



सर्वे सन्तु निरामयाः
Freedom from all Sickness

LOKPRIYA HOSPITAL

SAMRAT PALACE, GARH ROAD, MEERUT - 250003



DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE : 04.12.2021 REFERENCE NO. : 2736
 PATIENT NAME : BRIJESH AGE/SEX : 39YRS/F
 REFERRED BY : DR. MONIKA GARG ECHOGENECITY : NORMAL
 REFERRING DIAGNOSIS : To rule out structural heart disease.

ECHOCARDIOGRAPHY REPORT

DIMENSIONS	NORMAL		NORMAL
AO (ed) 2.5 cm	(2.1 - 3.7 cm)	IVS (ed) 0.9 cm	(0.6 - 1.2 cm)
LA (es) 2.7 cm	(2.1 - 3.7 cm)	LVPW (ed) 0.9 cm	(0.6 - 1.2 cm)
RVID (ed) 1.4 cm	(1.1 - 2.5 cm)	EF 60%	(62% - 85%)
LVID (ed) 4.2 cm	(3.6 - 5.2 cm)	FS 30%	(28% - 42%)
LVID (es) 2.9 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

Services : Ambulance Blood Bank

24 घण्टे इमरजेन्सी सेवा

Helpline Numbers - 0121- 2792500, 2601901, (M) 8194007414
 E-mail: lokpriya_hospital@rediffmail.com

Not for Medico Legal Purposes



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:: 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 normal in size. 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	Trace	0.92	3.2
Tricuspid Valve	No	0.82	2.4
Pulmonary Valve	No	0.74	2.2
Aortic Valve	No	0.86	2.9

IMPRESSION :

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

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.



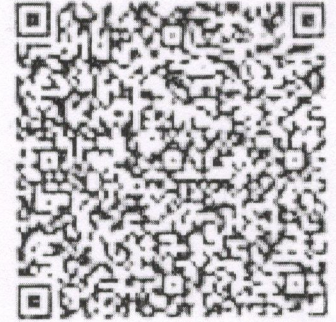
भारत सरकार
GOVERNMENT OF INDIA



बृजेश
Brijesh

जन्म वर्ष / Year of Birth : 1982

महिला / Female



9005 2962 3893

आधार — आम आदमी का अधिकार

Bkp

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



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

NABH ACCREDITED
PRAKASH
EYE HOSPITAL & LASER CENTRE

Dr. AMIT GARG

M.B.B.S., D.N.B. (Oph.)

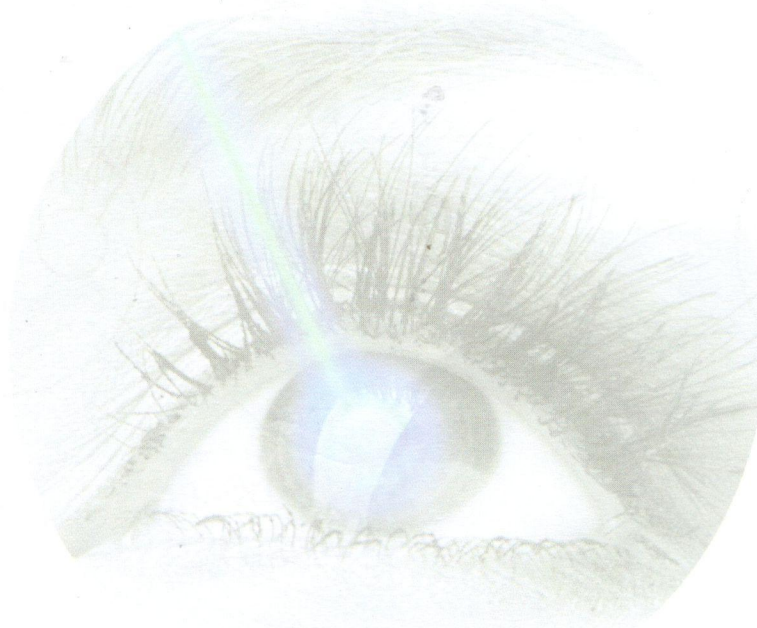
I-Lasik (Femto) Bladeless Topical Micro Phaco
& Medical Retina Specialist

Ex. Micro phaco Surgeon

Venu Eye Institute & Research Centre, New Delhi

Name Brijesh Age/Sex 39 / f C/o Date 4/Dec/2021

do- Pain, Itching. (Bto)



Accredited Eye Hospital in Western U.P.

First NABH ECO

प्रकाश आँखों का अस्पताल एवं लेजर सेंटर

निकट नई सड़क, गढ़ रोड, मेरठ।



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

Counsellor 9837066186
7535832832
Manager 7895517715
OT 730222373

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.
New Nai Sarh, Gurb Road, Meerut

Vn R 6/6
 L 6/6

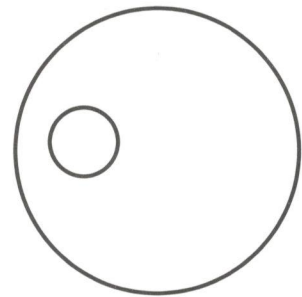
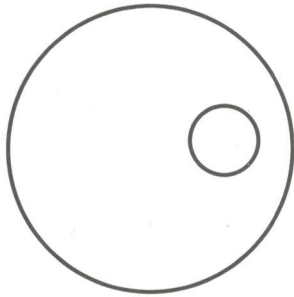
PH R 6/6
 L 6/6


IOP R 17
 L 17

primary

	RIGHT EYE				LEFT EYE			
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance	—————			6/6	—————			6/6
Near	—————			N6	—————			N6

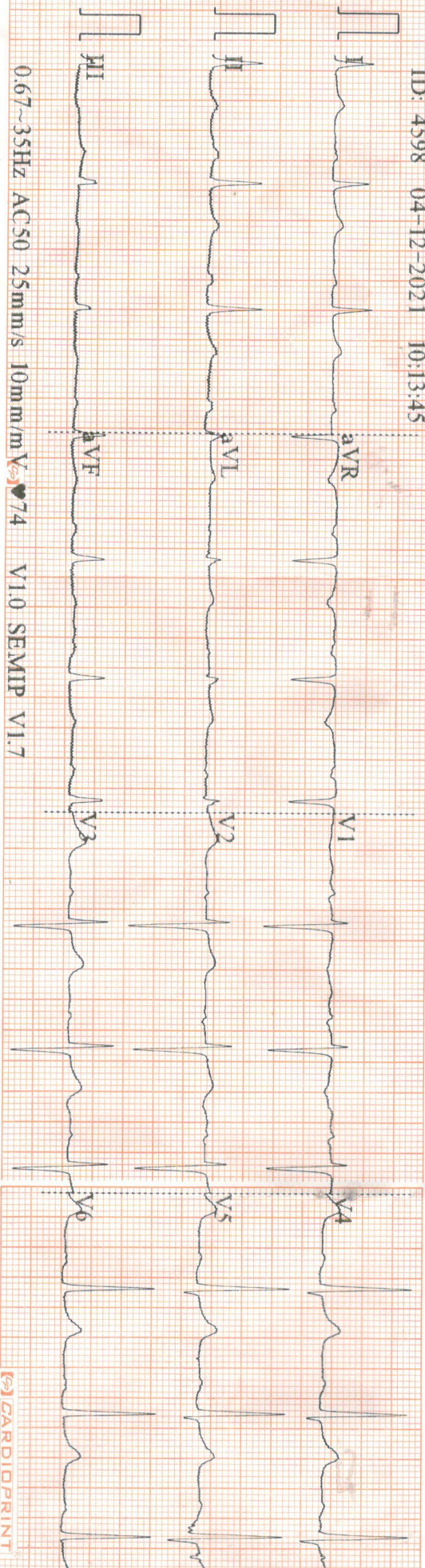
(colour vision normal)




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

ID: 4598 04-12-2021 10:13:45

0.67~35Hz AC50 25mm/s 10mm/mV \heartsuit 74 V1.0 SEMIP V1.7



CARDIOPRINT

ID: 4598

Female
39Years
cm

kg

kPa

Diagnosis Information:
Sinus Rhythm
Normal ECG

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

HR	74	bpm
P	119	ms
PR	206	ms
QRS	85	ms
QT/QTc	391/434	ms
P/QRS/T	56/48/21	°
RV5/SV1	1.523/1.095	mV

Q128

Report Confirmed by:



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 : 211204/602 **C. NO:** 602 **Collection Time** : 04-Dec-2021 10:32AM
Patient Name : Mrs. BRIJESH 39Y / Female **Receiving Time** : 04-Dec-2021 11:17AM
Referred By : Dr. BANK OF BARODA **Reporting Time** : 04-Dec-2021 1:49PM
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)	9.8	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT (Electric Impedence)	9510	*10 ⁶ /L	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	64	%.	40-80
Lymphocytes	30	%.	20-40
Eosinophils	04	%.	1-6
Monocytes	02	%.	2-10
Absolute neutrophil count	6.09	x 10 ⁹ /L	2.0-7.0(40-80%)
Absolute lymphocyte count	2.85	x 10 ⁹ /L	1.0-3.0(20-40%)
Absolute eosinophil count	0.38	x 10 ⁹ /L	0.02-0.5(1-6%)

Method:-((EDTA Whole blood,Automated /

RBC Indices

TOTAL R.B.C. COUNT (Electric Impedence)	4.84	Million/Cumm	4.5 - 6.5
Haematocrit Value (P.C.V.)	31.1	%	26-50
MCV (Calculated)	64.3	fL	80-94
MCH (Calculated)	20.2	pg	27-32
MCHC (Calculated)	31.5	g/dl	30-35
RDW-SD (Calculated)	40.1	fL	37-54



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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

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RDW-CV (Calculated)	15.3	%	11.5 - 14.5
Platelet Count (Electric Impedence)	3.36	/Cumm	1.50-4.50
MPV (Calculated)	10.5	%	7.5-11.5
GENERAL BLOOD PICTURE			
NLR 6-9 Mild stres 7-9 Pathological cause	2.13		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.

Erythrocyte Sedimentation Rate end of 1st 16 mm 0-20
BLOOD GROUP * "AB" POSITIVE \$ \$



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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

-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.

BIOCHEMISTRY (SERUM)

BLOOD UREA (Urease method)	32.1	mg/dl	10 - 50
BLOOD UREA NITROGEN*	14.99	mg/dl	8-23
SERUM CREATININE (Enzymatic)	0.8	mg/dl	0.6-1.4



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LIPID PROFILE

SERUM CHOLESTEROL (CHOD - PAP)	181.4	mg/dl	150-250
SERUM TRIGYCERIDE (GPO-PAP)	124.0	mg/dl	10-190
HDL CHOLESTEROL * (PRECIPITATION METHOD)	44.9	mg/dl	30-60
VLDL CHOLESTEROL * (Calculated)	24.8	mg/dl	10-30
LDL CHOLESTEROL * (Calculated)	111.7	mg/dL.	0-100
LDL/HDL RATIO * (Calculated)	02.5	ratio	<3.55
CHOL/HDL CHOLESTROL RATIO* (Calculated)	4.0	ratio	3.8-5.9

Interpretation :

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

२१ घंटे सुविधा उपलब्ध है।






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Organization : 

Investigation	Results	Units	Biological Ref-Interval
THYRIOD PROFILE*			
Triiodothyronine (T3) * (ECLIA)	1.124	ng/dl	0.79-1.58
Thyroxine (T4) * (ECLIA)	8.060	ug/dl	4.9-11.0
THYROID STIMULATING HORMONE (TSH) * (ECLIA)	6.022	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.

BIOCHEMICAL EXAMINATION

URIC ACID 3.1 mg/dL. 2.5-6.8

MEDICAL EXAMINATION ok

EEG

ECHO OK



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Checked By Technician:

Dr. Monika Garg
MBBS, MD(Path)
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Patient Name : Mrs. BRIJESH 39Y / Female		Receiving Time : 04-Dec-2021 11:17AM
Referred By : Dr. BANK OF BARODA		Reporting Time : 04-Dec-2021 11:56AM
Sample By :		Centre Name : Garg Pathology Lab - TPA
Organization :		

Investigation	Results	Units	Biological Ref-Interval
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ELECTROCARDIOGRAM (E.C.G)	OK		
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OBSERVATION:

Heart Rate: 75/ Min.

No evidence of enlargement seen.

Sinus rhythm

***OPINION:**

***IMPRESSION:**



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Dr. Monika Garg
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(Consultant Pathologist)

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Investigation	Results	Units	Biological Ref-Interval
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X-RAY

X-RAY CHEST P.A (VIEW)

OK

ULTRA SOUND

USG LOWER ABDOMEN [F]

OK



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(Consultant Pathologist)

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Organization :		

Investigation	Results	Units	Biological Ref-Interval
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URINE

PHYSICAL EXAMINATION

Volume	25	ml	
Colour	Yellow		
Appearance	Clear		Clear
Specific Gravity	1.010		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	3-4	/HPF	0-2
Epithelial Cells	4-5	/HPF	1-3
Crystals	Nil		
Casts	Nil		
@ Special Examination			
Bile Pigments	Absent		
Blood	Nil		
Bile Salts	Absent		

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



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Checked By Technician:

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

24 घंटे सुविधा उपलब्ध है।



DATE	04.12.2021	REF. NO.	5066		
PATIENT NAME	BRIJESH	AGE	39 YRS	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

Essentially normal study

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

• 1.5 Tesla MRI • 64 Slice CT • Ultrasound
 • Doppler • Dexa Scan / BMD • Digital X-ray

**PRENATAL DETERMINATION OF SEX IS BANNED,
 PREVENT FEMALE FOETICIDE**

Helpline Numbers : 0121-2792500, 2601901

www.lokpryahospital.com

0

DATE	04.12.2021	REF. NO.	9929		
PATIENT NAME	BRIJESH	AGE	39YRS	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.
- Few nodular opacity right lower zone.
- Cardiac size is within normal limits.
- Both costophrenic angles are clear,
- Both domes of diaphragm are normal in contour and position.

IMPRESSION

1. Both lung show prominent broncho vascular marking with differential aeration.
2. Few nodular opacity right lower zone.

Dr. P.D. Sharma
 M.B.B.S., D.M.R.D. (VIMS & RC)
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