

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 Mandayesh Age/Sex 43 / F C/o Date 10/sep/22

Go Regular eye checkup


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

(पर्चा सात दिन तक मान्य है)

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

भारत सरकार
Government of India

मदरेश
Madaresh
जन्म तिथि / DOB : 01/01/1979
महिला / Female

4140 7869 7007

आधार - आम आदमी का अधिकार



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

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
W/O: देवेन्द्र, हाउस न-100, बधाई
खुर्द, बधाई खुर्द, मुजफ्फरनगर, बधाई
खुर्द, उत्तर प्रदेश, 251202

Address:
W/O: Devendra, House NO-100,
Badhai khurd, Badhai Khurd,
Muzaffarnagar, Badhai Khurd,
Uttar Pradesh, 251202

4140 7869 7007

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

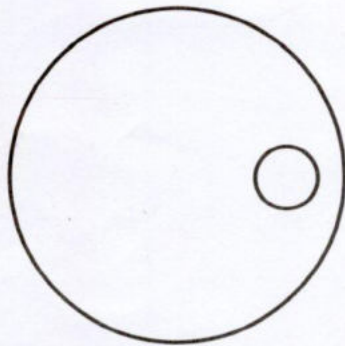
Vn
 R 6/6p
 L 6/12p

PH
 R 6/6
 L 6/6

IOP
 R 11
 L 16 mmHg

BE colour vision
 NORMAL
 NORMAL

	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance	+0.50	—	—	6/6	+0.50	+1.50	40'	6/6.
Near Add BE	+1.50	—	—	M/6	+1.50	—	—	M/6.



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 Garg Pathology, Meerut

PATHOLOGY
LAB

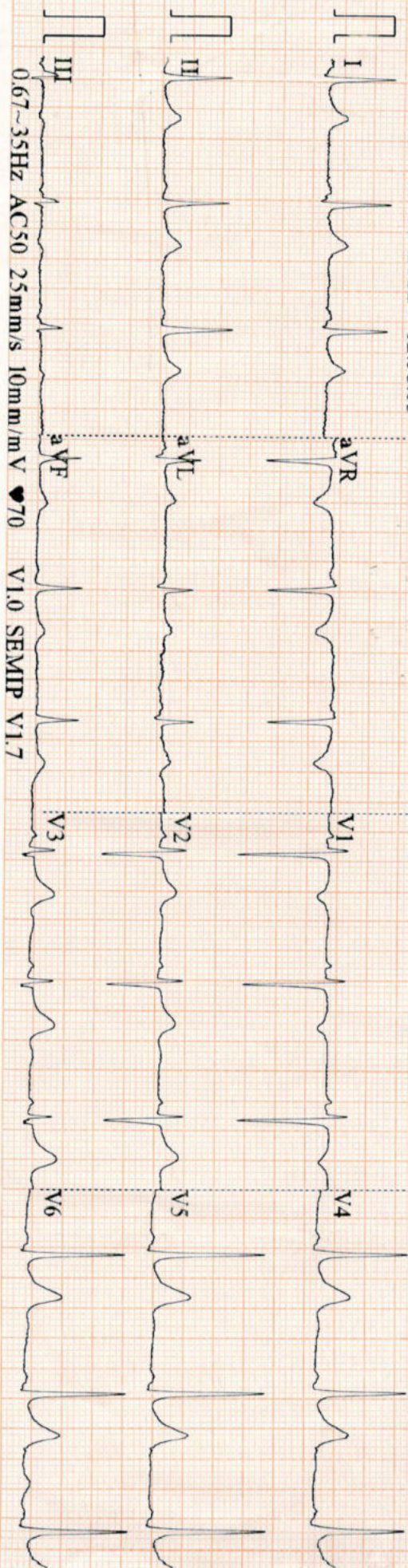


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Meerut, Uttar Pradesh, India
XP8J+P97, Sector 3, Tejgarhi, Meerut, Uttar Pradesh 250004,
India
Lat 28.96621°
Long 77.731457°
10/09/22 12:34 PM

ID: 860 10-09-2022 12:56:05



ID: 860

Female
43Years
cm

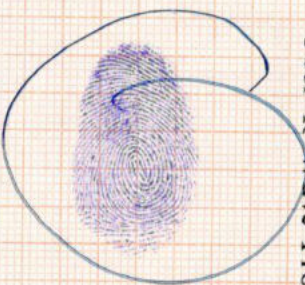
kg

kPa

Diagnosis Information:

Sinus Rhythm
Short PR Interval
Poor R Wave Progression(V3)

HR 68 bpm
P 96 ms
PR 118 ms
QRS 87 ms
QT/QTc 402/430 ms
P/QRS/T 14/38/27 °
RV5/SV1 1.813/1.450 mV



Report Confirmed by:

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

DATE	10.09.2022	REF. NO.	7181		
PATIENT NAME	MADRESH	AGE	43YRS	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- Mildly enlarged in size (13.2) cm.

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

Mild splenomegaly.

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
 P.S. 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.

DATE	10.09.2022	REF. NO.	8848		
PATIENT NAME	MADARESH	AGE	43 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.

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• 1.5 Tesla MRI • 64 Slice CT • Ultrasound
 • Doppler • Dexa Scan / BMD • Digital X-ray

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

DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE : 10.09.2022 REFERENCE NO. : -----
 PATIENT NAME : MADARESH AGE/SEX : 43YRS/F
 REFERRED BY : DR. MONIKA GARG ECHOGENECITY : NORMAL
 REFERRING DIAGNOSIS : To rule out structural heart disease.

ECHOCARDIOGRAPHY REPORT

DIMENSIONS	NORMAL	NORMAL
AO (ed) 2.5 cm	(2.1 - 3.7 cm)	IVS (ed) 1.0 cm (0.6 - 1.2 cm)
LA (es) 2.6 cm	(2.1 - 3.7 cm)	LVPW (ed) 0.9 cm (0.6 - 1.2 cm)
RVID (ed) 1.4 cm	(1.1 - 2.5 cm)	EF 55% (62% - 85%)
LVID (ed) 4.0 cm	(3.6 - 5.2 cm)	FS 27% (28% - 42%)
LVID (es) 2.9 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 :

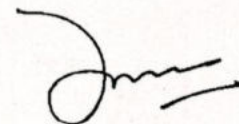
LV normal in size with normal contractions. No LV regional wall motion abnormality seen. RV normal in size with adequate contractions. LA and RA normal. All cardiac valves are structurally normal. No chamber hypertrophy/intracardiac mass. Estimated LV ejection fraction is 55%.

DOPPLER STUDIES :

Valve	Regurgitation	Velocity m/sec	Gradient mmHg
Mitral Valve	Trace	0.94	3.4
Tricuspid Valve	Moderate	2.6	28.0
Pulmonary Valve	No	0.84	2.4
Aortic Valve	No	0.68	2.1

IMPRESSION :

- No RWMA.
- Adequate LV Systolic Function (LVEF = 55%).
- Trace MR, Moderate TR, Mild PAH.



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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M.D. (Path) Gold Medalist

Former Pathologist :

St. Stephan's Hospital, Delhi

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Patient Name : Mrs. MADARESH 43Y / Female **Receiving Time** : 10-Sep-2022 11:53AM
Referred By : Dr. BANK OF BARODA **Reporting Time** : 10-Sep-2022 5:15PM
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)	8.7	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	6540	*10 ⁶ /L	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	52	%.	40-80
Lymphocytes	43	%.	20-40
Eosinophils	03	%.	1-6
Monocytes	02	%.	2-10
Absolute neutrophil count	3.40	x 10 ⁹ /L	2.0-7.0(40-80%)
Absolute lymphocyte count	2.81	x 10 ⁹ /L	1.0-3.0(20-40%)
Absolute eosinophil count	0.20	x 10 ⁹ /L	0.02-0.5(1-6%)

Method:-((EDTA Whole blood,Automa

RBC Indices

TOTAL R.B.C. COUNT (Electric Impedence)	4.50	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	30.8	%	26-50
MCV (Calculated)	68.4	fL	80-94
MCH (Calculated)	19.3	pg	27-32
MCHC (Calculated)	28.2	g/dl	30-35
RDW-SD (Calculated)	52.5	fL	37-54



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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MBBS, MD(Path)
(Consultant Pathologist)

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RDW-CV (Calculated)	18.7	%	11.5 - 14.5
Platelet Count (Electric Impedence)	2.25	/Cumm	1.50-4.50
MPV (Calculated)	10.8	%	7.5-11.5
GENERAL BLOOD PICTURE			
NLR 6-9 Mild stres 7-9 Pathological cause	1.21		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 **31** mm 0-15
BLOOD GROUP * "A" POSITIVE \$ \$



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GLYCATED HAEMOGLOBIN (HbA1c)*	5.5	%	4.3-6.3
ESTIMATED AVERAGE GLUCOSE	111.2	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	83.0	mg/dl	70 - 110
(GOD/POD method)			



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BIOCHEMISTRY (SERUM)

URIC ACID	4.0	mg/dL.	2.5-6.8
BLOOD UREA NITROGEN	11.20	mg/dL.	8-23



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LIVER FUNCTION TEST

SERUM BILIRUBIN

TOTAL 0.7 mg/dl 0.1-1.2
(Diazo)

DIRECT 0.3 mg/dl <0.3
(Diazo)

INDIRECT 0.4 mg/dl 0.1-1.0
(Calculated)

S.G.P.T. 40.5 U/L 8-40
(IFCC method)

S.G.O.T. 34.5 U/L 6-37
(IFCC method)

SERUM ALKALINE PHOSPHATASE 88.0 IU/L 37-103
(IFCC KINETIC)

SERUM PROTEINS

TOTAL PROTEINS 6.8 Gm/dL 6-8
(Biuret)

ALBUMIN 3.7 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)	27.0	mg / dl	10 - 50
CREATININE (Enzymatic)	0.8	mg/dl	0.6 - 1.4
S.CALCIUM Method:-Arsenazo	9.7	mg/dl	9.2-11.0
SODIUM (NA)* (ISE)	140.0	m Eq/litre.	135 - 155
POTASSIUM (K)* (ISE)	4.2	m Eq/litre.	3.5 - 5.5



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LIPID PROFILE

SERUM CHOLESTEROL (CHOD - PAP)	142.0	mg/dl	150-250
SERUM TRIGYCEIDE (GPO-PAP)	75.0	mg/dl	70-150
HDL CHOLESTEROL * (PRECIPITATION METHOD)	42.1	mg/dl	30-60
VLDL CHOLESTEROL * (Calculated)	15.0	mg/dl	10-30
LDL CHOLESTEROL * (Calculated)	84.9	mg/dL.	0-100
LDL/HDL RATIO * (Calculated)	02.0	ratio	<3.55
CHOL/HDL CHOLESTROL RATIO* (Calculated)	3.4	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) * 1.032 ng/dl 0.79-1.58
(ECLIA)

Thyroxine (T4) * 8.411 ug/dl 4.9-11.0
(ECLIA)

THYROID STIMULATING HORMONE (T) 1.890 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 9.7 mg/dl 9.2-11.0
(Arsenazo)



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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

२१ 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 : 220910/608	C. NO: 608	Collection Time : 10-Sep-2022 11:36AM
Patient Name : Mrs. MADARESH 43Y / Female		Receiving Time : 10-Sep-2022 11:53AM
Referred By : Dr. BANK OF BARODA		Reporting Time : 10-Sep-2022 5:20PM
Sample By :		Centre Name : Garg Pathology Lab - TPA
Organization :		

Investigation	Results	Units	Biological Ref-Interval
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URINE

PHYSICAL EXAMINATION

Volume	20	ml	
Colour	Pale Yellow		
Appearance	Clear		Clear
Specific Gravity	1.015		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	1-2	/HPF	0-2
Epithelial Cells	3-4	/HPF	1-3
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:

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

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