NABH ACCREDITED

PRAKASH
EYE HOSPITAL & LASER CENTRE

Dr. AMIT GARG
M.B.B.S., D.N.B. (Opth.)
I-Lasik (Femto) Bladefree Topical Micro Phaco
& Medical Retina Specialist
Ex. Micro Phasco Surgeon
Venu Ey Institute & Research Centre, New Delhi

Name Mrs. Sapna Verma Age/Sex 40 / Femal C/o ..... Date 09/09/23

Reaction - MSMRBIE

Blurred vision for Near

Both Eyes Distance Vision is 6/6.
And Both Eyes Near Vision is N/6. And
Both Eyes Colour Vision is NORMAL.

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

Accredited Eye Hospital Western U.P.

First NABH ECO

प्रकाश आँखो का अस्पताल एवं लेजर सैन्टर

PRAKASH EYE HOSPITAL

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

Chansellor 9837066186
7535832832
Manager 7895517715
OT 7302222373
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

आधार

सपना वर्मा
Sapna Verma
जन्म तिथि/DOB: 26/03/1983
महिला/ FEMALE

Download Date: 13/09/2021

Issue Date: 30/04/2015

6814 4085 8887
VID : 9170 8005 8758 6745

मेरा आधार, मेरी पहचान

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

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

पता:
अर्धांगिनी: नवनीत कुमार वर्मा, 50, गली न.3, इन्द्रा कॉलोनी, मुजफ्फरनगर, मुजफ्फरनगर, उत्तर प्रदेश - 251001

Address:
W/O: Navneet Kumar Verma, 50, Gali no.3, Indra colony, Muzaffarnagar, Muzaffarnagar, Uttar Pradesh - 251001

6814 4085 8887
VID : 9170 8005 8758 6745

1947 | help@uidai.gov.in | www.uidai.gov.in

Vn — R 6/6, L 6/6

PH — R 6/6, L 6/6

IOP — R 14.0, L 18.0

Colour vision - Normal B/E

	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N/6	—	—	—	N/6

Prajali

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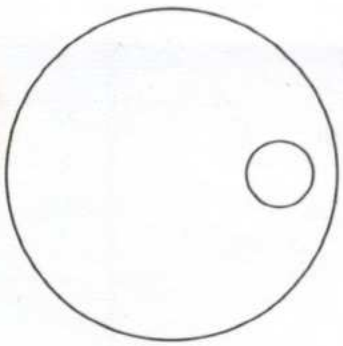
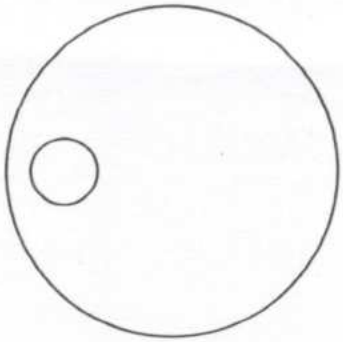
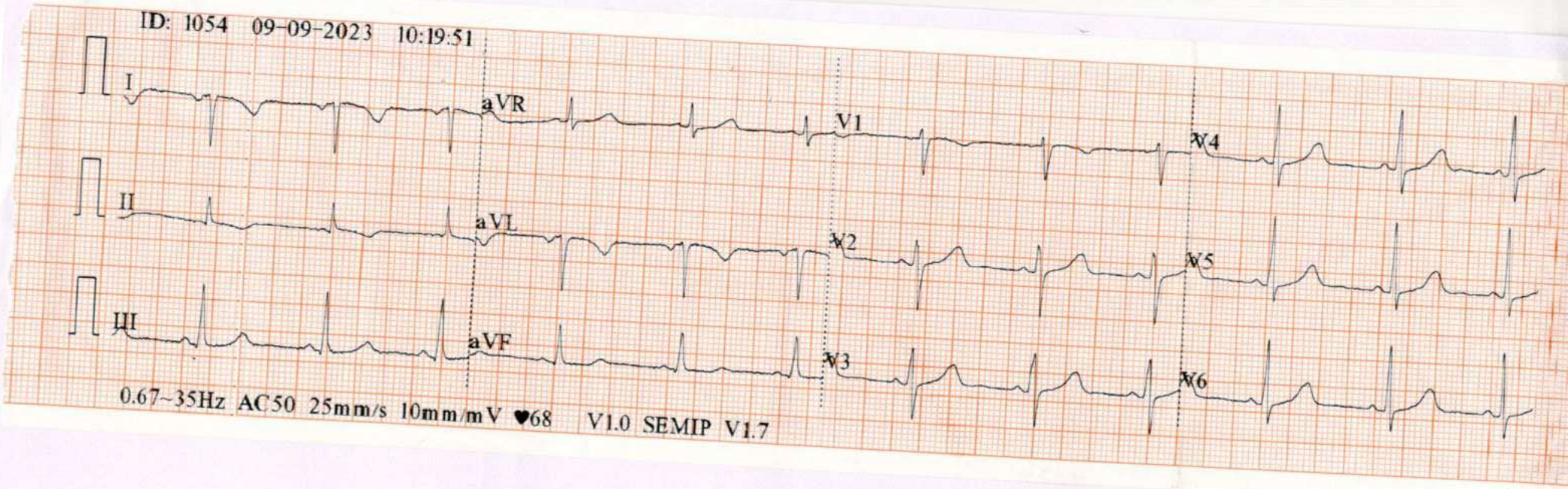





PAT OLOGY
LAB
GARG PATHOLOGY
Dr. MONIKA GARG
M.B.B.S, M.D. (Path.)
GARG PATHOLOGY
Sep 9, 2023 09:15:50
203° SW
Garh Road
Tejgarhi
Meerut Division
Uttar Pradesh
Altitude:191.5m
Apex Tower
Hotel Broadway Inn
(A Unit Of Posh...



ID: 1054

Female / kPa
40Years
cm kg

Diagnosis Information:
Sinus Rhythm
Arm Leads Reversed?
Normal ECG

HR	: 71	bpm
P	: 83	ms
PR	: 115	ms
QRS	: 79	ms
QT/QTc	: 402/439	ms
P/QRS/T	: 159/130/167	°
RV5/SV1	: 1.213/0.604	mV

Report Confirmed by:

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

METRO
HOSPITAL & HEART INSTITUTE
A Unit of Metro Institute of Medical Sciences Pvt. Ltd
CIN No.: U00000DL1990PTC03293
(NABH & ISO 9001:2008 Certified

CARDIOLOGY

ECHOCARDIOGRAM REPORT

NAME : *Mrs. Sapna Verma* **AGE/SEX :** *40/F* **ECHO NO. :** *165840*

REFERRING DIAGNOSIS : *To rule out structural heart disease* **DATE :** *09/09/2023*

Echogenecity : *Adequate*

DIMENSIONS		NORMAL			NORMAL
AO (ed)	2.9 cm	(2.1 - 3.7cm)	IVS (ed)	0.8 cm	(0.6 - 1.2 cm)
LA (es)	3.1 cm	(2.1 - 3.7 cm)	LVPW (ed)	0.8 cm	(0.6 - 1.2 cm)
RVID(ed)	2.1 cm	(1.1 - 2.5 cm)	EF	57%	(62% - 85%)
LVID(ed)	4.3 cm	(3.6 - 5.2 cm)	FS	29%	(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		

2-D ECHOCARDIOGRAPHY FINDINGS :

LV normal in size with normal contractions. No LV regional wall motion abnormality in basal state. RV normal in size with adequate contractions. LA and RA normal. All cardiac valves are structurally normal. No chamber hypertrophy. IVC normal. Normal respiratory variation. Pericardium normal. No intracardiac mass. Estimated LV ejection fraction is 57%.

COLOR FLOW MAPPING :

No valvular regurgitation.

DOPPLER STUDIES :

MVIS E > A

Peak systolic velocity across aortic valve = 1.0 m/sec.

No AS/AR/MS/MR/TS/TR/PS/PR

IMPRESSION :

1. *LV normal in size with adequate systolic function (LVEF = 57%).*
2. *No LV regional wall motion abnormality.*
3. *RV normal in size with adequate systolic function.*
4. *Normal valves and pericardium.*

Gupta

Done By : DR. VARAD GUPTA
MD, DM (Cardiology)FESC,
SR. CONSULTANT CARDIOLOGIST

NOTE : Echocardiography report given is that of the procedure done on that day and needs to be assessed in conjunction with the clinical findings. This is not for medicolegal purposes. No record of this report is kept in the hospital.

DR. SAURABH TIWARI
DIAGNOSTIC CENTRE

DR. SAURABH TIWARI
M.B.B.S., M.D.
Consultant Radiologist & Ultrasonologist
Add: Nai Sarak (at "T" Point), Shastri Nagar, Meerut
Mob.: 7055144440, 7668437889 | *E-mail: drtiwarisaurabh16@gmail.com*

Quality is our Aim

PATIENT NAME :	**MRS. SAPNA VERMA**	**AGE :**	**40 Yrs SEX:F**
REF. BY :	**DR. MONIKA GARG MD**	**DATE :**	**09/09/2023**

X-RAY CHEST PA

- Soft tissue and bony cage are normal.
- Both costo-phrenic angles are normal.
- Both domes of diaphragm are normal in contour and position.
- Both hila are normal.
- Normal broncho vascular marking noted in both lung fields
- Trachea is normal in position.
- Cardiac size is within normal limits.

IMPRESSION: Normal study

Please correlate clinically

Dr . SAURABH TIWARI
MBBS, MD(Radiology)

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Quality is our Aim

Patient's Name	MRS. SAPNA VERMA	Age / sex	40 Y / F
Clinician I/C	DR. MONIKA GARG MD	Date	09/09/2023

ULTRASOUND WHOLE ABDOMEN

(identity of the patient can't be verified)

LIVER: Is normal in size and shows normal echotexture . No SOL seen. No Dilatation of IHBR seen. Hepatic vessels are normal. Portal vein is patent and normal in calibre.

GALL BLADDER; is normal and anechoic. Gall bladder wall is appears normal.

CBD: Normal in caliber and distal end of CBD obscured by bowel gases.

PANCREAS: Normal in size, shape and echotexture. Pancreatic duct is normal in caliber.

SPLEEN: is normal in size and normal in echotexture.

KIDNEYS: R K – 9.5 x 4.3 cm L K – 9.2 x 5.7 cm

Both kidneys are normal in size with normal renal cortical echoes with maintained corticomedullary differentiation. No dilatation of PC system is seen on both side. NO calculus of both side.

URINARY BLADDER: Normal in outline. No bladder wall thickening or trabeculations noted. No calculus seen.

UTERUS: is normal in size and echotexture. Myometrial echoes are normal. ET- 7.7 mm

Both ovaries are normal in size.

No mass lesion / cyst noted in both adenexa. No free fluid noted in pouch of douglous.

No evidence of retroperitoneal lymphadenopathy.

No ascites noted.

IMPRESSION:

- **No definite lesion seen**

Please correlate clinically.

Dr . SAURABH TIWARI
MBBS, MD(Radiology)

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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	**: 230909605**	**C. NO:**	**605**	**Collection Time**	**: 09-Sep-2023 9:31AM**
Patient Name	**: Mrs. SAPNA VERMA 40Y / Female**			**Receiving Time**	**: 09-Sep-2023 10:33AM**
Referred By	**: Dr. BANK OF BARODA**			**Reporting Time**	**: 09-Sep-2023 10:59AM**
Sample By	**:**			**Centre Name**	**: Garg Pathology Lab - TPA**
Organization	**: MEDIWHEEL**				

Investigation	Results	Units	Biological Ref-Interval
	HAEMATOLOGY		
COMPLETE BLOOD COUNT			
HAEMOGLOBIN (Colorimetry)	**10.2**	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	5670	*10^6/L	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	58	%.	40-80
Lymphocytes	38	%.	20-40
Eosinophils	02	%.	1-6
Monocytes	02	%.	2-10
Absolute neutrophil count*	3.2886	*10^9/L	2.0-7.0(40-80%)
Absolute lymphocyte count*	2.1546	*10^9/L	1.0-3.0(20-40%)
Absolute eosinophil count*	0.1134	*10^9/L	0.02-0.5 (1-6%)
Method:-((EDTA Whole blood,Automated / RBC Indices			
TOTAL R.B.C. COUNT (Electric Impedence)	**4.27**	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	32.3	%	26-50
MCV (Calculated)	**75.6**	fL	80-94
MCH (Calculated)	**23.9**	pg	27-32
MCHC (Calculated)	31.6	g/dl	30-35
RDW-SD (Calculated)	43.4	fL	37-54
Platelet Count	1.81	/Cumm	1.50-4.50

Checked By Technician:

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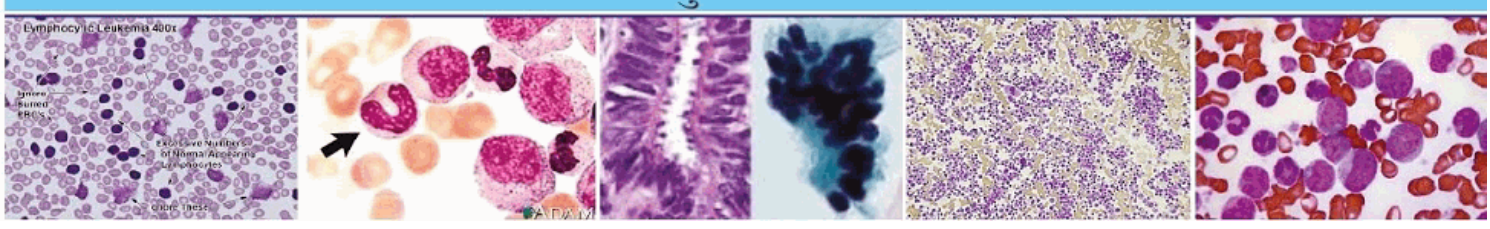
(Consultant Pathologist)



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Investigation	Results	Units	Biological Ref-Interval
(Electric Impedence)			
MPV	**12.3**	%	7.5-11.5
(Calculated)			
NRL	1.53		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.

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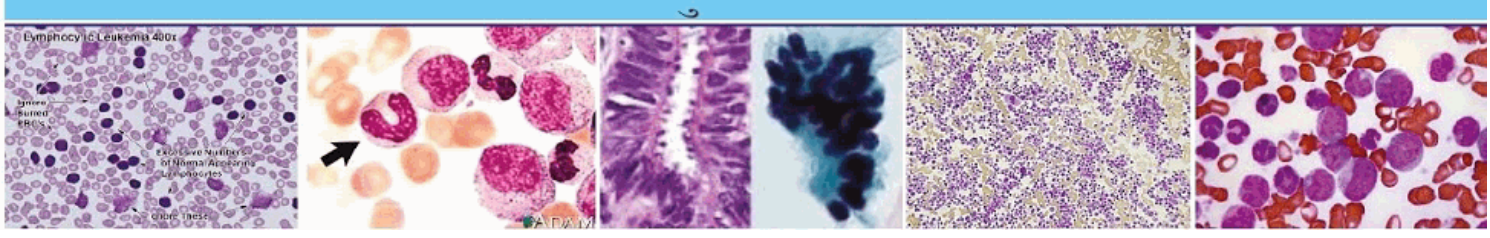

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Organization	**: MEDIWHEEL**				

Investigation	Results	Units	Biological Ref-Interval
	-HAEMATOLOGY-		
Erythrocyte Sedimentation Rate end o	**16**	mm	0-15
BLOOD GROUP *	"B" POSITIVE	$	$
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
-Haemolyic 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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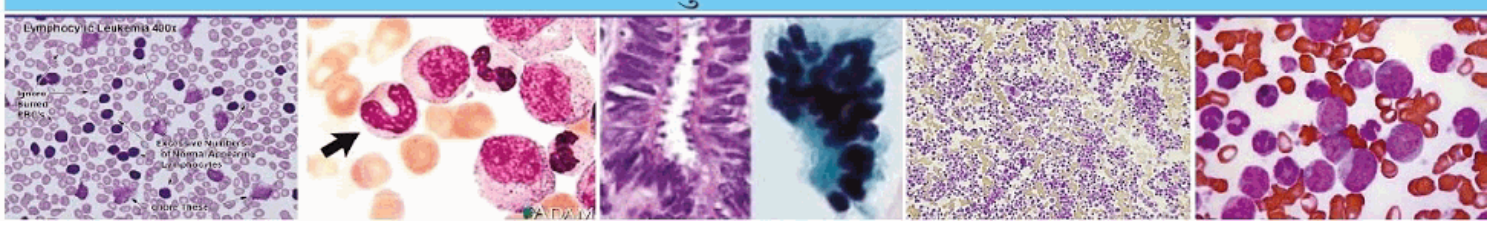

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Sample By	**:**			**Centre Name**	**: Garg Pathology Lab - TPA**
Organization	**: MEDIWHEEL**				

Investigation	Results	Units	Biological Ref-Interval
	BIOCHEMISTRY		
PLASMA SUGAR FASTING (GOD/POD method)	93.0	mg/dl	70 - 110
PLASMASUGAR P.P. (GOD/POD method)	114.0	mg/dl	80-140
BLOOD UREA (Urease method)	24.8	mg/dl	10 - 50
BLOOD UREA NITROGEN*	11.58	mg/dl	8-23
SERUM CREATININE (Enzymatic)	0.90	mg/dl	0.6-1.4

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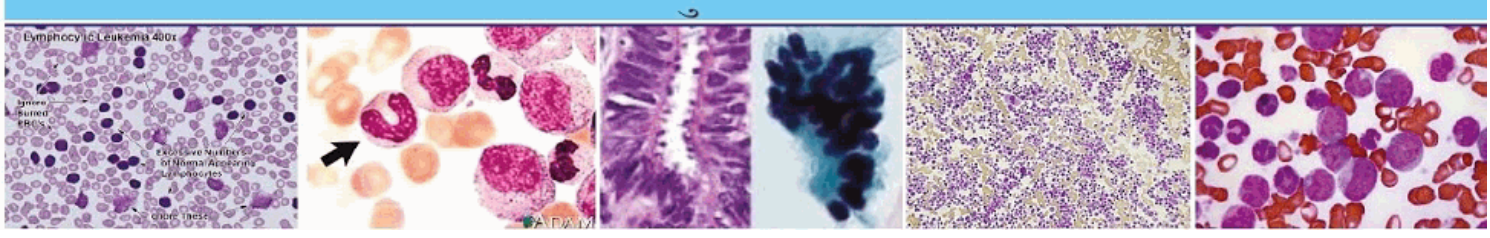

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Sample By	**:**			**Centre Name**	**: Garg Pathology Lab - TPA**
Organization	**: MEDIWHEEL**				

Investigation	Results	Units	Biological Ref-Interval
LIVER FUNCTION TEST			
SERUM BILIRUBIN			
TOTAL (Diazo)	0.7	mg/dl	0.1-1.2
DIRECT (Diazo)	0.3	mg/dl	<0.3
INDIRECT* (Calculated)	0.4	mg/dl	0.1-1.0
S.G.P.T. (IFCC method)	**44.0**	U/L	8-40
S.G.O.T. (IFCC method)	29.0	U/L	6-37
SERUM ALKALINE PHOSPHATASE (IFCC KINETIC)	**104.0**	IU/L.	37-103
SERUM PROTEINS			
TOTAL PROTEINS (Biuret)	6.9	Gm/dL.	6-8
ALBUMIN (Bromocresol green Dye)	4.3	Gm/dL.	3.5-5.0
GLOBULIN* (Calculated)	2.6	Gm/dL.	2.5-3.5
A : G RATIO* (Calculated)	1.7		1.5-2.5

* Mark not under nabl scope

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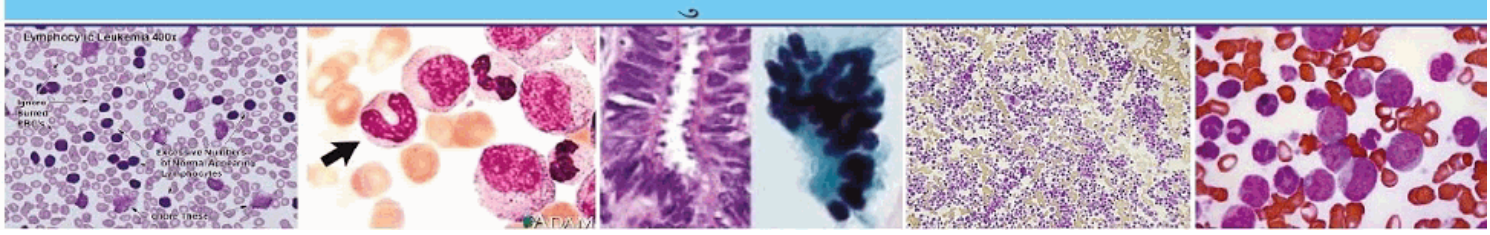

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Investigation	Results	Units	Biological Ref-Interval
LIPID PROFILE			
SERUM CHOLESTEROL (CHOD - PAP)	210.0	mg/dl	150-250
SERUM TRIGYCERIDE (GPO-PAP)	94.0	mg/dl	70-150
HDL CHOLESTEROL (PRECIPITATION METHOD)	43.0	mg/dl	30-60
VLDL CHOLESTEROL * (Calculated)	18.8	mg/dl	10-30
LDL CHOLESTEROL * (Calculated)	**148.2**	mg/dL.	0-100
LDL/HDL RATIO * (Calculated)	03.4	ratio	<3.55
CHOL/HDL CHOLESTROL RATIO* (Calculated)	4.9	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.

*** Mark not under nabl scope**

SERUM CALCIUM (Arsenazo)	9.3	mg/dl	9.2-11.0

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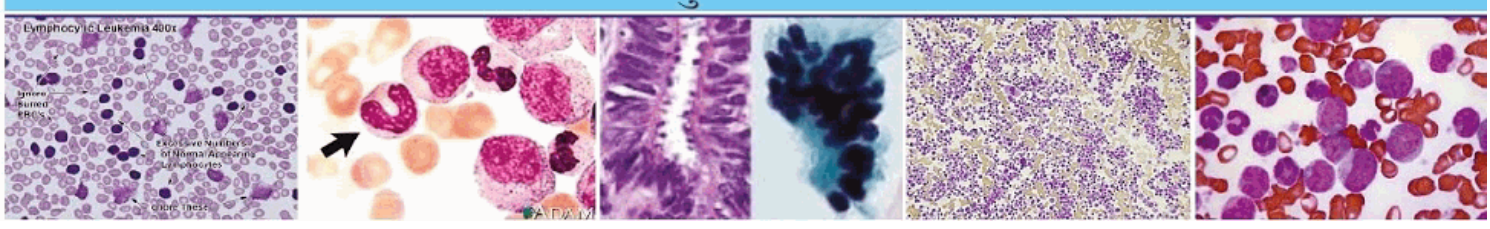

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Sample By	**:**			**Centre Name**	**: Garg Pathology Lab - TPA**
Organization	**: MEDIWHEEL**				

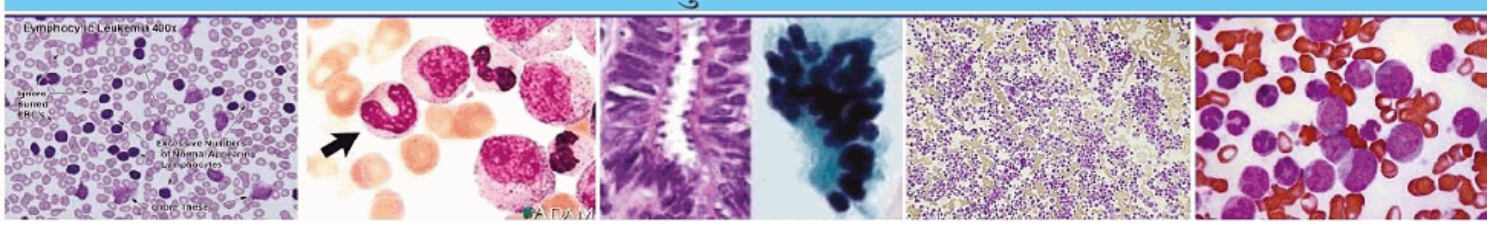
Investigation	Results	Units	Biological Ref-Interval
	-BIOCHEMISTRY-		
BLOOD UREA NITROGEN	11.50	mg/dL.	8-23
SERUM SODIUM (Na) (ISE method)	139.0	mEq/litre	135 - 155
(ISE)			
THYRIOD PROFILE			
Triiodothyronine (T3) (ECLIA)	1.474	ng/dl	0.79-1.58
Thyroxine (T4) (ECLIA)	8.965	ug/dl	4.9-11.0
THYROID STIMULATING HORMONE (TSH) (ECLIA)	1.350	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 disordes 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) (ISE method)	4.1	mEq/litre.	3.5 - 5.5

Checked By Technician:

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



Garg Pathology
MC-2983
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PUID	**: 230909605**	**C. NO:**	**605**	**Collection Time**	**: 09-Sep-2023 9:31AM**
Patient Name	**: Mrs. SAPNA VERMA 40Y / Female**			**Receiving Time**	**: 09-Sep-2023 10:33AM**
Referred By	**: Dr. BANK OF BARODA**			**Reporting Time**	**: 09-Sep-2023 12:23PM**
Sample By	**:**			**Centre Name**	**: Garg Pathology Lab - TPA**
Organization	**: MEDIWHEEL**				

Investigation	Results	Units	Biological Ref-Interval
CLINICAL PATHOLOGY			
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
Epithilial Cells	3-4	/HPF	1-3
Crystals	Nil		
Casts	Nil		
@ Special Examination			
Bile Pigments	Absent		
Blood	Nil		
Bile Salts	Absent		

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

Checked By Technician:

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(Consultant Pathologist)