

70



Indian Spinal Injuries Centre

Indian Spinal Injuries Centre
Spine Services
Dr. H.S. Chhabra

Sector - C, Vasant Kunj, New Delhi - 110070 Ph.: 91-11-42255225 (30 Lines), For Appointment - Ext. 201
Fax : 91-11-26898810 E-mail: appointment@isiconline.org Visit us at : www.isiconline.org
10AM to 1PM

545031

OPD CARD

Registration No.
 Name S. K. Tewari Pathi
 Age 37 M/F DOB
 Address Motha Jhoni St
 Phone 9111333133
 Consultant Dr. H.S. Chhabra
 Please bring this card on all subsequent visits.

Ank. Spandylolosis

ISIC OPD

1st visit

Date Chief Complaints / Past History

Date 4/4/2017

Signature [Signature]

Allergies if any (Please Specify)

Chest expansion: 1cm

Investigations Advised / Reports

PLT : 2.78
CRP : 71.6
HbA27 - +ve

Treatment Advised

Adv Rheumatologist opinion
(Dr. Malviya)



NABH, NABL Accredited
FOD/QF/03/01/10-01-15

c/o LBA: 6 months radiating to ant. thigh.
Morning stiffness (+) 1-2 hrs.

WD : 1km
sitting : 2-3 hrs.
standing : did not explore.

✓ No H/O BBI.

O/E: - B/L Sg Tenderness (+).
- B/L FABER (+).

- Neck ROM - Restricted.
- Lumbar flexion/Extension Restricted.

✓ D/L spine Thrump Tenderness (+).

- Calf, Tenderness (+).

- Neurology (N)

[Signature]
Dr. H.S. Chhabra
Doctor's Name and Signature

Date: 4/4/2017

PHYSIOTHERAPY
 SWD/IFT _____ x 14 days
 TENS _____ x 14 days
 US therapy _____ x 14 days

Hot fomentation for 15 minutes, 3 times a day **Dynapar QPS OR Volitra gel** locally.

ACECLOFENAC (Hifenac) 100 mgs _____ _____ X 2 weeks.

J. Nucoxia - 120. x 2 wks

ETODOLAC (Proxym) 300 mgs _____ _____ X 4 weeks.

PANTPRAZOLE (Pantocid) 40 mg _____ _____ X taken empty stomach X SOS for acidity

TRAMADOL (Ultracet) _____ _____ _____ X SOS upto 3 per day

Tab. Gabapentin (Gabapin) 300 mg increase as per tolerability up to maximum dose of 1800 mg per day.

Cap. PREGABALIN (Pregabid/ Lyrical/ Neugaba/ Axogurd - SR) 75mgs OD X 1-2 days, increase as per tolerability up to maximum dose of 600mgs X To continue

Cap. OXCARBAMEZEPINE (Oxetol/ Zenoxa) 150 mgs OD X 2-3 days, increase as per tolerability up to maximum dose of 600mgs. X To continue

X _____ O _____
O _____ O _____
O _____ O _____
OO _____ OO _____

Max. dose - 600 mg/ day

X _____ O _____
O _____ O _____
OO _____ OO _____

You may get **drowsiness and giddiness** with Pregabalin, if this is not tolerated, you may decrease the dosage of (PREGABALIN) Pregabid/Tab. Neugaba and add (OXCARBAMEZEPINE) Oxetol/ Zenoxa as explained.

Cap. DULOXETINE (Dulane) 20 mg, to be increased gradually (if necessary)

Caution:- These medicines should be gradually tapered and not to be stopped suddenly.

X _____ O _____
O _____ O _____
O _____ O _____ max 120 mg per day

Tab. AMITRYPTYLIN (Tryptomer) 25 mg once daily to be increased gradually

X _____ O _____
O _____ O _____
O _____ O _____ max 75 mg per day

Cap. METHYLCOBALAMIN - RejuNuron 500 mcg / **Alnacob OD** 1500 mcg / **Tab. Meconergy- M** 1500 mcg X 3 months.

T. ALENDRONATE (Osteofos / Fosavance) 70 mgs taken empty stomach once weekly; No eating, drinking and lying down for 45 minutes after administration of drug; can sit and walk. X 3-5 years or as advised.


CALCITONIN (Gemcal Nasal Spray/ Miacalcic Nasal Spray): Once daily from one nostril & next day from other

Tab. CALCIUM (Triozac+ / T. Shelcal/ Osteofit C plus) 500 mg _____ _____ X to continue.

Vitamin D - Sachet Calcirol with a cup of milk OR **Cap. Uprise-D3 (60 K)** with water once weekly X 3 months

T. DIACERIN (Zerine) 50mgs _____ _____ x up to 3 months.

T. GLUCOSAMINE (Mega Free Flex/ Kondro OD) _____ _____ x 3 months


(DR. H. S. CHHABRA)
DMC Registration No. 14566 | 2006
MCI Registration No. 6714 | 1987

Review if no relief in 1 / 2 / 3 months OR SOS

Appointment related queries call: 011- 42 255 225. Ext 201 / 202.
Dr. Harvinder Singh Chhabra, Chief of Spine Service & Medical Director, INDIAN SPINAL INJURIES CENTRE.

Mobile: +91-9958903390, Fax: +91-11-2689 8810, Email ID: hsc@spinewellnessexpert.com

Clinics
Back Pain Clinic- Tuesday, Thursday, Saturday (1000 hrs -1200hrs)
Scoliosis and Spinal Deformity Clinic- Thursday (1200 hrs - 1300 hrs)
Spinal Injury Clinic - Tuesday, Thursday, Saturday (1300 hrs -1500 hrs)

Osteoporosis Clinic- Tuesday (1200 hrs -1300 hrs)
Spinal Tumor Clinic - Saturday (1200 hrs -1300 hrs)



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OPD CARD

Registration No. 548031
 Name S.K. Tripathi
 Age 37 M/F..... DOB.....
 Address.....
 Phone.....
 Consultant Dr. S. Kapoor
 ✓ Please bring this card on all subsequent visits.

Assessment chart given
Pos

Date Chief Complaints / Past History

OPD
04/04/17
 Date
 Signature

Symptoms for 8-10 yrs:
 lower back pain, pain radiating to
 neck pain
 pain in buttock region
 off low.
 10 yrs.

No H/O uric acids
 No H/O rheumatoid arthritis.
 Allergies if any (Please Specify)
 No significant family H/O.

NSAIDs - daily
 H/O chest tuberculosis ⊕
 SpA (Axial).
 -IBP
 +CRP
 RA B27 ⊕
 BP

8/03/17
CRP - 71.6 ⊕
 Investigations Advised / Reports
HLA B27 ⊕ (Flow cytometry)
Rf - ⊕

Amto acid (uo) LN
 Saaz DS R O
 80
42
85

Treatment Advised
3 wks
g Remicade
TNPd - Johnson

Toluic (5) und
 DCR med ccm u } u
 Neu Gvira (120) (1) }
 Dexam sd wecc
 Hetch - B (Jal) /
 Ash - hev
 CRC c @ 12, sugar
 Just 1407: 5.66, HSCA
 Mm bus test (LOT. 0)
 Gamme gold inter-hum
 Doctor's Name and Signature
 X. N. Chit



NABH, NABL Accredited FOD/QF/03/01/10-01-15

0285270408

(DR. VIVICK)

Joint Disease Services, ISIC
AS Assessment Chart

CR.NO: 14208

Name M.H. S.K. Puipathi Age / Gender 37/M
 Date of First Visit 4/4/17 Disease Duration ~10Y
 Diagnosis AS HLA B27 +ve
 Co-morbid Nil Inactive

DATE	4/4/17	22/5/17	11/9/17	9/9/22
VAS (Pain)	13	0	0	0
VAS (Global)	0	0	0	0
Inflammation	45	0.0	0.0	0
BASDAI	3.2	0.0	0.0	0.0
ASAS DAS (VHDA)	3.98	1.39 (MDA)		
BASFI		0.15		
BASMI				
MASES				
Schober's (cms)		3.7cm.		5cm
Lumbar Side flexion (cms)		8-5cm	13cm	13cm
Occiput to wall (cms)		9cm		20cm
Finger to floor (cm)		25cm.		14cm
Chest expansion (cms)		4.7cm.		3cm
Cervical movement		70°		70° ✓
Tragus to wall (cms)		19.5cm		31cm
Inter Mall. Distance (cms)		110cm		139cm
Date of Investigation	7/3/17	4/5/17	25/8/17	23/7/22
ESR		48	22	22
Platelet	278		258	280
TLC/DLC	10.5 < 7.4	8.4 < 6.5	7.9 < 6.6	7800 < 74
Hb	12.17	11.9 ²⁰	12.7 ²¹	12.8
SGOT/SGPT		20/23		
Urea/Creatinine		1.24		
eGFR		→ 64-72		
Blood sugar -F/PP	✓	86 (R)	151 (R)	
CRP	71.6	710	+ve	17.39
Total Cholesterol				
Triglycerides				
HDL				
LDL/VLDL				
BP				145/90

NOTE: Please bring this chart on every follow up visit w+ 102 kg.

RA (F) < 10 IU/ml 18/5/17

chest x-ray (N)



ARTHRITIS RHEUMATISM & PAIN CLINIC

DR P D RATH

MD, FACR, FRCP (Edin), FRCP (Glasgow)
FNIMS, FRCM, GCPR (UWA, AUS)
DIPLOMA MSK ULTRASOUND (UCAM, SPAIN)
POST GRADUATE CERTIFICATE IN (RHEUMATOLOGY)
JOHN HOPKINS UNIVERSITY (USA)

DIRECTOR & HEAD OF DEPTT RHEUMATOLOGY

MAX SUPER SPECIALITY HOSPITAL
SAKET, SMART, PANCHSHEEL (NEW DELHI)

MEMBER BRITISH SOCIETY OF RHEUMATOLOGY
MEMBER EUROPEAN LUPUS SOCIETY
MEMBER NATIONAL OSTEOPOROSIS SOCIETY (UK)
AESCULOP FELLOWSHIP (BRAUN) INTERVENTIONAL PAIN MANAGEMENT

SPECIALIST IN
RHEUMATOID ARTHRITIS
OSTEOARTHRITIS
PSORIASIS ARTHRITIS
ANKYLOSING SPONDYLITIS
SLE
SCLERODERMA
GOUT
OSTEOPOROSIS
CHILDHOOD ARTHRITIS

CONSULTANT AT
MAX HEALTH CARE, NEW DELHI
SAKET
PANCHSHEEL
MAX SMART

Queries on 9818457413 Only
Between 8:00am to 8:00pm
No Queries on Sunday

BP- 140/90
SPO₂ - 98%
PR- 120b/m

Sarej es Tripathi 44 yr. 19/12/23

CAUTION
RISK OF INFECTIONS/SIDE EFFECTS
ON THESE MEDICATIONS EXPLAINED
IN DETAIL

D.A.S.

~~DBL~~
~~BB~~
Aalit
LTA

0-4 TF 4 N 13 sy BO
ii) Tyros Prescription Correction

Dr. P. D. Rath

MD, FACR, FRCP (Edin), FRCP (Glasgow)
FNIMS, FRCM, GCPR (UWA, AUS)
DIPLOMA MSK USG (UCAM, SPAIN)
Director & Head Of Department - Rheumatology
DMC REG No. 22141

Immun
Use ESR
Use Skof
JAM do Credite

Fresh Reports to be Done Before
every follow up as advised

9 out of 10 Doctors Trust that Thyrocare Reports are Accurate & Reliable

NAME : MR SANJEEV TRIPATHI (43Y/M)
REF. BY : DR V M TRIPATHI, BAMS
TEST ASKED : HbA1c, HEMOGRAM, HLA-B27

HOME COLLECTION :
NEAR OF COLLECTORATE MAHOBA UTTAR PRADESH -
210427

PATIENTID : ST18515226

Test Description : HLA-B27

Result : Positive

(The given sample may be homozygous for HLA B-27 allele)

Method : FLOWCYTOMETRY

Interpretation :

There is a strong association between the presence of HLAB27 antigen and an increased incidence of ankylosing spondylitis (AS) as well as others disorders, such as Reiter's Syndrome , psoriatic arthritis and arthropathies associated with inflammatory bowel disease. These disorders are collectively called Seronegative Spondyloarthritis.

HLAB27 positive patient is more likely to exhibit spondyloarthritis.

Please correlate with clinical conditions.

Method : Done on Fully Automated Three Laser Beckman Navios Flowcytometer U.S.A

Sample Collected on (SCT) : 10 Dec 2023 10:00
Sample Received on (SRT) : 12 Dec 2023 03:33
Report Released on (RRT) : 12 Dec 2023 09:12
Sample Type : EDTA
Labcode : 1112001680/UP095
Barcode : BL700543



Dr Sachin Patil MD(Path)

Dr Manali R MD(Path)

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PATIENTID : ST18515226

HOME COLLECTION :
NEAR OF COLLECTORATE MAHOBA UTTAR
PRADESH - 210427

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC - NGSP Certified)	H.P.L.C	5.2	%

Bio. Ref. Interval. :

Bio. Ref. Interval.: As per ADA Guidelines

Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
>=6.5% : Diabetic

Guidance For Known Diabetics

Below 6.5% : Good Control
6.5% - 7% : Fair Control
7.0% - 8% : Unsatisfactory Control
>8% : Poor Control

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)

Bio. Ref. Interval. :

CALCULATED

103

mg/dL

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HbA1c values

Please correlate with clinical conditions.

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PATIENTID : ST18515226

HOME COLLECTION :
NEAR OF COLLECTORATE MAHOBA UTTAR
PRADESH - 210427

TEST NAME	VALUE	UNITS	Bio. Ref. Interval.
TOTAL LEUCOCYTES COUNT (WBC)	8.31	X 10 ³ / μ L	4.0 - 10.0
NEUTROPHILS	62	%	40-80
LYMPHOCYTE	23.6	%	20-40
MONOCYTES	2.5	%	2-10
EOSINOPHILS	10.6	%	1-6
BASOPHILS	1	%	0-2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0.0-5
NEUTROPHILS - ABSOLUTE COUNT	5.15	X 10 ³ / μ L	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	1.96	X 10 ³ / μ L	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.21	X 10 ³ / μ L	0.2 - 1.0
BASOPHILS - ABSOLUTE COUNT	0.08	X 10 ³ / μ L	0.02 - 0.1
EOSINOPHILS - ABSOLUTE COUNT	0.88	X 10³ / μL	0.02 - 0.5
IMMATURE GRANULOCYTES(IG)	0.02	X 10 ³ / μ L	0-0.3
TOTAL RBC	5	X 10 ⁶ / μ L	4.5-5.5
NUCLEATED RED BLOOD CELLS	0.01	X 10 ³ / μ L	0.0-0.5
NUCLEATED RED BLOOD CELLS %	0.01	%	0.0-5.0
HEMOGLOBIN	13.1	g/dL	13.0-17.0
HEMATOCRIT(PCV)	46.2	%	40.0-50.0
MEAN CORPUSCULAR VOLUME(MCV)	92.4	fL	83.0-101.0
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	26.2	pg	27.0-32.0
MEAN CORP.HEMO.CONC(MCHC)	28.4	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	50.4	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	14.9	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	17.7	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	13	fL	6.5-12
PLATELET COUNT	295	X 10 ³ / μ L	150-410
PLATELET TO LARGE CELL RATIO(PLCR)	49.2	%	19.7-42.4
PLATELET CRIT(PCT)	0.38	%	0.19-0.39

Remarks : Alert!!! Predominantly normocytic normochromic with ovalocytes. Platelets: Appear adequate in smear.

Please Correlate with clinical conditions.

Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

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Dr Manali R MD(Path)

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NAME : MR SANJEEV TRIPATHI (43Y/M)
REF. BY : DR V M TRIPATHI, BAMS
TEST ASKED : ARTHRITIS PROFILE - B

HOME COLLECTION :
NEAR OF COLLECTORATE MAHOBA UTTAR
PRADESH - 210427

PATIENTID : ST18515226

TEST NAME	TECHNOLOGY	VALUE	UNITS
ANTI CCP (ACCP)	E.L.I.S.A	7.94	AU/mL

Bio. Ref. Interval. :
Negative : < 10
Positive : >=10

Clinical Significance :

Anti-Cyclic-Citrullinated-Peptide (Anti-CCP) Antibodies hold promise for early and more accurate detection of Rheumatoid Arthritis before the disease proceeds into an irreversible damage.

Specifications: Specificity : 94 % , Sensitivity : 76 %

Kit Validation reference:

Vossenaar ER et al., Arthritis Rheum., 50, 3485, 2004

Method : INDIRECT SOLID PHASE ENZYME IMMUNOASSAY

ANTI NUCLEAR ANTIBODIES (ANA)	E.L.I.S.A	36.14	AU/mL
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Bio. Ref. Interval. :

NEGATIVE : <25 POSITIVE : >= 25

Clinical Significance:

Autoimmune diseases are characterized by abnormal functioning of Immune System where cell recognition mechanism fails to distinguish " Self " and " non-self " antigens. Presence of ANA autoantibodies associated with rhematic autoimmune diseases such as systemic Lupus Erythematosus (SLE), Sjogren Syndrome, Scleroderma and mixed connective tissue disease (MCTD).

Specifications:

Specification:- Precision: Intra assay (%CV): <=6.6, Inter assay (%CV): <=13.3, Sensitivity: 87.1%, Specificity: 80%.

Kit Validation Reference:

Antinuclear Antibody The Lancet, September 15, 1984: 611-13

Method : INDIRECT SOLID PHASE IMMUNOASSAY

Please correlate with clinical conditions.

Sample Collected on (SCT) : 10 Dec 2023 10:00
Sample Received on (SRT) : 12 Dec 2023 03:35
Report Released on (RRT) : 12 Dec 2023 15:45
Sample Type : SERUM
Labcode : 1112001715/UP095
Barcode : B0894006

Dr Sachin Patil MD(Path)

Dr Manali R MD(F)

PROCESSED AT :
Thyrocare
D-37/1, TTC MIDC, Turbhe,
Navi Mumbai-400 703



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Tests you can trust

Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703 98706 66333 wellness@thyrocare.com

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REF. BY : DR V M TRIPATHI, BAMS
TEST ASKED : ARTHRITIS PROFILE - B

HOME COLLECTION :
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PRADESH - 210427

PATIENTID : ST18515226

TEST NAME	TECHNOLOGY	VALUE	UNITS
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RHEUMATOID FACTOR (RF)	IMMUNOTURBIDIMETRY	< 10	IU/mL
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Bio. Ref. Interval. :
ADULT : <= 18

Clinical Significance:

Rheumatoid factor is an anti IgG autoimmune antibody. There are high concentration of rheumatoid factor in the serum of some disease, especially rheumatoid arthritis patients. It helps to diagnose rheumatism ,systematic lupus erythematosus, chronic hepatitis etc.

Specifications:

Precision %CV :- Intra assay %CV- 1.38% , Inter assay %CV-2.88%, Sensitivity :- 40 IU/mL.

Kit Validation Reference:

Anderson, S.G., Bentzon, M.W., Houba, V. and Krag, P. Bull. Wld. Hlth. Org. 42: 311-318 (1970).

Method : LATEX ENHANCED IMMUNOTURBIDIMETRY

ANTI STREPTOLYSIN - O (ASO)	IMMUNOTURBIDIMETRY	< 40	IU/mL
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Bio. Ref. Interval. :

Normal Range: < 166

Method : FULLY AUTOMATED RATE IMMUNOTURBIDIMETRY - BECKMAN COULTER

COMPLEMENT 3 (C3)	IMMUNOTURBIDIMETRY	> 1.7	gm/L
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Bio. Ref. Interval. :


Adults : 0.80 - 1.70

Method : FULLY AUTOMATED IMMUNO TURBIDIMETRY

Please correlate with clinical conditions.

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Labcode : 1112001715/UP095
Barcode : BO894006


Dr Sachin Patil MD(Path)


Dr Manali R MD(Path)
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Navi Mumbai-400 703



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TEST ASKED : ARTHRITIS PROFILE - B

HOME COLLECTION :
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PRADESH - 210427

PATIENTID : ST18515226

TEST NAME	TECHNOLOGY	VALUE	UNITS
25-OH VITAMIN D (TOTAL)	C.L.I.A	36.71	ng/mL

Bio. Ref. Interval. :
DEFICIENCY : <20 ng/ml || INSUFFICIENCY : 20-<30 ng/ml
SUFFICIENCY : 30-100 ng/ml || TOXICITY : >100 ng/ml

Clinical Significance:

Vitamin D is a fat soluble vitamin that has been known to help the body absorb and retain calcium and phosphorous; both are critical for building bone health. Decrease in vitamin D total levels indicate inadequate exposure of sunlight, dietary deficiency, nephrotic syndrome. Increase in vitamin D total levels indicate Vitamin D intoxication.

Specifications: Precision: Intra assay (%CV):5.3%, Inter assay (%CV):11.9% ; Sensitivity:3.2 ng/ml.

Kit Validation Reference: Holick MF. Vitamin D Deficiency. N Engl J Med. 2007;357:266-81.

Method : FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY

VITAMIN B-12	E.C.L.I.A	361	pg/mL
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Bio. Ref. Interval. :

Normal: 197-771 pg/ml

Clinical significance :

Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk. It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin-B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemias. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications: Intra assay (%CV):2.6%, Inter assay (%CV):2.3 %

Kit Validation Reference : Thomas L.Clinical laborator Diagnostics : Use and Assessment of Clinical laboratory Results 1st Edition, TH Books-Verl-Ges,1998:424-431

Method : Fully Automated Electrochemiluminescence Competitive Immunoassay

Please correlate with clinical conditions.

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Dr Manali R MD(Path)

Page : 6 of 16

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REF. BY : DR V M TRIPATHI, BAMS
TEST ASKED : ARTHRITIS PROFILE - B
PATIENTID : ST18515226

HOME COLLECTION :
NEAR OF COLLECTORATE MAHOBA UTTAR
PRADESH - 210427

TEST NAME	TECHNOLOGY	VALUE	UNITS
C-REACTIVE PROTEIN (CRP)	IMMUNOTURBIDIMETRY	36.27	mg/L

Bio. Ref. Interval. : (mg/L)

Acute phase determination : < 5 mg/L

Clinical Significance:

It's a protein present in the sera of acutely ill patients that bound cell wall C-polysaccharide of streptococcus pneumoniae and agglutinates the organisms.

CRP is one of the strongest acute -phase reactants, with plasma concentrations rising up after myocardial infarction, stress, trauma, infection, inflammation, surgery, or neoplastic proliferation.

Concentrations >5 to 10mg/L suggest the presence of an infection or inflammatory process. Concentrations are generally higher in bacterial than viral infection. The increase in peak is proportional to tissue damage. Determination of CRP is clinically useful to screen activity of inflammatory diseases such as rheumatoid arthritis; SLE; Leukemia; after surgery; to detect rejection in renal allograft recipients; to detect neonatal septicemia and meningitis. However, its is a nonspecific marker and cannot be interpreted without other clinical information.

Please correlate with clinical conditions.

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Dr Manali R MD(Path)