NABH ACCREDITED

PRAKASH
EYE HOSPITAL & LASER CENTRE

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

Name Rashi Paliwala Age/Sex 35Y / F C/o Date 09/07/22

Routine Checkup

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

Accredited Eye Hospital Western U.P.

First NABH ECO

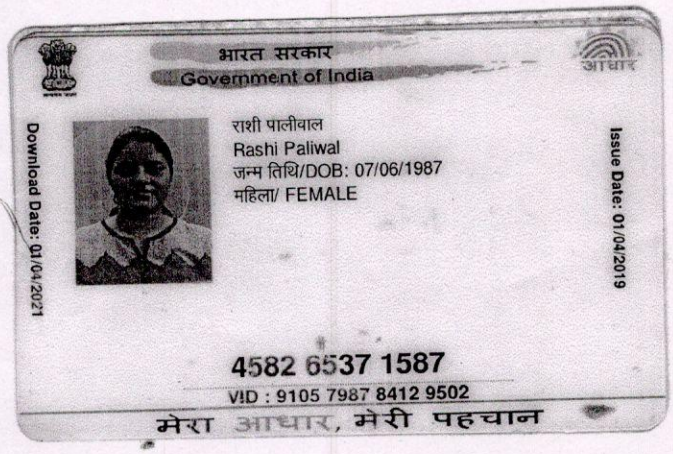
प्रकाश आँखो का अस्पताल एवं लेजर सैन्टर

PRAKASH EYE HOSPITAL

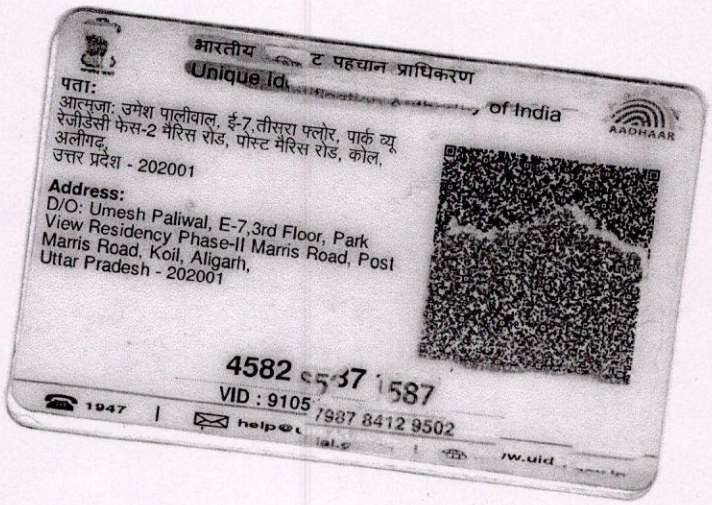
Website: www.prakasheyehospital.in
Facebook: http://www.prakasheyehospital.in

Counsellor 9837066186
7535832832
Manager 7895517715
OT 7302222373
TPA 9837897788
(कार्ड सात दिन तक मान्य है)

Timings Morning : 10:00 am to 2:00 p
Evening : 5:00 pm to 8:00 p
Sunday : 10:00 am to 2:00 p
Near Nai Sarak, Garh Road, Mee
E-mail : prakasheyehosp@gmail.c



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



Vn — R 6/24p, L 6/24p

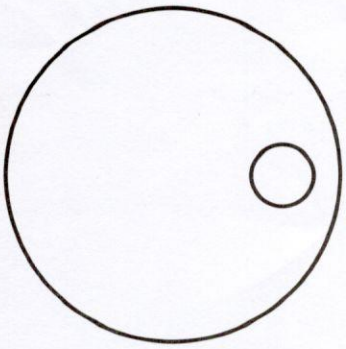
PH — R 6/9, L 6/9

IOP — R 15, L 14

my

Colour vision BE NORMAL.

	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance	-1.50	-1.00	10	6/6	+1.25	+1.25	150	6/6
Near		—		N/6		—		N6,



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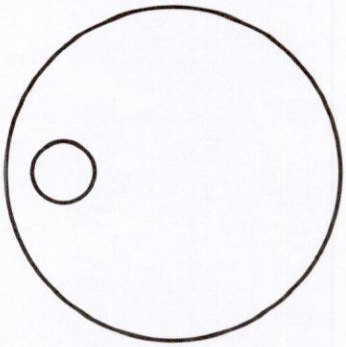
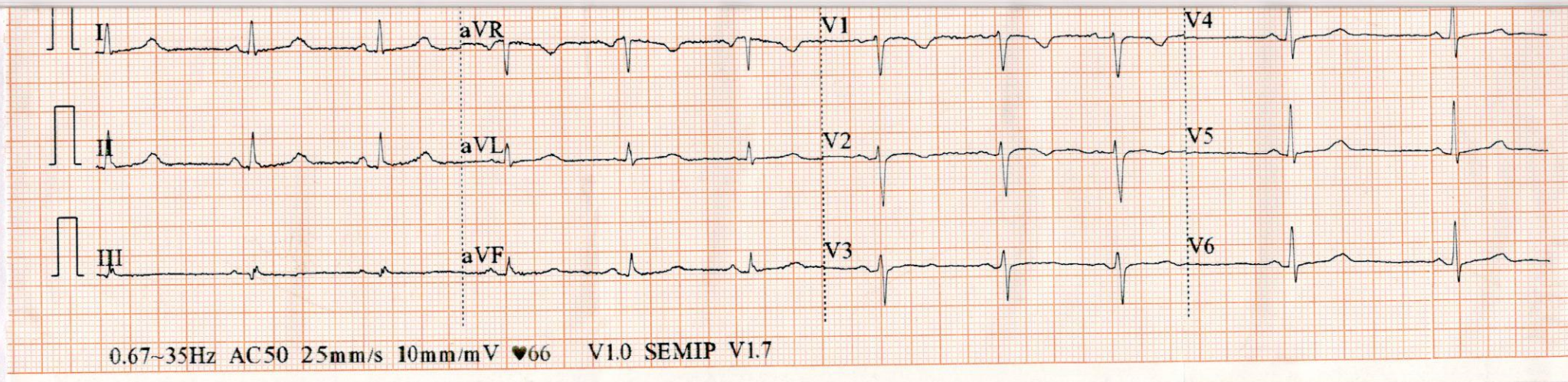



PATHOLOGY
LA
Dr. MONIK GARG
M.B.B.S. (Path.
GARG PATHOLOGY
GPS Map Camera
mony Inn
Meerut, Uttar Pradesh, India
11, Garden House, Garh Road, Sector 3, Tejgarhi,
Meerut, Uttar Pradesh 250004, India
Lat 28.966184°
Long 77.731435°



ID: 636

Female / kPa
35Years
cm kg

Diagnosis Information:
Sinus Arrhythmia
Normal ECG

HR	: 67	bpm
P	: 101	ms
PR	: 142	ms
QRS	: 79	ms
QT/QTc	: 429/455	ms
P/QRS/T	: 46/39/30	°
RV5/SV1	: 0.866/0.632	mV

Report Confirmed by:

Dr. MONIKA GARG
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GARG PATHOLOGY

Garg Pathology

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

PUID	: 220709/611	**C. NO:**	**611**	**Collection Time**	: **09-Jul-2022 10:38AM**
Patient Name	: **Mrs. RASHI PALIWALA 35Y / Female**			**Receiving Time**	: **09-Jul-2022 12:02PM**
Referred By	: **Dr. BANK OF BARODA**			**Reporting Time**	: **09-Jul-2022 12:59PM**
Sample By	:			**Centre Name**	: **Garg Pathology Lab - TPA**
Organization	:				

HAEMATOLOGY (EDTA WHOLE BLOOD)

Investigation	Results	Units	Biological Ref-Interval
COMPLETE BLOOD COUNT			
HAEMOGLOBIN (Colorimetry)	**11.8**	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	9230	*10^6/L	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	65	%.	40-80
Lymphocytes	30	%.	20-40
Eosinophils	02	%.	1-6
Monocytes	03	%.	2-10
Absolute neutrophil count	6.00	x 10^9/L	2.0-7.0(40-80%
Absolute lymphocyte count	2.77	x 10^9/L	1.0-3.0(20-40%)
Absolute eosinophil count	0.18	x 10^9/L	0.02-0.5(1-6%)
Method:-((EDTA Whole blood,Automated /			
RBC Indices			
TOTAL R.B.C. COUNT (Electric Impedence)	4.66	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	37.9	%	26-50
MCV (Calculated)	81.3	fL	80-94
MCH (Calculated)	**25.3**	pg	27-32
MCHC (Calculated)	31.1	g/dl	30-35
RDW-SD (Calculated)	49.0	fL	37-54

***THIS TEST IS NOT UNDER NABL SCOPE**

Checked By Technician:

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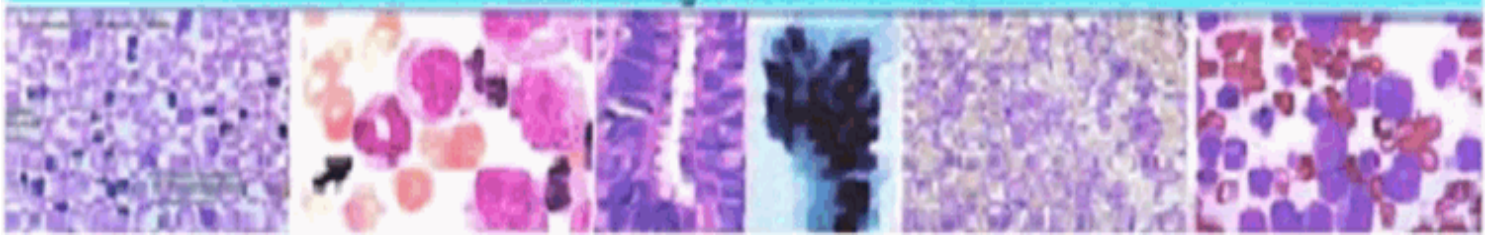
MBBS, MD(Path)
(Consultant Pathologist)



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Organization	:				

Investigation	Results	Units	Biological Ref-Interval
RDW-CV (Calculated)	**14.7**	%	11.5 - 14.5
Platelet Count (Electric Impedence)	1.93	/Cumm	1.50-4.50
MPV (Calculated)	**12.7**	%	7.5-11.5
GENERAL BLOOD PICTURE			
NLR	2.17		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.

Erythrocyte Sedimentation Rate end of 1st	10	mm	0-15
BLOOD GROUP *	"A" POSITIVE	$	$

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Organization	:				

Investigation	Results	Units	Biological Ref-Interval
GLYCATED HAEMOGLOBIN (HbA1c)*	5.0	%	4.3-6.3
ESTIMATED AVERAGE GLUCOSE	96.8	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.

BIOCHEMISTRY (FLORIDE)

PLASMA SUGAR FASTING (GOD/POD method)	79.4	mg/dl	70 - 110
PLASMASUGAR P.P. (GOD/POD method)	126.0	mg/dl	80-140

BIOCHEMISTRY (SERUM)

BLOOD UREA NITROGEN	12.10	mg/dL.	8-23

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

Investigation	Results	Units	Biological Ref-Interval
LIVER FUNCTION TEST			
SERUM BILIRUBIN			
TOTAL (Diazo)	0.7	mg/dl	0.1-1.2
DIRECT (Diazo)	0.3	mg/dl	<0.3
INDIRECT (Calculated)	0.4	mg/dl	0.1-1.0
S.G.P.T. (IFCC method)	37.1	U/L	8-40
S.G.O.T. (IFCC method)	30.4	U/L	6-37
SERUM ALKALINE PHOSPHATASE (IFCC KINETIC)	92.0	IU/L.	37-103
SERUM PROTEINS			
TOTAL PROTEINS (Biuret)	6.9	Gm/dL.	6-8
ALBUMIN (Bromocresol green Dye)	3.8	Gm/dL.	3.5-5.0
GLOBULIN (Calculated)	3.1	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	**1.2**		1.5-2.5

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Organization	:				

Investigation	Results	Units	Biological Ref-Interval
KIDNEY FUNCTION TEST			
UREA (Urease-GLDH)	25.0	mg / dl	10 - 50
CREATININE (Enzymatic)	0.8	mg/dl	0.6 - 1.4
S.CALCIUM Method:-Arsenazo	**9.0**	mg/dl	9.2-11.0
SODIUM (NA)* (ISE)	138.0	m Eq/litre.	135 - 155
POTASSIUM (K)* (ISE)	4.0	m Eq/litre.	3.5 - 5.5

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

Investigation	Results	Units	Biological Ref-Interval
LIPID PROFILE			
SERUM CHOLESTEROL (CHOD - PAP)	155.0	mg/dl	150-250
SERUM TRIGYCERIDE (GPO-PAP)	123.0	mg/dl	70-150
HDL CHOLESTEROL * (PRECIPITATION METHOD)	42.5	mg/dl	30-60
VLDL CHOLESTEROL * (Calculated)	24.6	mg/dl	10-30
LDL CHOLESTEROL * (Calculated)	87.9	mg/dL.	0-100
LDL/HDL RATIO * (Calculated)	02.1	ratio	<3.55
CHOL/HDL CHOLESTROL RATIO* (Calculated)	**3.6**	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.

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Organization	:		

Investigation	Results	Units	Biological Ref-Interval
THYRIOD PROFILE*			
Triiodothyronine (T3) * (ECLIA)	1.125	ng/dl	0.79-1.58
Thyroxine (T4) * (ECLIA)	9.547	ug/dl	4.9-11.0
THYROID STIMULATING HORMONE (TSH) * (ECLIA)	2.898	uIU/ml	0.38-5.30

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 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 CALCIUM (Arsenazo)	**9.0**	mg/dl	9.2-11.0
BIOCHEMICAL EXAMINATION			
URIC ACID	6.6	mg/dL.	2.5-6.8

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

Investigation	Results	Units	Biological Ref-Interval
URINE			
PHYSICAL EXAMINATION			
Volume	20	ml	
Colour	Yellow		
Appearance	Clear		Clear
Specific Gravity	1.020		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
Epithilial Cells	2-3	/HPF	1-3
Crystals	Nil		
Casts	Nil		
@ Special Examination			
Bile Pigments	Absent		
Blood	Nil		
Bile Salts	Absent		

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

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(Consultant Pathologist)

DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE	: 09/07/2022	**REFERENCE NO.**	: 4864
PATIENT NAME	: RASHI PALIWAL	**AGE/SEX**	: 35 YRS/F
REFERRED BY	: GARG PATHOLOGY	**ECHOGENECITY**	: NORMAL

REFERRING DIAGNOSIS : To rule out structural heart disease.

ECHOCARDIOGRAPHY REPORT

DIMENSIONS		*NORMAL*			*NORMAL*
AO (ed)	*2.4 cm*	(2.1 - 3.7 cm)	*IVS (ed)*	*1.0 cm*	(0.6 - 1.2 cm)
LA (es)	*3.5 cm*	(2.1 - 3.7 cm)	*LVPW (ed)*	*0.9 cm*	(0.6 - 1.2 cm)
RVID (ed)	*1.6 cm*	(1.1 - 2.5 cm)	*EF*	*60%*	(62% - 85%)
LVID (ed)	*3.8 cm*	(3.6 - 5.2 cm)	*FS*	*30%*	(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-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 Hypotrophy/intracardiac mass. Estimated LV ejection fraction is 60%.

DOPPLER STUDIES :

Valve	Regurgitation	Velocity m/sec	Gradient mmHg
Mitral Valve	No	0.93	3.3
Tricuspid Valve	No	0.68	2.1
Pulmonary Valve	No	0.79	2.3
Aortic Valve	No	0.87	2.7

IMPRESSION :

- ***No RWMA.***
- ***Normal LV Systolic Function (LVEF = 60%).***

DR. HARIOM TYAGI
MD, DM (CARDIOLOGY)
(Interventional Cardiologist)
for **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.

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LOKPRIYA HOSPITAL
LOKPRIYA RADIOLOGY CENTRE
SAMRAT PALACE, GARH ROAD, MEERUT - 250003

DATE	**09.07.2022**	**REF. NO.**	**1687**		
PATIENT NAME	**RASHI PALIWAL**	**AGE**	**35YRS**	**SEX:**	**F**
INVESTIGATION	**USG WHOLE ABDOMEN**	**REF. BY**	**GARG (PATHOLOGY)**		

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

Uterus - Normal in size shape & normal in echotexture. Endometrium appears normal. Myometrium appears normal.

Ovaries and adnexa are unremarkable.

IMPRESSION

Normal study

Dr. P.D. Sha na
M.B.B.S., D.M.R.D. (VIM , RC)
Consultant Radiologist a 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.

LOKPRIYA HOSPITAL

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LOKPRIYA RADIOLOGY CENTRE

SAMRAT PALACE, GARH ROAD, MEERUT - 250003

DATE	**09.07.2022**	**REF. NO.**	**6077**		
PATIENT NAME	**RASHI PALIWAL**	**AGE**	**35YRS**	**SEX**	**F**
INVESTIGATION	**X-RAY CHEST PA VIEW**	**REF. BY**	**GARG (PATHOLOGY)**		

REPORT

- Trachea is central in position.
- **Both lung show prominent broncho vascular marking with differential aeration.**
- Cardiac size is within normal limits.
- Both costophrenic angles are clear.
- Both domes of diaphragm are normal in contour and position.

IMPRESSION

Both lung show prominent broncho vascular marking with differential aeration.

Dr. P.D. Sha na
M.B.B.S., D.M.R.D. (VIM RC)
Consultant Radiologist a lead

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