

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

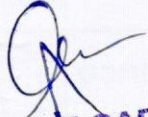
& Medical Retina Specialist

Ex. Micro Phaco Surgeon

Venu Eye Institute & Research Centre, New Delhi

Name Amit Kumar Age/Sex 34 / M C/o ..... Date 26/Nov/22

*routine check up.*

  
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

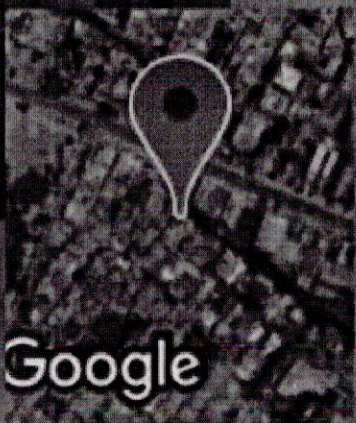
Timings Morning : 9:30 am to 1:30 pm.  
Evening : 5:00 pm to 7:00 pm.  
Sunday : 9:30 am to 1:30 pm.  
Near Nai Sarak, Garh Road, Meerut  
E-mail : [prakasheyehosp@gmail.com](mailto:prakasheyehosp@gmail.com)

PATHOLOGY  
LAB

GARG PATHOLOGY

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

GPS Map Camera



Google

Meerut, Uttar Pradesh, India

XP8J+FHH, Sector 3, Tejgarhi, Meerut, Uttar  
Pradesh 250001, India

Lat 28.966226°

Long 77.73142°

26/11/22 10:05 AM GMT +05:30

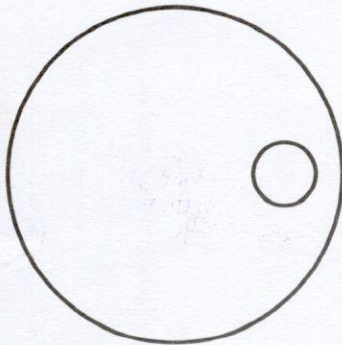
Vn  $\left\{ \begin{array}{l} R \ 6/36 \\ L \ 6/18 \end{array} \right.$   
0.4

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

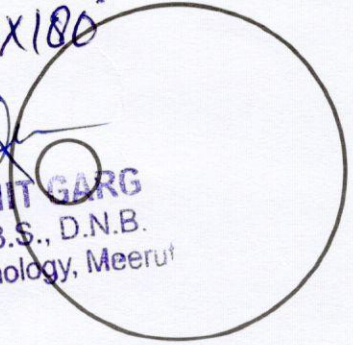
IOP  $\left\{ \begin{array}{l} R \ 17 \\ L \ 16 \end{array} \right.$  mmHg

	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance	-1.75	-1.25	170	6/6	-1.00	-1.00	180	6/6
Near	No				No			

RA  $\left\{ \begin{array}{l} -1.75 / -1.25 \times 170 \\ -1.00 / -1.00 \times 180 \end{array} \right.$  Color Uu  $\left\{ \begin{array}{l} \text{NORMAL} \\ \text{NORMAL} \end{array} \right.$



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भारत सरकार  
Government of India

जोधर

अमित कुमार  
Amit Kumar  
जन्म तिथि / DOB : 08/09/1988  
पुरुष / MALE

Issue Date: 12/11/2014

5897 3158 4125

मेरा आधार, मेरी पहचान

Amit Kumar

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

भारत सरकार  
Unique Identification Authority of India

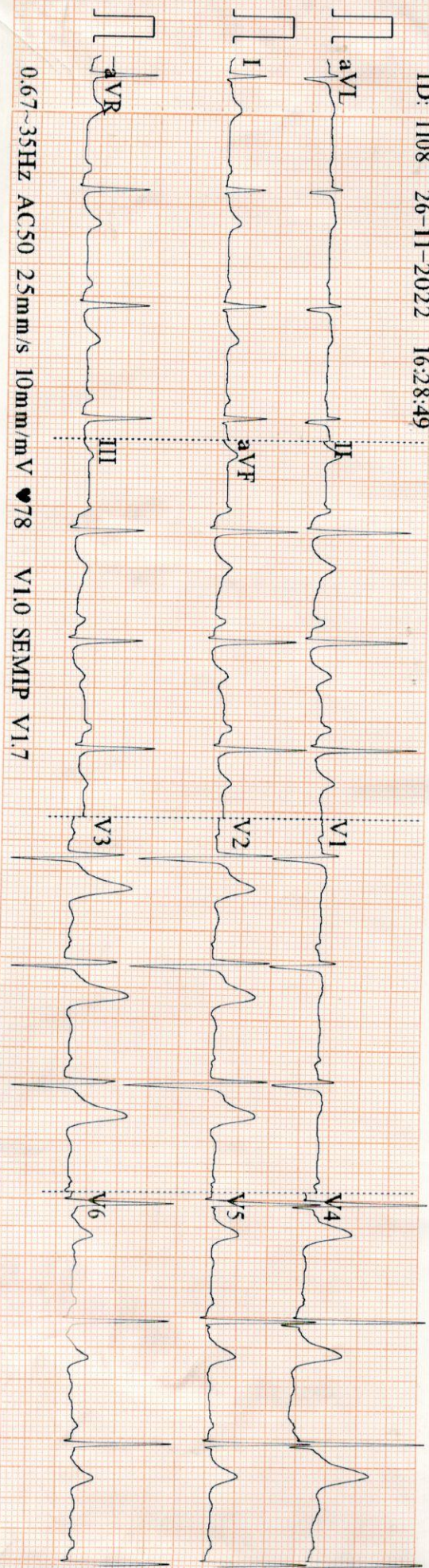
पता: S/O: ओमप्रकाश सिंह, ई/203/556,  
रामनगर, मेरठ कैंट, मेरठ, मेरठ, उत्तर प्रदेश,  
250001  
Address: S/O: Omparkash Singh, E/203/556,  
RAMNAGAR, MEERUT CANTT, Meerut,  
Meerut, Uttar Pradesh, 250001

Print Date: 21/12/2020

5897 3158 4125

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

ID: 1108 26-11-2022 16:28:49



ID: 1108

Male  
34Years  
cm

kg

kPa

Diagnosis Information:

Sinus Rhythm  
\*\*\*\*Normal ECG\*\*\*\*

HR	: 79	bpm
P	: 102	ms
PR	: 151	ms
QRS	: 80	ms
QT/QTc	: 346/398	ms
P/ORS/T	: 72/71/50	°
RV5/SV1	: 1.730/0.750	mV

Report Confirmed by:

*Amit Kumar*  
AMIT KUMAR

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



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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** : 221126/607 **C. NO:** 607 **Collection Time** : 26-Nov-2022 9:51AM  
**Patient Name** : Mr. AMIT KUMAR 34Y / Male **Receiving Time** : 26-Nov-2022 10:07AM  
**Referred By** : Dr. BANK OF BARODA **Reporting Time** : 26-Nov-2022 11:35AM  
**Sample By** : **Centre Name** : Garg Pathology Lab - TPA  
**Organization** :



Investigation	Results	Units	Biological Ref-Interval
---------------	---------	-------	-------------------------

## HAEMATOLOGY (EDTA WHOLE BLOOD)

### COMPLETE BLOOD COUNT

<b>HAEMOGLOBIN</b> (Colorimetry)	13.5	gm/dl	13.0-17.0
<b>TOTAL LEUCOCYTE COUNT</b> (Electric Impedence)	5360	*10 <sup>6</sup> /L	4000 - 11000
<b>DIFFERENTIAL LEUCOCYTE COUNT</b> (Microscopy)			
<b>Neutrophils</b>	60	%.	40-80
<b>Lymphocytes</b>	37	%.	20-40
<b>Eosinophils</b>	02	%.	1-6
<b>Monocytes</b>	<b>01</b>	%.	2-10
<b>Absolute neutrophil count</b>	3.22	x 10 <sup>9</sup> /L	2.0-7.0(40-80%)
<b>Absolute lymphocyte count</b>	1.98	x 10 <sup>9</sup> /L	1.0-3.0(20-40%)
<b>Absolute eosinophil count</b>	0.11	x 10 <sup>9</sup> /L	0.02-0.5(1-6%)

Method:-((EDTA Whole blood,Automa

**ESR (Automated Wsetergren`s)** 08 mm/1st hr 0.0 - 10.0

### RBC Indices

<b>TOTAL R.B.C. COUNT</b> (Electric Impedence)	4.88	Million/Cumm	4.5 - 6.5
<b>Haematocrit Value (P.C.V.)</b>	42.9	%	26-50
<b>MCV</b> (Calculated)	87.9	fL	80-94
<b>MCH</b> (Calculated)	27.7	pg	27-32
<b>MCHC</b> (Calculated)	31.5	g/dl	30-35
<b>RDW-SD</b>	47.1	fL	37-54



\*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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

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(Calculated)

<b>RDW-CV</b>	13.0	%	11.5 - 14.5
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(Calculated)

<b>Platelet Count</b>	<b>1.00</b>	/Cumm	1.50-4.50
-----------------------	-------------	-------	-----------

(Electric Impedence)

**Platelet count on smear is ~ 1.35 lacs/cumm.**

<b>MPV</b>	<b>12.7</b>	%	7.5-11.5
------------	-------------	---	----------

(Calculated)

<b>NLR</b>	1.62		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.

<b>BLOOD GROUP *</b>	"AB" POSITIVE	\$	\$
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<b>GLYCATED HAEMOGLOBIN (HbA1c)*</b>	5.1	%	4.3-6.3
ESTIMATED AVERAGE GLUCOSE	99.7	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)

<b>PLASMA SUGAR FASTING</b> (GOD/POD method)	97.0	mg/dl	70 - 110
<b>PLASMASUGAR P.P.</b> (GOD/POD method)	120.0	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>	6.9	mg/dL.	3.6-7.7
<b>BLOOD UREA NITROGEN</b>	13.20	mg/dL.	8-23



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## LIVER FUNCTION TEST

### SERUM BILIRUBIN

**TOTAL** 0.8 mg/dl 0.1-1.2  
(Diazo)

**DIRECT** 0.3 mg/dl <0.3  
(Diazo)

**INDIRECT** 0.5 mg/dl 0.1-1.0  
(Calculated)

**S.G.P.T.** 16.0 U/L 8-40  
(IFCC method)

**S.G.O.T.** 20.0 U/L 6-37  
(IFCC method)

**SERUM ALKALINE PHOSPHATASE** 95.0 IU/L 50-126  
(IFCC KINETIC)

### SERUM PROTEINS

**TOTAL PROTEINS** 7.5 Gm/dL 6-8  
(Biuret)

**ALBUMIN** 4.2 Gm/dL 3.5-5.0  
(Bromocresol green Dye)

**GLOBULIN** 3.3 Gm/dL 2.5-3.5  
(Calculated)

**A : G RATIO** 1.3 1.5-2.5  
(Calculated)



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<b>PSA*</b>	0.3	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

<b>SERUM CHOLESTEROL</b> (CHOD - PAP)	<b>140.0</b>	mg/dl	150-250
<b>SERUM TRIGYCEIDE</b> (GPO-PAP)	86.0	mg/dl	70-150
<b>HDL CHOLESTEROL *</b> (PRECIPITATION METHOD)	41.2	mg/dl	30-60
<b>VLDL CHOLESTEROL *</b> (Calculated)	17.2	mg/dl	10-30
<b>LDL CHOLESTEROL *</b> (Calculated)	81.6	mg/dL.	0-100
<b>LDL/HDL RATIO *</b> (Calculated)	02.0	ratio	<3.55
<b>CHOL/HDL CHOLESTROL RATIO*</b> (Calculated)	<b>3.4</b>	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)	139.0	mEq/litre	135 - 155
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### THYROID PROFILE\*

**Triiodothyronine (T3) \*** 1.421 ng/dl 0.79-1.58  
(ECLIA)

**Thyroxine (T4) \*** 8.961 ug/dl 4.9-11.0  
(ECLIA)

**THYROID STIMULATING HORMONE (T)** 5.926 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** 9.5 mg/dl 9.2-11.0  
(Arsenazo)



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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

<b>PUID</b> : 221126/607	<b>C. NO:</b> 607	<b>Collection Time</b> : 26-Nov-2022 9:51AM
<b>Patient Name</b> : Mr. AMIT KUMAR 34Y / Male		<b>Receiving Time</b> : 26-Nov-2022 10:07AM
<b>Referred By</b> : Dr. BANK OF BARODA		<b>Reporting Time</b> : 26-Nov-2022 12:00PM
<b>Sample By</b> :		<b>Centre Name</b> : Garg Pathology Lab - TPA
<b>Organization</b> :		

Investigation	Results	Units	Biological Ref-Interval
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## URINE

### PHYSICAL EXAMINATION

<b>Volume</b>	20	ml	
<b>Colour</b>	Pale Yellow		
<b>Appearance</b>	Clear		Clear
<b>Specific Gravity</b>	1.015		1.000-1.030
<b>PH ( Reaction )</b>	Acidic		

### BIOCHEMICAL EXAMINATION

<b>Protein</b>	Nil		Nil
<b>Sugar</b>	Nil		Nil

### MICROSCOPIC EXAMINATION

<b>Red Blood Cells</b>	Nil	/HPF	Nil
<b>Pus cells</b>	1-2	/HPF	0-2
<b>Epithelial Cells</b>	2-3	/HPF	1-3
<b>Crystals</b>	Nil		
<b>Casts</b>	Nil		
<b>@ Special Examination</b>			
<b>Bile Pigments</b>	Absent		
<b>Blood</b>	Nil		
<b>Bile Salts</b>	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।

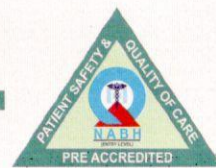




सर्वे सन्तु निरुपमयाः  
Freedom from all Sickness

# LOKPRIYA HOSPITAL

SAMRAT PALACE, GARH ROAD, MEERUT - 250003



## DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE : 26.11.2022 REFERENCE NO. : -----  
 PATIENT NAME : AMIT KUMAR AGE/SEX : 34YRS/M  
 REFERRED BY : DR .MONIKA GARG ECHOGENECITY : NORMAL  
 REFERRING DIAGNOSIS : To rule out structural heart disease.

### **ECHOCARDIOGRAPHY REPORT**

DIMENSIONS	NORMAL	NORMAL
AO (ed) 1.8 cm	(2.1 - 3.7 cm)	IVS (ed) 0.8 cm (0.6 - 1.2 cm)
LA (es) 2.9 cm	(2.1 - 3.7 cm)	LVPW (ed) 0.8 cm (0.6 - 1.2 cm)
RVID (ed) 1.1 cm	(1.1 - 2.5 cm)	EF 60% (62% - 85%)
LVID (ed) 3.6 cm	(3.6 - 5.2 cm)	FS 30% (28% - 42%)
LVID (es) 2.5 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 :

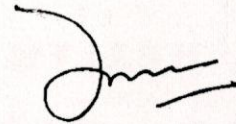
LV normal in size with normal contractions. No LV regional wall motion abnormality seen. RV normal in size with adequate contractions. LA and RA normal. All cardiac valves are structurally normal. No chamber hypertrophy/intracardiac mass. Estimated LV ejection fraction is 60%.

## DOPPLER STUDIES :

Valve	Regurgitation	Velocity m/sec	Gradient mmHg
Mitral Valve	No	0.90	3.0
Tricuspid Valve	No	0.86	2.6
Pulmonary Valve	No	0.79	2.3
Aortic Valve	No	0.69	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.	3634		
PATIENT NAME	AMIT KUMAR	AGE	34YRS	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 (16g) & echotexture.

### 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.	12291		
PATIENT NAME	AMIT KUMAR	AGE	34 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

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