

Mediwheel <wellness@mediwheel.in>

Fri 3/8/2024 9:02 AM

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 Female Above 40

**Patient Package Name** : Mediwheel Full Body Health Checkup Female Above 40

**Contact Details** : 9910525735

**Appointment Date** : 09-03-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 8:00am-8:30am

Member Information		
Booked Member Name	Age	Gender
Sunita sagar	46 year	Female

We request you to facilitate the employee on priority.

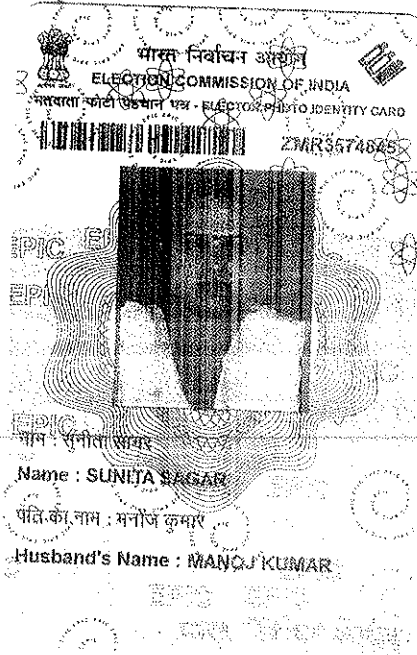
Thanks,  
Mediwheel Team

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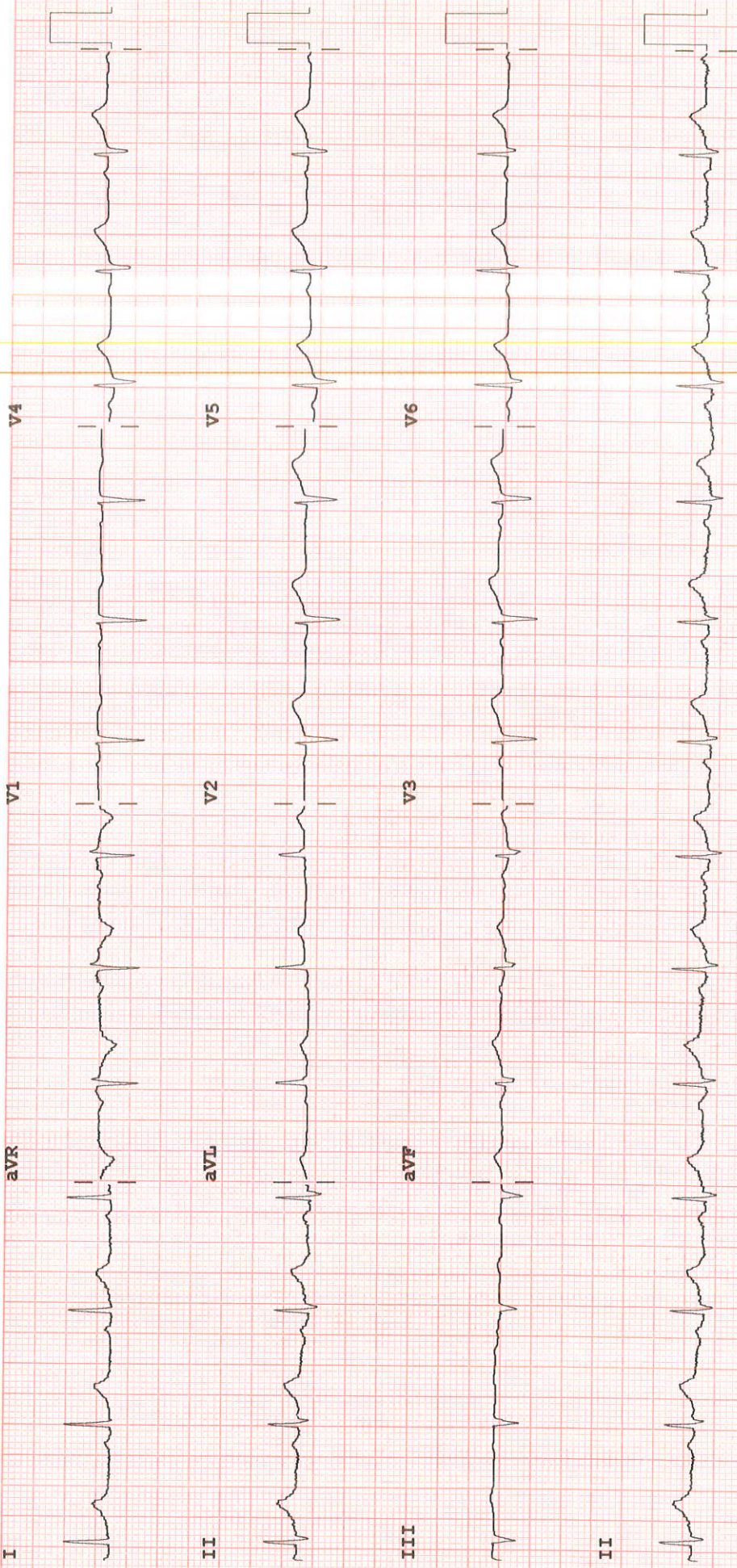
*Sunita Sagar*

लिंग / Gender : महिला / Female  
जन्म तिथि/आयु : 14-03-1977  
Date of Birth/ Age :  
पता : प.अ. 16, राईपुर 1, राईपुर, थाना-कावेनगर, तहसील-गहिरवाबाद,  
जिला-गहिरवाबाद-201602  
Address : H.N.16, RAISPUR 1, RAISPUR.P.S.-Kavi Neger,  
Tahshil-Ghaziabad, Dist-Ghaziabad, 201602  
दिनांक : Date : 17-03-2019 निर्वाचक अभिलेखिकरण अधिकारी :  
Electoral Registration Officer  
विधान सभा क्षेत्र की संख्या व नाम : 54-सुंदरनगर  
Assembly Constituency No. and Name : 54-Sundernagar  
भाग संख्या व नाम : 273-जूनियर हाई स्कूल राईपुर  
Part No. and Name : 273-JUNIOR HSN SCHOOL RAISPUR

नोट / Note :  
1. इस कार्ड को धारण करने मात्र से यह कोई गारंटी नहीं है कि आप वर्तमान निर्वाचक नामावली में निर्वाचक हैं। कृपया अपना नाम प्रत्येक चुनाव से पहले वर्तमान नामावली में जांच लें।  
Mere possession of this card is no guarantee that you are elector in the current electoral roll. Please check your name in the current electoral roll before every election.  
2. इस कार्ड में उल्लिखित जन्मतिथि को निर्वाचक नामावली में पंजीकरण के अलावा अन्य किसी भी स्थिति में आयु के प्रमाण के रूप में नहीं माना जाएगा।  
Date of Birth mentioned in this card shall not be treated as a proof of age / D.O.B. for any purpose other than registration in electoral roll.  
1313P35 054 273 0913 201903162019

- 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	MRS SUNITA SAGAR	Location	: Ghaziabad
Age/Sex	: 47Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH010131764	Order Date	: 28/03/2024
Ref. Doctor	: DR ABHISHEK SINGH	Report Date	: 28/03/2024

<b>Protocol</b>	: Bruce	<b>MPHR</b>	: 173BPM
<b>Duration of exercise</b>	: 5min 06sec	<b>85% of MPHR</b>	: 147BPM
<b>Reason for termination</b>	: THR achieved	<b>Peak HR Achieved</b>	: 173BPM
<b>Blood Pressure (mmHg)</b>	: Baseline BP : 120/80mmHg Peak BP : 140/90mmHg	<b>% Target HR</b>	: 100%
		<b>METS</b>	: 7.0METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	97	120/80	Nil	No ST changes seen	Nil
STAGE 1	3:00	138	120/80	Nil	No ST changes seen	Nil
STAGE 2	2:06	173	140/90	Nil	No ST changes seen	Nil
RECOVERY	5:15	107	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

Manipal Hospital, Ghaziabad

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Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com

**RADIOLOGY REPORT**

NAME	, SUNITA SAGAR	STUDY DATE	28/03/2024 9:16AM
AGE / SEX	47 y / F	HOSPITAL NO.	MH010131764
ACCESSION NO.	R7135374	MODALITY	US
REPORTED ON	28/03/2024 10:13AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS****FINDINGS**

LIVER: Liver is enlarged in size and measures 164 mm in span and shows raised echotexture suggestive of hepatomegaly with grade I fatty changes.

SPLEEN: Spleen is normal in size (measures 108 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Portal vein measures upper limit of normal and measures 13 mm in calibre.

COMMON BILE DUCT: Appears normal in size and measures 5.7 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is not seen consistent with post-cholecystectomy status.

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

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 87 x 42 mm.

Left Kidney: measures 90 x 44mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

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

UTERUS: Uterus is anteverted, measures 50 x 21 x 61 mm, is normal in shape and echotexture.

Endometrial thickness measures 5.7 mm. Cervix appears normal.

OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.

Right ovary is seen with difficulty and measures 4.2 mL.

Left ovary measures 5.4 mL.

BOWEL: Visualized bowel loops appear normal.

**IMPRESSION**

**Hepatomegaly with grade I fatty changes.**

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

NAME	, SUNITA SAGAR	STUDY DATE	28/03/2024 9:13AM
AGE / SEX	47 y / F	HOSPITAL NO.	MH010131764
ACCESSION NO.	R7135372	MODALITY	CR
REPORTED ON	28/03/2024 9:45AM	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 seen.

*Please correlate clinically*

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS  
CONSULTANT RADIOLOGIST

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



<b>Name</b>	: SUNITA SAGAR	<b>Age</b>	: 47 Yr(s) Sex :Female
<b>Registration No</b>	: MH010131764	<b>Lab No</b>	: 202403004064
<b>Patient Episode</b>	: H18000001997	<b>Collection Date</b>	: 28 Mar 2024 08:55
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 28 Mar 2024 12:17
<b>Receiving Date</b>	: 28 Mar 2024 08:55		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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**THYROID PROFILE, Serum**

**Specimen Type : Serum**

T3 - Triiodothyronine (ELFA)	1.290	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.650	ug/ dl	[4.680-9.360]
<b>Thyroid Stimulating Hormone</b>	<b>8.870 #</b>	<b>µIU/mL</b>	<b>[0.250-5.000]</b>

**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.



Name : SUNITA SAGAR Age : 47 Yr(s) Sex :Female  
Registration No : MH010131764 Lab No : 202403004064  
Patient Episode : H18000001997 Collection Date : 28 Mar 2024 08:55  
Referred By : HEALTH CHECK MGD Reporting Date : 28 Mar 2024 13:25  
Receiving Date : 28 Mar 2024 08:55

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.

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NOTE:

# - Abnormal Values

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

Dr. Charu Agarwal  
Consultant Pathologist



Name : SUNITA SAGAR  
Registration No : MH010131764  
Patient Episode : H18000001997  
Referred By : HEALTH CHECK MGD  
Receiving Date : 28 Mar 2024 08:55

Age : 47 Yr(s) Sex :Female  
Lab No : 202403004064  
Collection Date : 28 Mar 2024 08:55  
Reporting Date : 28 Mar 2024 12:02

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	4.49	millions/cumm	[3.80-4.80]
HEMOGLOBIN	12.3	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	40.6	%	[36.0-46.0]
MCV (DERIVED)	90.4	fL	[83.0-101.0]
MCH (CALCULATED)	27.4	pg	[25.0-32.0]
<b>MCHC (CALCULATED)</b>	<b>30.3 #</b>	<b>g/dl</b>	<b>[31.5-34.5]</b>
<b>RDW CV% (DERIVED)</b>	<b>15.9 #</b>	<b>%</b>	<b>[11.6-14.0]</b>
Platelet count	166	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	13.40	fL	
WBC COUNT (TC) (IMPEDENCE)	7.72	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	64.0	%	[40.0-80.0]
Lymphocytes	27.0	%	[20.0-40.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	2.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
<b>ESR</b>	<b>33.0 #</b>	<b>mm/1sthour</b>	<b>[0.0-</b>



**LABORATORY REPORT**

<b>Name</b>	: SUNITA SAGAR	<b>Age</b>	: 47 Yr(s) Sex :Female
<b>Registration No</b>	: MH010131764	<b>Lab No</b>	: 202403004064
<b>Patient Episode</b>	: H18000001997	<b>Collection Date</b>	: 28 Mar 2024 09:47
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 28 Mar 2024 11:59
<b>Receiving Date</b>	: 28 Mar 2024 09:47		

**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	1.015	(1.003-1.035)

**CHEMICAL EXAMINATION**

Protein/Albumin	Negative	(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	NIL	
Bacteria	NIL	
OTHERS	NIL	



Name : SUNITA SAGAR  
Registration No : MH010131764  
Patient Episode : H18000001997  
Referred By : HEALTH CHECK MGD  
Receiving Date : 28 Mar 2024 08:55

Age : 47 Yr(s) Sex :Female  
Lab No : 202403004064  
Collection Date : 28 Mar 2024 08:55  
Reporting Date : 28 Mar 2024 13:17

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b> Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.0	%	[0.0-5.6]

As per American Diabetes Association (ADA)  
HbA1c in %  
Non diabetic adults  $\geq 18$  years  $< 5.7$   
Prediabetes (At Risk) 5.7-6.4  
Diagnosing Diabetes  $\geq 6.5$

Estimated Average Glucose (eAG) 97 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 glycemic control.

**Serum LIPID PROFILE**

Serum TOTAL CHOLESTEROL Method: Oxidase, esterase, peroxide	162	mg/dl	[<200] Moderate risk: 200-239 High risk: >240
TRIGLYCERIDES (GPO/POD)	131	mg/dl	[<150] Borderline high: 151-199 High: 200 - 499 Very high: >500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	49	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated)	26	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	87.0	mg/dl	[<120.0]

Above optimal-100-129

Near/

Borderline High: 130-159  
High Risk: 160-189



Name : SUNITA SAGAR

Registration No : MH010131764

Patient Episode : H18000001997

Referred By : HEALTH CHECK MGD

Receiving Date : 28 Mar 2024 08:55

Age : 47 Yr(s) Sex :Female

Lab No : 202403004064

Collection Date : 28 Mar 2024 08:55

Reporting Date : 28 Mar 2024 10:39

**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)	1.8		<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** 14.1 # mg/dl [15.0-40.0]  
Method: GLDH, Kinatic assay

**BUN, BLOOD UREA NITROGEN** 6.6 # mg/dl [8.0-20.0]  
Method: Calculated

**CREATININE, SERUM** 0.64 # mg/dl [0.70-1.20]  
Method: Jaffe rate-IDMS Standardization

**URIC ACID** 4.6 mg/dl [4.0-8.5]  
Method:uricase PAP

**SODIUM, SERUM** 137.30 mmol/L [136.00-144.00]

**POTASSIUM, SERUM** 4.30 mmol/L [3.60-5.10]

**SERUM CHLORIDE** 107.2 mmol/L [101.0-111.0]  
Method: ISE Indirect



**Name** : SUNITA SAGAR **Age** : 47 Yr(s) Sex :Female  
**Registration No** : MH010131764 **Lab No** : 202403004064  
**Patient Episode** : H18000001997 **Collection Date** : 28 Mar 2024 08:55  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 28 Mar 2024 10:40  
**Receiving Date** : 28 Mar 2024 08:55

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated) 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.	106.6	ml/min/1.73sq.m	[>60.0]
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL Method: D P D	0.57	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.09	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.48	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.30	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.16	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.10	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.32		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	28.00	U/L	[0.00-40.00]



**Name** : SUNITA SAGAR **Age** : 47 Yr(s) Sex :Female  
**Registration No** : MH010131764 **Lab No** : 202403004064  
**Patient Episode** : H18000001997 **Collection Date** : 28 Mar 2024 08:55  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 28 Mar 2024 10:39  
**Receiving Date** : 28 Mar 2024 08:55

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	23.80	U/L	[14.00-54.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	148.0 #	IU/L	[32.0-91.0]
GGT	12.0	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



<b>Name</b>	: SUNITA SAGAR	<b>Age</b>	: 47 Yr(s) Sex :Female
<b>Registration No</b>	: MH010131764	<b>Lab No</b>	: 202403004065
<b>Patient Episode</b>	: H18000001997	<b>Collection Date</b>	: 28 Mar 2024 08:55
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 28 Mar 2024 10:26
<b>Receiving Date</b>	: 28 Mar 2024 08:55		

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	96.0	mg/dl	[70.0-110.0]

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



Name : SUNITA SAGAR

Age : 47 Yr(s) Sex :Female

Registration No : MH010131764

Lab No : 202403004066

Patient Episode : H18000001997

Collection Date : 28 Mar 2024 14:36

Referred By : HEALTH CHECK MGD

Reporting Date : 28 Mar 2024 15:32

Receiving Date : 28 Mar 2024 14:36

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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PLASMA GLUCOSE

Specimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS	118.0	mg/dl	[80.0-140.0]
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Method: Hexokinase

Note:

Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

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

Dr. Charu Agarwal  
Consultant Pathologist