NABH ACCREDITED

EYE HOSPITAL & LASER CENTRE

Sh Kumar

Dr. AMIT GA

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

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

Ex. Micro Phaco Surgeon

Venu Eye Institute & Research Centre, New Delhi

Garg Pathology, Meerut



Accredited Eye Hospital Western U.P

का अस्पताल एवं लेजर सैन्टर

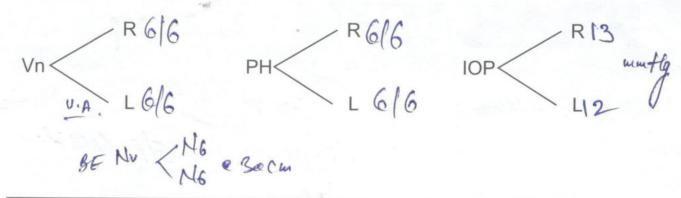


Manager 7895517715 OT 7302222373

Timings Morning: 10:00 am to 2:00 pm. Evening: 5:00 pm to 8:00 pm.

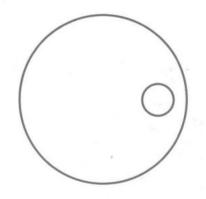
Sunday: 10:00 am to 2:00 pm.

First NABH EC



	RIGHT EYE				LEF	T EYE		
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance Near					*			2

BE Caler Vu Normal



M.B.B.S. D.N.B.
Garg Pathology, Meeriji



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

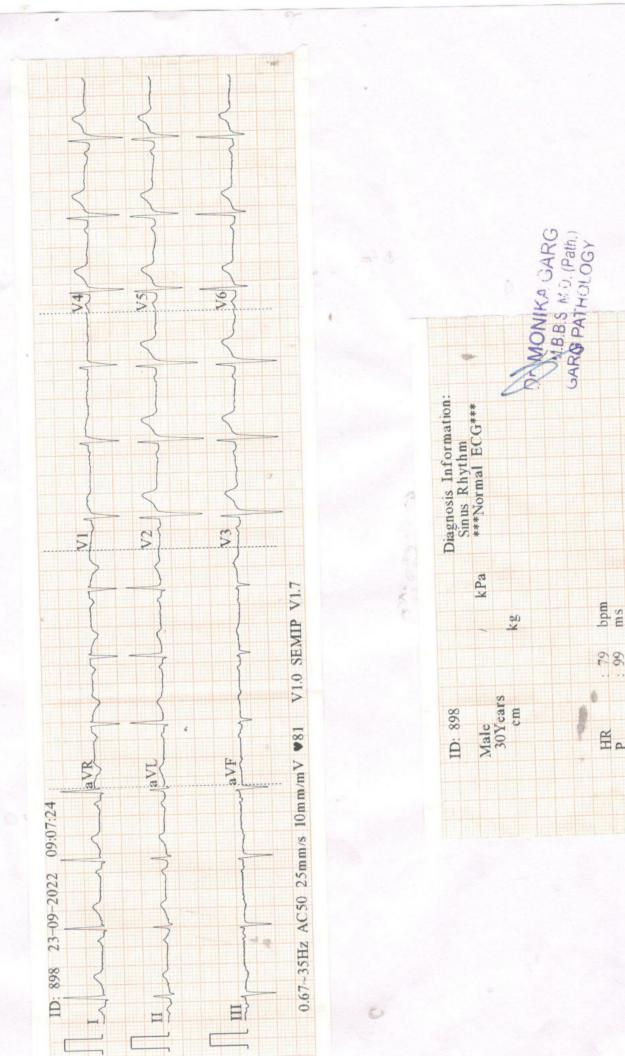


JakesM

PATHOLOGY. nony In Meerut, Uttar Pradesh, India XP8J+P97, Sector 3, Tejgarhi, Meerut, Uttar Pradesh 250004, India Lat 28.966291° Long 77.731486°

23/09/22 09:20 AM

Google



152 ms 344/395 ms 19/-11/19 0 0.611/0.798 mV Report Confirmed by:

ORS OT/OTC P/ORS/T RV5/SV1

PR



LOKPRIYA HOSPITAI

LOKPRIYA RADIOLOGY CENTRE

SAMRAT PALACE, GARH ROAD, MEERUT - 250003



DATE	23.09.2022	REF. NO.	9444		
PATIENT NAME	LOKESH KUMAR	AGE	30 YRS	SEX	M
INVESTIGATION	X-RAY CHEST PA VIEW	REF. BY	GARG (P	ATHOLO	OGY)

REPORT

- Trachea is central in position.
- Both lung show mildly prominent broncho vascular marking.
- Both hila are prominent.
- Cardiac size is within normal limits.
- Both costophrenic angles are clear.
- Both domes of diaphragm are normal in contour and position.

IMPRESSION

- 1. Both lung show mildly prominent broncho vascular marking.
- 2. Both hila are prominent.

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

Impression is a professional opinion & not a diagnosis
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.
Suspected typing errors should be informed back for correction immediately.
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



LOKPRIYA HOSPIT

SAMRAT PALACE, GARH ROAD, MEERUT - 250003



DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE

: 23.09.2022

REFERENCE NO. : -----

PATIENT NAME

: LOKESH KUMAR

AGE/SEX

: 30YRS/M

REFERRED BY

: DR. MONIKA GARG

ECHOGENECITY: NORMAL

REFERRING DIAGNOSIS: To rule out structural heart disease.

ECHOCARDIOGRAPHY REPORT

DIMENSIONS	NORMAL		•	NODMAI
AO (ed) 2.5 cm LA (es) 3.0 cm RVID (ed) 1.5 cm LVID (ed) 3.9 cm LVID (es) 2.8 cm	(2.1 - 3.7 cm) (2.1 - 3.7 cm) (1.1 - 2.5 cm) (3.6 - 5.2 cm) (2.3 - 3.9 cm)	IVS (ed) LVPW (ed) EF FS	1.3 cm 1.3 cm 60% 30%	NORMAL (0.6 - 1.2 cm) (0.6 - 1.2 cm) (62% - 85%) (28% - 42%)

MORPHOLOGICAL DATA:

Mitral Valve: AML: Normal

Interatrial septum

: Intact

PML: Normal

Interventricular Septum : Intact,

Aortic Valve

: Thickened

Pulmonary Artery

: Normal

Tricuspid Valve

: Normal

Aorta

: Normal

Pulmonary Valve : Normal

Right Atrium

: Normal

Right Ventricle

: Normal

Left Atrium

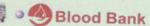
: Normal

Left Ventricle

: Normal

Cont. Page No. 2







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 in basal state. Concentric LVH. LV Diastolic Dysfunction Grade I. RV normal in size with adequate contractions. LA/RA are normal is size. Aortic valve is thickened and rest other cardiac valves are structurally normal. No intracardiac mass. Estimated LV ejection fraction is 60%.

DOPPLER STUDIES:

Valve	Regurgitation	Velocity m/sec	Cradiant
Mitral Valve		in/sec	Gradient mmHg
Mittal valve	No ,	0.95	3.5
Tricuspid Valve	No	0.60	0.0
	140	0.68	2.1
Pulmonary Valve	No	0.75	2.3
Aortic Valve			4.3
Tortic valve	No	1.0	4.2

IMPRESSION:

- No RWMA.
- > Concentric LVH.
- LV Diastolic Dysfunction Grade I.
- ➤ Normal LV Systolic Function (LVEF =60%).

DR. HARIOM TYAGI MD, DM (CARDIOLOGY) (Interventional Cardiologist)

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



LOKPRIYA HOSPITA

LOKPRIYA RADIOLOGY CENTRE

SAMRAT PALACE, GARH ROAD, MEERUT - 250003



DATE	23.09.2022	REF. NO.	2496		
PATIENT NAME	LOKESH KUMAR	AGE	30YRS	SEX:	M
INVESTIGATION	USG WHOLE ABDOMEN	REF. BY	GARG (PA	THOLOG	Y)

REPORT

<u>Liver</u> - appears normal in size and mild increased in 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.

<u>Prostate</u> - Normal in size (16g) & echotexture.

IMPRESSION

Mild fatty changes liver.

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

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



Garg Pathology DR. MONIKA GARG

Certified by

Former Pathologist : St. Stephan's Hospital, Delhi

National Accreditation Board For Testing & Calibration Laboratories

C. NO: 601

Garden House Colony, Near Nai Sarak, Garh Road, Meerut Ph.: 0121-2600454, 8979608687, 9837772828

PUID : 220923/601 **Patient Name** : Mr. Lokesh Kumar 30Y / Male

: Dr. BANK OF BARODA

Sample By

Referred By

Organization : MEDIASSIST

: 23-Sep-2022 8:51AM **Collection Time Receiving Time** ¹ 23-Sep-2022 9:14AM

Reporting Time : 23-Sep-2022 9:53AM : Garg Pathology Lab - TPA **Centre Name**

Investigation Units **Biological Ref-Interval** Results

HAEMATOLOGY (EDTA WHOLE BLOOD)

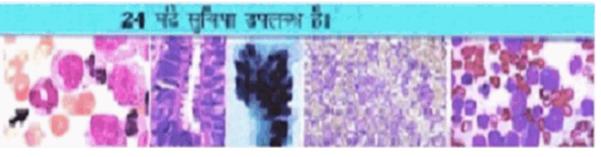
COMPLETE BLOOD COUNT		,	
	40.0	/ -11	12.0.17.0
HAEMOGLOBIN	13.2	gm/dl	13.0-17.0
(Colorimetry)	0000	*1000/	4000 11000
TOTAL LEUCOCYTE COUNT	9030	*10^6/L	4000 - 11000
(Electric Impedence)			
DIFFERENTIAL LEUCOCYTE COUNT			
(Microscopy)	70	0/	40.00
Neutrophils	70	%.	40-80
Lymphocytes	26	%.	20-40
Eosinophils	03	%.	1-6
Monocytes	01	%.	2-10
Absolute neutrophil count	6.32	x 10^9/L	2.0-7.0(40-80%
Absolute lymphocyte count	2.35	x 10^9/L	1.0-3.0(20-40%)
Absolute eosinophil count	0.27	x 10^9/L	0.02-0.5(1-6%)
Method:-((EDTA Whole blood,Automa			
RBC Indices			
TOTAL R.B.C. COUNT	5.11	Million/Cumm	4.5 - 6.5
(Electric Impedence)			
Haematocrit Value (P.C.V.)	42.4	%	26-50
MCV	83.0	fL	80-94
(Calculated)			
MCH	25.8	pg	27-32
(Calculated)			
MCHC	31.1	g/dl	30-35
(Calculated)			
RDW-SD	47.3	fL	37-54
(Calculated)			

*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

Page 1 of 9

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





M.D. (Path) Gold Medalist Former Pathologist :

National Accreditation Board For Testing & Calibration Laboratories

St. Stephan's Hospital, Delhi

Garden House Colony, Near Nai Sarak, Garh Road, Meerut Ph.: 0121-2600454, 8979608687, 9837772828

601

C. NO:

PUTD : 220923/601 **Patient Name**

: Mr. Lokesh Kumar 30Y / Male

: Dr. BANK OF BARODA **Referred By**

Sample By

Organization : MEDIASSIST **Collection Time** : 23-Sep-2022 8:51AM **Receiving Time** ¹ 23-Sep-2022 9:14AM

Reporting Time : 23-Sep-2022 9:53AM

: Garg Pathology Lab - TPA **Centre Name**

_			
Investigation	Results	Units	Biological Ref-Interval
RDW-CV	13.9	%	11.5 - 14.5
(Calculated)			
Platelet Count	2.47	/Cumm	1.50-4.50
(Electric Impedence)			
MPV	11.4	%	7.5-11.5
(Calculated)			
NLR	2.69		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.

Erythrocyte Sedimentation Rate end o BLOOD GROUP *

12

mm

0-10

"B" POSITIVE

\$

\$

*THIS TEST IS NOT UNDER NABL SCOPE

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Page 2 of 9

Dr. Monika Garg





Garg Pathology DR. MONIKA GARG

Certified by

M.D. (Path) Gold Medalist

Former Pathologist :

National Accreditation Board For Testing & Calibration Laboratories Garden House Colony, Near Nai Sarak, Garh Road, Meerut

St. Stephan's Hospital, Delhi

Ph.: 0121-2600454, 8979608687, 9837772828

PUTD : 220923/601

601 C. NO:

Collection Time

: 23-Sep-2022 8:51AM ¹ 23-Sep-2022 9:14AM

Patient Name Referred By

: Mr. Lokesh Kumar 30Y / Male : Dr. BANK OF BARODA

Receiving Time Reporting Time

: 23-Sep-2022 9:53AM

Sample By

Centre Name

: Garg Pathology Lab - TPA

Organization Investigation

Biological Ref-Interval

GLYCATED HAEMOGLOBIN (HbA1c)*

: MEDIASSIST

5.0

Results

4.3-6.3

ESTIMATED AVERAGE GLUCOSE

96.8

% ma/dl

Units

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
- -Haemolyic 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.

*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

Page 3 of 9

Dr. Monika Garg MBBS, MD(Path)





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Ph.: 0121-2600454, 8979608687, 9837772828

PUID C. NO: 601 : 220923/601 **Patient Name** : Mr. Lokesh Kumar 30Y / Male

: Dr. BANK OF BARODA

: MEDIASSIST

Receiving Time Reporting Time

: 23-Sep-2022 8:51AM ¹ 23-Sep-2022 9:14AM : 23-Sep-2022 1:07PM

Centre Name

Collection Time

: Garg Pathology Lab - TPA

Units **Biological Ref-Interval** Results

BIOCHEMISTRY (FLORIDE)

PLASMA SUGAR FASTING 80.0 mg/dl 70 - 110

(GOD/POD method)

Referred By

Organization

Investigation

Sample By

PLASMASUGAR P.P. 80-140 102.0 mg/dl

(GOD/POD method)

*THIS TEST IS NOT UNDER NABL SCOPE

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Page 4 of 9

Dr. Monika Garg MBBS, MD(Path)

(Consultant Pathologist)





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PUID : 220923/601 **Patient Name**

: Mr. Lokesh Kumar 30Y / Male

: Dr. BANK OF BARODA

Sample By

Investigation

Referred By

Organization : MEDIASSIST **Collection Time Receiving Time**

: 23-Sep-2022 8:51AM ¹ 23-Sep-2022 9:14AM

Reporting Time

Centre Name

Units

: 23-Sep-2022 1:07PM

: Garg Pathology Lab - TPA

Biological Ref-Interval

BIOCHEMISTRY (SERUM)

Results

URIC ACID 3.9 mg/dL. 3.6-7.7 **BLOOD UREA NITROGEN** 9.81 mg/dL. 8-23

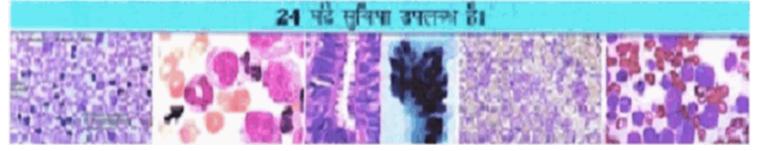


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Page 5 of 9

Dr. Monika Garg





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Sample By

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: 23-Sep-2022 8:51AM **Collection Time Receiving Time** ¹ 23-Sep-2022 9:14AM

Reporting Time : 23-Sep-2022 1:07PM

: Garg Pathology Lab - TPA **Centre Name**

Organization : MEDIASSIST			
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.	105.0	U/L	8-40
(IFCC method)			
S.G.O.T.	56.0	U/L	6-37
(IFCC method)			
SERUM ALKALINE PHOSPHATASE	102.0	IU/L.	50-126
(IFCC KINETIC)			
SERUM PROTEINS			
TOTAL PROTEINS	7.2	Gm/dL.	6-8
(Biuret)			
ALBUMIN	4.3	Gm/dL.	3.5-5.0
(Bromocresol green Dye)			
GLOBULIN	2.9	Gm/dL.	2.5-3.5
(Calculated)			
A: G RATIO	1.5		1.5-2.5
(Calculated)			



*THIS TEST IS NOT UNDER NABL SCOPE

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Page 6 of 9

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





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: Mr. Lokesh Kumar 30Y / Male

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Sample By

Patient Name

Organization : MEDIASSIST

: 23-Sep-2022 8:51AM **Collection Time Receiving Time** ¹ 23-Sep-2022 9:14AM

Centre Name

ng/ml

Reporting Time : 23-Sep-2022 1:07PM : Garg Pathology Lab - TPA

Investigation	Results	Units	Biological Ref-Interval

0.201

PSA* **ECLIA**

NORMAL VALUE

Age (years)	Medain (ng/ml)
<49	<2.0
50-59	<3.5
60-69	<4.5
70-79	<6.5

NIDNEY CHAICTION TECT

KIDNEY FUNCTION TEST			
UREA	21.0	mg / dl	10 - 50
(Urease-GLDH)			
CREATININE	0.9	mg/dl	0.6 - 1.4
(Enzymatic)			
S.CALCIUM	9.9	mg/dl	9.2-11.0
Method:-Arsenazo			
SODIUM (NA)*	142.0	m Eq/litre.	135 - 155
(ISE)			
POTASSIUM (K)*	4.0	m Eq/litre.	3.5 - 5.5
(ISE)			



*THIS TEST IS NOT UNDER NABL SCOPE

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Page 7 of 9

Dr. Monika Garg





Garg Pathology DR. MONIKA GARG

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PUID : 220923/601

: Mr. Lokesh Kumar 30Y / Male

: 23-Sep-2022 8:51AM

Patient Name Referred By

: Dr. BANK OF BARODA

¹ 23-Sep-2022 9:14AM : 23-Sep-2022 1:07PM

Sample By

Reporting Time Centre Name

Collection Time

Receiving Time

: Garg Pathology Lab - TPA

Organization : MEDIASSIST

Investigation	Results	Units	Biological Ref-Interval
LIPID PROFILE			
SERUM CHOLESTEROL	220.0	mg/dl	150-250
(CHOD - PAP)			
SERUM TRIGYCERIDE	273.0	mg/dl	70-150
(GPO-PAP)			
HDL CHOLESTEROL *	46.5	mg/dl	30-60
(PRECIPITATION METHOD)			
VLDL CHOLESTEROL *	54.6	mg/dl	10-30
(Calculated)			
LDL CHOLESTEROL *	118.9	mg/dL.	0-100
(Calculated)			
LDL/HDL RATIO *	02.6	ratio	<3.55
(Calculated)			
CHOL/HDL CHOLESTROL RATIO*	4.7	ratio	3.8-5.9
(Calculated)			

Interpretation:

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 Desirable: 100 mg/dl, Borderline: 100-159 Elevated: >160 mg/dl LDL CHOLESTEROL Desirable: 150 Borderline: 150-199 High: 200 - 499 Very High: >500 Triglycerides

Friedwald Equation, VLDL & LDL values are not applicable for triglyceride > 400 mg/dl.

SERUM CALCIUM 9.2-11.0 9.9 mg/dl

(Arsenazo)



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

Page 8 of 9

Dr. Monika Garg



^{*}Paitient Should be Fast overnight For Minimum 12 hours and normal diet for one week*



Former Pathologist :

National Accreditation Board For Testing & Calibration Laboratories Garden House Colony, Near Nai Sarak, Garh Road, Meerut

St. Stephan's Hospital, Delhi

601

Ph.: 0121-2600454, 8979608687, 9837772828

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: Mr. Lokesh Kumar 30Y / Male

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: 23-Sep-2022 8:51AM **Collection Time Receiving Time** ¹ 23-Sep-2022 9:14AM

Centre Name

Reporting Time : 23-Sep-2022 1:09PM : Garg Pathology Lab - TPA

Units Investigation **Biological Ref-Interval** Results

URINE

PHYSICAL EXAMINATION

Volume 20 ml

Pale Yellow Colour

Clear **Appearance** Clear

Specific Gravity 1.015 1.000-1.030

PH (Reaction) Acidic

BIOCHEMICAL EXAMINATION

Nil **Protein** Nil

Nil Sugar Nil

MICROSCOPIC EXAMINATION

Red Blood Cells /HPF Nil Nil Pus cells /HPF 0-2 2-3

Epithilial Cells /HPF 1-3 2-3

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)

