

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 Ku. Sharma Age/Sex 55 / m C/o Date 25/may/23

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



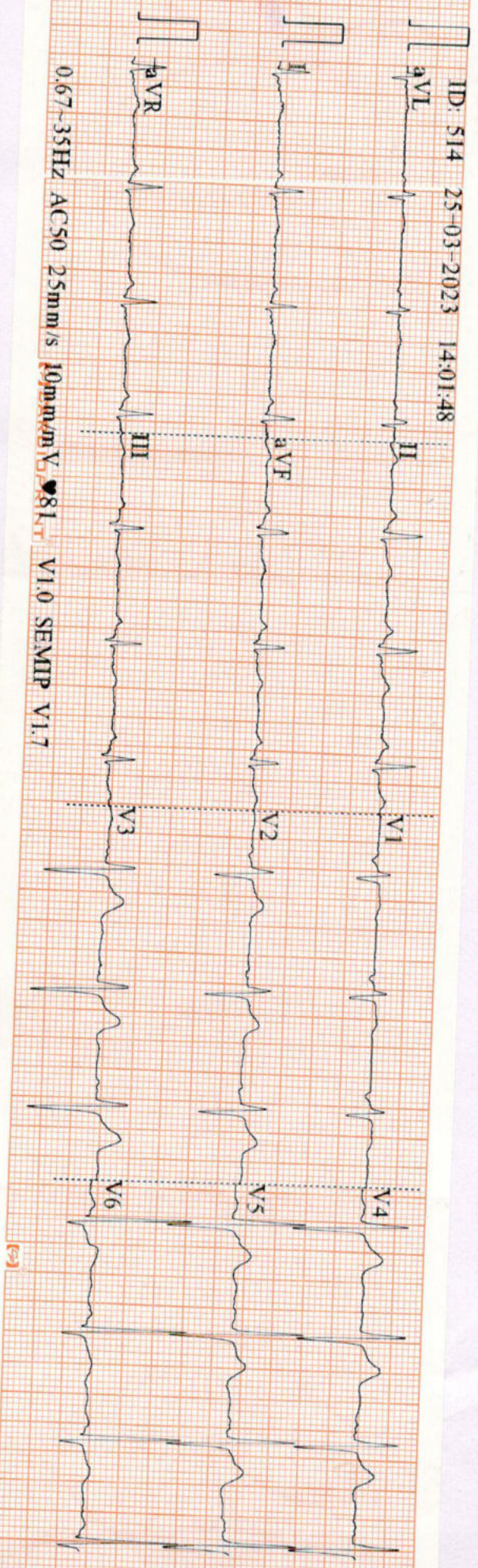
Website: www.prakasheyehospital.in
Facebook: <http://www.prakasheyehospital.in>

Counsellor 9837066186
7535832832
Manager 7895517715
OT 7302222373
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

ID: 514 25-03-2023 14:01:48

0.67~35Hz AC50 25mm/s 10mm/mV 81 V1.0 SEMIP V1.7



ID: 514

Male
55 Years
cm kg

Diagnosis Information:
Sinus Rhythm
****Normal ECG****

HR	: 78	bpm
P	: 107	ms
PR	: 146	ms
QRS	: 87	ms
QT/QTc	: 365/418	ms
PORS/T	: 64/56/43	°
RV5/SV1	: 1.173/0.373	mV

Report Confirmed by: RINT

[Handwritten Signature]

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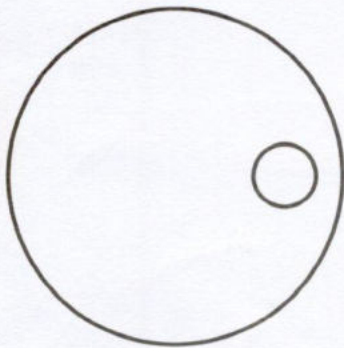
Vn $\left\{ \begin{array}{l} R 6/12p \\ L 6/18 \end{array} \right.$

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

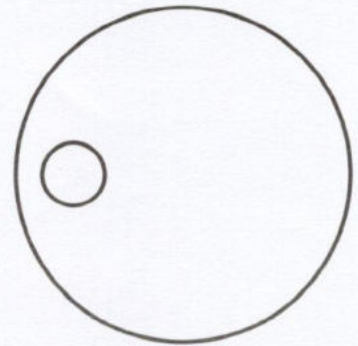
IOP $\left\{ \begin{array}{l} R 15 \\ L 15 \end{array} \right.$ mmHg



Color 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	+1.25	+0.50	180°	6/6	+1.75	—	—	6/6
Near Add BE	+2.00	—	—	4/6	+2.00	—	—	4/6 for Comp. Dist.



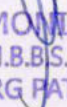
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भारत निर्वाचन आयोग
ELECTION COMMISSION OF INDIA
 भद्रवाता फोटो पहचान पत्र - ELECTOR PHOTO IDENTITY CARD

TSF4494084



नाम : संजय कुमार शर्मा
Name : SANJAY KUMAR SHARMA
पिता का नाम : गोपी नाथ शर्मा
Father's Name : LATE GOPI NATH SHARMA


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GARG PATHOLOGY

लिंग / Gender : पुरुष / Male
जन्म तिथि/आयु : 25-04-1968
Date of Birth/ Age : 25-04-1968
पता : म. अ. के-3227, शास्त्री नगर के-3 ब्लॉक, शास्त्री नगर, धाना-मंडिकन,
तहसील-मेरठ, जिला-मेरठ-250002
Address : H.N.K-3227, SHASTRI NAGAR K - 3 BLOCK,
SHASTRI NAGAR, P.S.-MEDICAL, Tahsil-Meerut, Dist-
Meerut, 250002

दिनांक : Date : 27-02-2019

निर्वाचक रजिस्ट्रार अधिकारी :
Electoral Registration Officer

विधान सभा क्षेत्र की संख्या व नाम : 40-मेरठ दक्षिण
Assembly Constituency No. and Name : 40-Meerut South

भाग संख्या व नाम : 325-विद्या मंदिर शास्त्रीनगर के0 ब्लॉक कम0-2
Part No. and Name : 325-VIDYA MANDIR SHASTRINAGAR
ROOM NO.2

नोट / Note :
 1. इस कार्ड को धारण करने मात्र से यह कोई गारंटी नहीं है कि आप वर्तमान निर्वाचक नामावली में निर्वाचक हैं। कृपया अपना नाम प्रत्येक चुनाव से पहले वर्तमान नामावली में जांच लें।
 Mere possession of this card is no guarantee that you are elector in the current electoral roll. Please check your name in the current electoral roll before every election.
 2. इस कार्ड में उल्लिखित जन्मतिथि को निर्वाचक नामावली में पंजीकरण के अलावा अन्य किसी भी स्थिति में आयु के प्रमाण के रूप में नहीं माना जाएगा।
 Date of Birth mentioned in this card shall not be treated as a proof of age / D.O.B. for any purpose other than registration in electoral roll.

B13P17 048 325 0048 201807100219



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 : 230325/604 **C. NO:** 604 **Collection Time** : 25-Mar-2023 9:04AM
Patient Name : Mr. SANJAY KUMAR SHARMA 55Y / Male **Receiving Time** : 25-Mar-2023 9:34AM
Referred By : Dr. BANK OF BARODA **Reporting Time** : 25-Mar-2023 9:57AM
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)	13.7	gm/dl	13.0-17.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	9490	*10 ⁶ /L	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	65	%.	40-80
Lymphocytes	30	%.	20-40
Eosinophils	02	%.	1-6
Monocytes	03	%.	2-10
Basophils	00	%.	<1-2
Band cells	00	%	0-5
Absolute neutrophil count	6.17	x 10 ⁹ /L	2.0-7.0(40-80%)
Absolute lymphocyte count	2.85	x 10 ⁹ /L	1.0-3.0(20-40%)
Absolute eosinophil count	0.19	x 10 ⁹ /L	0.02-0.5(1-6%)
Method:-((EDTA Whole blood,Automated /			
ESR (Automated Wsetergren`s)	08	mm/1st hr	0.0 - 10.0
RBC Indices			
TOTAL R.B.C. COUNT (Electric Impedence)	4.61	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	42.1	%	26-50
MCV (Calculated)	91.3	fL	80-94
MCH (Calculated)	29.7	pg	27-32
MCHC (Calculated)	32.5	g/dl	30-35



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Checked By Technician:

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RDW-SD (Calculated)	49.5	fL	37-54
RDW-CV (Calculated)	13.2	%	11.5 - 14.5
Platelet Count (Electric Impedence)	2.44	/Cumm	1.50-4.50
MPV (Calculated)	10.3	%	7.5-11.5
NLR 6-9 Mild stres 7-9 Pathological cause	2.17		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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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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Referred By : Dr. BANK OF BARODA		Reporting Time : 25-Mar-2023 10:13AM
Sample By :		Centre Name : Garg Pathology Lab - TPA
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BIOCHEMISTRY (FLORIDE)

PLASMA SUGAR FASTING (GOD/POD method)	102.0	mg/dl	70 - 110
PLASMASUGAR P.P. (GOD/POD method)	118.0	mg/dl	80-140



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BIOCHEMISTRY (SERUM)

SERUM CREATININE (Enzymatic)	0.8	mg/dl	0.6-1.4
URIC ACID	5.9	mg/dL.	3.6-7.7
BLOOD UREA NITROGEN	12.10	mg/dL.	8-23



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LIVER FUNCTION TEST

SERUM BILIRUBIN

TOTAL (Diazo)	0.6	mg/dl	0.1-1.2
DIRECT (Diazo)	0.3	mg/dl	<0.3
INDIRECT (Calculated)	0.3	mg/dl	0.1-1.0
S.G.P.T. (IFCC method)	21.0	U/L	8-40
S.G.O.T. (IFCC method)	22.0	U/L	6-37
SERUM ALKALINE PHOSPHATASE (IFCC KINETIC)	103.0	IU/L.	50-126
SERUM PROTEINS			
TOTAL PROTEINS (Biuret)	6.8	Gm/dL.	6-8
ALBUMIN (Bromocresol green Dye)	4.1	Gm/dL.	3.5-5.0
GLOBULIN (Calculated)	2.7	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	1.5		1.5-2.5



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Referred By	: Dr. BANK OF BARODA	Centre Name	: Garg Pathology Lab - TPA		
Sample By	:				
Organization	:				



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PSA*	0.870	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)	210.0	mg/dl	150-250
SERUM TRIGYCERIDE (GPO-PAP)	74.0	mg/dl	70-150
HDL CHOLESTEROL * (PRECIPITATION METHOD)	43.9	mg/dl	30-60
VLDL CHOLESTEROL * (Calculated)	14.8	mg/dl	10-30
LDL CHOLESTEROL * (Calculated)	151.3	mg/dL.	0-100
LDL/HDL RATIO * (Calculated)	03.4	ratio	<3.55
CHOL/HDL CHOLESTROL RATIO* (Calculated)	4.8	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.

SERUM SODIUM (Na) * 139.0 mEq/litre 135 - 155
(ISE method)
(ISE)



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THYRIOD PROFILE*

Triiodothyronine (T3) * (ECLIA)	1.471	ng/dl	0.79-1.58
Thyroxine (T4) * (ECLIA)	9.965	ug/dl	4.9-11.0
THYROID STIMULATING HORMONE (TSH) (ECLIA)	1.250	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.

SERUM POTASSIUM (K) * (ISE method)	3.9	mEq/litre.	3.5 - 5.5
SERUM CALCIUM (Arsenazo)	9.0	mg/dl	9.2-11.0



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Referred By : Dr. BANK OF BARODA **Reporting Time** : 25-Mar-2023 1:23PM
Sample By : **Centre Name** : Garg Pathology Lab - TPA
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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 }-----



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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

24 घंटे सुविधा उपलब्ध है।



DATE	25.03.2023	REF. NO.	5692		
PATIENT NAME	SANJAY KUMAR SHARMA	AGE	55YRS	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 - Normal in size (18g) & echotexture.

IMPRESSION

Increased bowel gas & faecal matter shadow.

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**

DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE : 25/03/2023 REFERENCE NO. : 67954
 PATIENT NAME : SANJAY KUMAR SHARMA AGE/SEX : 55YRS/M
 REFERRED BY : DR. MONIKA GARG ECHOGENECITY : NORMAL
 REFERRING DIAGNOSIS : To rule out structural heart disease.

ECHOCARDIOGRAPHY REPORT

DIMENSIONS		NORMAL			NORMAL
AO (ed)	2.5 cm	(2.1 - 3.7 cm)	IVS (ed)	1.0 cm	(0.6 - 1.2 cm)
LA (es)	2.4 cm	(2.1 - 3.7 cm)	LVPW (ed)	1.0 cm	(0.6 - 1.2 cm)
RVID (ed)	1.3 cm	(1.1 - 2.5 cm)	EF	60%	(62% - 85%)
LVID (ed)	4.1 cm	(3.6 - 5.2 cm)	FS	30%	(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 : 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%.

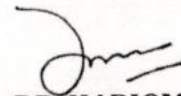
DOPPLER STUDIES :

Valve	Regurgitation	Velocity m/sec	Gradient mmHg
Mitral Valve	No	0.79	2.3
Tricuspid Valve	No	0.88	2.8
Pulmonary Valve	No	0.67	2.1
Aortic Valve	No	0.86	3.6

IMPRESSION :

- No RWMA.
- 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.

24 घण्टे इमरजेंसी सेवा

Services :  Ambulance  Blood Bank

Helpline Numbers - 0121- 2792500, 2601901, (M) 8194007414
E-mail: lokpriya_hospital1@rediffmail.com

DATE	25.03.2023	REF. NO.	17458		
PATIENT NAME	SANJAY KUMAR SHARMA	AGE	55 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.
- 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.R.D. (VIMS & RC)
Consultant Radiologist and Head

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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

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