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LABORATORIES

152-R, Model Town, Panipat
Your Own Trusted Lab



Pathology Report

Lab. No.	: 26052	Date	: 23/Mar/2024
Patient Name	: Mr. VIKRAM SINGH	UHID	: 140042
Age/Gender	: 31 Years/M	Sample Date & Time	: 23/Mar/2024 09:00 OPD No.: 2825
Referred By	: self	Reporting Date & Time	: 23/3/24

Test Name	Observed Values	Biological Ref. Range
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HEMATOLOGY

CBC (Complete Blood Count)

HAEMOGLOBIN	12.6	12.0 - 18.0 %
TLC	7890.0	4000.0 - 11000.0 /cumm
DIFFERENTIAL LEUCOCYTE COUNT (DLC)		
POLYMORPHS	65.9	40.0 - 70.0 %
LYMPHOCYTES	24.9	20.0 - 40.0 %
MONOCYTES	3.6	2.0 - 10.0 %
EOSINOPHILS	5.6	1.0 - 6.0 %
BASOPHIL	0.0	0.0 - 1.0 %
PCV	36.5	40.0 - 54.0 %
MCV	81.1	76.0 - 96.0 femtoliter
MCH	27.9	27.0 - 32.0 picogram
MCHC	34.4	30.0 - 35.0 gm/dl
RBC COUNT	4.5	4.5 - 6.5 mill/cumm
PLATELET COUNT	2.51	1.50 - 4.00 lacs/cumm

***** End of Report *****

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Dr. Abhishek Khara
MBBS, MD Pathology

Dr. Suniana Garg
MBBS, MD Microbiology

Dr. Vinika Arora
MBBS, MD Pathology



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BIOCHEMISTRY

LIPID PROFILE

CHOLESTROL TOTAL	228.30	60.00 - 230.00 mg /dl
6		
TRIGLYCERIDE	193.3	25.0 - 160.0 mg /dl
HDL CHOLESTROL	50.14	35.00 - 70.00 mg /dl
VLDL CHOLESTROL	38.66	14.00 - 34.00 mg /dl
LDL CHOLESTROL	139.50	60.00 - 160.00 mg /dl
TOTAL /HDL RATIO	4.55	4.00 - 5.00 -----
LDL/HDL RATIO	2.78	

***** End of Report *****

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NOT FOR MEDICO-LEGAL PURPOSE. Histopathology/ Cytology diagnosis is based upon subjective interpretation of Findings. Opinion may vary. Slides in doubtful cases may be reviewed from some teaching institution. Slides, Specimens and Blocks are discarded after 6 months. Result may vary & depend on quality, timings & methods of collection of sample.



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BIOCHEMISTRY

KFT

BUN	8.76	6-20 mg/dl
BLOOD UREA	21.03	15-45
CREATININE	0.77	0.7 - 1.4
URIC ACID	6.40	3.4 - 7.4
SODIUM	142.0	135 - 155
POTASSIUM	4.01	3.5 - 5.5

NOTE: KFT includes a group of blood tests to determine the functioning of kidneys. It is advised in symptoms such as puffiness around eyes, bloody urine etc and also as a part of routine health check up

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BIOCHEMISTRY

LFT

ALBUMIN gm/dl	3.15	3.4-5.4
SERUM GLOBULIN	4.25	2.0-3.5
Total Bilirubin	0.98	0.1-1.2
Direct Bilirubin	0.44	0.0-0.3
Indirect Bilirubin	0.54	0.1-1.0
SGPT	27.43	5-40
SGOT	29.80	8-37
ALP	151.1	60-170
Total Proteins	7.40	6.0-8.3

***** End of Report *****

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BIOCHEMISTRY

<u>B Sugar (F)</u>	110.40	70.00 - 110.00 mg/dl
<u>B Sugar (PP)</u>	139.10	70.00 - 140.00 mg/dl

HEMATOLOGY

BLOOD GROUP & RH

Blood Group	A
RH Typing	Positive

<u>ESR (WESTERGRENS)</u> mmhg	20	02-20
------------------------------------	----	-------

Urine Examination

<u>urine for suger fasting</u>	Nil
<u>urine for suger pp</u>	Nil

***** End of Report *****

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THYROID PROFILE

Name: Mr. Vikram singh	Age: 31 Years	Sex: male
Date of sample collection: 23-03-2024	Date of Reporting : 23-03-2024	

TEST	VALUE OBSERVED	NORMAL RANGE
T3,TOTAL	1.14	0.69-2.15 ng/ml
T4,TOTAL	8.04	5.20-12.70 ug/dl
TSH	3.24	0.30 - 4.50 nIU/ml

Note:-

- In primary hypothyroidism, TSH levels are significantly raised, but in secondary & tertiary hypothyroidism TSH levels may be low.
- In primary hypothyroidism, TSH levels are increased.
- Low T3,T4 with elevated TSH indicate hypothyroidism.
- High T3,T4 with low TSH indicate hyperthyroidism.
- Kindly correlate clinically.

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Name : Mr.Vikram singh

Sex / Age : 31 Years/male

Referred By : Self

Collection Date : 23/03/2024

Reporting Date : 23/03/2024

SEROLOGY

Test Name	Result	Unit	Reference Range
<u>HbA1C</u>			
HbA1C (By Hplc Method – D10 Bio-Rad)	5.6	%	Normal 4.5 – 6.0 Good Control 6.0 – 7.0 Moderate Control 7.0 - 8.0 Poor Control 8.0 and Above.

Instrument Used

D10 Bio-Rad (U.S.A)

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CLINICAL

URINE Routine & Microscopy

VOLUME	30ml	
COLOUR	P.YELLOW	P.YELLOW
SPECIFIC GRAVITY	1.018	1.003-1.035
APPEARANCE	Clear	
PH	Acidic	4.7-7.5
URINE GLUCOSE	Nil	
URINE PROTEIN	+++	
EPITHELIAL CELLS	Nil	2-3
PUS CELLS	2-3	2-3
RBCS	NIL	NIL
CAST	NIL	NIL
CRYSTAL	NIL	NIL
OTHER	NIL	NIL

***** End of Report *****

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NABH ACCREDITED



GUPTA EYE HOSPITAL LLP LASIK LASER CENTRE DR. ISHA'S APEX PATH LAB



AN ISO 9001:2015 CERTIFIED HOSPITAL & LAB

332-R, MODEL TOWN, NEAR LAL TANKI MARKET, PANIPAT-132 103 (HARYANA)

Dr. B. K. Gupta

M.B.B.S., M.S. (Ophthal), F.I.A.M.S.
Ex. Resi. P.G.I., Chandigarh
Phaco, Glaucoma & Squint Surgeon
97281-00332

Dr. Kanau Gupta

M.B.B.S., M.S. (Ophthal), F.V.R.
Fellow Vitreo Retina (Rajiv Gandhi Univ.)
Ex. VR Surgeon, Centre for Sight, Delhi
Phaco, Retina & LASIK Surgeon
97285-00332

Prof. (Dr.) Isha Gupta

M.B.B.S., M.D. (Pathology)
M.U.H.S., Nashik
Consultation : 5-8 pm
0180-4011150

EYE SERVICES

Cataract :

- Phaco by Centurian Vision System
सकंद मोतिये का आग्रेशन

LASIK Laser (Zeiss Germany) :

- चस्मा हटाने का लेजर

Retina Clinic :

- FFA/OCT
- OCT Angio - Dyeless, Painless, Injectionless
Angiography of Eye
- ROP Screening
- Green Laser / पर्दे का इलाज

Cornea Clinic :

- OCT/Pentacam/Topography - For High
Resolution Imaging of Complete Cornea
- C3R - Corneal Collagen Crosslinking for
Keratoconus

Dry Eye Clinic :

- IDRA - For Dry Eye Diagnosis & Evaluation
- IRPL - Pulse Laser Therapy for Dry Eye

Glaucoma Clinic :

- Perimetry, OCT-RNFL
- NCT, GAT

PATH LAB SERVICES

- Fully Computerised
- Hematology
- Clinical Pathology
- Biopsy
- Cytology
- Biochemistry

Preventive Care : Save Eyes from Dust

Diet Advised : Normal / Diabetic

Pain Score :

HOSPITAL TIMINGS

9.30 am to 1.00 pm, 5.00 pm to 7.00 pm

Sunday : 10.00 am to 12.00 noon

Name	VIKRAM SINGH	UID	6280501043	OPD Regn No.	193256
Age/Sex	31 M	Ref. By		Dated	23-Mar-24 at 13:33
Category	General -			Amount Recd	0.00

C/o & Initial Assessment

MEDICAL CHECK UP
COLOUR VISION NORMAL

Diagnosis :

RE : : NAD (NO ABNORMALITY DETECTED)

LE : :

VA RE : 6/6

VA LE : 6/6

Rx

Revisit after 5 days on 28-Mar-2024 or before, if any problem.

...Dr B. K. Gupta
(Regn. No. HN 1428)

Dr. B.K. GUPTA
M.B.B.S., M.S. (Ophthalmology)
GUPTA EYE HOSPITAL -LLP
332-R, Model Town, Panipat
REG. No. HN-1428

For Appointment : 97285-00332

Find us on Google : Gupta Eye Hospital & Apex Path Lab

www.guptaeyehospital.com



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DENTAL STUDIO

194-L, Model Town, Panipat 132 103 (Haryana)

Ph. : 0180 - 4017707
89302-27707



Here Smile is Customized

Dr. Mansi Chawla
BDS, MIDA
Smile Designer
Ex. Deen Dayal Upadhyay (Delhi)

Timing : Morning : 10:00 AM to 2:00 PM
Evening : 4:00 PM to 7:30 PM

Dedicated Dental Team

Dr. Apoorva Bowry
BDS, MDS, MIDA
Conservative Dentistry & Endodontics

Dr. S.K. Yadav
BDS, MDS
Consultant Orthodontist
Wires & Braces Specialist

Dr. Babita Ahlawat
BDS, MDS
Pedodontics & Preventive Dentistry

Dr. Sakshi Goel
BDS, MDS
Consultant Periodontist
Gums & Pyorrhea Specialist

Facilities Available

- Root Canal Treatment
रूट कॅनल ट्रीटमेंट
- Dental Implants
डेंटल इम्प्लान्ट
- Tooth Whitening
दांतों की वाइटनिंग
- Fixed & Removable Denture
फिक्सड और हटाने योग्य डेन्चर
- Crown & Bridges
क्राउन और ब्रिज
- Wires & Braces
टेंडे-मेंडे दांतों का इलाज
- Gums Treatment
गमसूइयों की समस्या
- Ultrasonic Scaling
दांतों की स्केलिंग
- Tooth Colored Filling
दांतों की कलर फिलिंग
- Painless Dentistry for Children
बच्चों के लिए दर्द रहित दंत
चिकित्सा

Patient's Name Vishram Age/Sex 21/M Date 23/02/2024

H/o Allergy/ Disease

yc Pt. wants regular dental checkup.

QE

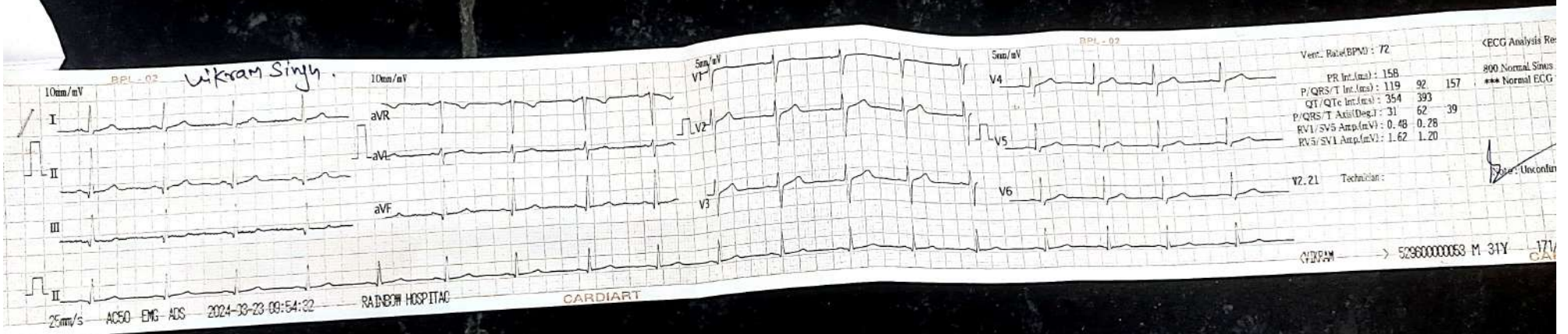
①.	Caries	$\frac{5}{7}$
②.	Impacted	$\frac{8}{7}$
③.	Calculus	++

Adv

①.	Restoration	$\frac{5}{7}$
②.	Extraction	$\frac{8}{7}$
③.	oral prophylaxis	$\frac{8}{7}$

Apoorva

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Please take prior appointment on Phone



rainbow
HOSPITAL
152-R, Model Town, Panipat
Ph. 0180-2650142



23/3/24

HR 72/hr

Normal Sinus Rhythm

RAINBOW HOSPITAL
152-R, Model Town,
PANIPAT, Haryana

FACILITIES AVAILABLE

- General Medicine
- Gynecology
- Laparoscopic Surgery
- New Born ICU
- Diagnostics
- General Surgery
- Obstetrics
- General Pediatrics
- Pediatric Surgery
- Infertility

DR. SAHIL GARG

MD RADIOLOGISTS
PG DIP MSK ULTRASOUND (SPAIN)

DR. POOJA GARG

MD RADIOLOGISTS
FELLOWSHIP IN WOMEN'S IMAGING

DR. VENUS GARG

MD RADIOLOGISTS
PG DIP IN MSK ULTRASOUND (SPAIN)

NAME: VIKRAM SINGH

AGE/SEX: 31 Y/M

DATE: 23.03.2024

EXAM: ULTRASOUND WHOLE ABDOMEN

LIVER: There is a slight and diffuse increase of parenchymal echogenicity with normal visualization of the diaphragm and of the portal vein wall- suggestive of grade-I fatty infiltration.

Normal in size and outline. Margins are smooth and regular.

No focal intra-hepatic space occupying lesion detected.

Intra-hepatic biliary radicals are not dilated.

Intrahepatic vascular patterns are within normal limits.

Portal vein is normal in calibre.

GALL BLADDER: Not seen (H/O-Cholecystectomy).

Common bile duct is normal in calibre.

PANCREAS: The head and body of the pancreas are normal in size, outline and echopattern. No focal space occupying lesion seen. No definitive peripancreatic collection noted. Main pancreatic duct not dilated.

SPLEEN: Normal in size, outline and echotexture. No space occupying lesion is noted. Splenic hilum appears normal.

KIDNEYS: Both the kidneys are normal in size, shape, outline and location.

Cortico- medullary differentiation is maintained. It shows normal cortical echogenicity.

Parenchymal thickness is normal. No focal lesion or calculus seen.

Central echogenic complexes have a normal appearance with no evidence of any hydronephrosis.

URETERS: No evidence of any obvious dilatation.

URINARY BLADDER: Well distended. Wall thickness is normal.

No evidence of any trabeculation, sacculation or diverticulation seen.


No intravesical debris, calculus or mass noted.

PROSTATE: Normal in size, outline and parenchymal echogenicity. No focal space occupying lesion seen.

RIGHT ILLIAC FOSSA: No focal fluid collection or mass lesion in RIF. No obvious inflamed mesentery or bowel wall thickening seen. No probe tenderness noted. Appendix could not be visualized at the time of scan. No evidence of any significant free fluid or lymphadenopathy seen.

IMPRESSION:

- Grade-I fatty liver
Advised clinical correlation.


Dr. Venus Garg (MBBS) MD
PG DIP MSK Ultrasound UCIAM (SPAIN)
Consultant Radiologist
HMC No. HN22264

**Note: For any typographical error or discrepancy please back to get it corrected. Severe fatty liver or obese patient may obscure the findings. This is a professional opinion and not final diagnosis. All medical modalities have limitations. An inter-operator variations may be seen. Report should be interpreted in correlation with clinic pathological findings. Further imaging is recommended if clinically indicated. NOT VALID FOR MEDICO-LEGAL PURPOSE