

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 Mrs. Swati Goyal Age/Sex 30 / F C/o Date 26/Dec/22


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



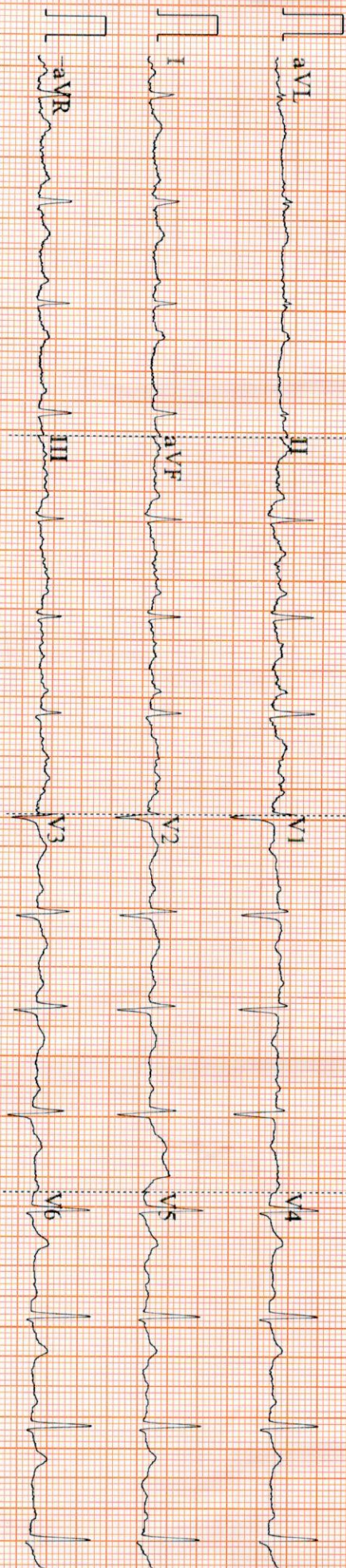
Website: www.prakasheyehospital.in
Facebook: <http://www.prakasheyehospital.in>

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: 161 26-12-2022 10:07:59

0.67~35Hz, AC50, 25mm/s, 10mm/mV, 95 V1.0 SEMIP V1.7



ID: 161

Female
30 Years
cm

kg

KPa

Diagnosis Information:

Sinus Rhythm
Normal ECG

Sueth

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

HR	88	bpm
P	113	ms
PR	179	ms
QRS	86	ms
QT/QTc	348/422	ms
P/ORS/T	63/37/38	°
RV5/SV1	0.95/2.06	mV

Report Confirmed by:



सत्यमेव जयते
भारत सरकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नामांकन क्रम / Enrollment No.: 0656/35482/01998

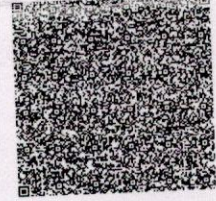
To
स्वाति गोयल
Swati Goyal
D/O: Narendra Kumar Goyal
225/9
INDIRA NAGAR II meeur
kabari Bazar
Meerut Meerut
Uttar Pradesh 250002
7618195570

07/03/2014
141543214



ME415432140FH

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GARG PATHOLOGY



आपका आधार क्रमांक / Your Aadhaar No. :

3291 1159 9482

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



स्वाति गोयल
Swati Goyal
जन्म तिथि / DOB : 02/11/1992
महिला / Female



3291 1159 9482

मेरा आधार, मेरी पहचान

Swati

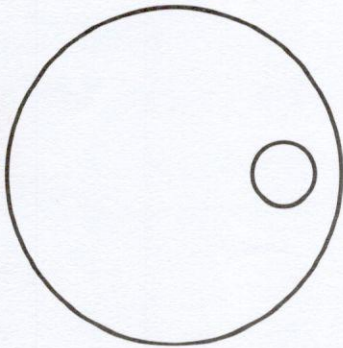
Vn
 R 6/12
 L 6/9
 V.A

PH
 R 6/6
 L 6/6

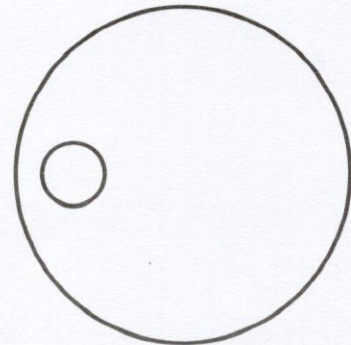
IOP
 R 14
 L 15
 mostly

	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance	+1.00	—	—	6/6	0.50	0.50	180	6/6
Near	—	—	—	No	—	—	—	N/6

Color Vn - (OU) Normal



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





PATHOLOGY
LAB

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



26-Dec-2022 9:35:27 am

Tejgarhi
Meerut

Uttar Pradesh

DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE : 26/12/2022 REFERENCE NO. : 60801
 PATIENT NAME : SWATI GOYAL AGE/SEX : 30 YRS/F
 REFERRED BY : DR. MONIKA GARG ECHOGENECITY : NORMAL
 REFERRING DIAGNOSIS : To rule out structural heart disease.

ECHOCARDIOGRAPHY REPORT

DIMENSIONS	NORMAL	NORMAL
AO (ed) 2.0 cm	(2.1 - 3.7 cm)	IVS (ed) 0.8 cm (0.6 - 1.2 cm)
LA (es) 2.5 cm	(2.1 - 3.7 cm)	LVPW (ed) 0.8 cm (0.6 - 1.2 cm)
RVID (ed) 1.2 cm	(1.1 - 2.5 cm)	EF 60% (62% - 85%)
LVID (ed) 3.9 cm	(3.6 - 5.2 cm)	FS 30% (28% - 42%)
LVID (es) 2.7 cm	(2.3 - 3.9 cm)	

MORPHOLOGICAL DATA :

Mitral Valve: AML : Normal

PML : Normal

Aortic Valve : Normal

Tricuspid Valve : Normal

Pulmonary Valve : Normal

Right Ventricle : Normal

Left Ventricle : Normal

Interatrial septum : Intact

Interventricular Septum : Intact

Pulmonary Artery : Normal

Aorta : Normal

Right Atrium : Normal

Left Atrium : Normal

Cont. Page No. 2

:: 2 ::

2-D ECHOCARDIOGRAPHY FINDINGS :

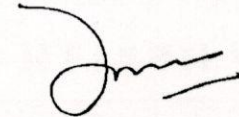
LV normal in size with normal contractions. No LV regional wall motion abnormality seen. RV normal in size with adequate contractions. LA and RA normal. All cardiac valves are structurally normal. No chamber hypertrophy/ intracardiac mass. Estimated LV ejection fraction is 60%.

DOPPLER STUDIES :

Valve	Regurgitation	Velocity m/sec	Gradient mmHg
Mitral Valve	Trace	0.82	2.6
Tricuspid Valve	No	0.87	2.9
Pulmonary Valve	No	0.75	2.1
Aortic Valve	No	0.94	3.3

IMPRESSION :

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



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	26.12.2022	REF. NO.	4048		
PATIENT NAME	SWATI	AGE	30YRS	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 - Post cholecystectomy status.

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 (70 x 40 x 51) mm, shape & normal in echotexture. Endometrium appears normal and measures (3.4) mm. Myometrium appears normal.

Ovaries and adnexa are unremarkable.

IMPRESSION

Essentially normal study

ADV - TVS TO RULE OUT ANY PCOD.

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.

DATE	26.12.2022	REF. NO.	13622		
PATIENT NAME	SWATI GOYAL	AGE	30 YRS	SEX	F
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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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
P.s. 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**



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ISO 9001:2008
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Ph.: 0121-2600454, 8979608687, 9837772828

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

PUID : 221226/604 **C. NO:** 604 **Collection Time** : 26-Dec-2022 10:05AM
Patient Name : Mrs. SWATI GOYAL 30Y / Female **Receiving Time** : 26-Dec-2022 10:11AM
Referred By : Dr. BANK OF BARODA **Reporting Time** : 26-Dec-2022 11:10AM
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)	12.3	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	7310	*10 ⁶ /L	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	55	%.	40-80
Lymphocytes	38	%.	20-40
Eosinophils	02	%.	1-6
Monocytes	05	%.	2-10
Basophils	00	%.	<1-2
Band cells	00	%	0-5
Absolute neutrophil count	4.02	x 10 ⁹ /L	2.0-7.0(40-80%)
Absolute lymphocyte count	2.78	x 10 ⁹ /L	1.0-3.0(20-40%)
Absolute eosinophil count	0.15	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 - 15.0
RBC Indices			
TOTAL R.B.C. COUNT (Electric Impedence)	4.39	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	38.5	%	26-50
MCV	87.7	fL	80-94



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

Page 1 of 10

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Investigation	Results	Units	Biological Ref-Interval
(Calculated)			
MCH	28.0	pg	27-32
(Calculated)			
MCHC	31.9	g/dl	30-35
(Calculated)			
RDW-SD	45.9	fL	37-54
(Calculated)			
RDW-CV	12.7	%	11.5 - 14.5
(Calculated)			
Platelet Count	2.17	/Cumm	1.50-4.50
(Electric Impedence)			
MPV	10.0	%	7.5-11.5
(Calculated)			
NLR	1.45		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 \$ \$



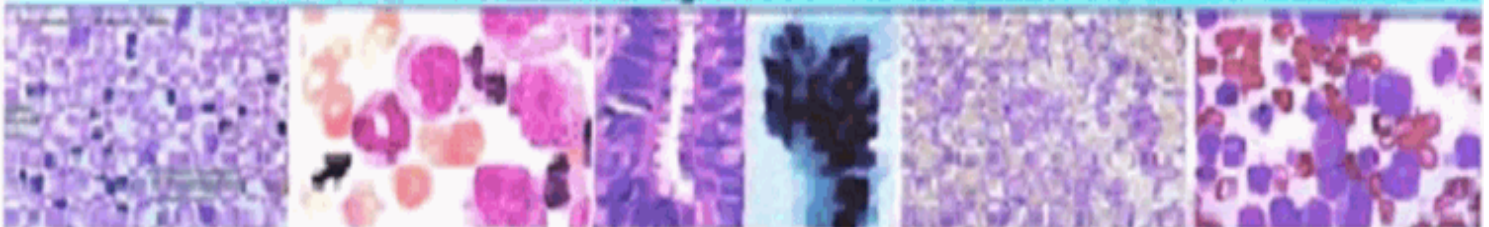
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Investigation	Results	Units	Biological Ref-Interval
GLYCATED HAEMOGLOBIN (HbA1c)*	5.1	%	4.3-6.3
ESTIMATED AVERAGE GLUCOSE	99.7	mg/dl	

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)

PLASMA SUGAR FASTING (GOD/POD method)	90.0	mg/dl	70 - 110
PLASMASUGAR P.P. (GOD/POD method)	108.0	mg/dl	80-140



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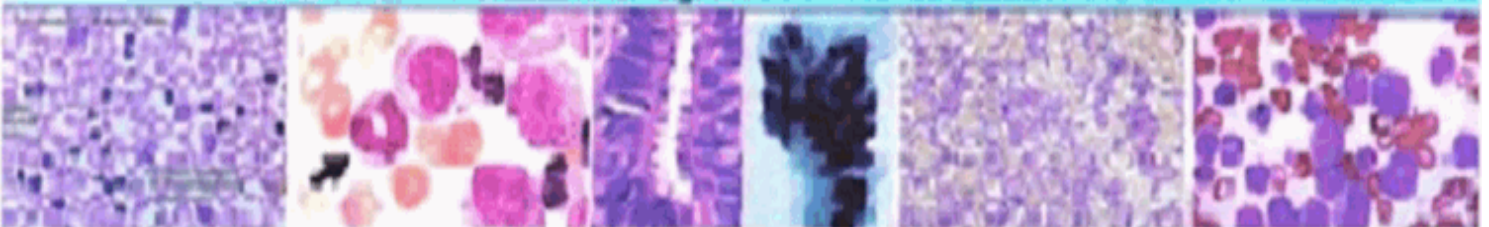
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BIOCHEMISTRY (SERUM)

SERUM CREATININE (Enzymatic)	0.6	mg/dl	0.6-1.4
URIC ACID	5.0	mg/dL.	2.5-6.8
BLOOD UREA NITROGEN	12.00	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)	26.0	U/L	8-40
S.G.O.T. (IFCC method)	22.0	U/L	6-37
SERUM ALKALINE PHOSPHATASE (IFCC KINETIC)	76.0	IU/L.	37-103
SERUM PROTEINS			
TOTAL PROTEINS (Biuret)	6.4	Gm/dL.	6-8
ALBUMIN (Bromocresol green Dye)	3.2	Gm/dL.	3.5-5.0
GLOBULIN (Calculated)	3.2	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	1.0		1.5-2.5



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LIPID PROFILE

SERUM CHOLESTEROL (CHOD - PAP)	176.0	mg/dl	150-250
SERUM TRIGLYCERIDE (GPO-PAP)	142.0	mg/dl	70-150
HDL CHOLESTEROL * (PRECIPITATION METHOD)	41.0	mg/dl	30-60
VLDL CHOLESTEROL * (Calculated)	28.4	mg/dl	10-30
LDL CHOLESTEROL * (Calculated)	106.6	mg/dL.	0-100
LDL/HDL RATIO * (Calculated)	02.6	ratio	<3.55
CHOL/HDL CHOLESTROL RATIO* (Calculated)	4.3	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.



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Organization : 

Investigation	Results	Units	Biological Ref-Interval
SERUM SODIUM (Na) * (ISE method) (ISE)	141.0	mEq/litre	135 - 155
THYRIOD PROFILE*			
Triiodothyronine (T3) * (ECLIA)	1.232	ng/dl	0.79-1.58
Thyroxine (T4) * (ECLIA)	8.320	ug/dl	4.9-11.0
THYROID STIMULATING HORMONE (TSH) (ECLIA)	3.063	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)	3.8	mEq/litre.	3.5 - 5.5
SERUM CALCIUM (Arsenazo)	9.5	mg/dl	9.2-11.0



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

Page 8 of 10

Medha Jain

Dr. Medha Jain
MBBS, MD(Path)
(Consultant Pathologist)

Dr. Monika Garg
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२१ वंदे सुविधा उपलब्ध है।






Garg Pathology

DR. MONIKA GARG
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Former Pathologist :
St. Stephan's Hospital, Delhi

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

PUID : 221226/604	C. NO: 604	Collection Time : 26-Dec-2022 10:05AM
Patient Name : Mrs. SWATI GOYAL 30Y / Female		Receiving Time : 26-Dec-2022 10:11AM
Referred By : Dr. BANK OF BARODA		Reporting Time : 26-Dec-2022 5:33PM
Sample By :		Centre Name : Garg Pathology Lab - TPA
Organization :		

Investigation	Results	Units	Biological Ref-Interval
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CYTOLOGY EXAMINATION

Microscopic:

SITE OF SMEAR: ECTOCERVIX AND POSTERIOR FORNIX OF VAGINA
METHOD OF EVALUATION: BETHSEDA SYSTEM
EVALUATION OF SMEAR : SATISFACTORY REPORT:
CELLULAR SPREAD SHOWS DESQUAMATED EPITHELIAL CELLS PREDOMINANTLY SUPERFICIAL AND INTERMEDIATE CELLS. FEW ENDOCERVICAL CELLS SHOWING REACTIVE CHANGES ARE SEEN. BACKGROUND SHOWS MILD INFLAMMATORY REACTION. THERE IS SHIFT IN VAGINAL FLORA. LACTOBACILLI ARE REDUCED. ANY DYSKARYOTIC CELL IS NOT SEEN. ANY BUDDING SPORES OR TROPHOZOITE IS NOT SEEN. INFERENCE: NEGATIVE FOR INTRAEPITHELIAL, LESSION OR MALIGNANCY
INFLAMMATORY SMEARS

NOTE: This test has its own limitations. Please interpret the findings in light of clinical picture. not for medicolegal use
Inflammatory smear with endocervicitis.

Impression:



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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24 घंटे सुविधा उपलब्ध है।






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PUID : 221226/604	C. NO: 604	Collection Time : 26-Dec-2022 10:05AM
Patient Name : Mrs. SWATI GOYAL 30Y / Female		Receiving Time : 26-Dec-2022 10:11AM
Referred By : Dr. BANK OF BARODA		Reporting Time : 26-Dec-2022 12:18PM
Sample By :		Centre Name : Garg Pathology Lab - TPA
Organization :		

Investigation	Results	Units	Biological Ref-Interval
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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

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