



एनएनएनआई
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: D/O: पदुम देव मिश्रा, 1021,
स्ट्रीट-26, विभाग-9/सी, विभाग-9,
बोकारो स्टील नगर, बोकारो, मेकर
भाईगंजम: झारखण्ड, 827009

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भारत सरकार
GOVERNMENT OF INDIA



मोहिता मिश्रा
Mohita Mishra
जन्म वर्ष / Year of Birth: 1993
महिला / Female



9488 0393 5799

आधार - आम आदमी का अधिकार

Mohita Mishra
24/02/24
Mob - 8340168097

ID: mrs mohitanihtra

24.02.2024 8:32:42 AM

Location:

88 bpm

Visit: 0

Female

sim hospital
sector 63
Gautam Buddha Nagar, UP-201307

Room:
Order Number:
Indication:

- / - mmHg

31 Years

Unknown

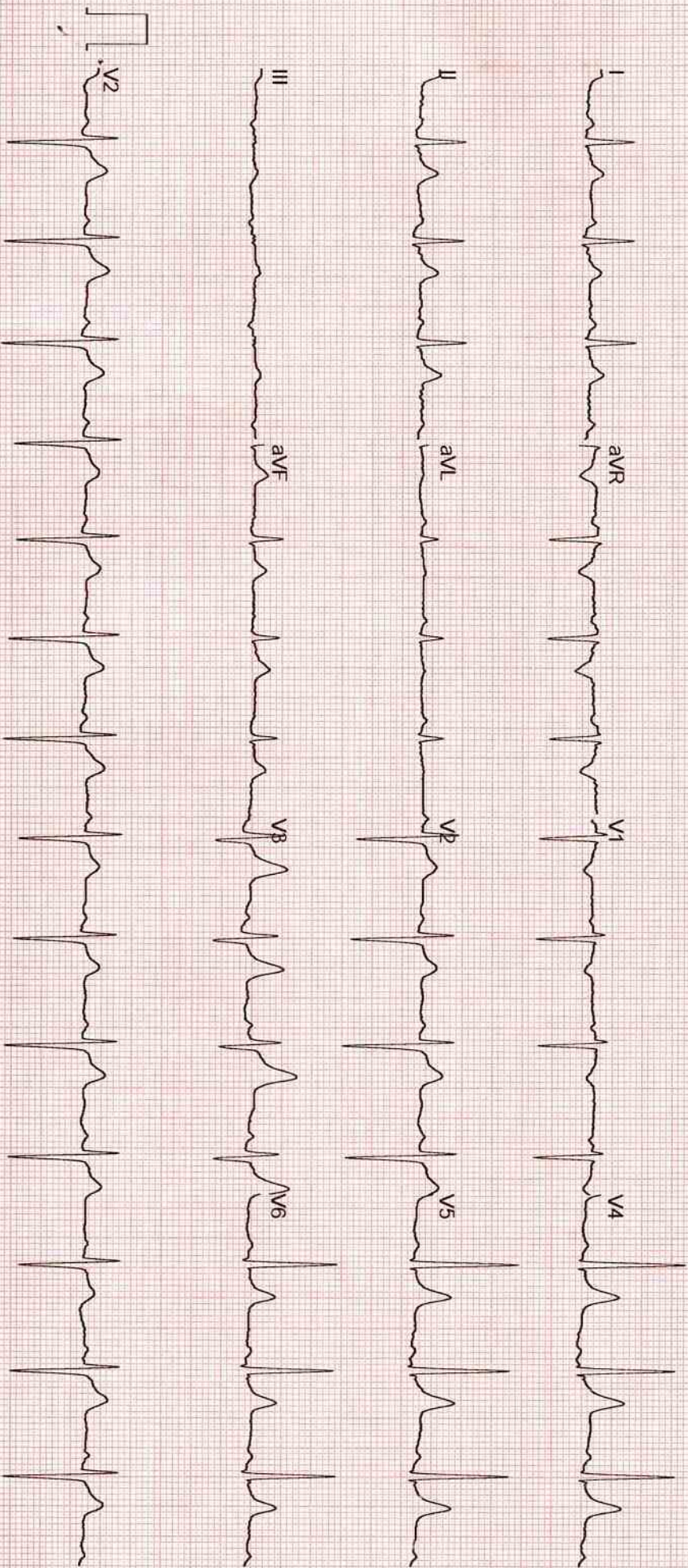
Medication 1:
Medication 2:
Medication 3:

QRS : 72 ms
QT / QTcBaz : 338 / 408 ms
PR : 128 ms
P : 80 ms
RR / PP : 684 / 681 ms
P / QRS / T : 2 / 40 / 48 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

SIM SUPER SPEED QUALITY HOSPITAL
Dr. Vinod Kumar
M.B.B.S., M.D. (Medi...)
Sr. Consultant (Physician)
Reg. No. 30989 (DMC)



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3 25 R1 Unconfirmed 1/1

Laboratory Report

Lab Serial no. : LSHHI275451	Mr. No : 112202
Patient Name : Mrs. MOHITA MISHRA	Reg. Date & Time : 24-Feb-2024 04:53 AM
Age / Sex : 31 Yrs / F	Sample Receive Date : 24-Feb-2024 06:14 PM
Referred by : Dr. SELF	Result Entry Date : 24-Feb-2024 07:04PM
Doctor Name : Dr. AMIT KOTHARI	Reporting Time : 24-Feb-2024 07:04 PM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	13.5	gm/dL	12.0 - 16.0
TLC	8.5	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	58	%	40 - 70
Lymphocyte	33	%	20 - 40
Eosinophil	07	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.80	Thousand / UI	3.8 - 5.10
P.C.V	39.6	million/UI	0 - 40
M.C.V.	82.5	fL	78 - 100
M.C.H.	28.1	pg	27 - 32
M.C.H.C.	34.1	g/dl	32 - 36
Platelet Count	2.89	Lacs/cumm	1.5 - 4.5

INTERPRETATION:

To determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer



technician :

Typed By : Mr. BIRJESH

RS:nd

Laboratory Report

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HAEMATOLOGY

	results	unit	reference
--	---------	------	-----------

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	90	mm/1hr	00 - 20
--------------------------------------	----	--------	---------

Comments

The ESR is a simple non-specific screening test that indirectly measures the presence of inflammation in the body. It reflects the tendency of red blood cells to settle more rapidly in the face of some disease states, usually because of increases in plasma fibrinogen, immunoglobulins, and other acute-phase reaction proteins. Changes in red cell shape or numbers may also affect the ESR.

BIOCHEMISTRY

	results	unit	reference
--	---------	------	-----------

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	101.6	mg/dl	70 - 110
-----------------	-------	-------	----------

Comments:

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions.

High levels of serum glucose may be seen in case of Diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents.

Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

technician :

Typed By : Mr. B. B. S.



B. B. S.

Laboratory Report

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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	195.0	mg/dl	< - 200
HDL Cholesterol	41.3	mg/dl	42.0 - 88.0
LDL Cholesterol	136.3	mg/dl	50 - 150
VLDL Cholesterol	17.4	mg/dl	00 - 40
Triglyceride	86.8	mg/dl	00 - 170
Chloestrol/HDL RATIO	4.7	%	3.30 - 4.40

INTERPRETATION:

Lipid profile Or lipid panel IS a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

BLOOD SUGAR (PP), Serum

SUGAR PP	152.2	mg/dl	80 - 140
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Comments:

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions. High levels of serum glucose may be seen in case of diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents. Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

METHOD:- GOD-POD METHOD, END POINT

technician :

Typed By : Mr. RAJESH



Laboratory Report

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Doctor Name : Dr. AMIT KOTHARI	Reporting Time : 24-Feb-2024 07:04 PM
OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
LIVER FUNCTION TEST, Serum			
Bilirubin- Total	0.76	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.35	mg/dL	0.00 - 0.20
Bilirubin- Indirect	0.41	mg/dL	0.2 - 1.2
SGOT/AST	40.4	IU/L	00 - 31
SGPT/ALT	87.2	IU/L	00 - 34
Alkaline Phosphate	243.0	U/L	42.0 - 98.0
Total Protein	8.71	g/dL	6.4 - 8.3
Serum Albumin	4.74	gm%	3.50 - 5.20
Globulin	3.97	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.19	%	

INTERPRETATION

A Liver Function test or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments.

technician :

Typed By : Mr. BIRJESH



Page 1

Dr. Rajeev Goel
M.D. (Pathologist)
36548 (MCI)

Dr. Bupinder Zutshi
(M.B.B.S., MD)
Pathologist & Microbiologist



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Laboratory Report

Lab Serial no.	: LSHHI275451	Mr. No	: 112202
Patient Name	: Mrs. MOHITA MISHRA	Reg. Date & Time	: 24-Feb-2024 04:53 AM
Age / Sex	: 31 Yrs / F	Sample Receive Date	: 24-Feb-2024 06:14 PM
Referred by	: Dr. SELF	Result Entry Date	: 25-Feb-2024 11:18AM
Doctor Name	: Dr. AMIT KOTHARI	Reporting Time	: 24-Feb-2024 07:04 PM
OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
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HbA1C / GLYCATED HEMOGLOBIN / GHB

Hb A1C	5.91	%	4.0 - 6.0
ESTIMATED AVERAGE GLUCOSE	135.2	mg/dl	
eAG[Calculated]			

INTERPRETATION-

	HBA1C
NON DIABETIC	4-6 %
GOOD DIABETIC CINTROL	6-8 %
FAIR CONTROL	8-10 %
POOR CONTROL	>-10 %

The Glycosylated haemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a 3 months period. AMERICAN DIABETES ASSOCIATION recommends the testing twice an year in patients with stable blood glucose ,and quarterly if treatment changes or blood glucose is abnormal

technician :

Typed By : Mr. BIRJES



Dr. Rajeev Goel
M.D. (Pathologist)
36548 (MCI)

Page 1

Dr. Bupinder Zutshi
(M.B.B.S., MD)
Pathologist & Micrbiologist

Laboratory Report

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BIOCHEMISTRY

KFT, Serum

	results	unit	reference
Blood Urea	28.3	mg/dL	13 - 40
Serum Creatinine	0.68	mg/dl	0.6 - 1.1
Uric Acid	5.9	mg/dl	2.6 - 6.0
Calcium	9.2	mg/dL	8.8 - 10.2
Sodium (Na+)	136.3	mEq/L	135 - 150
Potassium (K+)	4.75	mEq/L	3.5 - 5.0
Chloride (Cl)	105.2	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	13.22	mg/dL	7 - 18
PHOSPHORUS-Serum	3.47	mg/dl	2.5 - 4.5

Comment:-

Kidneys play an important role in the removal of waste products and maintenance of water and electrolyte balance in the body. Kidney Function Test (KFT) includes a group of blood tests to determine how well the kidneys are working.

Centre for Excellent Patient Care

technician :

Typed By : Mr. BIRJESH



Laboratory Report

Lab Serial No. : LSHHI275451 Reg. No. : 112202
Patient Name : MRS. MOHITA MISHRA Reg. Date & Time : 24-Feb-2024 04:53 AM
Age/Sex : 31 Yrs /F Sample Collection Date : 24-Feb-2024 06:14 PM
Referred By : SELF Sample Receiving Date : 24-Feb-2024 06:14 PM
Doctor Name : Dr. AMIT KOTHARI ReportingTime : 24-Feb-2024 07:04 PM
OPD/IPD : OPD

URINE SUGAR (FBS)

CHEMICAL EXAMINATION

Glucose : Nil

URINE SUGAR (PPBS)

CHEMICAL EXAMINATION

Glucose : Nil

Mr. BIRJESH



<http://rgcipac3/SJM/Design/Finanace/LabTextReport.aspx>

Dr. Rajeev Goel
M.D. (Pathologist)
36548 (MCI)

2/25/2024
Dr. Bupinder Zutshi
(M.B.B.S., MD)
Pathologist & Microbiologist

Laboratory Report

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Doctor Name : Dr. AMIT KOTHARI	ReportingTime : 24-Feb-2024 07:04 PM
OPD/IPD : OPD	:

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml
 Color: Straw
 Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil
 Glucose: nil
 PH: Acidic

MICROSCOPIC EXAMINATION

Pus cells: 1-2 /HPF
 RBC's: nil
 Crystals: nil
 Epithelial cells: 0-1 /HPF
 Others: nil

Note:-

A urinalysis is a test of your urine. It's used to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes. A urinalysis involves checking the appearance, concentration and content of urine.



Mr. BIRJESH

<http://ecipac3/SJM/Design/Finanace/LabTextReport.aspx>


Dr. Rajeev Goel
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 36548 (MCI)

2/24/2024
Dr. Bupinder Zutshi
 (M.B.B.S., MD)
 Pathologist & Microbiologist

Visit ID :	TQD83624	Registration :	24/Feb/2024 12:54PM
UHID/MR No :	IQD.0000081567	Collected :	24/Feb/2024 01:05PM
Patient Name :	Mrs.MOHITA MISHRA	Received :	24/Feb/2024 01:27PM
Age/Gender :	31 Y 0 M 0 D /F	Reported :	24/Feb/2024 02:30PM
Ref Doctor :	Dr.SELF	Status :	Final Report
Client Name :	SJM SUPER SPECIALIST HOSPITAL	Client Code :	iqd2151
Employee Code :		Barcode No :	240205573



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	1.00	ng/ml	0.61-1.81	CLIA
T4	9.74	ug/dl	5.01-12.45	CLIA
TSH	2.17	uIU/mL	0.35-5.50	CLIA

REFERENCE RANGE :

Age	TSH in uIU/mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs	0.70 - 6.40
>55 Yrs	0.50 - 8.90

Interpretation:

Triiodothyronine T3, Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate.

Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.

Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low.

Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum

TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of

hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating

hormone is free and biologically active. It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound

Total T3, Total T4.

Sr. No	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1) Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and



Dr. Anil Rathore
MBBS, MD (Pathology)


Dr. Prashant Singh
MBBS, MD (Pathology)

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Test Performed at IQ Diagnostics-1st Floor, P.K-06, Sector 122 Noida-201307.

Visit ID : IQD83624	Registration : 24/Feb/2024 12:54PM
UHID/MR No : IQD.0000081567	Collected : 24/Feb/2024 01:05PM
Patient Name : Mrs.MOHITA MISHRA	Received : 24/Feb/2024 01:27PM
Age/Gender : 31 Y O M O D /F	Reported : 24/Feb/2024 02:30PM
Ref Doctor : Dr.SELF	Status : Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code : iqd2151
Employee Code :	Barcode No : 240205573



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method	
				other physiological reasons.	
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3) Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of clinical chemistry 2. Guid lines of the American Thyroid association during pregnancy and Postpartum, 2011

NOTE: It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4. TSH is not affected by variation in thyroid-binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

*** End Of Report ***



Dr. Anil Rathore
 MBBS, MD (Pathology)

Dr. Prashant Singh
 MBBS, MD (Pathology)

Page 2 of 2

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 Test Performed at IQ Diagnostics 1st Floor, P.K-06, Sector 122 Noida-201307

Ultrasound Report

NAME: Mrs. Mohita mishra

AGE: 30yrs/f

DATE: 24/02/2024

Real time USG of abdomen and pelvis reveals –

LIVER— Liver appears fatty with grade 2 changes. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal vein and common bile duct are normal.

GALL BLADDER-Gall bladder is physiologically distended. The wall thickness is normal. There is no Evidence of any intraluminal mass lesion or calculi seen.

PANCREAS-Pancreas is normal in size, shape and echo pattern. No focal mass lesion seen. Pancreatic duct is not dilated.

SPLEEN-Spleen show normal size, shape and homogeneous echo pattern. No focal mass lesion is seen in parenchyma.

KIDNEY -Both the kidneys size, shape, position and axis. Parenchymal echo pattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal concretions on either side.

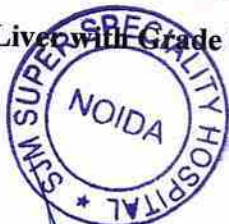
RETROPERITONIUM- -There is no evidence of ascites or Para – aortic adenopathy seen. Retroperitoneal structures appear normal.

URINARY BLADDER- Adequately distended. Walls were regular and thin. Contents are Normal. No stone formation seen.

UTERUS-Uterus and both ovaries are normal in size, shape and echo pattern. No focal lesion is seen. Endometrial normal. There is no evidence of free fluid seen in the pelvis. There is no evidence of adnexal mass is seen.

IMPRESSION: Fatty Liver with Grade 2.

DR. PUSHPA KAUL



For SJM Super Specialty Hospital

DR. RAKESH GUJJAR



Ultrasound Report

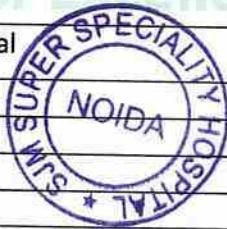
TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mrs. Mohita Mishra	Age /sex:30Yrs/F	Date:24/02/2024
ECHO WINDOW: FAIR WINDOW		

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.1		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.3		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.0	2.4	(ED =39 -58)
Interventricular Septum	0.6		(ED = 6 -11)
Posterior Wall thickened	0.6		(ED = 6- 10)
LV Ejection Fraction (%)	60		55% -65 %

Doppler Velocities (cm / sec)

Pulmonary valve = Normal		Aortic valve = Normal	
Max velocity		Max velocity	
Mean PG		Max PG	
Pressure ½ time		Mean velocity	
Acceleration Time		Mean PG	
RVET		LVET	
Mitral valve =Normal		Tricuspid valve = Normal	
E	E>A	Max Velocity	
A		Mean Velocity	
DT		Mean PG	
E/E		TAPSE	



Ultrasound Report

Regurgitation: -

MR =NIL		TR = NIL	
Severity		Severity	
Max Velocity		RVSP	
AR		PR	
Severity	NIL	Severity	NIL
Jet width /LVOT ratio		Mean PAP	

Final Interpretation: -

- 1.) NO LV HYPOKINASIA GLOBAL LVEF 60%
- 2.) No MS/MS NO AS/AR, NO TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion


DR. AMIT KOTHARI

Non-Interventional Cardiologist.



Centre for Excellent Patient Care



X-Ray Report

PATIENT ID	: 26430 OPD	PATIENT NAME	: MRS MOHITA MISHRA
AGE	: 031Y	SEX	: Female
REF. PHY.	:	STUDY DATE	: 24-Feb-2024

X RAY CHEST PA VIEW

FINDINGS:-

Visualized lung fields appears normal.
Both hila are normal.
Cardiophrenic and costophrenic angles are normal.
The cardiothoracic ratio is normal.
Domes of Diaphragm are smooth.
The trachea is central.
The mediastinal appears normal.
Bones of the thoracic cage are normal.
Soft tissues of the chest wall are normal.

IMPRESSION:-

NORMAL STUDY.



Dr Sarang Rathod
Consultant Radiologist
MBBS, MD
Regn No: 2016/10/4446

Dr Sarang Rathod
24th Feb 2024



Centre for Excellent Patient Care

R
PA

