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 Mr. Navneet Kumar Verma Age/Sex 46 / Male C/o .... Date 09/09/23

C/o Routine Eyes Checkup

DM+
HTN+
Thyroid+

Both Eyes Distance vision with Glasses is 6/6. And Both Eyes Near vision with Glasses N/6. And Both Eyes Colour vision is NORMAL.

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

Accredited Eye Hospital Western U.P.

First NABH ECO

Issue Date: 05/06/2015

भारत सरकार
Government of India

आधार

नवनीत कुमार वर्मा
Navneet Kumar Verma
जन्म तिथि / DOB : 30/05/1977
पुरुष / Male

3332 1851 9344

मेरा आधार, मेरी पहचान

navneet

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

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

Print Date: 03/05/2022

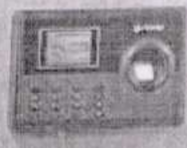
पता: आत्मज: मांगेराम वर्मा, 50, इन्द्रा कॉलोनी, मुजफ्फरनगर, मुजफ्फरनगर, उत्तर प्रदेश, 251002
Address: S/O: Mangeram Verma, 50, indra colony, Muzaffarnagar, Muzaffarnagar, Uttar Pradesh, 251002

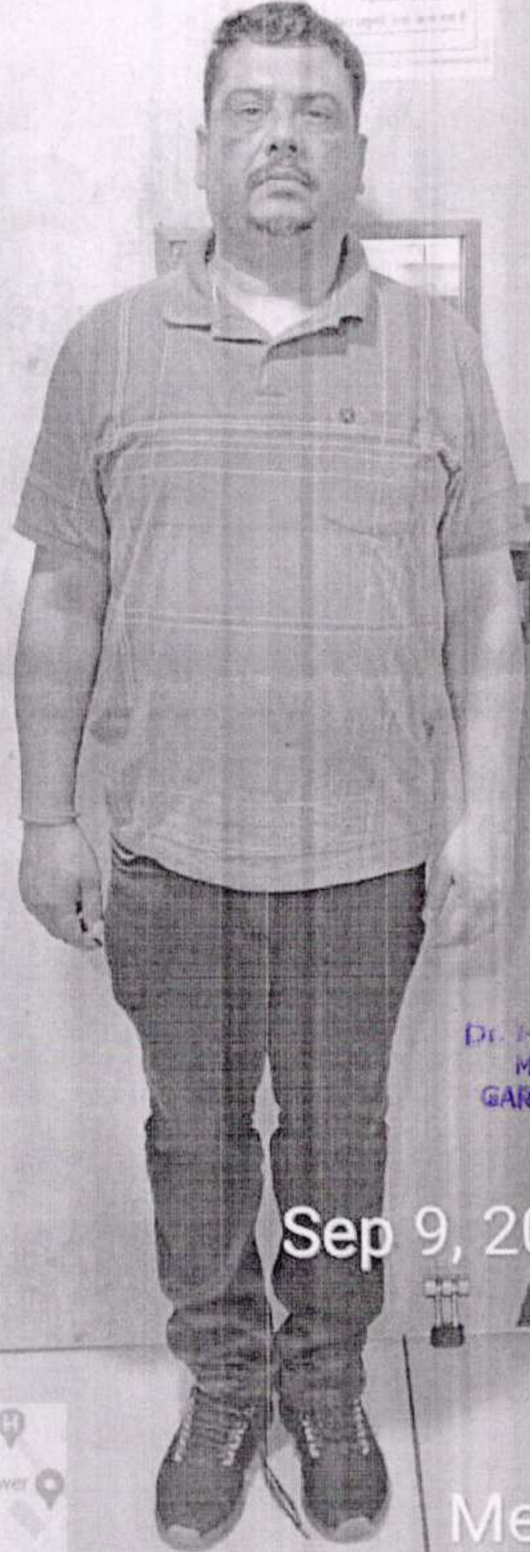
3332 1851 9344

1947 | help@uidai.gov.in | www.uidai.gov.in

S
W
N
E

PATHOLOGY LAB





Dr. M...YKA GARG
M.B.B.S., M.D. (Path.)
GARG PATHOLOGY
Sep 9, 2023 09:15:32
202° S
Garh Road
Tejgarhi
Meerut Division
Uttar Pradesh

Apex Tower
Hotel Broadway Inn

Vn — R 6/6, L 6/6

PH — R 6/6, L 6/6

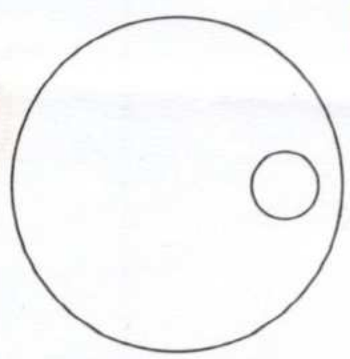
IOP — R 16, L 15 mmhg

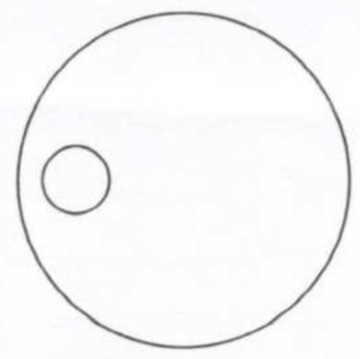
BE Colour vision { NORMAL, NORMAL.

	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance		Plano.		6/6		Plano		6/6
Near Add BE	+1.50	—	—	N/6	+1.50	—	—	N/6

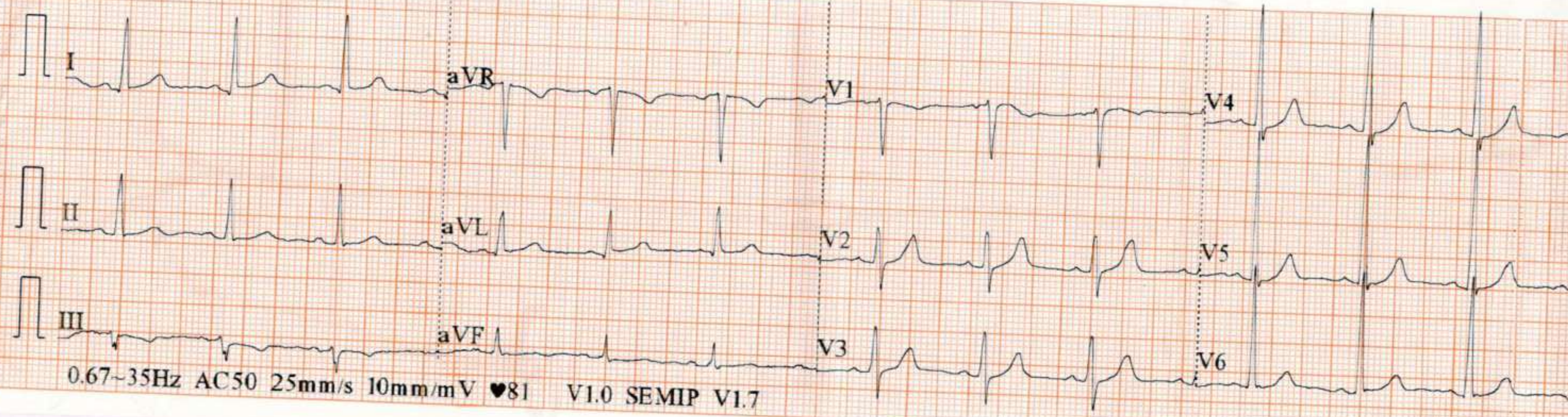
BE Near @ 30-35 cm

PG (+0.50X170
+0.25X170
Add BE +1.50.
BBDH





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



ID: 1052

Male / kPa
46Years
cm kg

Diagnosis Information:
Sinus Rhythm
Normal ECG

HR	: 85	bpm
P	: 105	ms
PR	: 143	ms
QRS	: 77	ms
QT/QTc	: 342/408	ms
P/QRS/T	: 48/16/21	°
RV5/SV1	: 2.451/0.901	mV

Report Confirmed by:

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

CARDIOLOGY

ECHOCARDIOGRAM REPORT

NAME : *Mr. Navneet Kumar Verma* **AGE/SEX :** *48/M* **ECHO NO. :** *165839*

REFERRING DIAGNOSIS : *To rule out structural heart disease* **DATE :** *09/09/2023*

Echogenecity : *Adequate*

DIMENSIONS		NORMAL			NORMAL
AO (ed)	2.9 cm	(2.1 - 3.7cm)	IVS (ed)	0.9 cm	(0.6 - 1.2 cm)
LA (es)	3.0 cm	(2.1 - 3.7 cm)	LVPW (ed)	0.9 cm	(0.6 - 1.2 cm)
RVID(ed)	2.0 cm	(1.1 - 2.5 cm)	EF	60%	(62% - 85%)
LVID(ed)	4.6 cm	(3.6 - 5.2 cm)	FS	32%	(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 60%.

COLOR FLOW MAPPING :

No valvular regurgitation.

DOPPLER STUDIES :

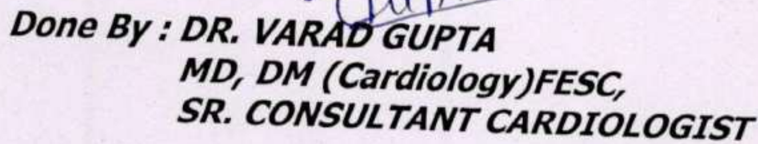
MVIS E > A

Peak systolic velocity across aortic valve = 1.0 m/sec.

No AS/AR/MS/MR/TS/TR/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.

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

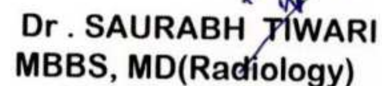
PATIENT NAME :	MR. NAVNEET KUMAR VERMA	AGE :	46 Yrs SEX:M
REF. BY :	DR. MONIKA GARG MD	DATE :	09/09/2023

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)

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.

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's Name	MR. NAVNEET KUMAR VERMA	Age/Sex	46 Y / M
Clinician I/C	DR. MONIKA GARG MD	Date	09/09/2023

ULTRASOUND WHOLE ABDOMEN

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 smoothly tapering towards its lower end.

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 – 11 x 4.2 cm L K – 10.2 x 4.7 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 seen of right side . Calculus of size measuring 5.1 mm noted at mid pole of left kidney

URINARY BLADDER: Normal in outline. No bladder wall thickening or trabeculations noted. No calculus seen.

PROSTATE: ***is mildly enlarged in size measuring 3.4 x 4 x 3.2 cm volume 23 cc. Prostatic capsule is intact***

No evidence of retroperitoneal lymphadenopathy.

No ascites noted

IMPRESSION:

- **Fatty infiltration of liver (Grade II)**
- **Calculus of size measuring 5.1 mm noted at mid pole of left kidney – Left renal calculus**
- **Mild Prostatomegaly (volume –23 cc)**

Please correlate clinically.

Dr . SAURABH TIWARI
MBBS, MD(Radiology)

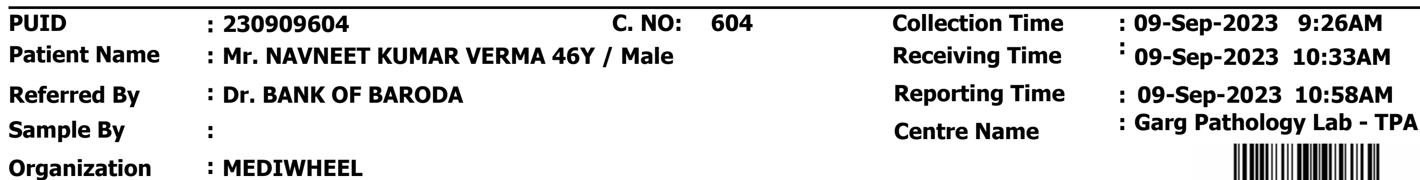
Facilities :
• ULTRASOUND • COLOUR DOPPLER • 3D & 4D ULTRASOUND • DIGITAL X-RAY
Please correlate clinically

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.

Garg Pathology

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	**: 230909604**	**C. NO: 604**	**Collection Time**	**: 09-Sep-2023 9:26AM**
Patient Name	**: Mr. NAVNEET KUMAR VERMA 46Y / Male**		**Receiving Time**	**: 09-Sep-2023 10:33AM**
Referred By	**: Dr. BANK OF BARODA**		**Reporting Time**	**: 09-Sep-2023 10:58AM**
Sample By	**:**		**Centre Name**	**: Garg Pathology Lab - TPA**
Organization	**: MEDIWHEEL**			

Investigation	Results	Units	Biological Ref-Interval

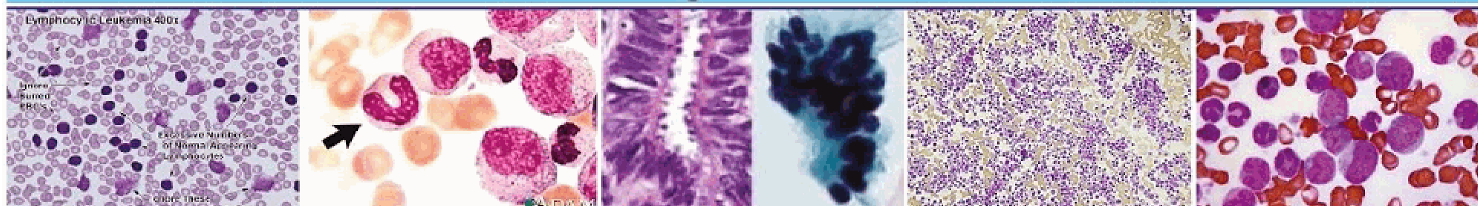
HAEMATOLOGY

COMPLETE BLOOD COUNT

Investigation	Results	Units	Biological Ref-Interval
HAEMOGLOBIN (Colorimetry)	**12.2**	gm/dl	13.0-17.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	6540	*10^6/L	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	66	%.	40-80
Lymphocytes	30	%.	20-40
Eosinophils	01	%.	1-6
Monocytes	03	%.	2-10
Absolute neutrophil count*	4.3164	*10^9/L	2.0-7.0(40-80%)
Absolute lymphocyte count*	1.962	*10^9/L	1.0-3.0(20-40%)
Absolute eosinophil count*	0.0654	*10^9/L	0.02-0.5 (1-6%)
Method:-((EDTA Whole blood,Automated /			
RBC Indices			
TOTAL R.B.C. COUNT (Electric Impedence)	4.71	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	38.1	%	26-50
MCV (Calculated)	80.9	fL	80-94
MCH (Calculated)	**25.9**	pg	27-32
MCHC (Calculated)	32.0	g/dl	30-35
RDW-SD (Calculated)	45.5	fL	37-54
Platelet Count	1.64	/Cumm	1.50-4.50

Checked By Technician:

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



Garg Pathology

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	**: 230909604**	**C. NO: 604**	**Collection Time**	**: 09-Sep-2023 9:26AM**
Patient Name	**: Mr. NAVNEET KUMAR VERMA 46Y / Male**		**Receiving Time**	**: 09-Sep-2023 10:33AM**
Referred By	**: Dr. BANK OF BARODA**		**Reporting Time**	**: 09-Sep-2023 10:58AM**
Sample By	**:**		**Centre Name**	**: Garg Pathology Lab - TPA**
Organization	**: MEDIWHEEL**			

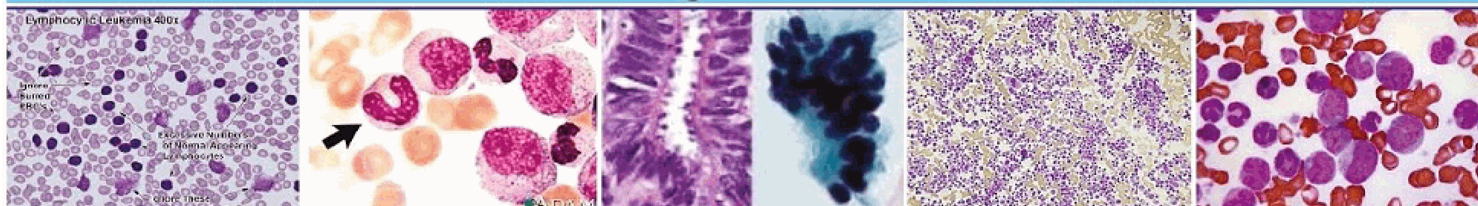
Investigation	Results	Units	Biological Ref-Interval
(Electric Impedence)			
MPV	11.2	%	7.5-11.5
(Calculated)			
NRL	2.20		1-3

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.

Checked By Technician:

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



Garg Pathology

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	**: 230909604**	**C. NO: 604**	**Collection Time**	**: 09-Sep-2023 9:26AM**
Patient Name	**: Mr. NAVNEET KUMAR VERMA 46Y / Male**		**Receiving Time**	**: 09-Sep-2023 10:33AM**
Referred By	**: Dr. BANK OF BARODA**		**Reporting Time**	**: 09-Sep-2023 10:58AM**
Sample By	**:**		**Centre Name**	**: Garg Pathology Lab - TPA**
Organization	**: MEDIWHEEL**			

Investigation	Results	Units	Biological Ref-Interval
-HAEMATOLOGY-			
Erythrocyte Sedimentation Rate end o	08	mm	0-10
BLOOD GROUP *	"B" POSITIVE	$	$
GLYCATED HAEMOGLOBIN (HbA1c)*	**7.3**	%	4.3-6.3
ESTIMATED AVERAGE GLUCOSE*	162.8	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

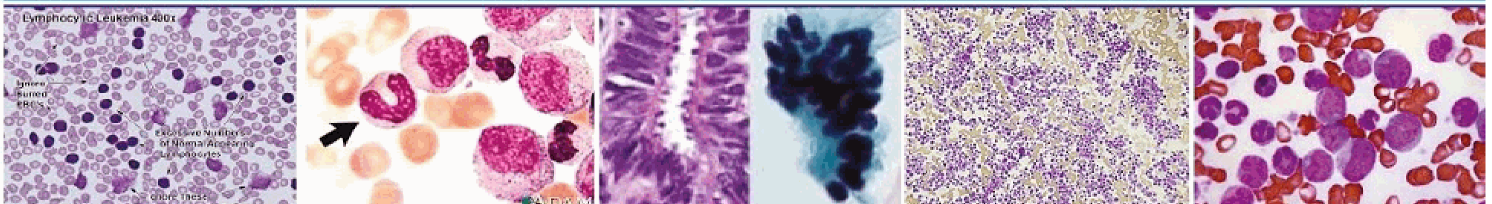
-High HbF & Trig.level, iron def.anaemia result in high GHb

-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.

Checked By Technician:

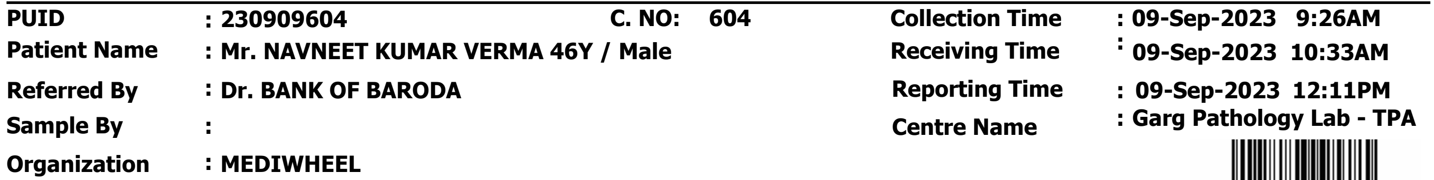
Dr. Monika Garg
MBBS, MD(Path)
(Consultant Pathologist)



Garg Pathology

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



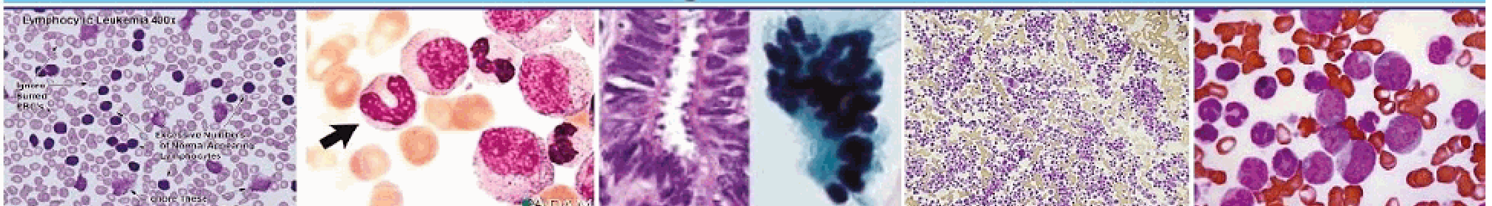
PUID	**: 230909604** C. NO: 604	**Collection Time**	**: 09-Sep-2023 9:26AM**
Patient Name	**: Mr. NAVNEET KUMAR VERMA 46Y / Male**	**Receiving Time**	**: 09-Sep-2023 10:33AM**
Referred By	**: Dr. BANK OF BARODA**	**Reporting Time**	**: 09-Sep-2023 12:11PM**
Sample By	**:**	**Centre Name**	**: Garg Pathology Lab - TPA**
Organization	**: MEDIWHEEL**		

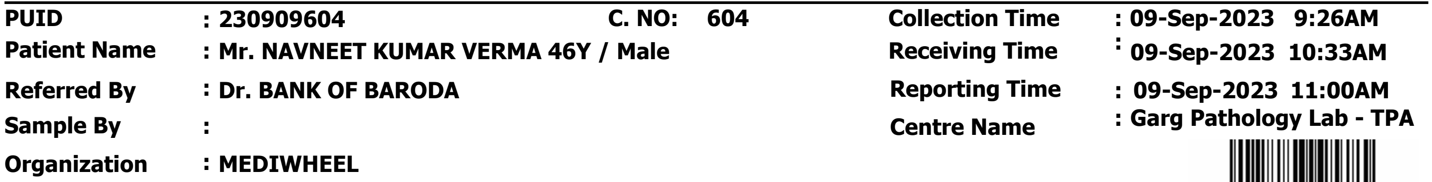
BIOCHEMISTRY

Investigation	Results	Units	Biological Ref-Interval
PLASMA SUGAR FASTING (GOD/POD method)	**111.0**	mg/dl	70 - 110
PLASMASUGAR P.P. (GOD/POD method)	**155.0**	mg/dl	80-140
BLOOD UREA (Urease method)	24.0	mg/dl	10 - 50
BLOOD UREA NITROGEN*	11.21	mg/dl	8-23
SERUM CREATININE (Enzymatic)	0.60	mg/dl	0.6-1.4

Checked By Technician:

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





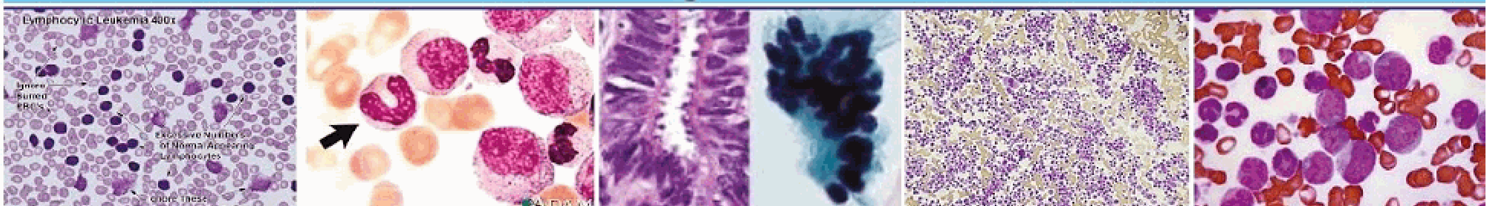
PUID	: 230909604 C. NO: 604	Collection Time	: 09-Sep-2023 9:26AM
Patient Name	: Mr. NAVNEET KUMAR VERMA 46Y / Male	Receiving Time	: 09-Sep-2023 10:33AM
Referred By	: Dr. BANK OF BARODA	Reporting Time	: 09-Sep-2023 11:00AM
Sample By	:	Centre Name	: Garg Pathology Lab - TPA
Organization	: MEDIWHEEL		

Investigation	Results	Units	Biological Ref-Interval
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)	**68.0**	U/L	8-40
S.G.O.T. (IFCC method)	33.0	U/L	6-37
SERUM ALKALINE PHOSPHATASE (IFCC KINETIC)	98.0	IU/L.	50-126
SERUM PROTEINS			
TOTAL PROTEINS (Biuret)	6.8	Gm/dL.	6-8
ALBUMIN (Bromocresol green Dye)	4.1	Gm/dL.	3.5-5.0
GLOBULIN* (Calculated)	2.7	Gm/dL.	2.5-3.5
A : G RATIO* (Calculated)	1.5		1.5-2.5

* Mark not under nabl scope

Checked By Technician:

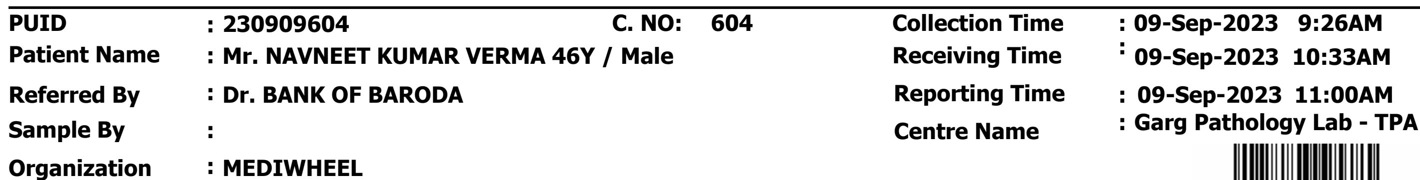
Dr. Monika Garg
MBBS, MD(Path)
(Consultant Pathologist)



Garg Pathology

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	**: 230909604** **C. NO: 604**	**Collection Time**	**: 09-Sep-2023 9:26AM**
Patient Name	**: Mr. NAVNEET KUMAR VERMA 46Y / Male**	**Receiving Time**	**: 09-Sep-2023 10:33AM**
Referred By	**: Dr. BANK OF BARODA**	**Reporting Time**	**: 09-Sep-2023 11:00AM**
Sample By	**:**	**Centre Name**	**: Garg Pathology Lab - TPA**
Organization	**: MEDIWHEEL**		

Investigation	**Results**	**Units**	**Biological Ref-Interval**
LIPID PROFILE			
SERUM CHOLESTEROL (CHOD - PAP)	210.0	mg/dl	150-250
SERUM TRIGYCERIDE (GPO-PAP)	**156.0**	mg/dl	70-150
HDL CHOLESTEROL (PRECIPITATION METHOD)	43.0	mg/dl	30-60
VLDL CHOLESTEROL * (Calculated)	**31.2**	mg/dl	10-30
LDL CHOLESTEROL * (Calculated)	**135.8**	mg/dL.	0-100
LDL/HDL RATIO * (Calculated)	03.2	ratio	<3.55
CHOL/HDL CHOLESTROL RATIO* (Calculated)	4.9	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

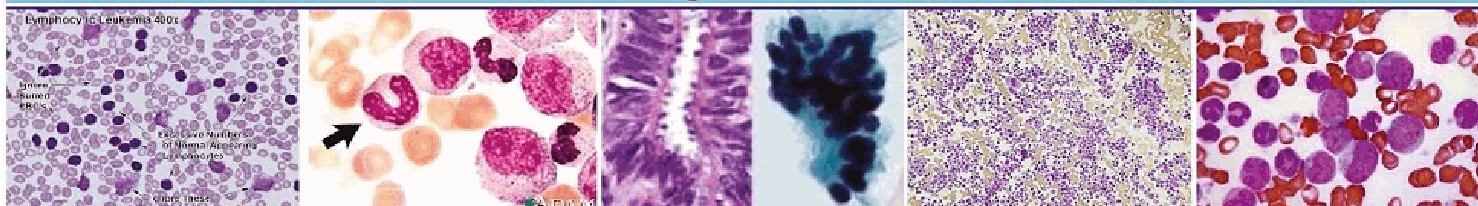
Friedwald Equation, VLDL & LDL values are not applicable for triglyceride > 400 mg/dl.

*** Mark not under nabl scope**

SERUM CALCIUM (Arsenazo)	9.4	mg/dl	9.2-11.0

Checked By Technician:

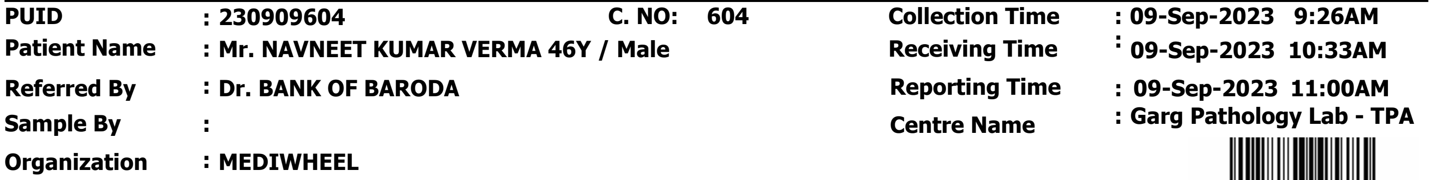
Dr. Monika Garg
MBBS, MD(Path)
(Consultant Pathologist)



Garg Pathology

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	**: 230909604**	**C. NO: 604**	**Collection Time**	**: 09-Sep-2023 9:26AM**
Patient Name	**: Mr. NAVNEET KUMAR VERMA 46Y / Male**		**Receiving Time**	**: 09-Sep-2023 10:33AM**
Referred By	**: Dr. BANK OF BARODA**		**Reporting Time**	**: 09-Sep-2023 11:00AM**
Sample By	**:**		**Centre Name**	**: Garg Pathology Lab - TPA**
Organization	**: MEDIWHEEL**			

Investigation	Results	Units	Biological Ref-Interval

-BIOCHEMISTRY-

BLOOD UREA NITROGEN	11.21	mg/dL.	8-23
PSA*	0.947	ng/ml	

ECLIA

NORMAL VALUE

Age (years)	Medain (ng/ml)
<49	<2.0
50-59	<3.5
60-69	<4.5
70-79	<6.5

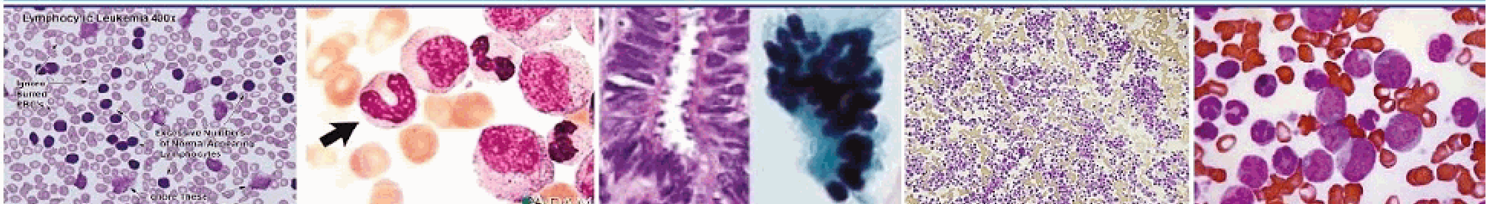
SERUM SODIUM (Na)	141.0	mEq/litre	135 - 155

(ISE method)

(ISE)

Checked By Technician:

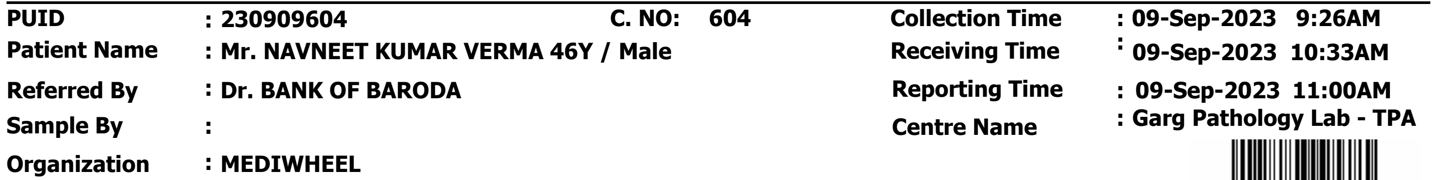
Dr. Monika Garg
MBBS, MD(Path)
(Consultant Pathologist)



Garg Pathology

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	**: 230909604** **C. NO: 604**	**Collection Time**	**: 09-Sep-2023 9:26AM**
Patient Name	**: Mr. NAVNEET KUMAR VERMA 46Y / Male**	**Receiving Time**	**: 09-Sep-2023 10:33AM**
Referred By	**: Dr. BANK OF BARODA**	**Reporting Time**	**: 09-Sep-2023 11:00AM**
Sample By	**:**	**Centre Name**	**: Garg Pathology Lab - TPA**
Organization	**: MEDIWHEEL**		

Investigation	Results	Units	Biological Ref-Interval
THYRIOD PROFILE			
Triiodothyronine (T3) (ECLIA)	1.471	ng/dl	0.79-1.58
Thyroxine (T4) (ECLIA)	8.965	ug/dl	4.9-11.0
THYROID STIMULATING HORMONE (TSH) (ECLIA)	**0.100**	uIU/ml	0.38-5.30

Normal Range:-

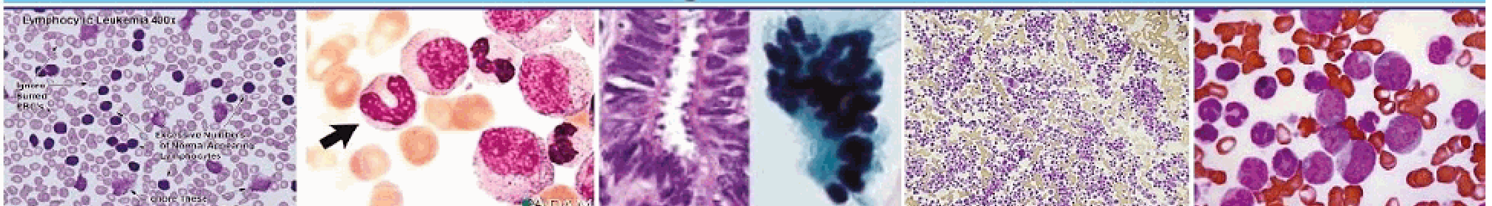
1 TO 4 DAYS	2.7-26.5
4 TO 30 DAYS	1.2-13.1

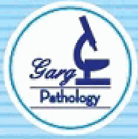
Hyperthyroid patient have suppressed TSH values, with the exception of those few individuals whos have hyperthyroidism caused by TSH producing pituitary tumor or other rare disordes such as pituitary resistance to thyroid hormones. Subclinical hyperthyroidism is defined as low TSH with levels of T4 and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

SERUM POTASSIUM (K) (ISE method)	4.3	mEq/litre.	3.5 - 5.5

Checked By Technician:

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

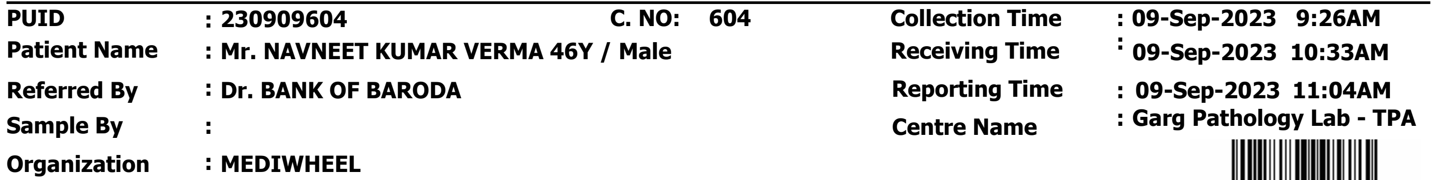




Garg Pathology

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	**: 230909604**	**C. NO:**	**604**	**Collection Time**	**: 09-Sep-2023 9:26AM**
Patient Name	**: Mr. NAVNEET KUMAR VERMA 46Y / Male**			**Receiving Time**	**: 09-Sep-2023 10:33AM**
Referred By	**: Dr. BANK OF BARODA**			**Reporting Time**	**: 09-Sep-2023 11:04AM**
Sample By	**:**			**Centre Name**	**: Garg Pathology Lab - TPA**
Organization	**: MEDIWHEEL**				

Investigation	Results	Units	Biological Ref-Interval

CLINICAL PATHOLOGY

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 }----------

Checked By Technician:

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