

NABH ACCREDITED

PRAKASH

EYE HOSPITAL & LASER CENTRE

Dr. AMIT GARG

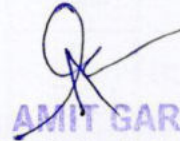
M.B.B.S., D.N.B. (Oph.)

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

Ex. Micro Phaco Surgeon

Venu Eye Institute & Research Centre, New Delhi

Name Mr. Suresh Kumar Srivastava Age/Sex 51 / M C/o Date 13/Apr/23


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 : 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

Vn $\left\{ \begin{array}{l} R \ 6/100 \\ L \ 6/300 \end{array} \right.$

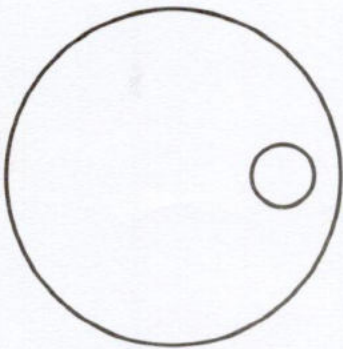
PH $\left\{ \begin{array}{l} R \ 6/6 \\ L \ 6/6 \end{array} \right.$

IOP $\left\{ \begin{array}{l} R \ 21 \\ L \ 23 \end{array} \right.$

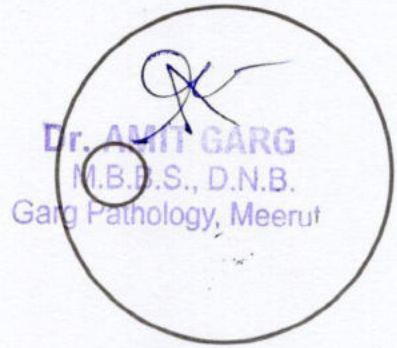
mtg

	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance	+1.25	+0.75	180	6/6	+1.50	+0.50	10	6/6
Near				(ov) Add +2.00				No Add

BE Color V. Normal



PG $\left\{ \begin{array}{l} +1.50 \text{ Dsph} \\ +1.50 \text{ Dsph} \end{array} \right.$
 BE Add +1.75 Dsph

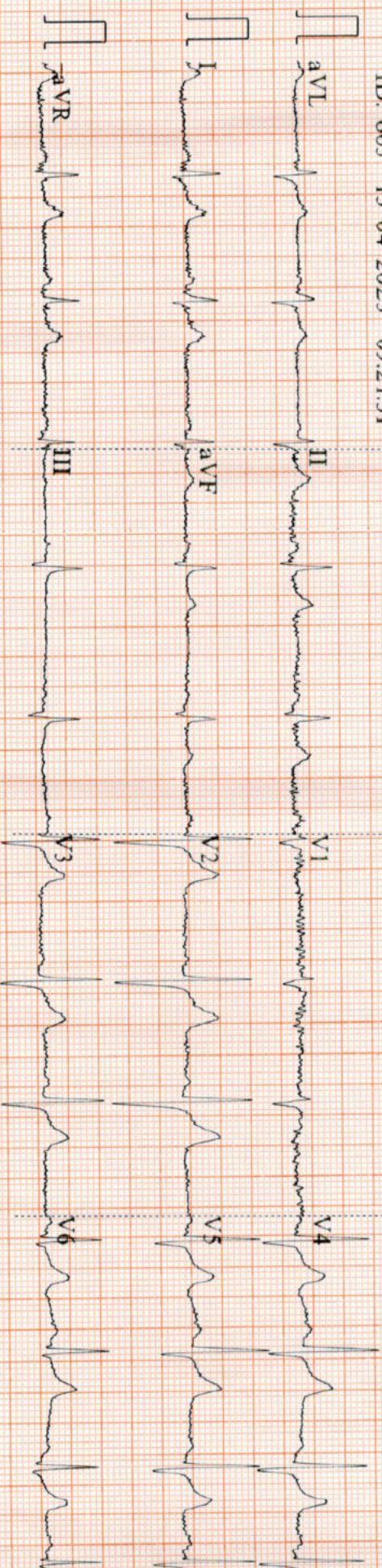


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 Garg Pathology, Meerut

003 MBAM 2011

ID: 603 13-04-2023 09:21:31

0.67~35Hz AC50 25mm/s 10mm/mV 67 V1.0 SEMIP V1.7



HR	73	bpm
P	104	ms
PR	147	ms
QRS	87	ms
QT/QTc	360/398	ms
P/QRST	48.7/43.4	
RV5/SV1	1.138/0.360	mV

ID: 603
Male
51 Years
cm
kg
kPa

Diagnosis Information:
Sinus Arrhythmia
Normal ECG

Report Confirmed by:

Dr. DONIKA GAPP
M.B.B.S., M.D. (P)
CARDIOPATHOLOGIST

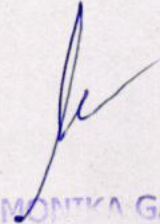

भारत सरकार
 Government of India


 सर्वेश कुमार श्रीवास्तव
 Sarvesh Kumar Srivastava
 जन्म तिथि/DOB: 07/06/1972
 पुरुष/ MALE



9317 5006 2467

मेरा आधार, मेरी पहचान


Dr. MONTKA GARG
 M.B.B.S., (Path.)
GARG PATHOLOGY



भारतीय विशिष्ट पहचान प्राधिकरण
 Unique Identification Authority of India

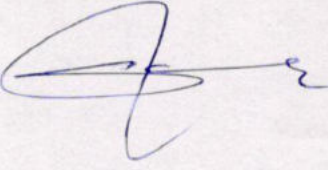
पता:
 S/O M P Srivastava, मकान संख्या-ई-401, सुपरटेक पार्क
 चान्द, मेरठ छात्रावास रोड, मेरठ,
 उत्तर प्रदेश - 250002

Address:
 S/O M P Srivastava, House Number-E-401,
 Supertech palm Green, Major Dhyan
 Chand, Meerut, Meerut,
 Uttar Pradesh - 250002



9317 5006 2467


 भारत सरकार
 www.uidai.gov.in



PATHOLOGY,
LAB

GARG PATHOLOGY

RESTRICTED
AREA
AUTHORIZED
EMPLOYEES ONLY

[Handwritten Signature]
DR. RONIKA GARG
M.B.B.S., M.D. (Path.)
GARG PATHOLOGY

Apr 13, 2023 09:13:44
199° S

Tejgarhi
Meerut Division
Uttar Pradesh

Altitude: 191.8m
Index number: 582





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 : 230413/602 **C. NO:** 602 **Collection Time** : 13-Apr-2023 9:14AM
Patient Name : Mr. SARVESH KUMAR SRIVASTAVA 51Y / **Receiving Time** : 13-Apr-2023 9:37AM
Referred By : Dr. BANK OF BARODA **Reporting Time** : 13-Apr-2023 4:23PM
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)	12.9	gm/dl	13.0-17.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	6590	*10 ⁶ /L	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	71	%.	40-80
Lymphocytes	25	%.	20-40
Eosinophils	01	%.	1-6
Monocytes	03	%.	2-10
Basophils	00	%.	<1-2
Band cells	00	%	0-5
Absolute neutrophil count	4.68	x 10 ⁹ /L	2.0-7.0(40-80%)
Absolute lymphocyte count	1.65	x 10 ⁹ /L	1.0-3.0(20-40%)
Absolute eosinophil count	0.07	x 10 ⁹ /L	0.02-0.5(1-6%)
Method:-((EDTA Whole blood,Automated /			
ESR (Automated Wsetergren`s)	06	mm/1st hr	0.0 - 10.0
RBC Indices			
TOTAL R.B.C. COUNT (Electric Impedence)	4.70	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	40.9	%	26-50
MCV (Calculated)	87.0	fL	80-94
MCH (Calculated)	27.4	pg	27-32
MCHC (Calculated)	31.5	g/dl	30-35



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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

२१ घंटे सुविधा उपलब्ध है।





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RDW-SD (Calculated)	44.5	fL	37-54
RDW-CV (Calculated)	12.4	%	11.5 - 14.5
Platelet Count (Electric Impedence)	1.56	/Cumm	1.50-4.50
MPV (Calculated)	11.8	%	7.5-11.5
NLR 6-9 Mild stres 7-9 Pathological cause	2.84		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.

BLOOD GROUP * "B" POSITIVE \$ \$



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GLYCATED HAEMOGLOBIN (HbA1c)*	5.3	%	4.3-6.3
ESTIMATED AVERAGE GLUCOSE	105.4	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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Referred By	: Dr. BANK OF BARODA	Reporting Time		: 13-Apr-2023 4:25PM	
Sample By	:	Centre Name		: Garg Pathology Lab - TPA	
Organization	:				



Investigation	Results	Units	Biological Ref-Interval
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BIOCHEMISTRY (FLORIDE)

PLASMA SUGAR FASTING (GOD/POD method)	97.0	mg/dl	70 - 110
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Investigation	Results	Units	Biological Ref-Interval
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LIVER FUNCTION TEST

SERUM BILIRUBIN

TOTAL (Diazo)	1.0	mg/dl	0.1-1.2
DIRECT (Diazo)	0.4	mg/dl	<0.3
INDIRECT (Calculated)	0.6	mg/dl	0.1-1.0
S.G.P.T. (IFCC method)	46.0	U/L	8-40
S.G.O.T. (IFCC method)	40.0	U/L	6-37
SERUM ALKALINE PHOSPHATASE (IFCC KINETIC)	112.0	IU/L.	50-126
SERUM PROTEINS			
TOTAL PROTEINS (Biuret)	7.0	Gm/dL.	6-8
ALBUMIN (Bromocresol green Dye)	4.1	Gm/dL.	3.5-5.0
GLOBULIN (Calculated)	2.9	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	1.4		1.5-2.5



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Organization :		

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

PSA*	0.958	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

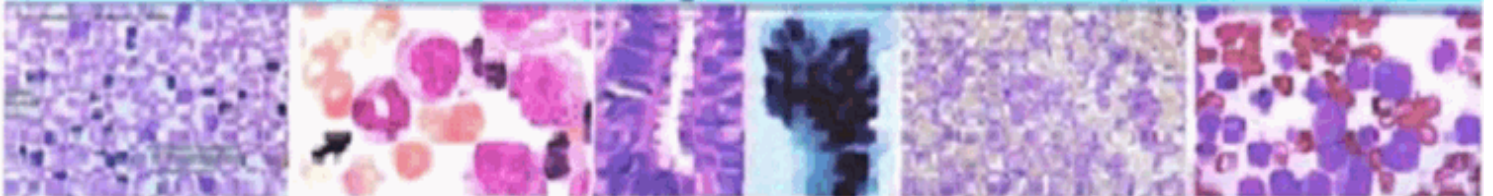


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LIPID PROFILE

SERUM CHOLESTEROL (CHOD - PAP)	182.0	mg/dl	150-250
SERUM TRIGLYCERIDE (GPO-PAP)	83.0	mg/dl	70-150
HDL CHOLESTEROL * (PRECIPITATION METHOD)	44.0	mg/dl	30-60
VLDL CHOLESTEROL * (Calculated)	16.6	mg/dl	10-30
LDL CHOLESTEROL * (Calculated)	121.4	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.

SERUM SODIUM (Na) * (ISE method) (ISE)	142.0	mEq/litre	135 - 155
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Investigation	Results	Units	Biological Ref-Interval
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THYRIOD PROFILE*

Triiodothyronine (T3) * (ECLIA)	0.914	ng/dl	0.79-1.58
Thyroxine (T4) * (ECLIA)	7.328	ug/dl	4.9-11.0
THYROID STIMULATING HORMONE (TSH) (ECLIA)	4.813	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)	4.3	mEq/litre.	3.5 - 5.5
SERUM CALCIUM (Arsenazo)	10.0	mg/dl	9.2-11.0



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URINE

PHYSICAL EXAMINATION

Volume	30	ml	
Colour	pale yellow		
Appearance	Clear		Clear
Specific Gravity	1.010		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 }-----



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LOKPRIYA HOSPITAL

SAMRAT PALACE GARH ROAD, MEERUT-250003

Mr. SARVESH KUMAR SRIVASTAVA
Age/Sex : 51/M

ID : 83
HMWt : 168/86
Recorded : 13-4-2023 11:44

TREADMILL TEST SUMMARY REPORT
Protocol: BRUCE
History:

Indication1 :
Indication2 :
Indication3 :

Medication1 :
Medication2 :
Medication3 :

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	II	ST LEVEL V2 (mm)	V5	ME
SUPINE	0:30	0:30			83	120/80	99	0.5	0.6	0.6	
HYPERVENT					111	120/80	133	0.6	0.4	0.5	
STANDING					107	120/80	128	0.8	0.7	0.8	
STAGE 1	2:59	2:59	2.70	10.00	121	120/80	145	0.5	0.7	0.8	4.8
STAGE 2	5:59	2:59	4.00	12.00	144	130/90	187	-0.2	0.9	0.2	7.1
STAGE 3	8:59	2:59	5.40	14.00	175	140/90	245	-0.2	1.1	0.2	10.0
STAGE 4	9:29	0:29	6.70	16.00	189	150/100	283	0.1	1.0	0.2	10.6
PEAK EXER	9:38	0:38			189	150/100	283	-0.2	0.8	-0.2	10.8
EVENT	1:30	1:30	0.00	0.00	142	150/100	213	1.1	1.2	2.2	
RECOVERY	2:28	2:28	0.00	0.00	129	140/90	180	0.5	0.9	0.9	
	2:59	2:59	0.00	0.00	127	140/90	177	0.2	0.4	0.4	

Exercise Duration : 9:38 Minutes
Max Heart Rate : 189 bpm 111 % of target heart rate 169 bpm
Max Blood Pressure : 150/100 mmHg
Max Work Load : 10.85 METS
Reason of Termination : Achieved THR

IMPRESSIONS
GOOD EFFORT TOLERANCE. NORMAL IONOTROPIC AND CHRONOTROPIC RESPONSE.
NO ANGINA/ARRHYTHMIA'S/ NO SIGNIFICANT ST CHANGES AT PEAK OF TEST.
TEST IS NEGATIVE FOR EXERCISE INDUCED REVERSIBLE ISCHEMIA.

DR. SANJEEV KUMAR BANSAL



सर्वे सन्तु निरामयाः
Freedom from all Sickness

LOKPRIYA HOSPITAL

LOKPRIYA RADIOLOGY CENTRE

SAMRAT PALACE, GARH ROAD, MEERUT - 250003



DATE	13.04.2023	REF. NO.	519		
PATIENT NAME	S K SHRIVASTAVA	AGE	51 YRS	SEX	M
INVESTIGATION	X-RAY CHEST PA VIEW	REF. BY	GARG (PATHOLOGY)		

REPORT

- Trachea is central in position.
- Bilateral lung field show normal broncho vascular markings.
- Cardiac size is within normal limits.
- Both costophrenic angles are clear.
- Both domes of diaphragm are normal in contour and position.

IMPRESSION

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**

Mr. SARVESH KUMAR SRIVASTAVA

I.D. : 83

AGE/SEX : 51/M

RECORDED : 13-4-2023 11:44

RATE : 83 BPM

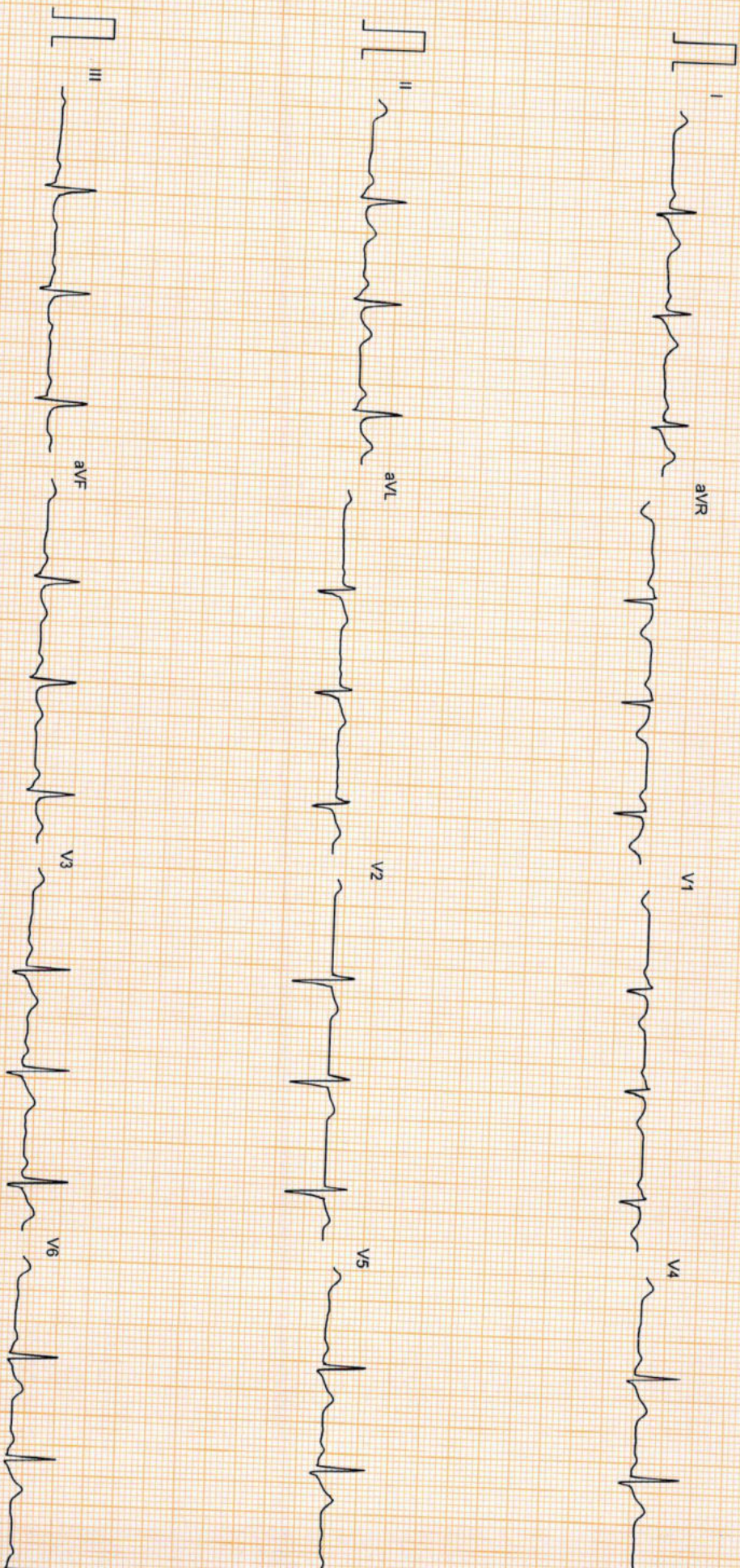
B.P. : 120/80 mmHg

LOKPRIYA HOSPITAL

SUPINE
PRETEST

ST @ 10mm/mV
80ms PostJ

RAW E.C.G.



Filtered

25mm/sec 10mm/mV

DATE	13.04.2023	REF. NO.	272		
PATIENT NAME	S K SHRIVASTAVA	AGE	51YRS	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 (19g) & 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.
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**

Mr. SARVESH KUMAR SRIVASTAVA

I.D. : 83

AGE/SEX : 51/M

RECORDED : 13-4-2023 11:44

RATE : 111 BPM

B.P. : 120/80 mmHg

LOKPRIYA HOSPITAL

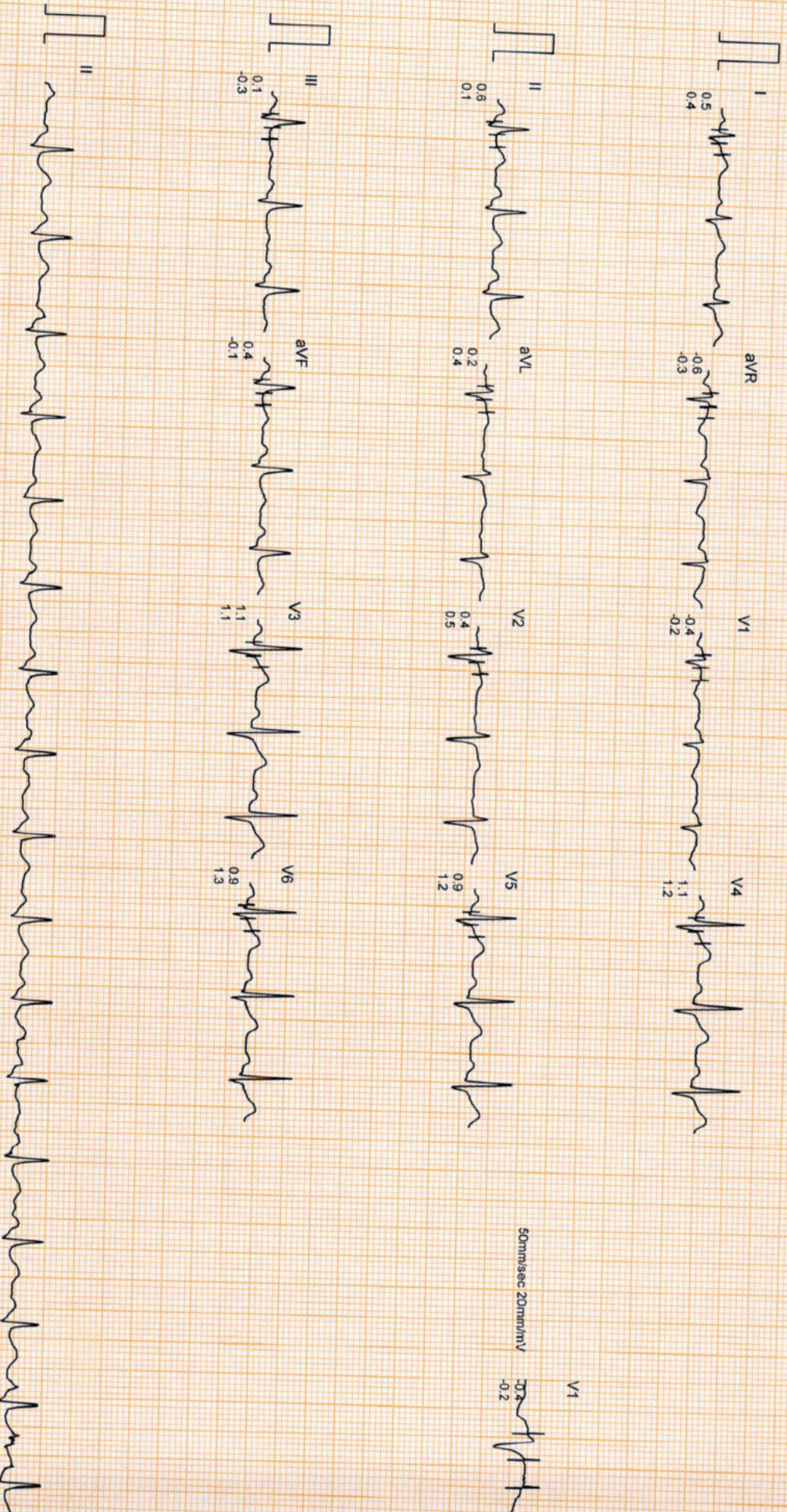
HYPERVENTILATION
PRETEST

PRETEST

STAGE TIME : 0:30

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



50mm/sec 20mm/mV

-0.2

V1

Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

Cardicom, INDIA, Ph.:091-731-2620740, TeleFax:091-731-2431214

Mr. SARVESH KUMAR SRIVASTAVA

I.D. : 83

AGE/SEX : 51/M

RECORDED : 13-4-2023 11:44

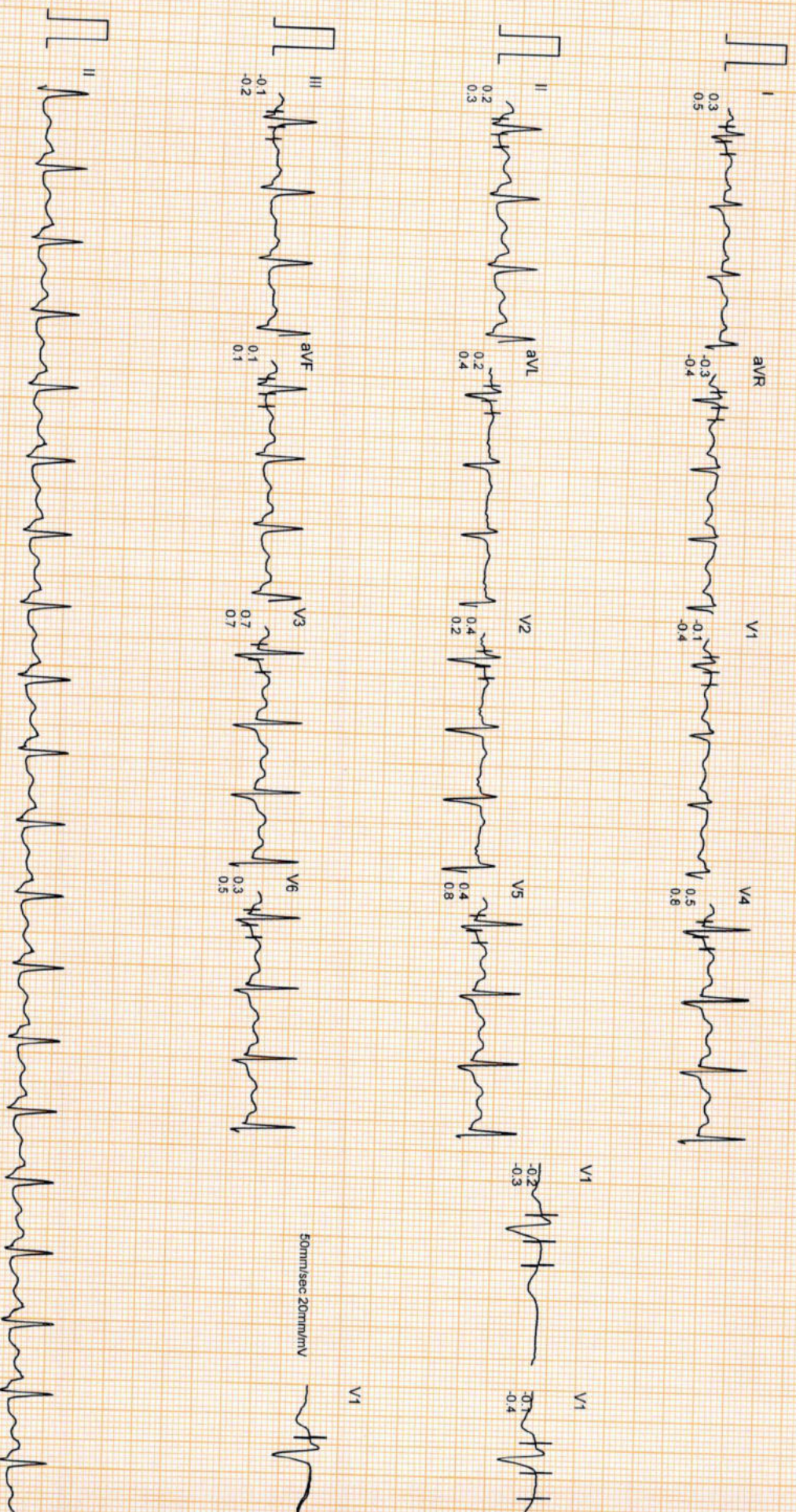
RATE : 127 BPM
B.P. : 140/90 mmHg

LOKPRIYA HOSPITAL

BRUCE
RECOVERY
PHASE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

LINKED MEDIUM



50mm/sec 20mm/mV

Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

Mr. SARVESH KUMAR SRIVASTAVA

I.D. : 83

AGE/SEX : 51/M

RECORDED : 13-4-2023 11:44

RATE : 121 BPM
B.P. : 120/80 mmHg

LOKPRIYA HOSPITAL

BRUCE

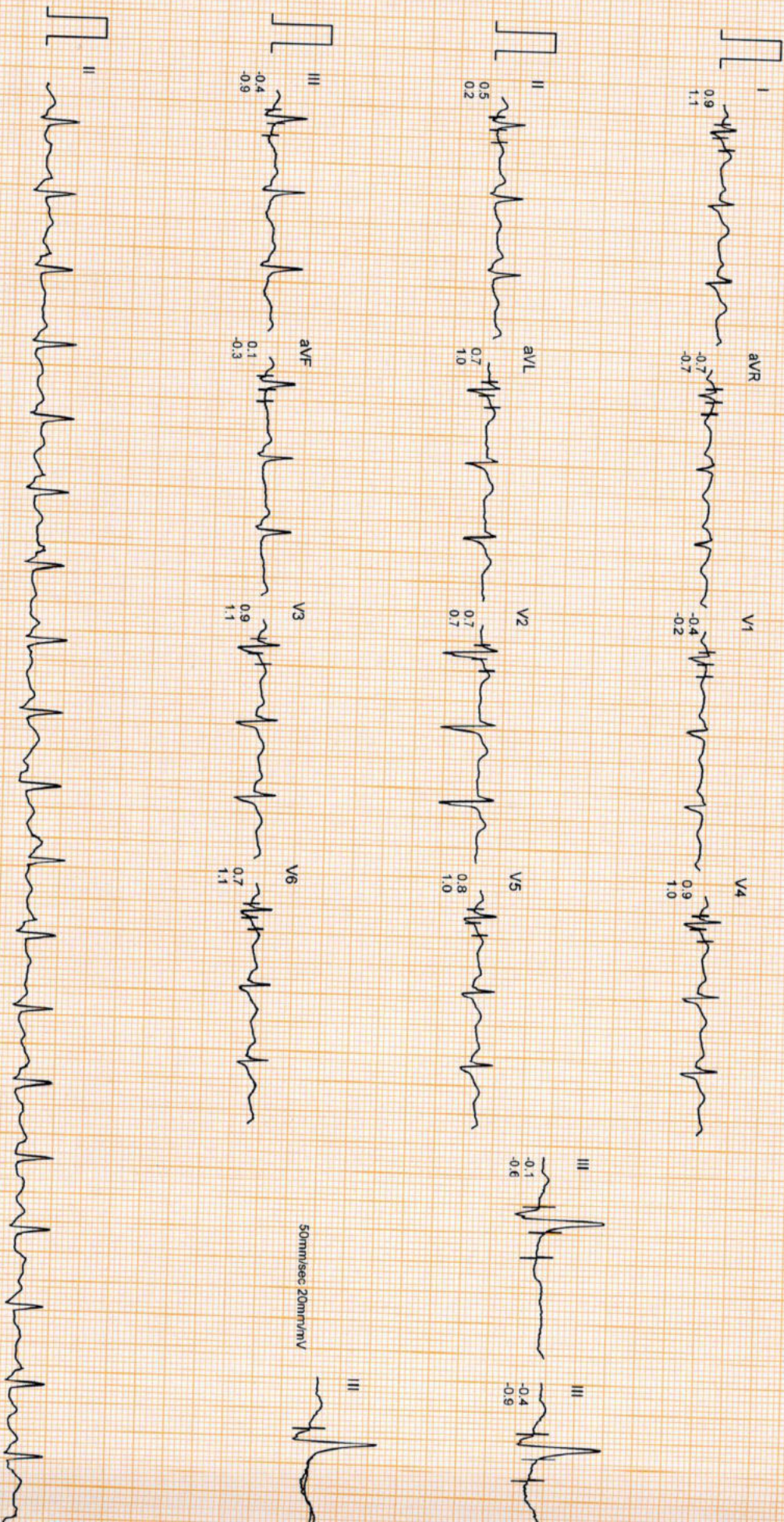
EXERCISE 1

PHASE TIME : 2:59

STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 2.7 Km./Hr.
GRADE : 10.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardCom, INDIA Ph.:091-731-2620740, TeleFax:091-731-2431214

LOKPRIYA HOSPITAL

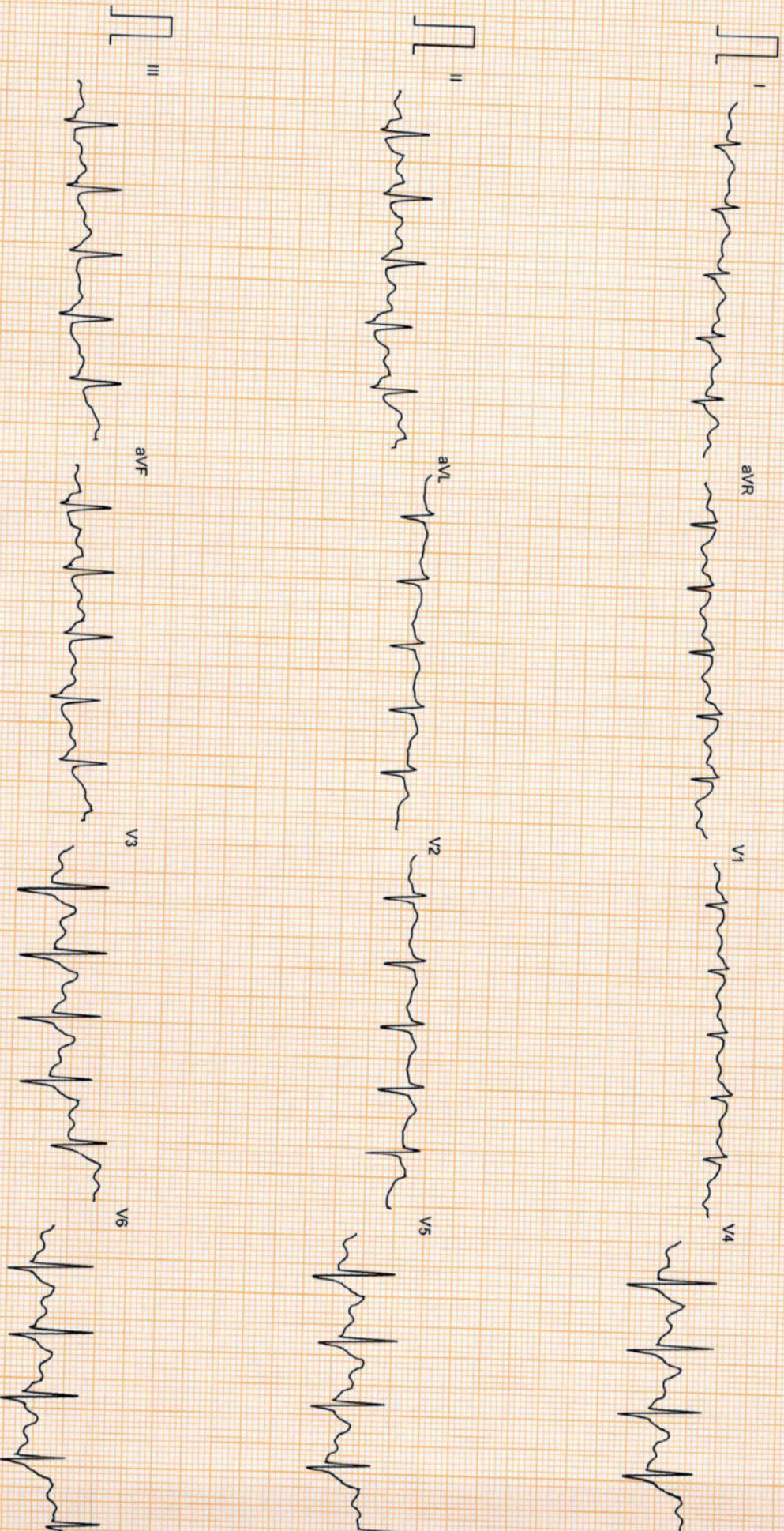
Mr. SARVESH KUMAR SRIVASTAVA
I.D. : 83
AGE/SEX : 51/M
RECORDED : 13-4-2023 11:44

RATE : 142 BPM
B.P. : 150/100 mmHg

BRUCE
RECOVERY (EVENT)
PHASE TIME : 1:30

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

RAW E.C.G.



Filtered

25mm/sec 10mm/mV



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	: 230414/607	C. NO:	607	Collection Time	: 14-Apr-2023 1:36PM
Patient Name	: Mr. SARVESH KUMAR SRIVASTAVA 51Y /	Receiving Time		: 14-Apr-2023 1:42PM	
Referred By	: Dr. BANK OF BARODA	Reporting Time		: 14-Apr-2023 2:06PM	
Sample By	:	Centre Name		: Garg Pathology Lab - TPA	
Organization	:				



Investigation	Results	Units	Biological Ref-Interval
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BIOCHEMISTRY (FLORIDE)

PLASMASUGAR P.P. (GOD/POD method)	116.0	mg/dl	80-140
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-----{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।

