

NABH ACCREDITED

# PRAKASH

EYE HOSPITAL & LASER CENTRE

## Dr. AMIT GARG

M.B.B.S., D.N.B. (Oph.)

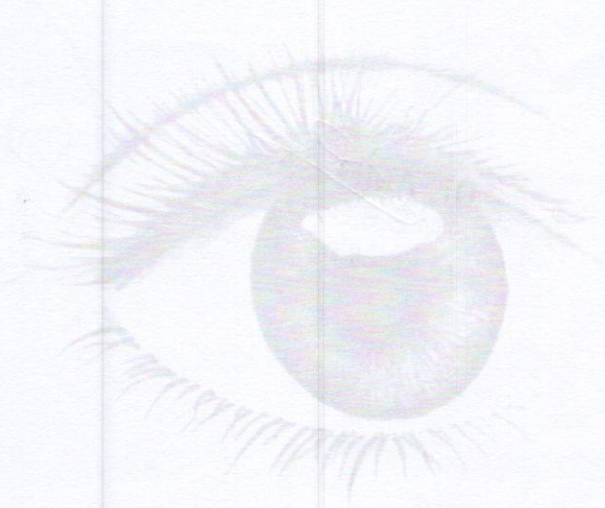
I-Lasik (Femto) Bladefree Topical Micro Phaco  
& Medical Retina Specialist

Ex. Micro Phaco Surgeon

Venu Eye Institute & Research Centre, New Delhi

Name Vausha Age/Sex 37 / F C/o ..... Date 23/Jul/22

*Routine check up.*



Accredited Eye Hospital Western U.P.

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

## 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 : 10:00 am to 2:00 pm.  
Evening : 5:00 pm to 8:00 pm.  
Sunday : 10:00 am to 2:00 pm.  
Near Nai Sarak, Garh Road, Meerut  
E-mail : [prakashevehosp@gmail.com](mailto:prakashevehosp@gmail.com)

First NABH ECO



भारतीय विशिष्ट पहचान प्राधिकरण  
**भारत सरकार**  
 Unique Identification Authority of India  
**Government of India**

नामांकन क्रम / Enrollment No.: 0000/00220/94523

To  
 वर्षा  
 Varsha  
 W/O, Munish  
 B 10 Rajbala Bhawan Bhagat Road  
 Radhe Enclave Govind Puri  
 Modinagar  
 Modi Nagar  
 Ghaziabad  
 Uttar Pradesh 201204  
 7599245464

27/05/2014  
 310277733



MA102777339FT



आपका आधार क्रमांक / Your Aadhaar No. :

**7069 3177 8002**

आधार - आम आदमी का अधिकार



भारत सरकार  
 Government of India



वर्षा  
 Varsha  
 जन्म तिथि / DOB : 22/10/1985  
 महिला / Female



**7069 3177 8002**

आधार - आम आदमी का अधिकार

Varsha

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

Vn   
 R 6/12p   
 U.A L 6/12p

PH   
 R 6/6   
 L 6/6

IOP   
 R 15   
 L 16

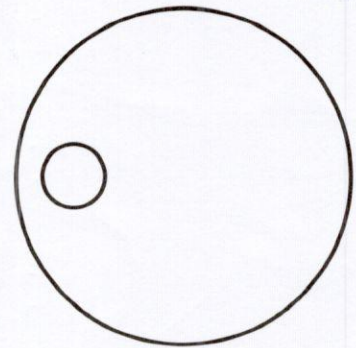
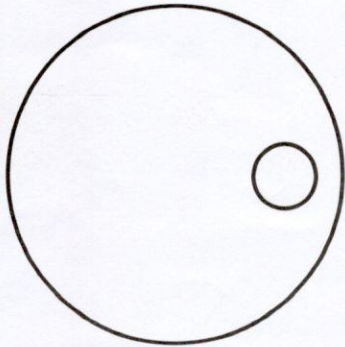
*mm effg*

BE Colours Vn Normal

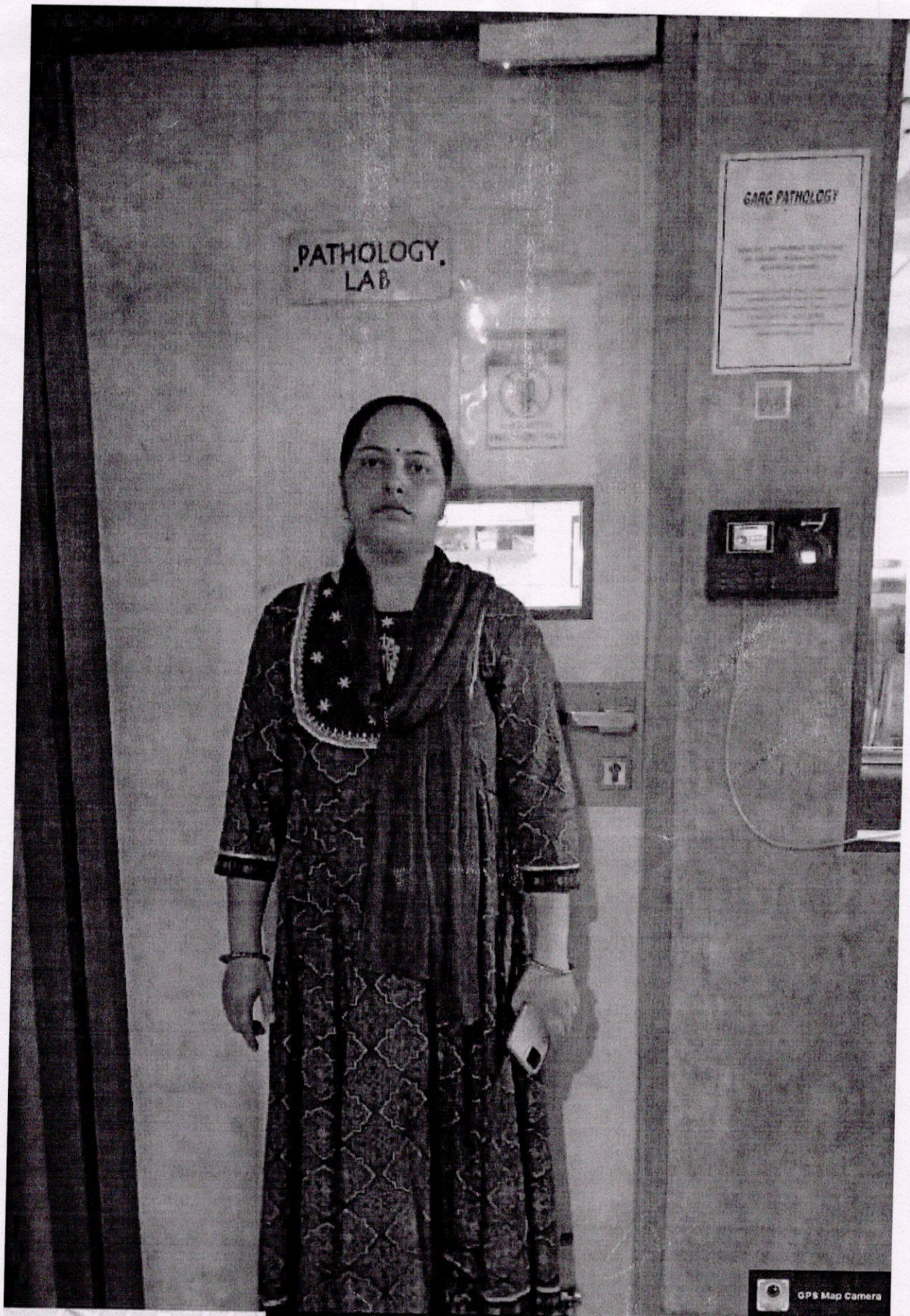
	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance	+	1.00	155°	6/6	+	1.50	35°	6/6
Near								

BE Add +0.75 ——— N6 @ 30cm

(Temporary near glasses)



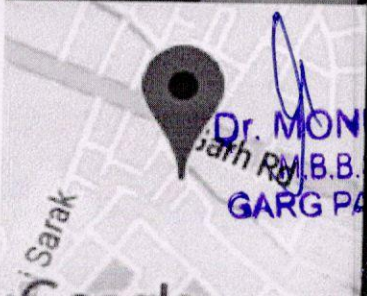
**Dr. AMIT GARG**  
M.B.B.S., D.N.B.  
Garg Pathology, Meerut



GARG PATHOLOGY  
GENERAL & ADVANCED TESTS  
IN LABORATORY  
ACREDITED CLINIC

PATHOLOGY  
LAB

GPS Map Camera



**Meerut, Uttar Pradesh, India**

XP8J4FHH, Sector 3, Tejgarhi, Meerut, Uttar

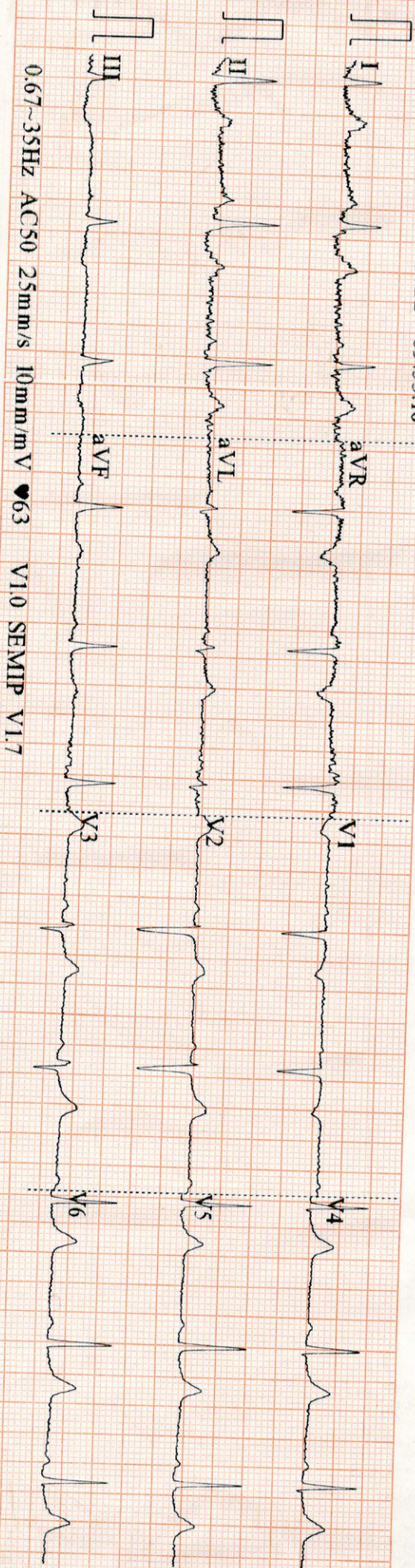
Pradesh, 250001, India

Lat 28.96618°

Long 77.73142°

ID: 684 23-07-2022 09:53:10

0.67~35Hz AC50 25mm/s 10mm/mV ♣63 V1.0 SEMIP V1.7



ID: 684

Male  
37 Years  
cm

kg  
kPa

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

HR	: 64	bpm
P	: 87	ms
PR	: 141	ms
QRS	: 85	ms
QTc	: 398.412	ms
P/QTc	: 33.5722	s
RV5/SVI	: 1.1380.760	mV

*Vasista*

Report Confirmed by:

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



# 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** : 220723/604 **C. NO:** 604 **Collection Time** : 23-Jul-2022 9:30AM  
**Patient Name** : Mrs. VARSHA 37Y / Female **Receiving Time** : 23-Jul-2022 9:55AM  
**Referred By** : Dr. BANK OF BARODA **Reporting Time** : 23-Jul-2022 3:35PM  
**Sample By** : **Centre Name** : Garg Pathology Lab - TPA  
**Organization** :



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

## HAEMATOLOGY (EDTA WHOLE BLOOD)

### COMPLETE BLOOD COUNT

HAEMOGLOBIN (Colorimetry)	<b>11.7</b>	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	8030	*10 <sup>6</sup> /L	4000 - 11000
<b>DIFFERENTIAL LEUCOCYTE COUNT</b> (Microscopy)			
Neutrophils	72	%.	40-80
Lymphocytes	24	%.	20-40
Eosinophils	02	%.	1-6
Monocytes	02	%.	2-10
Absolute neutrophil count	5.78	x 10 <sup>9</sup> /L	2.0-7.0(40-80%)
Absolute lymphocyte count	1.93	x 10 <sup>9</sup> /L	1.0-3.0(20-40%)
Absolute eosinophil count	0.16	x 10 <sup>9</sup> /L	0.02-0.5(1-6%)

Method:- (EDTA Whole blood, Automated /

### RBC Indices

TOTAL R.B.C. COUNT (Electric Impedence)	<b>4.29</b>	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	37.7	%	26-50
MCV (Calculated)	87.9	fL	80-94
MCH (Calculated)	27.3	pg	27-32
MCHC (Calculated)	31.0	g/dl	30-35
RDW-SD (Calculated)	51.4	fL	37-54



\*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** : 220723/604      **C. NO:** 604      **Collection Time** : 23-Jul-2022 9:30AM  
**Patient Name** : Mrs. VARSHA 37Y / Female      **Receiving Time** : 23-Jul-2022 9:55AM  
**Referred By** : Dr. BANK OF BARODA      **Reporting Time** : 23-Jul-2022 3:35PM  
**Sample By** :      **Centre Name** : Garg Pathology Lab - TPA  
**Organization** :      

Investigation	Results	Units	Biological Ref-Interval
RDW-CV (Calculated)	14.1	%	11.5 - 14.5
Platelet Count (Electric Impedence)	3.36	/Cumm	1.50-4.50
MPV (Calculated)	10.4	%	7.5-11.5
<b>GENERAL BLOOD PICTURE</b>			
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.

Erythrocyte Sedimentation Rate end of 1st      14      mm      0-15  
BLOOD GROUP \*      "B" POSITIVE      \$      \$



\*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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

24 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** : 220723/604 **C. NO:** 604 **Collection Time** : 23-Jul-2022 9:30AM  
**Patient Name** : Mrs. VARSHA 37Y / Female **Receiving Time** : 23-Jul-2022 9:55AM  
**Referred By** : Dr. BANK OF BARODA **Reporting Time** : 23-Jul-2022 3:35PM  
**Sample By** : **Centre Name** : Garg Pathology Lab - TPA  
**Organization** :



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

<b>GLYCATED HAEMOGLOBIN (HbA1c)*</b>	5.4	%	4.3-6.3
ESTIMATED AVERAGE GLUCOSE	108.3	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.

## BIOCHEMISTRY (FLORIDE)

**PLASMA SUGAR FASTING** 95.0 mg/dl 70 - 110  
(GOD/POD method)

**PLASMASUGAR P.P.** 108.0 mg/dl 80-140  
(GOD/POD method)

## BIOCHEMISTRY (SERUM)

**BLOOD UREA NITROGEN** 10.20 mg/dL. 8-23



\*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

Page 3 of 9

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

२१ सँडे 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** : 220723/604 **C. NO:** 604 **Collection Time** : 23-Jul-2022 9:30AM  
**Patient Name** : Mrs. VARSHA 37Y / Female **Receiving Time** : 23-Jul-2022 9:55AM  
**Referred By** : Dr. BANK OF BARODA **Reporting Time** : 23-Jul-2022 11:13AM  
**Sample By** : **Centre Name** : Garg Pathology Lab - TPA  
**Organization** :



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

## LIVER FUNCTION TEST

### SERUM BILIRUBIN

TOTAL 0.6 mg/dl 0.1-1.2  
(Diazo)

DIRECT 0.3 mg/dl <0.3  
(Diazo)

INDIRECT 0.3 mg/dl 0.1-1.0  
(Calculated)

S.G.P.T. 31.0 U/L 8-40  
(IFCC method)

S.G.O.T. 32.0 U/L 6-37  
(IFCC method)

SERUM ALKALINE PHOSPHATASE 98.0 IU/L 37-103  
(IFCC KINETIC)

### SERUM PROTEINS

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

ALBUMIN 4.1 Gm/dL 3.5-5.0  
(Bromocresol green Dye)

GLOBULIN 3.4 Gm/dL 2.5-3.5  
(Calculated)

A : G RATIO 1.2 1.5-2.5  
(Calculated)



\*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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

24 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** : 220723/604      **C. NO:** 604      **Collection Time** : 23-Jul-2022 9:30AM  
**Patient Name** : Mrs. VARSHA 37Y / Female      **Receiving Time** : 23-Jul-2022 9:55AM  
**Referred By** : Dr. BANK OF BARODA      **Reporting Time** : 23-Jul-2022 11:13AM  
**Sample By** :      **Centre Name** : Garg Pathology Lab - TPA  
**Organization** : 

Investigation	Results	Units	Biological Ref-Interval
<b>KIDNEY FUNCTION TEST</b>			
UREA (Urease-GLDH)	28.9	mg / dl	10 - 50
CREATININE (Enzymatic)	0.9	mg/dl	0.6 - 1.4
S.CALCIUM Method:-Arsenazo	<b>9.0</b>	mg/dl	9.2-11.0
SODIUM (NA)* (ISE)	139.0	m Eq/litre.	135 - 155
POTASSIUM (K)* (ISE)	4.0	m Eq/litre.	3.5 - 5.5



\*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:



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

24 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** : 220723/604 **C. NO:** 604 **Collection Time** : 23-Jul-2022 9:30AM  
**Patient Name** : Mrs. VARSHA 37Y / Female **Receiving Time** : 23-Jul-2022 9:55AM  
**Referred By** : Dr. BANK OF BARODA **Reporting Time** : 23-Jul-2022 11:13AM  
**Sample By** : **Centre Name** : Garg Pathology Lab - TPA  
**Organization** :



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

## LIPID PROFILE

SERUM CHOLESTEROL (CHOD - PAP)	210.0	mg/dl	150-250
SERUM TRIGYCERIDE (GPO-PAP)	90.0	mg/dl	70-150
HDL CHOLESTEROL * (PRECIPITATION METHOD)	43.8	mg/dl	30-60
VLDL CHOLESTEROL * (Calculated)	18.0	mg/dl	10-30
LDL CHOLESTEROL * (Calculated)	<b>148.2</b>	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 :

\*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.



\*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

Page 6 of 9

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

२१ सँडे सुनिपा 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** : 220723/604      **C. NO:** 604      **Collection Time** : 23-Jul-2022 9:30AM  
**Patient Name** : Mrs. VARSHA 37Y / Female      **Receiving Time** : 23-Jul-2022 9:55AM  
**Referred By** : Dr. BANK OF BARODA      **Reporting Time** : 23-Jul-2022 11:13AM  
**Sample By** :      **Centre Name** : Garg Pathology Lab - TPA  
**Organization** :      

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

### THYROID PROFILE\*

Triiodothyronine (T3) * (ECLIA)	1.471	ng/dl	0.79-1.58
Thyroxine (T4) * (ECLIA)	5.024	ug/dl	4.9-11.0
THYROID STIMULATING HORMONE (TSH) * (ECLIA)	<b>5.830</b>	uIU/ml	0.38-5.30

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.

<b>SERUM CALCIUM</b> (Arsenazo)	<b>9.0</b>	mg/dl	9.2-11.0
------------------------------------	------------	-------	----------

### BIOCHEMICAL EXAMINATION

URIC ACID	4.7	mg/dL.	2.5-6.8
-----------	-----	--------	---------



\*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

Page 7 of 9



**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

<b>PUID</b> : 220723/604	<b>C. NO:</b> 604	<b>Collection Time</b> : 23-Jul-2022 9:30AM
<b>Patient Name</b> : Mrs. VARSHA 37Y / Female		<b>Receiving Time</b> : 23-Jul-2022 9:55AM
<b>Referred By</b> : Dr. BANK OF BARODA		<b>Reporting Time</b> : 23-Jul-2022 11:29AM
<b>Sample By</b> :		<b>Centre Name</b> : Garg Pathology Lab - TPA
<b>Organization</b> :		

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

## CYTOLOGY EXAMINATION

### SPECIMEN

Microscopic:

MG 523/22

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 SEVERE 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 CELLS OR MALIGNANCY INFLAMMATORY SMEARS (BACTERIAL VAGINOSIS)

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



\*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

Page 8 of 9

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

२१ सँदे 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** : 220723/604      **C. NO:** 604      **Collection Time** : 23-Jul-2022 9:30AM  
**Patient Name** : Mrs. VARSHA 37Y / Female      **Receiving Time** : 23-Jul-2022 9:55AM  
**Referred By** : Dr. BANK OF BARODA      **Reporting Time** : 23-Jul-2022 11:38AM  
**Sample By** :      **Centre Name** : Garg Pathology Lab - TPA  
**Organization** :      

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

## URINE

### PHYSICAL EXAMINATION

Volume	30	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	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 }-----



\*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

Page 9 of 9

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

२४ घंटे सुविधा उपलब्ध है।



## DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE : 23/07/2022 REFERENCE NO. : 5009  
PATIENT NAME : VARSHA AGE/SEX : 37 YRS/F  
REFERRED BY : DR. MONIKA GARG ECHOGENECITY : NORMAL  
REFERRING DIAGNOSIS : To rule out structural heart disease.

### **ECHOCARDIOGRAPHY REPORT**

DIMENSIONS	NORMAL		NORMAL
AO (ed) 2.1 cm	(2.1 - 3.7 cm)	IVS (ed) 0.9 cm	(0.6 - 1.2 cm)
LA (es) 2.5 cm	(2.1 - 3.7 cm)	LVPW (ed) 0.9 cm	(0.6 - 1.2 cm)
RVID (ed) 1.3 cm	(1.1 - 2.5 cm)	EF 60%	(62% - 85%)
LVID (ed) 4.0 cm	(3.6 - 5.2 cm)	FS 60%	(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



सर्वे सन्तु निरामयाः  
Freedom from all Sickness

# LOKPRIYA HOSPITAL

SAMRAT PALACE, GARH ROAD, MEERUT - 250003



:: 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	0.82	2.6
Tricuspid Valve	No	0.87	2.9
Pulmonary Valve	No	0.75	2.1
Aortic Valve	No	0.90	3.0

## 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	23.07.2022	REF. NO.	1157		
PATIENT NAME	VARSHA	AGE	37YRS	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** – 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

**Uterus** - Normal in size (79 x 45 x 48) mm, shape & normal in echotexture. Endometrium appears normal and measures (3.9) mm.

**There is suspicious (18 x 12) mm. Subserosal fibroid in fundal region along anterior myometrium.**

Ovaries and adnexa are unremarkable.

### IMPRESSION

**Suspicious subserosal small fundal region fibroid.**

**ADV – TVS FOR BETTER EVALUATION IF CLINICALLY NEEDED.**

**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.

DATE	23.07.2022	REF. NO.	6647		
PATIENT NAME	VARSHA	AGE	37YRS	SEX	F
INVESTIGATION	X-RAY CHEST PA VIEW	REF. BY	GARG (PATHOLOGY)		

### REPORT

- Trachea is central in position.
- **Both lung show prominent broncho vascular marking with differential aeration.**
- 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 prominent broncho vascular marking with differential aeration.***

**Dr. P.D. Sharma**  
M.B.B.S., D.M.B.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

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