



CHANDAN DIAGNOSTIC CENTRE

Add: M-214/215, SEC G LDA COLONY NEAR POWER HOUSE CHAURAHA KANPUR ROAD
Ph: 9235432707,
CIN: U85110UP2003PLC193493

| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mr.ASHOK KUMAR VERMA | Registered On | : 14/Sep/2024 09:39:43 |
| Age/Gender | : 40 Y 2 M 24 D /M | Collected | : 14/Sep/2024 09:44:58 |
| UHID/MR NO | : CDCA.0000137093 | Received | : 14/Sep/2024 11:04:10 |
| Visit ID | : CDCA0198822425 | Reported | : 14/Sep/2024 14:11:58 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

Blood Group (ABO & Rh typing) , Blood

| | | | | |
|--------------|----------|--|--|---|
| Blood Group | B | | | ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA |
| Rh (Anti-D) | POSITIVE | | | ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA |

Complete Blood Count (CBC) , Whole Blood

| | | | | |
|---------------------------|----------|--------|--|---|
| Haemoglobin | 14.30 | g/dl | 1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl | COLORIMETRIC METHOD (CYANIDE-FREE REAGENT) |
| TLC (WBC) | 5,400.00 | /Cu mm | 4000-10000 | IMPEDANCE METHOD |
| DLC | | | | |
| Polymorphs (Neutrophils) | 60.00 | % | 40-80 | FLOW CYTOMETRY |
| Lymphocytes | 29.00 | % | 20-40 | FLOW CYTOMETRY |
| Monocytes | 8.00 | % | 2-10 | FLOW CYTOMETRY |
| Eosinophils | 3.00 | % | 1-6 | FLOW CYTOMETRY |
| Basophils | 0.00 | % | < 1-2 | FLOW CYTOMETRY |
| ESR | | | | |
| Observed | 12.00 | MM/1H | 10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8 | |





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| | | | Pregnancy | |
| | | | Early gestation - 48 (62 if anaemic) | |
| | | | Later gestation - 70 (95 if anaemic) | |
| Corrected | 8.00 | Mm for 1st hr. | < 9 | |
| PCV (HCT) | 43.00 | % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 1.3 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 15.90 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 58.70 | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.19 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 14.60 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| RBC Count | | | | |
| RBC Count | 4.60 | Mill./cu mm | 4.2-5.5 | ELECTRONIC IMPEDANCE |
| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 91.40 | fL | 80-100 | CALCULATED PARAMETER |
| MCH | 31.30 | pg | 27-32 | CALCULATED PARAMETER |
| MCHC | 34.30 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 12.50 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 41.90 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 3,240.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 162.00 | /cu mm | 40-440 | |

Dr. R.K. Khanna
(MBBS, DCP)





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| UHID/MR NO | : CDCA.0000137093 | Received | : 14/Sep/2024 10:57:10 |
| Visit ID | : CDCA0198822425 | Reported | : 14/Sep/2024 12:37:31 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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

GLUCOSE FASTING , Plasma

| | | | | |
|-----------------|-------|-------|--|---------|
| Glucose Fasting | 95.80 | mg/dl | < 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes | GOD POD |
|-----------------|-------|-------|--|---------|

Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impaired Glucose Tolerance.

CLINICAL SIGNIFICANCE:- Glucose is the major source of energy in the body . Lack of insulin or resistance to it section at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

Dr. R.K. Khanna
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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|---------------|--------------------|-------------|
| GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** , EDTA BLOOD | | | | |
| Glycosylated Haemoglobin (HbA1c) | 5.60 | % NGSP | | HPLC (NGSP) |
| Glycosylated Haemoglobin (HbA1c) | 38.00 | mmol/mol/IFCC | | |
| Estimated Average Glucose (eAG) | 114 | mg/dl | | |

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

| Haemoglobin A1C (%)NGSP | mmol/mol / IFCC Unit | eAG (mg/dl) | Degree of Glucose Control Unit |
|-------------------------|----------------------|-------------|--------------------------------|
| > 8 | >63.9 | >183 | Action Suggested* |
| 7-8 | 53.0 -63.9 | 154-183 | Fair Control |
| < 7 | <63.9 | <154 | Goal** |
| 6-7 | 42.1 -63.9 | 126-154 | Near-normal glycemia |
| < 6% | <42.1 | <126 | Non-diabetic level |

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

**Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO HPLC Analyser.

Clinical Implications:

- Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
- With optimal control, the HbA 1c moves toward normal levels.
- A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level





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declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy
c. Alcohol toxicity d. Lead toxicity
*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss
*Pregnancy d. chronic renal failure. Interfering Factors:
*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

Dr. Anupam Singh (MBBS MD Pathology)





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| Visit ID | : CDCA0198822425 | Reported | : 14/Sep/2024 14:03:21 |
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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
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| BUN (Blood Urea Nitrogen) Sample:Serum | 9.34 | mg/dL | 7.0-23.0 | CALCULATED |

Interpretation:

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

Low BUN levels can be seen in the following:

Low-protein diet, overhydration, Liver disease.

| | | | | |
|-----------------------------------|------|-------|----------|-----------------|
| Creatinine Sample:Serum | 1.15 | mg/dl | 0.7-1.30 | MODIFIED JAFFES |
|-----------------------------------|------|-------|----------|-----------------|

Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

| | | | | |
|----------------------------------|------|-------|---------|---------|
| Uric Acid Sample:Serum | 5.30 | mg/dl | 3.4-7.0 | URICASE |
|----------------------------------|------|-------|---------|---------|

Interpretation:

Note:-

Elevated uric acid levels can be seen in the following:

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

LFT (WITH GAMMA GT) , Serum

| | | | | |
|---|-------|-----|------|------------------|
| SGOT / Aspartate Aminotransferase (AST) | 25.48 | U/L | < 35 | IFCC WITHOUT P5P |
|---|-------|-----|------|------------------|





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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---------------------------------------|--------|-------|--------------------|-------------------|
| SGPT / Alanine Aminotransferase (ALT) | 57.45 | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 42.00 | IU/L | 11-50 | OPTIMIZED SZAZING |
| Protein | 5.86 | gm/dl | 6.2-8.0 | BIURET |
| Albumin | 4.03 | gm/dl | 3.4-5.4 | B.C.G. |
| Globulin | 1.83 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 2.20 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 115.35 | U/L | 42.0-165.0 | PNP/AMP KINETIC |
| Bilirubin (Total) | 0.74 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.18 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.56 | mg/dl | < 0.8 | JENDRASSIK & GROF |

LIPID PROFILE (MINI) , Serum

| | | | | |
|------------------------------------|--------|-------|---|------------------|
| Cholesterol (Total) | 162.90 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 50.30 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 92 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | CALCULATED |
| VLDL | 20.90 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 104.50 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | GPO-PAP |

Dr. R.K. Khanna
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
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URINE EXAMINATION, ROUTINE , Urine

| | | | | |
|---------------------------------|----------------|-------|--|-------------------------|
| Color | PALE YELLOW | | | |
| Specific Gravity | 1.010 | | | |
| Reaction PH | Acidic (5.0) | | | DIPSTICK |
| Appearance | CLEAR | | | |
| Protein | ABSENT | mg % | < 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++) | DIPSTICK |
| Sugar | ABSENT | gms% | < 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++) | DIPSTICK |
| Ketone | ABSENT | mg/dl | Serum-0.1-3.0 Urine-0.0-14.0 | BIOCHEMISTRY |
| Bile Salts | ABSENT | | | |
| Bile Pigments | ABSENT | | | |
| Bilirubin | ABSENT | | | DIPSTICK |
| Leucocyte Esterase | ABSENT | | | DIPSTICK |
| Urobilinogen(1:20 dilution) | ABSENT | | | |
| Nitrite | ABSENT | | | DIPSTICK |
| Blood | ABSENT | | | DIPSTICK |
| Microscopic Examination: | | | | |
| Epithelial cells | ABSENT | | | MICROSCOPIC EXAMINATION |
| Pus cells | ABSENT | | | |
| RBCs | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | |

SUGAR, FASTING STAGE , Urine

| | | | | |
|----------------------|--------|------|--|--|
| Sugar, Fasting stage | ABSENT | gms% | | |
|----------------------|--------|------|--|--|





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Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2

Dr. R.K. Khanna
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Home Sample Collection
08069366666

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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
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| PSA (Prostate Specific Antigen), Total ** Sample:Serum | 0.40 | ng/mL | <4.1 | CLIA |

Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

THYROID PROFILE - TOTAL ** , Serum

| | | | | |
|-----------------------------------|--------|--------|-------------|------|
| T3, Total (tri-iodothyronine) | 115.62 | ng/dl | 84.61-201.7 | CLIA |
| T4, Total (Thyroxine) | 8.30 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 2.921 | μIU/mL | 0.27 - 5.5 | CLIA |

Interpretation:

| | | |
|----------|--------|------------------------|
| 0.3-4.5 | μIU/mL | First Trimester |
| 0.5-4.6 | μIU/mL | Second Trimester |
| 0.8-5.2 | μIU/mL | Third Trimester |
| 0.5-8.9 | μIU/mL | Adults 55-87 Years |
| 0.7-27 | μIU/mL | Premature 28-36 Week |
| 2.3-13.2 | μIU/mL | Cord Blood > 37Week |
| 0.7-64 | μIU/mL | Child(21 wk - 20 Yrs.) |
| 1-39 | μIU/mL | Child 0-4 Days |
| 1.7-9.1 | μIU/mL | Child 2-20 Week |

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or





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autoimmune disorders.

- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Dr. Anupam Singh (MBBS MD Pathology)





CHANDAN DIAGNOSTIC CENTRE

Add: M-214/215, SEC G LDA COLONY NEAR POWER HOUSE CHAURAHA KANPUR ROAD
Ph: 9235432707,
CIN: U85110UP2003PLC193493

| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mr.ASHOK KUMAR VERMA | Registered On | : 14/Sep/2024 09:39:44 |
| Age/Gender | : 40 Y 2 M 24 D /M | Collected | : 2024-09-14 14:37:12 |
| UHID/MR NO | : CDCA.0000137093 | Received | : 2024-09-14 14:37:12 |
| Visit ID | : CDCA0198822425 | Reported | : 14/Sep/2024 14:39:00 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION

- **NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.**

Dr. Vandana Gupta
MBBS,DMRD,DNB



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| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mr.ASHOK KUMAR VERMA | Registered On | : 14/Sep/2024 09:39:45 |
| Age/Gender | : 40 Y 2 M 24 D /M | Collected | : 2024-09-14 11:20:07 |
| UHID/MR NO | : CDCA.0000137093 | Received | : 2024-09-14 11:20:07 |
| Visit ID | : CDCA0198822425 | Reported | : 14/Sep/2024 12:21:45 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

LIVER

- Liver is normal in size measuring 12.4 cm in longitudinal span & shows moderate diffuse increase in parenchymal echogenicity.

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct is normal at the porta. (4.6 mm)
- **Gall bladder is surgically absent.**
- **A cystic area is noted in GB fossa, measuring 3.8 x 2.9 cm with few mobile foci, largest measuring 9.8 mm.**

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture.

RIGHT KIDNEY (9.8 x 5.1 cm)

- Right kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of right ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

LEFT KIDNEY (9.6 x 4.9 cm)

- Left kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

- Renal respiratory excursions are normal.

SPLEEN

- The spleen is normal in size (9.1 cm) and has a homogenous echotexture.

ILIAC FOSSA

- Scan over the iliac fossae does not reveal any fluid collection or mass.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and regular.

PROSTATE

- The prostate gland is normal in texture and size, measures 3.6 x 2.8 x 2.7 cm (vol-15.06 cc).

IMPRESSION

- **Grade-II fatty infiltration of liver.**
- **Post cholecystectomy status with a cystic area in GB fossa and few mobile foci -? dilated cystic duct stump with calculi.**

Recommended: clinicopathological correlation.

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, Tread Mill Test (TMT)



Dr. Vandana Gupta
MBBS,DMRD,DNB

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *

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