NABH ACCREDITED

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 Anil Kumar Goel Age/Sex 57/ M C/o Date 04/ Jan/23

Routine Eye Chukup

HTN+

Accredited Eye Hospital Western U.P.

Garg Pathology, Meeru

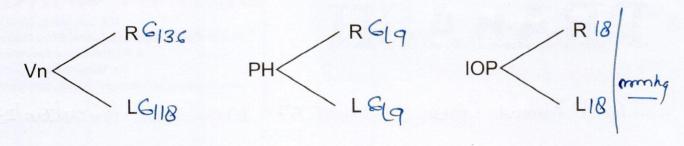


Website: www.prakasheyehospital.in Facebook: http://www.prakasheyehospital.in Counsellor 9837066186 7535832832 7895517715 Manager

OT 7302222373 9837897788 **TPA** 

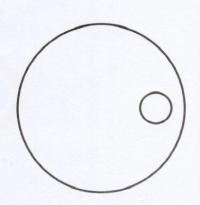
Timings Morning: 9:30 am to 1:30 pm. Evening: 5:00 pm to 7:00 pm.

Sunday: 9:30 am to 1:30 pm. Near Nai Sarak, Garh Road, Meerut E-mail: prakasheyehosp@gmail.com



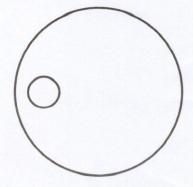
Colaur vision / NORMAL.

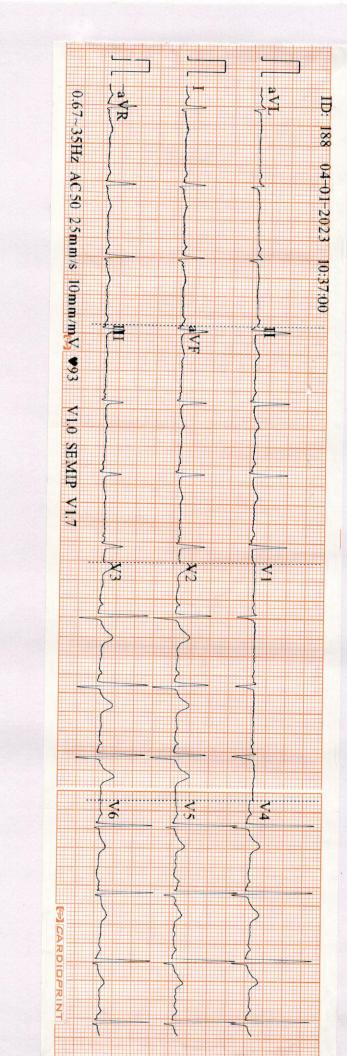
	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance	-1.50 -	0.50	120	616	-0.50	0.50	95'	616
Near Add 8E	t2.00			146	+2.00	_		M/6

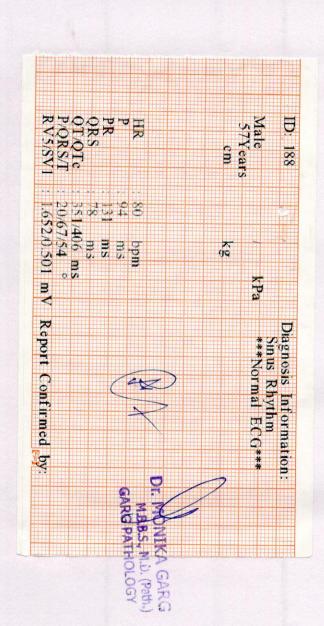


M.B.B.S., D.N.B.

Garg Pathology, Meerut







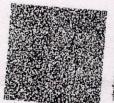




नामांकन क्रम/ Enrolment No.: 1406/50063/02616

To अनिल कुमार गोयल Anil Kumar Goel 5/0: Trilok Chand Goel 1/7 1/7 Jagriti vihar Meerut L. L. R. M. Med.college Meerut Uttar Pradesh - 250004 9259125100





आपका आधार क्रमांक / Your Aadhaar No. :

4320 9082 1052 VID: 9129 4285 3846 9455

मेरा आधार, मेरी पहचान



भारत सरकार Government of India



अनिल कुमार गोयल Anil Kumar Goel जन्म तिथि/DOB: 03/07/1965 पुरुष/ MALE

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

4320 9082 1052 <sup>VID: 9129 4285, 3846 9455</sup> मेरा आधार, मेरी पहचान



PATHOLOGY.

Dr. MCVIKA GARG M.B.B.S., M.D. (Paltic) GARG PATHOLOGY

> Jan 4, 2023 10:18:51 AM 211° SW

Tejgarhi Meerut Uttar Pradesh Altitude:64.4m

CHE MONITOR

SECTOR 3

pnya Hospital (1)

Hotel Harmony Ing



# LOKPRIVA HOSPITH

### **LOKPRIYA RADIOLOGY CENTRE**

SAMRAT PALACE, GARH ROAD, MEERUT - 250003



DATE	04.12.2023	REF. NO.	4231		
PATIENT NAME	ANIL KUMAR GOEL	AGE	57YRS	SEX:	M
INVESTIGATION	USG WHOLE ABDOMEN	REF. BY	GARG (PA	ATHOLOG	Y)

#### 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

Prostate - Normal in size (20g) & echotexture.

#### **IMPRESSION**

Increased bowel gas shadow noted.

M.B.B.S., D.M.R.D. (VIMS & RC) Consultant Radiologist and Head

Impression is a professional opinion & not a diagnosis
 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.
 Suspected typing errors should be informed back for correction immediately.
 Not for medico-legal purpose. Identity of the patient cannot be verified.

<sup>1.5</sup> Tesla MRI → 64 Slice CT → Ultrasound

<sup>■</sup> Doppler ■ Dexa Scan / BMD ■ Digital X-ray



# LOKPRIYA HOSPITAL





## DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE

: 04.01.2023

REFERENCE NO.: 10369

PATIENT NAME

: ANIL KUMAR GOEL

AGE/SEX

: 57YRS/M

REFERRED BY

: DR. MONIKA GARG

**ECHOGENECITY: NORMAL** 

REFERRING DIAGNOSIS: To rule out structural heart disease.

## ECHOCARDIOGRAPHY REPORT

DIMENSIONS AO (ed) 1.9 cm LA (es) 2.0 cm RVID (ed) 1.0 cm LVID (ed) 4.1 cm	(2.1 - 3.7 cm) (1.1 - 2.5 cm)	IVS (ed) LVPW (ed) EF FS	55%	NORMAL (0.6 - 1.2 cm) (0.6 - 1.2 cm) (62% - 85%)
LVID (ed) 4.1 cm LVID (es) 3.0 cm	(	FS	27%	(28% - 42%)

### 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

: Normal

Right Ventricle

: Normal

Left Atrium

Right Atrium

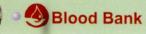
: Normal

Left Ventricle

: Normal

Cont. Page No. 2

Services : Ambulance





# LOKPRIYA HOSPITAL





:: 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/RA are normal in size. Aortic valve is thickened and rest other cardiac valves are structurally normal. No intracardiac mass. Estimated LV ejection fraction is 55%.

### **DOPPLER STUDIES:**

Valve	Regurgitation	Velocity m/sec	Gradient mmHg
Mitral Valve	No .	0.91	3.1
Tricuspid Valve	No	0.67	2.1
Pulmonary Valve	No	0.78	2.3
Aortic Valve	No	1.0	4.5

### **IMPRESSION:**

- No RWMA.
- > LV Diastolic Dysfunction Grade I.
- ➤ Adequate LV Systolic Function (LVEF =55%)

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



# LOKPRIVA HOSPITAL

### **LOKPRIYA RADIOLOGY CENTRE**

SAMRAT PALACE, GARH ROAD, MEERUT - 250003





DATE	04.01.2023	REF. NO.	13989		
PATIENT NAME	ANIL KUMAR GOEL	AGE	57 YRS	SEX	М
INVESTIGATION	X-RAY CHEST PA VIEW	REF. BY	GARG (P	ATHOL	OGY)

### 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

M.B.B.S., D.M.B.D. (VIMS & RC) Consultant Radiologist and Head

Impression is a professional opinion & not a diagnosis
 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.
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 <sup>1.5</sup> Tesla MRI → 64 Slice CT → Ultrasound

<sup>■</sup> Doppler ■ Dexa Scan / BMD ■ Digital X-ray



Certified by

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

National Accreditation Board For Testing & Calibration Laboratories Garden House Colony, Near Nai Sarak, Garh Road, Meerut

Ph.: 0121-2600454, 8979608687, 9837772828

: 230105/603 **Patient Name** : Dr. BANK OF BARODA

: Mr. ANIL KUMAR GOEL 57Y / Male

Sample By Organization

Referred By

PUID

C. NO: 603

**Collection Time Receiving Time**  : 05-Jan-2023 9:39AM <sup>:</sup> 05-Jan-2023 9:50AM

**Reporting Time Centre Name** 

: 05-Jan-2023 2:46PM : Garg Pathology Lab - TPA

Investigation Results Units Biological Ref-Interval

#### **HAEMATOLOGY (EDTA WHOLE BLOOD)**

#### **COMPLETE BLOOD COUNT**

HAEMOGLOBIN	12.2	gm/dl	13.0-17.0
(Colorimetry)			
TOTAL LEUCOCYTE COUNT	8400	*10^6/L	4000 - 11000
(Electric Impedence)			
DIFFERENTIAL LEUCOCYTE COUNT			
(Microscopy)			
Neutrophils	65	%.	40-80
Lymphocytes	31	%.	20-40
Eosinophils	02	%.	1-6
Monocytes	02	%.	2-10
Absolute neutrophil count	5.46	x 10^9/L	2.0-7.0(40-80%
Absolute lymphocyte count	2.60	x 10^9/L	1.0-3.0(20-40%)
Absolute eosinophil count	0.17	x 10^9/L	0.02-0.5(1-6%)
Method:-((EDTA Whole blood,Automated /			
ESR (Autometed Wsetergren`s)	05	mm/1st hr	0.0 - 10.0
RBC Indices			
TOTAL R.B.C. COUNT	5.01	Million/Cumm	4.5 - 6.5
(Electric Impedence)			
Haematocrit Value (P.C.V.)	39.3	%	26-50
MCV	78.4	fL	80-94
(Calculated)			
MCH	24.4	pg	27-32
(Calculated)			
MCHC	31.0	g/dl	30-35
(Calculated)			
RDW-SD	43.4	fL	37-54
(Calculated)			

\*THIS TEST IS NOT UNDER NABL SCOPE

**Checked By Technician:** 

Page 1 of 10

Dr. Monika Garg MBBS, MD(Path)

(Consultant Pathologist)







# Garg Pathology DR. MONIKA GARG M.D. (Path) Gold Medalist

Certified by :

M.D. (Path) Gold Medalist
Former Pathologist:

St. Stephan's Hospital, Delhi

National Accreditation Board For Testing & Calibration Laboratories
ISO 9001:2008

Garden House Colony, Near Nai Sarak, Garh Road, Meerut Ph.: 0121-2600454, 8979608687, 9837772828

**PUID** : 230105/603

C. NO: 603

**Collection Time** 

: 05-Jan-2023 9:39AM

Patient Name Referred By : Mr. ANIL KUMAR GOEL 57Y / Male

: Dr. BANK OF BARODA

Receiving Time : 05-Jan

<sup>1</sup> 05-Jan-2023 9:50AM

Sample By :

Reporting Time Centre Name : 05-Jan-2023 2:46PM

Name : Garg Pathology Lab - TPA

Organization :			
Investigation	Results	Units	Biological Ref-Interval
RDW-CV	13.5	%	11.5 - 14.5
(Calculated)			
Platelet Count	1.99	/Cumm	1.50-4.50
(Electric Impedence)			
MPV	12.1	%	7.5-11.5
(Calculated)			
NLR	2.10		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

\$

\$



\*THIS TEST IS NOT UNDER NABL SCOPE

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Page 2 of 10





M.D. (Path) Gold Medalist

Former Pathologist :

National Accreditation Board For Testing & Calibration Laboratories Garden House Colony, Near Nai Sarak, Garh Road, Meerut

St. Stephan's Hospital, Delhi

Ph.: 0121-2600454, 8979608687, 9837772828

PUID : 230105/603 C. NO: 603

**Collection Time** 

: 05-Jan-2023 9:39AM

**Patient Name** Referred By

Organization

: Mr. ANIL KUMAR GOEL 57Y / Male

: Dr. BANK OF BARODA

**Receiving Time** 

<sup>1</sup> 05-Jan-2023 9:50AM : 05-Jan-2023 2:46PM

Sample By

**Reporting Time Centre Name** 

: Garg Pathology Lab - TPA

Units Investigation Results **Biological Ref-Interval** 

**GLYCATED HAEMOGLOBIN (HbA1c)\*** 

7.0

4.3-6.3

ESTIMATED AVERAGE GLUCOSE

154.2

% 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

-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.

\*THIS TEST IS NOT UNDER NABL SCOPE

**Checked By Technician:** 

Page 3 of 10





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St. Stephan's Hospital, Delhi

Ph.: 0121-2600454, 8979608687, 9837772828

C. NO: 603

PUID : 230105/603 **Patient Name** 

: Mr. ANIL KUMAR GOEL 57Y / Male

Sample By

Referred By

: Dr. BANK OF BARODA

Organization

: 05-Jan-2023 9:39AM **Collection Time** 

**Receiving Time** <sup>:</sup> 05-Jan-2023 9:50AM

**Reporting Time** : 05-Jan-2023 3:18PM : Garg Pathology Lab - TPA **Centre Name** 

Investigation Results Units **Biological Ref-Interval** 

**BIOCHEMISTRY (FLORIDE)** 

PLASMA SUGAR FASTING

mg/dl 114.0

70 - 110

(GOD/POD method)

(GOD/POD method)

PLASMASUGAR P.P.

127.0

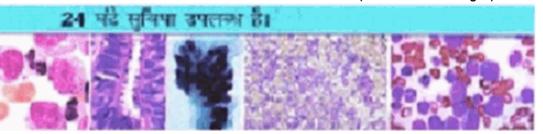
mg/dl

80-140

\*THIS TEST IS NOT UNDER NABL SCOPE

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Page 4 of 10





**Sample By** 

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St. Stephan's Hospital, Delhi

Ph.: 0121-2600454, 8979608687, 9837772828

PUID C. NO: 603 : 230105/603 **Collection Time** : 05-Jan-2023 9:39AM **Patient Name** : Mr. ANIL KUMAR GOEL 57Y / Male **Receiving Time Reporting Time Referred By** : Dr. BANK OF BARODA

**Centre Name** 

<sup>:</sup> 05-Jan-2023 9:50AM : 05-Jan-2023 2:47PM

: Garg Pathology Lab - TPA 

Organization :			
Investigation	Results	Units	Biological Ref-Interval
	BIOCHEMISTRY (SEI	RUM)	
SERUM CREATININE	0.8	mg/dl	0.6-1.4
(Enzymatic)			
URIC ACID	6.5	mg/dL.	3.6-7.7
<b>BLOOD UREA NITROGEN</b>	14.60	mg/dL.	8-23



\*THIS TEST IS NOT UNDER NABL SCOPE

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Page 5 of 10





### Garg Pathology DR. MONIKA GARG Certified by

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St. Stephan's Hospital, Delhi

Ph.: 0121-2600454, 8979608687, 9837772828

C. NO: 603

PUID : 230105/603 **Patient Name** : Mr. ANIL KUMAR GOEL 57Y / Male

**Referred By** : Dr. BANK OF BARODA

**Sample By** 

: 05-Jan-2023 9:39AM **Collection Time Receiving Time** <sup>:</sup> 05-Jan-2023 9:50AM

**Reporting Time** : 05-Jan-2023 2:47PM

: Garg Pathology Lab - TPA **Centre Name** 

Organization :			
Investigation	Results	Units	Biological Ref-Interval
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.	52.0	U/L	8-40
(IFCC method)			
S.G.O.T.	39.2	U/L	6-37
(IFCC method)			
SERUM ALKALINE PHOSPHATASE	84.1	IU/L.	50-126
(IFCC KINETIC)			
SERUM PROTEINS			
TOTAL PROTEINS	7.2	Gm/dL.	6-8
(Biuret)			
ALBUMIN	4.5	Gm/dL.	3.5-5.0
(Bromocresol green Dye)			
GLOBULIN	2.7	Gm/dL.	2.5-3.5
(Calculated)			
A : G RATIO	1.7		1.5-2.5
(Calculated)			



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Page 6 of 10





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Garden House Colony, Near Nai Sarak, Garh Road, Meerut Ph.: 0121-2600454, 8979608687, 9837772828

PUID : 230105/603 C. NO: 603

**Collection Time** 

: 05-Jan-2023 9:39AM

**Patient Name Referred By** 

Organization

: Mr. ANIL KUMAR GOEL 57Y / Male

**Receiving Time** 

<sup>:</sup> 05-Jan-2023 9:50AM

: Dr. BANK OF BARODA Sample By

**Reporting Time** 

: 05-Jan-2023 2:47PM : Garg Pathology Lab - TPA

**Centre Name** 

Investigation	Results	Units	Biological Ref-Interval

PSA\* 1.055 ng/ml

**ECLIA** 

NORMAL VALUE

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



\*THIS TEST IS NOT UNDER NABL SCOPE

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Page 7 of 10





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St. Stephan's Hospital, Delhi

Ph.: 0121-2600454, 8979608687, 9837772828

PUID : 230105/603 C. NO: 603

**Collection Time** 

: 05-Jan-2023 9:39AM

**Patient Name** Referred By

Organization

: Mr. ANIL KUMAR GOEL 57Y / Male

: Dr. BANK OF BARODA

**Receiving Time Reporting Time**  <sup>1</sup> 05-Jan-2023 9:50AM : 05-Jan-2023 2:47PM

Sample By

**Centre Name** 

: Garg Pathology Lab - TPA

		_
		_

Investigation	Results	Units	Biological Ref-Interval	
LIPID PROFILE				
SERUM CHOLESTEROL	201.0	mg/dl	150-250	
(CHOD - PAP)				
SERUM TRIGYCERIDE	182.0	mg/dl	70-150	
(GPO-PAP)				
HDL CHOLESTEROL *	46.8	mg/dl	30-60	
(PRECIPITATION METHOD)				
VLDL CHOLESTEROL *	36.4	mg/dl	10-30	
(Calculated)				
LDL CHOLESTEROL *	117.8	mg/dL.	0-100	
(Calculated)				
LDL/HDL RATIO *	02.5	ratio	<3.55	
(Calculated)				
CHOL/HDL CHOLESTROL RATIO*	4.3	ratio	3.8-5.9	
(Calculated)				

Interpretation:

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 : Desirable : 150 Borderline : 150- 199 High : 200 - 499 Very High :>500 Triglycerides

Friedwald Equation, VLDL & LDL values are not applicable for triglyceride > 400 mg/dl.

SERUM SODIUM (Na) \* 138.0

mEq/litre

135 - 155

(ISE method) (ISE)



\*THIS TEST IS NOT UNDER NABL SCOPE

**Checked By Technician:** 

Page 8 of 10



<sup>\*</sup>Paitient Should be Fast overnight For Minimum 12 hours and normal diet for one week\*



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St. Stephan's Hospital, Delhi

Ph.: 0121-2600454, 8979608687, 9837772828

C. NO: 603

PUID : 230105/603 **Patient Name** 

: Dr. BANK OF BARODA

**Collection Time Receiving Time**  : 05-Jan-2023 9:39AM <sup>1</sup> 05-Jan-2023 9:50AM

Referred By

Organization

: Mr. ANIL KUMAR GOEL 57Y / Male

**Reporting Time** 

: 05-Jan-2023 2:47PM

Sample By

**Centre Name** 

: Garg Pathology Lab - TPA 

Investigation	Results	Units	Biological Ref-Interval	
THYRIOD PROFILE*				
Triiodothyronine (T3) *	1.014	ng/dl	0.79-1.58	
(ECLIA)				
Thyroxine (T4) *	8.426	ug/dl	4.9-11.0	
(ECLIA)				
THYROID STIMULATING HORMONE (TSH)	3.162	uIU/ml	0.38-5.30	
(ECLIA)				
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) *	4.2	mEq/litre.	3.5 - 5.5
(ISE method)			
SERUM CALCIUM	9.9	mg/dl	9.2-11.0
(Arsenazo)			



\*THIS TEST IS NOT UNDER NABL SCOPE

**Checked By Technician:** 

Page 9 of 10





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National Accreditation Board For Testing & Calibration Laboratories Garden House Colony, Near Nai Sarak, Garh Road, Meerut

St. Stephan's Hospital, Delhi

Ph.: 0121-2600454, 8979608687, 9837772828

PUID : 230105/603 **Patient Name** 

C. NO: 603

**Collection Time** 

: 05-Jan-2023 9:39AM <sup>1</sup> 05-Jan-2023 9:50AM

Referred By

Organization

: Mr. ANIL KUMAR GOEL 57Y / Male

**Receiving Time Reporting Time** 

: 05-Jan-2023 2:48PM

Sample By

**Centre Name** 

: Garg Pathology Lab - TPA

Investigation Results Units Biological Ref-Interva	erval
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#### **URINE**

#### PHYSICAL EXAMINATION

**Volume** 20

: Dr. BANK OF BARODA

ml

Colour

Pale Yellow

**Appearance** 

Clear

Clear

Specific Gravity

1.020 Acidic

1.000-1.030

PH (Reaction)

**BIOCHEMICAL EXAMINATION** 

Nil

Nil

Protein Sugar

Nil

Nil

**MICROSCOPIC EXAMINATION** 

Red Blood Cells

Nil

/HPF

Nil

Pus cells **Epithilial Cells**  2-3 2-3

/HPF /HPF 0-2 1-3

Crystals

Casts

Nil

Nil

### @ Special Examination

**Bile Pigments** Blood

Bile Salts

Absent

Nil **Absent** 

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



\*THIS TEST IS NOT UNDER NABL SCOPE

**Checked By Technician:** 

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