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 Phasco Surgeon
Venu Ey Institute & Research Centre, New Delhi


Name Neetu Singh Age/Sex 33 / F C/o ........ Date 08/07/23

Routine Eyes checkup

(BE) Colour Vn – WNL

(BE) Vn $\overline{c}$ 6/6 6/6

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

Accredited Eye Hospital Western U.P.

First NABH ECO

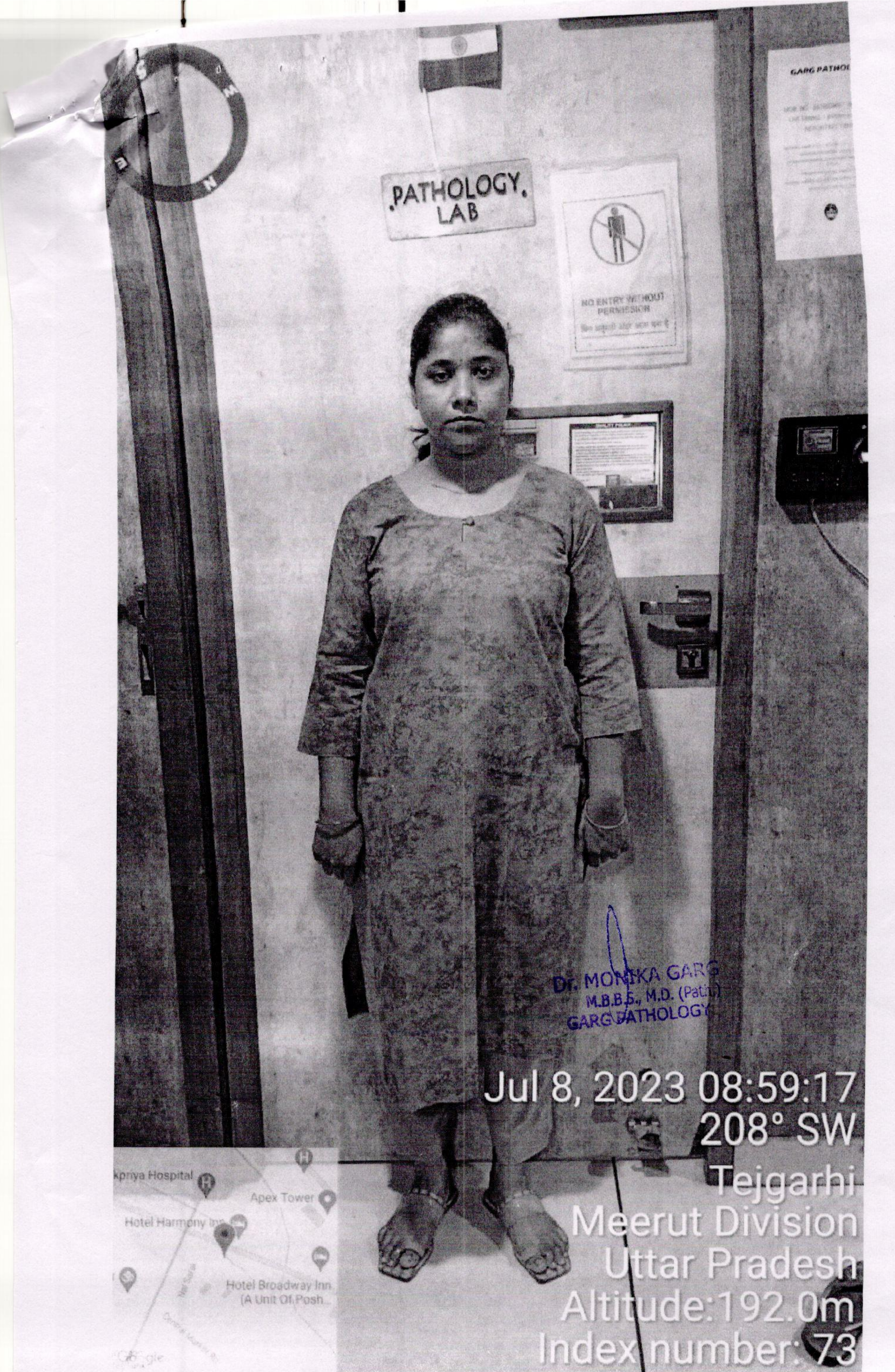

**प्रकाश** आँखो का अस्पताल एवं लेजर सैन्टर

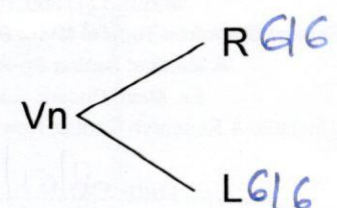
Website: www.prakasheyehospital.in
Facebook: http://www.prakasheyehospital.in

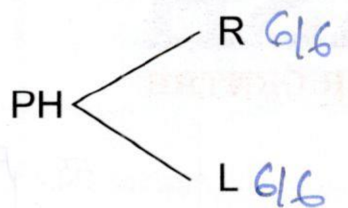
Chansellor 9837066186
7535832832
Manager 7895517715
OT 7302222373
TPA 9837897788

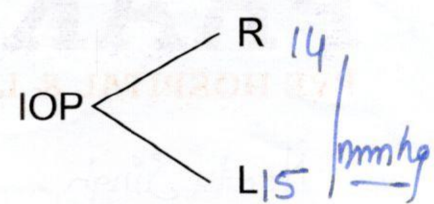
Timings Morning : 9:30 am to 1:30 pm.
Evening : 5:00 pm to 7:00 pm.
Sunday : 9:30 am to 1:30 pm.
Near Nai Sarak, Garh Road, Meerut
E-mail : prakasheyehosp@gmail.com


(पर्चा सात दिन तक मान्य है)


PATHOLOGY LAB
NO ENTRY WITHOUT PERMISSION
Dr. MONIKA GARG
M.B.B.S., M.D. (Path.)
GARG PATHOLOGY
Jul 8, 2023 08:59:17
208° SW
Tejgarhi
Meerut Division
Uttar Pradesh
Altitude:192.0m
Index number: 73
Apex Tower
Hotel Harmony Inn
Hotel Broadway Inn
(A Unit Of Posh...



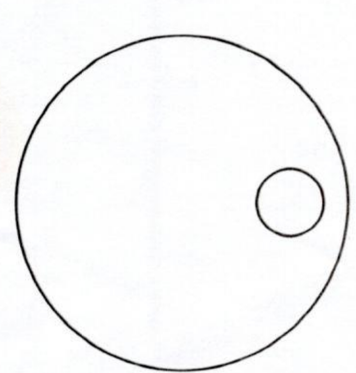




BE Colour vision { NORMAL / NORMAL

| | RIGHT EYE | | | | LEFT EYE | | | |
|---|---|---|---|---|---|---|---|---|
| | Sph. | Cyl. | Axis | Vision | Sph. | Cyl. | Axis | Vision |
| Distance | | Plano | | 6/6 | | Plano | | 6/6 |
| Near | | | | N/6 | | | | N/6. |

Tomar.

Dr. AMIT GARG
M.B.B.S., D.N.B.
Garg Pathology, Mee[illegible]



भारत सरकार
GOVERNMENT OF INDIA

नीतू सिंह

NEETU SINGH

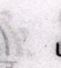
जन्म तिथि / DOB: 21/08/1990

महिला / FEMALE

5655 3783 7909

मेरा आधार, मेरी पहचान

Dr. MO[illegible]KA GA[illegible]
M.B.B.S., M.D. (Path.)
GARG PATHOLOGY



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

आधार

Generation Date: 27/12/2017

पता:
D/O राम प्रकाश सिह, 78, श्री श्याम वाटिका
जाटौली रूडकी रोड मेरठ, जिथौली, मेरठ,
उत्तर प्रदेश - 250001

**Address:**
D/O Ram Prakash Singh, 78, Shree Shyam
Vatika Jatauli Roorkee Road Meerut, Jithauli,
Meerut, Uttar Pradesh - 250001

1947
1800 300 1947 | help@uidai.gov.in | www.uidai.gov.in | P.O. Box No.1947, Bengaluru-560 001

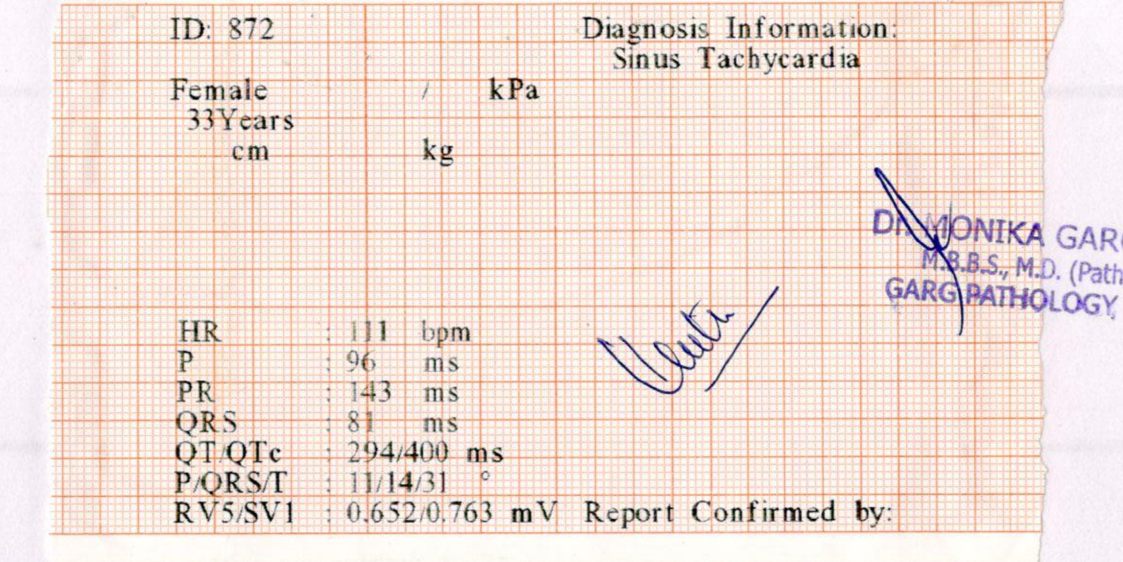
ID: 872 08-07-2023 09:32:59

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

0.67~35Hz AC50 25mm/s 10mm/mV ♥114 V1.0 SEMIP V1.7



ID: 872

Diagnosis Information:
Sinus Tachycardia

Female / kPa
33Years
cm kg

| | | |
|---|---|---|
| HR | : 111 | bpm |
| P | : 96 | ms |
| PR | : 143 | ms |
| QRS | : 81 | ms |
| QT/QTc | : 294/400 | ms |
| P/QRS/T | : 11/14/31 | ° |
| RV5/SV1 | : 0.652/0.763 | mV |

Report Confirmed by:

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

(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. Neetu Singh* **AGE/SEX :** 33yrs/F **ECHO NO. :** *164018*

**REFERRING DIAGNOSIS :** *To rule out structural heart disease* **DATE** *10/07/2023*

**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) | 3.1 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 | 60% | (62% - 85%) |
| LVID(ed) | 4.0 cm | (3.6 - 5.2 cm) | FS | 32% | (28% - 42%) |
| LVID(es) | 2.7 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*



47/G-5, Boundary Road,Lalkurti, Meerut Cantt-2500012 **Ph.** 0121-6672222, 0121-2665041 /42/44

**Registered Office :** 14, Ring Road,Lagpat Nagar-IV, New Delhi-110024

## 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 60%.*

## 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 = 60%).
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.*

# Meenakshi Diagnostics

73-C, Garh Road, Near Hotel Harmony Inn, Meerut-250002 (U.P.)
Ph. : 0121-2766666, 9458802222, 9458803333, 9458804444, 9458806666

Centre equipped with M.R.I. with upgraded software of 3T Platform, 500 Slice VHS C.T. Scan.
Digital X-Ray, Mammography, O.P.G., 4D / 5D Ultrasound & Colour Doppler, 2-D Echocardiography

| Pt. Name | Mrs. Neetu Singh | Age/Sex | 33 Yrs/F | Film |
|---|---|---|---|---|
| Ref. By | Dr. Monika Garg, MD | Date: | 08.07.2023 | 02 |

Patient identity can't be verified

## USG WHOLE ABDOMEN

**Liver: is moderately enlarged in size (18.2 cm) and shows mildly increased parenchymal echogenecity.** No focal mass lesion seen. IHBRs are normal. Margins are regular.

**Gall Bladder:** is well distended. Wall thickness is normal. No calculus / focal mass seen. No pericholecystic collection seen.

**CBD:** is normal in caliber, measuring approx. 1.9 mm.

**Portal Vein:** is normal in caliber, measuring approx. 8.8 mm.

**Visualized pancreas:** is normal in size and echotexture. No focal mass seen.

**Spleen: is moderately enlarged in size, measuring 15.8 cm** and shows normal echopattern.

**Right kidney** measures 10.4x5.5 cm. It is normal in size, position, contour and cortical echotexture. No calculus/ hydronephrosis seen. Corticomedullary differentiation is maintained. Renal margins are regular.

**Left kidney** measures 10.3x6 cm. It is normal in size, position, contour and cortical echotexture. No calculus/ hydronephrosis seen. Corticomedullary differentiation is maintained. Renal margins are regular.

**Urinary Bladder:** is well distended with normal wall thickness. No calculus/ focal mass seen.

**Uterus:** is anteverted, normal in size, measuring 6.8x4.3x2.8 cm. Myometrial echotexture is normal. No focal mass seen. Endometrial thickness is normal, measures 4 mm.

**Right ovary** measures 3.4x2.5x1.2 cm (vol. 5.7 cc). **Left ovary mildly bulky measures 3.4x2.4x2.3 cm (vol. 10 cc).** Right ovary shows normal size and echopattern.

No adnexal mass / free fluid seen.

**IMPRESSION: USG findings reveal:**

- **Moderate hepatomegaly with Grade I fatty infiltration.** ***Adv: Liver function test.***
- **Moderate splenomegaly.**
- **Mildly bulky left ovary.**

**Please correlate clinically**

**Dr. Renu Diwakar**
**MBBS, KGMU**
**(Sonologist)**

| Dr. Sandeep Sirohi | Dr. Vibha Nimesh | Dr. Sandeep Singh Soam | Dr. Renu Diwakar | Dr. Mohd. Qasim |
|---|---|---|---|---|
| DMRD | MD | MD | MBBS | DMRD |

*Note : All congenital anomalies may not be diagnosed in routine USG. The USG findings should always be considered in correlation with clinical and other investigations findings to reach the final diagnosis. Kindly intimate us for any typing mistakes and return the report for correction within 7 days.* ***Not valid for medico-legal purpose.***

# Meenakshi Diagnostics

73-C, Garh Road, Near Hotel Harmony Inn, Meerut-250002 (U.P.)
Ph. : 0121-2766666, 9458802222, 9458803333, 9458804444, 9458806666

**Centre equipped with M.R.I. with upgraded software of 3T Platform, 500 Slice VHS C.T. Scan.**
**Digital X-Ray, Mammography, O.P.G., 4D / 5D Ultrasound & Colour Doppler, 2-D Echocardiography**

| Pt's Name | Mrs. Neetu Singh | Age/Sex | 33 | Y | F | Film |
|---|---|---|---|---|---|---|
| Ref. By | Dr. Monika Garg MD | Date | 08.07.2023 | | | 01 |

(Identity of the patient can't be verified)

## X-RAY CHEST PA VIEW

- Both lungs fields are normal with normal bronchovascular markings.
- Trachea is central.
- Bilateral hilar shadows are normal.
- Cardiac silhouette and mediastinum appear normal.
- Domes of diaphragm are normal in position and contours.
- Both costophrenic and cardiophrenic angles are clear.
- Soft tissue and bony cage are normal.

**Please correlate clinically**

**Dr. Vibha Nimesh**
**MD**
(Consultant Radiologist)

**Dr. Sandeep Sirohi** DMRD | **Dr. Vibha Nimesh** MD | **Dr. Sandeep Soam** MBBS MD | **Dr. Mohd. Qasim** MBBS, DMRD

KB

*Note : Impression is a professional opinion and not a diagnosis. All modern machine / procedures have their limitations. If there is variance clinically this examination may be repeated or re-evaluated by other investigations. Kindly intimate us for any typing mistakes and return the report for correction within 7 days. Not vaild for medico-legal purpose.*

# 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** | : 230708/602   **C. NO: 602** | **Collection Time** | : **08-Jul-2023 9:03AM** |
| **Patient Name** | : **Mrs. NEETU SINGH 33Y / Female** | **Receiving Time** | : **08-Jul-2023 9:22AM** |
| **Referred By** | : | **Reporting Time** | : **08-Jul-2023 9:43AM** |
| **Sample By** | : | **Centre Name** | : **Garg Pathology Lab - TPA** |
| **Organization** | : **MEDIWHEEL** | | |

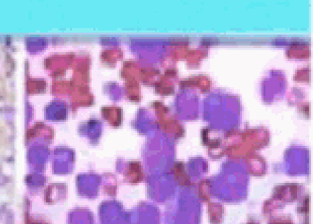
## HAEMATOLOGY (EDTA WHOLE BLOOD)

| Investigation | Results | Units | Biological Ref-Interval |
|---|---|---|---|
| **COMPLETE BLOOD COUNT** | | | |
| HAEMOGLOBIN<br>(Colorimetry) | **10.3** | gm/dl | 12.0-15.0 |
| TOTAL LEUCOCYTE COUNT<br>(Electric Impedence) | 7030 | *10^6/L | 4000 - 11000 |
| DIFFERENTIAL LEUCOCYTE COUNT<br>(Microscopy) | | | |
| Neutrophils | 52 | %. | 40-80 |
| Lymphocytes | **43** | %. | 20-40 |
| Eosinophils | 04 | %. | 1-6 |
| Monocytes | **01** | %. | 2-10 |
| Absolute neutrophil count | 3.66 | x 10^9/L | 2.0-7.0(40-80% |
| Absolute lymphocyte count | 3.02 | x 10^9/L | 1.0-3.0(20-40%) |
| Absolute eosinophil count | 0.28 | x 10^9/L | 0.02-0.5(1-6%) |
| Method:-((EDTA Whole blood,Automated / | | | |
| ESR (Autometed Wsetergren`s) | **20** | mm/1st hr | 0.0 - 15.0 |
| RBC Indices | | | |
| TOTAL R.B.C. COUNT<br>(Electric Impedence) | **3.13** | Million/Cumm | 4.5 - 6.5 |
| Haematocrit Value (P.C.V.) | **24.7** | % | 26-50 |
| MCV<br>(Calculated) | **78.9** | fL | 80-94 |
| MCH<br>(Calculated) | **32.9** | pg | 27-32 |
| MCHC<br>(Calculated) | **41.7** | g/dl | 30-35 |
| RDW-SD<br>(Calculated) | 49.9 | fL | 37-54 |

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

**Checked By Technician:**

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



| | | | |
|---|---|---|---|
| **PUID** | : 230708/602 | **C. NO: 602** | |
| **Patient Name** | : **Mrs. NEETU SINGH 33Y / Female** | **Collection Time** | : **08-Jul-2023 9:03AM** |
| **Referred By** | : | **Receiving Time** | : **08-Jul-2023 9:22AM** |
| **Sample By** | : | **Reporting Time** | : **08-Jul-2023 9:43AM** |
| **Organization** | : **MEDIWHEEL** | **Centre Name** | : **Garg Pathology Lab - TPA** |

| Investigation | Results | Units | Biological Ref-Interval |
|---|---|---|---|
| RDW-CV<br>(Calculated) | **15.0** | % | 11.5 - 14.5 |
| Platelet Count<br>(Electric Impedence) | 1.89 | /Cumm | 1.50-4.50 |
| MPV<br>(Calculated) | **12.7** | % | 7.5-11.5 |
| NLR | 1.21 | | 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 *** | **"A" NEGATIVE** | $ | $ |

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

**Checked By Technician:**

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




24 घंटे सुविधा उपलब्ध है।

| | | | |
|---|---|---|---|
| **PUID** | : 230708/602 | **C. NO: 602** | |
| **Patient Name** | : **Mrs. NEETU SINGH 33Y / Female** | **Collection Time** | : **08-Jul-2023 9:03AM** |
| **Referred By** | : | **Receiving Time** | : **08-Jul-2023 9:22AM** |
| **Sample By** | : | **Reporting Time** | : **08-Jul-2023 9:43AM** |
| **Organization** | : **MEDIWHEEL** | **Centre Name** | : **Garg Pathology Lab - TPA** |

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

EXPECTED RESULTS :
------------------

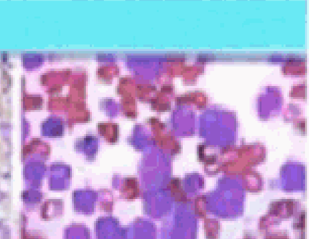
| | | |
|---|---|---|
| Non diabetic patients & Stabilized diabetics | : | 4.3% to 6.30% |
| Good Control of diabetes | : | 6.4% to 7.5% |
| Fair Control of diabetes | : | 7.5% to 9.0% |
| Poor Control of diabetes | : | 9.0 % and above |

-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.

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

**Checked By Technician:**



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




24 घंटे सुविधा उपलब्ध है।

**PUID** : 230708/602 **C. NO:** 602
**Patient Name** : Mrs. NEETU SINGH 33Y / Female
**Referred By** :
**Sample By** :
**Organization** : MEDIWHEEL

**Collection Time** : 08-Jul-2023 9:03AM
**Receiving Time** : 08-Jul-2023 12:31PM
**Reporting Time** : 10-Jul-2023 8:14AM
**Centre Name** : Garg Pathology Lab - TPA

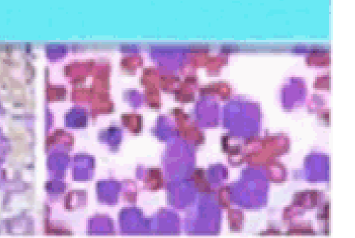
| Investigation | Results | Units | Biological Ref-Interval |
|---|---|---|---|

## BIOCHEMISTRY (FLORIDE)

| Investigation | Results | Units | Biological Ref-Interval |
|---|---|---|---|
| PLASMA SUGAR FASTING<br>(GOD/POD method) | 96.0 | mg/dl | 70 - 110 |
| PLASMASUGAR P.P.<br>(GOD/POD method) | 106.0 | mg/dl | 80-140 |

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

**Checked By Technician:**



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




24 घंटे सुविधा उपलब्ध है।

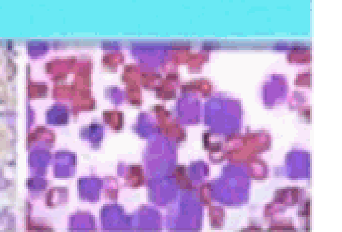
| | | | |
|---|---|---|---|
| **PUID** | : 230708/602 | **C. NO: 602** | |
| **Patient Name** | : **Mrs. NEETU SINGH 33Y / Female** | **Collection Time** | : **08-Jul-2023 9:03AM** |
| **Referred By** | : | **Receiving Time** | : **08-Jul-2023 9:22AM** |
| **Sample By** | : | **Reporting Time** | : **10-Jul-2023 8:15AM** |
| **Organization** | : **MEDIWHEEL** | **Centre Name** | : **Garg Pathology Lab - TPA** |

## BIOCHEMISTRY (SERUM)

| Investigation | Results | Units | Biological Ref-Interval |
|---|---|---|---|
| **BLOOD UREA**<br>(Urease method) | 26.5 | mg/dl | 10 - 50 |
| **BLOOD UREA NITROGEN*** | 12.38 | mg/dl | 8-23 |
| **SERUM CREATININE**<br>(Enzymatic) | 0.9 | mg/dl | 0.6-1.4 |
| **BLOOD UREA NITROGEN** | 12.38 | mg/dL. | 8-23 |

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

**Checked By Technician:**



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

| | | | |
|---|---|---|---|
| **PUID** | : 230708/602 **C. NO: 602** | **Collection Time** | **: 08-Jul-2023 9:03AM** |
| **Patient Name** | **: Mrs. NEETU SINGH 33Y / Female** | **Receiving Time** | **: 08-Jul-2023 9:22AM** |
| **Referred By** | : | **Reporting Time** | **: 10-Jul-2023 8:15AM** |
| **Sample By** | : | **Centre Name** | **: Garg Pathology Lab - TPA** |
| **Organization** | **: MEDIWHEEL** | | |

| Investigation | Results | Units | Biological Ref-Interval |
|---|---|---|---|
| **LIVER FUNCTION TEST** | | | |
| **SERUM BILIRUBIN** | | | |
| TOTAL<br>(Diazo) | 0.6 | mg/dl | 0.1-1.2 |
| DIRECT<br>(Diazo) | 0.3 | mg/dl | <0.3 |
| INDIRECT<br>(Calculated) | 0.3 | mg/dl | 0.1-1.0 |
| S.G.P.T.<br>(IFCC method) | **146.0** | U/L | 8-40 |
| S.G.O.T.<br>(IFCC method) | **83.0** | U/L | 6-37 |
| SERUM ALKALINE PHOSPHATASE<br>(IFCC KINETIC) | **110.0** | IU/L. | 37-103 |
| SERUM PROTEINS | | | |
| TOTAL PROTEINS<br>(Biuret) | 7.2 | Gm/dL. | 6-8 |
| ALBUMIN<br>(Bromocresol green Dye) | 4.3 | Gm/dL. | 3.5-5.0 |
| GLOBULIN<br>(Calculated) | 2.9 | Gm/dL. | 2.5-3.5 |
| A : G RATIO<br>(Calculated) | **1.5** | | 1.5-2.5 |

*THIS TEST IS NOT UNDER NABL SCOPE

**Checked By Technician:**

**Dr. Monika Garg**
**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** | : 230708/602 **C. NO: 602** | **Collection Time** | : **08-Jul-2023 9:03AM** |
| **Patient Name** | : **Mrs. NEETU SINGH 33Y / Female** | **Receiving Time** | : **08-Jul-2023 9:22AM** |
| **Referred By** | : | **Reporting Time** | : **10-Jul-2023 8:15AM** |
| **Sample By** | : | **Centre Name** | : **Garg Pathology Lab - TPA** |
| **Organization** | : **MEDIWHEEL** | | |

| Investigation | Results | Units | Biological Ref-Interval |
|---|---|---|---|
| **LIPID PROFILE** | | | |
| SERUM CHOLESTEROL<br>(CHOD - PAP) | 153.0 | mg/dl | 150-250 |
| SERUM TRIGYCERIDE<br>(GPO-PAP) | **210.0** | mg/dl | 70-150 |
| HDL CHOLESTEROL *<br>(PRECIPITATION METHOD) | 46.2 | mg/dl | 30-60 |
| VLDL CHOLESTEROL *<br>(Calculated) | **42.0** | mg/dl | 10-30 |
| LDL CHOLESTEROL *<br>(Calculated) | 64.8 | mg/dL. | 0-100 |
| LDL/HDL RATIO *<br>(Calculated) | 01.4 | ratio | <3.55 |
| CHOL/HDL CHOLESTROL RATIO*<br>(Calculated) | **3.3** | 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.

| | | | |
|---|---|---|---|
| **SERUM SODIUM (Na) ***<br>(ISE method) | 140.0 | mEq/litre | 135 - 155 |

(ISE)

*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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



२४ घंटे सुविधा उपलब्ध है

| | | | |
|---|---|---|---|
| PUID | : 230708/602 C. NO: 602 | Collection Time | : 08-Jul-2023 9:03AM |
| Patient Name | : Mrs. NEETU SINGH 33Y / Female | Receiving Time | : 08-Jul-2023 9:22AM |
| Referred By | : | Reporting Time | : 10-Jul-2023 8:15AM |
| Sample By | : | Centre Name | : Garg Pathology Lab - TPA |
| Organization | : MEDIWHEEL | | |

| Investigation | Results | Units | Biological Ref-Interval |
|---|---|---|---|
| **THYRIOD PROFILE*** | | | |
| Triiodothyronine (T3) * (ECLIA) | 1.214 | ng/dl | 0.79-1.58 |
| Thyroxine (T4) * (ECLIA) | 8.497 | ug/dl | 4.9-11.0 |
| THYROID STIMULATING HORMONE (TSH) (ECLIA) | 3.121 | 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.

| Investigation | Results | Units | Biological Ref-Interval |
|---|---|---|---|
| **SERUM POTASSIUM (K) *** (ISE method) | 3.8 | mEq/litre. | 3.5 - 5.5 |
| SERUM CALCIUM (Arsenazo) | 9.5 | mg/dl | 9.2-11.0 |

*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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

| | | | |
|---|---|---|---|
| **PUID** | : 230708/602 **C. NO: 602** | **Collection Time** | **: 08-Jul-2023 9:03AM** |
| **Patient Name** | **: Mrs. NEETU SINGH 33Y / Female** | **Receiving Time** | **: 08-Jul-2023 9:22AM** |
| **Referred By** | : | **Reporting Time** | **: 09-Jul-2023 11:55AM** |
| **Sample By** | : | **Centre Name** | **: Garg Pathology Lab - TPA** |
| **Organization** | **: MEDIWHEEL** | | |

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

## CYTOLOGY EXAMINATION

**SPECIMEN** MG 461/23

Microscopic:

SITE OF SMEAR: ECTOCERVIX AND POSTERIOR FORNIX OF VAGINA
METHOD OF EVALUATION: BETHSEDA SYSTEM
EVALUATION OF SMEAR : SATISFACTORY
REPORT: CELLULAR SPREAD SHOWS DESQUAMATED EPITHELIAL CELLS PREDOMINANTLY SUPERFICIAL AND INTERMEDIATE CELLS. FEW ENDOCERVICAL CELLS SHOWING REACTIVE CHANGES ARE SEEN. BACKROUND SHOWS MILD INFLAMMATORY REACTION. LACTOBACILLI ARE SEEN.
ANY DYSKARYOTIC CELL IS NOT SEEN.
ANY BUDDING SPORES OR TROPHOZOITE IS NOT SEEN.
INFERENCE: NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY
NOTE: This test has its own limitations. Please interpret the findings in light of clinical picture. not for medicolegal use

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

**Checked By Technician:**

**Dr. Monika Garg**
**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** | : 230708/602 **C. NO: 602** | **Collection Time** | : **08-Jul-2023 9:03AM** |
| **Patient Name** | : **Mrs. NEETU SINGH 33Y / Female** | **Receiving Time** | : **08-Jul-2023 9:22AM** |
| **Referred By** | : | **Reporting Time** | : **10-Jul-2023 8:17AM** |
| **Sample By** | : | **Centre Name** | : **Garg Pathology Lab - TPA** |
| **Organization** | : **MEDIWHEEL** | | |

## URINE

| Investigation | Results | Units | Biological Ref-Interval |
|---|---|---|---|
| **PHYSICAL EXAMINATION** | | | |
| **Volume** | 20 | ml | |
| Colour | Pale Yellow | | |
| Appearance | Clear | | Clear |
| Specific Gravity | 1.015 | | 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 |
| Epithilial Cells | 2-3 | /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**

**Checked By Technician:**

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




24 घंटे सुविधा उपलब्ध है।