

NABH ACCREDITED

# PRAKASH

EYE HOSPITAL & LASER CENTRE

## Dr. AMIT GARG

M.B.B.S., D.N.B. (Oph.)

I-Lasik (Femto) Bladeless Topical Micro Phaco

& Medical Retina Specialist

Ex. Micro Phaco Surgeon

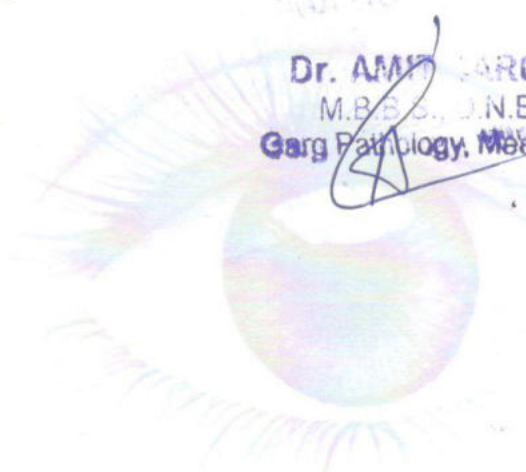
Venu Eye Institute & Research Centre, New Delhi

Name Rashi Paliwal Age/Sex 36 / F C/o ..... Date 22/07/23

Routine eye check up

BE Distance vision with glasses  
is normal 6/6 and Near vision  
is normal NG and Both eye  
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](http://www.prakasheyehospital.in)  
Facebook: <http://www.prakasheyehospital.in>

Counsellor 9837066186  
7535832832  
Manager 7895517715  
OT 730222373  
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](mailto:prakasheyehosp@gmail.com)

Rashi

Accredited Eye Hospital Western U.P.



First NABH ECO

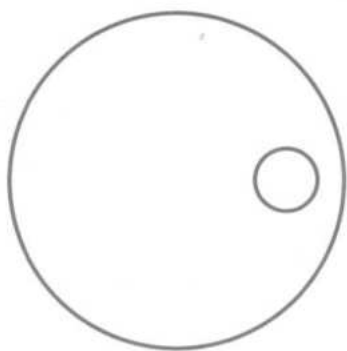
Vn  R 6/6,  
L 6/12

PH  R 6/6  
L 6/6

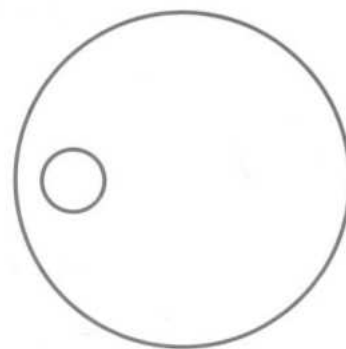
IOP  R 11  
L 12 mmHg

	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance	0.50	0.50	15°	6/6	0.75	1.00	150°	6/6
Near	—————				—————			
				NG				NG

BE Colours Vn normal



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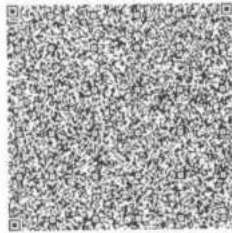
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Government of India

आधार  
Unique Identification Authority of India

संयोजन क्रम/ Enrolment No.: 0648/02688/54023

To  
रशी पालवाल  
Rashi Paliwal  
D/O: Umesh Paliwal  
E-7,3rd Floor  
Park View Residency Phase-II Marris Road  
Post Marris Road  
कोल  
Allarh Uttar Pradesh - 202001  
8077248386

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आपका आधार क्रमांक / Your Aadhaar No. :

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मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



रशी पालवाल  
Rashi Paliwal  
जन्म तिथि/DOB: 07/06/1987  
लिंग/SEX: FEMALE

Issue Date: 27/06/2016

4582 6537 1587

VID : 9128 8707 8398 2639

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- आधार विशिष्ट और सुरक्षित है।
- सुरक्षित क्यूआर कोड/ऑफलाइन एक्सएमएल/ऑनलाइन प्रमाणीकरण का उपयोग करके पहचान सत्यापित करें।
- आधार के सभी रूप जैसे आधार पत्र, पीवीसी कार्ड, ई-आधार और एम-आधार समान रूप से मान्य हैं। १२ अंकों की आधार संख्या के स्थान पर आभासी (वर्चुअल) आधार पहचान (VID) का भी उपयोग किया जा सकता है।
- १० साल में कम से कम एक बार आधार अपडेट जरूर करें।
- आधार आपको विभिन्न सरकारी और गैर-सरकारी योजनाओं/सेवाओं का लाभ उठाने में मदद करता है।
- आधार में अपना मोबाइल नंबर और ई-मेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ उठाने के लिए स्मार्टफोन पर mAadhaar ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स को लॉक/अनलॉक करने की विशेषता का उपयोग सुरक्षा सुनिश्चित करने के लिए करें।
- आधार (पत्र/ नंबर) चाहने वाली संस्थायों को उचित सहमति लेने के लिए बाध्य किया गया है।
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
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- Aadhaar helps you avail various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



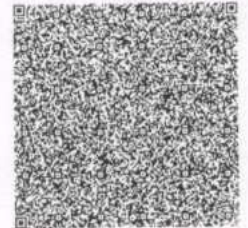
पता:

आत्मजा: उमेश पालवाल, ई-7, तीसरा फ्लोर, पार्क व्यू  
रेजीडेंसी फेस-2 मरिस रोड, पोस्ट मरिस रोड, कोल,  
अलीगढ़,  
उत्तर प्रदेश - 202001

Address:

D/O: Umesh Paliwal, E-7,3rd Floor, Park View  
Residency Phase-II Marris Road, Post Marris  
Road, Kol, Allarh,  
Uttar Pradesh - 202001

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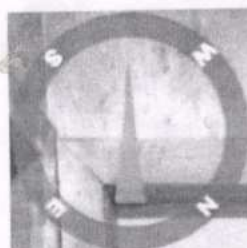
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M.B.B.S., M.D. (Path.)  
GARG PATHOLOGY

Rashi



PATHOLOGY LAB

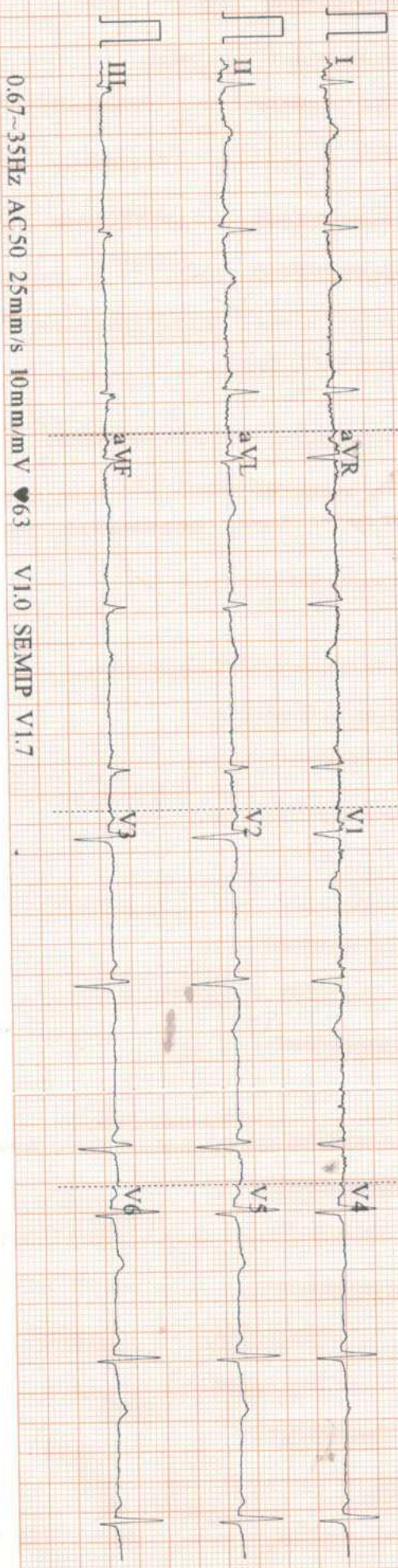


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M.B.B.S., M.D. (Path.)  
GARG PATHOLOGY

Jul 22, 2023 10:34:23  
227° SW  
Telgarh  
Meerut Division  
Uttar Pradesh  
Altitude 190.3m  
Index number 110



ID: 920 22-07-2023 11:15:54



ID: 920	Female	36 Years	cm	kg	KPa	Diagnosis Information: Sinus Arrhythmia ***Normal ECG***
HR	62	bpm				
P	101	ms				
PR	138	ms				
QRS	75	ms				
QT/QTc	457/467	ms				
P/ORS/T	30/40/22	°				
RV5/SV1	0.735/0.467	mV				

*Roshni*

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

Report Confirmed by:



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 NAME : MRS. RASHI PALIWAL

AGE : 36 Yrs SEX:F

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.
- *Broncho vascular markings are prominent noted in right middle and lower zone*
- Trachea is normal in position.
- Cardiac size is within normal limits.

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.



## CARDIOLOGY

### ECHOCARDIOGRAM REPORT

NAME :Mrs. Rashi Paliwal      AGE/SEX :36yrs/F      ECHO NO. :164427

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	65% (62% - 85%)
LVID(ed)	4.4 cm (3.6 - 5.2 cm)	FS	34% (28% - 42%)
LVID(es)	2.8 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	

## **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 65%.*

## **COLOR FLOW MAPPING :**

*No valvular regurgitation.*

## **DOPPLER STUDIES :**

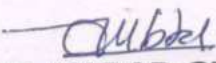
**MVIS E > A**

*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 = 65%).*
- 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.





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

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

Patient's Name	MRS. RASHI PALIWAL	Age / sex	36 Y / F
Clinician I/C	DR. MONIKA GARG MD	Date	22/07/2023

## ULTRASOUND WHOLE ABDOMEN

( identity of the patient can't be verified )

**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 appears normal.

**CBD:** Normal in caliber and distal end of CBD obscured by bowel gases.

**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 – 9.5 x 3.3 cm L K – 10.7 x 4.4 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 of both side.

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

**UTERUS:** is normal in size and echotexture. Myometrial echoes are normal.

Both ovaries are normal in size.

No mass lesion / cyst noted in both adenexa. No free fluid noted in pouch of douglous.

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

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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** : 230722/606 **C. NO:** 606 **Collection Time** : 22-Jul-2023 11:22AM  
**Patient Name** : Mrs. RASHI PALIWAL 36Y13D / Female **Receiving Time** : 22-Jul-2023 11:33AM  
**Referred By** : **Reporting Time** : 22-Jul-2023 7:08PM  
**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)	13.4	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	7400	*10 <sup>6</sup> /L	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	68	%.	40-80
Lymphocytes	28	%.	20-40
Eosinophils	02	%.	1-6
Monocytes	02	%.	2-10
Basophils	00	%.	<1-2
Band cells	00	%	0-5
Absolute neutrophil count	5.03	x 10 <sup>9</sup> /L	2.0-7.0(40-80%)
Absolute lymphocyte count	2.07	x 10 <sup>9</sup> /L	1.0-3.0(20-40%)
Absolute eosinophil count	0.15	x 10 <sup>9</sup> /L	0.02-0.5(1-6%)

Method:-((EDTA Whole blood,Automated /

### RBC Indices

TOTAL R.B.C. COUNT (Electric Impedence)	4.77	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	38.0	%	26-50
MCV (Calculated)	<b>79.7</b>	fL	80-94
MCH (Calculated)	28.1	pg	27-32
MCHC (Calculated)	<b>35.3</b>	g/dl	30-35
RDW-SD	44.1	fL	37-54



\*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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

24 घंटे सुविधा उपलब्ध है।





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Investigation	Results	Units	Biological Ref-Interval
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(Calculated)

Platelet Count	2.41	/Cumm	1.50-4.50
----------------	------	-------	-----------

(Electric Impedence)

MPV	<b>12.5</b>	%	7.5-11.5
-----	-------------	---	----------

(Calculated)

NLR	2.43		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.

<b>BLOOD GROUP *</b>	"A" POSITIVE	\$	\$
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Investigation	Results	Units	Biological Ref-Interval
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<b>GLYCATED HAEMOGLOBIN (HbA1c)*</b>	5.2	%	4.3-6.3
ESTIMATED AVERAGE GLUCOSE	102.5	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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<b>Referred By</b> :		<b>Reporting Time</b> : 22-Jul-2023 7:44PM
<b>Sample By</b> :		<b>Centre Name</b> : Garg Pathology Lab - TPA
<b>Organization</b> : MEDIWHEEL		

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

### BIOCHEMISTRY (FLORIDE)

PLASMA SUGAR FASTING (GOD/POD method)	104.0	mg/dl	70 - 110
PLASMASUGAR P.P. (GOD/POD method)	130.0	mg/dl	80-140



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<b>Patient Name</b> : Mrs. RASHI PALIWAL 36Y13D / Female		<b>Receiving Time</b> : 22-Jul-2023 11:33AM
<b>Referred By</b> :		<b>Reporting Time</b> : 22-Jul-2023 7:45PM
<b>Sample By</b> :		<b>Centre Name</b> : Garg Pathology Lab - TPA
<b>Organization</b> : MEDIWHEEL		

Investigation	Results	Units	Biological Ref-Interval
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### BIOCHEMISTRY (SERUM)

<b>SERUM CREATININE</b> (Enzymatic)	0.6	mg/dl	0.6-1.4
<b>URIC ACID</b>	5.3	mg/dL.	2.5-6.8
<b>BLOOD UREA NITROGEN</b>	10.20	mg/dL.	8-23



\*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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

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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

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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)	<b>43.0</b>	U/L	8-40
S.G.O.T. (IFCC method)	32.0	U/L	6-37
SERUM ALKALINE PHOSPHATASE (IFCC KINETIC)	99.3	IU/L.	37-103
<b>SERUM PROTEINS</b>			
TOTAL PROTEINS (Biuret)	7.0	Gm/dL.	6-8
ALBUMIN (Bromocresol green Dye)	4.1	Gm/dL.	3.5-5.0
GLOBULIN (Calculated)	2.9	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	<b>1.4</b>		1.5-2.5



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## LIPID PROFILE

SERUM CHOLESTEROL (CHOD - PAP)	196.0	mg/dl	150-250
SERUM TRIGLYCERIDE (GPO-PAP)	<b>177.0</b>	mg/dl	70-150
HDL CHOLESTEROL * (PRECIPITATION METHOD)	43.0	mg/dl	30-60
VLDL CHOLESTEROL * (Calculated)	<b>35.4</b>	mg/dl	10-30
LDL CHOLESTEROL * (Calculated)	<b>117.6</b>	mg/dL.	0-100
LDL/HDL RATIO * (Calculated)	02.7	ratio	<3.55
CHOL/HDL CHOLESTROL RATIO* (Calculated)	4.6	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) \*** 139.0 mEq/litre 135 - 155  
(ISE method)  
(ISE)



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### THYRIOD PROFILE\*

Triiodothyronine (T3) * (ECLIA)	1.054	ng/dl	0.79-1.58
Thyroxine (T4) * (ECLIA)	9.632	ug/dl	4.9-11.0
THYROID STIMULATING HORMONE (TSH) (ECLIA)	1.375	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.

<b>SERUM POTASSIUM (K) *</b> (ISE method)	4.0	mEq/litre.	3.5 - 5.5
SERUM CALCIUM (Arsenazo)	9.9	mg/dl	9.2-11.0



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## URINE

### PHYSICAL EXAMINATION

<b>Volume</b>	30	ml	
<b>Colour</b>	PALE YELLOW		
<b>Appearance</b>	Clear		Clear
<b>Specific Gravity</b>	1.010		1.000-1.030
<b>PH ( Reaction )</b>	Acidic		

### BIOCHEMICAL EXAMINATION

<b>Protein</b>	Nil		Nil
<b>Sugar</b>	Nil		Nil

### MICROSCOPIC EXAMINATION

<b>Red Blood Cells</b>	Nil	/HPF	Nil
<b>Pus cells</b>	2-3	/HPF	0-2
<b>Epithelial Cells</b>	2-4	/HPF	1-3
<b>Crystals</b>	Nil		
<b>Casts</b>	Nil		

### @ Special Examination

<b>Bile Pigments</b>	Absent		
<b>Blood</b>	Nil		
<b>Bile Salts</b>	Absent		

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



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