

Date: 28.09.2024

Name: ARJUN SARKI
Age/Gender: 31 Y/M
Mobile No.: 8509377412
Ref By: AHCN

Demographics:

Height	Weight	BP	BMI
172 cm	73 kgs	110/80 mmHg	24.7

Personal History:

Habits:	Smoking: Occ.
	Alcohol: Occ.
	Drugs/Medicines: No

Family History:

Relation	Age	Health Status
Father	58	Healthy
Mother	56	Thyroid
Brother	29	Healthy
Sister	No	

Past History:

Hypertension	No
Diabetes	No
Asthma	No
Thyroid	No
Tuberculosis	No
Cancer	No

Others:

Allergic History	No
Surgical History	No

Ophthalmic Examination:

Distance vision		Near vision		Colour vision	
Right Eye	Left Eye	Right Eye	Left Eye	Right Eye	Left Eye
6/6	6/6 <i>Am</i>	N6	N6	Normal	Normal

Dr. SUNEEL KUMAR GARG

 MD, FNB, IFCCM, EDIC, FICCM, FCCP, FCCM,
 Founder & MD

Saiman Healthcare Pvt. Ltd.

Dr Suneel Kumar Garg, 34400

MD, FNB (Critical Care Medicine), IFCCM, EDIC, FICCM, FCCP (USA), FCCM (USA)

Senior Critical Care Physician

DMC-34400

If test results are alarming or unexpected, patients are advised to contact the laboratory immediately for the possible remedial action.

☎ +91-9999 399 344 | +91-11-6138 4456 ✉ dgdlabs@saimanhealthcare.com

For Doctor Consultation & Home Health Care Services contact : +91-9999 500 123

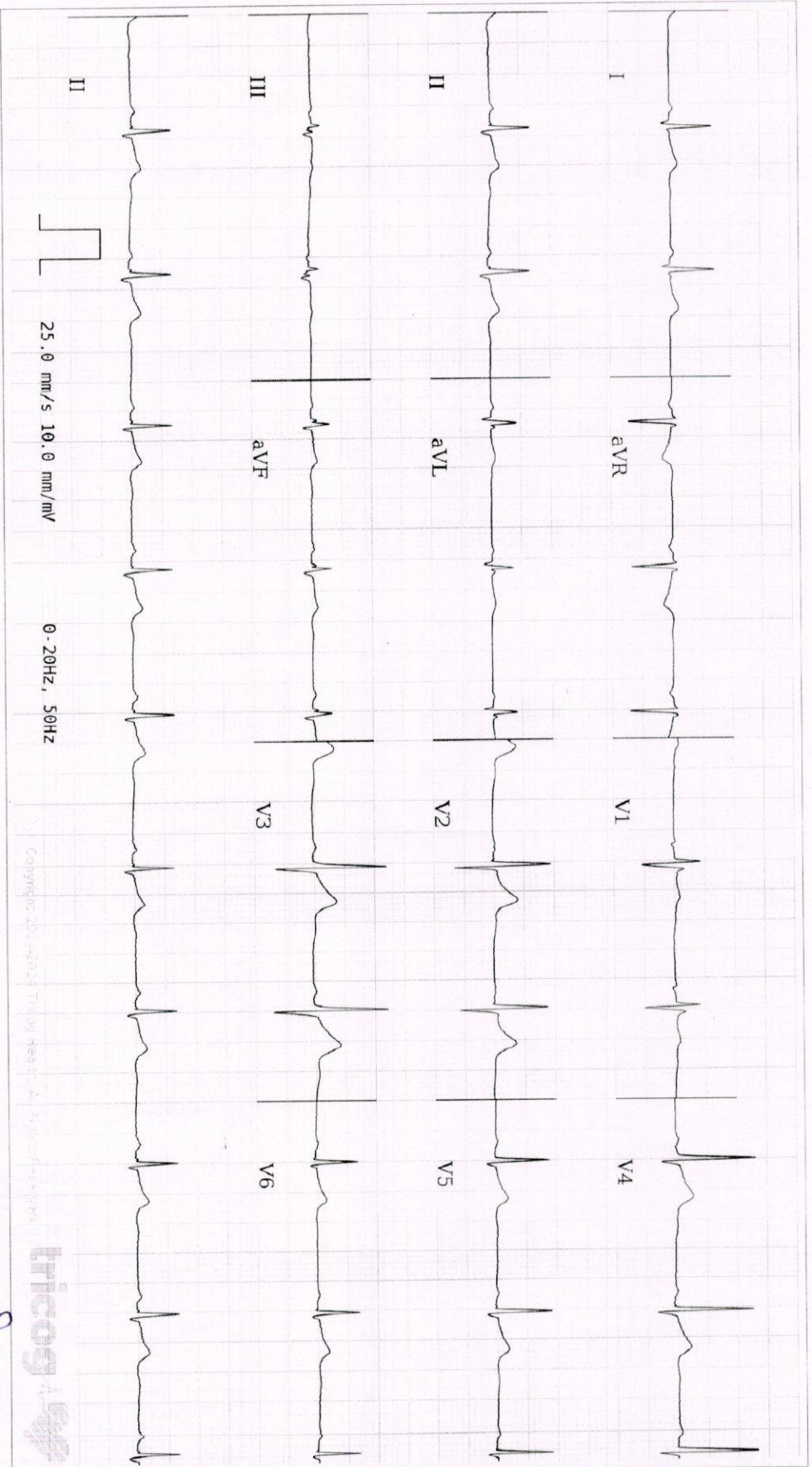


D.G.D.TM
 DR GARG'S DIAGNOSTICS
 (A Division of Salman Healthcare)

176/76/69, Meghnath Saha Sarani, Pradhan Nagar, Siliguri -734003, West Bengal. +91 9355090808,
 +91 3533571619

Date and Time: 28th Sep 24 12:34 PM

Age / Gender: 31/Male
 Patient ID: 668
 Patient Name: Arjun sarkar



AR: 62bpm

VR: 61bpm

QRSD: 86ms

QT: 358ms

QTcB: 361ms

PRI: 132ms

P-R-T: 50° 31° 43°

25.0 mm/s 10.0 mm/mV

0-20Hz, 50Hz

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62/min
[Signature]

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 Founder & MD

Salman Healthcare Pvt. Ltd.
 DMC Regn. No. 34400

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

I am Arjun Sarki, I will be shipping
these tests:

- ① ECHO
- ② Consultation ENT
- ③ Consultation Dental

Arjun Sarki
28/09/2024

Patient ID	1224543		Specimen	WB-EDTA
Patient Name	Mr. Arjun Sarki		Booked Date	28/09/2024 11:48:58
Gender/Age	Male /31 Yrs		Collected Date	28/09/2024 11:52:39
Mobile No.			Received Date	28/09/2024 11:52:42
Organization	Self		Report Date	30/09/2024 17:42:29
Ref. By	Self		Print Date	01/10/2024 22:30:06

Test Name	Value	Unit	Biological Ref Interval
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Complete Blood Count with ESR (CBC+ESR)

Complete Blood Count (CBC)

Automation+ Manual

Hemoglobin (Hb) Colorimetric Method	13.0	g/dL	13.0 - 17.0
Total Leucocyte Count (TLC) Flow Cytometry method	6840	cells/uL	4000 - 10000
Erythrocyte Count (RBC Count) Electric Impedance method	4.31	10 ⁶ /uL	4.50 - 5.50
Packed Cell Volume (PCV) Calculated	40.1	%	40.0 - 50.0
Mean Corpuscular Volume (MCV) Calculated	93.0	fL	83.0 - 101.0
MCH (Mean Corp Hb) Calculated	30.2	pg	27.0 - 32.0
MCHC (Mean Corp Hb Conc) Calculated	32.4	gm/dL	31.5 - 34.5
Platelet Count Electric Impedance Method	170.00	10 ³ /uL	150.00 - 450.00
RDW (CV) Calculated	14.0	%	11.5 - 14.0
MPV Calculated	13.4	fL	9.1 - 11.9
PCT calculated	0.18	%	0.18 - 0.39
PDW-SD calculated	15.8	fL	9.0 - 15.0

Differential Leucocyte Count (DLC)

Automation+Manual

Neutrophil Laser Flow Cytometry & Microscopy	63	%	40 - 70
Lymphocyte Laser Flow Cytometry & Microscopy	27	%	20 - 45
Eosinophil Laser Flow Cytometry & Microscopy	04	%	01 - 07



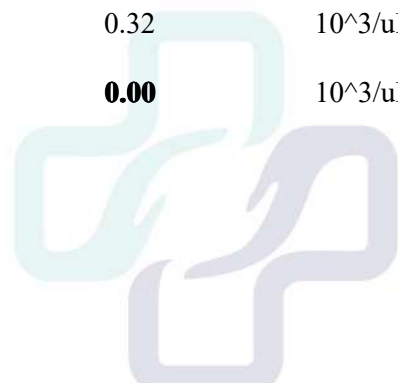
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 M.B.B.S, M.D (Pathology)
 Consultant Pathologist



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Ref. By	Self		Print Date	01/10/2024 22:30:09

Test Name	Value	Unit	Biological Ref Interval
Monocyte Laser Flow Cytometry & Microscopy	06	%	00 - 10
Basophil Laser Flow Cytometry & Microscopy	00	%	00 - 01
Absolute Neutrophils Count (ANC) Calculated	3.69	10 ³ /uL	2.00 - 7.00
Absolute Lymphocytes Count (ALC) Calculated	1.83	10 ³ /uL	1.00 - 3.00
Absolute Monocytes Count (AMC) Calculated	1.00	10 ³ /uL	0.20 - 1.00
Absolute Eosinophil Count (AEC) Calculated	0.32	10 ³ /uL	0.02 - 0.50
Absolute Basophil count (ABC) Calculated	0.00	10 ³ /uL	0.02 - 0.10



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Organization	Self		Report Date	30/09/2024 16:35:52
Ref. By	Self		Print Date	01/10/2024 22:30:11

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR) <small>Automated</small>	25	mm/1st hr.	00 - 20



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Patient ID	1224543		Specimen	Serum
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Mobile No.			Received Date	28/09/2024 11:52:42
Organization	Self		Report Date	01/10/2024 22:29:44
Ref. By	Self		Print Date	01/10/2024 22:30:12

Test Name	Value	Unit	Biological Ref Interval
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BIOCHEMISTRY

Kidney Function Test/Renal Function Test

Urea (Method :Urease GLDH)	20.0	mg/dl	19.0 - 45.0
Blood Urea Nitrogen (BUN) Urease Endpoint	9.3	mg%	6.0 - 20.0
Creatinine Method:Spectr-photometry	0.80	mg/dl	0.70 - 1.30
Uric Acid (Method:URICASE POD)	6.6	mg/dl	3.5 - 7.2
Sodium Method : ISE	140.00	meq/l.	136.00 - 145.50
Potassium (Done on EasyLite)	4.40	meq/L	3.50 - 5.50
Chloride Method- IS Electrode	110.0	mmol/L	98.0 - 109.0
Calcium Method :Spectro-photometry	9.4	mg/dl	8.6 - 10.2
Phosphorus UV Molybdate	2.8	mg/dl	2.5 - 4.5



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Ref. By	Self		Print Date	01/10/2024 22:30:14

Test Name	Value	Unit	Biological Ref Interval
<u>Liver Function Test (LFT)- 2</u>			
Bilirubin Total <small>Method - Spectro-photometry</small>	0.36	mg/dl	0.00 - 1.20
Bilirubin Direct <small>Method:- Spectro.-photometry</small>	0.16	mg/dl	0.00 - 0.40
Bilirubin Indirect <small>Spectro-photometry</small>	0.20	mg/dl	0.00 - 0.75
Aspartate Aminotransferase (AST/ SGOT) <small>Spectro-photometry</small>	29.0	U/L	0.0 - 35.0
Alaline Transaminase ALT/ SGPT <small>(Method-Spectro-photometry)</small>	25.0	U/L	0.0 - 45.0
Alkaline Phosphatase (ALP) <small>Spectro-photometry</small>	101.0	IU/L	54.0 - 369.0
Protein Total <small>(METHOD:BIURET)</small>	7.9	gm/dl	6.4 - 8.3
Albumin <small>(Method-Spectro-photometry)</small>	4.9	gm/dl	3.5 - 5.2
Globulin <small>(METHOD:BCG)</small>	3.0	g/dl	2.3 - 3.5
A/G Ratio <small>COLORIMETRIC</small>	1.63		1.30 - 2.10
Gamma Glutamyl Transferase (GGT) <small>Method :Glupa C</small>	16.1	U/L	0.0 - 55.0



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Ref. By	Self		Print Date	01/10/2024 22:30:17

Test Name	Value	Unit	Biological Ref Interval
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Blood Grouping (A,B,O) and Rh Factor

Tube method

Blood Group ABO <small>Tube Agglutination</small>	A		
Rh Typing <small>Tube Agglutination</small>	POSITIVE		



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Ref. By	Self		Print Date	01/10/2024 22:30:18

Test Name	Value	Unit	Biological Ref Interval
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BIOCHEMISTRY

Lipid Profile

Cholesterol - Total Spectro-photometry	122.0	mg/dl	Desirable = < 200 Borderline = 200-239 High Cholesterol = = 240 Child Desirable = < 170 Borderline = 170-199 High Cholesterol = >199
Triglycerides (TG) Glycerol/Peroxidase	65.0	mg/dl	0.0 - 161.0 High : 161-199 Hypertriglyceridemic : 200-499 Very High : > 499
Cholesterol - HDL Spectro-Photometry	36.0	mg/dl	35.3 - 79.5
Cholesterol - LDL Spectro-photometry	73.0	mg/dl	60.0 - 130.0 Borderline High : 130 - 159 High : > 160
VLDL Cholesterol Calculated	13.0	mg/dl	4.7 - 22.1
Serum Total / HDL Cholesterol Ratio Calculated	3.39		4.50 - 6.00
Serum LDL / HDL Cholesterol Ratio Calculated	2.03		0.00 - 3.50

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol vary with age. Values above 220 mg/dl are associated with increased risk of CHD regardless of HDL & LDL values.

TRIGLYCERIDE level >250 mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of TRIGLYCERIDE can be seen in obesity, medication, fast less than 12 hrs., alcohol intake, diabetes mellitus, and pancreatitis.

HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels



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Ref. By	Self		Print Date	01/10/2024 22:30:22

Test Name	Value	Unit	Biological Ref Interval
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of cholesterol and LDL-cholesterol.

LDL-CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL- cholesterol ratio, patients may be divided into three risk categories:

	<u>CHOLESTEROL</u>	<u>LDL-CHOLESTEROL</u>	<u>CHO/HDL RATIO</u>
Acceptable/Low Risk	<200 mg/dL.	<130 mg/dL.	< 4.5
Borderline High Risk	200-239 mg/dL.	130-159 mg/dl	4.5-6.0
High Risk	> 240 mg /dL.	>160 mg/dL.	>6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of coronary artery disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B:Apo A1 is >1 in cases of increased CHD risk.



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Patient ID	1224543		Specimen	Fluoride- F
Patient Name	Mr. Arjun Sarki		Booked Date	28/09/2024 11:48:58
Gender/Age	Male /31 Yrs		Collected Date	28/09/2024 11:52:39
Mobile No.			Received Date	28/09/2024 11:52:42
Organization	Self		Report Date	30/09/2024 17:42:30
Ref. By	Self		Print Date	01/10/2024 22:30:23

Test Name	Value	Unit	Biological Ref Interval
Glucose- Fasting Blood Hexokinase	95.0	mg/dl	74.0 - 100.0



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Gender/Age	Male /31 Yrs		Collected Date	28/09/2024 11:52:39
Mobile No.			Received Date	28/09/2024 11:52:42
Organization	Self		Report Date	30/09/2024 17:42:30
Ref. By	Self		Print Date	01/10/2024 22:30:24

Test Name	Value	Unit	Biological Ref Interval
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HAEMATOLOGY

Glycosylated Hemoglobin (HbA1C)

HbA1C	5.2	%
Estimated average plasma Glucose	103	%

Interpretation:

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
Therapeutic goals for glycemic control	Age >19 years: Goal of therapy: <7.0 Age <19 years: Goal of therapy: <7.5

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
2. Target goals of <7.0% may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of <7.0% may not be appropriate.

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 as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c (%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298



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Organization	Self		Report Date	30/09/2024 18:11:11
Ref. By	Self		Print Date	01/10/2024 22:30:26

Test Name	Value	Unit	Biological Ref Interval
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IMMUNOASSAY

Thyroid Profile Total

Triiodothyronine Total (TT3) Method:- CLIA	1.50	ng/dL	0.69 - 2.15
Thyroxine - Total (TT4) CLIA	70.40	ug/dl	52.00 - 127.00
Thyroid Stimulating Hormone (TSH) Method:- CLIA	1.58	uIU/ml	0.30 - 4.50

COMMENTS:

Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

PREGNANCY	REFERENCE RANGE for TSH IN uIU / ml (As per American Thyroid Association)
1 st Trimester	0.10-2.50 uIU /mL
2 nd Trimester	0.20-3.00 uIU /mL
3 rd Trimester	0.30-3.00 uIU /ml

TSH IS DONE BY ULTRASENSITIVE 4TH GENERATION CHEMIFLEX ASSAY

INTERPRETATIONS:

1. Primary hyperthyroidism is accompanied by elevated serum T3 & T4 values along with depressed TSH level.
2. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values & elevated serum TSH levels.
3. Normal T4 levels accompanied by high T3 levels and low TSH are seen in patients with T3 thyrotoxicosis.
4. Normal or low T3 & high T4 levels indicate T4 thyrotoxicosis (problems in conversion of T4 to T3).
5. Normal T3 & T4 along with low TSH indicate mild / subclinical HYPERTHYROIDISM.
6. Normal T3 & low T4 along with high TSH is seen in HYPOTHYROIDISM.
7. Normal T3 & T4 levels with high TSH indicate Mild / Subclinical HYPOTHYROIDISM.
8. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drug like propranolol.
9. Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours (secondary hyperthyroidism).



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Ref. By	Self		Print Date	01/10/2024 22:30:28

Test Name	Value	Unit	Biological Ref Interval
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HAEMATOLOGY

Peripheral Blood Smear (P/S)

Cell Counter/Microscopy

RBCs Normocytic normochromic. No immature cell is seen.

WBCs With in normal range.

PLATELETS Adequate on smear.



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Patient ID	1224543		Specimen	Urine
Patient Name	Mr. Arjun Sarki		Booked Date	28/09/2024 11:48:58
Gender/Age	Male /31 Yrs		Collected Date	28/09/2024 11:52:39
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Test Name	Value	Unit	Biological Ref Interval
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CLINICAL PATHOLOGY

Urine Routine & Microscopy

Strip/Microscopy

Physical Examination

Volume	20	ml	10
Colour	Light Yellow		Light Yellow
Appearance	Clear		Clear
Deposit	Absent		
Turbidity	Absent		
Reaction	Acidic		
Specific Gravity Refractometric	1.005		1.000 - 1.030

Chemical Examination

Urine Protein Protein Error of Indicator	Nil		Nil
Urine Glucose Oxidase Peroxidase Reaction	Nil		Nil
Urine Ketone body Sodium Nitropruside	Nil		Nil
Nitrite	Nil		Nil

Bile Pigment (Urine)

Method- FOUCHET	Nil		Nil
Bile Salt (Urine) Method: Sulphur	Nil		Nil
PH Double Indicators test	6.0		4.6 - 8.0

Blood peroxidase reaction	Negative		Negative
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Urobilinogen Modified Ehrlich Reaction	Normal		Normal
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Urine Bilirubin diazotisation	Negative		Negative
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Leukocyte Diazonization Reaction	Negative		Negative
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Microscopic Examintaion

Pus Cells	Occasional	/HPF	2-4
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Ref. By	Self		Print Date	01/10/2024 22:30:35

Test Name	Value	Unit	Biological Ref Interval
Epithelial Cells	0-1	/HPF	0-3
RBC's	Nil	/HPF	Nil
Casts	Nil		Nil
Crystals	Nil		Nil
Bacteria	Few		Nil
Budding yeast cells	Negative		Negative
Others	Nil		Nil

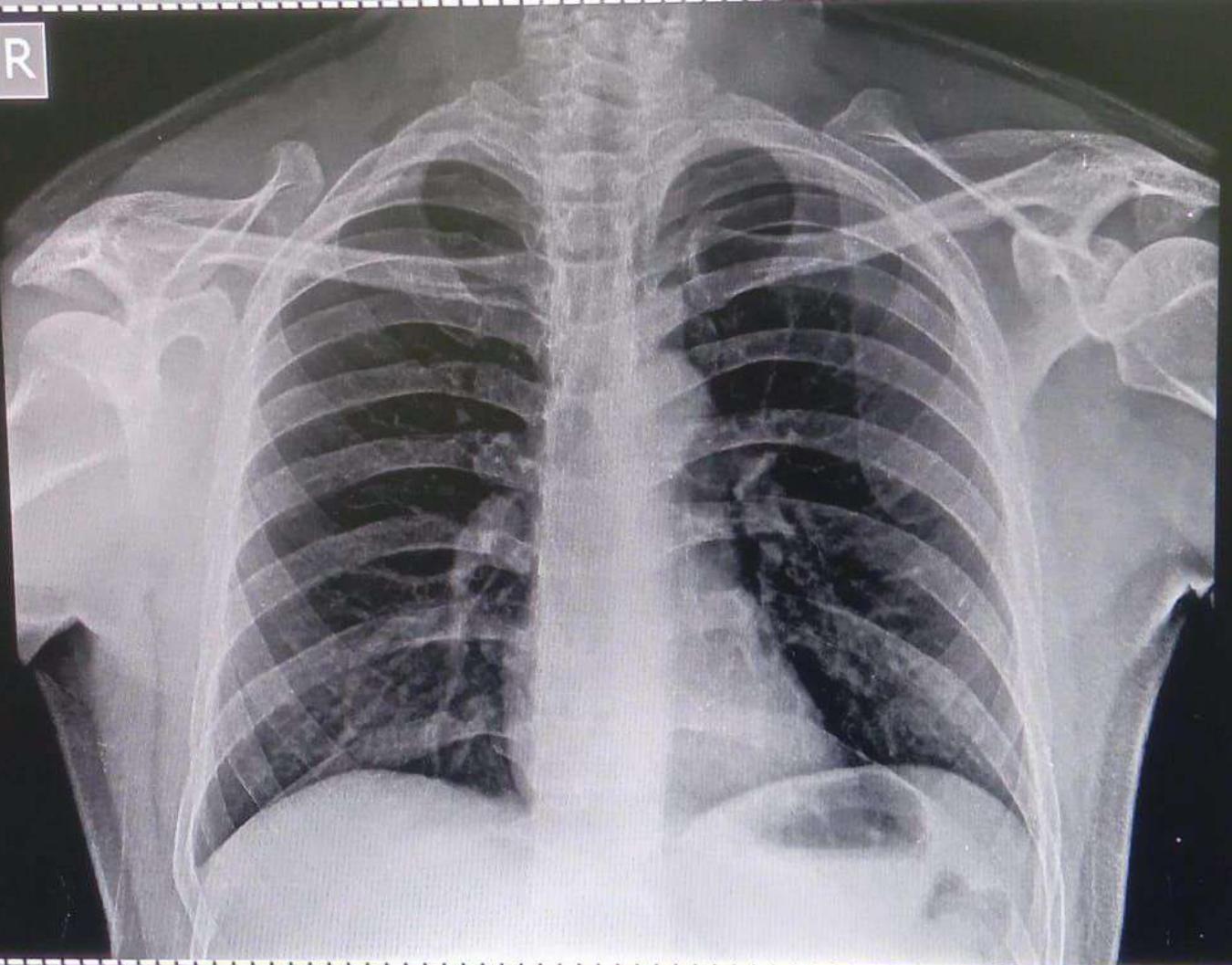
*** End of Report ***



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R



ARJUN SARKI
Ref. Dr. DGD

31 year(s) Male
28/09/2024 11:02:45

F-556 50.5 %
Chest PA

OLIVE DIAGNOSTIC & POLYCLINIC PRADAN NAGAR SILIGURI PH 0353 3564463



Olive Diagnostics & Poly Clinic

Meghnad Saha Sarani, Pradhan Nagar,
Opp. St. Mary School, Siliguri, Dist: Darjeeling. Pin 734003

Contact No. 0353 3564463/9002242065

e-mail : olivediagnostics2021@gmail.com

Patient's Name : ARJUN SARKI

Age: 31Yrs /M

Ref. By : SELF

Date : 28.09.2024

X- RAY REPORT

CHEST PA VIEW:

Bilateral lungs fields are normal.

Cardiac size is normal.

Both costophrenic angles are clear.

Trachea and mediastinum are central.

Bony thorax appears normal.

IMPRESSION: Normal study.

Dr. Sanjoy kumar Sahu, MBBS, MD
Consultant & Interventional
Radiologist



Olive Diagnostics & Poly Clinic

Meghnad Saha Sarani, Pradhan Nagar,

Opp. St. Mary School, Siliguri, Dist: Darjeeling, Pin 734003

Contact No. 0353 3564463 / 9002242065

e-mail : olivediagnostics2021@gmail.com

Patient Name	: Arjun Sarki	Age - 3 yrs. / M
Investigation	: U.S.G. of Whole Abdomen	
Ref by	: DGD	
Date of investigation	: 02.10.2024	

LIVER:

Enlarged in size (136mm), Normal in shape, position & echo texture. No definite focal or sizeable mass lesion. The IHBR are not dilated. The hepatic & portal venous systems appear normal.

GALLBLADDER:

Normal in size, shape, position & wall thickness. No calculus, mass or pericholecystic collection is seen.

CBD:-

Not dilated. No intraluminal lesion seen in visualized part.

PANCREAS:

Normal size, shape & echo texture. No focal lesion or mass detected. MPD not dilated. No peri-pancreatic collection is seen.

SPLEEN:

Normal in size. Echo texture is homogenous. No mass lesion.

KIDNEYS:

Normal size, shape, position and orientation with adequate Cortico-Medullary Differentiation. No calculus, mass or hydronephrosis is seen. Right Kidney measures 108mm & left Kidney measures 108mm in size.

URETERS:-

Not dilated

URINARY BLADDER :

Well distended with smooth mucosal outline. No intraluminal Pathology.

PROSTATE:

Normal in size (33mm x 24mm x 31mm with approx wt of 13gms), shape & echo texture. The outline is maintained. No focal mass / lesion is seen.

No ascites or para aortic adenopathy is seen. Bilateral iliac fossa scan do not reveal any collection or mass lesion. Colons loaded with gas & fecal matters

IMPRESSION: Mild hepatomegaly.

Please correlate clinically

In case of any discrepancy in report due to machine or typing error kindly get it rectified immediately.

Dr. Sanjoy Kumar Sahu, MBBS, MD
Consultant & Interventional
Radiologist

Vascular clinic for peripheral angioplasty * 7 Laser Surgery - varicose vein * Diet counseling by Experience Dietician
Doctors * Ultrasonography * X-Ray * Color Doppler * Echo Cardiography * Pathology Service * E.E.G & More Test

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ARJUN SARKI 31/M DGD

Exam Date: 02.10.2024 11:22:42 AM

