

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 Sapna Veema Age/Sex 39 / F Cl/o Date 23 / Aug / 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
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 : prakasheyehosp@gmail.com

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

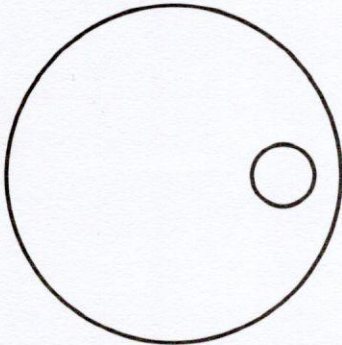
PH $\left\{ \begin{array}{l} R \ 6/6 \\ L \ 6/6 \end{array} \right.$

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

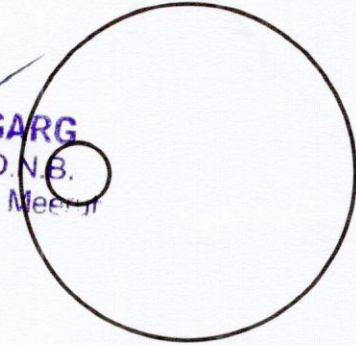
BE NV $\left\{ \begin{array}{l} N6 \\ N6 \end{array} \right.$ @ 30cm

| | RIGHT EYE | | | | LEFT EYE | | | |
|----------|-----------|------|------|--------|----------|------|------|--------|
| | Sph. | Cyl. | Axis | Vision | Sph. | Cyl. | Axis | Vision |
| Distance | | | | | | | | |
| Near | | | | | | | | |

BE Gloo Va Normal



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भारत सरकार
Government of India

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

6814 4085 8887

आधार - आम आदमी का अधिकार



Sep

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

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

आधार

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

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

6814 4085 8887

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

PATHOLOGY,
LAB

GARG PATHOLOGY


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

GPS Map Camera

mony In



Google

Meerut, Uttar Pradesh, India

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

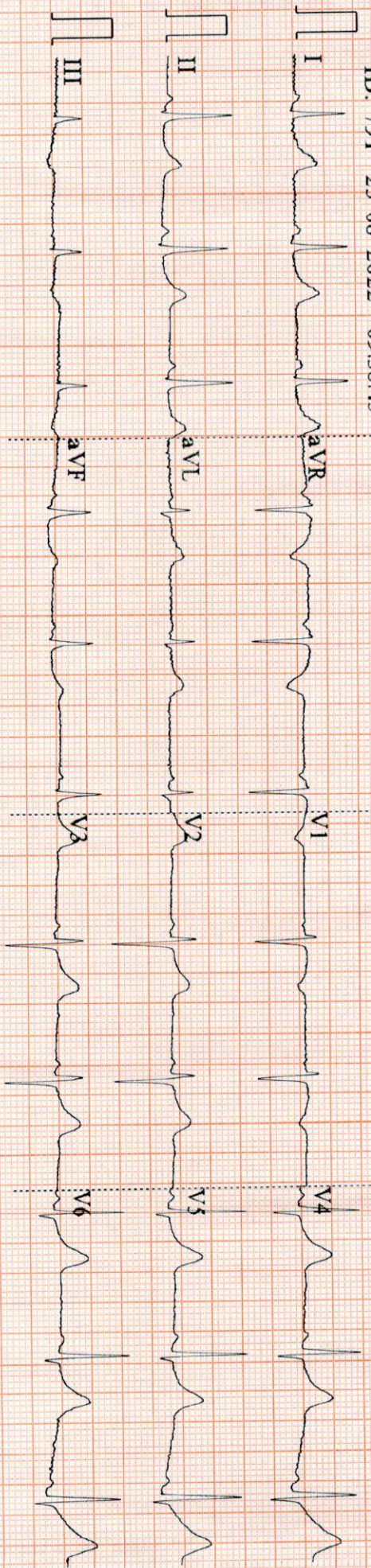
Lat 28.966247°

Long 77.731485°

23/08/22 09:19 AM

ID: 791 23-08-2022 09:38:45

0.67~35Hz AC50 25mm/s 10mm/mV ●68 V1.0 SEMIP V1.7



ID: 791

Female
39 Years
cm

kg

KPa

Diagnosis Information:

Sinus Rhythm
Short PR Interval

| | | |
|----------|---------------|-----|
| HR | : 65 | bpm |
| P | : 82 | ms |
| PR | : 114 | ms |
| QRS | : 82 | ms |
| QT/QTc | : 424/442 | ms |
| P/ORS/ST | : 30/50/17 | ms |
| RV5/SV1 | : 1.277/0.856 | mV |

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 : 220823/604 **C. NO:** 604 **Collection Time** : 23-Aug-2022 9:24AM
Patient Name : Mrs. SAPNA VERMA 39Y / Female **Receiving Time** : 23-Aug-2022 9:55AM
Referred By : Dr. BANK OF BARODA **Reporting Time** : 23-Aug-2022 1:53PM
Sample By : **Centre Name** : Garg Pathology Lab - TPA
Organization :



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

HAEMATOLOGY (EDTA WHOLE BLOOD)

COMPLETE BLOOD COUNT

| | | | |
|--|-------------|----------------------|-----------------|
| HAEMOGLOBIN (Colorimetry) | 10.3 | gm/dl | 12.0-15.0 |
| TOTAL LEUCOCYTE COUNT (Electric Impedence) | 7320 | *10 ⁶ /L | 4000 - 11000 |
| DIFFERENTIAL LEUCOCYTE COUNT (Microscopy) | | | |
| Neutrophils | 72 | %. | 40-80 |
| Lymphocytes | 25 | %. | 20-40 |
| Eosinophils | 02 | %. | 1-6 |
| Monocytes | 01 | %. | 2-10 |
| Basophils | 00 | %. | <1-2 |
| Band cells | 00 | % | 0-5 |
| Absolute neutrophil count | 5.27 | x 10 ⁹ /L | 2.0-7.0(40-80%) |
| Absolute lymphocyte count | 1.83 | 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,Automa

RBC Indices

| | | | |
|---|-------------|--------------|-----------|
| TOTAL R.B.C. COUNT (Electric Impedence) | 4.10 | Million/Cumm | 4.5 - 6.5 |
| Haematocrit Value (P.C.V.) | 33.7 | % | 26-50 |
| MCV (Calculated) | 82.2 | fL | 80-94 |
| MCH (Calculated) | 25.1 | pg | 27-32 |
| MCHC (Calculated) | 30.6 | g/dl | 30-35 |



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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

२१ सँडे सुविधा उपलब्ध है।





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| RDW-SD (Calculated) | 48.7 | fL | 37-54 |
| RDW-CV (Calculated) | 14.3 | % | 11.5 - 14.5 |
| Platelet Count (Electric Impedence) | 2.64 | /Cumm | 1.50-4.50 |
| MPV (Calculated) | 12.4 | % | 7.5-11.5 |
| GENERAL BLOOD PICTURE | | | |
| NLR 6-9 Mild stres 7-9 Pathological cause | 2.88 | | 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 o **16** mm 0-15
BLOOD GROUP * "B" POSITIVE \$ \$



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| | | | |
|--------------------------------------|-------|-------|---------|
| GLYCATED HAEMOGLOBIN (HbA1c)* | 5.6 | % | 4.3-6.3 |
| ESTIMATED AVERAGE GLUCOSE | 114.0 | 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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Page 3 of 10

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BIOCHEMISTRY (FLORIDE)

| | | | |
|---|-------|-------|----------|
| PLASMA SUGAR FASTING (GOD/POD method) | 97.0 | mg/dl | 70 - 110 |
| PLASMASUGAR P.P. (GOD/POD method) | 135.0 | mg/dl | 80-140 |



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BIOCHEMISTRY (SERUM)

| | | | |
|----------------------------|-------|--------|---------|
| URIC ACID | 3.9 | mg/dL. | 2.5-6.8 |
| BLOOD UREA NITROGEN | 16.30 | mg/dL. | 8-23 |



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LIVER FUNCTION TEST

SERUM BILIRUBIN

TOTAL 1.0 mg/dl 0.1-1.2
(Diazo)

DIRECT 0.4 mg/dl <0.3
(Diazo)

INDIRECT 0.6 mg/dl 0.1-1.0
(Calculated)

S.G.P.T. 21.0 U/L 8-40
(IFCC method)

S.G.O.T. 23.0 U/L 6-37
(IFCC method)

SERUM ALKALINE PHOSPHATASE 74.3 IU/L 37-103
(IFCC KINETIC)

SERUM PROTEINS

TOTAL PROTEINS 6.9 Gm/dL 6-8
(Biuret)

ALBUMIN 3.8 Gm/dL 3.5-5.0
(Bromocresol green Dye)

GLOBULIN 3.1 Gm/dL 2.5-3.5
(Calculated)

A : G RATIO 1.2 1.5-2.5
(Calculated)



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| KIDNEY FUNCTION TEST | | | |
| UREA (Urease-GLDH) | 20.0 | mg / dl | 10 - 50 |
| CREATININE (Enzymatic) | 0.6 | mg/dl | 0.6 - 1.4 |
| S.CALCIUM Method:-Arsenazo | 9.9 | mg/dl | 9.2-11.0 |
| SODIUM (NA)* (ISE) | 141.0 | m Eq/litre. | 135 - 155 |
| POTASSIUM (K)* (ISE) | 4.5 | m Eq/litre. | 3.5 - 5.5 |



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| LIPID PROFILE | | | |
| SERUM CHOLESTEROL (CHOD - PAP) | 170.3 | mg/dl | 150-250 |
| SERUM TRIGYCEIDE (GPO-PAP) | 76.0 | mg/dl | 70-150 |
| HDL CHOLESTEROL * (PRECIPITATION METHOD) | 41.2 | mg/dl | 30-60 |
| VLDL CHOLESTEROL * (Calculated) | 15.2 | mg/dl | 10-30 |
| LDL CHOLESTEROL * (Calculated) | 113.9 | mg/dL. | 0-100 |
| LDL/HDL RATIO * (Calculated) | 02.8 | ratio | <3.55 |
| CHOL/HDL CHOLESTROL RATIO* (Calculated) | 4.1 | 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.



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THYRIOD PROFILE*

Triiodothyronine (T3) * 1.280 ng/dl 0.79-1.58
(ECLIA)

Thyroxine (T4) * 9.364 ug/dl 4.9-11.0
(ECLIA)

THYROID STIMULATING HORMONE (TSH) 0.700 uIU/ml 0.38-5.30
(ECLIA)

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 CALCIUM 9.9 mg/dl 9.2-11.0
(Arsenazo)



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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 | 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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२१ घंटे सुविधा उपलब्ध है।



DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE : 23.08.2022 REFERENCE NO. : 5259
PATIENT NAME : SAPNA VERMA AGE/SEX : 39 YRS/F
REFERRED BY : DR. MONIKA GARG ECHOGENECITY : NORMAL
REFERRING DIAGNOSIS : To rule out structural heart disease.

ECHOCARDIOGRAPHY REPORT

| <i>DIMENSIONS</i> | <i>NORMAL</i> | <i>NORMAL</i> |
|-------------------|----------------|---------------------------------|
| AO (ed) 2.3 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) 1.2 cm | (1.1 - 2.5 cm) | EF 60% (62% - 85%) |
| LVID (ed) 3.8 cm | (3.6 - 5.2 cm) | FS 30% (28% - 42%) |
| LVID (es) 2.6 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 :

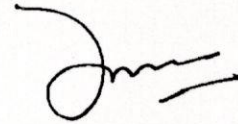
LV normal in size with normal contractions. No LV regional wall motion abnormality seen. RV normal in size with adequate contractions. LA and RA normal. All cardiac valves are structurally normal. No chamber hypertrophy/intracardiac mass. Estimated LV ejection fraction is 60%.

DOPPLER STUDIES :

| Valve | Regurgitation | Velocity m/sec | Gradient mmHg |
|-----------------|---------------|----------------|---------------|
| Mitral Valve | No | 0.85 | 2.5 |
| Tricuspid Valve | No | 0.74 | 2.3 |
| Pulmonary Valve | No | 0.69 | 2.1 |
| Aortic Valve | No | 0.93 | 3.3 |

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



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| | | | | | |
|---------------|-------------------|----------|------------------|------|---|
| DATE | 23.08.2022 | REF. NO. | 1725 | | |
| PATIENT NAME | SAPNA VERMA | AGE | 39YRS | 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 shape & normal in echotexture. Endometrium appears normal.
Myometrium appears normal.

Ovaries and adnexa are unremarkable.

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

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

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| | | | | | |
|---------------|---------------------|----------|------------------|-----|---|
| DATE | 23.08.2022 | REF. NO. | 7910 | | |
| PATIENT NAME | SAPNA VERMA | AGE | 39 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.

Dr. P.D. Sharma
M.B.B.S., D.M.R.D. (VIMS & RC)
Consultant Radiologist and Head

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