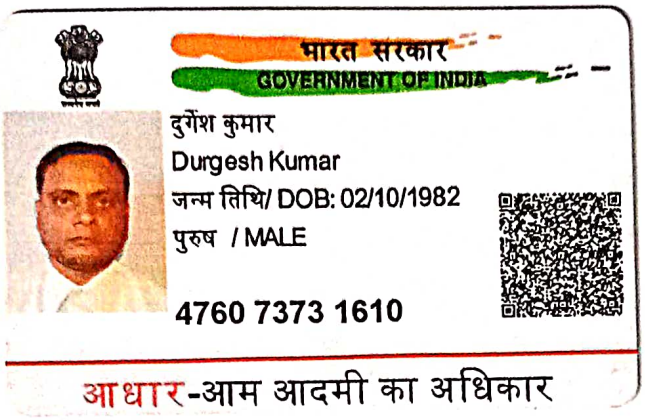

भारत सरकार
GOVERNMENT OF INDIA
दुर्गेश कुमार
Durgesh Kumar
जन्म तिथि/ DOB: 02/10/1982
पुरुष / MALE
4760 7373 1610
आधार-आम आदमी का अधिकार

MEDIFIRST DIAGNOSTICS
BISTUPUR, JAMSHEDPUR
Mob:- 7479422411

Dr. P. C. Dubey
MD (Path), PGDMLS (Pune),
DHA (Apollo)
Chief Pathologist
Reg. No:-20787

To
Myself

Sub: "Exemption from TMT Test"

I would like to inform you that I have faced Road Traffic Accident in year 2010, in which my Muscles of legs behind the Knees were crushed. It has affected mobility of my legs. I am Physically Challanged Person therefore want exemption from TMT test.

Please Consider my application.

MEDIFIRST DIAGNOSTICS
BISTUPUR, JAMSHEDPUR
Mob: 7479422411

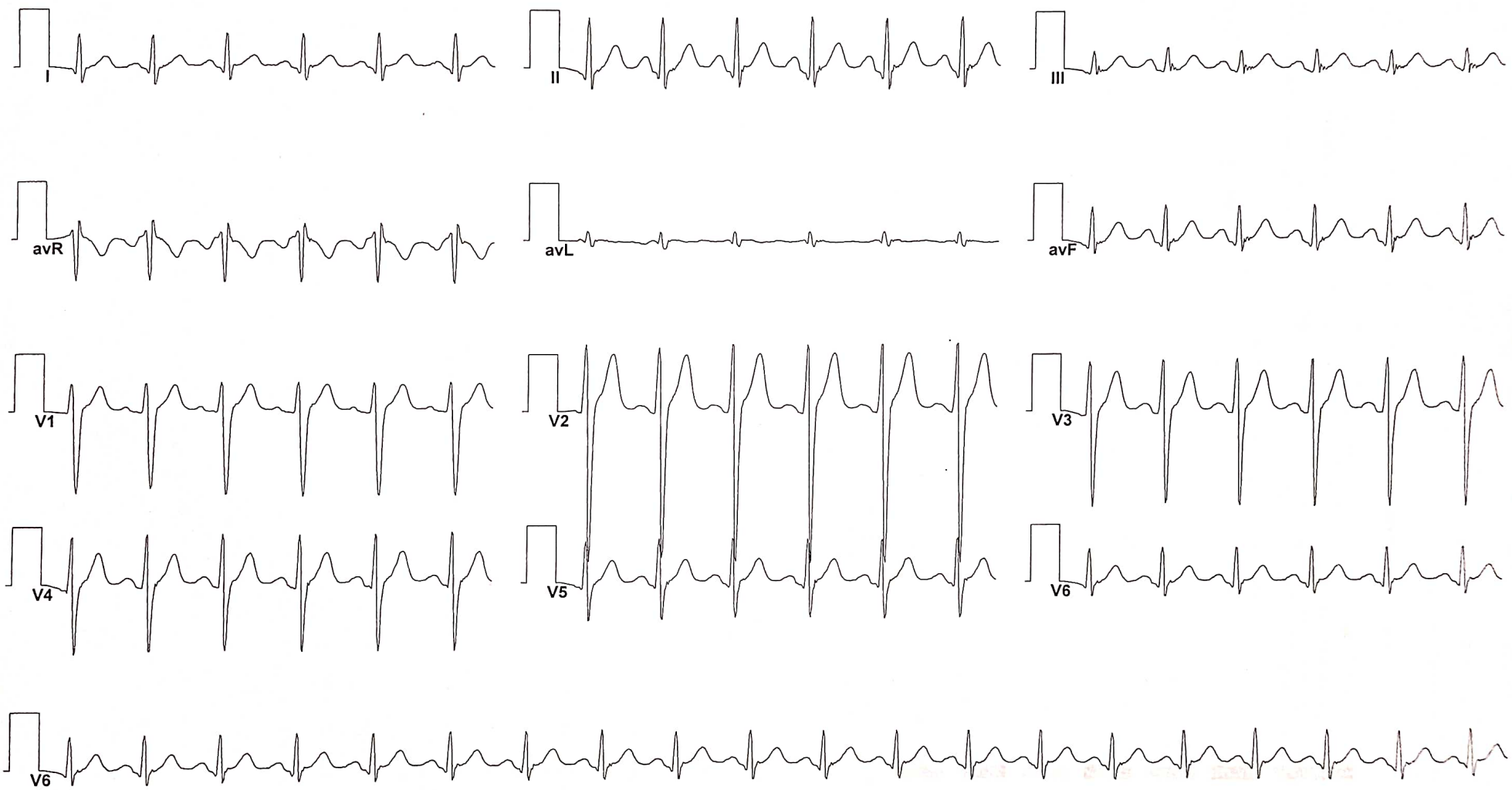
Yours faithfully
Durgesh Kumar
Bank of Baroda
EC - 102674.

ECG

74 / DURGESH KUMAR / 39 Yrs / M / 180Cms. / 94Kgs./ Non Smoker

Heart Rate : 119 bpm / Tested On : 27-Dec-21 10.59.05 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

AGHPL



Vent Rate : 119 bpm
PR Interval : 142 ms
QRS Duration: 100 ms
QT/QTc Int : 298/401 ms
P-QRS-T axis: 63.00• 63.00• 63.00•

Allengers ECG (Pisces)(PIS215190517)

MEDIFIRST DIAGNOSTICS
BISTUPUR, JAMSHEDPUR
Mob:- 7479422411

DR. BISWAS
MBBS, MD
Reg No 14798

Collected at :
Address : .
Collected On : 27-Dec-21 11:58 am

MEDIFIRST DIAGNOSTICS
HEALTH CARE
medifirstdiagnostics.jsr@gmail.com
+91-7903980054

Transaction No : MFD/2021/0422 Patient's Name : Mr DURGESH KUMAR Age : 39 Sex : MALE
Patient id : 654654 Referred by Dr : MEDIWHEEL Report on : 27-Dec-21 1:43 pm

Test Name	Result	Units	Normal Range
Immunology			
THYROID PROFILE TOTAL , SERUM			
TRI-IODO THYRONIN, (T3)	: 119.6	ng/dL	60 - 181
THYROXIN, (T4)	: 10.9	micro gm/dl	3.20 - 12.6
THYROID STIMULATING HORMONE	: 4.7	micro IU/ml	0.35 - 5.5

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), the hypothalamic tripeptide, 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 hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

Limitations:

T3 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, anabolic steroids and glucocorticoids may falsely affect the T3 and T4 levels and may cause false thyroid values for thyroid function tests. Normal levels of T4 can also be seen in Hyperthyroid patients with : T3 Thyrotoxicosis, Decreased binding capacity due to hypoproteinemia or ingestion of certain drugs (eg: phenytoin, salicylates) 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, recent rapid 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.

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*** End of Report ***

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DMRT (Apollo)
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Collected at :
Address :.
Collected On :27-Dec-21 11:58 am

Transaction No : MFD/2021/0422 Patient's Name : Mr DURGESH KUMAR Age : 39 Sex : MALE
Patient Id : 654654 Referred by Dr : MEDIWHEEL Report on : 27-Dec-21 1:42 pm

Test Name	Result	Units	Normal Range

Clinical Pathology

Urine Cotinine

Observation	: NEGATIVE		<200 ng/dl

METHOD :- Qualitative Immunochromatographic Assay or Rapid self controlled immuassay based on the Principle of competitive binding.

Clinical Significance :

Cotinine levels <10 ng/mL are considered to be consistent with no active smoking. Values of 10 ng/mL to 100 ng/mL are associated with light smoking or moderate passive exposure, and levels above 300 ng/mL are seen in heavy smokers - more than 20 cigarettes a day. In urine, values between 11ng/mL and 30 ng/mL may be associated with light smoking or passive exposure, and levels in active smokers typically reach 500 ng/mL or more. in saliva, values between 1 ng/ml and 30 ng/ml may be associated with light smoking or passive exposure, and levels in active smokers typically reach 100 ng/ml or more. Cotinine assays provide an objective quantitative measure that is more reliable than smoking histories or counting the number of cigarettes smoked per day. Cotinine also permits the measurement of exposure to second-hand smoke (passive smoking)

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*** End of Report ***

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DMA (Apollo)
Chief Pathologist
Reg. No:-26787

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Collected at :
Address : .
Collected On : 27-Dec-21 11:58 am

Transaction No : MFD/2021/0422 Patient's Name : Mr DURGESH KUMAR Age : 39 Sex : MALE
Patient Id : 654654 Referred by Dr : MEDIWHEEL Report on : 27-Dec-21 1:41 pm

Test Name	Result	Units	Normal Range

Urine Test

Physical Examination

Colour	: PALE YELLOW		
Quantity	: 20 ML		
Appearance	: CLEAR		
Deposits	: NIL		
Specific Gravity	: 1.030		
Reaction(Ph)	: ACIDIC		4.8 - 7.6

Chemical Examination

Sugar	: ABSENT		
Albumin	: ABSENT		
Phosphate	: ABSENT		
Bile Salt	: ABSENT		
Bile Pigment	: ABSENT		
Urobilinogen	: NORMAL		
Acetone	: ABSENT		
Blood	: ABSENT		

Microscopic Examination

R.B.C.	: ABSENT	/hpf	
PUS(WBC) Cells	: 1 - 3	/hpf	
Epithelial Cells	: A FEW	/hpf	
Casts	: ABSENT		
Crystals	: ABSENT		
Others	: ABSENT		

*** End of Report ***

MEDIFIRST DIAGNOSTICS
BISTUPUR, JAMSHEDPUR
Mob:- 7479422411

Dr. P. K. Dubey
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Fellow (Apollo)
Chief Pathologist
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BASERA COMPLEX, SHOP NO.-456, NEAR INDIAN BAKERY, RANIKUDAR, BISTUPUR, JAMSHEDPUR.

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medifirstdiagnostics.jsr@gmail.com
+91-7903980054

Collected at :
Address : .
Collected On : 27-Dec-21 11:58 am

Transaction No : MFD/2021/0422 Patient's Name : Mr DURGESH KUMAR Age : 39 Sex : MALE
Patient Id : 654654 Referred by Dr : MEDIWHEEL Report on : 27-Dec-21 1:41 pm

Test Name	Result		Units	Normal Range
Biochemistry				
LIVER FUNCTION TEST (LFT)				
BILIRUBIN (Total)	: 0.83		mg/dl	0.2 - 1.0
BILIRUBIN (Direct)	: 0.54		mg%	0 - 1
BILIRUBIN (Indirect)	: 0.29		mg%	0.1 - 1.0
SGOT/AST	: **37.2**	↑	IU/L	8 - 37
SGPT/ALT	: **48.6**	↑	IU/L	5 - 40
ALKALINE PHOSPHATASE	: 102.3		IU/L	40 - 125
GGT(Gamma Glutamyl Transferase)	: 22.5		U/L	15 - 85
Total Protein	: 7.8		gm/dl	5 - 8
ALBUMIN	: 4.3		mg/dl	3.5 - 5
Globulin	: 3.5		gm/dl	2.3 - 3.5
A/G Ratio	: 1.23			1.2 - 1.5
Austalia Antigen(HBsAg)	: NEGATIVE			
LIPID PROFILE TEST				
Serum Cholestrol	: **226.5**	↑	mg/dl	125 - 225
Serum Triglyceride	: 114.7		mg/dl	25 - 160
HDL Cholestrol	: 68.2		mg/dl	30 - 70
LDL Cholestrol	: 135.36		mg/dl	35 - 150
VLDL Cholestrol	: 22.94		mg/dl	7 - 35
LDLC/HDLC Ratio	: **1.98**	↓		2.5 - 3.5
Serum Cholestrol/HDLC Ratio	: 3.32			3.0 - 5.0

*** End of Report ***

MEDIFIRST DIAGNOSTICS
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Reg. No:-20787

BASERA COMPLEX, SHOP NO.-456, NEAR INDIAN BAKERY, RANIKUDAR, BISTUPUR, JAMSHEDPUR.

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HEALTH CARE
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+91-7903980054

Collected at :
Address : .
Collected On : 27-Dec-21 11:58 am

Transaction No : MFD/2021/0422 **Patient's Name** : Mr DURGESH KUMAR **Age** : 39 **Sex** : MALE
Patient Id : 654654 **Referred by Dr** : MEDIWHEEL **Report on** : 27-Dec-21 1:40 pm

Test Name	Result	Units	Normal Range
	Biochemistry		
Glucose Fasting, Plasma	: 98.3	mg/dl	70 - 110
URIC ACID	: 6.2	mg/dl	3.5 - 7.0
BLOOD UREA	: 29.4	mg/dl	20 - 40
BUN	: 8.7	mg/dl	5 - 25
SERUM CREATININE	: 0.94	mg/dl	0.6 - 1.4
	Haematology		
ABO & Rh TYPE	: "B"POSITIVE		
Glycosylated Hemoglobin(Hba1c)			
Result	: 5.4	Non-Diabetic Range:4.0-6.0% . American Diabetic Association Target:7.0	4 - 7
Mean Glucose Plasma	: 108.28	<116.0mg/dl	0 - 116

Note:-

Hemoglobin A1c is frequently used to help diagnosed diabetics determine how elevated their uncontrolled blood glucose levels have been. It may be ordered several times while control is being achieved, and then several times a year to verify that good control is being maintained. The A1c test may be used to screen for and diagnose diabetes. However, A1c should not be used for diagnosis in pregnant women, people who have had recent severe bleeding or blood transfusions, those with chronic kidney or liver disease, and people with blood disorders such as iron-deficiency anemia, vitamin B12 anemia, and hemoglobin variants.

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*** **End of Report** ***

Dr. D. C. Dubey
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Collected at :
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Collected On : 27-Dec-21 11:58 am

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Transaction No : MFD/2021/0422 Patient's Name : Mr DURGESH KUMAR Age : 39 Sex : MALE
Patient Id : 654654 Referred by Dr : MEDIWHEEL Report on : 27-Dec-21 1:39 pm

Test Name	Result		Units	Normal Range
Haematology				
Complete Blood Count				
Haemoglobin	: 13.5		gm/dl	12 - 16
Red Blood Cell Count	: 4.3		mil/cmm	3.8 - 5.8
White Blood Cell Count	: 6500		/cmm	4000 - 11000
Packed Cell Volume(Haemotocrit)	: 42.3		%	35 - 47
Mean Corpuscular Volume	: **98.37**	↑	cu micron	76 - 96
Mean CorpuscularHaemoglobin	: 28.6		picgrams	27 - 32
Mean Corpuscular HB Con.	: **29.08**	↓	g/dl	32 - 36
Red Cell Distribution Width	: 15.2		%	11 - 16
Platelet Count	: 270000		/cmm	150000 - 450000
Mean Platelet Volume	: 8.6		fL	6.8 - 10.9
WBC Differential Count				
Neutrophils	: 62		%	40 - 70
Lymphocytes	: 34		%	20 - 45
Monocytes	: 2		%	0 - 8
Eosinophils	: 2		%	0 - 6
Basophils	: 0		%	0 - 1
ESR (Erythrocyte Sedimentation Rate)				
Observation	: 13		mm 1st Hr	0 - 20

Note :
Complete Blood Count
The cell morphology is well preserved for 24 hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC.A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

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*** End of Report ***

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