

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 Vani Age/Sex 25 / F C/o Date 25/may/23

90 Route Eyes checked

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

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

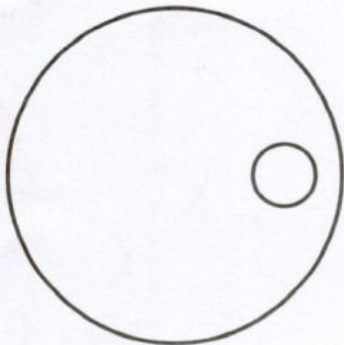
Vn
 R 6/6
 L 6/6

PH
 R 6/6
 L 6/6

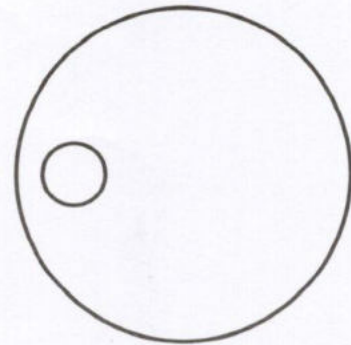
IOP
 R 12
 L 15 / mmHg

Cornea normal / NORMAL
 Normal

	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance		+0.50	90°	6/6		+0.50	90°	6/6
Near		—————		6/6		—————		6/6



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



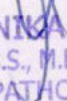

भारत सरकार
Government of India



वानी
Vani
जन्म तिथि / DOB : 14/08/1997
महिला / Female



5127 1926 3142

आधार - आम आदमी का अधिकार


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


आधार


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India


पता:
आत्मजा: अनिल कुमार शर्मा, 19,
गाँव बधेव, बधेवकंदु खेड़ा, शामली,
बधेओ, उत्तर प्रदेश, 247776

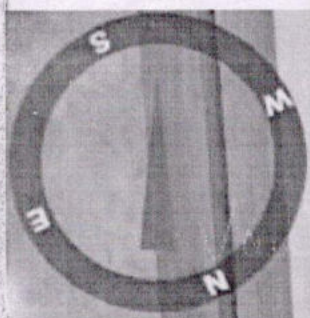
Address:
D/O: Anil Kumar Sharma, 19,
village badhev, Badhevkandu
Khera, Shamli, Badheo, Uttar
Pradesh, 247776

1947
1800 300 1947

5127 1926 3142

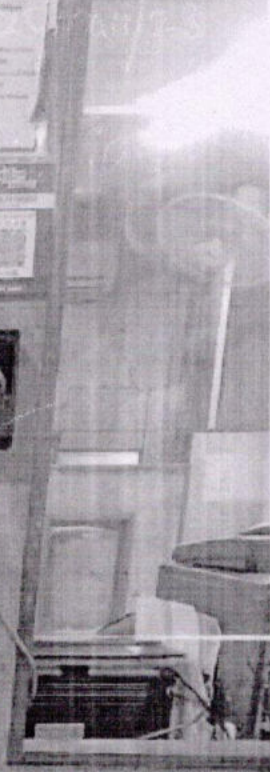
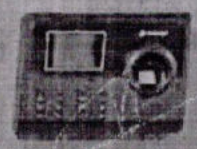

help@uidai.gov.in


www.uidai.gov.in



PATHOLOGY,
LAB

GARG PATHOLOGY
MEDICAL DIAGNOSTIC INSTITUTION
LABS & SERVICES - 24 Hours in Progress
SERVICES AVAILABLE -
HISTOPATHOLOGY, CYTOLOGY, MICROBIOLOGY, IMMUNOLOGY, MOLECULAR BIOLOGY, CLINICAL CHEMISTRY, PHARMACY, RADIOLOGY, AND SPECIAL INVESTIGATIONS.



Dr. MONIKA GARG
M.B.B.S. M.D. (P.H.D.)
GARG PATHOLOGY



Mar 25, 2023 10:54:52 AM

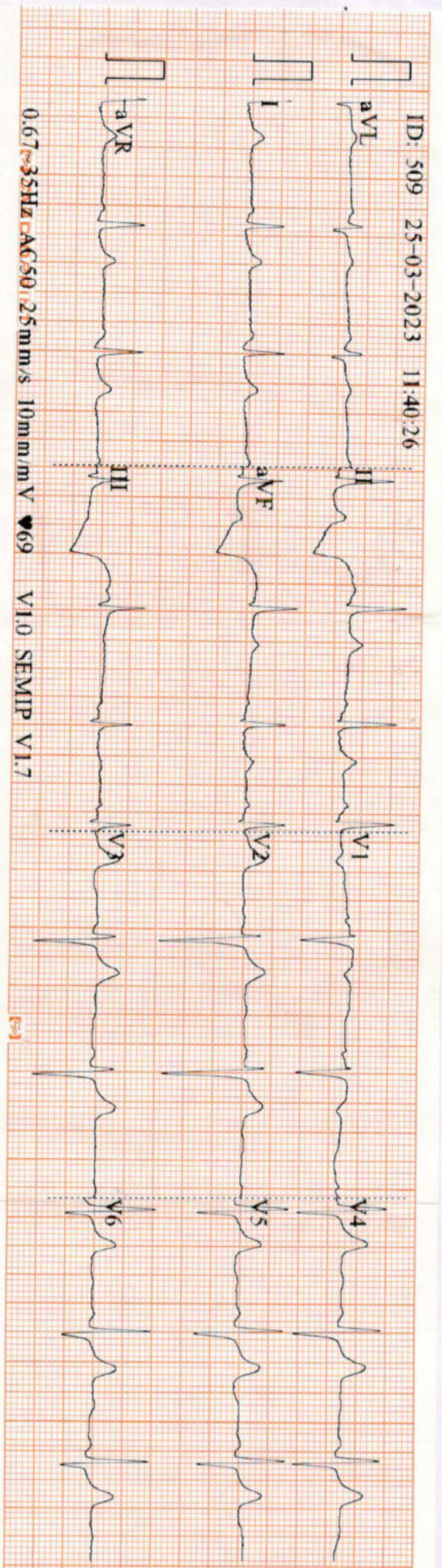
205° SW

Tejgarhi
Meerut Division
Uttar Pradesh
Altitude: 192.2m

Index number: 555

ID: 509 25-03-2023 11:40:26

0.67 ~ 35Hz CA650 25mm/s 10mm/mV 69 V1.0 SEMIP V1.7



ID: 509

Male
25 Years
cm

kg

kPa

Diagnosis Information:

Sinus Arrhythmia
Normal ECG

Yani

MONIKA GARG
M.B.B.S., M.D. (Path.)
CARDIOPATHOLOGY

HR	70	bpm
P	103	ms
PR	135	ms
QRS	91	ms
QT/QTc	369/399	ms
P/ORS/T	30/54/27	°
RV5/SV1	0.87/6.9	mV

Report Confirmed by:



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 : 230325/617 **C. NO:** 617 **Collection Time** : 25-Mar-2023 11:30AM
Patient Name : Mrs. VANI 25Y / Female **Receiving Time** : 25-Mar-2023 11:50AM
Referred By : Dr. BANK OF BARODA **Reporting Time** : 25-Mar-2023 3:44PM
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)	12.5	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	6900	*10 ⁶ /L	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	60	%.	40-80
Lymphocytes	30	%.	20-40
Eosinophils	04	%.	1-6
Monocytes	06	%.	2-10
Basophils	00	%.	<1-2
Band cells	00	%	0-5
Absolute neutrophil count	4.14	x 10 ⁹ /L	2.0-7.0(40-80%)
Absolute lymphocyte count	2.07	x 10 ⁹ /L	1.0-3.0(20-40%)
Absolute eosinophil count	0.28	x 10 ⁹ /L	0.02-0.5(1-6%)
Method:-((EDTA Whole blood,Automated /			
ESR (Automated Wsetergren`s)	08	mm/1st hr	0.0 - 15.0
RBC Indices			
TOTAL R.B.C. COUNT (Electric Impedence)	5.15	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	39.0	%	26-50
MCV (Calculated)	75.7	fL	80-94
MCH (Calculated)	24.3	pg	27-32
MCHC (Calculated)	32.1	g/dl	30-35



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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MBBS, MD(Path)
(Consultant Pathologist)

२१ घंटे सुविधा उपलब्ध है।






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RDW-SD (Calculated)	39.8	fL	37-54
Platelet Count (Electric Impedence)	1.95	/Cumm	1.50-4.50
NLR 6-9 Mild stres 7-9 Pathological cause	2.00		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.

BLOOD GROUP * "O" NEGATIVE \$ \$



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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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Investigation	Results	Units	Biological Ref-Interval
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BIOCHEMISTRY (FLORIDE)

PLASMA SUGAR FASTING (GOD/POD method)	91.0	mg/dl	70 - 110
PLASMASUGAR P.P. (GOD/POD method)	108.0	mg/dl	80-140



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BIOCHEMISTRY (SERUM)

SERUM CREATININE (Enzymatic)	0.7	mg/dl	0.6-1.4
URIC ACID	5.0	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 (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)	16.0	U/L	8-40
S.G.O.T. (IFCC method)	19.0	U/L	6-37
SERUM ALKALINE PHOSPHATASE (IFCC KINETIC)	89.0	IU/L.	37-103
SERUM PROTEINS			
TOTAL PROTEINS (Biuret)	6.8	Gm/dL.	6-8
ALBUMIN (Bromocresol green Dye)	3.9	Gm/dL.	3.5-5.0
GLOBULIN (Calculated)	2.9	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	1.3		1.5-2.5



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LIPID PROFILE

SERUM CHOLESTEROL (CHOD - PAP)	198.0	mg/dl	150-250
SERUM TRIGYCRIDE (GPO-PAP)	98.0	mg/dl	70-150
HDL CHOLESTEROL * (PRECIPITATION METHOD)	43.9	mg/dl	30-60
VLDL CHOLESTEROL * (Calculated)	19.6	mg/dl	10-30
LDL CHOLESTEROL * (Calculated)	134.5	mg/dL.	0-100
LDL/HDL RATIO * (Calculated)	03.1	ratio	<3.55
CHOL/HDL CHOLESTROL RATIO* (Calculated)	4.5	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) (ISE)	138.0	mEq/litre	135 - 155
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THYRIOD PROFILE*

Triiodothyronine (T3) * (ECLIA)	1.471	ng/dl	0.79-1.58
Thyroxine (T4) * (ECLIA)	8.965	ug/dl	4.9-11.0
THYROID STIMULATING HORMONE (TSH) (ECLIA)	3.191	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.

SERUM POTASSIUM (K) * (ISE method)	4.1	mEq/litre.	3.5 - 5.5
SERUM CALCIUM (Arsenazo)	9.3	mg/dl	9.2-11.0



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Referred By : Dr. BANK OF BARODA		Reporting Time : 27-Mar-2023 11:38AM
Sample By :		Centre Name : Garg Pathology Lab - TPA
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CYTOLOGY EXAMINATION

SPECIMEN

Microscopic:

mg 211/23
 SITE OF SMEAR: ECTOCERVIX AND POSTERIOR FORNIX OF VAGINA
 METHOD OF EVALUATION: BETHSEDA SYSTEM
 EVALUATION OF SMEAR : SATISFACTORY
 REPORT: CELLULAR SPREAD SHOWS DESQUAMATED EPITHELIAL CELLS PREDOMINANTLY SUPERFICIAL AND INTERMEDIATE CELLS. FEW ENDOCERVICAL CELLS SHOWING REACTIVE CHANGES ARE SEEN. BACKGROUND SHOWS MILD INFLAMMATORY REACTION. LACTOBACILLI ARE SEEN. ANY DYSKARYOTIC CELL IS NOT SEEN. ANY BUDDING SPORES OR TROPHOZOITE IS NOT SEEN. INFERENCE: NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

INFLAMMATORY SMEARS

NOTE: This test has its own limitations. Please interpret the findings in light of clinical picture. not for medicolegal use



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



Investigation	Results	Units	Biological Ref-Interval
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URINE

PHYSICAL EXAMINATION

Volume	30	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	2-3	/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 }-----



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२१ घंटे सुविधा उपलब्ध है।



0

DATE	25.03.2023	REF. NO.	5724		
PATIENT NAME	VANI	AGE	25YRS	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- 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 seen

Uterus - Normal in size (77 x 39 x 55) mm, shape & normal in echotexture. Endometrium appears normal and measures (4.1) mm. Myometrium appears normal.

Ovaries and adnexa are unremarkable.

IMPRESSION

Essentially normal study

ADV - TVS FOR BETTER EVALUATION OF UTERUS & ADNEXA.

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
 Ps. 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.

• 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 : 25/03/2023 REFERENCE NO. : 60797
PATIENT NAME : VANI AGE/SEX : 25 YRS/F
REFERRED BY : DR. MONIKA GARG ECHOGENECITY : NORMAL
REFERRING DIAGNOSIS : To rule out structural heart disease.

ECHOCARDIOGRAPHY REPORT

<i>DIMENSIONS</i>	<i>NORMAL</i>	<i>NORMAL</i>
AO (ed) 2.1 cm	(2.1 - 3.7 cm)	IVS (ed) 0.9 cm (0.6 - 1.2 cm)
LA (es) 3.0 cm	(2.1 - 3.7 cm)	LVPW (ed) 0.9 cm (0.6 - 1.2 cm)
RVID (ed) 1.2 cm	(1.1 - 2.5 cm)	EF 60% (62% - 85%)
LVID (ed) 3.6 cm	(3.6 - 5.2 cm)	FS 30% (28% - 42%)
LVID (es) 2.3 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

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 60%.

DOPPLER STUDIES :

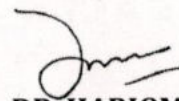
Valve	Regurgitation	Velocity m/sec	Gradient mmHg
Mitral Valve	Mild	0.93	3.3
Tricuspid Valve	Mild	2.2	22.0
Pulmonary Valve	No	0.75	2.1
Aortic Valve	No	0.94	3.3

IMPRESSION :

- No RWMA.
- Normal LV Systolic Function (LVEF =60%).
- Mild MR, Mild TR, No PAH.



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.

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DATE	25.03.2023	REF. NO.	17489		
PATIENT NAME	VANI	AGE	25 YRS	SEX	F
INVESTIGATION	X-RAY CHEST PA VIEW	REF. BY	GARG (PATHOLOGY)		

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

Dr. P.D. Sharma
M.B.B.S., D.M.R.D. (VIMS & RC)
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