

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 Shahjadi Begam Age/Sex 28 / F Clo Date 14/08/23

Routine eye check-up

→ Both eye distance vision with glasses is normal and near vision is normal NG and Both eye colour vision is normal

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



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
(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

Accredited Eye Hospital Western U.P.

First NABH ECO

भारत सरकार
Government of India

शहजादी बेगम
Shahjadi Begam

जन्म तिथि / DOB : 12/10/1994
महिला / Female



8258 8709 7373

आधार - आम आदमी का अधिकार

शहजादी

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

भारत सरकार
Unique Identification Authority of India

पता: अर्धगिनी कुरबान, हाउस
209, धौराला, सहारनपुर, धौराला,
उत्तर प्रदेश, 247340

Address: W/O. Kuraban, house 209,
Dhaurala, Saharanpur, Dhaurala, Uttar
Pradesh, 247340

8258 8709 7373

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

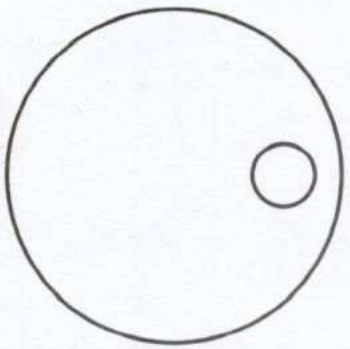
Vn
 R 6/6p
 L 6/6p

PH
 R 6/6
 L 6/6

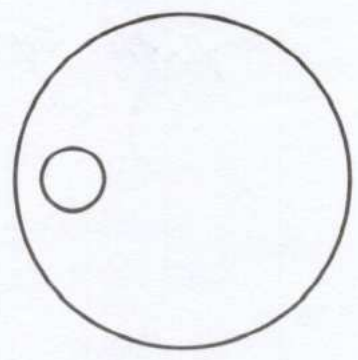
IOP
 R 15
 L 16
 mmHg

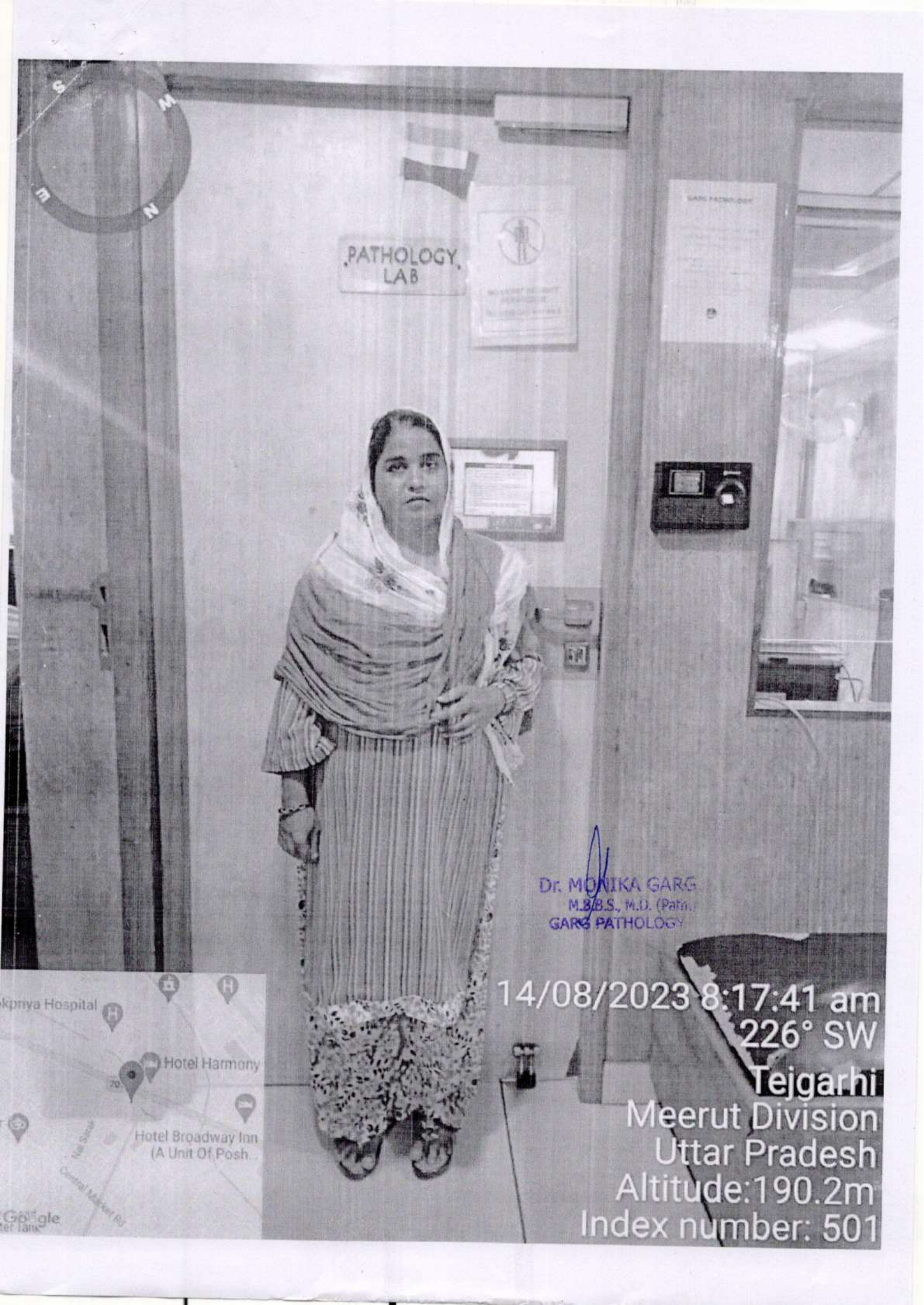
BE Colour Vision
 NORMAL
 NORMAL

	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance		-0.50	100°	6/6	-0.50	—	—	6/6
Near				N/6				N/6



DR. ANIT GARG
 M.B.B.S., D.N.B.
 Senior Lecturer, Meerut





PATHOLOGY LAB



GARG PATHOLOGY

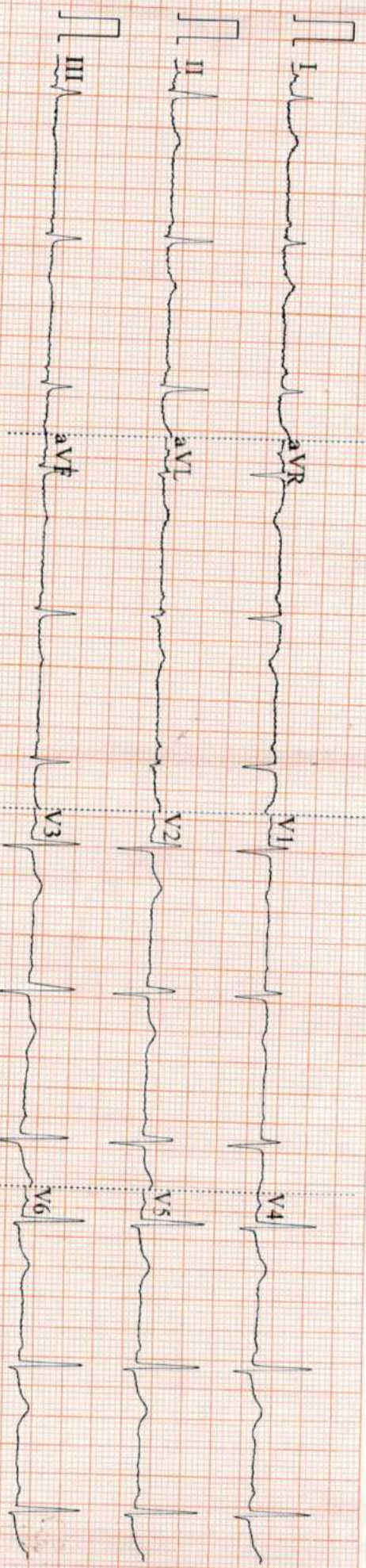
Dr. MONIKA GARG
M.B.B.S., M.D. (Pathology)
GARG PATHOLOGY



14/08/2023 8:17:41 am
226° SW
Tejgarhi
Meerut Division
Uttar Pradesh
Altitude: 190.2m
Index number: 501

ID: 979 14-08-2023 10:00:23

0.67~35Hz AC50 25mm/s 10mm/mV 61 V10 SEMIP V17



ID: 979

Female
28 Years
cm

kg

kPa

Diagnosis Information:
Sinus Rhythm
Normal ECG

21785179

HR	60	bpm
P	99	ms
PR	158	ms
QRS	73	ms
QT/QTc	447/449	ms
P/ORS/ST	24/67/24	°
RV5/SV1	1.05/0.517	mV

Report Confirmed by:

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



METRO
HOSPITAL & HEART INSTITUTE

(A Unit of Metro Institute of Medical Sciences Pvt.Ltd.)
CIN No:- U00000 DL 1990 PTC 039293
(NABH, & ISO 9001: 2008 Certified)

CARDIOLOGY

ECHOCARDIOGRAM REPORT

NAME : Mrs. Shahjadi Begum AGE/SEX : 28yrs/F ECHO NO. : 165120

REFERRING DIAGNOSIS : To rule out structural heart disease DATE 14/08/2023

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) 2.0 cm	(1.1 - 2.5 cm)	EF 57% (62% - 85%)
LVID(ed) 4.4 cm	(3.6 - 5.2 cm)	FS 30% (28% - 42%)
LVID(es) 3.1 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 57%.

COLOR FLOW MAPPING :

No valvular regurgitation.

DOPPLER STUDIES :

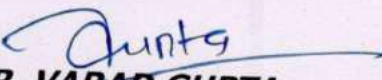
MVIS E > A

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 adequate systolic function (LVEF = 57%).
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.



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. SHAHZADI

AGE : 28 Yrs SEX:F

REF. BY : DR. MONIKA GARG MD

DATE : 14/08/2023

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


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

Patient's Name	MRS. SHAHZADI	Age / sex	28 Y / F
Clinician I/C	DR. MONIKA GARG MD	Date	14/08/2023

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 is 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 – 8 x 3.3 cm

L K – 9.5 x 3.8 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 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. ET – 6.4 mm

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)
- Large bowel loops are gas filled and fecal loaded

Please correlate clinically.

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Please correlate clinically

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Garg Pathology

DR. MONIKA GARG

M.D. (Path) Gold Medalist
Former Pathologist :
St. Stephan's Hospital, Delhi

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

PUID : 230814/603	C. NO: 603	Collection Time : 14-Aug-2023 8:35AM
Patient Name : Mrs. SHAHJADI BEGAM 28Y / Female		Receiving Time : 14-Aug-2023 9:08AM
Referred By : Dr. BANK OF BARODA		Reporting Time : 14-Aug-2023 12:38PM
Sample By :		Centre Name : Garg Pathology Lab - TPA
Organization : MEDIWHEEL		



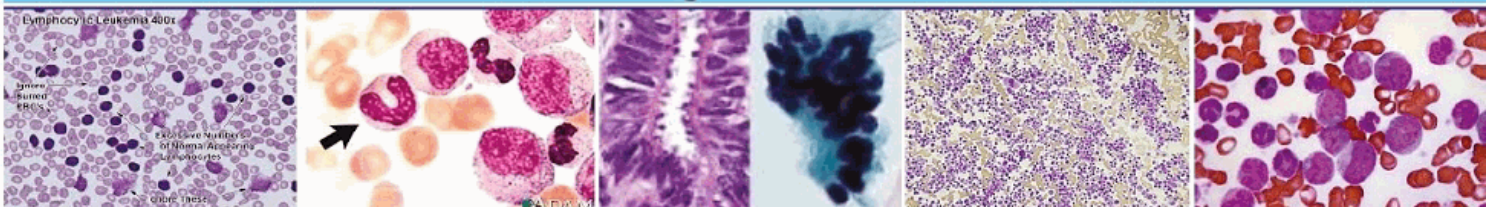
Investigation	Results	Units	Biological Ref-Interval
Platelet Count (Electric Impedence)	2.00	/Cumm	1.50-4.50
NLR 6-9 Mild stres 7-9 Pathological cause	1.71		1-3

-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.



Checked By Technician:

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(Consultant Pathologist)





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Investigation	Results	Units	Biological Ref-Interval
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-HAEMATOLOGY-

BLOOD GROUP *	"AB" POSITIVE	\$	\$
GLYCATED HAEMOGLOBIN (HbA1c)*	5.5	%	4.3-6.3
ESTIMATED AVERAGE GLUCOSE	111.2	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.

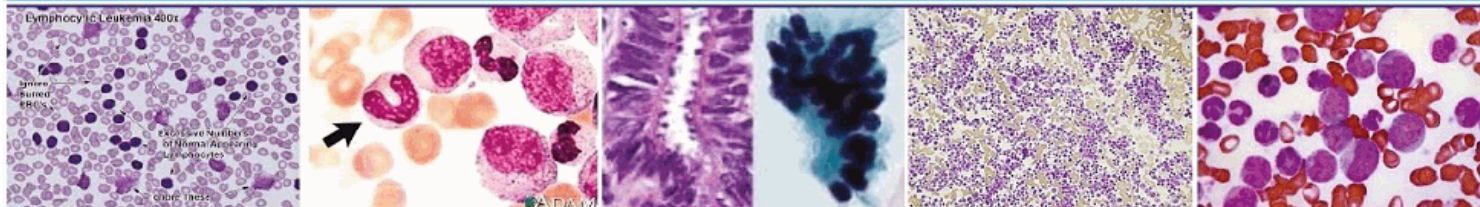
As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.



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Investigation	Results	Units	Biological Ref-Interval
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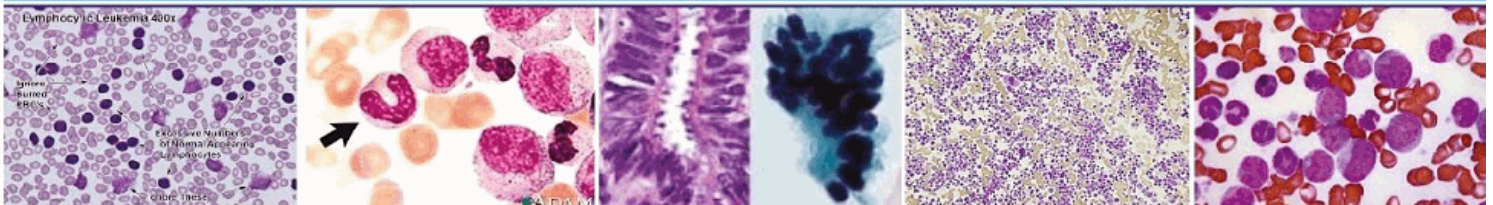
BIOCHEMISTRY

BLOOD UREA (Urease method)	23.1	mg/dl	10 - 50
BLOOD UREA NITROGEN*	10.79	mg/dl	8-23
SERUM CREATININE (Enzymatic)	0.8	mg/dl	0.6-1.4



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Investigation	Results	Units	Biological Ref-Interval
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LIVER FUNCTION TEST

SERUM BILIRUBIN

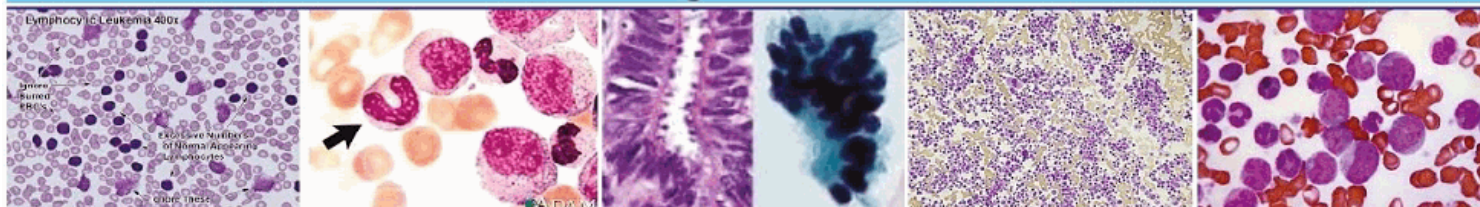
TOTAL (Diazo)	0.6	mg/dl	0.1-1.2
DIRECT (Diazo)	0.3	mg/dl	<0.3
INDIRECT (Calculated)	0.3	mg/dl	0.1-1.0
S.G.P.T. (IFCC method)	19.6	U/L	8-40
S.G.O.T. (IFCC method)	18.0	U/L	6-37
SERUM ALKALINE PHOSPHATASE (IFCC KINETIC)	94.0	IU/L.	37-103
SERUM PROTEINS			
TOTAL PROTEINS (Biuret)	6.8	Gm/dL.	6-8
ALBUMIN (Bromocresol green Dye)	3.8	Gm/dL.	3.5-5.0
GLOBULIN (Calculated)	3.0	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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LIPID PROFILE

SERUM CHOLESTEROL (CHOD - PAP)	210.0	mg/dl	150-250
SERUM TRIGLYCERIDE (GPO-PAP)	169.0	mg/dl	70-150
HDL CHOLESTEROL (PRECIPITATION METHOD)	46.0	mg/dl	30-60
VLDL CHOLESTEROL (Calculated)	33.8	mg/dl	10-30
LDL CHOLESTEROL (Calculated)	130.2	mg/dL.	0-100
LDL/HDL RATIO (Calculated)	02.8	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.

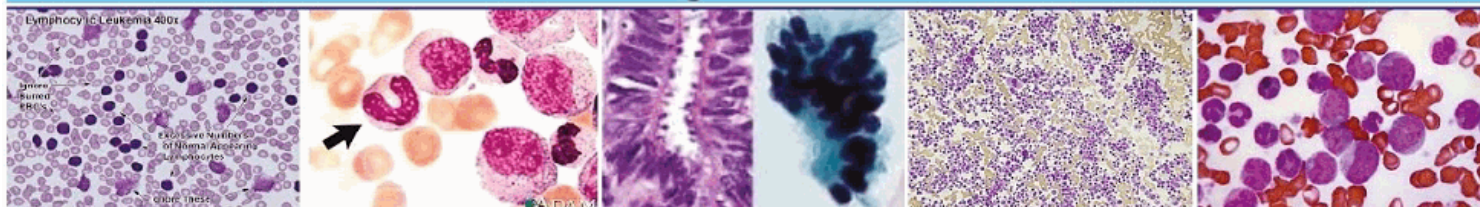
SERUM CALCIUM (Arsenazo)	9.6	mg/dl	9.2-11.0
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Investigation	Results	Units	Biological Ref-Interval
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-BIOCHEMISTRY-

PLASMA SUGAR FASTING (GOD/POD method)	102.0	mg/dl	70 - 110
PLASMASUGAR P.P. (GOD/POD method)	119.0	mg/dl	80-140
BLOOD UREA NITROGEN	11.00	mg/dL.	8-23
SERUM SODIUM (Na) * (ISE method)	141.0	mEq/litre	135 - 155
(ISE)			
THYRIOD PROFILE*			
Triiodothyronine (T3) * (ECLIA)	1.152	ng/dl	0.79-1.58
Thyroxine (T4) * (ECLIA)	9.480	ug/dl	4.9-11.0
THYROID STIMULATING HORMONE (TSH) (ECLIA)	3.351	uIU/ml	0.38-5.30
Normal Range:-			
1 TO 4 DAYS	2.7-26.5		
4 TO 30 DAYS	1.2-13.1		

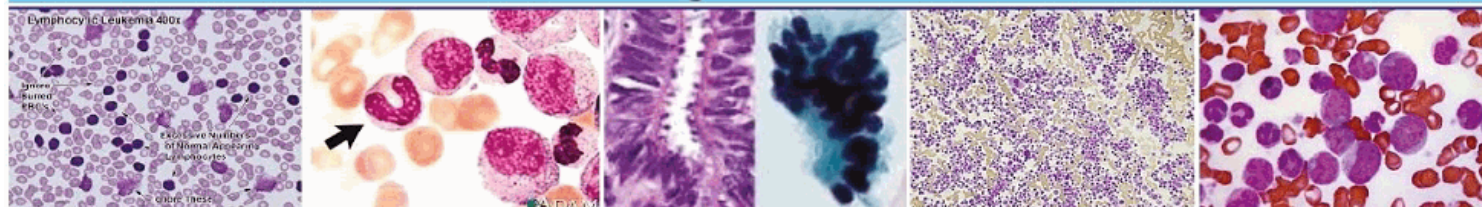
Hyperthyroid patient have suppressed TSH values, with the exception of those few individuals whos have hyperthyroidism caused by TSH producing pituitary tumor or other rare disorders such as pituitary resistance to thyroid hormones. Subclinical hyperthyroidism is defined as low TSH with levels of T4 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.



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Investigation	Results	Units	Biological Ref-Interval
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SERUM POTASSIUM (K) *	3.9	mEq/litre.	3.5 - 5.5
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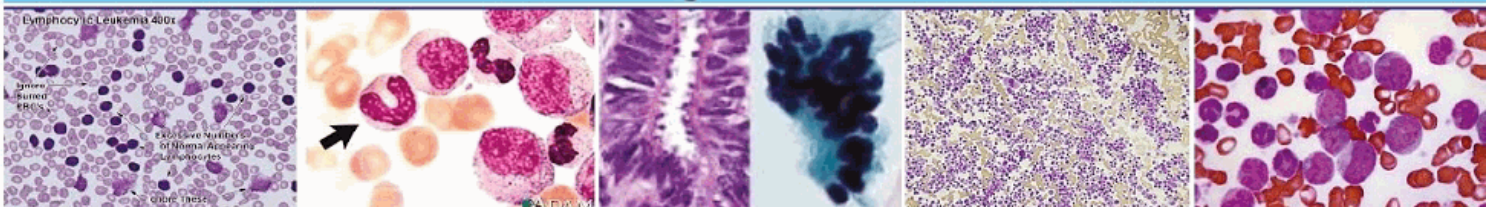
(ISE method)



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

Investigation	Results	Units	Biological Ref-Interval
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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Volume	20	ml	
Colour	Pale Yellow		
Appearance	Clear		Clear
Specific Gravity	1.025		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	2-3	/HPF	1-3
Crystals	Nil		
Casts	Nil		

@ Special Examination

Bile Pigments	Absent
Blood	Nil
Bile Salts	Absent

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



Checked By Technician:

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

