

आयकर विभाग

INCOME TAX DEPARTMENT

SATWINDER KAUR

AMAR SINGH

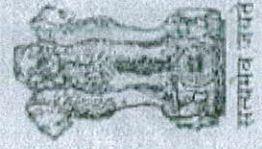
16/11/1977

Permanent Account Number

ARVPK8826A

Satwinder

Signature



भारत सरकार

GOVT. OF INDIA



Satwinder

19082006



011-41195959

Dear **Manipal Hospital**

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking?

Name : SATWINDER KAUR
Contact Details : 8826357166
Hospital Package Name : Mediwheel Full Body Health Checkup Female Above 40
Location : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Aparment
Appointment Date : 20-03-2024

Member Information		
Booked Member Name	Age	Gender
SATWINDER KAUR	46 year	Female

Tests included in this Package -

- Mammography
- Stool Test
- Gynae Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,

Mediwheel Team

Please Download Mediwheel App



You have received this mail because your e-mail ID is registered with Arcofemi Healthcare Limited This is a system-generated e-mail please don't reply to this message.



NAME	MRS Satwinder KAUR	STUDY DATE	20/03/2024 9:54AM
AGE / SEX	46 y / F	HOSPITAL NO.	MH011787156
ACCESSION NO.	R7087724	MODALITY	US
REPORTED ON	20/03/2024 10:40AM	REFERRED BY	HEALTH CHECK MGD

USG ABDOMEN & PELVIS FINDINGS

LIVER: Liver is normal in size (measures 127 mm), shape and echotexture. Rest normal.
 SPLEEN: Spleen is normal in size (measures 93 mm), shape and echotexture. Rest normal.
 PORTAL VEIN: Appears normal in size and measures 9 mm.
 COMMON BILE DUCT: Appears normal in size and measures 4 mm.
 IVC, HEPATIC VEINS: Appear dilated suggesting congestive changes.
 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: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.
 Right Kidney: measures 91 x 33 mm.
 Left Kidney: measures 102 x 38 mm.
 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, normal in size (measures 69 x 54 x 46 mm) and shape but shows coarse myometrial echotexture.
 Endometrial thickness measures 6.7 mm. Cervix appears normal.
 OVARIES: Right ovary is bulky in size and shows a well-defined anechoic cystic lesion with no internal septations/reticulations/calcifications/abnormal vascularity within and measuring 32 x 29 x 24 mm with volume ~ 11.3 cc. Findings suggest small simple right ovarian cyst.
 Left ovary is obscured.
 Bilateral adnexa is clear.
 BOWEL: Visualized bowel loops appear normal.

IMPRESSION

- Dilated hepatic veins and IVC suggesting mild congestive changes.
- Coarse myometrial echotexture of uterus.
- Bulky right ovary with small simple right ovarian cyst.

Recommend clinical correlation.





RADIOLOGY REPORT

NAME	MRS Satwinder KAUR	STUDY DATE	20/03/2024 9:54AM
AGE / SEX	46 y / F	HOSPITAL NO.	MH011787156
ACCESSION NO.	R7087724	MODALITY	US
REPORTED ON	20/03/2024 10:40AM	REFERRED BY	HEALTH CHECK MGD

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

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

**RADIOLOGY REPORT**

NAME	MRS Satwinder KAUR	STUDY DATE	20/03/2024 9:20AM
AGE / SEX	46 y / F	HOSPITAL NO.	MH011787156
ACCESSION NO.	R7087723	MODALITY	CR
REPORTED ON	20/03/2024 10:37AM	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. Prabhath Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

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



LABORATORY REPORT

Name	: MRS SATWINDER KAUR	Age	: 46 Yr(s) Sex :Female
Registration No	: MH011787156	Lab No	: 202403002977
Patient Episode	: H18000001954	Collection Date	: 20 Mar 2024 09:01
Referred By	: HEALTH CHECK MGD	Reporting Date	: 20 Mar 2024 12:45
Receiving Date	: 20 Mar 2024 09:01		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ELFA)	0.900	ng/ml	[0.610-1.630]
T4 - Thyroxine (ELFA)	6.330	ug/ dl	[4.680-9.360]
Thyroid Stimulating Hormone	2.810	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 : MRS SATWINDER KAUR Age : 46 Yr(s) Sex :Female
Registration No : MH011787156 Lab No : 202403002977
Patient Episode : H18000001954 Collection Date : 20 Mar 2024 09:01
Referred By : HEALTH CHECK MGD Reporting Date : 20 Mar 2024 14:18
Receiving Date : 20 Mar 2024 09:01

BLOOD BANK

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



LABORATORY REPORT

Name	: MRS SATWINDER KAUR	Age	: 46 Yr(s) Sex :Female
Registration No	: MH011787156	Lab No	: 202403002977
Patient Episode	: H18000001954	Collection Date	: 20 Mar 2024 09:01
Referred By	: HEALTH CHECK MGD	Reporting Date	: 20 Mar 2024 12:45
Receiving Date	: 20 Mar 2024 09:01		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	3.56 #	millions/cumm	[3.80-4.80]
HEMOGLOBIN	11.8 #	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	34.3 #	%	[36.0-46.0]
MCV (DERIVED)	96.3	fL	[83.0-101.0]
MCH (CALCULATED)	33.1 #	pg	[25.0-32.0]
MCHC (CALCULATED)	34.4	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.0	%	[11.6-14.0]
Platelet count	222	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	10.00	fL	
WBC COUNT (TC) (IMPEDEANCE)	4.42	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	69.0	%	[40.0-80.0]
Lymphocytes	25.0	%	[20.0-40.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	0.0 #	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	6.0	mm/1sthour	[0.0-



LABORATORY REPORT

Name : MRS SATWINDER KAUR
Registration No : MH011787156
Patient Episode : H18000001954
Referred By : HEALTH CHECK MGD
Receiving Date : 20 Mar 2024 10:12

Age : 46 Yr(s) Sex :Female
Lab No : 202403002977
Collection Date : 20 Mar 2024 10:12
Reporting Date : 20 Mar 2024 12:38

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	6.0	(4.6-8.0)
Specific Gravity	1.005	(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	1-2 /hpf	(0-5/hpf)
RBC	0-1/hpf	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	



LABORATORY REPORT

Name : MRS SATWINDER KAUR
Registration No : MH011787156
Patient Episode : H18000001954
Referred By : HEALTH CHECK MGD
Receiving Date : 20 Mar 2024 09:01

Age : 46 Yr(s) Sex :Female
Lab No : 202403002977
Collection Date : 20 Mar 2024 09:01
Reporting Date : 20 Mar 2024 16:37

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	4.0	%	[0.0-5.6]
Estimated Average Glucose (eAG)	68	mg/dl	

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

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.

HBA1C RESULT ANALAYTE RECHECKED



LABORATORY REPORT

Name : MRS SATWINDER KAUR
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Patient Episode : H18000001954
Referred By : HEALTH CHECK MGD
Receiving Date : 20 Mar 2024 09:01

Age : 46 Yr(s) Sex :Female
Lab No : 202403002977
Collection Date : 20 Mar 2024 09:01
Reporting Date : 20 Mar 2024 10:27

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Serum LIPID PROFILE			
Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	109	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	35	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	54	mg/dl	[35-65]
VLDL- CHOLESTEROL (Calculated)	7	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	48.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			
T.Chol/HDL.Chol ratio(Calculated)	2.0		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	0.9		<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



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Registration No : MH011787156
Patient Episode : H18000001954
Referred By : HEALTH CHECK MGD
Receiving Date : 20 Mar 2024 09:01

Age : 46 Yr(s) Sex :Female
Lab No : 202403002977
Collection Date : 20 Mar 2024 09:01
Reporting Date : 20 Mar 2024 10:18

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
KIDNEY PROFILE			
Specimen: Serum			
UREA Method: GLDH, Kinatic assay	33.1	mg/dl	[15.0-40.0]
BUN, BLOOD UREA NITROGEN Method: Calculated	15.5	mg/dl	[8.0-20.0]
CREATININE, SERUM Method: Jaffe rate-IDMS Standardization	0.68 #	mg/dl	[0.70-1.20]
URIC ACID Method:uricase PAP	3.9 #	mg/dl	[4.0-8.5]
SODIUM, SERUM	137.80	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.09	mmol/L	[3.60-5.10]
SERUM CHLORIDE Method: ISE Indirect	108.0	mmol/L	[101.0-111.0]
eGFR (calculated)	105.2	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.			



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Referred By : HEALTH CHECK MGD
Receiving Date : 20 Mar 2024 09:01

Age : 46 Yr(s) Sex :Female
Lab No : 202403002977
Collection Date : 20 Mar 2024 09:01
Reporting Date : 20 Mar 2024 10:18

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.62	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.17	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.45	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	6.00 #	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	3.81	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	2.20	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.74		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	15.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	11.50 #	U/L	[14.00-54.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC</i>	39.0	IU/L	[32.0-91.0]
GGT	6.0 #	U/L	[7.0-50.0]



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Age : 46 Yr(s) Sex :Female
Lab No : 202403002977
Collection Date : 20 Mar 2024 09:01
Reporting Date : 20 Mar 2024 10:18

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

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 : MRS SATWINDER KAUR
Registration No : MH011787156
Patient Episode : H18000001954
Referred By : HEALTH CHECK MGD
Receiving Date : 20 Mar 2024 09:01

Age : 46 Yr(s) Sex :Female
Lab No : 202403002978
Collection Date : 20 Mar 2024 09:01
Reporting Date : 20 Mar 2024 10:19

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	89.0	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



LABORATORY REPORT

Name : MRS SATWINDER KAUR
Registration No : MH011787156
Patient Episode : H18000001954
Referred By : HEALTH CHECK MGD
Receiving Date : 20 Mar 2024 12:17

Age : 46 Yr(s) Sex :Female
Lab No : 202403002979
Collection Date : 20 Mar 2024 12:17
Reporting Date : 20 Mar 2024 12:42

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	78.0 #	mg/dl	[80.0-140.0]

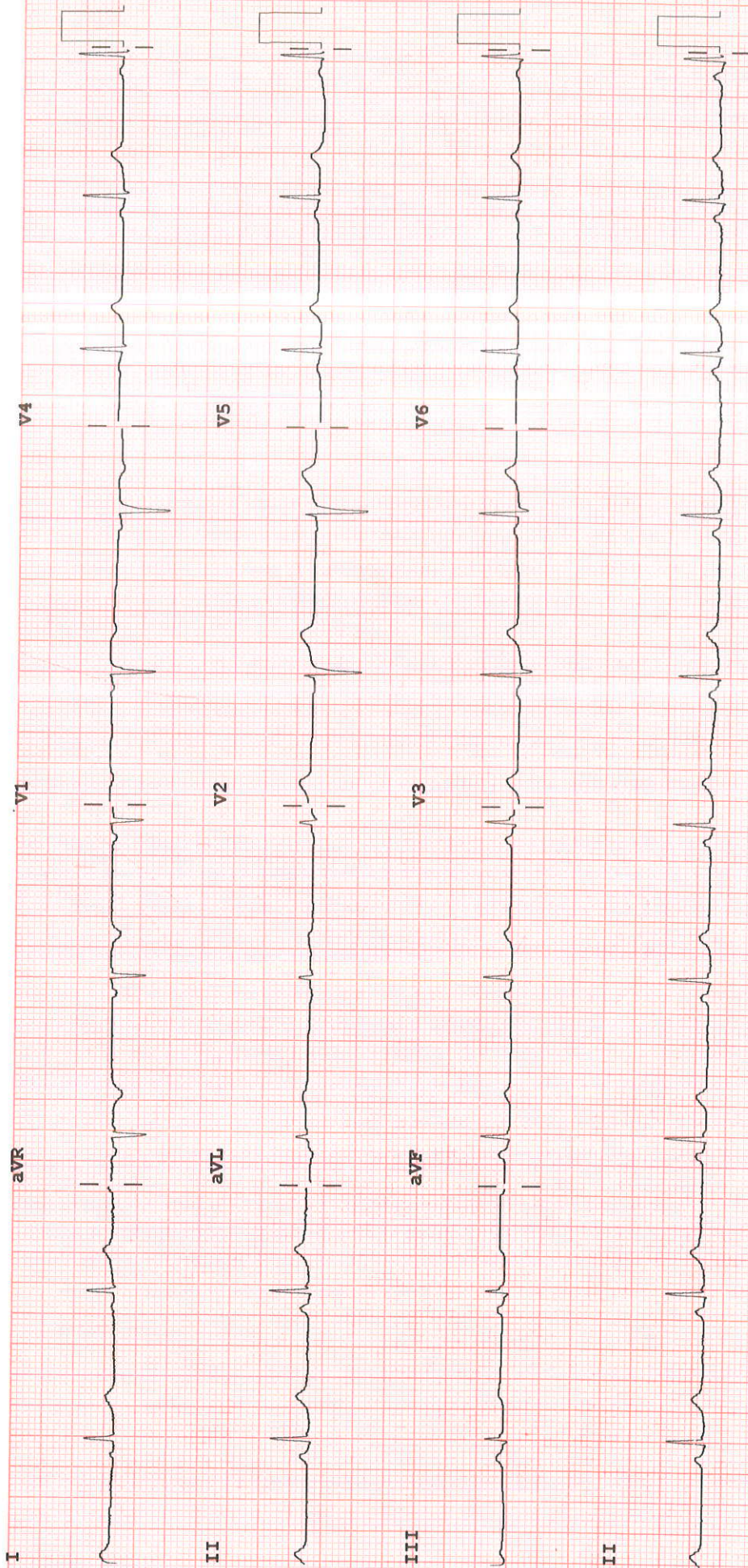
Note:
Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

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

Dr. Charu Agarwal
Consultant Pathologist

- 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?



INVESTIGATION REPORT

Patient Name	MRS SATWINDER KAUR	Location	Ghaziabad
Age/Sex	46 Year(s)/Female	Visit No	: V0000000001-GHZB
MRN No	MH011787156	Order Date	:20/03/2024
Ref. Doctor	Dr. BHUPENDRA SINGH	Report Date	:20/03/2024

EchocardiographyFinal Interpretation

1. No RWMA, LVEF=60%.
2. Normal CCD.
3. No MR, No AR.
4. Trace TR, Normal PASP.
5. No intracardiac clot/mass/pericardial pathology.
6. IVC normal

Chambers & valves:

- **Left Ventricle:** It is normal sized.
- **Left Atrium:** It is normal sized.
- **Right Atrium:** It is normal sized.
- **Right Ventricle:** It is normal sized.
- **Aortic Valve:** It appears normal.
- **Mitral Valve:** Opens normally. Subvalvular apparatus appear normal.
- **Tricuspid Valve:** It appears normal.
- **Pulmonic Valve:** It appears normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **Pericardium:** There is no pericardial effusion.

Description:

- LV is normal size with normal contractility.

Manipal Hospital, Ghaziabad

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P : 0120-3535353

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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INVESTIGATION REPORT

Patient Name	MRS SATWINDER KAUR	Location	Ghaziabad
Age/Sex	46Year(s)/Female	Visit No	: V0000000001-GHZB
	MH011787156	Order Date	20/03/2024
Ref. Doctor	: Dr.BHUPENDRA SINGH	Report Date	20/03/2024

Echocardiography

Measurements (mm):

	Observed values	Normal values
Aortic root diameter	31	20-36 (22mm/M ²)
Aortic valve opening	20	15-26
Left atrium size	28	19-40

	End Diastole	End Systole	Normal Values
Left ventricle size	42	25	(ED=37-50:Es=22-40)
Interventricular septum	08	14	(ED=6-12)
Posterior wall thickness	08	11	(ED=5-10)

LV Ejection Fraction (%)	60%	55%-80%
HR		

Color & Doppler evaluation

Valve	Velocity(cm/s)	Regurgitation
Mitral	E/A-75/47 DT-	Nil
Aortic	85	Nil
Tricuspid	22	Trace
Pulmonary	74	Nil


Dr. Bhupendra Singh
 MD, DM (CARDIOLOGY), FACC
 Sr. Consultant Cardiology

Dr. Abhishek Singh
 MD, DNB (CARDIOLOGY), MNAMS
 Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
 Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Ghaziabad, Uttar Pradesh - 201 002

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Page 2 of 2

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

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