





भारत सरकार Government of India

भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India

नामांकन क्रम / Enrollment No. :

0648/05747/50095

To

Nikita Malviya

निकिता मालवीय

C/O: Lalit Malviya,

H.No 58.

Shiv OM Green Park Colony,

Near Shopping Complex,

Sanjeev nagar,

VTC: Huzur, PO: M.I. Nagar,

Sub District: Huzur, District: Bhopal,

State: Madhya Pradesh, PIN Code: 462038.

Mobile: 7999119583



KF696234522FI



आपका आधार क्रमांक / Your Aadhaar No. :

9629 3749 5960

मेरा आधार, मेरी पहचान



भारत सरकार

Government of India





निकिता मालवीय Nikita Malviya जन्म तिथि / DOB: 16/08/1986 महिला / Female

9629 3749 5960

मेरा आधार, मेरी पहचान

Reg. No. NH/6333/DEC-2017



GREEN CITY HOSPITAL

Near V-Mart, DIG Bungalow, Bergsia Road, Bhopal AN ISO 2015-9001 & NABH CERTIFIED HOSPITAL



6 Channel + 1 Rhythm Report

Pt. Name NIKITA MALUITA

Age.36 Sex. F. Date 94/9/22

BP- 120170 P- 90 SP02- 984. R- 181m Wt- 69 Kg

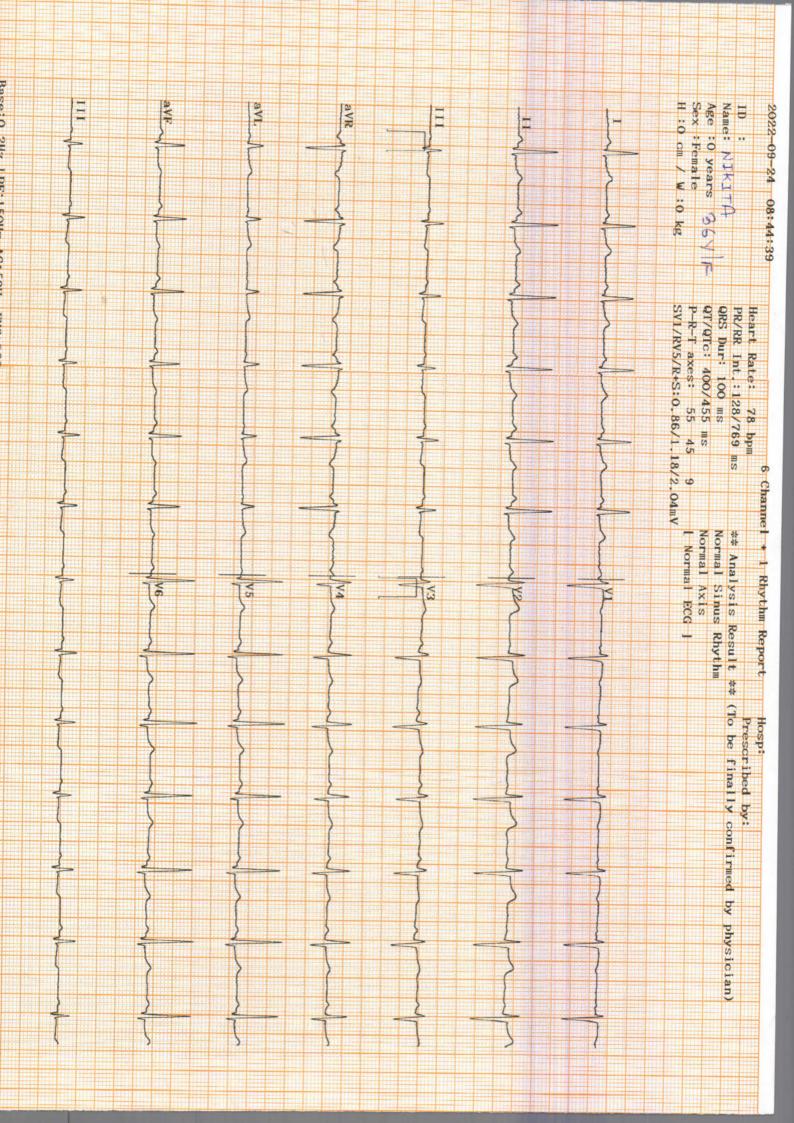
HT- 160 CY

ECG] WAL

USG Sto - Right adamyal

Contonuous Evaluation à







Reg. No. NH/6333/DEC-2017



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PATHOLOGY REPORT

Name

:Mrs. Nikita Malviya

OPDGCA-025607 Advised By : GREEN CITY HOSPITAL

Age

: 36 Years

Sex

: Female

Lab No.: OPD / 3

Date & : 24-Sep-2022

Time

: 2:17 pm

HAEMOGRAM

		/				
Test Performfed	Value Observed	Reference Range				
Haemoglobin	13.7 gm%	11.5 - 16 gm%				
R.B.C. count	4.44 mil./cmm	4.0 - 5.6 mil./cmm				
Total WBC Count	7300 /cumm	4000 - 11000 /cumm				
Packed Cell Volume	36.3 %	36 - 47 %				
DIFFERENTIAL COUN	T					
Neutrophil	59 %	40 - 70 %				
Lymphocytes	34 %	20 - 45 %				
Monocytes	04 %	2 - 8 %				
Eosinophil	03 %	1 - 5 %.				
Basophil 00 %		0 - 1 %				
RBC Indices						
MCV	81.8 fL	82 - 97 fL				
MCH	30.8 pg	27 - 32 pg				
MCHC	37.7 %	32 - 36 %				
Platelets Indices						
Platelet Count	2.79	1.5 - 4.5				
ESR	11	0 - 16 mm.FHR				

BLOOD GROUP

Test Performfed	Value Observed	Reference Range	
-----------------	----------------	-----------------	--

Blood Group

"B" POSITIVE

Technologist

Please Correlate clinically as well as with other investigative findings. This report is not valid for medico legal purpose.



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: 36 Years

Sex

: Female

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Date & : 24-Sep-2022

Time

: 2:17 pm

GLYCOSYLATED HEMOGLOBIN (HBA 1C)

Result

3.9

Reference Range

7%: indicates good diabetic control 10%:Indicates fair diabetic control 13-20%:Indicates poor diabetic control



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PATHOLOGY REPORT

NAme

:Mrs. Nikita Malviya

Advised By OPDGCA-025607 GREEN CITY HOSPITAL

: 36 Years Sex

:Female

Lab No. : OPD / 3

Date &

:24-Sep-2022

Time

: 2:16 pm

BIOCHEMISTRY

Test Performed	Value Observed	Reference Range
Blood Glucose(Fasting)	: 88.2 mg/dl	70 - 110 mg/dl
Serum Urea	: 12.8 mg/dl	10 - 45 mg/dl
Serum Creatinine	: 0.58mg/dl	0.50 - 1.0
Serum Uric Acid	: 5.0	Male : < 7.0 mg/dl Female : < 6.0 mg/dl



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PATHOLOGY REPORT

Name

:Mrs. Nikita Malviya

OPDGCA-025607

Advised By : GREEN CITY HOSPITAL

: 36 Years Sex

: Female

Lab No.: OPD / 3

Date & : 24-Sep-2022

: 2:16 pm

LIVER FUNCTION TEST

Value Observed	Reference Range	
0.51 mg/dl	0.3 - 1.2 mg/dl	
0.21 mg/dl	0.1 - 0.3 mg/dl	
0.3 mg/dl	0.2 - 0.8 mg/dl	
30.0 U/L	5 - 46 U/L	
50.5 U/L	5 - 49 U/L	
236.4U/L U/L	64 - 306 U/L	
6.7 gm/dl	4.6 - 7.0 gm/dl	
4.1 gm/dl	3.2 - 5.2 gm/dl	
2.6 gm/dl	2.3 - 3.5 gm/dl	
	0.51 mg/dl 0.21 mg/dl 0.3 mg/dl 30.0 U/L 50.5 U/L 236.4U/L U/L 6.7 gm/dl 4.1 gm/dl	



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Sex : Female

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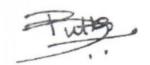
Date & : 24-Sep-2022

Time

: 2:16 pm

LIPID PROFILE

Test Performfed	Value Observed	
Toot i crioninea	value Observed	Reference Range
S. Cholesterol (Total)	176.4mg/dl	Desirable Level :< 200 mg/dl
	Health Our Vis	Borderline level : 200-239 mg/dl
		High Level > 240 mg/dl
S. Triglycerides	86.5mg/dl	Desirable level :< 150 mg/dl Borderline level :150 - 200
		mg/dl
		High Level: > 200 mg/dl
HDL Cholesterol	47.5 mg/dl	42 - 88 mg/dl
LDL Cholesterol	111.6	Desirable Level:< 130 mg/dl
		Borderline level:130-180mg/dl
VLDL Cholesterol	17.2	High level: >180 mg/dl
VLDL Cholesterol	17.3	Desirable level: < 30 mg/dl
		Borderline level:30-45 mg/dl High level: > 45 mg/dl
TC/HDLC (Risk Factor)	3.71	Desirable Level : < 4.3
		Borderline level: 4.4 to 11
I DI CAIDI CALLE		High Level: >11
LDLC/HDLC(Risk Factor)	2.35	Desirable Level : < 3.0
		Borderline level: 3.0 to 6.0
		High Level : > 6.0





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PATHOLOGY REPORT

Name

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Advised By : GREEN CITY HOSPITAL

: 36 Years

Sex : Female

Lab No.: OPD / 3

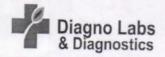
Date & : 24-Sep-2022

Time

: 2:15 pm

URINE ROUTINE MICROSCOPIC EXAMINATION

Test Performfed	Value Observed	
Physical Examination Volume Colour Appearance	20 ml Pale Yellow Clear	1
Reaction (pH)	Acidic	
Chemical Examination Albumin SUGAR	Nil Nil	
Microscopic Examination PUS(WBC) Cells	5-6 /hpf	/hpf
RBC	Nil /hpf	/hpf
Epithelial Cells Casts	2-3 /hpf Absent	/hpf
Crystals	Absent	1



C007656-National Pathology Lab

Shop No. 5 4 162 City Center Infront of Ialaiya Police Station Budhwara Road

Bhopal, 462001

Madhya Pradesh, INDIA Tel: 9893837193

Email: VIPULTIWARI.TIWARI69@GMAIL.COM

NAME: NIKITA MALVIYA

AGE: 36 Years

SEX: Female

LAB REF NO :

50952986

ACCESSION NO: 0065DI003119

REGISTERED ON : 24/09/2022 15:54

REPORTED ON:

24/09/2022 17:01

COLLECTED ON :

Report Status: Final

REFERRED BY: DR. GREEN CITY HOSPITAL

Tests

Results

Biological Reference Range

Units

IMMUNOLOGY

THYROID PROFILE, TOTAL, SERUM			
TRI-IODOTHYRONIN, (T3)	98.24	58.0 - 159.0	ng/dL
THYROXIN, (T4)	7.05	4.87 - 11.72	µq/dL
THYROID STIMULATING HORMONE	1.13	0.35 - 4.94	μIU/mL
METHOD : CHEMILUMINESCENCE (CLIA)			

Interpretation(s)

 TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4) and triiodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the theorem is a classic negative feedback mechanism. Failure at any level of regulation of the theorem is a classic negative feedback mechanism. Failure at any level of regulation of the theorem is a classic negative feedback mechanism. Failure at any level of regulation of the theorem is a classic negative feedback mechanism. Failure at any level of regulation of the third is a classic negative feedback mechanism. Failure at any level of regulation of the third is a classic negative feedback mechanism. Failure at any level of regulation of the third is a classic negative feedback mechanism. Failure at any level of regulation of the third is a classic negative feedback mechanism. Failure at any level of regulation of the third is a classic negative feedback mechanism. Failure at any level of regulation of the classic negative feedback mechanism. Failure at any level of regulation of the classic negative feedback mechanism. Failure at any level of regulation of the classic negative feedback mechanism. Failure at any level of the classic negative feedback mechanism is a classic negative feedback mechanism. Failure at any level of the classic negative feedback mechanism is a classic negative feedback mechanihypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3. **Limitations:**

Limitations:
3 and T4 circulates in reversibly bound form with Thyroid binding globulins (TBG), and to a lesser extent albumin and Thyroid binding Pre Albumin, so conditions in which TBG and protein levels alter such as pregnancy, excess estrogens, androgens, steroids may falsely affect the T3 and T4 levels. Normal levels of T4 can also be seen in Hyperthyroid patients with: T3 Thyrotoxicosis, hypoproteinemia or ingestion of certain drugs. Serum T4 levels in neonates and infants are higher than values in the normal adult, due to the increased concentration of TBG in neonate serum. TSH may be normal in central hypothyroidism, recentrapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy. Autoimmune disorders may produce spurious results. Various drugs can interfere with the test result. TSH has a diurnal rhythm so values may vary if sample collection is done at different times of the day.

Reference intervals for T3. T4 & TSH from TIETZTEY those of CLINICAL CHEMISTEY & MOLECULAR DIAGNOSTICS. THE Filtering.

Reference intervals for T3, T4 & TSH from TIETZ Textbook of CLINICAL CHEMISTRY & MOLECULAR DIAGNOSTICS-5th Edition

T:	3				T4				TSH		
Age Children	Referen	nceIntervals	(ng/dL)	Age Children	Reference	Intervals (µ	g/dL)	Age Children	Reference	e Intervals (μIU/mL)
1-3Days		100 - 740		1-3Days		11.8-22.6		0-4 Days		1.0-39.0	
1-11 Months 10 1-5 Years 6-10 Years 94 11-15 Years 82 6.4-13.3	1-241 2-213 FirstT	105-269 Trimester	1-2 Week 4 Months-1 1-5 Years 0.1-2.5		9.9-16.6 7.2-14.4 7.8-16.5 7.3-15.0		2 weeks - 5 6 months - > 55 years Pregnancy	20 Years	1.7-9.1 0.7-6.4 0.5-8.9 ents		5-10 Years
15 – 20 years 80 Pregnancy First Trimester Second&Third T		81-190 100-260	11-15Year	5 5.6 - 11.7		Second Trim	ester	0.2 – 3.0 Third Trime	ster	0.3-3.0	

 $^{{\}bf *Pregnancy reference \, values for TSH \, provided \, as \, per \, recommendations \, by \, American \, Thyroid \, Association \, and \, an extension \, and \, an extension \, are also a contract of the provided as per \, recommendations \, by \, American \, Thyroid \, Association \, and \, an extension \, are also a contract of the provided as per \, recommendations \, by \, American \, Thyroid \, Association \, and \, an extension \, are also a contract of the provided as per \, recommendations \, by \, American \, Thyroid \, Association \, and \, an extension \, are also a contract of the provided as per \, recommendations \, by \, American \, Thyroid \, Association \, and \, an extension \, are also a contract of the provided \, as per \, recommendations \, by \, American \, Thyroid \, Association \, and \, an extension \, are also a contract of the provided \, and \, an extension \, are also a contract of the provided \, and \, an extension \, an extension \, and \, an extension \, an extension \, an extension \, and \, an extension \, an extension \, and \, an extension \, an extension \, an extension \, and \, an extension \, an extension \, an extension \, are also a contract of the provided \, and \, an extension \, an extension \, and \, an extension \, an extension \, an extension \, and \, an extension \, an extension \, an extension \, an extension \, and \, an extension \, an$

End Of Report

DR. PRINCE LOKWANI CONSULTANT, MD (PATHOLOGIST)



BHOPA Page 1 Of 1

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GREEN CITY HOSPITA

Near V-Mart, DIG Bungalow, Berasia Road, Bhopa Ph.: 0755-2733323





AN ISO 2015-9001 & NABH CERTIFIED HOSPITAL

NAME : MRS. NIKITA MALVIYA	AGE / SEX : 36 YRS / F
REF. BY / GREEN CITY HOSPITAL	DATE: 24/09/2022

USG: ABDOMEN

LIVER: Is normal in size, shape & echotexture. Margins are smooth and regular. Intra and extrahepatic biliary and vascular channels are normal.

GALL BLADDER: Partially contracted & grossly appears normal.

CBD & PV are of normal calibre.

SPLEEN: Normal in size, shape & echotexture.

PANCREAS: Is normal in size, shape & echotexture. Pancreatic duct is not dilated.

BOTH KIDNEYS: Both kidneys are normal in size, shape & echotexture. Cortical echotexture appears to be normal. Cortico-medullary differentiation is maintained. No hydronephrosis, calculus or scarring seen.

URINARY BLADDER: Is partially distended & grossly appears normal.

UTERUS: Is anteverted, appears normal in size, shape & echotexture. Endometrial echocomplex is normal. Cervical & vaginal region is normal.

ADENEXA: Evidence of a well define thick walled rounded cystic lesion measuring 35 x 27 mm in size containing low level internal echoes seen in right adnexa suggestive of -? Right adnexal hemorrhagic cyst. Left adnexa appears normal.

No Ascites seen.

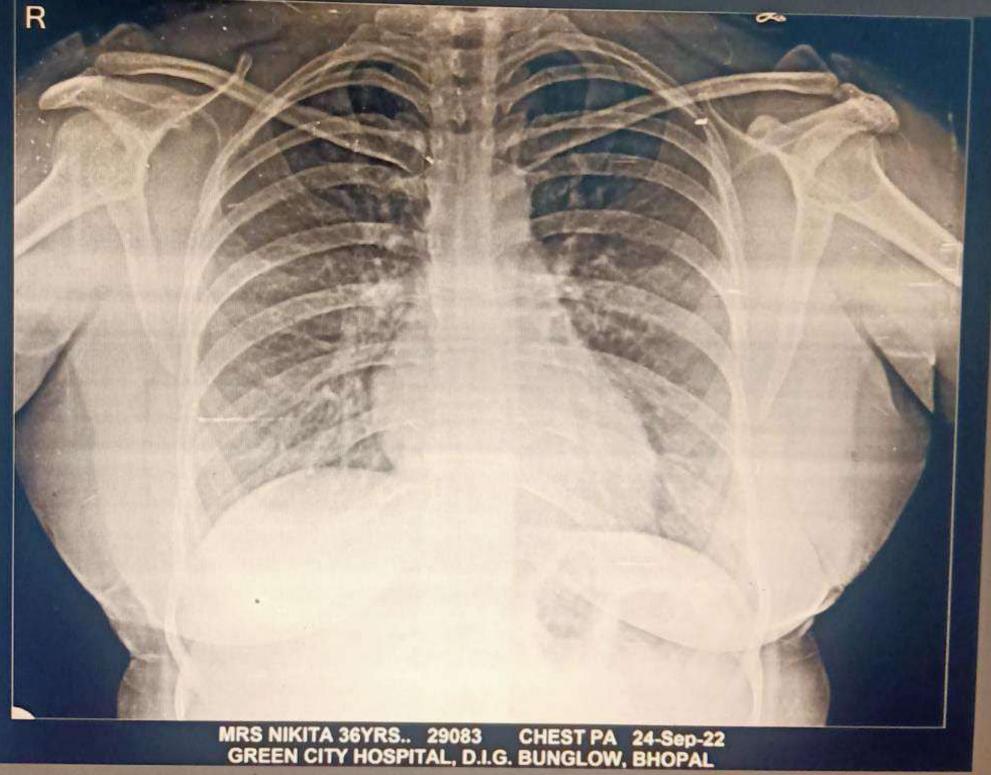
IMPRESSION: - USG STUDY REVEALS

- A WELL DEFINE THICK WALLED ROUNDED CYSTIC LESION MEASURING 35 X 27 MM IN SIZE CONTAINING LOW LEVEL INTERNAL ECHOES SEEN IN RIGHT ADNEXA SUGGESTIVE OF - ? RIGHT ADNEXAL HEMORRHAGIC CYST.
- NO OTHER REMARKABLE ABNORMALITY.

Kindly correlate clinically

DR. NITIN KHANTAL CONSULTANT RADIOLOGIST

science of radiological diagnosis is based on interpretation of various shadows produced by both normal and abnormal tissues, dissimilar diverse diseases produce similar shadows, hence this report represent various possibilities and not meant for medico-legal purposes.





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GREEN CITY HOSPITAL

Near V-Mart, DIG Bungalow, Berasia Road, Bhopal Ph.: 0755-2733323

AN ISO 2015-9001 & NABH CERTIFIED HOSPITAL



Name Of Client: Mrs. Nikita Malviya	Age/Sex:36Y/F	Procedure Date: 24-09-2022
REF. BY: MEDIWHEEL		Reporting Date : 24-09-2022

X-RAY CHEST

- > Bilateral lung parenchyma is clear. Reliance Industries Limited
- > Bilateral Hilary shadow is normal.
- > Trachea midline is normal.
- > Bilateral CP angle are clear.
- > Cardio thoracic ratio is normal.

Impression: No remarkable abnormality seen in present study.

DR. NITIN KHANTAL
CONSULTANT RADIOLOGIST

SCIENCE OF RADIOLOGICAL DAIGNOSIS IS BASED ON INTERPRETATION OF VARIOUS SHADOW PRODUCED BY BOTH NORMAL AND ABNORMAL TISSUES, DISSIMILAR DIVERSE DISEASES PRODUCE SIMILAR SHADOWS, HENCE THIS REPORT REPRESENT VARIOUS POSSIBILITIES AND NOT MEANT FOR MEDICO-LEGAL PURPOSES