

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

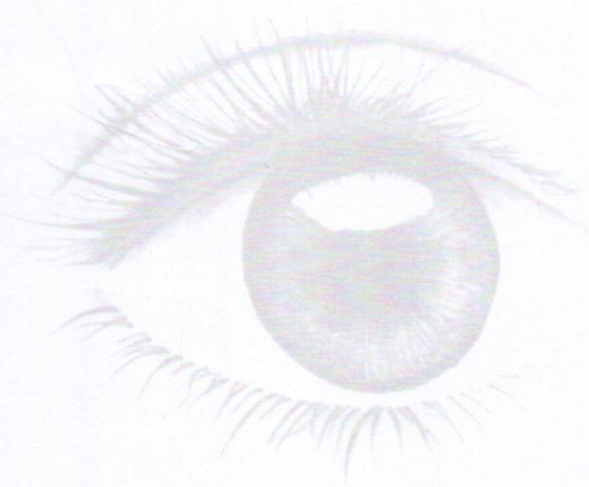
Ex. Micro Phaco Surgeon

Venu Eye Institute & Research Centre, New Delhi

Name Geta Age/Sex 29 / F C/o ..... Date 25/Jan/23

*Routine check up*

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



Accredited Eye Hospital Western U.P.

First NABH ECO

## प्रकाश आँखों का अस्पताल एवं लेजर सेंटर



Website: [www.prakasheyehospital.in](http://www.prakasheyehospital.in)  
Facebook: <http://www.prakasheyehospital.in>

Counsellor 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](mailto:prakasheyehosp@gmail.com)

 भारत सरकार  
Government of India

  
Geeta  
DOB : 20/06/1994  
Female



6147 4618 8516  
मेरा आधार, मेरी पहचान

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

 भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

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Kanzimal, Sultanpur Chilkana, Sultanpur  
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Pradesh, 247231



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 help@uidai.gov.in  
 www.uidai.gov.in

*Geeta*

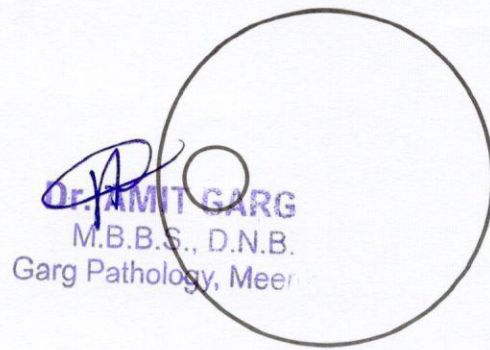
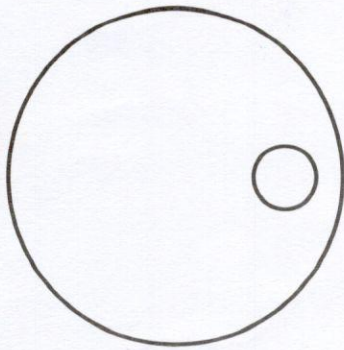
Vn   
 R 6/6p   
 U.A L 6/6

PH   
 R 6/6   
 L 6/6

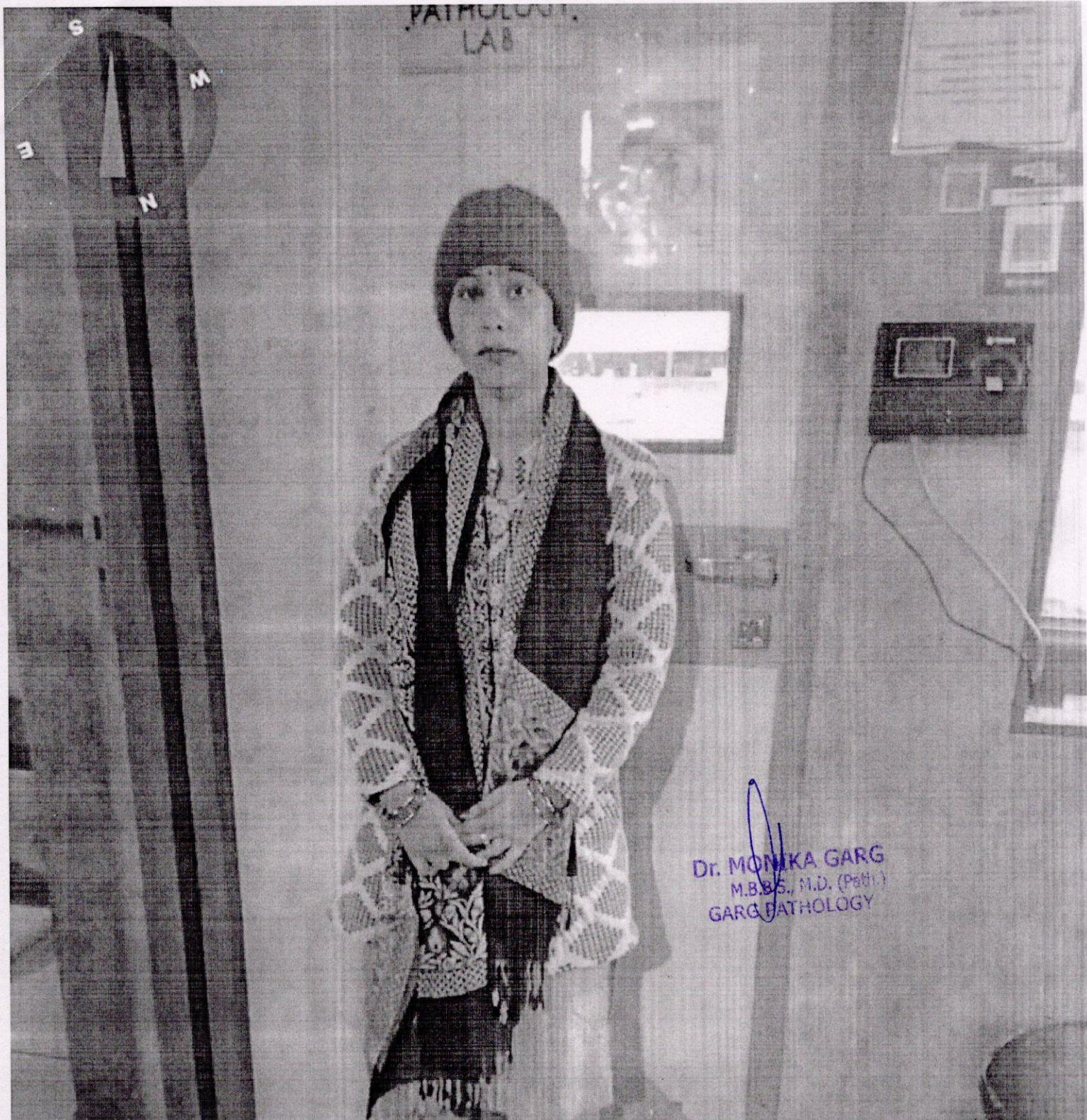
IOP   
 R 16   
 H L 19   
 normal

	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance	+ —	— 0.50	70°	6/6	—	—	—	6/6
Near	—	—	—	N6	—	—	—	N6

(ov) 6/6 or Vn Normal

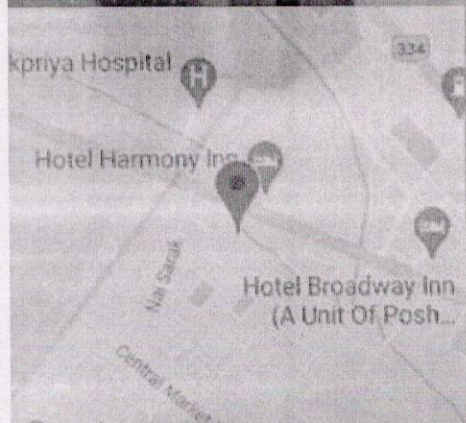


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 Garg Pathology, Meerut



PATHOLOGY LAB

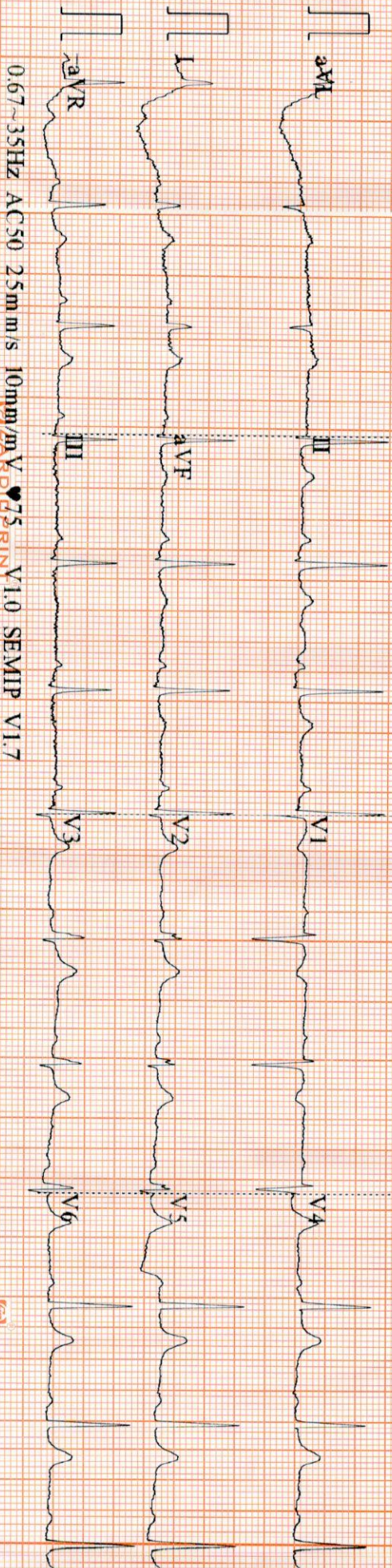
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25/01/2023 10:09:22 am  
201° S

Tejgarhi  
Meerut Division  
Uttar Pradesh  
Altitude: 169.8m  
Index number: 19

ID: 246 25-01-2023 10:24:40



0.67~35Hz AC50 25mm/s 10mm/mV 75 RIN V1.0 SEMIP V1.7

ID: 246	Female	29 Years	kg	kPa
HR	: 74	bpm		
P	: 102	ms		
PR	: 172	ms		
QRS	: 81	ms		
QT/QTc	: 354/395	ms		
P/ORS/T	: 73/69/32	°		
RV5/SV1	: 1.420/0.828	mV		

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by: *bioPRINT*

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

## DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE : 25/1/2023 REFERENCE NO. : 62803  
 PATIENT NAME : GEETA AGE/SEX : 29 YRS/F  
 REFERRED BY : DR. MONIKA GARG ECHOGENECITY : NORMAL  
 REFERRING DIAGNOSIS : To rule out structural heart disease.

### **ECHOCARDIOGRAPHY REPORT**

DIMENSIONS	NORMAL	NORMAL
AO (ed) 1.9 cm	(2.1 - 3.7 cm)	IVS (ed) 1.0 cm (0.6 - 1.2 cm)
LA (es) 2.4 cm	(2.1 - 3.7 cm)	LVPW (ed) 1.0 cm (0.6 - 1.2 cm)
RVID (ed) 1.2 cm	(1.1 - 2.5 cm)	EF 60% (62% - 85%)
LVID (ed) 3.7 cm	(3.6 - 5.2 cm)	FS 30% (28% - 42%)
LVID (es) 2.6 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



सर्वे सन्तु निरामयाः  
Freedom from all Sickness

# LOKPRIYA HOSPITAL

SAMRAT PALACE, GARH ROAD, MEERUT - 250003



:: 2 ::

## 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 hypertrophy/ intracardiac mass. Estimated LV ejection fraction is 60%.

## DOPPLER STUDIES :

Valve	Regurgitation	Velocity m/sec	Gradient mmHg
Mitral Valve	No	0.91	3.1
Tricuspid Valve	No	0.88	2.8
Pulmonary Valve	No	0.79	2.3
Aortic Valve	No	0.67	2.1

## IMPRESSION :

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

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.



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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** : 230125/603 **C. NO:** 603 **Collection Time** : 25-Jan-2023 10:17AM  
**Patient Name** : Mrs. GEETA 29Y / Female **Receiving Time** : 25-Jan-2023 10:22AM  
**Referred By** : Dr. BANK OF BARODA **Reporting Time** : 25-Jan-2023 11:31AM  
**Sample By** : **Centre Name** : Garg Pathology Lab - TPA  
**Organization** :



Investigation	Results	Units	Biological Ref-Interval
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## HAEMATOLOGY (EDTA WHOLE BLOOD)

### COMPLETE BLOOD COUNT

HAEMOGLOBIN (Colorimetry)	<b>11.5</b>	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	5920	*10 <sup>6</sup> /L	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	70	%.	40-80
Lymphocytes	26	%.	20-40
Eosinophils	<b>01</b>	%.	1-6
Monocytes	03	%.	2-10
Absolute neutrophil count	4.14	x 10 <sup>9</sup> /L	2.0-7.0(40-80%)
Absolute lymphocyte count	1.54	x 10 <sup>9</sup> /L	1.0-3.0(20-40%)
Absolute eosinophil count	0.06	x 10 <sup>9</sup> /L	0.02-0.5(1-6%)
Method:-((EDTA Whole blood,Automated /			
ESR (Automated Wsetergren`s)	<b>19</b>	mm/1st hr	0.0 - 15.0
RBC Indices			
TOTAL R.B.C. COUNT (Electric Impedence)	<b>3.66</b>	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	34.1	%	26-50
MCV (Calculated)	93.2	fL	80-94
MCH (Calculated)	31.4	pg	27-32
MCHC (Calculated)	33.7	g/dl	30-35
RDW-SD (Calculated)	47.5	fL	37-54



\*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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<b>Organization</b> :		

Investigation	Results	Units	Biological Ref-Interval
RDW-CV (Calculated)	12.2	%	11.5 - 14.5
Platelet Count (Electric Impedence)	1.99	/Cumm	1.50-4.50
MPV (Calculated)	<b>11.6</b>	%	7.5-11.5
NLR 6-9 Mild stres 7-9 Pathological cause	2.69		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.

**BLOOD GROUP \*** "A" POSITIVE \$ \$



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<b>GLYCATED HAEMOGLOBIN (HbA1c)*</b>	4.7	%	4.3-6.3
ESTIMATED AVERAGE GLUCOSE	88.2	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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### BIOCHEMISTRY (FLORIDE)

PLASMA SUGAR FASTING (GOD/POD method)	70.0	mg/dl	70 - 110
PLASMASUGAR P.P. (GOD/POD method)	102.0	mg/dl	80-140



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### BIOCHEMISTRY (SERUM)

<b>SERUM CREATININE</b> (Enzymatic)	0.7	mg/dl	0.6-1.4
<b>URIC ACID</b>	5.0	mg/dL.	2.5-6.8
<b>BLOOD UREA NITROGEN</b>	14.60	mg/dL.	8-23



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## LIVER FUNCTION TEST

### SERUM BILIRUBIN

TOTAL (Diazo)	0.9	mg/dl	0.1-1.2
DIRECT (Diazo)	0.3	mg/dl	<0.3
INDIRECT (Calculated)	0.6	mg/dl	0.1-1.0
S.G.P.T. (IFCC method)	25.0	U/L	8-40
S.G.O.T. (IFCC method)	24.1	U/L	6-37
SERUM ALKALINE PHOSPHATASE (IFCC KINETIC)	98.4	IU/L.	37-103
<b>SERUM PROTEINS</b>			
TOTAL PROTEINS (Biuret)	6.7	Gm/dL.	6-8
ALBUMIN (Bromocresol green Dye)	3.9	Gm/dL.	3.5-5.0
GLOBULIN (Calculated)	2.8	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	<b>1.4</b>		1.5-2.5



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### LIPID PROFILE

SERUM CHOLESTEROL (CHOD - PAP)	152.0	mg/dl	150-250
SERUM TRIGLYCERIDE (GPO-PAP)	108.0	mg/dl	70-150
HDL CHOLESTEROL * (PRECIPITATION METHOD)	44.6	mg/dl	30-60
VLDL CHOLESTEROL * (Calculated)	21.6	mg/dl	10-30
LDL CHOLESTEROL * (Calculated)	85.8	mg/dL.	0-100
LDL/HDL RATIO * (Calculated)	01.9	ratio	<3.55
CHOL/HDL CHOLESTROL RATIO* (Calculated)	<b>3.4</b>	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.

<b>SERUM SODIUM (Na) *</b> (ISE method) (ISE)	139.0	mEq/litre	135 - 155
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### THYRIOD PROFILE\*

Triiodothyronine (T3) * (ECLIA)	0.951	ng/dl	0.79-1.58
Thyroxine (T4) * (ECLIA)	5.326	ug/dl	4.9-11.0
THYROID STIMULATING HORMONE (TSH) (ECLIA)	<b>6.364</b>	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 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.

<b>SERUM POTASSIUM (K) *</b> (ISE method)	3.8	mEq/litre.	3.5 - 5.5
SERUM CALCIUM (Arsenazo)	9.4	mg/dl	9.2-11.0



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Former Pathologist :  
St. Stephan's Hospital, Delhi

**PUID** : 230125/603      **C. NO:** 603      **Collection Time** : 25-Jan-2023 10:17AM  
**Patient Name** : Mrs. GEETA 29Y / Female      **Receiving Time** : 25-Jan-2023 10:22AM  
**Referred By** : Dr. BANK OF BARODA      **Reporting Time** : 25-Jan-2023 11:32AM  
**Sample By** :      **Centre Name** : Garg Pathology Lab - TPA  
**Organization** :      

Investigation	Results	Units	Biological Ref-Interval
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## URINE

### PHYSICAL EXAMINATION

<b>Volume</b>	20	ml	
<b>Colour</b>	Pale Yellow		
<b>Appearance</b>	Clear		Clear
<b>Specific Gravity</b>	1.015		1.000-1.030
<b>PH ( Reaction )</b>	Acidic		

### BIOCHEMICAL EXAMINATION

<b>Protein</b>	Nil		Nil
<b>Sugar</b>	Nil		Nil

### MICROSCOPIC EXAMINATION

<b>Red Blood Cells</b>	Nil	/HPF	Nil
<b>Pus cells</b>	2-3	/HPF	0-2
<b>Epithelial Cells</b>	3-4	/HPF	1-3
<b>Crystals</b>	Nil		
<b>Casts</b>	Nil		

### @ Special Examination

<b>Bile Pigments</b>	Absent		
<b>Blood</b>	Nil		
<b>Bile Salts</b>	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।

