

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

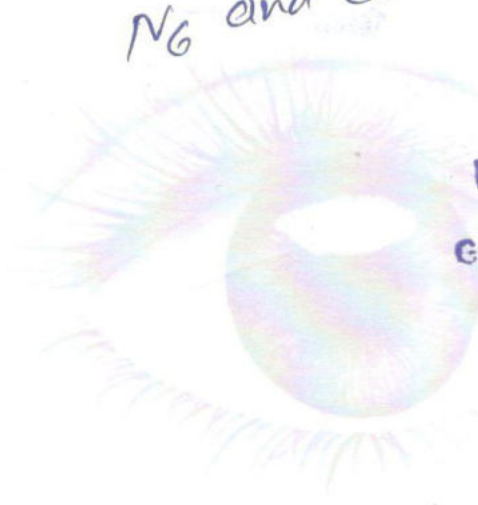
Name Gariyank Tomer Age/Sex 32 / M C/o Headache (sometimes) Date 22/07/23

H/o - ND

Ad

→ BE Distance vision is Normal
N/G and Near vision BE Normal
N/G and colour vision is Normal

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



प्रकाश आँखों का अस्पताल एवं लेजर सेंटर



Website: www.prakasheyehospital.in
Facebook: <http://www.prakasheyehospital.in>

Counsellor 9837066186
7535832832
Manager 7895517715
OT 7302222373
TPA 9837897788

(पर्चा 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

Gariyank

Accredited Eye Hospital Western U.P.



First NABH ECO

Vn R 6/6
 L 6/6

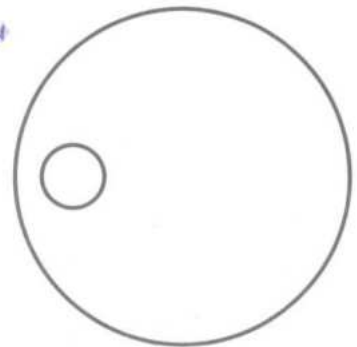
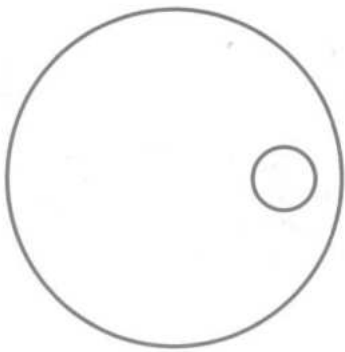
PH R 6/6
 L 6/6

IOP R 15
 L 16 mmHg

Spectacle	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance	plano			6/6	plano			6/6
Near				N/6				N/6

Colour vision → Normal [BE]

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 Pathology Meerut



भारत सरकार
Government of India

गोरियांक तोमर
Goriyank Tomer
जन्म तिथि/DOB: 18/08/1990
पुरुष/ MALE

Download Date: 01/04/2021

Issue Date: 10/09/2016

3489 3453 9372
VID : 9166 8499 1026 0620

मेरा आधार, मेरी पहचान

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

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

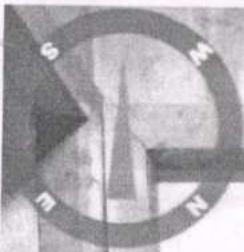
पता:
आत्मज, विरेन्द्र तोमर, हाउस न-1266, मोहल्ला
काबलीगेट, अशोक विहार, मवाना कलां, मेरठ,
उत्तर प्रदेश - 250401

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Kalan, Meerut,
Uttar Pradesh - 250401

3489 3453 9372
VID : 9166 8499 1026 0620

1047 | help@uidai.gov.in | www.uidai.gov.in

Goriyank



PAT



NO ENTRY IF YOU IT
PERSONS

Dr. Monika Garg
DR. MONIKA GARG
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GARG PATHOLOGY

Jul 22, 2023 10:34:34

225° SW

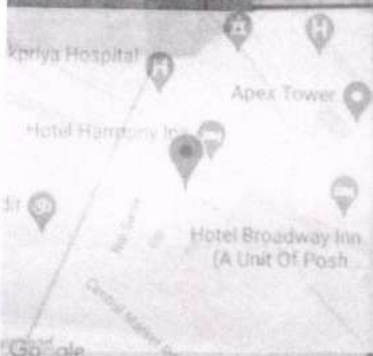
Tejgarh

Meerut Division

Uttar Pradesh

Altitude 190.3m

Index





Quality is our Aim

DR. SAURABH TIWARI

DIAGNOSTIC CENTRE

DR. SAURABH TIWARI

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

Consultant Radiologist & Ultrasonologist

Add: Nai Sarak (at "T" Point), Shastri Nagar, Meerut

Mob.: 7055144440, 7668437889 | E-mail: drtiwarisaurabh16@gmail.com

Patient's Name	MR. GORIYANK TOMAR	Age/Sex	32 Y / M
Clinician I/C	DR. MONIKA GARG MD	Date	22/07/2023

ULTRASOUND WHOLE ABDOMEN

LIVER: Is normal in size and shows Fatty infiltration . No SOL seen. No Dilatation of IHBR seen. Hepatic vessels are normal. Portal vein is patent and normal in calibre.

GALL BLADDER: is normal and anechoic. Gall bladder wall is appears normal.

CBD: Normal in caliber and smoothly tapering towards its lower end.

PANCREAS: Normal in size, shape and echotexture. Pancreatic duct is normal in caliber.

SPLEEN: is normal in size and normal in echotexture.

KIDNEYS: R K - 9.6 x 4.3 cm L K - 10.5 x 5.8 cm

Both kidneys are normal in size with normal renal cortical echoes with maintained corticomedullary differentiation. No dilatation of PC system is seen on both side. No calculus seen of both side .

URINARY BLADDER: Normal in outline. No bladder wall thickening or trabeculations noted. No calculus seen.

PROSTATE: is normal in size and normal in shape and echotexture.

No evidence of retroperitoneal lymphadenopathy.

No ascites noted

IMPRESSION:

- Fatty infiltration of liver (Grade II)

Please correlate clinically.

Dr. SAURABH TIWARI
MBBS, MD(Radiology)

Facilities :

• ULTRASOUND • COLOUR DOPPLER • 3D & 4D ULTRASOUND • DIGITAL X-RAY

Please correlate clinically

Note: Impression is a Professional Opinion & not a Diagnosis, All Modern Machines/Procedures have their limitation. If there is variance clinically this examination may be repeated or reevaluated by other investigations. Typing errors sometimes are inevitable.
Not for Medico Legal Purposes. Patient's Identity cannot be verified.



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Add: Nai Sarak (at "T" Point), Shastri Nagar, Meerut

Mob.: 7055144440, 7668437889 | E-mail: drtiwarisaurabh16@gmail.com

PATIENT NAME : MR.GORIYAN KUAMR TOMAR AGE : 32 Yrs SEX:M

REF. BY : DR. MONIKA GARG MD DATE : 22/07/2023

X-RAY CHEST PA

- Soft tissue and bony cage are normal.
- Both costo-phrenic angles are normal.
- Both domes of diaphragm are normal in contour and position.
- Both hila are normal.
- Normal broncho vascular marking noted in both lung fields
- Trachea is normal in position.
- Cardiac size is within normal limits.

IMPRESSION: Normal study

Please correlate clinically

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CARDIOLOGY

ECHOCARDIOGRAM REPORT

NAME :Mr. Goriyank Tomar AGE/SEX :32yrs/M ECHO NO. :164425

REFERRING DIAGNOSIS : To rule out structural heart disease DATE 22/07/2023

Echogenecity : Adequate

DIMENSIONS	NORMAL		NORMAL
AO (ed)	2.9 cm (2.1 - 3.7cm)	IVS (ed)	1.1 cm (0.6 - 1.2 cm)
LA (es)	3.0 cm (2.1 - 3.7 cm)	LVPW (ed)	1.1 cm (0.6 - 1.2 cm)
RVID(ed)	2.1 cm (1.1 - 2.5 cm)	EF	68% (62% - 85%)
LVID(ed)	4.8 cm (3.6 - 5.2 cm)	FS	35% (28% - 42%)
LVID(es)	3.0 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

2-D ECHOCARDIOGRAPHY FINDINGS :

LV normal in size with normal contractions. No LV regional wall motion abnormality in basal state. RV normal in size with adequate contractions. LA and RA normal. All cardiac valves are structurally normal. No chamber hypertrophy. IVC normal. Normal respiratory variation. Pericardium normal. No intracardiac mass. Estimated LV ejection fraction is 68%.

COLOR FLOW MAPPING :

No valvular regurgitation.

DOPPLER STUDIES :

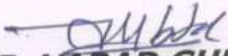
MVIS E > A

Peak systolic velocity across aortic valve = 1.0 m/sec.

No AS/MS/AR/TR/MR/TS/PS/PR

IMPRESSION :

1. LV normal in size with normal systolic function (LVEF = 68%).
2. No LV regional wall motion abnormality.
3. RV normal in size with adequate systolic function.
4. Normal valves and pericardium.


Done By : DR. VARAD GUPTA
MD, DM (Cardiology), FESC
SR. CONSULTANT CARDIOLOGIST

NOTE : Echocardiography report given is that of the procedure done on that day and needs to be assessed in conjunction with the clinical findings. This is not for medicolegal purposes. No record of this report is kept in the hospital.



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 : 230722/605 **C. NO:** 605 **Collection Time** : 22-Jul-2023 11:18AM
Patient Name : Mr. GORIYANK TOMER 32Y / Male **Receiving Time** : 22-Jul-2023 11:28AM
Referred By : Dr. BANK OF BARODA **Reporting Time** : 22-Jul-2023 7:04PM
Sample By : **Centre Name** : Garg Pathology Lab - TPA
Organization : MEDIWHEEL



Investigation	Results	Units	Biological Ref-Interval
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HAEMATOLOGY (EDTA WHOLE BLOOD)

COMPLETE BLOOD COUNT

HAEMOGLOBIN (Colorimetry)	15.4	gm/dl	13.0-17.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	6200	*10 ⁶ /L	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	55	%.	40-80
Lymphocytes	40	%.	20-40
Eosinophils	03	%.	1-6
Monocytes	02	%.	2-10
Basophils	00	%.	<1-2
Band cells	00	%	0-5
Absolute neutrophil count	3.41	x 10 ⁹ /L	2.0-7.0(40-80%)
Absolute lymphocyte count	2.48	x 10 ⁹ /L	1.0-3.0(20-40%)
Absolute eosinophil count	0.19	x 10 ⁹ /L	0.02-0.5(1-6%)

Method:-((EDTA Whole blood,Automated /

RBC Indices

TOTAL R.B.C. COUNT (Electric Impedence)	4.91	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	40.6	%	26-50
MCV (Calculated)	82.7	fL	80-94
MCH (Calculated)	31.4	pg	27-32
MCHC (Calculated)	37.9	g/dl	30-35
RDW-SD	43.8	fL	37-54



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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

२१ घंटे सुविधा उपलब्ध है।





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(Calculated)			
Platelet Count	1.55	/Cumm	1.50-4.50
(Electric Impedence)			
MPV	12.5	%	7.5-11.5
(Calculated)			
NLR	1.38		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 \$ \$

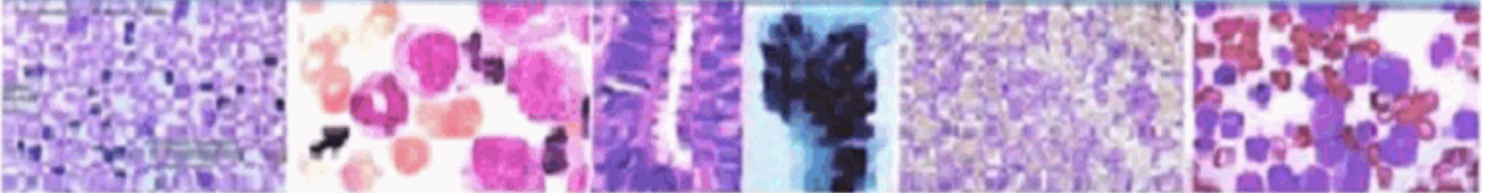


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24 घंटे सुविधा उपलब्ध है।





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Investigation	Results	Units	Biological Ref-Interval
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GLYCATED HAEMOGLOBIN (HbA1c)*	5.1	%	4.3-6.3
ESTIMATED AVERAGE GLUCOSE	99.7	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)	82.0	mg/dl	70 - 110
PLASMASUGAR P.P. (GOD/POD method)	110.0	mg/dl	80-140



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Page 4 of 10

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BIOCHEMISTRY (SERUM)

SERUM CREATININE (Enzymatic)	0.9	mg/dl	0.6-1.4
URIC ACID	6.5	mg/dL.	3.6-7.7
BLOOD UREA NITROGEN	12.00	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)	92.0	U/L	8-40
S.G.O.T. (IFCC method)	40.0	U/L	6-37
SERUM ALKALINE PHOSPHATASE (IFCC KINETIC)	110.0	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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Investigation	Results	Units	Biological Ref-Interval
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PSA*	0.121	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



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LIPID PROFILE

SERUM CHOLESTEROL (CHOD - PAP)	220.0	mg/dl	150-250
SERUM TRIGLYCERIDE (GPO-PAP)	206.0	mg/dl	70-150
HDL CHOLESTEROL * (PRECIPITATION METHOD)	39.0	mg/dl	30-60
VLDL CHOLESTEROL * (Calculated)	41.2	mg/dl	10-30
LDL CHOLESTEROL * (Calculated)	139.8	mg/dL.	0-100
LDL/HDL RATIO * (Calculated)	03.6	ratio	<3.55
CHOL/HDL CHOLESTROL RATIO* (Calculated)	5.6	ratio	3.8-5.9

Interpretation :

Patient 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) * 140.0 mEq/litre 135 - 155
(ISE method)
(ISE)



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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 : 230722/605 **C. NO:** 605 **Collection Time** : 22-Jul-2023 11:18AM
Patient Name : Mr. GORIYANK TOMER 32Y / Male **Receiving Time** : 22-Jul-2023 11:28AM
Referred By : Dr. BANK OF BARODA **Reporting Time** : 22-Jul-2023 7:29PM
Sample By : **Centre Name** : Garg Pathology Lab - TPA
Organization : MEDIWHEEL



Investigation	Results	Units	Biological Ref-Interval
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THYRIOD PROFILE*

Triiodothyronine (T3) * (ECLIA)	1.024	ng/dl	0.79-1.58
Thyroxine (T4) * (ECLIA)	9.958	ug/dl	4.9-11.0
THYROID STIMULATING HORMONE (TSH) (ECLIA)	1.818	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)	4.0	mEq/litre.	3.5 - 5.5
SERUM CALCIUM (Arsenazo)	10.0	mg/dl	9.2-11.0



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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Referred By : Dr. BANK OF BARODA **Reporting Time** : 22-Jul-2023 7:07PM
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Organization : MEDIWHEEL



Investigation	Results	Units	Biological Ref-Interval
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URINE

PHYSICAL EXAMINATION

Volume	30	ml	
Colour	Pale yellow		
Appearance	Clear		Clear
Specific Gravity	1.010		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	2-3	/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 }-----



*THIS TEST IS NOT UNDER NABL SCOPE

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