

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. Sunil Kumar Age/Sex 32 / M C/o ..... Date 26/07/23

→ Both eye distance vision with glasses is normal 6/6 and near vision both eye normal N6 and both eye 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 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

(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](mailto:prakasheyehosp@gmail.com)

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

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

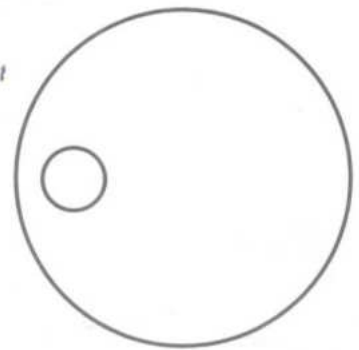
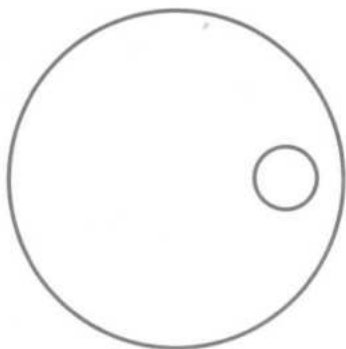
IOP  $\left\{ \begin{array}{l} R \ 16.0 \\ L \ 19.0 \end{array} \right.$

Colour vision - Normal BLE

	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance		-0.50	160	6/6		-0.25	60	6/6
Near								

Prayal

Dr. AMIT GARG  
M.B.B.S., D.N.B.  
Ophthalmology, Meerut



भारत सरकार  
Government of India

सुनील कुमार  
SUNIL KUMAR  
पिता : असमत सिंह  
Father : ASMAT SINGH  
जन्म तिथि / DOB : 06/08/1990  
पुरुष / Male

5372 7831 4143

आधार - आम आदमी का अधिकार

*Sunil*  
*26/7/23*

*For: Medical use only,*

भारत सरकार  
Unique Identification Authority of India

पता:  
240/डी, शिव लोक पुरी, कंकर खेरा,  
मेरठ कान्त, मेरठ, उत्तर प्रदेश,  
250001

Address:  
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Khera, Meerut Cantt. Meerut,  
Uttar Pradesh, 250001

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





PA



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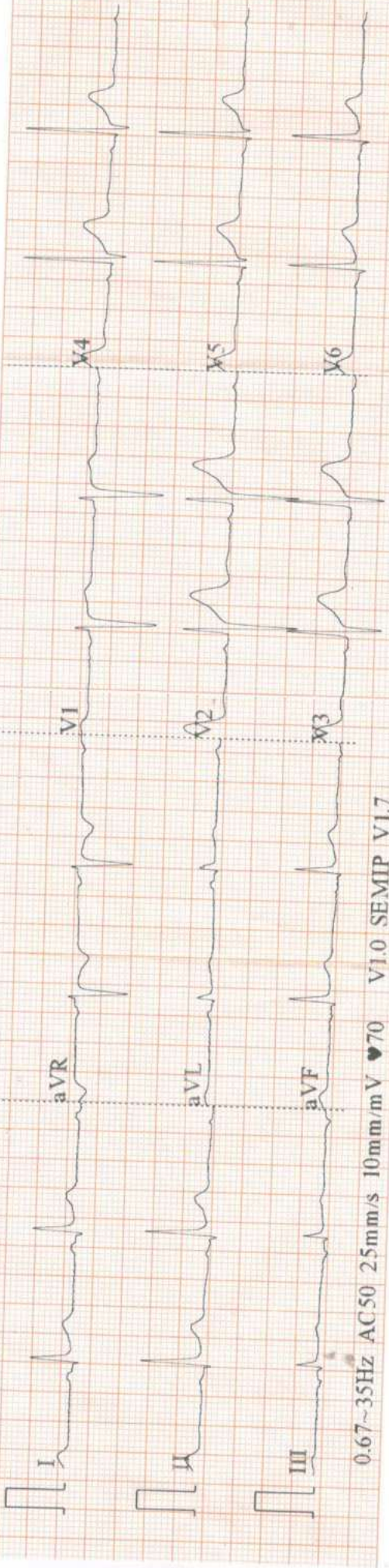
Jul 26, 2023 09:37:38  
201° S



Tejgarh  
Maerur Division  
Uttar Pradesh  
Altitude: 190.0m  
Index number: 122




ID: 936 26-07-2023 09:54:35



0.67~35Hz AC50 25mm/s 10mm/mV ♥70 V1.0 SEMIP V1.7

ID: 936	Diagnosis Information:	
Male	Sinus Rhythm	
32Years	***Normal ECG***	
cm		kPa
		kg
HR		67 bpm
P		85 ms
PR		127 ms
QRS		84 ms
QT/QTc		365/386 ms
P/QRS/T		1/49/47 °
RV5/SV1		1.503/1.136 mV

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

  
 26/7/23 9:58 AM  
 Report Confirmed by:



Quality is our Aim

# 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

PATIENT NAME : MR. SUNIL KUMAR      AGE : 32 Yrs    SEX: M  
REF. BY : DR. MONIKA GARG MD      DATE : 26/07/2023

## 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)**

Facilities :

• ULTRASOUND • COLOUR DOPPLER • 3D & 4D ULTRASOUND • DIGITAL X-RAY

Please correlate clinically

**Note:** Impression is a Professional Opinion & not a Diagnosis, All Modern Machines/Procedures have their limitation. If there is variance clinically this examination may be repeated or reevaluated by other investigations. Typing errors sometimes are inevitable.  
**Not for Medico Legal Purposes.** Patient's Identity cannot be verified.





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Mob.: 7055144440, 7668437889 | E-mail: drtiwarisaurabh16@gmail.com

Patient's Name	MR. SUNIL KUMAR	Age/Sex	32 Y / M
Clinician I/C	DR. MONIKA GARG MD	Date	26/07/2023

## ULTRASOUND WHOLE ABDOMEN

**LIVER:** Is mildly enlarged in size measuring 15.7 cm and shows Fatty infiltration . 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 smoothly tapering towards its lower end.

**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 x 4.4 cm L K – 10.8 x 3.9 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 seen of both side .

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

**PROSTATE:** is normal in size and normal in shape and echotexture.

No evidence of retroperitoneal lymphadenopathy.

No ascites noted

## IMPRESSION:

- Mild Hepatomegaly
- Fatty infiltration of liver (Grade II)
- Bowel loops are gas filled

Please correlate clinically.

  
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MBBS, MD( Radiology )

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Please correlate clinically

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## CARDIOLOGY

### ECHOCARDIOGRAM REPORT

NAME :Mr. Sunil Kumar      AGE/SEX :32yrs/M      ECHO NO. :164532

REFERRING DIAGNOSIS : To rule out structural heart disease      DATE 26/07/2023

Echogenecity : Adequate

DIMENSIONS	NORMAL	NORMAL
AO (ed)	2.9 cm (2.1 - 3.7cm)	IVS (ed) 1.1 cm (0.6 - 1.2 cm)
LA (es)	3.0 cm (2.1 - 3.7 cm)	LVPW (ed) 1.1 cm (0.6 - 1.2 cm)
RVID(ed)	2.1 cm (1.1 - 2.5 cm)	EF 68% (62% - 85%)
LVID(ed)	3.9 cm (3.6 - 5.2 cm)	FS 38% (28% - 42%)
LVID(es)	2.7 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 68%.

## **COLOR FLOW MAPPING :**

No valvular regurgitation.

## **DOPPLER STUDIES :**

**MVIS** E > A

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

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

## **IMPRESSION :**

1. LV normal in size with normal systolic function (LVEF = 68%).
2. No LV regional wall motion abnormality.
3. RV normal in size with adequate systolic function.
4. Normal valves and pericardium.

Done By : *Varad* 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.



# 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** : 230726/603 **C. NO:** 603 **Collection Time** : 26-Jul-2023 9:37AM  
**Patient Name** : Mr. SUNIL KUMAR 32Y / Male **Receiving Time** : 26-Jul-2023 10:12AM  
**Referred By** : Dr. BANK OF BARODA **Reporting Time** : 26-Jul-2023 12:38PM  
**Sample By** : **Centre Name** : Garg Pathology Lab - TPA  
**Organization** : MEDIWHEEL



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

### COMPLETE BLOOD COUNT

HAEMOGLOBIN (Colorimetry)	16.4	gm/dl	13.0-17.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	9070	*10 <sup>6</sup> /L	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	69	%.	40-80
Lymphocytes	23	%.	20-40
Eosinophils	04	%.	1-6
Monocytes	04	%.	2-10
Basophils	00	%.	<1-2
Band cells	00	%	0-5
Absolute neutrophil count	6.26	x 10 <sup>9</sup> /L	2.0-7.0(40-80%)
Absolute lymphocyte count	2.09	x 10 <sup>9</sup> /L	1.0-3.0(20-40%)
Absolute eosinophil count	0.36	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)	5.33	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	47.0	%	26-50
MCV (Calculated)	88.2	fL	80-94
MCH (Calculated)	30.8	pg	27-32
MCHC (Calculated)	34.9	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)	45.1	fL	37-54
RDW-CV (Calculated)	12.4	%	11.5 - 14.5
Platelet Count (Electric Impedence)	1.85	/Cumm	1.50-4.50
MPV (Calculated)	<b>11.8</b>	%	7.5-11.5
NLR 6-9 Mild stres 7-9 Pathological cause	3.00		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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24 घंटे सुविधा उपलब्ध है।







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<b>GLYCATED HAEMOGLOBIN (HbA1c)*</b>	6.2	%	4.3-6.3
ESTIMATED AVERAGE GLUCOSE	131.2	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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<b>Referred By</b>	: Dr. BANK OF BARODA	<b>Reporting Time</b>		: 27-Jul-2023 11:55AM	
<b>Sample By</b>	:	<b>Centre Name</b>		: Garg Pathology Lab - TPA	
<b>Organization</b>	: MEDIWHEEL				



Investigation	Results	Units	Biological Ref-Interval
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## BIOCHEMISTRY (FLORIDE)

PLASMA SUGAR FASTING (GOD/POD method)	<b>120.0</b>	mg/dl	70 - 110
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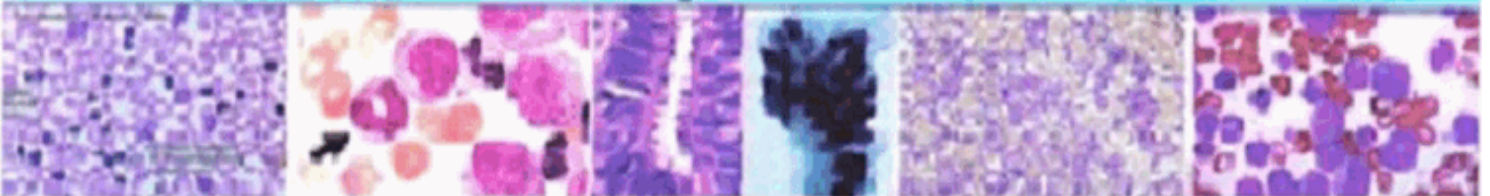


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### BIOCHEMISTRY (SERUM)

<b>BLOOD UREA</b> (Urease method)	25.0	mg/dl	10 - 50
<b>BLOOD UREA NITROGEN*</b>	11.68	mg/dl	8-23
<b>SERUM CREATININE</b> (Enzymatic)	0.9	mg/dl	0.6-1.4
<b>BLOOD UREA NITROGEN</b>	11.68	mg/dL.	8-23



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Page 5 of 10

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## LIVER FUNCTION TEST

### SERUM BILIRUBIN

TOTAL (Diazo)	1.0	mg/dl	0.1-1.2
DIRECT (Diazo)	<b>0.4</b>	mg/dl	<0.3
INDIRECT (Calculated)	0.6	mg/dl	0.1-1.0
S.G.P.T. (IFCC method)	<b>72.0</b>	U/L	8-40
S.G.O.T. (IFCC method)	<b>51.0</b>	U/L	6-37
SERUM ALKALINE PHOSPHATASE (IFCC KINETIC)	101.0	IU/L.	50-126
<b>SERUM PROTEINS</b>			
TOTAL PROTEINS (Biuret)	7.5	Gm/dL.	6-8
ALBUMIN (Bromocresol green Dye)	4.1	Gm/dL.	3.5-5.0
GLOBULIN (Calculated)	3.4	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	<b>1.2</b>		1.5-2.5



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<b>Organization</b> : MEDIWHEEL		



Investigation	Results	Units	Biological Ref-Interval
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<b>PSA*</b>	0.854	ng/ml
-------------	-------	-------

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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St. Stephan's Hospital, Delhi

**PUID** : 230726/603 **C. NO:** 603 **Collection Time** : 26-Jul-2023 9:37AM  
**Patient Name** : Mr. SUNIL KUMAR 32Y / Male **Receiving Time** : 26-Jul-2023 10:12AM  
**Referred By** : Dr. BANK OF BARODA **Reporting Time** : 26-Jul-2023 1:00PM  
**Sample By** : **Centre Name** : Garg Pathology Lab - TPA  
**Organization** : MEDIWHEEL



Investigation	Results	Units	Biological Ref-Interval
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## LIPID PROFILE

SERUM CHOLESTEROL (CHOD - PAP)	210.0	mg/dl	150-250
SERUM TRIGYCERIDE (GPO-PAP)	<b>188.0</b>	mg/dl	70-150
HDL CHOLESTEROL * (PRECIPITATION METHOD)	43.0	mg/dl	30-60
VLDL CHOLESTEROL * (Calculated)	<b>37.6</b>	mg/dl	10-30
LDL CHOLESTEROL * (Calculated)	<b>129.4</b>	mg/dL.	0-100
LDL/HDL RATIO * (Calculated)	03.0	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.

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



\*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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

२१ 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** : 230726/603 **C. NO:** 603 **Collection Time** : 26-Jul-2023 9:37AM  
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### 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)	2.832	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)	4.1	mEq/litre.	3.5 - 5.5
SERUM CALCIUM (Arsenazo)	9.8	mg/dl	9.2-11.0



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**Patient Name** : Mr. SUNIL KUMAR 32Y / Male      **Receiving Time** : 26-Jul-2023 10:12AM  
**Referred By** : Dr. BANK OF BARODA      **Reporting Time** : 27-Jul-2023 8:57AM  
**Sample By** :      **Centre Name** : Garg Pathology Lab - TPA  
**Organization** : MEDIWHEEL



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	1.010		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 }-----



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