

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

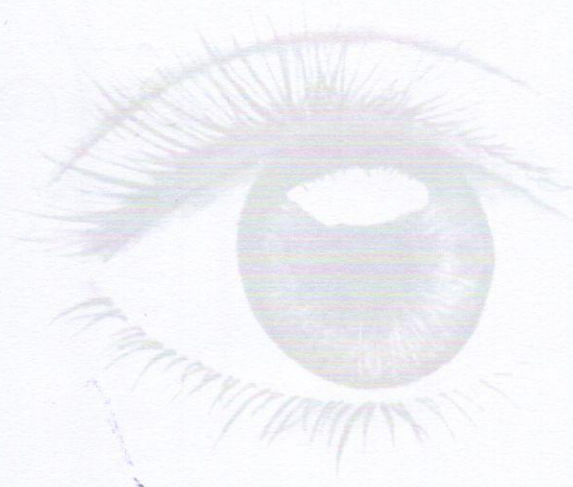
Ex. Micro Phaco Surgeon

Venu Eye Institute & Research Centre, New Delhi

Name Mr. Ramakant Roy Age/Sex 53 / M C/o Date 18/Feb/23

Routine check up.


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

(एर्ना 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



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

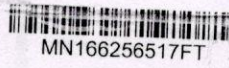
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Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1377/10010/13603

To
ರಮಾಕಾಂತ ರಾಯ
Ramakant Roy
S/O: Braham Singh
I- 218 Block no- I Shastri nagar, Garh Road
Meerut
L. L. R. M. Med.college
Meerut Meerut
Uttar Pradesh 250004
9902337855

24/05/2013
16625651



MN166256517FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3301 3214 3285

ಆಧಾರ್ - ಶ್ರೀನಾಮಾನ್ಯನ ಅಧಿಕಾರ

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



ಭಾರತ ಸರ್ಕಾರ

Government of India

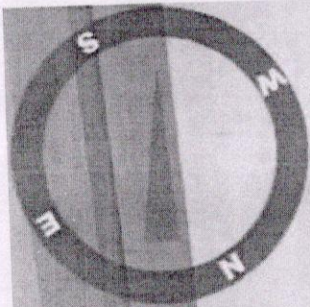


ರಮಾಕಾಂತ ರಾಯ
Ramakant Roy
ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1969
ಪುರುಷ / Male



3301 3214 3285

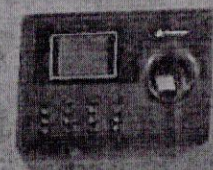
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PATHOLOGY LAB



GARG PATHOLOGY
ANALYSIS: BHTANUSET, HETTYEZA
LAB NUMBER: 10000000000000000000
RECORDING NUMBER



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

18/02/2023 12:02:51 pm
212° SW

Tejgarhi
Meerut Division
Uttar Pradesh
Altitude: 172.6m
Index number: 77

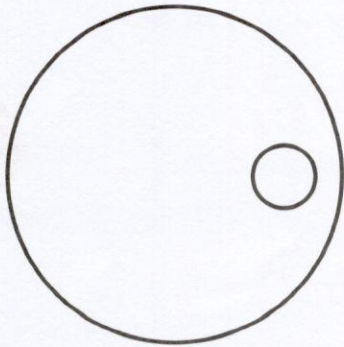


Vn $\left\{ \begin{array}{l} R 6/9P \\ L 6/9P \end{array} \right.$

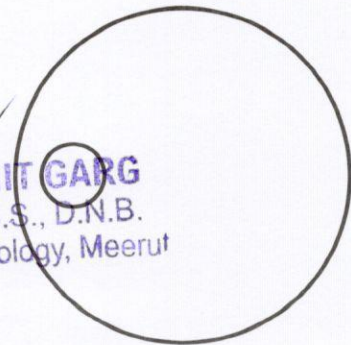
PH $\left\{ \begin{array}{l} R 6/6P \\ L 6/6 \end{array} \right.$

IOP $\left\{ \begin{array}{l} R 14 \\ L 10 \end{array} \right.$ mmHg

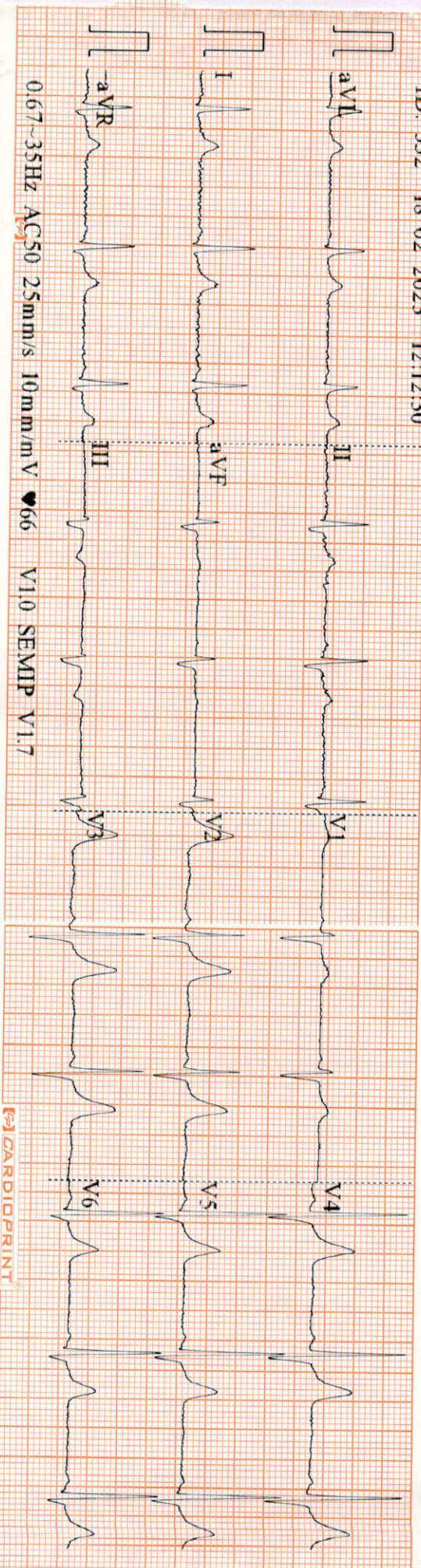
| | RIGHT EYE | | | | LEFT EYE | | | |
|----------|-----------|-------|------|--------|----------|------|------|--------|
| | Sph. | Cyl. | Axis | Vision | Sph. | Cyl. | Axis | Vision |
| Distance | +0.50 | +0.50 | 130 | 6/6 | +0.75 | — | — | 6/6 |
| Near Add | +2.00 | — | — | N6 | +2.00 | — | — | N6 |



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



ID: 332 18-02-2023 12:12:30



ID: 332

Male
53 Years
cm

kg

kPa

Diagnosis Information:
Sinus Rhythm
Short PR Interval

| | | |
|---------|---------------|-----|
| HR | : 63 | bpm |
| P | : 88 | ms |
| PR | : 113 | ms |
| QRS | : 103 | ms |
| QT/QTc | : 372/384 | ms |
| P/QRS/T | : 30/-12/2 | ° |
| RV5/SV1 | : 1.723/0.715 | mV |

mV

Report Confirmed by:

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

DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE : 18/02/2023 REFERENCE NO. : 10616
PATIENT NAME : RAMAKANT ROY AGE/SEX : 53 YRS/M
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) 2.5 cm | (2.1 - 3.7 cm) | IVS (ed) 0.9 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) 1.3 cm | (1.1 - 2.5 cm) | EF 60% (62% - 85%) |
| LVID (ed) 4.1 cm | (3.6 - 5.2 cm) | FS 30% (28% - 42%) |
| LVID (es) 3.0 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 | Trace | 0.91 | 3.1 |
| Tricuspid Valve | No | 0.84 | 2.4 |
| Pulmonary Valve | No | 0.76 | 2.3 |
| Aortic Valve | No | 0.67 | 2.1 |

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.



सर्वे सन्तु निरामयाः
Freedom from all Sickness

LOKPRIYA HOSPITAL

LOKPRIYA RADIOLOGY CENTRE

SAMRAT PALACE, GARH ROAD, MEERUT - 250003



| | | | | | |
|---------------|-------------------|----------|------------------|------|---|
| DATE | 18.02.2023 | REF. NO. | 4993 | | |
| PATIENT NAME | RAMAKANT | AGE | 53YRS | SEX: | M |
| INVESTIGATION | USG WHOLE ABDOMEN | REF. BY | GARG (PATHOLOGY) | | |

REPORT

Liver - appears normal in size and mild increased in 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.

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

IMPRESSION

Mild fatty changes liver.

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

| | | | | | |
|---------------|---------------------|----------|------------------|-----|---|
| DATE | 18.02.2023 | REF. NO. | 15820 | | |
| PATIENT NAME | RAMAKANT | AGE | 53 YRS | SEX | M |
| 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)
Consultant Radiologist and Head

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• Doppler • Dexa Scan / BMD • Digital X-ray

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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 : 230218/605 **C. NO:** 605 **Collection Time** : 18-Feb-2023 12:02PM
Patient Name : Mr. RAMAKANT ROY 53Y / Male **Receiving Time** : 18-Feb-2023 12:29PM
Referred By : Dr. BANK OF BARODA **Reporting Time** : 18-Feb-2023 3:22PM
Sample By : **Centre Name** : Garg Pathology Lab - TPA
Organization :



| Investigation | Results | Units | Biological Ref-Interval |
|---------------|---------|-------|-------------------------|
|---------------|---------|-------|-------------------------|

HAEMATOLOGY (EDTA WHOLE BLOOD)

COMPLETE BLOOD COUNT

| | | | |
|---|-------------|----------------------|-----------------|
| HAEMOGLOBIN (Colorimetry) | 12.6 | gm/dl | 13.0-17.0 |
| TOTAL LEUCOCYTE COUNT (Electric Impedence) | 8720 | *10 ⁶ /L | 4000 - 11000 |
| DIFFERENTIAL LEUCOCYTE COUNT (Microscopy) | | | |
| Neutrophils | 63 | %. | 40-80 |
| Lymphocytes | 25 | %. | 20-40 |
| Eosinophils | 07 | %. | 1-6 |
| Monocytes | 05 | %. | 2-10 |
| Basophils | 00 | %. | <1-2 |
| Band cells | 00 | % | 0-5 |
| Absolute neutrophil count | 5.49 | x 10 ⁹ /L | 2.0-7.0(40-80%) |
| Absolute lymphocyte count | 2.18 | x 10 ⁹ /L | 1.0-3.0(20-40%) |
| Absolute eosinophil count | 0.61 | x 10 ⁹ /L | 0.02-0.5(1-6%) |
| Method:-((EDTA Whole blood,Automated / | | | |
| ESR (Automated Wsetergren`s) | 05 | mm/1st hr | 0.0 - 10.0 |
| RBC Indices | | | |
| TOTAL R.B.C. COUNT (Electric Impedence) | 5.50 | Million/Cumm | 4.5 - 6.5 |
| Haematocrit Value (P.C.V.) | 40.2 | % | 26-50 |
| MCV (Calculated) | 73.1 | fL | 80-94 |
| MCH (Calculated) | 22.9 | pg | 27-32 |
| MCHC (Calculated) | 31.3 | g/dl | 30-35 |



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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

२१ फेब्रुवारी सुनिषा उपलब्ध है।





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| RDW-SD (Calculated) | 41.7 | fL | 37-54 |
| RDW-CV (Calculated) | 14.0 | % | 11.5 - 14.5 |
| Platelet Count (Electric Impedence) | 1.96 | /Cumm | 1.50-4.50 |
| MPV (Calculated) | 11.3 | % | 7.5-11.5 |
| NLR 6-9 Mild stres 7-9 Pathological cause | 2.52 | | 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 * "AB" POSITIVE \$ \$



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Checked By Technician:

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MBBS, MD(Path)
(Consultant Pathologist)

24 घंटे सुविधा उपलब्ध है।





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| | | | |
|--------------------------------------|-------|-------|---------|
| GLYCATED HAEMOGLOBIN (HbA1c)* | 5.6 | % | 4.3-6.3 |
| ESTIMATED AVERAGE GLUCOSE | 114.0 | 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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BIOCHEMISTRY (FLORIDE)

| | | | |
|--|-------|-------|----------|
| PLASMA SUGAR FASTING (GOD/POD method) | 91.0 | mg/dl | 70 - 110 |
| PLASMASUGAR P.P. (GOD/POD method) | 102.0 | mg/dl | 80-140 |



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BIOCHEMISTRY (SERUM)

| | | | |
|--|-------|--------|---------|
| SERUM CREATININE (Enzymatic) | 0.7 | mg/dl | 0.6-1.4 |
| URIC ACID | 6.3 | mg/dL. | 3.6-7.7 |
| BLOOD UREA NITROGEN | 10.60 | 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) | 22.8 | U/L | 8-40 |
| S.G.O.T. (IFCC method) | 21.0 | U/L | 6-37 |
| SERUM ALKALINE PHOSPHATASE (IFCC KINETIC) | 96.0 | IU/L. | 50-126 |
| SERUM PROTEINS | | | |
| TOTAL PROTEINS (Biuret) | 7.2 | Gm/dL. | 6-8 |
| ALBUMIN (Bromocresol green Dye) | 4.1 | Gm/dL. | 3.5-5.0 |
| GLOBULIN (Calculated) | 3.1 | Gm/dL. | 2.5-3.5 |
| A : G RATIO (Calculated) | 1.3 | | 1.5-2.5 |



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| | | |
|-------------|-------|-------|
| PSA* | 0.954 | ng/ml |
|-------------|-------|-------|

ECLIA
NORMAL VALUE

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



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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

24 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 : 230218/605 **C. NO:** 605 **Collection Time** : 18-Feb-2023 12:02PM
Patient Name : Mr. RAMAKANT ROY 53Y / Male **Receiving Time** : 18-Feb-2023 12:29PM
Referred By : Dr. BANK OF BARODA **Reporting Time** : 18-Feb-2023 3:23PM
Sample By : **Centre Name** : Garg Pathology Lab - TPA
Organization :



| Investigation | Results | Units | Biological Ref-Interval |
|---------------|---------|-------|-------------------------|
|---------------|---------|-------|-------------------------|

LIPID PROFILE

| | | | |
|---|------------|--------|---------|
| SERUM CHOLESTEROL (CHOD - PAP) | 150.0 | mg/dl | 150-250 |
| SERUM TRIGYCLERIDE (GPO-PAP) | 77.5 | mg/dl | 70-150 |
| HDL CHOLESTEROL * (PRECIPITATION METHOD) | 44.6 | mg/dl | 30-60 |
| VLDL CHOLESTEROL * (Calculated) | 15.5 | mg/dl | 10-30 |
| LDL CHOLESTEROL * (Calculated) | 89.9 | 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.

SERUM SODIUM (Na) * 139.6 mEq/litre 135 - 155
(ISE method)
(ISE)



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२१ फेब्रुवारी सुनिषा उपलब्ध है।





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PUID : 230218/605 **C. NO:** 605 **Collection Time** : 18-Feb-2023 12:02PM
Patient Name : Mr. RAMAKANT ROY 53Y / Male **Receiving Time** : 18-Feb-2023 12:29PM
Referred By : Dr. BANK OF BARODA **Reporting Time** : 18-Feb-2023 3:23PM
Sample By : **Centre Name** : Garg Pathology Lab - TPA
Organization :



| Investigation | Results | Units | Biological Ref-Interval |
|---------------|---------|-------|-------------------------|
|---------------|---------|-------|-------------------------|

THYRIOD PROFILE*

| | | | |
|--|----------|--------|-----------|
| Triiodothyronine (T3) * (ECLIA) | 0.958 | ng/dl | 0.79-1.58 |
| Thyroxine (T4) * (ECLIA) | 7.005 | ug/dl | 4.9-11.0 |
| THYROID STIMULATING HORMONE (TSH) (ECLIA) | 4.975 | 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 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) | 3.9 | mEq/litre. | 3.5 - 5.5 |
| SERUM CALCIUM (Arsenazo) | 10.2 | mg/dl | 9.2-11.0 |



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Patient Name : Mr. RAMAKANT ROY 53Y / Male **Receiving Time** : 18-Feb-2023 12:29PM
Referred By : Dr. BANK OF BARODA **Reporting Time** : 18-Feb-2023 3:58PM
Sample By : **Centre Name** : Garg Pathology Lab - TPA
Organization :



| Investigation | Results | Units | Biological Ref-Interval |
|---------------|---------|-------|-------------------------|
|---------------|---------|-------|-------------------------|

URINE

PHYSICAL EXAMINATION

| | | | |
|-------------------------|-------------|----|-------------|
| Volume | 30 | ml | |
| Colour | PALE YELLOW | | |
| Appearance | Clear | | Clear |
| Specific Gravity | 1.010 | | 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 | 1-2 | /HPF | 1-3 |
| Crystals | Nil | | |
| Casts | Nil | | |

@ Special Examination

| | | | |
|----------------------|--------|--|--|
| Bile Pigments | Absent | | |
| Blood | Nil | | |
| Bile Salts | Absent | | |

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



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