

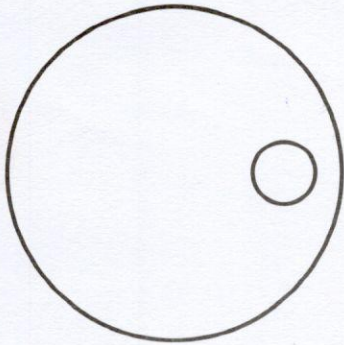
Vn R 6/6
L 6/6


PH R 6/6
L 6/6

IOP R 12
L 14 } mmHg

BE Colour vision NORMAL
NORMAL

	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance								
Near								



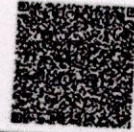

Dr. AMIT GARG
 M.B.B.S., D.N.B.
 Garg Pathology, Meerut



भारत सरकार
Government of India



कंचन गौतम
Kanchan Gautam
जन्म तिथि/DOB: 11/01/1990
महिला/ FEMALE



8288 1985 6832

VID: 9165 0081 7592 8431

मेरा आधार, मेरी पहचान

Kanchan

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



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
C/O अमित कुमार, ई/203/556, रामनगर, मेरठ, मेरठ,
उत्तर प्रदेश - 250001

Address:
C/O Amit Kumar, E/203/556, ramnagar,
Meerut, Meerut,
Uttar Pradesh - 250001



QR Code with Photograph

8288 1985 6832

VID: 9165 0081 7592 8431

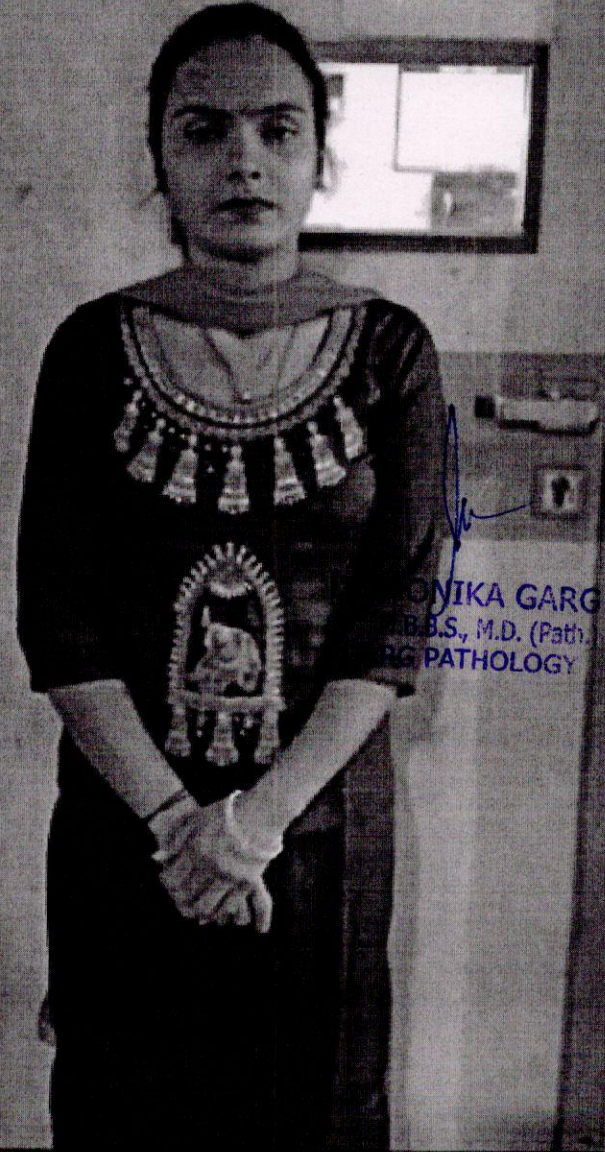
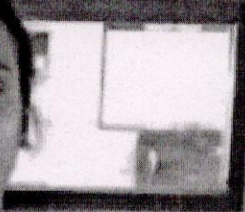


help@uidai.gov.in

www.uidai.gov.in

PATHOLOGY
LAB

GARG PATHOLOGY



SONIKA GARG
B.S., M.D. (Path)
GARG PATHOLOGY

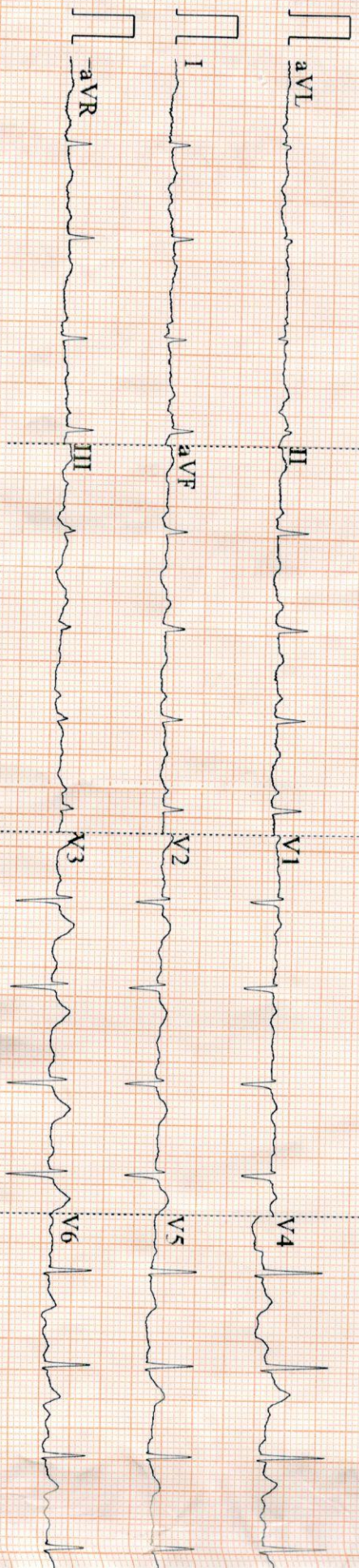
GPS Map Camera



Meerut, Uttar Pradesh, India
XP8J+FHH, Sector 3, Tejgarhi, Meerut, Uttar
Pradesh 250001, India
Lat 28.96623°
Long 77.731428°
26/11/22 10:02 AM GMT +05:30

ID: 1107 26-11-2022 16:23:36

0.67~35Hz AC50 25mm/s 10mm/mV 98 V1.0 SEMIP V1.7



ID: 1107

Female
32 Years
cm

kg

kPa

Diagnosis Information:
Sinus Rhythm
Normal ECG

HR	:	99	bpm
P	:	110	ms
PR	:	172	ms
QRS	:	67	ms
QT/QTc	:	321/412	ms
P/QRST	:	76/56/54	ms
RV5/SV1	:	0.743/0.486	mV

Report Confirmed by:

Paulsen

Monte A. Garg
DR. MONTE A. GARG
M.B.B.S., M.D. (Pathn.)
GARG PATHOLOGY

NABH ACCREDITED

PRAKASH

EYE HOSPITAL & LASER CENTRE

Dr. AMIT GARG

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

I-Lasik (Femto) Bladefree Topical Micro Phaco


& Medical Retina Specialist

Ex. Micro Phaco Surgeon

Venu Eye Institute & Research Centre, New Delhi

Name Kanchan Gautam Age/Sex 32 / F C/o Date 26/11/22

Routine eye checkup


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 प्राप्त 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



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

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M.D. (Path) Gold Medalist
Former Pathologist :
St. Stephan's Hospital, Delhi

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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)	10.2	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	3750	*10 ⁶ /L	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	51	%.	40-80
Lymphocytes	45	%.	20-40
Eosinophils	01	%.	1-6
Monocytes	03	%.	2-10
Absolute neutrophil count	1.91	x 10 ⁹ /L	2.0-7.0(40-80%)
Absolute lymphocyte count	1.69	x 10 ⁹ /L	1.0-3.0(20-40%)
Absolute eosinophil count	0.04	x 10 ⁹ /L	0.02-0.5(1-6%)

Method:-((EDTA Whole blood,Automa

ESR (Automated Westergren`s) **30** mm/1st hr 0.0 - 15.0

RBC Indices

TOTAL R.B.C. COUNT (Electric Impedence)	3.59	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	32.6	%	26-50
MCV (Calculated)	90.8	fL	80-94
MCH (Calculated)	28.4	pg	27-32
MCHC (Calculated)	31.3	g/dl	30-35
RDW-SD	48.1	fL	37-54



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

Page 1 of 9

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

२१ पंडे सुविधा उपलब्ध है।






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(Calculated)

RDW-CV 12.7 % 11.5 - 14.5

(Calculated)

Platelet Count 0.99 /Cumm 1.50-4.50

(Electric Impedence)

Platelet count on smear is ~ 1.25 lacs/cumm.

MPV 13.0 % 7.5-11.5

(Calculated)

NLR 1.13 1-3

6-9 Mild stres

7-9 Pathological cause

-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 \$ \$



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:



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MBBS, MD(Path)
(Consultant Pathologist)

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GLYCATED HAEMOGLOBIN (HbA1c)*	4.9	%	4.3-6.3
ESTIMATED AVERAGE GLUCOSE	93.9	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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Page 3 of 9



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BIOCHEMISTRY (FLORIDE)

PLASMA SUGAR FASTING (GOD/POD method)	93.0	mg/dl	70 - 110
PLASMASUGAR P.P. (GOD/POD method)	123.0	mg/dl	80-140



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BIOCHEMISTRY (SERUM)

SERUM CREATININE (Enzymatic)	0.7	mg/dl	0.6-1.4
URIC ACID	3.7	mg/dL.	2.5-6.8
BLOOD UREA NITROGEN	14.20	mg/dL.	8-23



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LIVER FUNCTION TEST

SERUM BILIRUBIN

TOTAL 0.6 mg/dl 0.1-1.2
(Diazo)

DIRECT 0.3 mg/dl <0.3
(Diazo)

INDIRECT 0.3 mg/dl 0.1-1.0
(Calculated)

S.G.P.T. 18.0 U/L 8-40
(IFCC method)

S.G.O.T. 22.0 U/L 6-37
(IFCC method)

SERUM ALKALINE PHOSPHATASE 101.6 IU/L 37-103
(IFCC KINETIC)

SERUM PROTEINS

TOTAL PROTEINS 6.7 Gm/dL 6-8
(Biuret)

ALBUMIN 3.8 Gm/dL 3.5-5.0
(Bromocresol green Dye)

GLOBULIN 2.9 Gm/dL 2.5-3.5
(Calculated)

A : G RATIO 1.3 1.5-2.5
(Calculated)



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Checked By Technician:

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LIPID PROFILE

SERUM CHOLESTEROL (CHOD - PAP)	135.2	mg/dl	150-250
SERUM TRIGYCEIDE (GPO-PAP)	92.0	mg/dl	70-150
HDL CHOLESTEROL * (PRECIPITATION METHOD)	41.9	mg/dl	30-60
VLDL CHOLESTEROL * (Calculated)	18.4	mg/dl	10-30
LDL CHOLESTEROL * (Calculated)	74.9	mg/dL.	0-100
LDL/HDL RATIO * (Calculated)	01.8	ratio	<3.55
CHOL/HDL CHOLESTROL RATIO* (Calculated)	3.2	ratio	3.8-5.9

Interpretation :

Patient 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.

SERUM SODIUM (Na) * (ISE method) (ISE)	137.0	mEq/litre	135 - 155
---	-------	-----------	-----------



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Checked By Technician:

Page 7 of 9

Dr. Monika Garg
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२१ सँडे सुविधा उपलब्ध है।





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THYRIOD PROFILE*

Triiodothyronine (T3) * 1.325 ng/dl 0.79-1.58
(ECLIA)

Thyroxine (T4) * 8.697 ug/dl 4.9-11.0
(ECLIA)

THYROID STIMULATING HORMONE (T) 2.081 uIU/ml 0.38-5.30
(ECLIA)

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 incresed 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.

SERUM POTASSIUM (K) * 4.2 mEq/litre. 3.5 - 5.5
(ISE method)

SERUM CALCIUM 8.8 mg/dl 9.2-11.0
(Arsenazo)



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Page 8 of 9

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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 3-4 /HPF 0-2
Epithelial Cells 5-6 /HPF 1-3
Crystals Nil
Casts Nil
@ Special Examination
Bile Pigments Absent
Blood Nil
Bile Salts Absent

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



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Checked By Technician:

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

24 घंटे सुविधा उपलब्ध है।



DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE : 26.11.2022 REFERENCE NO. :58303
PATIENT NAME : KANCHAN GAUTAM AGE/SEX : 32YRS/F
REFERRED BY : DR.MONIKA GARG ECHOGENECITY : NORMAL
REFERRING DIAGNOSIS : To rule out structural heart disease.

ECHOCARDIOGRAPHY REPORT

DIMENSIONS	NORMAL	NORMAL
AO (ed) 2.9 cm	(2.1 - 3.7 cm)	IVS (ed) 0.8 cm (0.6 - 1.2 cm)
LA (es) 2.2 cm	(2.1 - 3.7 cm)	LVPW (ed) 0.8 cm (0.6 - 1.2 cm)
RVID (ed) 1.4 cm	(1.1 - 2.5 cm)	EF 60% (62% - 85%)
LVID (ed) 3.5 cm	(3.6 - 5.2 cm)	FS 30% (28% - 42%)
LVID (es) 2.4 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 :

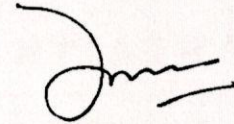
LV normal in size with normal contractions. No LV regional wall motion abnormality seen. RV normal in size with adequate contractions. LA and RA normal. All cardiac valves are structurally normal. No chamber hypertrophy/intracardiac mass. Estimated LV ejection fraction is 60%.

DOPPLER STUDIES :

Valve	Regurgitation	Velocity m/sec	Gradient mmHg
Mitral Valve	No	0.91	3.1
Tricuspid Valve	No	0.87	2.7
Pulmonary Valve	No	0.78	2.3
Aortic Valve	No	0.67	2.1

IMPRESSION :

- No RWMA.
- Normal LV Systolic Function (LVEF = 60%).



DR. HARIOM TYAGI
MD, DM (CARDIOLOGY)
(Interventional Cardiologist)
for 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	26.11.2022	REF. NO.	3635		
PATIENT NAME	KANCHAN GAUTAM	AGE	32YRS	SEX:	F
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

Uterus - Normal in size shape & normal in echotexture. Endometrium appears normal. Myometrium appears normal.

Ovaries and adnexa are unremarkable.

IMPRESSION

Essentially normal study

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, 2601901

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

DATE	26.11.2022	REF. NO.	12290		
PATIENT NAME	KANCHAN GAUTAM	AGE	32YRS	SEX	
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.

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