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 Asha Grover Age/Sex 55 / F C/o Date 27/Jul/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

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

भारत सरकार

आशा ग्रोवर
Asha Grover
जन्म तिथि / DOB: 15/06/1967
महिला / FEMALE

5421 7671 8300

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण

आधार

पता:
W/O सुनील ग्रोवर, 30, मौ. गडरियान, नजीबाबाद, बिज
उत्तर प्रदेश - 246763

Address:
W/O Suneel Grovar, 30, Moh. Gadariyan, Najibabad, Bijnor, Uttar Pradesh - 246763

Download Date: 01/04/2021

Generation Date: 22/08/2017

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P.O. Box No. 1947, Bengaluru-560 001

ASG

Dr. MONIKA GARG
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GARG PATHOLOGY

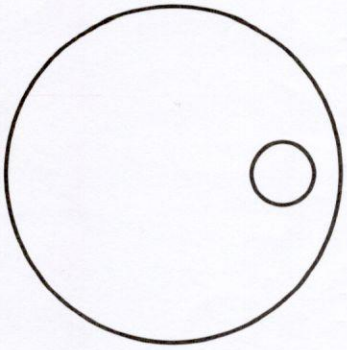
Vn — R 6/9, L 6/9

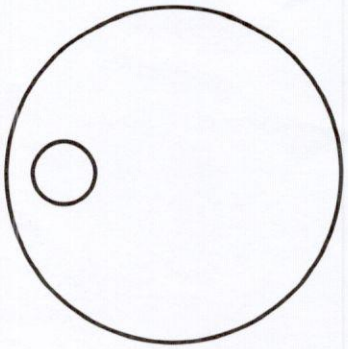
PH — R 6/6, L 6/6

IOP — R 14.1 mmHg, L 16.

Colour vision — NORMAL / NORMAL

	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance		+0.75	180	6/6		+0.75	10	6/6
Near	+2.25	—	—	N/6	+2.25	—	—	N/6





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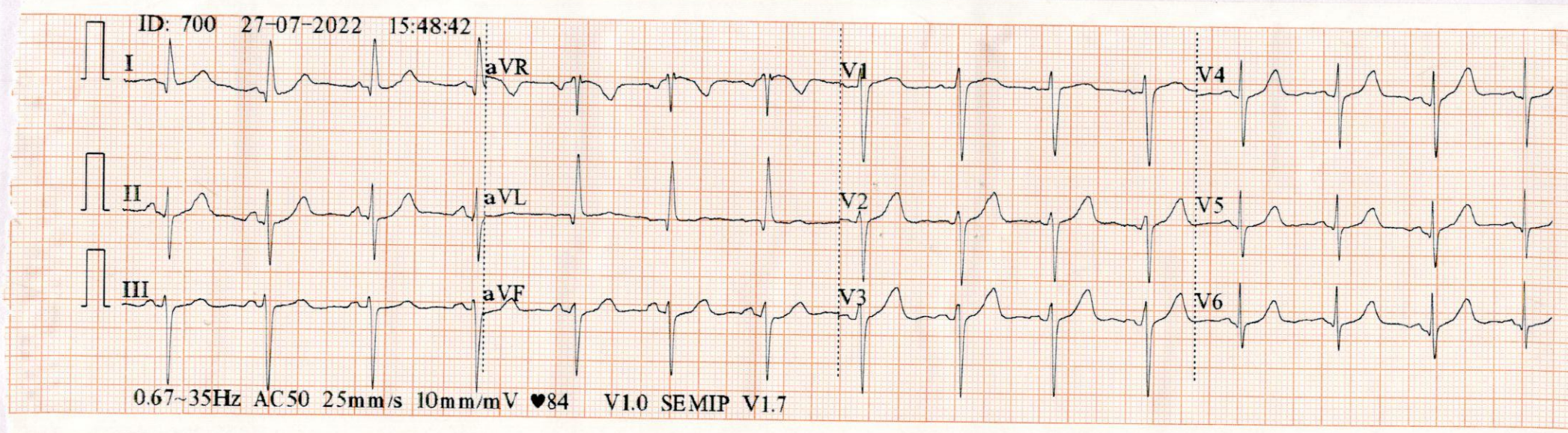
Garg Pathology, Meerut


PATHOLOGY
LAB
GPS Map Camera
Meerut, Uttar Pradesh, India
9, Sector 10, Sector 3, Kalyan Nagar,
Meerut, Uttar Pradesh 250002, India
Lat 28.966213°
Long 77.731344°
27/07/22 10:59 AM
Harmony
Google



ID: 700

Female / kPa
55Years
cm kg

Diagnosis Information:
Sinus Rhythm
Left Anterior Hemi Block
Poor R Wave Progression(V2)

Asha Grover ECG.

HR	: 87	bpm
P	: 98	ms
PR	: 128	ms
QRS	: 85	ms
QT/QTc	: 361/437	ms
P/QRS/T	: 63/-47/49	°
RV5/SV1	: 0.539/1.275	mV

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Report Confirmed by:

Garg Pathology

Certified by :
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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	: 220727/604	**C. NO:**	**604**	**Collection Time**	: **27-Jul-2022 12:18PM**
Patient Name	: **Mrs. ASHA GROVER 55Y / Female**			**Receiving Time**	: **27-Jul-2022 12:24PM**
Referred By	: **Dr. BANK OF BARODA**			**Reporting Time**	: **27-Jul-2022 4:25PM**
Sample By	:			**Centre Name**	: **Garg Pathology Lab - TPA**
Organization	:				

Investigation	Results	Units	Biological Ref-Interval

HAEMATOLOGY (EDTA WHOLE BLOOD)

COMPLETE BLOOD COUNT			
HAEMOGLOBIN (Colorimetry)	13.4	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	9020	*10^6/L	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	73	%.	40-80
Lymphocytes	25	%.	20-40
Eosinophils	01	%.	1-6
Monocytes	**01**	%.	2-10
Absolute neutrophil count	6.58	x 10^9/L	2.0-7.0(40-80%
Absolute lymphocyte count	2.26	x 10^9/L	1.0-3.0(20-40%)
Absolute eosinophil count	0.09	x 10^9/L	0.02-0.5(1-6%)
Method:-((EDTA Whole blood,Automated /			
RBC Indices			
TOTAL R.B.C. COUNT (Electric Impedence)	4.73	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	43.5	%	26-50
MCV (Calculated)	92.0	fL	80-94
MCH (Calculated)	28.3	pg	27-32
MCHC (Calculated)	30.8	g/dl	30-35
RDW-SD (Calculated)	51.6	fL	37-54

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

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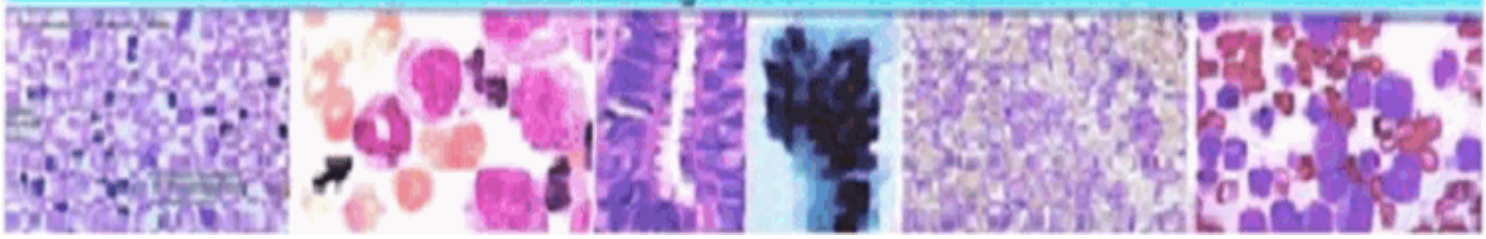
(Consultant Pathologist)



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Organization	:				

Investigation	Results	Units	Biological Ref-Interval
RDW-CV (Calculated)	13.6	%	11.5 - 14.5
Platelet Count (Electric Impedence)	2.35	/Cumm	1.50-4.50
MPV (Calculated)	10.2	%	7.5-11.5
GENERAL BLOOD PICTURE			
NLR	2.92		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	14	mm	0-15
BLOOD GROUP *	"B" POSITIVE	$	$

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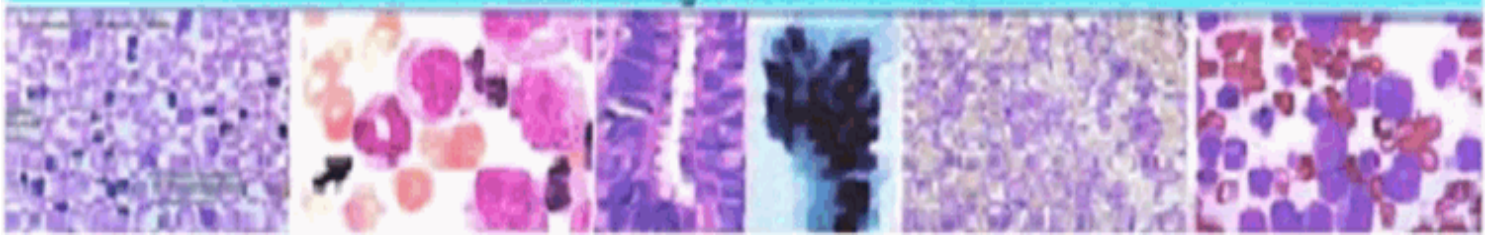

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Organization	:				

Investigation	Results	Units	Biological Ref-Interval
GLYCATED HAEMOGLOBIN (HbA1c)*	6.1	%	4.3-6.3
ESTIMATED AVERAGE GLUCOSE	128.4	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)	89.0	mg/dl	70 - 110
PLASMASUGAR P.P. (GOD/POD method)	140.0	mg/dl	80-140

BIOCHEMISTRY (SERUM)

BLOOD UREA NITROGEN	14.50	mg/dL.	8-23

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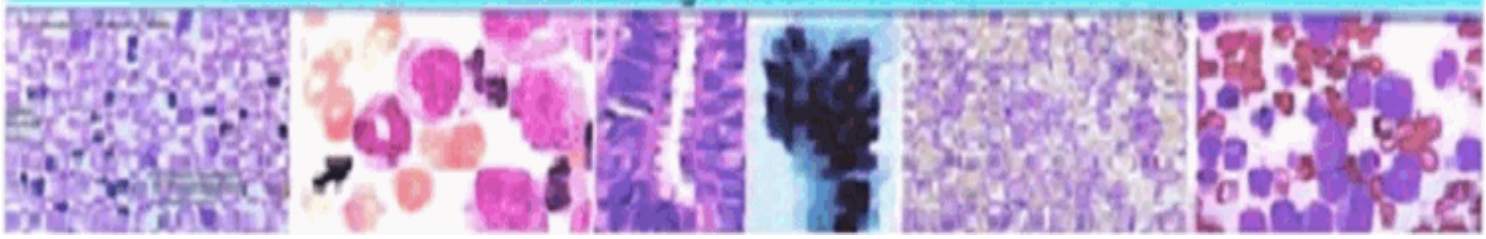

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Sample By	:			**Centre Name**	: **Garg Pathology Lab - TPA**
Organization	:				

Investigation	Results	Units	Biological Ref-Interval
LIVER FUNCTION TEST			
SERUM BILIRUBIN			
TOTAL (Diazo)	0.8	mg/dl	0.1-1.2
DIRECT (Diazo)	0.3	mg/dl	<0.3
INDIRECT (Calculated)	0.5	mg/dl	0.1-1.0
S.G.P.T. (IFCC method)	34.0	U/L	8-40
S.G.O.T. (IFCC method)	**42.0**	U/L	6-37
SERUM ALKALINE PHOSPHATASE (IFCC KINETIC)	89.0	IU/L.	37-103
SERUM PROTEINS			
TOTAL PROTEINS (Biuret)	6.6	Gm/dL.	6-8
ALBUMIN (Bromocresol green Dye)	3.5	Gm/dL.	3.5-5.0
GLOBULIN (Calculated)	3.1	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	**1.1**		1.5-2.5

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Investigation	Results	Units	Biological Ref-Interval
KIDNEY FUNCTION TEST			
UREA (Urease-GLDH)	30.0	mg / dl	10 - 50
CREATININE (Enzymatic)	1.0	mg/dl	0.6 - 1.4
SODIUM (NA)* (ISE)	136.0	m Eq/litre.	135 - 155
POTASSIUM (K)* (ISE)	3.7	m Eq/litre.	3.5 - 5.5

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Investigation	Results	Units	Biological Ref-Interval
LIPID PROFILE			
SERUM CHOLESTEROL (CHOD - PAP)	164.0	mg/dl	150-250
SERUM TRIGYCERIDE (GPO-PAP)	88.0	mg/dl	70-150
HDL CHOLESTEROL * (PRECIPITATION METHOD)	42.5	mg/dl	30-60
VLDL CHOLESTEROL * (Calculated)	17.6	mg/dl	10-30
LDL CHOLESTEROL * (Calculated)	**103.9**	mg/dL.	0-100
LDL/HDL RATIO * (Calculated)	02.4	ratio	<3.55
CHOL/HDL CHOLESTROL RATIO* (Calculated)	3.9	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)	0.987	ng/dl	0.79-1.58
Thyroxine (T4) * (ECLIA)	6.258	ug/dl	4.9-11.0
THYROID STIMULATING HORMONE (TSH) * (ECLIA)	0.902	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 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 CALCIUM (Arsenazo)	9.5	mg/dl	9.2-11.0

BIOCHEMICAL EXAMINATION

URIC ACID	5.4	mg/dL.	2.5-6.8

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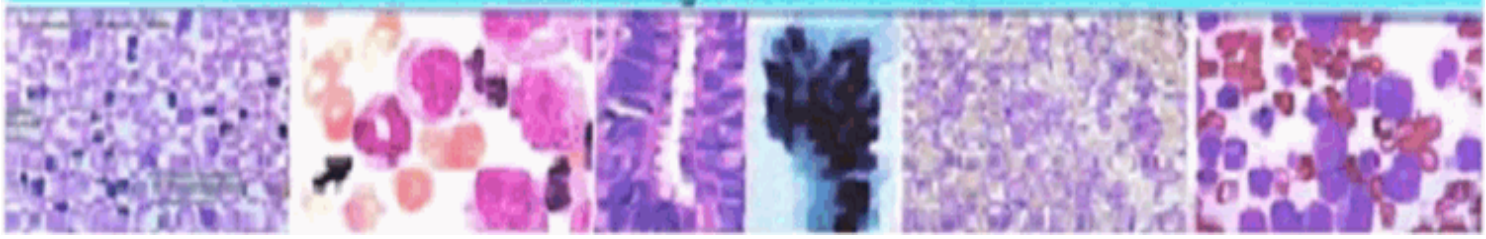

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Referred By	: **Dr. BANK OF BARODA**			**Reporting Time**	: **28-Jul-2022 10:48AM**
Sample By	:			**Centre Name**	: **Garg Pathology Lab - TPA**
Organization	:				

Investigation	Results	Units	Biological Ref-Interval

CYTOLOGY EXAMINATION

SPECIMEN mg 530/22

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. FAIR NUMBER OF PARABASAL CELL SEEN. FEW ENDOCERVICAL CELLS SHOWING REACTIVE CHANGES ARE SEEN.
BACKROUND SHOWS SEVERE INFLAMMATORY REACTION WITH PRESENSE OF RBCS.
THERE IS SHIFT IN VAGINAL FLORA. LACTOBACILLI ARE REDUCED.
ANY DYSKARYOTIC CELL IS NOT SEEN.
ANY BUDDING SPORES OR TROPHOZOITE IS NOT SEEN.
INFERENCE: NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY
INFLAMMATORY SMEARS (? CERVICAL EROSION)
NOTE: This test has its own limitations. Please interpret the findings in light of clinical picture. not for medicolegal use

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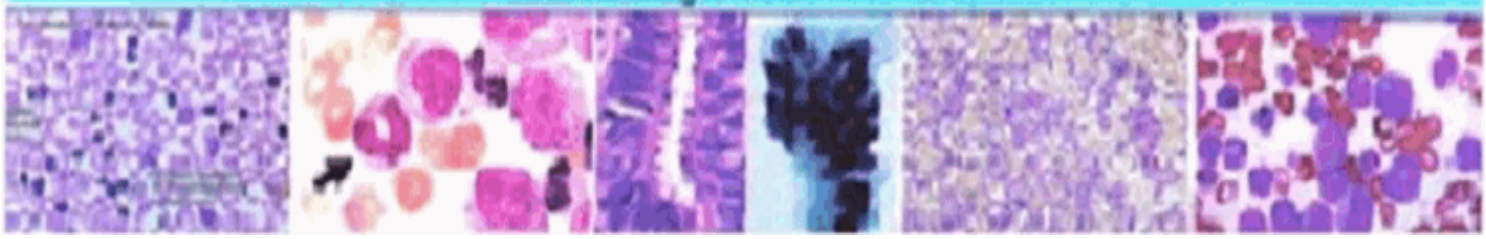

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Organization	:				

Investigation	Results	Units	Biological Ref-Interval
	URINE		
PHYSICAL EXAMINATION			
Volume	30	ml	
Colour	Pale 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	1-2	/HPF	1-3
Crystals	Nil		
Casts	Nil		
@ Special Examination			
Bile Pigments	Absent		
Blood	Nil		
Bile Salts	Absent		

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

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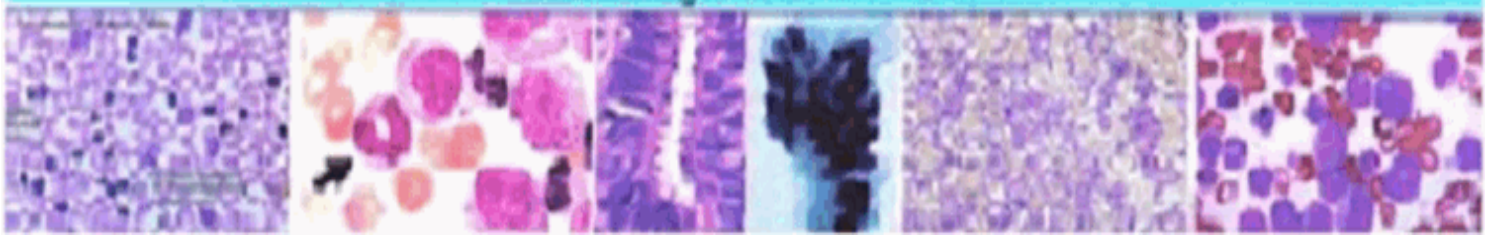

DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE	: 27/07/2022	**REFERENCE NO.**	: 5042
PATIENT NAME	: ASHA GROVER	**AGE/SEX**	: 55 YRS/F
REFERRED BY	: GARG PATHOLOGY	**ECHOGENECITY**	: NORMAL

REFERRING DIAGNOSIS : To rule out structural heart disease.

ECHOCARDIOGRAPHY REPORT

DIMENSIONS		*NORMAL*			*NORMAL*
AO (ed)	*2.2 cm*	(2.1 - 3.7 cm)	*IVS (ed)*	*1.0 cm*	(0.6 - 1.2 cm)
LA (es)	*2.9 cm*	(2.1 - 3.7 cm)	*LVPW (ed)*	*1.0 cm*	(0.6 - 1.2 cm)
RVID (ed)	*1.3 cm*	(1.1 - 2.5 cm)	*EF*	*55%*	(62% - 85%)
LVID (ed)	*3.9 cm*	(3.6 - 5.2 cm)	*FS*	*27%*	(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	: *Thickened*	*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

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/RA are normal in size. Aortic valve is thickened and rest other cardiac valves are structurally normal. No intracardiac mass. Estimated LV ejection fraction is 55%.

DOPPLER STUDIES :

Valve	Regurgitation	Velocity m/sec	Gradient mmHg
Mitral Valve	No	0.90	3.0
Tricuspid Valve	No	0.66	2.1
Pulmonary Valve	No	0.75	2.3
Aortic Valve	No	1.0	4.4

IMPRESSION :

- *No RWMA.*
- *LV Diastolic Dysfunction Grade I.*
- *Adequate LV Systolic Function (LVEF = 55%).*

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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SAMRAT PALACE, GARH ROAD, MEERUT - 250003

PATIENT SAFETY & QUALITY OF CARE
NABH
PRE ACCREDITED

DATE	27.07.2022	REF. NO.	1214		
PATIENT NAME	ASHA GROVER	AGE	55YRS	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. **Show an echogenic focus measuring (22.1) mm. The pelvicalyceal system is mildly prominent.**

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 – Post menopausal status.

IMPRESSION

Right renal calculus with mildly hydronephrosis.

ADV – CT ABDOMEN (PLAIN) FOR BETTER EVALUATION.

Dr. P.D. Sharma
M.B.B.S., D.M.R.D. (VIMS & RC
Consultant Radiologist and Hea

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.

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PATIENT SAFETY & QUALITY OF CARE
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DATE	**27.07.2022**	**REF. NO.**	**6770**		
PATIENT NAME	**ASHA GROVER**	**AGE**	**55YRS**	**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. Sharma
M.B.B.S., D.M.R.D. (VIMS & RC)
Consultant Radiologist and Head