

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 Sanjay Kumar Age/Sex 54 / M C/o ..... Date 27/Jan/23

*Routine Eye check up*

*H/O*

*HTN*

*27*

*Dr. Amit Garg*  
M.B.B.S., D.N.B.  
Garg Pathology, Meerut



Accredited Eye Hospital Western U.P.

First NABH ECO

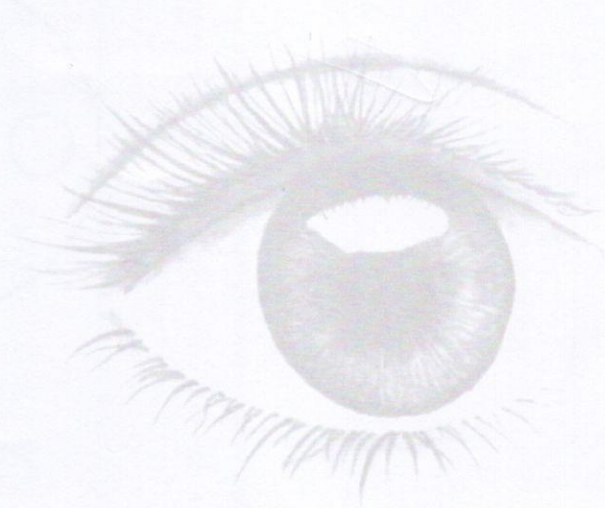
### प्रकाश आँखों का अस्पताल एवं लेजर सेंटर



Website: [www.prakasheyehospital.in](http://www.prakasheyehospital.in)  
Facebook: <http://www.prakasheyehospital.in>

Counsellor 9837066186  
7535832832  
Manager 7895517715  
OT 730222373  
TPA 9837897788

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](mailto:prakasheyehosp@gmail.com)



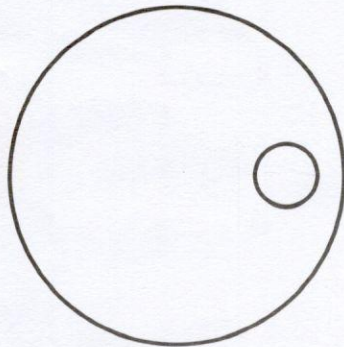
Vn   
 R 6/6   
 L 6/6

PH   
 R 6/6   
 L 6/6

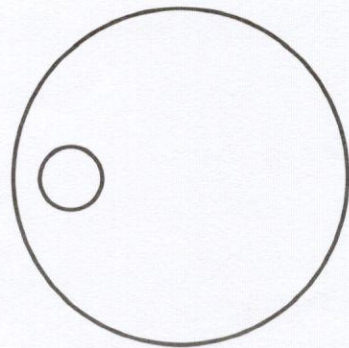
IOP   
 R 14   
 L 17   
 *msly*

Cadaver 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		plano .		6/6		plano .		6/6
Near <i>Add SE</i>	+2.00	———		N/G	+2.00	———		N/G





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



भारत सरकार  
GOVERNMENT OF INDIA

संजय कुमार  
Sanjay Kumar  
जन्म तिथि/ DOB: 15/04/1968  
पुरुष / MALE



8190 8957 1405

आधार-आम आदमी का अधिकार

Sanjay

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

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:  
आत्मज: श्री आत्माराम,  
147/123, कम्बल वाला बाग  
-3, मुज़फ्फरनगर,  
मुज़फ्फरनगर,  
उत्तर प्रदेश - 251001

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S/O Shri Atmaram, 147/123, kambal  
wala bag -3, Muzaffarnagar,  
Muzaffarnagar,  
Uttar Pradesh - 251001

8190 8957 1405

Aadhaar-Aam Admi ka Adhikar

PATHOLOGY  
LAB

GARG PATHOLOGY

Dr. MOHITA GARG  
M.B.B.S. (P) D. (Path)  
GARG PATHOLOGY

Jan 27, 2023 9:04:29 AM

206° SW

Tejgarhi

Meerut Division

Uttar Pradesh

Altitude: 169.8m

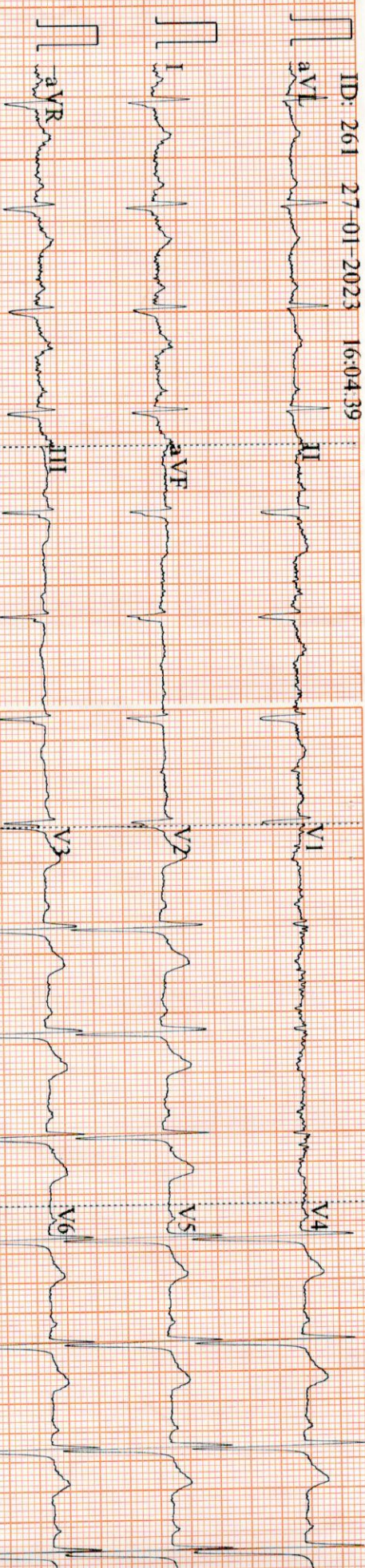
Index number: 455



ID: 261 27-01-2023 16:04:39

0.67~35Hz AC50 25mm/s 10mm/mV ●88 V1.0 SEMIP V1.7

CARDIOPRINT



ID: 261

Male  
54 Years  
cm

kg

kPa

Diagnosis Information:

Sinus Rhythm  
Suspect Left Anterior Hemi Block

*[Handwritten Signature]*

DR. MONIKA GARG  
MBBS, MD (Peds)  
EMERGENCY PATHOLOGY

HR	: 88	bpm
P	: 100	ms
PR	: 151	ms
QRS	: 91	ms
QTc	: 357/432	ms
P/ORS/T	: 14-90/17	°
RVS/SV1	: 0.939/0.135	mV

Report Confirmed by:

DATE	27.01.2023	REF. NO.	4530		
PATIENT NAME	SANJAY KUMAR	AGE	54YRS	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** – Borderline enlarged in size measuring (29g).

### IMPRESSION

*Borderline 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.
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

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



# Garg Pathology


Certified by :  
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** : 230127/603      **C. NO:** 603      **Collection Time** : 27-Jan-2023 9:15AM  
**Patient Name** : Mr. SANJAY KUMAR 54Y / Male      **Receiving Time** : 27-Jan-2023 10:11AM  
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**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)	14.0	gm/dl	13.0-17.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	8440	*10 <sup>6</sup> /L	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	76	%.	40-80
Lymphocytes	20	%.	20-40
Eosinophils	03	%.	1-6
Monocytes	<b>01</b>	%.	2-10
Absolute neutrophil count	6.41	x 10 <sup>9</sup> /L	2.0-7.0(40-80%)
Absolute lymphocyte count	1.69	x 10 <sup>9</sup> /L	1.0-3.0(20-40%)
Absolute eosinophil count	0.25	x 10 <sup>9</sup> /L	0.02-0.5(1-6%)
Method:-((EDTA Whole blood,Automated /			
ESR (Automated Wsetergren`s)	04	mm/1st hr	0.0 - 10.0
RBC Indices			
TOTAL R.B.C. COUNT (Electric Impedence)	4.72	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	45.2	%	26-50
MCV (Calculated)	<b>95.8</b>	fL	80-94
MCH (Calculated)	29.7	pg	27-32
MCHC (Calculated)	31.0	g/dl	30-35
RDW-SD (Calculated)	<b>54.4</b>	fL	37-54



\*THIS TEST IS NOT UNDER NABL SCOPE

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RDW-CV (Calculated)	13.9	%	11.5 - 14.5
Platelet Count (Electric Impedence)	3.15	/Cumm	1.50-4.50
MPV (Calculated)	8.7	%	7.5-11.5
<b>NLR</b> 6-9 Mild stres 7-9 Pathological cause	<b>3.80</b>		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 \***      "B" POSITIVE      \$      \$



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<b>GLYCATED HAEMOGLOBIN (HbA1c)*</b>	5.7	%	4.3-6.3
ESTIMATED AVERAGE GLUCOSE	116.9	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)	100.0	mg/dl	70 - 110
PLASMASUGAR P.P. (GOD/POD method)	123.0 (3 hour pp)	mg/dl	80-140



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## BIOCHEMISTRY (SERUM)

<b>SERUM CREATININE</b> (Enzymatic)	0.8	mg/dl	0.6-1.4
<b>URIC ACID</b>	7.2	mg/dL.	3.6-7.7
<b>BLOOD UREA NITROGEN</b>	14.30	mg/dL.	8-23



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Checked By Technician:

Page 5 of 10

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## LIVER FUNCTION TEST

### SERUM BILIRUBIN

TOTAL (Diazo)	0.9	mg/dl	0.1-1.2
DIRECT (Diazo)	<b>0.4</b>	mg/dl	<0.3
INDIRECT (Calculated)	0.5	mg/dl	0.1-1.0
S.G.P.T. (IFCC method)	<b>50.0</b>	U/L	8-40
S.G.O.T. (IFCC method)	36.1	U/L	6-37
SERUM ALKALINE PHOSPHATASE (IFCC KINETIC)	95.4	IU/L.	50-126
<b>SERUM PROTEINS</b>			
TOTAL PROTEINS (Biuret)	6.8	Gm/dL.	6-8
ALBUMIN (Bromocresol green Dye)	3.7	Gm/dL.	3.5-5.0
GLOBULIN (Calculated)	3.1	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	<b>1.2</b>		1.5-2.5



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२१ घंटे सुविधा उपलब्ध है।






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<b>PSA*</b>	1.204	ng/ml
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ECLIA  
NORMAL VALUE

Age (years)	Median (ng/ml)
<49	<2.0
50-59	<3.5
60-69	<4.5
70-79	<6.5



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### LIPID PROFILE

SERUM CHOLESTEROL (CHOD - PAP)	163.2	mg/dl	150-250
SERUM TRIGYCERIDE (GPO-PAP)	106.0	mg/dl	70-150
HDL CHOLESTEROL * (PRECIPITATION METHOD)	42.6	mg/dl	30-60
VLDL CHOLESTEROL * (Calculated)	21.2	mg/dl	10-30
LDL CHOLESTEROL * (Calculated)	99.4	mg/dL.	0-100
LDL/HDL RATIO * (Calculated)	02.3	ratio	<3.55
CHOL/HDL CHOLESTROL RATIO* (Calculated)	3.8	ratio	3.8-5.9

Interpretation :

\*Paitient Should be Fast overnight For Minimum 12 hours and normal diet for one week\*

NOTE :

Lipid Profile Ranges As PER NCEP-ATP III :

SERUM CHOESTEROL : Desirable : < 200 Borderline : 200 - 239 Elevated :> 240 mg/dl  
HDLCHOLESTEROL : Desirable : > 60 Borderline : 40- 60 Decreased :< 40 mg/dl  
LDL CHOLESTEROL : Desirable : 100 mg/dl, Borderline : 100- 159 Elevated : >160 mg/dl  
Triglycerides : Desirable : 150 Borderline : 150- 199 High : 200 - 499 Very High :>500

Friedwald Equation, VLDL & LDL values are not applicable for triglyceride > 400 mg/dl.

<b>SERUM SODIUM (Na) *</b> (ISE method) (ISE)	141.0	mEq/litre	135 - 155
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### THYRIOD PROFILE\*

Triiodothyronine (T3) * (ECLIA)	1.520	ng/dl	0.79-1.58
Thyroxine (T4) * (ECLIA)	7.944	ug/dl	4.9-11.0
THYROID STIMULATING HORMONE (TSH) (ECLIA)	2.856	uIU/ml	0.38-5.30
Normal Range:-			
1 TO 4 DAYS	2.7-26.5		
4 TO 30 DAYS	1.2-13.1		

Hyperthyroid patient have suppressed TSH values, with the exception of those few individuals whos have hyperthyroidism caused by TSH producing pituitary tumor or other rare disorders such as pituitary resistance to thyroid hormones. Subclinical hyperthyroidism is defined as low TSH with levels of T4 and T3 within the reference interval. In most patients with hypothyroidism,serum TSH results are markedly elevated, but results are low in individuals with hypothyroidism caused by pituitary or hypothalamic disorders. An important cause of both increased and decreased TSH results is NTI. Patients with NTI tend to have low TSH results during their acute illness ,then TSH rises to within or above the reference range with resolution of the underlying illness,and finally returns to within the reference range. The situation is complicated because drugs,including glucagon and dopamine,suppress TSH . Sensitive TSH assays are helpful in evaluation of treatment with thyroid hormone both for replacement therapy and suppressive doses for malignant thyroid disease.

<b>SERUM POTASSIUM (K) *</b> (ISE method)	3.8	mEq/litre.	3.5 - 5.5
SERUM CALCIUM (Arsenazo)	9.6	mg/dl	9.2-11.0



\*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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

24 घंटे सुविधा उपलब्ध है।





# Garg Pathology

Certified by :  
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** : 230127/603 **C. NO:** 603 **Collection Time** : 27-Jan-2023 9:15AM  
**Patient Name** : Mr. SANJAY KUMAR 54Y / Male **Receiving Time** : 27-Jan-2023 10:11AM  
**Referred By** : Dr. BANK OF BARODA **Reporting Time** : 27-Jan-2023 11:31AM  
**Sample By** : **Centre Name** : Garg Pathology Lab - TPA  
**Organization** :



Investigation	Results	Units	Biological Ref-Interval
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## URINE

### PHYSICAL EXAMINATION

<b>Volume</b>	20	ml	
Colour	Pale Yellow		
Appearance	Clear		Clear
Specific Gravity	1.015		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	1-2	/HPF	0-2
Epithelial Cells	2-3	/HPF	1-3
Crystals	Nil		
Casts	Nil		

### @ Special Examination

Bile Pigments	Absent		
Blood	Nil		
Bile Salts	Absent		

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



\*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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

24 घंटे सुविधा उपलब्ध है।





## DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE : 27/1/2023 REFERENCE NO. : 10903  
PATIENT NAME : SANJAY KUMAR AGE/SEX : 54YRS/M  
REFERRED BY : DR. MONIKA GARG ECHOGENECITY : NORMAL  
REFERRING DIAGNOSIS : To rule out structural heart disease.

### **ECHOCARDIOGRAPHY REPORT**

DIMENSIONS	NORMAL	NORMAL
AO (ed) 3.0 cm	(2.1 - 3.7 cm)	IVS (ed) 1.0 cm (0.6 - 1.2 cm)
LA (es) 3.2 cm	(2.1 - 3.7 cm)	LVPW (ed) 1.0 cm (0.6 - 1.2 cm)
RVID (ed) 1.5 cm	(1.1 - 2.5 cm)	EF 55% (62% - 85%)
LVID (ed) 4.0 cm	(3.6 - 5.2 cm)	FS 27% (28% - 42%)
LVID (es) 2.9 cm	(2.3 - 3.9 cm)	

### MORPHOLOGICAL DATA :

Mitral Valve: AML : Normal Interatrial septum : Intact  
PML : Normal Interventricular Septum : Intact  
Aortic Valve : Thickened 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 :

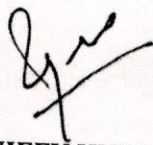
LV normal in size with normal contractions. No LV regional wall motion abnormality seen. RV normal in size with adequate contractions. LA and RA normal. Aortic valve is thickened and rest other cardiac valves are structurally normal. No intracardiac mass. Estimated LV ejection fraction is 55%.

## DOPPLER STUDIES :

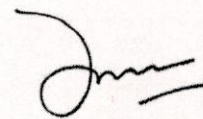
Valve	Regurgitation	Velocity m/sec	Gradient mmHg
Mitral Valve	No	0.93	3.3
Tricuspid Valve	No	0.85	2.5
Pulmonary Valve	No	0.77	2.3
Aortic Valve	No	1.0	4.6

## IMPRESSION :

- No RWMA.
- Type I LV Diastolic Dysfunction.
- Adequate LV Systolic Function (LVEF =55%).



**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	27.01.2023	REF. NO.	14833		
PATIENT NAME	SANJAY KUMAR	AGE	54 YRS	SEX	M
INVESTIGATION	X-RAY CHEST PA VIEW	REF. BY	GARG (PATHOLOGY)		

### REPORT

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

### IMPRESSION

***Both lung show mildly prominent broncho vascular marking.***

**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.