### 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

EYE HOSPITAL & LASER CENTRE Name Mrs. Priva Srivastava Age/Sex 44 / f C/o Date 13/Apr/23

NABH ACCREDITED

Routine Eyes Chubul

M.B.B.S., D.N.B Garg Pathology, Meerut



Accredited Eye Hospital Western U.P.

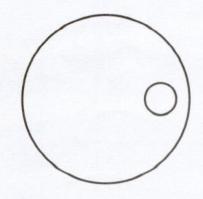
Website: www.prakasheyehospital.in Facebook: http://www.prakasheyehospital.in Counsellor 7535832832 7895517715 Manager 7302222373 OT 9837897788 TPA

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

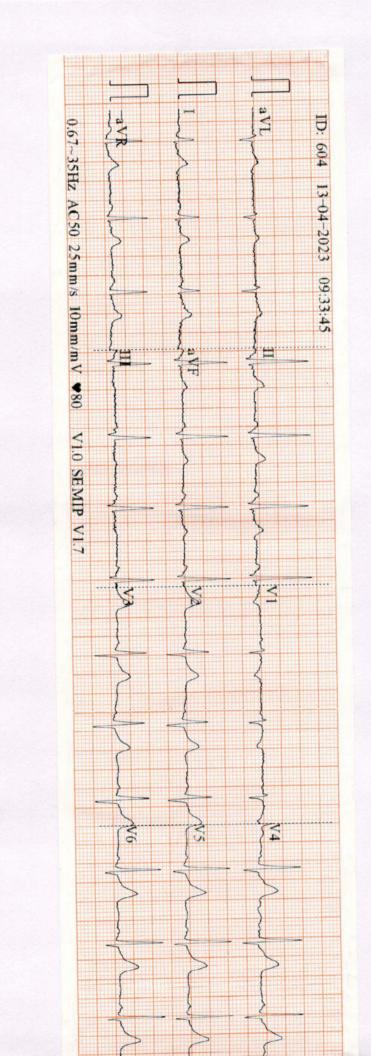


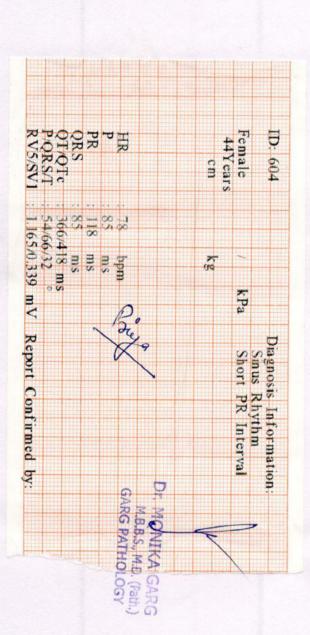
Colour region ( NORMAL

	RIGHT EYE					LEF	T EYE	
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance		lle	0 .	6/6		ller	10.	CIP
Near Add 8E	+1.50			146	+1.50	_	-	146













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

Carlo





Certified by

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

PUID : 230413/603 **Patient Name** 

: Dr. BANK OF BARODA

: Mrs. PRIYA SRIVASTAVA 44Y / Female

Sample By Organization

Referred By

C. NO: 603 **Collection Time** 

**Receiving Time** 

: 13-Apr-2023 9:16AM <sup>1</sup> 13-Apr-2023 10:05AM

**Reporting Time** 

: 13-Apr-2023 4:28PM : Garg Pathology Lab - TPA

**Centre Name** 

Investigation Results Units Biological Ref-Interval

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

#### **COMPLETE BLOOD COUNT**

HAEMOGLOBIN	11.5	gm/dl	12.0-15.0
(Colorimetry)			
TOTAL LEUCOCYTE COUNT	6750	*10^6/L	4000 - 11000
(Electric Impedence)			
DIFFERENTIAL LEUCOCYTE COUNT			
(Microscopy)			
Neutrophils	54	%.	40-80
Lymphocytes	36	%.	20-40
Eosinophils	07	%.	1-6
Monocytes	03	%.	2-10
Basophils	00	%.	<1-2
Band cells	00	%	0-5
Absolute neutrophil count	3.65	x 10^9/L	2.0-7.0(40-80%
Absolute lymphocyte count	2.43	x 10^9/L	1.0-3.0(20-40%)
Absolute eosinophil count	0.47	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 - 15.0
RBC Indices			
TOTAL R.B.C. COUNT	3.52	Million/Cumm	4.5 - 6.5
(Electric Impedence)			
Haematocrit Value (P.C.V.)	36.5	%	26-50
MCV	103.7	fL	80-94
(Calculated)			
MCH	32.7	pg	27-32
(Calculated)			
MCHC	31.5	g/dl	30-35
(Calculated)			



\*THIS TEST IS NOT UNDER NABL SCOPE

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Page 1 of 9





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

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M.D. (Path) Gold Medalist
Former Pathologist:
es 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** : 230413/603

C. NO: 603

**Collection Time** 

: 13-Apr-2023 9:16AM

Patient Name Referred By : Mrs. PRIYA SRIVASTAVA 44Y / Female

: Dr. BANK OF BARODA

Receiving Time

: 13-Apr-2023 10:05AM : 13-Apr-2023 4:28PM

Sample By :

Reporting Time Centre Name

: Garg Pathology Lab - TPA

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Organization :			
Investigation	Results	Units	Biological Ref-Interval
RDW-SD	55.0	fL	37-54
(Calculated)			
RDW-CV	12.6	%	11.5 - 14.5
(Calculated)			
Platelet Count	3.23	/Cumm	1.50-4.50
(Electric Impedence)			
MPV	10.4	%	7.5-11.5
(Calculated)			
NLR	1.50		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 9





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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

PUID : 230413/603 C. NO: 603 **Collection Time** 

: 13-Apr-2023 9:16AM

**Patient Name** 

: Mrs. PRIYA SRIVASTAVA 44Y / Female

**Receiving Time** 

<sup>1</sup> 13-Apr-2023 10:05AM

Referred By Sample By

: Dr. BANK OF BARODA

**Reporting Time** 

: 13-Apr-2023 4:28PM : Garg Pathology Lab - TPA

Organization

**Centre Name** 

Investigation Results Units B	Biological Ref-Interval

**GLYCATED HAEMOGLOBIN (HbA1c)\*** 

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

-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

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Page 3 of 9





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C. NO: 603

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

PUID : 230413/603 **Patient Name** 

: Mrs. PRIYA SRIVASTAVA 44Y / Female : Dr. BANK OF BARODA

Sample By Organization

Referred By

(GOD/POD method)

**Collection Time** 

**Centre Name** 

**Receiving Time Reporting Time**  : 13-Apr-2023 9:16AM <sup>1</sup> 13-Apr-2023 10:05AM

: 13-Apr-2023 4:27PM : Garg Pathology Lab - TPA

Investigation Results Units **Biological Ref-Interval** 

**BIOCHEMISTRY (FLORIDE)** 

PLASMA SUGAR FASTING

103.0

mg/dl

70 - 110

\*THIS TEST IS NOT UNDER NABL SCOPE

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Page 4 of 9





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National Accreditation Board For Testing & Calibration Laboratories

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

PUID : 230413/603 **Patient Name** 

: Dr. BANK OF BARODA

: Mrs. PRIYA SRIVASTAVA 44Y / Female

Sample By Organization

**Referred By** 

C. NO: 603

**Collection Time** 

: 13-Apr-2023 9:16AM **Receiving Time** <sup>1</sup> 13-Apr-2023 10:05AM **Reporting Time** 

**Centre Name** 

: 13-Apr-2023 4:27PM : Garg Pathology Lab - TPA

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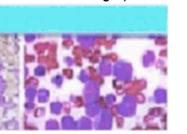
Investigation	Results	Units	Biological Ref-Interval
	BIOCHEMISTRY (SE	RUM)	
SERUM CREATININE (Enzymatic)	0.8	mg/dl	0.6-1.4
URIC ACID	6.1	mg/dL.	2.5-6.8
<b>BLOOD UREA NITROGEN</b>	13.20	mg/dL.	8-23



\*THIS TEST IS NOT UNDER NABL SCOPE

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Page 5 of 9





## Garg Pathology DR. MONIKA GARG Certified by

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

Former Pathologist : St. Stephan's Hospital, Delhi

Ph.: 0121-2600454, 8979608687, 9837772828

PUID : 230413/603 **Patient Name** 

C. NO: 603

**Collection Time** 

: 13-Apr-2023 9:16AM

**Referred By** 

Organization

: Mrs. PRIYA SRIVASTAVA 44Y / Female

**Receiving Time** 

<sup>1</sup> 13-Apr-2023 10:05AM : 13-Apr-2023 4:27PM

Sample By

**Reporting Time** : Dr. BANK OF BARODA

**Centre Name** 

: Garg Pathology Lab - TPA 

-	 	 1	_	_		

o.g				
Investigation	Results	Units	Biological Ref-Interval	
LIVER FUNCTION TEST				
SERUM BILIRUBIN				
TOTAL	0.6	mg/dl	0.1-1.2	
(Diazo)				
DIRECT	0.3	mg/dl	<0.3	
(Diazo)				
INDIRECT	0.3	mg/dl	0.1-1.0	
(Calculated)				
S.G.P.T.	30.0	U/L	8-40	
(IFCC method)				
S.G.O.T.	26.0	U/L	6-37	
(IFCC method)				
SERUM ALKALINE PHOSPHATASE	75.0	IU/L.	37-103	
(IFCC KINETIC)				
SERUM PROTEINS				
TOTAL PROTEINS	6.6	Gm/dL.	6-8	
(Biuret)				
ALBUMIN	3.7	Gm/dL.	3.5-5.0	
(Bromocresol green Dye)				
GLOBULIN	2.9	Gm/dL.	2.5-3.5	
(Calculated)				
A: G RATIO	1.3		1.5-2.5	
(Calculated)				



\*THIS TEST IS NOT UNDER NABL SCOPE

**Checked By Technician:** 

Page 6 of 9





C. NO: 603

National Accreditation Board For Testing & Calibration Laboratories

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

PUID : 230413/603 **Patient Name** 

: Mrs. PRIYA SRIVASTAVA 44Y / Female : Dr. BANK OF BARODA

Sample By Organization

Referred By

**Collection Time** : 13-Apr-2023 9:16AM **Receiving Time** <sup>1</sup> 13-Apr-2023 10:05AM

**Reporting Time** : 13-Apr-2023 4:27PM **Centre Name** 

: Garg Pathology Lab - TPA

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

St. Stephan's Hospital, Delhi

<b>3</b>				
Investigation	Results	Units	Biological Ref-Interval	
LIPID PROFILE				
SERUM CHOLESTEROL	231.0	mg/dl	150-250	
(CHOD - PAP)				
SERUM TRIGYCERIDE	173.0	mg/dl	70-150	
(GPO-PAP)				
HDL CHOLESTEROL *	42.3	mg/dl	30-60	
(PRECIPITATION METHOD)				
VLDL CHOLESTEROL *	34.6	mg/dl	10-30	
(Calculated)				
LDL CHOLESTEROL *	154.1	mg/dL.	0-100	
(Calculated)				
LDL/HDL RATIO *	03.6	ratio	<3.55	
(Calculated)				
CHOL/HDL CHOLESTROL RATIO*	5.5	ratio	3.8-5.9	
(Calculated)				

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 : 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) \* mEq/litre 135 - 155 139.0

(ISE method) (ISE)



\*THIS TEST IS NOT UNDER NABL SCOPE

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Page 7 of 9





## Garg Pathology

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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

603

PUID : 230413/603 C. NO: **Patient Name** : Mrs. PRIYA SRIVASTAVA 44Y / Female

**Collection Time Receiving Time**  : 13-Apr-2023 9:16AM <sup>1</sup> 13-Apr-2023 10:05AM

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

: 13-Apr-2023 4:27PM

Sample By Organization **Centre Name** 

: Garg Pathology Lab - TPA

Investigation	Results	Units	Biological Ref-Interval
THYRIOD PROFILE*			
Triiodothyronine (T3) * (ECLIA)	0.914	ng/dl	0.79-1.58
Thyroxine (T4) * (ECLIA)	8.362	ug/dl	4.9-11.0
THYROID STIMULATING HORMONE (TSH) (ECLIA)	3.743	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 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) *	4.3	mEq/litre.	3.5 - 5.5
(ISE method)			
SERUM CALCIUM	10.0	mg/dl	9.2-11.0
(Arsenazo)			



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Page 8 of 9





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 : 230413/603 C. NO: 603

**Collection Time** 

: 13-Apr-2023 9:16AM

**Patient Name** Referred By

: Mrs. PRIYA SRIVASTAVA 44Y / Female

**Receiving Time** 

<sup>1</sup> 13-Apr-2023 10:05AM

Sample By

: Dr. BANK OF BARODA

**Reporting Time** 

: 13-Apr-2023 4:29PM

Organization

**Centre Name** 

: Garg Pathology Lab - TPA

Investigation Results Units **Biological Ref-Interval** 

U	RI	N	E
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	EXAM	

**Volume** 30 ml

Colour

pale yellow

Clear

**Appearance** Specific Gravity Clear

PH (Reaction)

1.010 Acidic 1.000-1.030

**BIOCHEMICAL EXAMINATION** 

Protein

Nil

Nil

Sugar

Nil

Nil

**MICROSCOPIC EXAMINATION** 

Red Blood Cells

Nil

/HPF

Nil

Pus cells **Epithilial Cells**  2-3 2-4

/HPF /HPF 0-2 1-3

Crystals

Casts

Nil Nil

@ Special Examination

Absent

**Bile Pigments** Blood

Nil

Bile Salts

**Absent** 

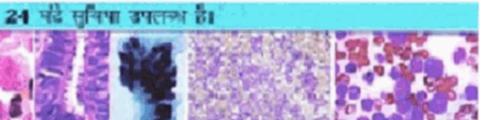
-----{END OF REPORT }-----



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**Checked By Technician:** 

Page 9 of 9







# LOKPRIVA HOSPITAL





#### DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE : 13/04/2023

REFERENCE NO.: P-8/136

PATIENT NAME

: PRIYA SRIVASTAVA

AGE/SEX : 44 YRS/F

REFERRED BY

: DR. MONIKA GARG

**ECHOGENECITY: NORMAL** 

REFERRING DIAGNOSIS: To rule out structural heart disease.

#### ECHOCARDIOGRAPHY REPORT

DIMENSI	ONS	NORMAL			NORMAL
A0 (ed)	1.9 cm	(2.1 - 3.7 cm)	IVS (ed)	1.0 cm	(0.6 - 1.2 cm)
LA (es)	2.2 cm	(2.1 - 3.7 cm)	LVPW (ed)	1.0 cm	(0.6 - 1.2 cm)
RVID (ed)	1.1 cm	(1.1 - 2.5 cm)	<b>EF</b>	55%	(62% - 85%)
LVID (ed)	3.9 cm	(3.6 - 5.2 cm)	FS	27%	(28% - 42%)
LVID (es)	2.7 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

24 घण्टे इमरजेन्सी सेवा



# LOKPRIYA HOSPITAL





:: 2 ::

#### 2-D ECHOCARDIOGRAPHY FINDINGS:

LV normal in size with normal contractions. No LV regional wall motion abnormality seen in basal state. RV normal in size with adequate contractions. LA and RA normal. All cardiac valves are structurally normal. Pericardium normal. No intracardiac mass. Estimated LV ejection fraction is 55%.

#### **DOPPLER STUDIES:**

Valve	Regurgitation	Velocity m/sec	Gradient mmHg
Mitral Valve	No	0.95	3.6
Tricuspid Valve	No	0.90	3.0
Pulmonary Valve	No	0.75	2.4
Aortic Valve	No	0.67	. 2.1

#### IMPRESSION:

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

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.



# LOKPRIYA HOSPITAL

## **LOKPRIYA RADIOLOGY CENTRE**

SAMRAT PALACE, GARH ROAD, MEERUT - 250003



DATE	13.04.2023	REF. NO.	271		
PATIENT NAME	PRIYA SHRIVASTAVA	AGE	44YRS	SEX:	F
INVESTIGATION	USG WHOLE ABDOMEN	REF. BY	GARG (PAT	гногоду)	

#### 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

<u>Uterus</u> - Normal in size shape & normal in echotexture. Endometrium appears normal. Myometrium appears normal.

Ovaries and adnexa are unremarkable.

#### **IMPRESSION**

Essentially normal study

Dr. P.D. Sha M.B.B.S. D.M.R.D. (VIMS & RC) Consultant Radiologist and Head

Impression is a professional opinion & not a diagnosis

Impression is a professional opinion & not a diagnosis
 All modern machines & precedures have their limitations, if there is variance clinically this examination may be repeated or reevaluated by other investigations. De All congequated anomalies are not picked upon ultrasounds.
 Supported typing errors should be informed back for correction immediately.
 Not for medico-legal purpose, identity or the patient cannot be verified.

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



# LOKPRIYA HOSPITAL

### **LOKPRIYA RADIOLOGY CENTRE**

SAMRAT PALACE, GARH ROAD, MEERUT - 250003



DATE	13.04.2023	REF. NO.	520		
PATIENT NAME	PRIYA SHRIVASTAVA	AGE	44 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.
- Right hila is mildly prominent.
- 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. Sharn 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.

1.5 Tesla MRI
 64 Slice CT
 Ultrasound

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



## Garg Pathology DR. MONIKA GARG Certified by

M.D. (Path) Gold Medalist

Former Pathologist :

National Accreditation Board For Testing & Calibration Laboratories

St. Stephan's Hospital, Delhi

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

PUID C. NO: 608 : 230414/608 **Patient Name** 

: Dr. BANK OF BARODA

**Collection Time Receiving Time**  : 14-Apr-2023 1:38PM <sup>1</sup> 14-Apr-2023 1:43PM

Referred By

: Mrs. PRIYA SRIVASTAVA 44Y / Female

**Reporting Time** 

: 14-Apr-2023 2:06PM

Sample By

**Centre Name** 

: Garg Pathology Lab - TPA

Organization Investigation

Results

**Biological Ref-Interval** 

**BIOCHEMISTRY (FLORIDE)** 

PLASMASUGAR P.P.

(GOD/POD method)

127.0

mg/dl

Units

80-140

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

\*THIS TEST IS NOT UNDER NABL SCOPE

**Checked By Technician:** 

Page 1 of 1

