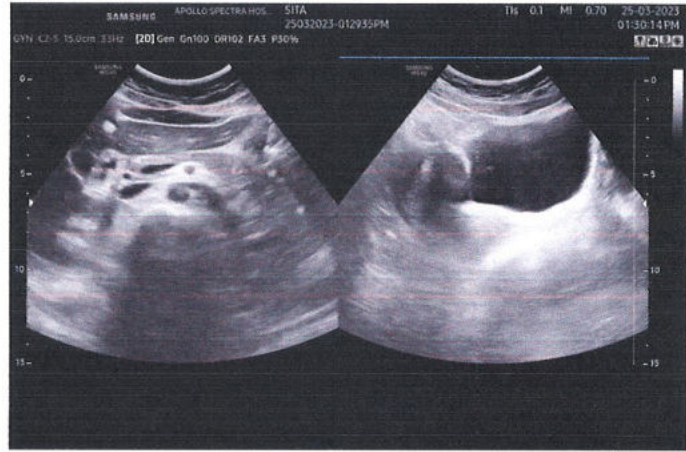
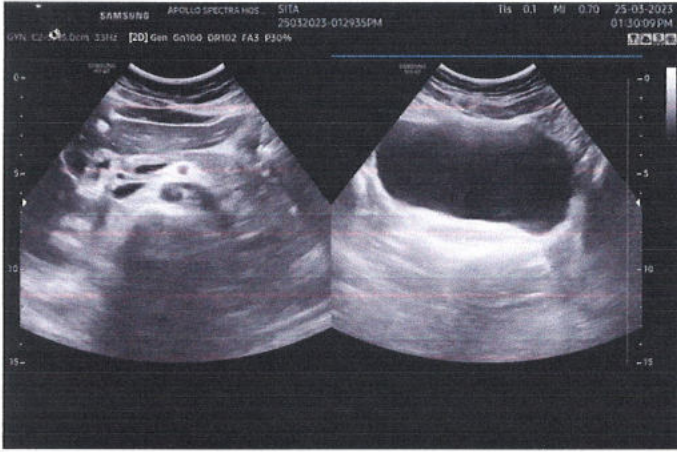
ID
Name
Birth Date
Gender

25032023-012935PM
SITA

Exam

Accession #
Exam Date
Description
Operator

25-03-2023



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NAME: SITA KUMARI
REF. BY: HEALTH CHECK UP
DATE: 25.3.2023

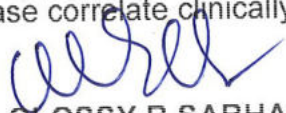
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AGE 27Y /SEX/F
UHID: SKAR0000095854
S. NO: 12134

X-RAY CHEST PA

Lung fields and costophrenic angles are clear.
No definite pleural or parenchymal pathology seen.
Bony thorax, heart and mediastinum appear normal.

Please correlate clinically.



DR. GLOSSY B SABHARWAL, MD
CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)
CIN: U85100KA2009PTC049961

Apollo Spectra Hospitals
66A/2, New Rohtak Road, Karol Bagh,
New Delhi-110 005

Ph.: 011-49407700, 8448702877
www.apollospectra.com

Registered Address

#7-1-617/A, 615 & 616 Imperial Towers,
7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad-500038. Telangana.

Echocardiography Report

Name: Sita
Age/Sex: 27 YRS/F
Date: 25.3.2023

Summary of 2D echo

Baseline echocardiography revealed:

- No chamber enlargement.
- No RWMA.
- Normal LV function LVEF -60%
- Normal diastolic function.
- Good RV function
- Trace MR
- Trace TR
- No thrombus detected.
- No Pericardial effusion seen.
- IVC shows normal inspiratory collapse.

Observations

Dimensions

| | | |
|---------|-----|------------|
| LVID d= | 46 | (35-55mm) |
| LV IVS= | 08 | (6-11mm) |
| Pwd = | 08 | (6-11mm) |
| Ao = | 25 | (20- 37mm) |
| LA = | 26 | (21- 37mm) |
| LVEF = | 60% | (55 +6.2%) |

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Patient

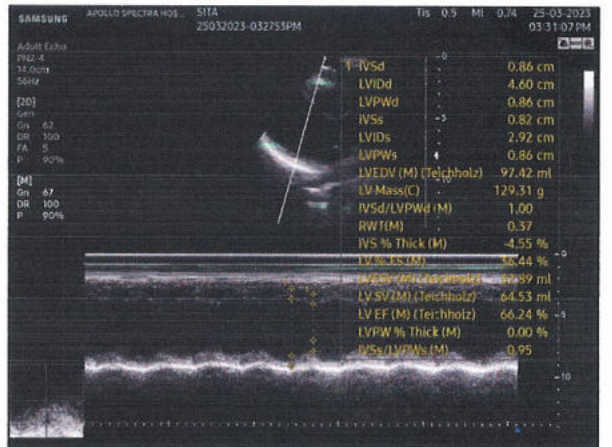
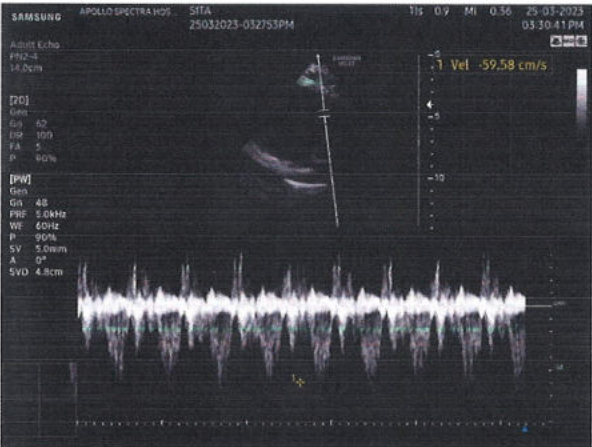
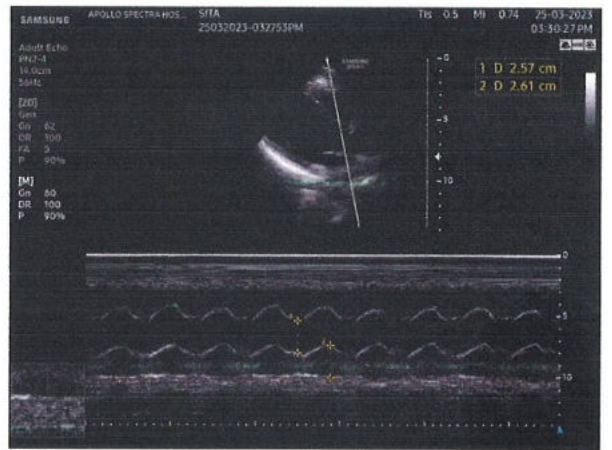
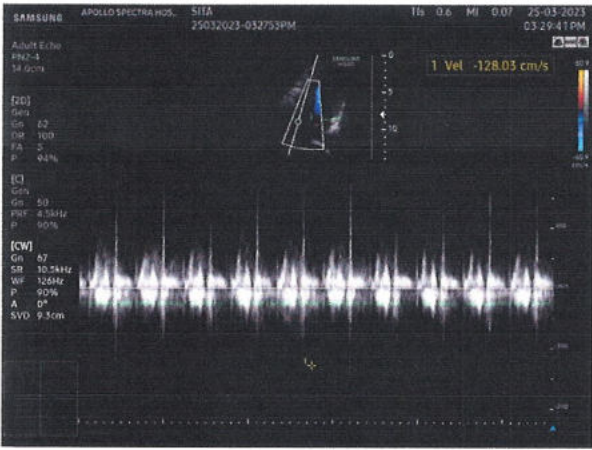
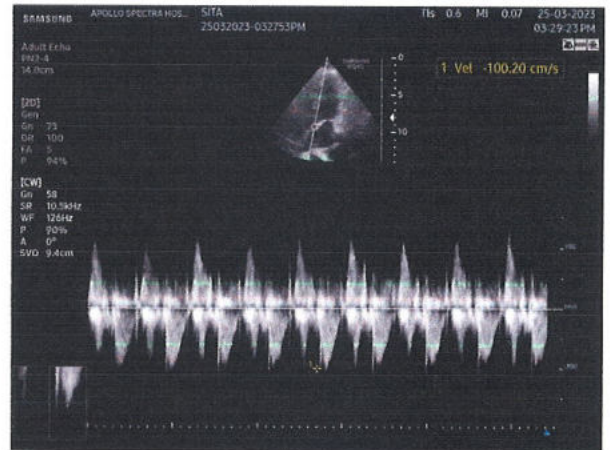
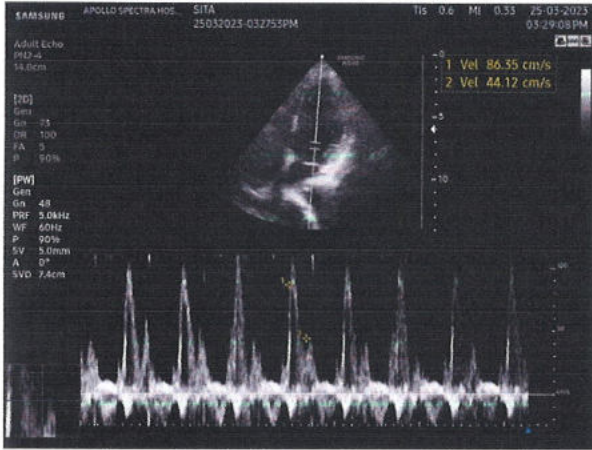
ID
Name
Birth Data
Gender

25032023-032753PM
SITA

Exam

Accession #
Exam Date
Description
Operator

25-03-2023



Mrs. SITA KUMARI
27/11.

25/3/23.

Rt Eye 6/6.
Lt Eye 6/6.

} without aided.
specs.

Normal Colour Vision.

ADU.

-> Rt Eye → 6/6. } without aided.
Lt Eye → 6/6. } specs.

-> normal Colour Vision.

-> Stone eye drops; 2 drops HS.

R. Pillay

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

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Registered Address

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7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad-500038, Telangana.

Sita, Kumari
ID: 98864

27 Years 163 cm Female
57.0 kg

25.03.2023 10:16:06
APOLLO SPECIALITY HOSPITAL
ROHTAK ROAD
DELHI-110005

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

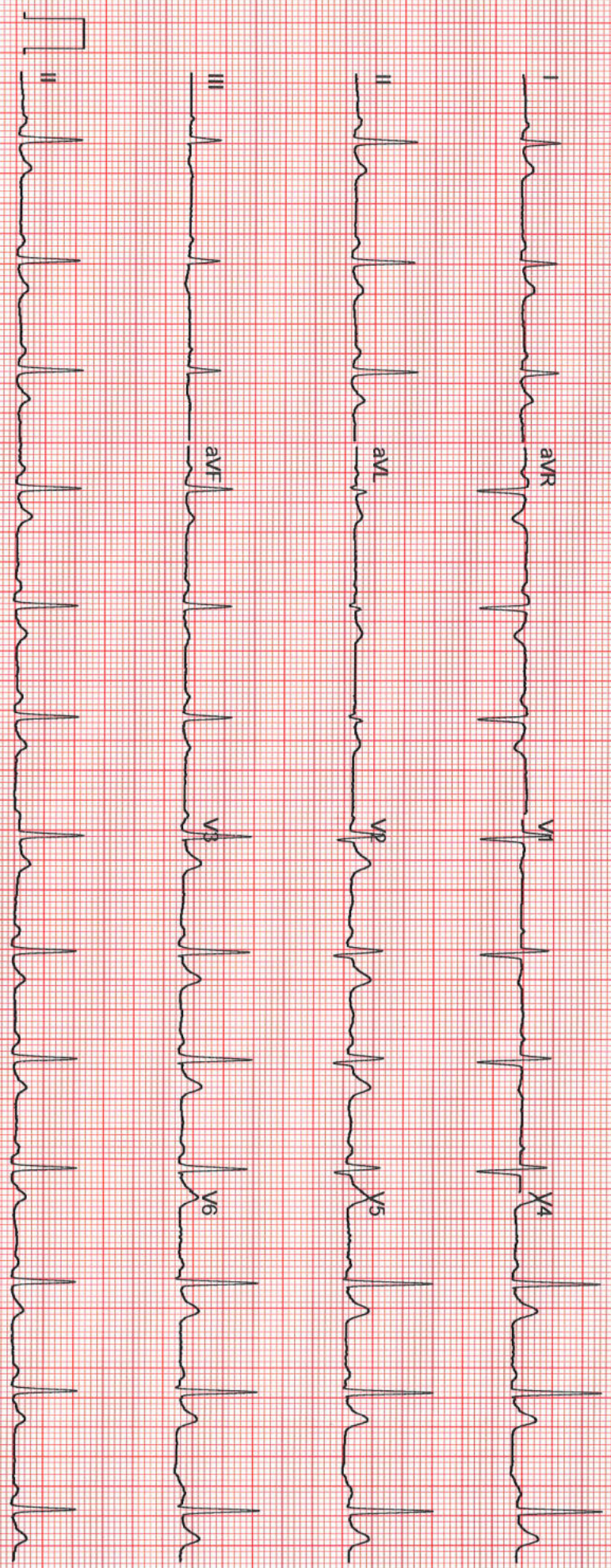
78 bpm
-/- mmHg

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

B. Prabhoo

QRS : 70 ms
QT / QTcBaz : 306 / 348 ms
PR : 138 ms
P : 98 ms
RR / PP : 766 / 769 ms
P / QRS / T : 48 / 62 / 28 degrees



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 Unconfirmed 1/1

Dr. Sanjiv Dang

MBBS, MS (ENT)
Ear, Nose & Throat Consultant
DMC Regn. No. 9555
Timing : 5.30 pm - 8.30 pm
E : sanjivdang.mamc@gmail.com

For appointment please contact :
011-49407700, 8448702877

Sitakumari
f 27-years



R

ENT: Normal



Adv

No medication.

TM (N) (N)
Rinne + +
Weber ←→
Chest: clear

S. Dang
25/03/2023

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