



Meenakshi Diagnostics

73-C, Garh Road, Near Hotel Harmony Inn, Meerut-250002 (U.P.)
Ph. : 0121-2766666, 9458802222, 9458803333, 9458804444, 9458806666

Centre equipped with M.R.I. with upgraded software of 3T Platform, 500 Slice VHS C.T. Scan.
Digital X-Ray, Mammography, O.P.G., 4D / 5D Ultrasound & Colour Doppler, 2-D Echocardiography

PT'S NAME	ARUN KUMAR	AGE/SEX	37	Y	M	FILM
REF. BY	DR. MONIKA GARG MD	DATE	24.06.2023			01

(Identity of the patient can't be verified)

X-RAY CHEST PA VIEW

- Both lungs fields are normal with normal bronchovascular markings.
- Trachea is central.
- Bilateral hilar shadows are normal.
- Cardiac silhouette and mediastinum appear normal.
- Domes of diaphragm are normal in position and contours.
- Both costophrenic and cardiophrenic angles are clear.
- Soft tissue and bony cage are normal.

Please correlate clinically

Dr. Vibha Nimesh
MD (Consultant Radiologist)

Dr. Sandeep Sirohi
DMRD

Dr. Vibha Nimesh
MD

Dr. Sandeep Soam
MBBS MD

Dr. Mohd. Qasim
MBBS, DMRD

Note : Impression is a professional opinion and not a diagnosis. All modern machine / procedures have their limitations. If there is variance clinically this examination may be repeated or re-evaluated by other investigations. Kindly intimate us for any typing mistakes and return the report for correction within 7 days. Not valid for medico-legal purpose.





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Pt. Name	Mr. Arun Kumar	Age/Sex	37 Yrs/M	Film
Ref. By	Dr. Monika Garg MD	Date:	24.06.2023	02

Patient identity can't be verified

USG WHOLE ABDOMEN

Liver: is mildly enlarged in size (16.8) and shows mildly increased parenchymal echogenecity. IHBRs are normal. Margins are regular. **Well-defined hypoechoic area of size ~ 9x3 mm mainly in right lobe – likely focal fat sparing.**

Gall Bladder: is well distended. Wall thickness is normal. No calculus / focal mass seen. No pericholecystic collection seen.

CBD: is normal in caliber, measuring approx. 2.8 mm.

Portal Vein: is normal in caliber, measuring approx. 12 mm.

Pancreas: is normal in size and echotexture. No focal mass seen. No peripancreatic collection seen.

Spleen: is normal in size, measuring ~ 12.3 cm and shows normal echopattern. **A small cyst of size ~ 5x5 mm at superior pole of spleen.**

Right kidney measures 10.7x4 cm. It is normal in size, position, contour and cortical echotexture. No calculus/ hydronephrosis seen. Corticomedullary differentiation is maintained. Renal margins are regular.

Left kidney measures 12.2x5.7 cm. It is normal in size, position, contour and cortical echotexture. No hydronephrosis seen. Corticomedullary differentiation is maintained. Renal margins are regular. **Two small calculi of sizes ~ 3 mm and 3 mm are seen in upper calyx.**


Urinary Bladder: is well distended with normal wall thickness. No calculus/ focal mass seen.

Prostate: is normal in size, measures 3.3x2.4x2.3 cm, volume ~ 10 cc, with normal echotexture.

IMPRESSION: USG findings reveal:

- Mild hepatomegaly with grade II fatty infiltration & focal fat sparing size ~ 9x3 mm mainly in right lobe. **Adv:- Liver function test.**
- Small splenic cyst.
- Left renal calculi with foal hydronephrosis at upper calyx.

Adv: Clinical correlation.


Dr. Renu Diwakar
MBBS (Sonologist)

Dr. Sandeep Sirohi
DMRD

Dr. Vibha Nimesh
MD

Dr. Sandeep Singh Soam
MD

Dr. Renu Diwakar
MBBS

Dr. Mohd. Qasim
DMRD
Ashish

Note : All congenital anomalies may not be diagnosed in routine USG. The USG findings should always be considered in correlation with clinical and other investigations findings to reach the final diagnosis. Kindly intimate us for any typing mistakes and return the report for correction within 7 days. **Not valid for medico-legal purpose.**

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 Mr. Arun Kumar Age/Sex 38 / m C/o Date 24/06/23

Routine eye checkup

→ Both eye Distance vision with glass is normal 6/6 and Near vision is BE 1/6 and Both eye colour vision is normal

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>

Chancellor 9837066186
7535832832
Manager 7895517715
OT 7302222373
TPA 9837897788
(पर्चा सात दिन तक मान्य है)

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
G.P.
R 6/6p
L 6/24

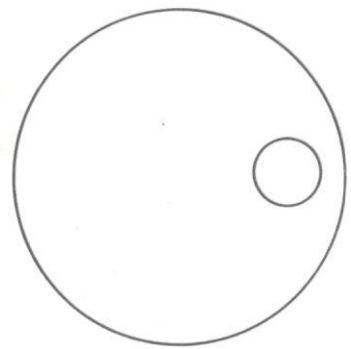
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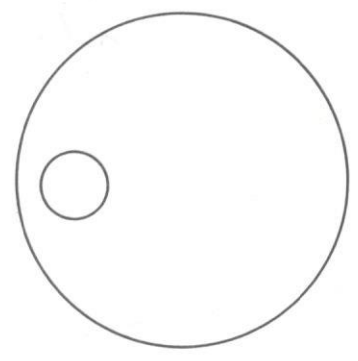
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NORMAC
NORMAC

	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance	-0.50	-0.50	15'	6/6	-0.50	-2.50	85'	6/6
Near				N/6				N/6

PH -0.50
-0.75 -2.00 x 85



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



भारत सरकार
Government of India

अरुण कुमार
Arun Kumar
जन्म तिथि / DOB : 02/04/1985
पुरुष / Male



8436 6343 4596

आधार - आम आदमी का अधिकार

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

[Handwritten Signature]

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: S/O: बीर सिंह, 289,
दरियापुर, दरियापुर, दरियापुर,
हस्तीनपुर, मेरठ, उत्तर प्रदेश,
250404

Address: S/O: Beer Singh, 289, dariyapur,
dariyapur, Dariapur, Hastinapur, Meerut,
Uttar Pradesh, 250404

8436 6343 4596

1947
1800 300 1947

help@uidai.gov.in

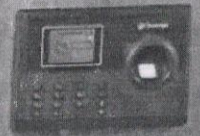
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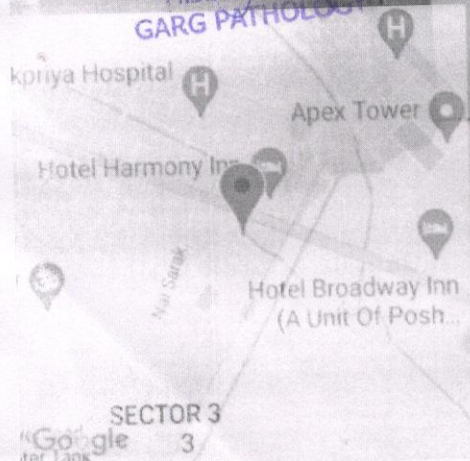
PATHOLOGY LAB



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



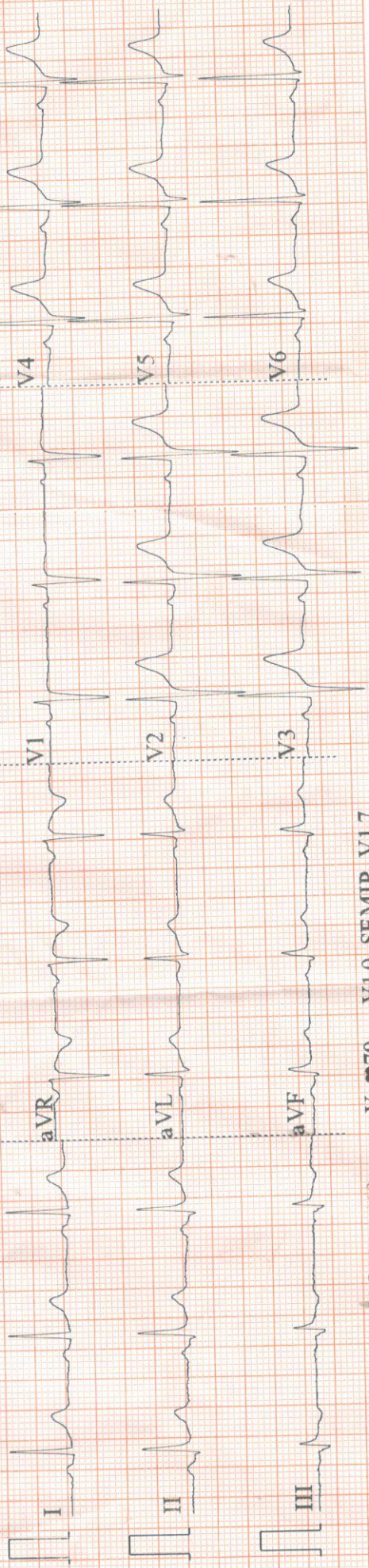
Dr. MONIKA GARG
M.B.B.S., M.D. (Path.)
GARG PATHOLOGY



24/06/2023 10:15:22 am
203° SW

Tejgarh
Meerut Division
Uttar Pradesh
Altitude: 192.0m
Index number: 43

ID: 837 24-06-2023 10:49:06



0.67~35Hz AC50 25mm/s 10mm/mV ♥79 V1.0 SEMIP V1.7

Diagnosis Information:

Sinus Rhythm
Normal ECG

ID: 837

Male

38Years

cm

/ kPa

kg

HR

74 bpm

P

104 ms

PR

146 ms

QRS

86 ms

QT/QTc

346/386 ms

P/QRST

30/36/23 °

RV5/SV1

1.776/0.932 mV Report Confirmed by:

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



METRO

HOSPITAL & HEART INSTITUTE

(A Unit of Metro Institute of Medical Sciences Pvt.Ltd.)
CIN No:- U00000 DL 1990 PTC 039293
(NABH, & ISO 9001: 2008 Certified)

CARDIOLOGY

ECHOCARDIOGRAM REPORT

NAME :Mr. Arun Kumar AGE/SEX :38yrs/M ECHO NO. :163623

REFERRING DIAGNOSIS : To rule out structural heart disease DATE 24/06/2023

Echogenecity : Adequate

DIMENSIONS	NORMAL	NORMAL
AO (ed)	2.9 cm (2.1 - 3.7cm)	IVS (ed) 1.1 cm (0.6 - 1.2 cm)
LA (es)	3.0 cm (2.1 - 3.7 cm)	LVPW (ed) 1.1 cm (0.6 - 1.2 cm)
RVID(ed)	2.1 cm (1.1 - 2.5 cm)	EF 58% (62% - 85%)
LVID(ed)	4.0 cm (3.6 - 5.2 cm)	FS 29% (28% - 42%)
LVID(es)	2.9 cm (2.3 - 3.9 cm)	

MORPHOLOGICAL DATA

Mitral Valve : AML : Normal	Interatrial septum : Intact
PML : Normal	Interventricular Septum : Intact
Aortic Valve : Normal	Pulmonary Artery : Normal
Tricuspid Valve : Normal	Aorta : Normal
Pulmonary Valve : Normal	Right Atrium : Normal
Right Ventricle : Normal	Left Atrium : Normal
Left Ventricle : Normal	

2-D ECHOCARDIOGRAPHY FINDINGS :

LV normal in size with normal contractions. No LV regional wall motion abnormality in basal state. RV normal in size with adequate contractions. LA and RA normal. All cardiac valves are structurally normal. No chamber hypertrophy. IVC normal. Normal respiratory variation. Pericardium normal. No intracardiac mass. Estimated LV ejection fraction is 58%.

COLOR FLOW MAPPING :

No valvular regurgitation.

DOPPLER STUDIES :

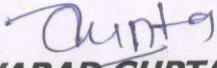
MVIS E > A

Peak systolic velocity across aortic valve = 1.0 m/sec.

No AS/MS/AR/TR/MR/TS/PS/PR

IMPRESSION :

1. LV normal in size with adequate systolic function (LVEF = 58%).
2. No LV regional wall motion abnormality.
3. RV normal in size with adequate systolic function.
4. Normal valves and pericardium.


Done By : DR. VARAD GUPTA
MD, DM (Cardiology), FESC
SR. CONSULTANT CARDIOLOGIST

NOTE : Echocardiography report given is that of the procedure done on that day and needs to be assessed in conjunction with the clinical findings. This is not for medicolegal purposes. No record of this report is kept in the hospital.

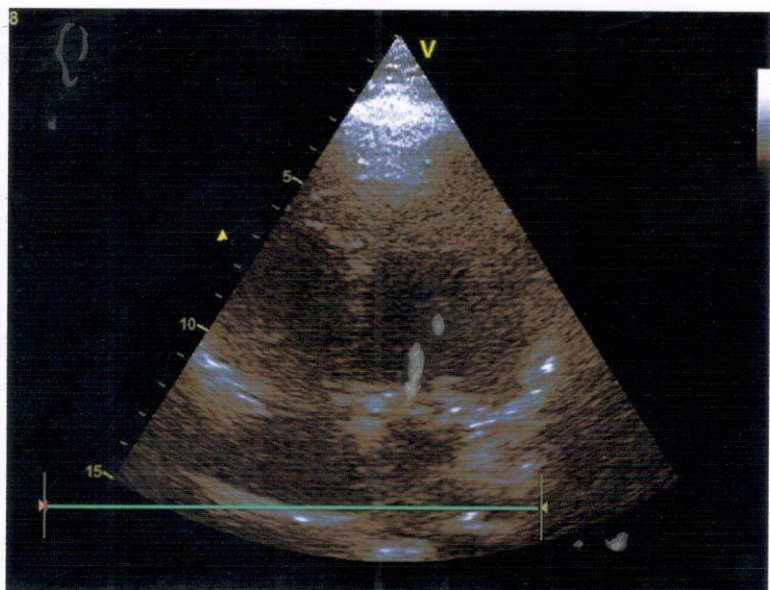
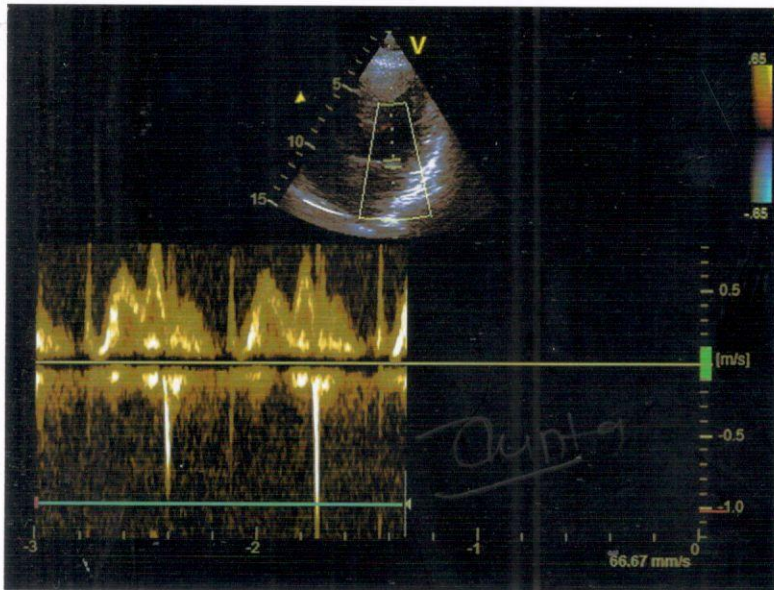
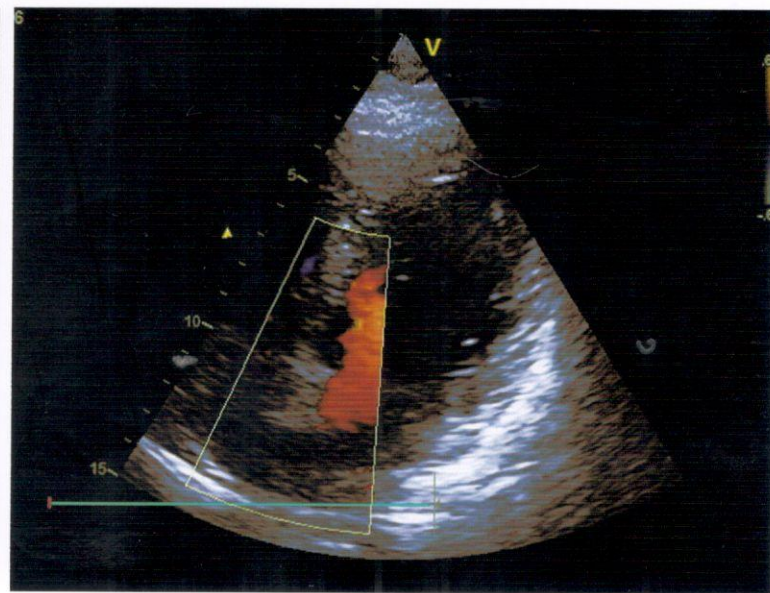
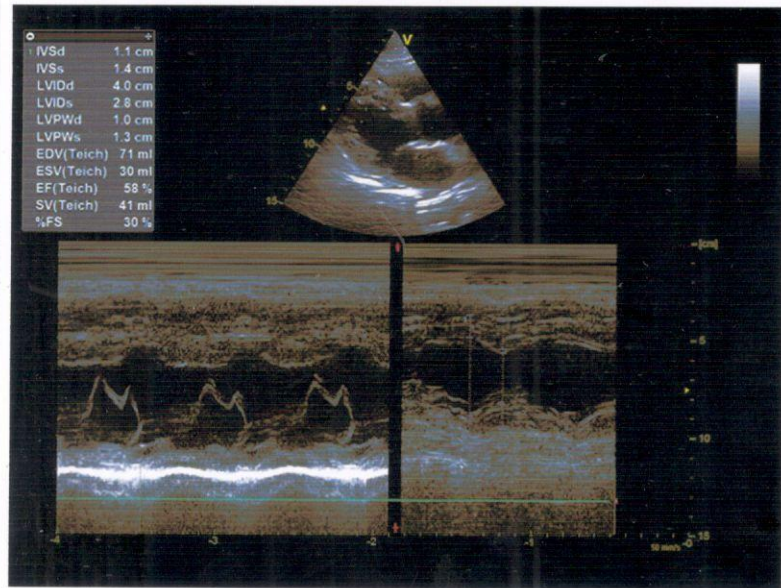
METRO HOSPITAL & HEART INSTITUTE, MEERUT

Name arun kumar

Sex

Age

Date 24/06/2023





Garg Pathology

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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 : 230624/603 **C. NO:** 603 **Collection Time** : 24-Jun-2023 10:15AM
Patient Name : Mr. ARUN KUMAR 38Y / Male **Receiving Time** : 24-Jun-2023 10:38AM
Referred By : Dr. BANK OF BARODA **Reporting Time** : 24-Jun-2023 11:47AM
Sample By : **Centre Name** : Garg Pathology Lab - TPA
Organization : MEDIWHEEL



Investigation	Results	Units	Biological Ref-Interval
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HAEMATOLOGY (EDTA WHOLE BLOOD)

COMPLETE BLOOD COUNT

HAEMOGLOBIN (Colorimetry)	15.5	gm/dl	13.0-17.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	12530	*10 ⁶ /L	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	76	%.	40-80
Lymphocytes	20	%.	20-40
Eosinophils	02	%.	1-6
Monocytes	02	%.	2-10
Basophils	00	%.	<1-2
Band cells	00	%	0-5
Absolute neutrophil count	9.52	x 10 ⁹ /L	2.0-7.0(40-80%)
Absolute lymphocyte count	2.51	x 10 ⁹ /L	1.0-3.0(20-40%)
Absolute eosinophil count	0.25	x 10 ⁹ /L	0.02-0.5(1-6%)

Method:-((EDTA Whole blood,Automated /

RBC Indices

TOTAL R.B.C. COUNT (Electric Impedence)	4.65	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	41.3	%	26-50
MCV (Calculated)	88.8	fL	80-94
MCH (Calculated)	33.3	pg	27-32
MCHC (Calculated)	37.5	g/dl	30-35
RDW-SD	47.4	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।





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(Calculated)			
RDW-CV	12.9	%	11.5 - 14.5
(Calculated)			
Platelet Count	1.59	/Cumm	1.50-4.50
(Electric Impedence)			
MPV	12.1	%	7.5-11.5
(Calculated)			
NLR	3.80		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 * "O" POSITIVE \$ \$



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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(Consultant Pathologist)

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Sample By : **Centre Name** : Garg Pathology Lab - TPA
Organization : MEDIWHEEL



Investigation	Results	Units	Biological Ref-Interval
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GLYCATED HAEMOGLOBIN (HbA1c)*	5.0	%	4.3-6.3
ESTIMATED AVERAGE GLUCOSE	96.8	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 : 24-Jun-2023 11:50AM
Sample By :		Centre Name : Garg Pathology Lab - TPA
Organization : MEDIWHEEL		

Investigation	Results	Units	Biological Ref-Interval
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BIOCHEMISTRY (FLORIDE)

PLASMA SUGAR FASTING (GOD/POD method)	70.0	mg/dl	70 - 110
PLASMASUGAR P.P. (GOD/POD method)	107.0	mg/dl	80-140



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Patient Name : Mr. ARUN KUMAR 38Y / Male		Receiving Time : 24-Jun-2023 10:38AM
Referred By : Dr. BANK OF BARODA		Reporting Time : 24-Jun-2023 11:51AM
Sample By :		Centre Name : Garg Pathology Lab - TPA
Organization : MEDIWHEEL		

Investigation	Results	Units	Biological Ref-Interval
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BIOCHEMISTRY (SERUM)

URIC ACID	4.7	mg/dL.	3.6-7.7
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Investigation	Results	Units	Biological Ref-Interval
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LIVER FUNCTION TEST

SERUM BILIRUBIN

TOTAL (Diazo)	1.2	mg/dl	0.1-1.2
DIRECT (Diazo)	0.4	mg/dl	<0.3
INDIRECT (Calculated)	0.8	mg/dl	0.1-1.0
S.G.P.T. (IFCC method)	45.0	U/L	8-40
S.G.O.T. (IFCC method)	43.0	U/L	6-37
SERUM ALKALINE PHOSPHATASE (IFCC KINETIC)	112.0	IU/L.	50-126
SERUM PROTEINS			
TOTAL PROTEINS (Biuret)	6.9	Gm/dL.	6-8
ALBUMIN (Bromocresol green Dye)	4.0	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



*THIS TEST IS NOT UNDER NABL SCOPE

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PSA* 0.931 ng/ml

ECLIA
NORMAL VALUE

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

KIDNEY FUNCTION TEST

UREA (Urease-GLDH)	26.0	mg / dl	10 - 50
CREATININE (Enzymatic)	1.0	mg/dl	0.6 - 1.4
S.CALCIUM Method:-Arsenazo	9.8	mg/dl	9.2-11.0
SODIUM (NA)* (ISE)	140.0	m Eq/litre.	135 - 155
POTASSIUM (K)* (ISE)	3.9	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 : 230624/603 **C. NO:** 603 **Collection Time** : 24-Jun-2023 10:15AM
Patient Name : Mr. ARUN KUMAR 38Y / Male **Receiving Time** : 24-Jun-2023 10:38AM
Referred By : Dr. BANK OF BARODA **Reporting Time** : 24-Jun-2023 11:51AM
Sample By : **Centre Name** : Garg Pathology Lab - TPA
Organization : MEDIWHEEL



Investigation	Results	Units	Biological Ref-Interval
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LIPID PROFILE

SERUM CHOLESTEROL (CHOD - PAP)	160.0	mg/dl	150-250
SERUM TRIGLYCERIDE (GPO-PAP)	150.0	mg/dl	70-150
HDL CHOLESTEROL * (PRECIPITATION METHOD)	43.0	mg/dl	30-60
VLDL CHOLESTEROL * (Calculated)	30.0	mg/dl	10-30
LDL CHOLESTEROL * (Calculated)	87.0	mg/dL.	0-100
LDL/HDL RATIO * (Calculated)	02.0	ratio	<3.55
CHOL/HDL CHOLESTROL RATIO* (Calculated)	3.7	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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THYRIOD PROFILE*

Triiodothyronine (T3) * (ECLIA)	1.263	ng/dl	0.79-1.58
Thyroxine (T4) * (ECLIA)	8.948	ug/dl	4.9-11.0
THYROID STIMULATING HORMONE (TSH) (ECLIA)	2.036	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.



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Patient Name : Mr. ARUN KUMAR 38Y / Male **Receiving Time** : 24-Jun-2023 10:38AM
Referred By : Dr. BANK OF BARODA **Reporting Time** : 24-Jun-2023 12:07PM
Sample By : **Centre Name** : Garg Pathology Lab - TPA
Organization : MEDIWHEEL



Investigation	Results	Units	Biological Ref-Interval
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URINE

PHYSICAL EXAMINATION

Volume	20	ml	
Colour	Pale Yellow		
Appearance	Clear		Clear
Specific Gravity	1.025		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	0-1	/HPF	1-3
Crystals	Nil		
Casts	Nil		

@ Special Examination

Bile Pigments	Absent		
Blood	Nil		
Bile Salts	Absent		

-----{END OF REPORT }-----



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