NABH ACCREDITED

PRAKASH
EYE HOSPITAL & LASER CENTRE

Dr. AMIT GARG
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

Name Mrs. Shivani Gupta Age/Sex 31 / F C/o .....Date 30/Nov/23

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

Accredited Eye Hospital Western U.P.

First NABH ECO

प्रकाश आँखो का अस्पताल एवं लेजर सैन्टर

PRAKASH EYE HOSPITAL

Website: www.prakasheyehospital.in
Facebook: http://www.prakasheyehospital.in

Counsellor 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 — R 6/6, L 6/6

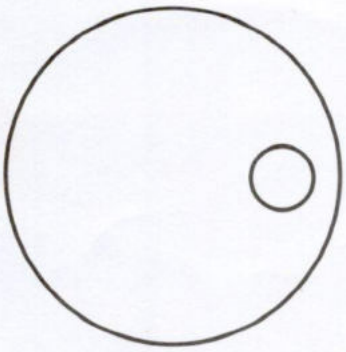
PH — R 6/6, L 6/6

IOP — R 21, L 21 mm/Hg

Nv 2/ N6 N6 @ 30cm

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

(AV) 6/6 for Vn Normal



Dr. MOHIT GARG
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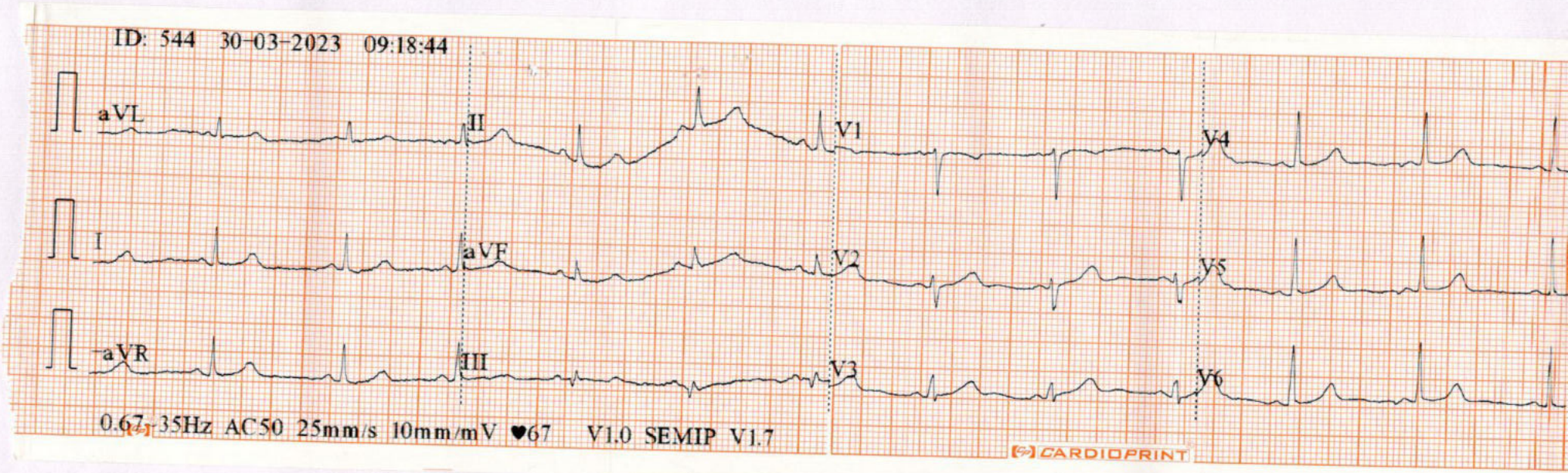
Garg Pathology, Meerut



ID: 544

Female
31Years
cm kg

kPa

Diagnosis Information:
Sinus Rhythm
Normal ECG

HR	: 73	bpm
P	: 92	ms
PR	: 120	ms
QRS	: 75	ms
QT/QTc	: 376/415	ms
P/QRS/T	: 33/32/33	°
RV5/SV1	: 0.956/0.763	mV

Report Confirmed by:

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

भारत सरकार
GOVERNMENT OF INDIA

शिवानी गुप्ता
Shivani Gupta

जन्म वर्ष / Year of Birth : 1991
महिला / Female

4985 8312 1028

आधार – आम आदमी का अधिकार

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

Shivani


PATHOLOGY LAB
GARG PATHOLOGY
S
E
M
N
Apex Tower
Hotel Broadway Inn
(A Unit Of Posh...
Google
30/03/2023 8:35:59 am
188° S
Tejgarhi
Meerut Division
Uttar Pradesh
Altitude:192.0m

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

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M.D. (Path) Gold Medalist
Former Pathologist :
St. Stephan's Hospital, Delhi

PUID	: 230330/605	**C. NO:**	**605**	**Collection Time**	: **30-Mar-2023 9:02AM**
Patient Name	: **Mrs. SHIVANI GUPTA 31Y / Female**			**Receiving Time**	: **30-Mar-2023 9:29AM**
Referred By	: **Dr. BANK OF BARODA**			**Reporting Time**	: **30-Mar-2023 9:39AM**
Sample By	:			**Centre Name**	: **Garg Pathology Lab - TPA**
Organization	:				

Investigation	Results	Units	Biological Ref-Interval

HAEMATOLOGY (EDTA WHOLE BLOOD)

COMPLETE BLOOD COUNT

HAEMOGLOBIN (Colorimetry)	**10.8**	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	7590	*10^6/L	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	78	%.	40-80
Lymphocytes	20	%.	20-40
Eosinophils	**00**	%.	1-6
Monocytes	02	%.	2-10
Absolute neutrophil count	5.92	x 10^9/L	2.0-7.0(40-80%
Absolute lymphocyte count	1.52	x 10^9/L	1.0-3.0(20-40%)
Absolute eosinophil count	0.00	x 10^9/L	0.02-0.5(1-6%)
Method:-((EDTA Whole blood,Automated /			
RBC Indices			
TOTAL R.B.C. COUNT (Electric Impedence)	**3.46**	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	33.5	%	26-50
MCV (Calculated)	**96.8**	fL	80-94
MCH (Calculated)	31.2	pg	27-32
MCHC (Calculated)	32.2	g/dl	30-35
RDW-SD (Calculated)	47.1	fL	37-54
RDW-CV	11.7	%	11.5 - 14.5

***THIS TEST IS NOT UNDER NABL SCOPE**

Checked By Technician:

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MBBS, MD(Path)
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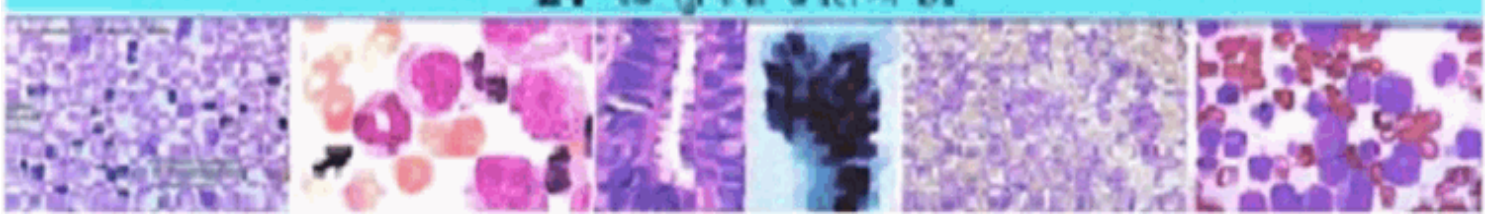

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Organization	:				

Investigation	Results	Units	Biological Ref-Interval
(Calculated)			
Platelet Count	2.72	/Cumm	1.50-4.50
(Electric Impedence)			
MPV	10.2	%	7.5-11.5
(Calculated)			
NLR	**3.90**		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 *	"B" POSITIVE	$	$

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

Investigation	Results	Units	Biological Ref-Interval
GLYCATED HAEMOGLOBIN (HbA1c)*	4.8	%	4.3-6.3
ESTIMATED AVERAGE GLUCOSE	91.1	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
-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.

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

Investigation	Results	Units	Biological Ref-Interval
BIOCHEMISTRY (FLORIDE)			
PLASMA SUGAR FASTING (GOD/POD method)	95.0	mg/dl	70 - 110
PLASMASUGAR P.P. (GOD/POD method)	134.0	mg/dl	80-140

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Referred By	: **Dr. BANK OF BARODA**			**Reporting Time**	: **30-Mar-2023 10:36AM**
Sample By	:			**Centre Name**	: **Garg Pathology Lab - TPA**
Organization	:				

Investigation	Results	Units	Biological Ref-Interval
	BIOCHEMISTRY (SERUM)		
SERUM CREATININE (Enzymatic)	0.7	mg/dl	0.6-1.4
URIC ACID	2.6	mg/dL.	2.5-6.8
BLOOD UREA NITROGEN	10.50	mg/dL.	8-23

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

Investigation	Results	Units	Biological Ref-Interval
LIVER FUNCTION TEST			
SERUM BILIRUBIN			
TOTAL (Diazo)	0.6	mg/dl	0.1-1.2
DIRECT (Diazo)	0.3	mg/dl	<0.3
INDIRECT (Calculated)	0.3	mg/dl	0.1-1.0
S.G.P.T. (IFCC method)	13.0	U/L	8-40
S.G.O.T. (IFCC method)	16.8	U/L	6-37
SERUM ALKALINE PHOSPHATASE (IFCC KINETIC)	88.5	IU/L.	37-103
SERUM PROTEINS			
TOTAL PROTEINS (Biuret)	6.9	Gm/dL.	6-8
ALBUMIN (Bromocresol green Dye)	3.8	Gm/dL.	3.5-5.0
GLOBULIN (Calculated)	3.1	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	**1.2**		1.5-2.5

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

Investigation	Results	Units	Biological Ref-Interval
LIPID PROFILE			
SERUM CHOLESTEROL (CHOD - PAP)	**142.6**	mg/dl	150-250
SERUM TRIGYCERIDE (GPO-PAP)	109.0	mg/dl	70-150
HDL CHOLESTEROL * (PRECIPITATION METHOD)	43.5	mg/dl	30-60
VLDL CHOLESTEROL * (Calculated)	21.8	mg/dl	10-30
LDL CHOLESTEROL * (Calculated)	77.3	mg/dL.	0-100
LDL/HDL RATIO * (Calculated)	01.8	ratio	<3.55
CHOL/HDL CHOLESTROL RATIO* (Calculated)	**3.3**	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)	139.0	mEq/litre	135 - 155

(ISE)

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Organization	:				

Investigation	Results	Units	Biological Ref-Interval
THYRIOD PROFILE*			
Triiodothyronine (T3) * (ECLIA)	1.105	ng/dl	0.79-1.58
Thyroxine (T4) * (ECLIA)	9.433	ug/dl	4.9-11.0
THYROID STIMULATING HORMONE (TSH) (ECLIA)	2.347	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 disordes 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 POTASSIUM (K) * (ISE method)	3.7	mEq/litre.	3.5 - 5.5
SERUM CALCIUM (Arsenazo)	**8.1**	mg/dl	9.2-11.0

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

Investigation	Results	Units	Biological Ref-Interval
	URINE		
PHYSICAL EXAMINATION			
Volume	20	ml	
Colour	Pale Yellow		
Appearance	Clear		Clear
Specific Gravity	1.015		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	3-4	/HPF	0-2
Epithilial 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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DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE	: 30/03/2023	**REFERENCE NO.**	: 11070
PATIENT NAME	: SHIVANI GUPTA	**AGE/SEX**	: 31YRS/F
REFERRED BY	: DR. MONIKA GARG	**ECHOGENECITY**	: NORMAL

REFERRING DIAGNOSIS : To rule out structural heart disease.

ECHOCARDIOGRAPHY REPORT

DIMENSIONS		*NORMAL*			*NORMAL*
AO (ed)	*1.9 cm*	(2.1 - 3.7 cm)	*IVS (ed)*	*1.0 cm*	(0.6 - 1.2 cm)
LA (es)	*2.3 cm*	(2.1 - 3.7 cm)	*LVPW (ed)*	*1.0 cm*	(0.6 - 1.2 cm)
RVID (ed)	*1.2 cm*	(1.1 - 2.5 cm)	*EF*	*60%*	(62% - 85%)
LVID (ed)	*3.7 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*	*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

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. Aortic valve is thickened and rest other cardiac valves are structurally normal. No Chamber Hypotrophy/ intracardiac mass. Estimated LV ejection fraction is 60%.

DOPPLER STUDIES :

Valve	Regurgitation	Velocity m/sec	Gradient mmHg
Mitral Valve	Trace	0.79	2.3
Tricuspid Valve	No	0.86	2.6
Pulmonary Valve	No	0.69	2.1
Aortic Valve	No	1.0	4.2

IMPRESSION :

- *No RWMA.*
- *Normal LV Systolic Function (LVEF = 60%).*
- *Trace MR.*

DR. SANJEEV KUMAR BANSAL
MD, Dip. CARD (Cardiology) FCCS
(Non-Invasive Cardiology)
Lokpriya Heart Centre

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.