

Mediwheel <wellness@mediwheel.in>

Wed 3/27/2024 12:01 PM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>

Cc:customercare@mediwheel.in <customercare@mediwheel.in>



011-41195959

Hi **Manipal Hospital,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital Package Name : Mediwheel Full Body Health Checkup Male Above 40

Patient Package Name : MediWheel Full Body Health Checkup Male 50 To 60

Hospital Address : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links
Aparment

Contact Details : 8750969844

Appointment Date : 29-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 9:00am

Member Information		
Booked Member Name	Age	Gender
PRAMOD KUMAR TIWARI	55 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team

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Health checkup at tie-up Ctr

HealthCheckup Authorisatn letter



Union Bank of India
RO - DELHI NORTH
334/350 JHAZOOOR ROAD, NEAR
JOSHI ROAD, KAROL BAGH, - 0

To,
The Chief Medical Officer

M/S Mediwhheel
[https://mediwhheel.ln/signup011-41195959\(A](https://mediwhheel.ln/signup011-41195959(A) brand name of
Arcoteml Healthcare Ltd),
Mumbai400021

Dear Sir,
Tie-up arrangement for Health Checkup under Health Checkup 50-60 Male

Shri/Smt./Kum. TIWARI,PRAMOD KUMAR

P.F. No. 608630 Designation : Asst Manager

Checkup for Financial Year 2023-2024 Approved Charges Rs. 4000.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,
(Signature of the Employee)
Yours Faithfully,
(Signature)
BRANCH MANAGER/SENIOR MANAGER



PS : Status of the application: *Satisfied*



भारत सरकार

GOVERNMENT OF INDIA



प्रमोद कुमार तिवारी

Pramod Kumar Tiwari

जन्म तिथि/ DOB: 09/06/1968

पुरुष / MALE



2796 0840 8387



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

Address:

S/O: पूर्णचंद तिवारी, हाउस
न - 342, आईएमई कॉलेज
के पास, साहिबाबाद,
गाजियाबाद,
उत्तर प्रदेश - 201005

S/O: Purnchand Tiwari, House No -
342, Near IME College, Sahibabad,
Ghaziabad,
Uttar Pradesh - 201005

2796 0840 8387

Aadhaar - Aam Admi ka Adhikar



LABORATORY REPORT

Name	: MR PRAMOD KUMAR TIWARI	Age	: 44 Yr(s) Sex :Male
Registration No	: MH011808228	Lab No	: 202403004253
Patient Episode	: H18000002009	Collection Date	: 29 Mar 2024 10:21
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 16:07
Receiving Date	: 29 Mar 2024 10:21		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			
			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	0.640	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.420	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	6.640 #	µIU/mL	[0.250-5.000]

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low. The TSH assay aids in diagnosing thyroid or hypophysial disorders. The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.



LABORATORY REPORT

Name	: MR PRAMOD KUMAR TIWARI	Age	: 44 Yr(s) Sex :Male
Registration No	: MH011808228	Lab No	: 202403004253
Patient Episode	: H18000002009	Collection Date	: 29 Mar 2024 10:21
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 16:43
Receiving Date	: 29 Mar 2024 10:21		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Specimen Type : Serum

PROSTATE SPECIFIC ANTIGEN(PSA-Total):	0.510	ng/mL	[<2.500]
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Method :ELFA

- Note :1.This is a recommended test for detection of prostate cancer along with Digital Recta Examination (DRE) in males above 50 years of age
 damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.
 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
 3. PSA levels may appear consistently elevated / depressed due to the interference by hetero antibodies & nonspecific protein binding
 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massag indwelling catheterization, and ultrasonography and needle biopsy of prostate is not recomme as they falsely elevate levels
 5. PSA values regardless of levels should not be interpreted as absolute evidence of the pre or absence of disease. All values should be correlated with clinical findings and results of other investigations
 6. Sites of Non - prostatic PSA production are breast epithelium, salivary glands, peri - urethral & anal glands, cells of male urethra && breast mil
 7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity

Recommended Testing Intervals

- * Pre-operatively (Baseline)
- * 2-4 days post-operatively
- * Prior to discharge from hospital
- * Monthly follow-up if levels are high or show a rising trend



LABORATORY REPORT

Name	: MR PRAMOD KUMAR TIWARI	Age	: 44 Yr(s) Sex :Male
Registration No	: MH011808228	Lab No	: 202403004253
Patient Episode	: H18000002009	Collection Date	: 29 Mar 2024 10:21
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 16:36
Receiving Date	: 29 Mar 2024 10:21		

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	B Rh(D) Positive		

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 3 of 3

NOTE:

- Abnormal Values

-----END OF REPORT-----

Dr. Alka Dixit Vats
Consultant Pathologist



LABORATORY REPORT

Name : MR PRAMOD KUMAR TIWARI
Registration No : MH011808228
Patient Episode : H18000002009
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 10:21

Age : 44 Yr(s) Sex : Male
Lab No : 202403004253
Collection Date : 29 Mar 2024 10:21
Reporting Date : 29 Mar 2024 14:30

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.80	millions/cumm	[4.50-5.50]
HEMOGLOBIN	14.8	g/dl	[13.0-17.0]
Method: cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	45.2	%	[40.0-50.0]
MCV (DERIVED)	94.2	fL	[83.0-101.0]
MCH (CALCULATED)	30.8	pg	[25.0-32.0]
MCHC (CALCULATED)	32.7	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.0	%	[11.6-14.0]
Platelet count	160	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	13.20	fL	
WBC COUNT (TC) (IMPEDENCE)	5.25	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	59.0	%	[40.0-80.0]
Lymphocytes	31.0	%	[20.0-40.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	3.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	12.0 #	mm/1sthour	[0.0-



LABORATORY REPORT

Name	: MR PRAMOD KUMAR TIWARI	Age	: 44 Yr(s) Sex :Male
Registration No	: MH011808228	Lab No	: 202403004253
Patient Episode	: H18000002009	Collection Date	: 29 Mar 2024 12:51
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 16:19
Receiving Date	: 29 Mar 2024 12:51		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.025	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	+	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NI	
Bacteria	NIL	
OTHERS	NIL	



LABORATORY REPORT

Name	: MR PRAMOD KUMAR TIWARI	Age	: 44 Yr(s) Sex :Male
Registration No	: MH011808228	Lab No	: 202403004253
Patient Episode	: H18000002009	Collection Date	: 29 Mar 2024 10:21
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 16:30
Receiving Date	: 29 Mar 2024 10:21		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	6.0 #	%	[0.0-5.6]
			As per American Diabetes Association (ADA) HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk)5.7-6.4 Diagnosing Diabetes >= 6.5
Estimated Average Glucose (eAG)	126	mg/dl	

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemc control.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	144	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	104	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	43	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated)	21	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	80.0	mg/dl	[<120.0]
Above optimal-100-129			Near/ Borderline High:130-159 High Risk:160-189



LABORATORY REPORT

Name	: MR PRAMOD KUMAR TIWARI	Age	: 44 Yr(s) Sex :Male
Registration No	: MH011808228	Lab No	: 202403004253
Patient Episode	: H18000002009	Collection Date	: 29 Mar 2024 10:21
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 14:01
Receiving Date	: 29 Mar 2024 10:21		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.3		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.9		<3 Optimal 3-4 Borderline >6 High Risk

Note:

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum			
UREA	25.0	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	11.7	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	0.82	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	6.1	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			
SODIUM, SERUM	137.70	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.26	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.4	mmol/L	[101.0-111.0]
<i>Method: ISE Indirect</i>			



LABORATORY REPORT

Name	: MR PRAMOD KUMAR TIWARI	Age	: 44 Yr(s) Sex :Male
Registration No	: MH011808228	Lab No	: 202403004253
Patient Episode	: H18000002009	Collection Date	: 29 Mar 2024 10:21
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 14:01
Receiving Date	: 29 Mar 2024 10:21		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	107.5	ml/min/1.73sq.m	[>60.0]

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.

LIVER FUNCTION TEST

BILIRUBIN - TOTAL <i>Method: D P D</i>	0.59	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.10	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.49	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.70	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.29	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	3.40	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.26		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	25.00	U/L	[0.00-40.00]



LABORATORY REPORT

Name : MR PRAMOD KUMAR TIWARI
Registration No : MH011808228
Patient Episode : H18000002009
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 10:21

Age : 44 Yr(s) Sex : Male
Lab No : 202403004253
Collection Date : 29 Mar 2024 10:21
Reporting Date : 29 Mar 2024 14:02

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	30.30	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	83.0	IU/L	[32.0-91.0]
GGT	24.0	U/L	[7.0-50.0]

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

Name	: MR PRAMOD KUMAR TIWARI	Age	: 44 Yr(s) Sex :Male
Registration No	: MH011808228	Lab No	: 202403004254
Patient Episode	: H18000002009	Collection Date	: 29 Mar 2024 10:21
Referred By	: HEALTH CHECK MGD	Reporting Date	: 29 Mar 2024 14:02
Receiving Date	: 29 Mar 2024 10:21		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma			
GLUCOSE, FASTING (F)	101.0	mg/dl	[70.0-110.0]
Method: Hexokinase			

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases (e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----

Dr. Charu Agarwal
Consultant Pathologist

**RADIOLOGY REPORT**

NAME	MR Pramod kumar TIWARI	STUDY DATE	29/03/2024 11:00AM
AGE / SEX	44 y / M	HOSPITAL NO.	MH011808228
ACCESSION NO.	R7143292	MODALITY	CR
REPORTED ON	29/03/2024 12:50PM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW**FINDINGS:**

LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

No significant abnormality noted.

Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	MR Pramod kumar TIWARI	STUDY DATE	29/03/2024 12:44PM
AGE / SEX	44 y / M	HOSPITAL NO.	MH011808228
ACCESSION NO.	R7143294	MODALITY	US
REPORTED ON	29/03/2024 1:01PM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears enlarged in size (measures 164 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade II fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 80 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9.3 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.9 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Both kidneys are normal in size and shape but show raised renal cortical echotexture. Cortico-medullary differentiation is however maintained. Rest normal.

Right Kidney: measures 97 x 51 mm with parenchymal thickness 9.5 mm.

Left Kidney: measures 87 x 55 mm with parenchymal thickness 11.3 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: Prostate is mildly enlarged in size (measures 38 x 35 x 33 mm with volume 24 cc) but normal in shape and echotexture. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- Hepatomegaly with diffuse grade II fatty infiltration in liver.
- Bilateral raised renal cortical echotexture (ADV: RFT correlation)
- Mild prostatomegaly.

Recommend clinical correlation.

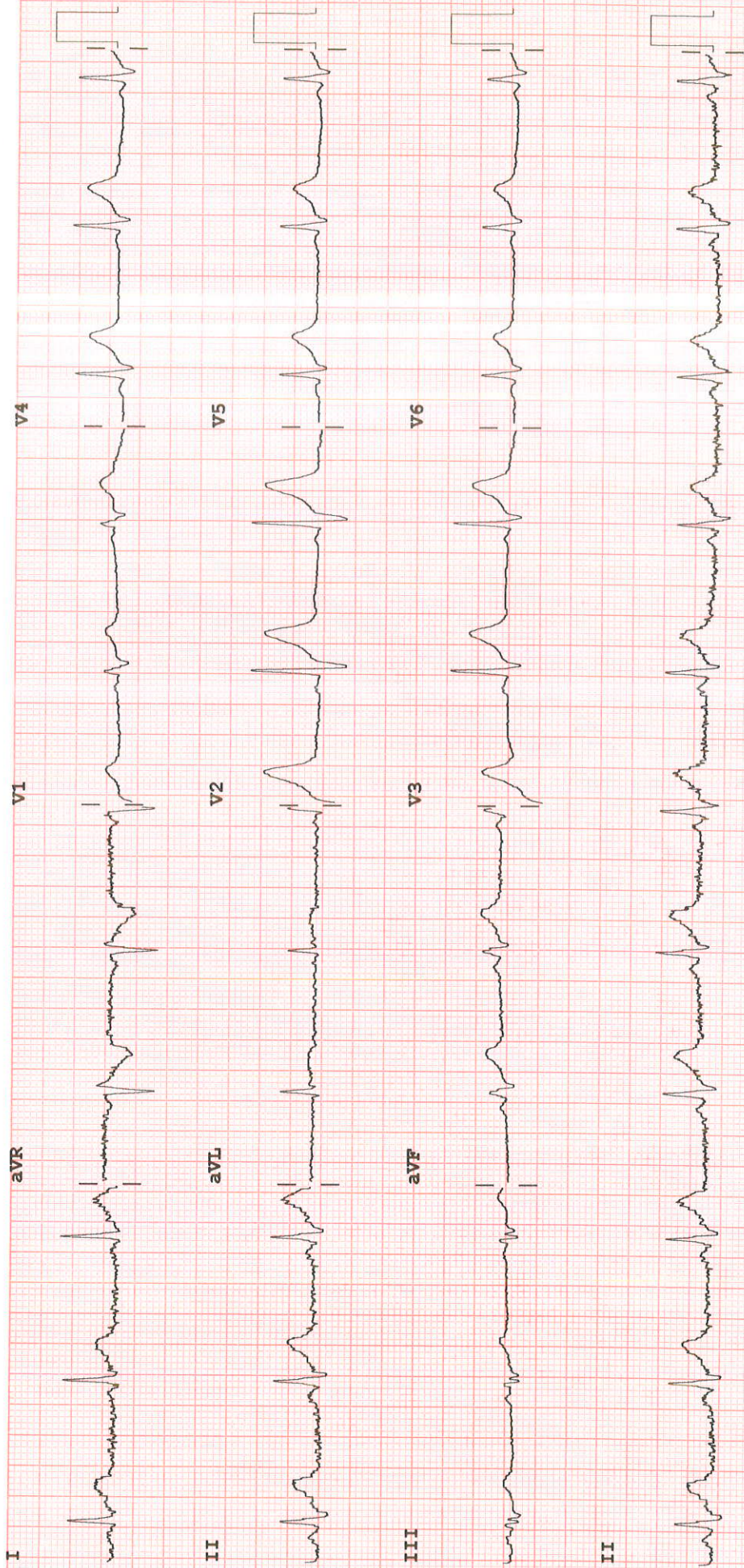
Monica

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Dev:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?



Patient Name	MR PRAMOD KUMAR TIWARI	Location	: Ghaziabad
Age/Sex	: 56Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	MH011808228	Order Date	: 29/03/2024
Ref. Doctor	: DR BHUPENDRA SINGH	Report Date	: 29/03/2024

Protocol	: Bruce	MPHR	: 164BPM
Duration of exercise	: 6min 27sec	85% of MPHR	: 139BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 176BPM
Blood Pressure (mmHg)	: Baseline BP : 120/80mmHg Peak BP : 140/90mmHg	% Target HR	: 107%
		METS	: 7.6METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	60	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	120	120/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	136	140/90	Nil	No ST changes seen	Nil
STAGE 3	0:27	147	140/90	Nil	No ST changes seen	Nil
RECOVERY	3:18	72	130/80	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh

MD, DM (CARDIOLOGY), FACC
Sr. Consultant Cardiology

Dr. Abhishek Singh

MD, DNB (CARDIOLOGY), MNAMS
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra

MD
Cardiology Registrar