

NABH ACCREDITED

PRAKASH

EYE HOSPITAL & LASER CENTRE

Dr. AMIT GARG

M.B.B.S., D.N.B. (Oph.)

I-Lasik (Femto) Bladeless Topical Micro Phaco


& Medical Retina Specialist

Ex. Micro Phaco Surgeon

Venu Eye Institute & Research Centre, New Delhi

Name Mr. Sanjay K. Jain Age/Sex 58 / m C/o Date 22/Mar/23

Routine Eye check


Dr. AMIT GARG
M.B.B.S., D.N.B.
Garg Pathology, Meerut

Accredited Eye Hospital Western U.P.



First NABH ECO

प्रकाश आँखों का अस्पताल एवं लेजर सेंटर



Website: www.prakasheyehospital.in
Facebook: <http://www.prakasheyehospital.in>

Counsellor 9837066186
7535832832
Manager 7895517715
OT 730222373
TPA 9837897788
(पर्चा सात दिन तक मान्य है)

Timings Morning : 9:30 am to 1:30 pm.
Evening : 5:00 pm to 7:00 pm.
Sunday : 9:30 am to 1:30 pm.
Near Nai Sarak, Garh Road, Meerut
E-mail : prakasheyehosp@gmail.com



भारत सरकार
Government of India

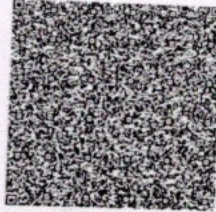
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Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0648/02710/97454

To
संजय कुमार जैन
Sanjay Kumar Jain
S/O Prem Chand Jain
506
SANJAY MARG MUNEEM COLONY
PATEL NAGAR
Muzaffarnagar
Muzaffarnagar Uttar Pradesh - 251001
9897306345

Signature Not Verified
UNIQUE IDENTIFICATION AUTHORITY OF INDIA
Date: 2012-02-25 09:09:06
UTC

Sanjay Jain



आपका आधार क्रमांक / Your Aadhaar No. :

3256 4866 6965

VID : 9186 7256 6419 5494

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Issue Date: 25/02/2012



संजय कुमार जैन
Sanjay Kumar Jain
जन्म तिथि/DOB: 18/08/1964
पुरुष/ MALE

3256 4866 6965

VID : 9186 7256 6419 5494

मेरा आधार, मेरी पहचान



Government of India



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.



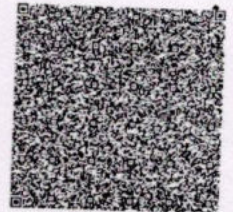
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Unique Identification Authority of India



पता:
S/O प्रेम चंद जैन, 506, संजय मार्ग मुनीम कॉलोनी, पटेल नगर, मुजफ्फरनगर, मुजफ्फरनगर, उत्तर प्रदेश - 251001

Address:
S/O Prem Chand Jain, 506, SANJAY MARG MUNEEM COLONY, PATEL NAGAR, Muzaffarnagar, Muzaffarnagar, Uttar Pradesh - 251001

Download Date: 18/10/2012



3256 4866 6965

VID : 9186 7256 6419 5494

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help@uidai.gov.in

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Dr. MONIKA GARG
M.B.B.S. D. (Path.)
GARG PATHOLOGY

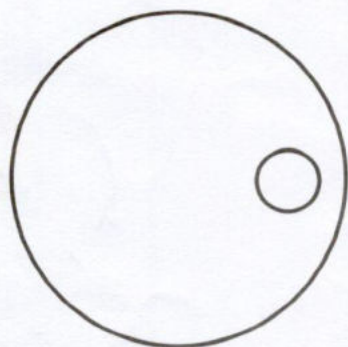
Vn $\left\{ \begin{array}{l} R \ 6/9p \\ L \ 6/9p \end{array} \right.$

PH $\left\{ \begin{array}{l} R \ 6/6p \\ L \ 6/6 \end{array} \right.$

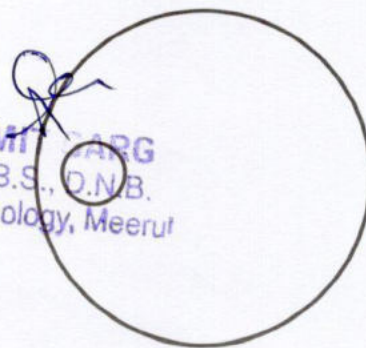
IOP $\left\{ \begin{array}{l} R \ 15 \\ L \ 15 \end{array} \right.$ mmHg

C. vision $\left\{ \begin{array}{l} \text{NORMAL} \\ \text{NORMAL} \end{array} \right.$

	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance	+0.75	+0.75	180°	6/6	+0.75	+0.75	180°	6/6
Near								
Add BE	+2.00	—	—	14/6	+2.00	—	—	14/6



Dr. AMR GARG
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Garg Pathology, Meerut



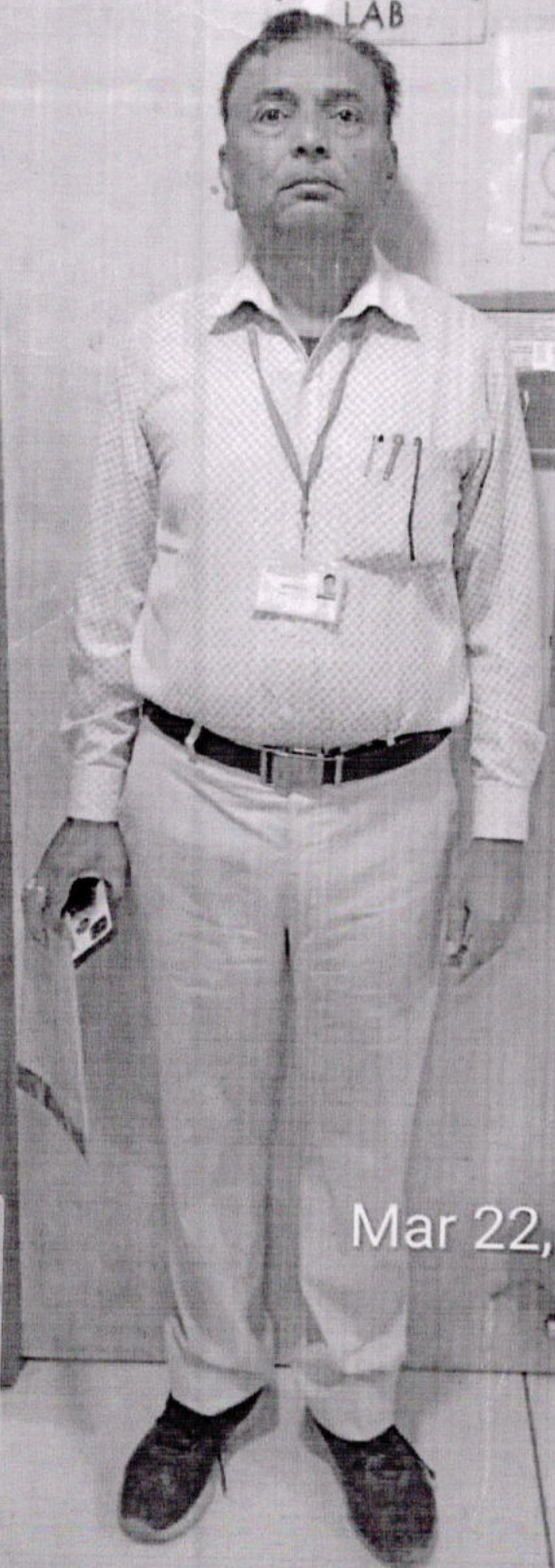
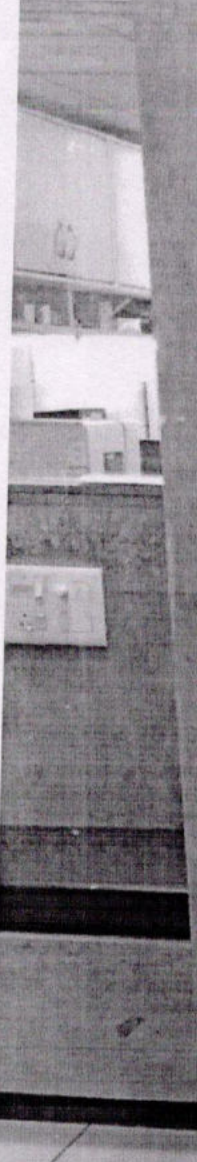
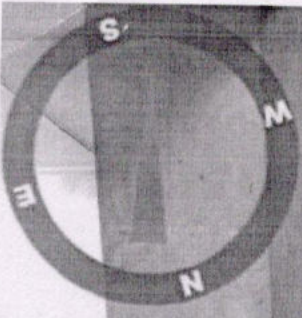
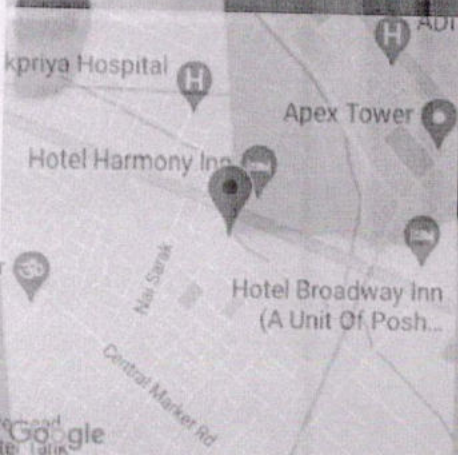
PATHOLOGY,
LAB

GARG PATHOLOGY
GARG PATHOLOGY

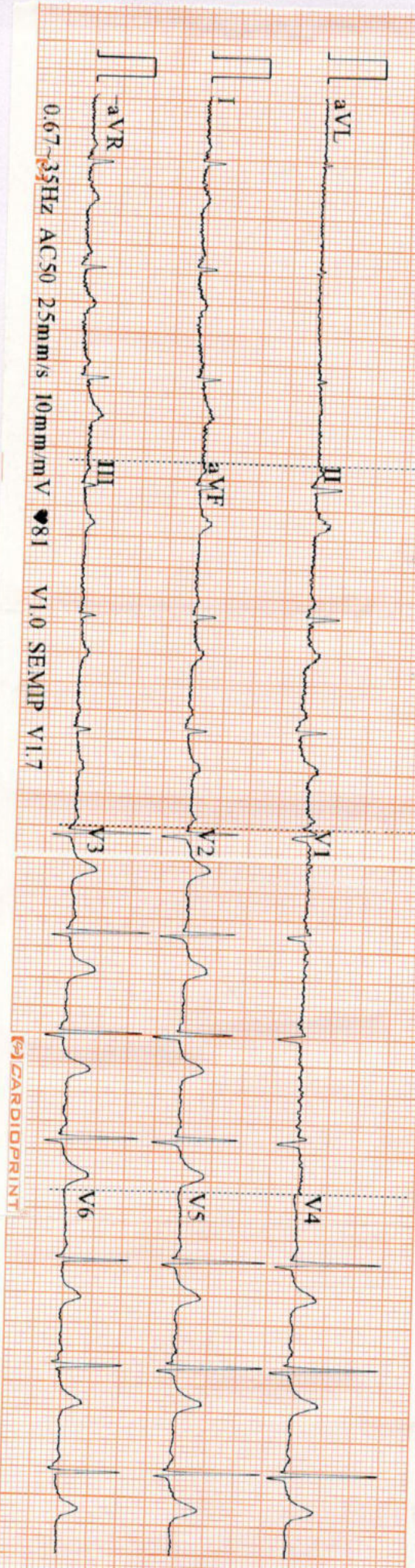
Dr. MONIKA GARG
M.B.B.S., M.D. (Path)
GARG PATHOLOGY

Mar 22, 2023 8:23:59 AM
199° S

Tejgarhi
Meerut Division
Uttar Pradesh
Altitude: 192.6m
Index number: 535



ID: 473 22-03-2023 08:49:24



ID: 473

Male
58 Years
cm

kg

KPa

Diagnosis Information:
Sinus Arrhythmia
Slight ST Depression(V3)

HR	:	82	bpm
P	:	104	ms
PR	:	132	ms
QRS	:	68	ms
QT/QTc	:	368/431	ms
PORS/T	:	67/57/64	ms
RV5/SV1	:	1.46/1.02/2.82	mV

Report Confirmed by:

DR. MONIKA GARG
M.B.S., M.D. (Path.)
GARG PATHOLOGY

DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE : 22/03/2023 REFERENCE NO. : 10948
 PATIENT NAME : SANJAY KUMAR JAIN AGE/SEX : 58YRS/M
 REFERRED BY : DR. MONIKA GARG ECHOGENECITY : NORMAL
 REFERRING DIAGNOSIS : To rule out structural heart disease.

ECHOCARDIOGRAPHY REPORT

DIMENSIONS	NORMAL	NORMAL
AO (ed) 2.3 cm	(2.1 - 3.7 cm)	IVS (ed) 1.0 cm (0.6 - 1.2 cm)
LA (es) 2.5 cm	(2.1 - 3.7 cm)	LVPW (ed) 1.0 cm (0.6 - 1.2 cm)
RVID (ed) 1.1 cm	(1.1 - 2.5 cm)	EF 60% (62% - 85%)
LVID (ed) 4.2 cm	(3.6 - 5.2 cm)	FS 30% (28% - 42%)
LVID (es) 3.0 cm	(2.3 - 3.9 cm)	

MORPHOLOGICAL DATA :

Mitral Valve: AML : Normal Interatrial septum : Intact
 PML : Normal Interventricular Septum : Intact
 Aortic Valve : Normal Pulmonary Artery : Normal
 Tricuspid Valve : Normal Aorta : Normal
 Pulmonary Valve : Normal Right Atrium : Normal
 Right Ventricle : Normal Left Atrium : Normal
 Left Ventricle : Normal

Cont. Page No. 2

:: 2 ::

2-D ECHOCARDIOGRAPHY FINDINGS :


LV normal in size with normal contractions. No LV regional wall motion abnormality seen. RV normal in size with adequate contractions. LA and RA normal. All cardiac valves are structurally normal. No intracardiac mass. Estimated LV ejection fraction is 60%.

DOPPLER STUDIES :

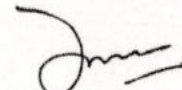
Valve	Regurgitation	Velocity m/sec	Gradient mmHg
Mitral Valve	No	0.88	2.8
Tricuspid Valve	No	0.95	3.5
Pulmonary Valve	No	0.78	2.3
Aortic Valve	No	1.0	4.8

IMPRESSION :

- No RWMA.
- LV Diastolic Dysfunction Grade I.
- Normal LV Systolic Function (LVEF =60%).



DR. SANJEEV KUMAR BANSAL
MD, Dip. CARD (Cardiology) FCCS
(Non-Invasive Cardiology)
Lokpriya Heart Centre



DR. HARIOM TYAGI
MD, DM (Cardiology)
(Interventional Cardiologist)
Director, Lokpriya Heart Centre

NOTE: Echocardiography report given is that of the procedure done on that day and needs to be correlated clinically. This is not for medico legal purpose, as patient's identity is not confirmed. No record of this report is kept in the Hospital.

DATE	22.03.2023	REF. NO.	5620		
PATIENT NAME	SANJAY KUMAR JAIN	AGE	58YRS	SEX:	M
INVESTIGATION	USG WHOLE ABDOMEN	REF. BY	GARG (PATHOLOGY)		

REPORT

Liver - appears normal in size and echotexture. No mass lesion seen. Portal vein is normal.

Gall bladder - Wall thickness is normal. No calculus / mass lesion seen. CBD is normal.

Pancreas- appears normal in size and echotexture. No mass lesion seen.

Spleen- is normal in size and echotexture.

Right Kidney - Normal in size and echotexture. Show well maintained corticomedullary differentiation. No calculus / hydronephrosis is noted.

Left Kidney - Normal in size and echotexture. Show well maintained corticomedullary differentiation. No calculus / hydronephrosis is noted.

Urinary bladder - appears distended. Wall thickness is normal. No calculus / mass seen.

Prostate - Enlarged in size measuring (38g).

IMPRESSION

Enlarged prostate.

Dr. P.D. Sharma
 M.B.B.S., D.M.R.D. (VIMS & RC)
 Consultant Radiologist and Head

1. Impression is a professional opinion & not a diagnosis
2. All modern machines & procedures have their limitations. if there is variance clinically this examination may be repeated or reevaluated by other investigations.
Ps. All congenital anomalies are not picked upon ultrasounds.
3. Suspected typing errors should be informed back for correction immediately.
4. Not for medico-legal purpose. Identity of the patient cannot be verified.

• 1.5 Tesla MRI • 64 Slice CT • Ultrasound
 • Doppler • Dexa Scan / BMD • Digital X-ray

Helpline Numbers : 0121-2792500, 2601004

**PRENATAL DETERMINATION OF SEX IS BANNED,
 PREVENT FEMALE FOETICIDE**

DATE	22.03.2023	REF. NO.	17319		
PATIENT NAME	SANJAY KUMAR JAIN	AGE	58 YRS	SEX	M
INVESTIGATION	X-RAY CHEST PA VIEW	REF. BY	GARG (PATHOLOGY)		

REPORT

- Trachea is central in position.
- Bilateral lung field show normal broncho vascular markings.
- **Bilateral hila are mildly prominent.**
- Cardiac size is within normal limits.
- Both costophrenic angles are clear.
- Both domes of diaphragm are normal in contour and position.

IMPRESSION

Normal study

Dr. P.D. Sharma
 M.B.B.S., D.M.B.D. (VIMS & RC)
 Consultant Radiologist and Head

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Garg Pathology

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National Accreditation Board For Testing & Calibration Laboratories
ISO 9001:2008
Garden House Colony, Near Nai Sarak, Garh Road, Meerut
Ph.: 0121-2600454, 8979608687, 9837772828

DR. MONIKA GARG

M.D. (Path) Gold Medalist

Former Pathologist :

St. Stephan's Hospital, Delhi

PUID : 230322/602 **C. NO:** 602 **Collection Time** : 22-Mar-2023 8:52AM
Patient Name : Mr. SANJAY KUMAR JAIN 58Y / Male **Receiving Time** : 22-Mar-2023 9:00AM
Referred By : Dr. BANK OF BARODA **Reporting Time** : 22-Mar-2023 10:20AM
Sample By : **Centre Name** : Garg Pathology Lab - TPA
Organization :



Investigation	Results	Units	Biological Ref-Interval
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HAEMATOLOGY (EDTA WHOLE BLOOD)

COMPLETE BLOOD COUNT

HAEMOGLOBIN (Colorimetry)	13.3	gm/dl	13.0-17.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	6090	*10 ⁶ /L	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	68	%.	40-80
Lymphocytes	26	%.	20-40
Eosinophils	03	%.	1-6
Monocytes	03	%.	2-10
Basophils	00	%.	<1-2
Band cells	00	%	0-5
Absolute neutrophil count	4.14	x 10 ⁹ /L	2.0-7.0(40-80%)
Absolute lymphocyte count	1.58	x 10 ⁹ /L	1.0-3.0(20-40%)
Absolute eosinophil count	0.18	x 10 ⁹ /L	0.02-0.5(1-6%)
Method:-((EDTA Whole blood,Automated /			
ESR (Automated Wsetergren`s)	10	mm/1st hr	0.0 - 10.0
RBC Indices			
TOTAL R.B.C. COUNT (Electric Impedence)	3.94	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	40.6	%	26-50
MCV (Calculated)	103.0	fL	80-94
MCH (Calculated)	33.8	pg	27-32
MCHC (Calculated)	32.8	g/dl	30-35



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

Dr. Monika Garg
MBBS, MD(Path)
(Consultant Pathologist)

२१ घंटे सुविधा उपलब्ध है।





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RDW-SD (Calculated)	56.1	fL	37-54
RDW-CV (Calculated)	13.1	%	11.5 - 14.5
Platelet Count (Electric Impedence)	1.91	/Cumm	1.50-4.50
MPV (Calculated)	10.6	%	7.5-11.5
NLR 6-9 Mild stres 7-9 Pathological cause	2.62		1-3

-NLR is a reflection of physiologic stress,perhaps tied most directly to cortisol and catecholamine levels.
-NLR can be a useful tool to sort out patients who are sicker, compared to those who are less sick (its not specific to infection).
-NLR has proven more useful than white blood cell count (WBC) when the two are directly compared. Ultimately, NLR may be a logical replacement for the WBC. In some situations, NLR is competitive with more expensive biomarkers (e.g. procalcitonin,lactate).
-With specific clinical contexts (e.g. pancreatitis, pulmonary embolism), NLR may have surprisingly good prognostic value.

BLOOD GROUP * "O" POSITIVE \$ \$



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Checked By Technician:

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MBBS, MD(Path)
(Consultant Pathologist)

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GLYCATED HAEMOGLOBIN (HbA1c)*	5.5	%	4.3-6.3
ESTIMATED AVERAGE GLUCOSE	111.2	mg/dl	

EXPECTED RESULTS :

 Non diabetic patients & Stabilized diabetics : 4.3% to 6.30%
 Good Control of diabetes : 6.4% to 7.5%
 Fair Control of diabetes : 7.5% to 9.0%
 Poor Control of diabetes : 9.0 % and above

-Next due date for HBA1C test : After 3 months

-High HbF & Trig.level, iron def.anaemia result in high GHb

-Haemolytic anemia, presence of HbS, HbC and other Haemoglobinopathies may produce low values. **three months.**

INTERPRETATION: HbA1c is an indicator of glycemic control.HbA1c represents average glycemia over the past six to eight weeks.Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Mean Plasma Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control.

As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.



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BIOCHEMISTRY (FLORIDE)

PLASMA SUGAR FASTING (GOD/POD method)	102.0	mg/dl	70 - 110
PLASMASUGAR P.P. (GOD/POD method)	129.0	mg/dl	80-140



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Checked By Technician:

Page 4 of 5

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Organization : 

Investigation	Results	Units	Biological Ref-Interval
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URINE

PHYSICAL EXAMINATION

Volume	20	ml	
Colour	Pale Yellow		
Appearance	Clear		Clear
Specific Gravity	1.020		1.000-1.030
PH (Reaction)	Acidic		

BIOCHEMICAL EXAMINATION

Protein	Nil		Nil
Sugar	Nil		Nil

MICROSCOPIC EXAMINATION

Red Blood Cells	Nil	/HPF	Nil
Pus cells	2-3	/HPF	0-2
Epithelial Cells	1-2	/HPF	1-3
Crystals	Nil		
Casts	Nil		

@ Special Examination

Bile Pigments	Absent
Blood	Nil
Bile Salts	Absent

-----{END OF REPORT }-----



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२१ घंटे सुविधा उपलब्ध है।

