



MEDIFIRST DIAGNOSTICS
BISTUPUR, JAMSHEDPUR
Mob: 7479422411

भारत सरकार
GOVERNMENT OF INDIA



Priya Singh
DOB: 18/05/1994
Female / FEMALE



2365 3438 2882

NERA AADHAAR, MERI PEHACHAN

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

P. Singh

Collected at :
Address :
Collected On : 22-Jan-22 11:58 am



HEALTH CARE

MEDIFIRST DIAGNOSTICS

M medifirstdiagnostics.jr@gmail.com
+91-7903920054

Transaction No : MFD/2022/0023
Patient Id : 69896546

Patient's Name : Miss PRIYA SINGH
Referred by Dr : MEDIWHEEL

Age : 27 Sex : FEMALE
Report on : 22-Jan-22 1:46 pm

Test Name	Result	Units	Normal Range
Haematology			
ABO & Rh TYPE	: "A"POSITIVE		
Immunology			
THYROID PROFILE TOTAL , SERUM			
TRI-IODO THYRONIN, (T3)	: 73.6	ng/dL	60 - 181
THYROXIN, (T4)	: 4.9	micro gm/dl	3.20 - 12.6
THYROID STIMULATING HORMONE	: 2.8	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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Transaction No : MFD/2022/0023 Patient's Name : Miss PRIYA SINGH Age : 27 Sex : FEMALE
Patient Id : 69896546 Referred by Dr : MEDIWHEEL Report on : 22-Jan-22 1:44 pm

Test Name	Result	Units	Normal Range
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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 11 ng/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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Transaction No : MFD/2022/0023

Patient's Name : Miss PRIYA SINGH

Age : 27 Sex : FEMALE

Patient Id : 69896546

Referred by Dr : MEDIWHEEL

Report on : 22-Jan-22 1:43 pm

Test Name

Result

Units

Normal Range

Urine Test

Physical Examination

Colour : PALE YELLOW

Quantity : 30 ML

Appearance : CLEAR

Deposits : NIL

Specific Gravity : 1.020

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 - 2 /hpf

Epithelial Cells : A FEW /hpf

Casts : ABSENT

Crystals : ABSENT

Others : ABSENT

*** End of Report ***

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Page 1 of 1

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

Collected at :
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Patient's Name : Miss PRIYA SINGH
Referred by Dr : MEDIWHEEL

Age : 27 Sex : FEMALE
Report on : 22-Jan-22 1:43 pm

Test Name	Result	Units	Normal Range
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Serology

HIV 1&2

(Human Immunodeficiency Virus) : NON REACTIVE

Method : Tridot

Note :

The above test is a screening test for detection of HIV I and II antibodies in human serum or plasma immobilized on an immunofiltration membrane. HIV I and HIV II viruses share many morphological and biological characteristics. It is likely that due to this reason, their antibodies behave via cross reactivity of 30-70 % Then tested using Recombinant proteins. Appearance of dots of HIV I and HIV II antibodies on the test device does not necessarily imply co-infection from HIV I and HIV II. This is only a screening test. All positive detected sample shall be reconfirmed by using WESTERN BLOT techniques. Negative test result does not exclude the possibility of infection or exposure to HIV.

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Patient's Name : Miss PRIYA SINGH
Referred by Dr : MEDIWHEEL

Age : 27 Sex : FEMALE
Report on : 22-Jan-22 1:43 pm

Test Name	Result	Units	Normal Range
Biochemistry			
LIVER FUNCTION TEST (LFT)			
BILIRUBIN (Total)	: 0.52	mg/dl	0.2 - 1.0
BILIRUBIN (Direct)	: 0.23	mg%	0 - 1
BILIRUBIN (Indirect)	: 0.29	mg%	0.1 - 1.0
SGOT/AST	: 10.2	IU/L	8 - 37
SGPT/ALT	: 23.5	IU/L	5 - 40
ALKALINE PHOSPHATASE	: 87.6	IU/L	40 - 125
GGT(Gamma Glutamyl Transferase)	: 24.6	U/L	15 - 85
Total Protein	: 6.8	gm/dl	5 - 8
ALBUMIN	: 4.0	mg/dl	3.5 - 5
Globulin	: 2.8	gm/dl	2.3 - 3.5
A/G Ratio	: 1.43		1.2 - 1.5
Austalia Antigen(HBsAg)	: NEGATIVE		
LIPID PROFILE TEST			
Serum Cholestrol	: 176.3	mg/dl	125 - 225
Serum Triglyceride	: 98.2	mg/dl	25 - 160
HDL Cholestrol	: 44.9	mg/dl	30 - 70
LDL Cholestrol	: 111.76	mg/dl	35 - 150
VLDL Cholestrol	: 19.64	mg/dl	7 - 35
LDLC/HDLC Ratio	: 2.49	↓	2.5 - 3.5
Serum Cholestrol/HDLC Ratio	: 3.93		3.0 - 5.0

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Transaction No : MFD/2022/0023 Patient's Name : Miss PRIYA SINGH Age : 27 Sex : FEMALE
Patient Id : 69896546 Referred by Dr : MEDIWHEEL Report on : 22-Jan-22 1:42 pm

Test Name	Result	Units	Normal Range
Biochemistry			
Glucose Fasting, Plasma	: 78.3	mg/dl	70 - 110
URIC ACID	: 6.3	mg/dl	3.5 - 7.0
BLOOD UREA	: 29.6	mg/dl	20 - 40
BUN	: 6.9	mg/dl	5 - 25
SERUM CREATININE	: 0.98	mg/dl	0.6 - 1.4
Haematology			
Glycosylated Hemoglobin(Hba1c)			
Result	: 5.1	Non-Diabetic Range:4.0-6.0% . American Diabetic Association Target:7.0	4 - 7
Mean Glucose Plasma	: 99.67	<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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Transaction No : MFD/2022/0023

Patient's Name : Miss PRIYA SINGH

Age : 27 Sex : FEMALE

Patient Id : 69896546

Referred by Dr : MEDIWHEEL

Report on : 22-Jan-22 1:40 pm

Test Name	Result	Units	Normal Range
Haematology			
Complete Blood Count			
Haemoglobin	: 12.4	gm/dl	12 - 16
Red Blood Cell Count	: 4.6	mil/cmm	3.8 - 5.8
White Blood Cell Count	: 7900	/cmm	4000 - 11000
Packed Cell Volume(Haematocrit)	: 42.3	%	35 - 47
Mean Corpuscular Volume	: 91.96	cu micron	76 - 96
Mean CorpuscularHaemoglobin	: 33.04	↑ picgrams	27 - 32
Mean Corpuscular HB Con.	: 35.93	g/dl	32 - 36
Red Cell Distribution Width	: 12.3	%	11 - 16
Platelet Count	: 320000	/cmm	150000 - 450000
Mean Platelet Volume	: 8.6	fL	6.8 - 10.9
WBC Differential Count			
Neutrophils	: 56	%	40 - 70
Lymphocytes	: 34	%	20 - 45
Monocytes	: 5	%	0 - 8
Eosinophils	: 5	%	0 - 6
Basophils	: 0	%	0 - 1
ESR (Erythrocyte Sedimentation Rate)			
Observation	: 12	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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115 / PRIYA SINGH / 27 Yrs / F / 168 Cms / 68 Kg Date: 22-Jan-2022

Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	%THR Achieved	BP	RPP	PVC	Comments
Supine	00:16	0:15	00.0	00.0	01.0	086	45 %	120/80	103	00	
Standing	00:29	0:13	00.0	00.0	01.0	091	47 %	120/80	109	00	
HV	00:43	0:14	00.0	00.0	01.0	080	41 %	120/80	096	00	
Warm Up	01:10	0:27	00.0	00.0	01.0	094	49 %	124/84	116	00	
ExStart	01:29	0:19	01.0	00.0	01.0	097	50 %	124/84	120	00	
BRUCE Stage 1	04:29	3:00	01.7	10.0	04.7	138	72 %	127/88	175	00	
PeakEx	07:12	2:43	02.5	12.0	06.9	178	92 %	132/91	234	00	
Recovery	07:41	0:29	01.1	00.0	01.8	174	90 %	125/87	217	00	
Recovery	10:11	3:00	00.0	00.0	01.0	127	66 %	123/84	156	00	
Recovery	10:21	3:09	00.0	00.0	01.0	118	61 %	120/81	141	00	

Findings :

Exercise Time : 05:43
 Max HR Attained : 178 bpm 92% of Target 193
 Max BP Attained : (Svs) 132/91
 Max Workload Attained : 6.9 Fair response to induced stress
 Max ST Dep Lead & Value : V3 & -0.3 mm in Stage 1 mm
 Test End Reasons : Test Complete

Report :

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 Mob: 7479422411

J. B. Bhowmik
DR. J. B. BHOWMIK
 MBBS, MID
 Reg. No. 42798

115 / PRIYA SINGH / 27 Yrs / F / 168 Cms / 68 Kg / HR : 86

Supine



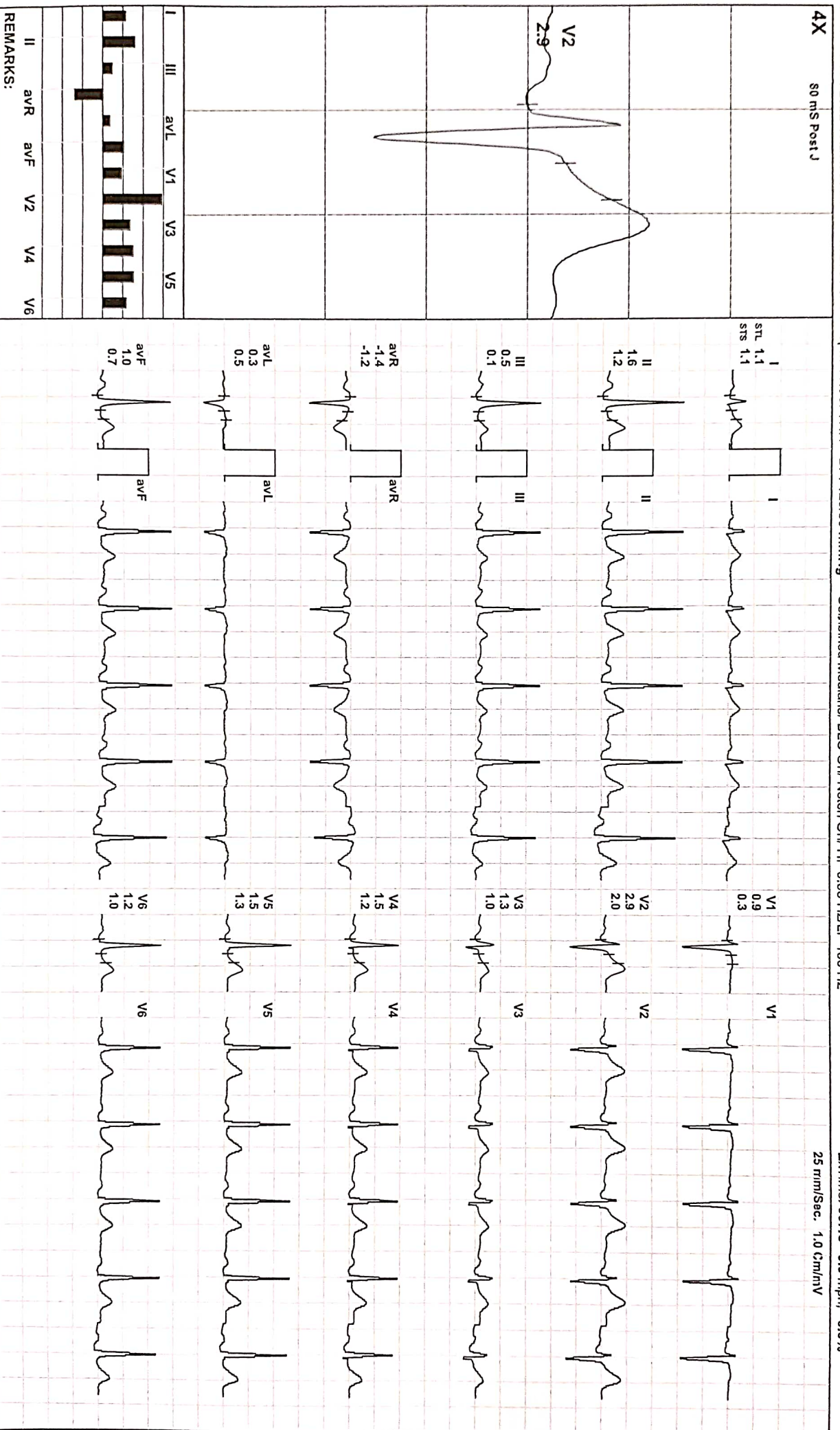
Date: 22-Jan-2022 10:26:05 AM

METS: 1.0/ 86 bpm 44% of THR

BP: 120/80 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:15 0.0 mph, 0.0%



(GEM214190403(R))Allengers

115 / PRIYA SINGH / 27 Yrs / F / 168 Cms / 68 Kg / HR : 91

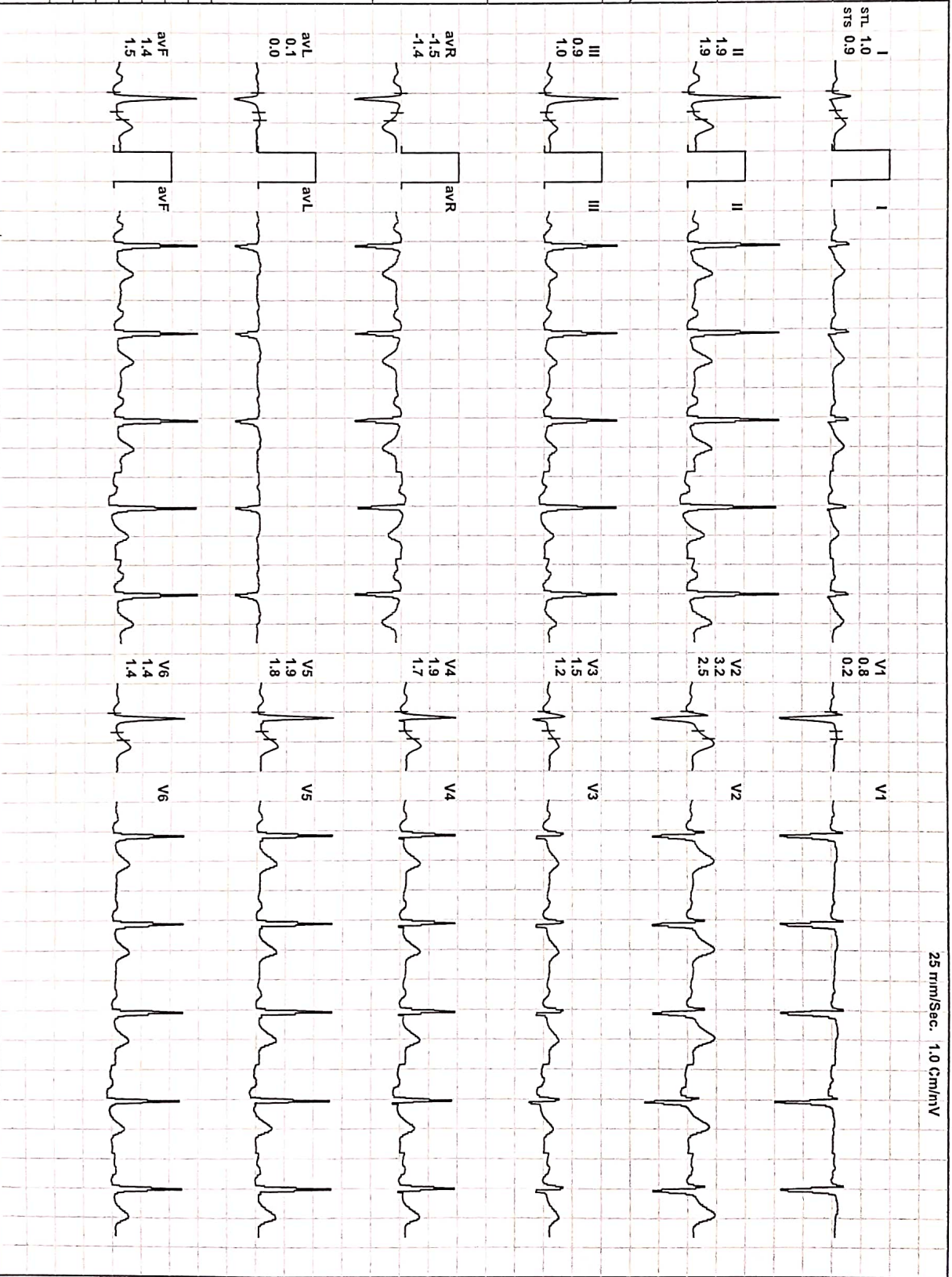
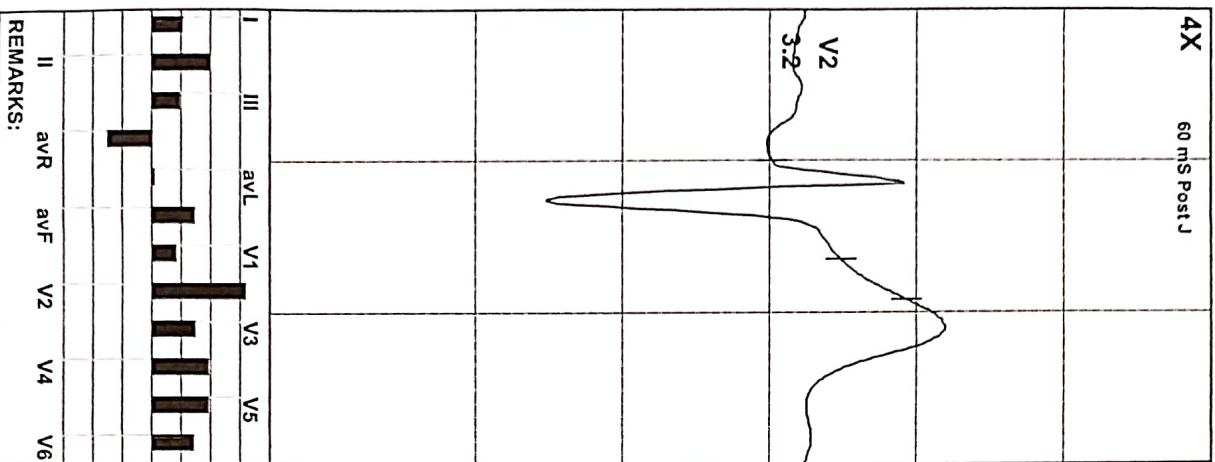
Date: 22-Jan-2022 10:26:05 AM METS: 1.0/ 91 bpm 47% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

Standing EXTime: 00:28 0.0 mph, 0.0%



4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



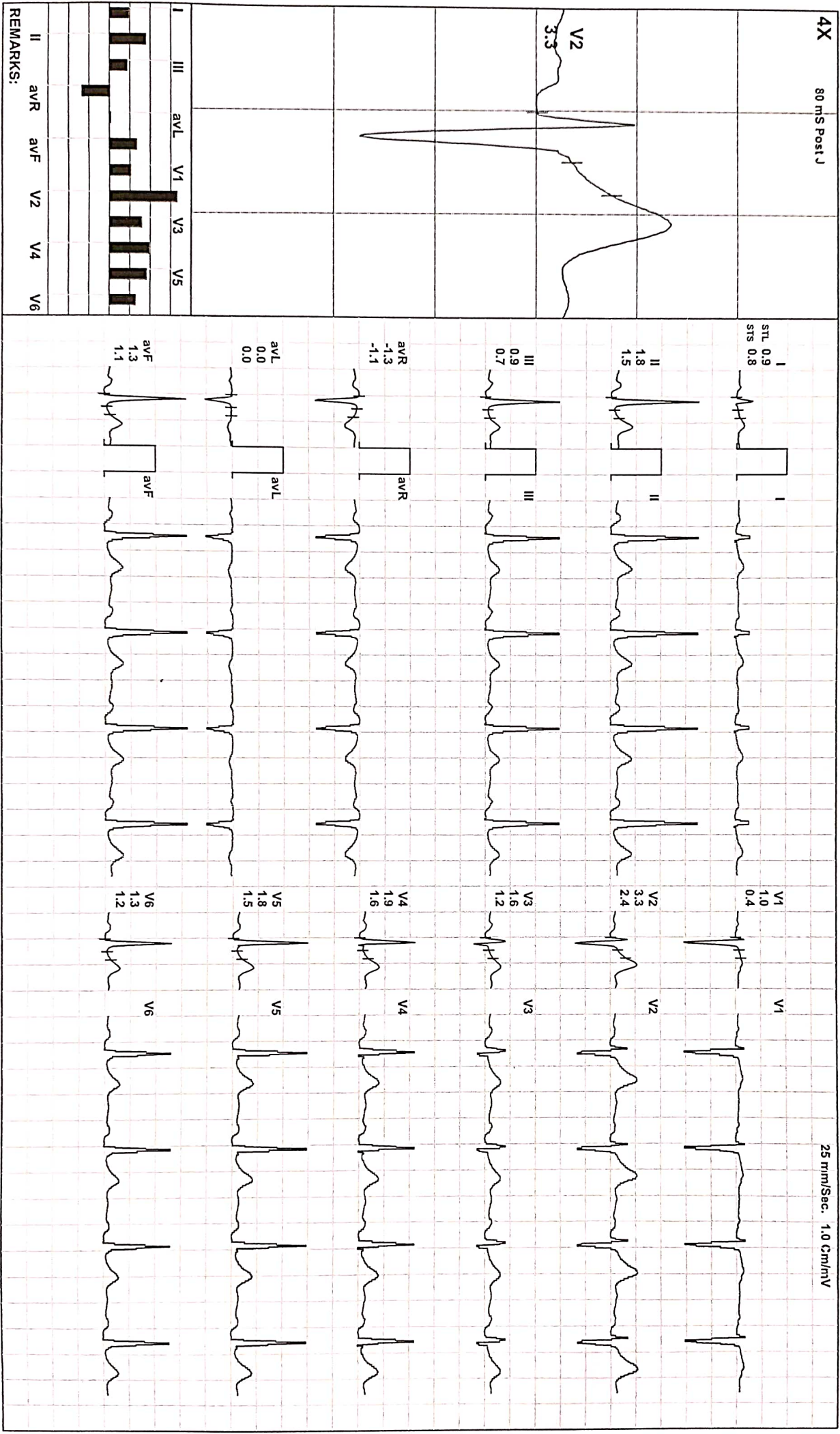
REMARKS:

(GEM214190403)(R)Allengers

115 / PRIYA SINGH / 27 Yrs / F / 168 Cms / 68 Kg / HR : 80

Date: 22-Jan-2022 10:26:05 AM METS: 1.0/ 80 bpm 41% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:42 0.0 mph, 0.0%



REMARKS:

(GEM214190403)(R)Allengers

115 / PRIYA SINGH / 27 Yrs / F / 168 Cms / 68 Kg / HR : 94

Date: 22-Jan-2022 10:26:05 AM METS: 1.0/ 94 bpm 48% of THR BP: 124/84 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

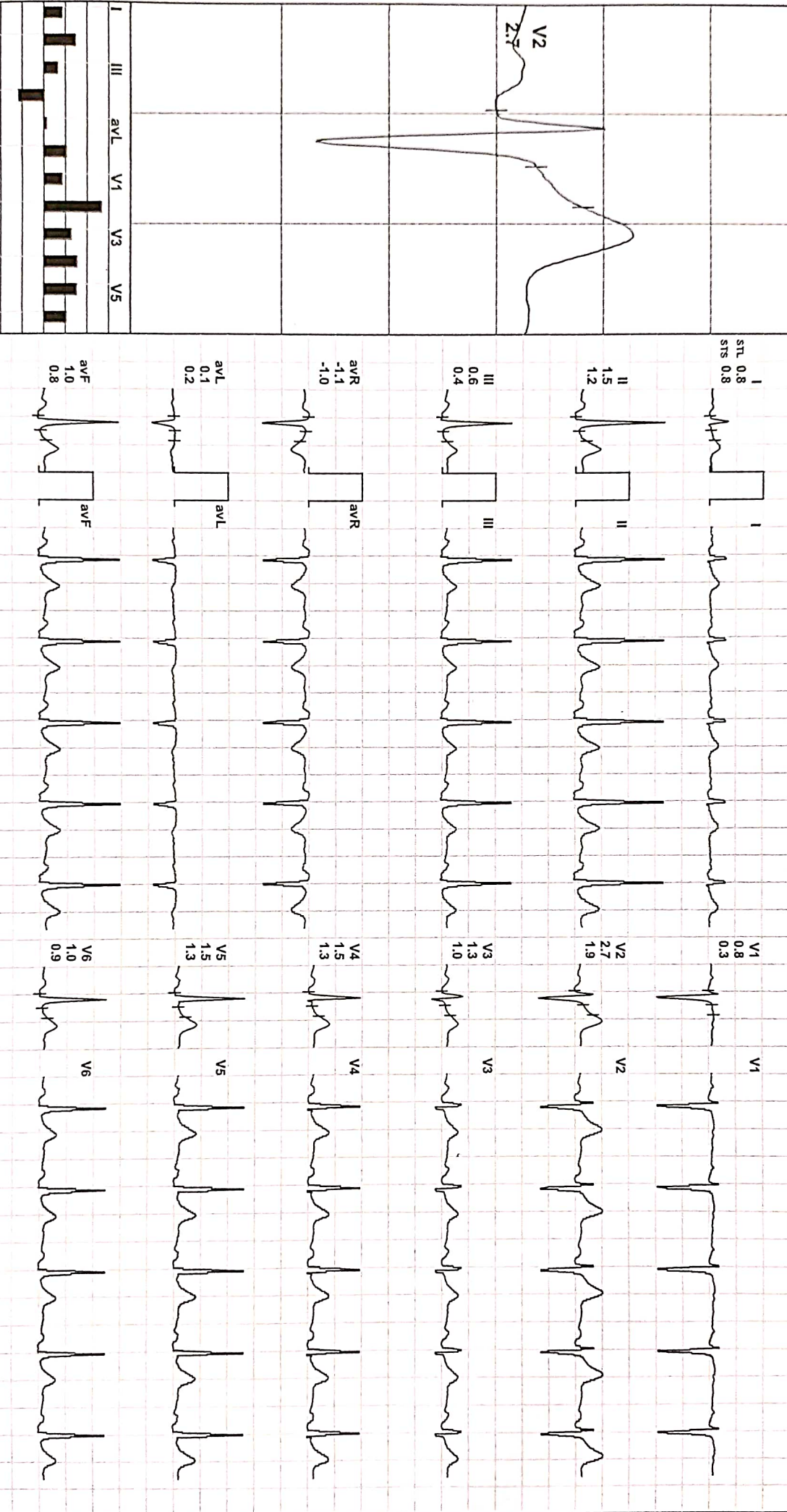
ExTime: 01:09 0.0 mph, 0.0%

Warm Up



4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

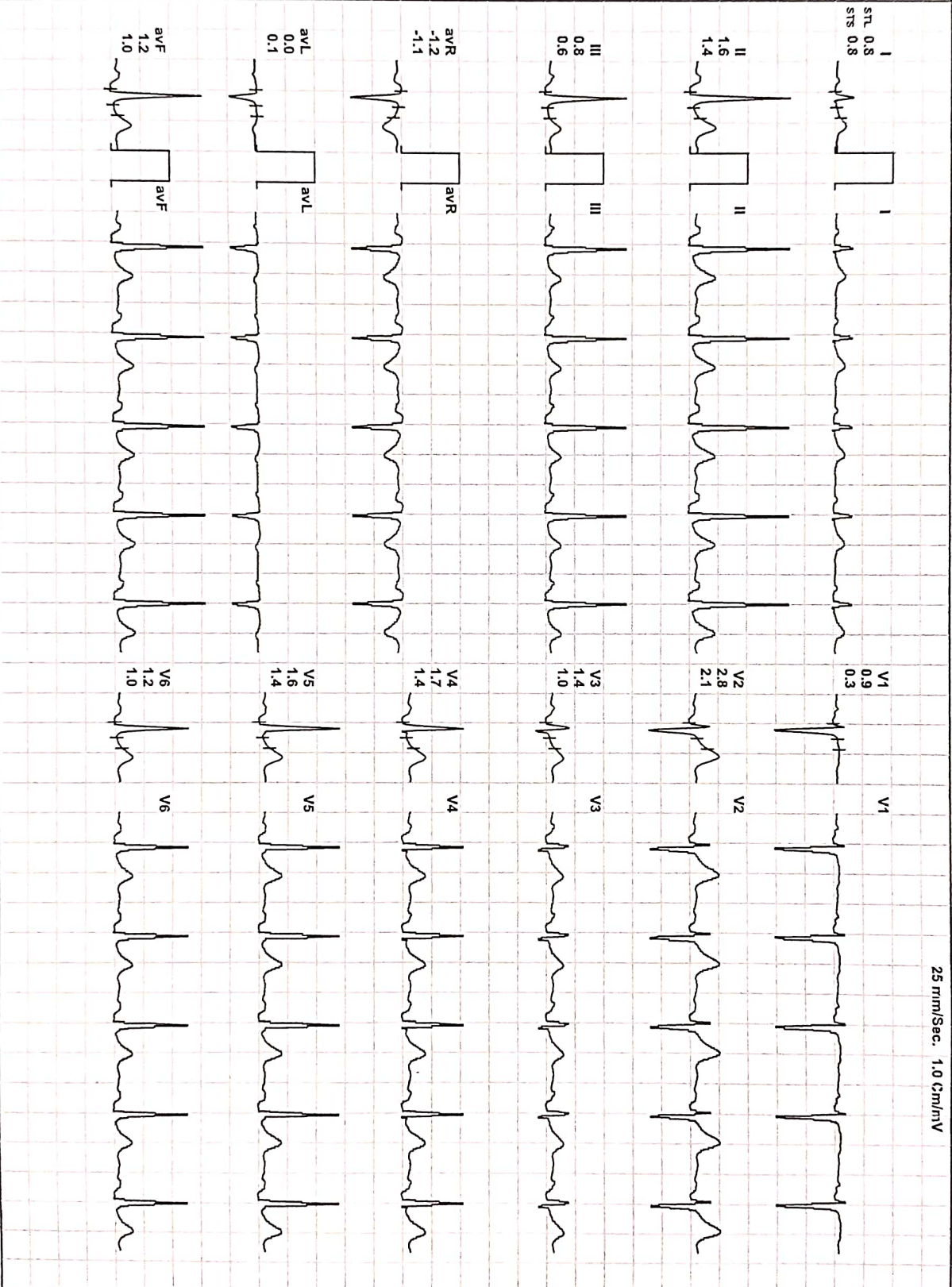
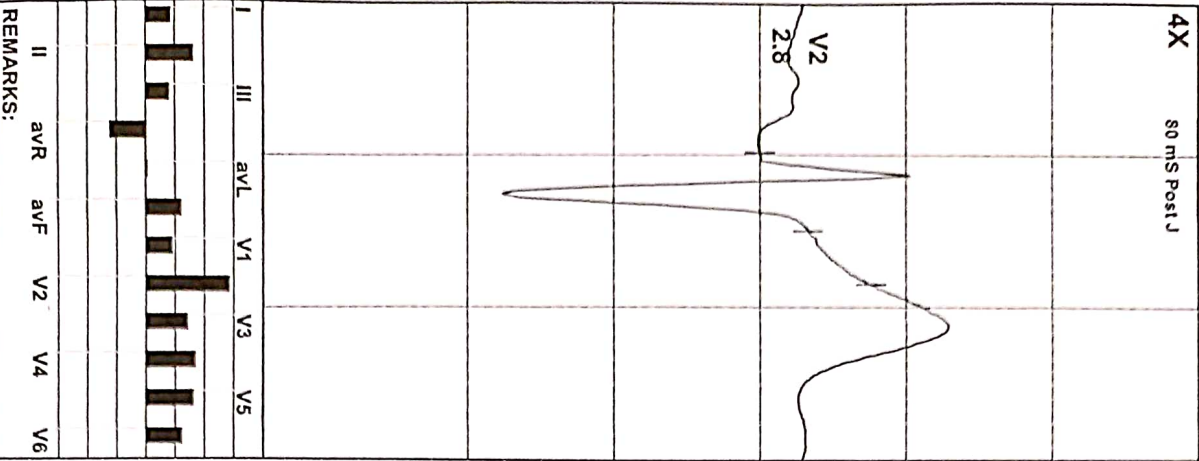
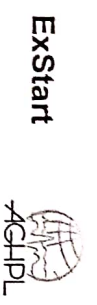
II aVR aVL aVF V1 V2 V3 V4 V5 V6

115 / PRIYA SINGH / 27 Yrs / F / 168 Cms / 68 Kg / HR : 97

Date: 22-Jan-2022 10:26:05 AM METS: 1.0/ 97 bpm 50% of THR BP: 124/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZLF 100 Hz

4X 80 mS Post J

EXTime: 00:00 1.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

115 / PRIYA SINGH / 27 Yrs / F / 168 Cms / 68 Kg / HR : 138

BRUCE: Stage 1(3:00)



Date: 22-Jan-2022 10:26:05 AM

METS: 4.7/ 138 bpm 71% of THR

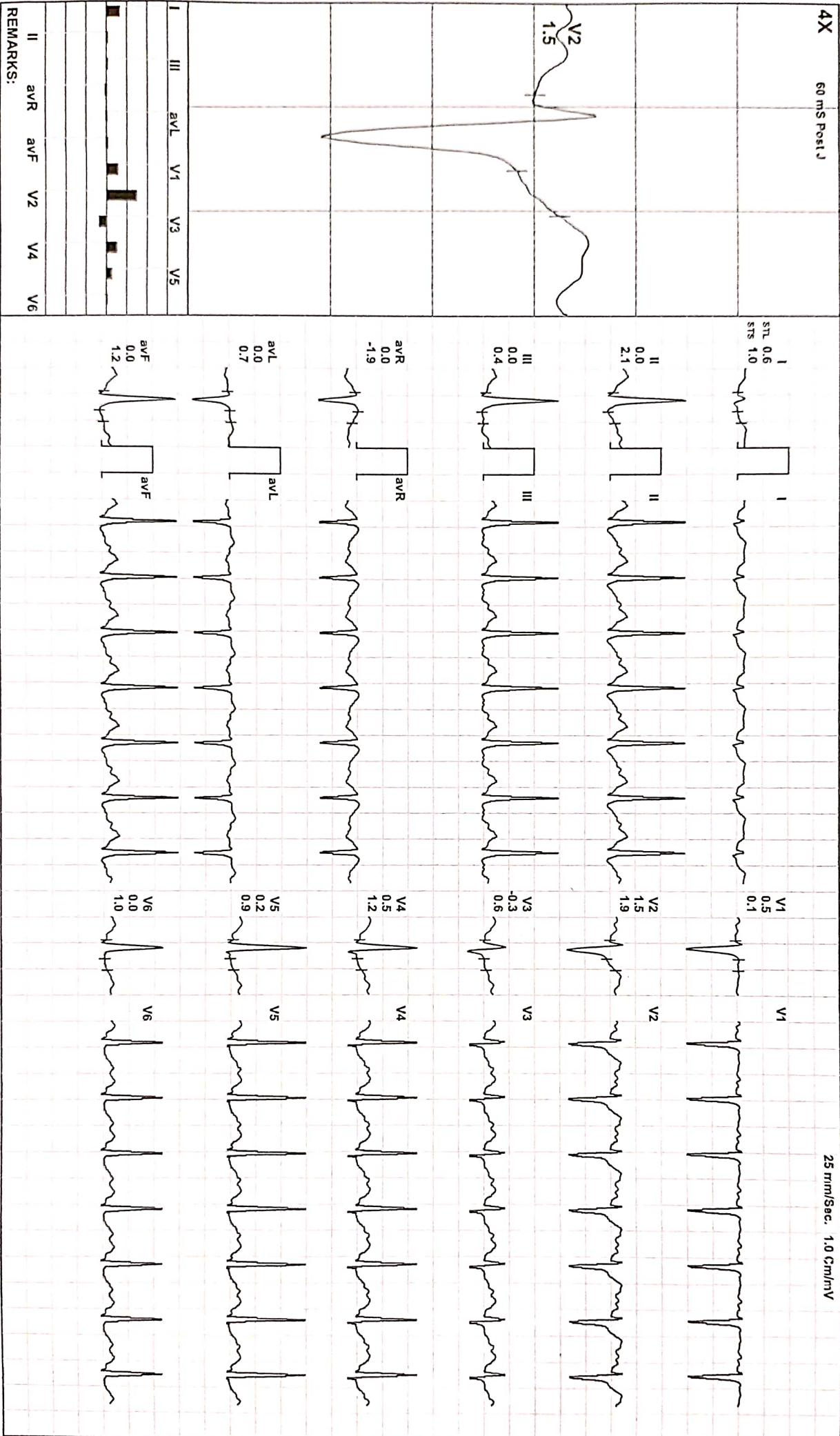
BP: 127/88 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 03:00 1.7 mph, 10.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV

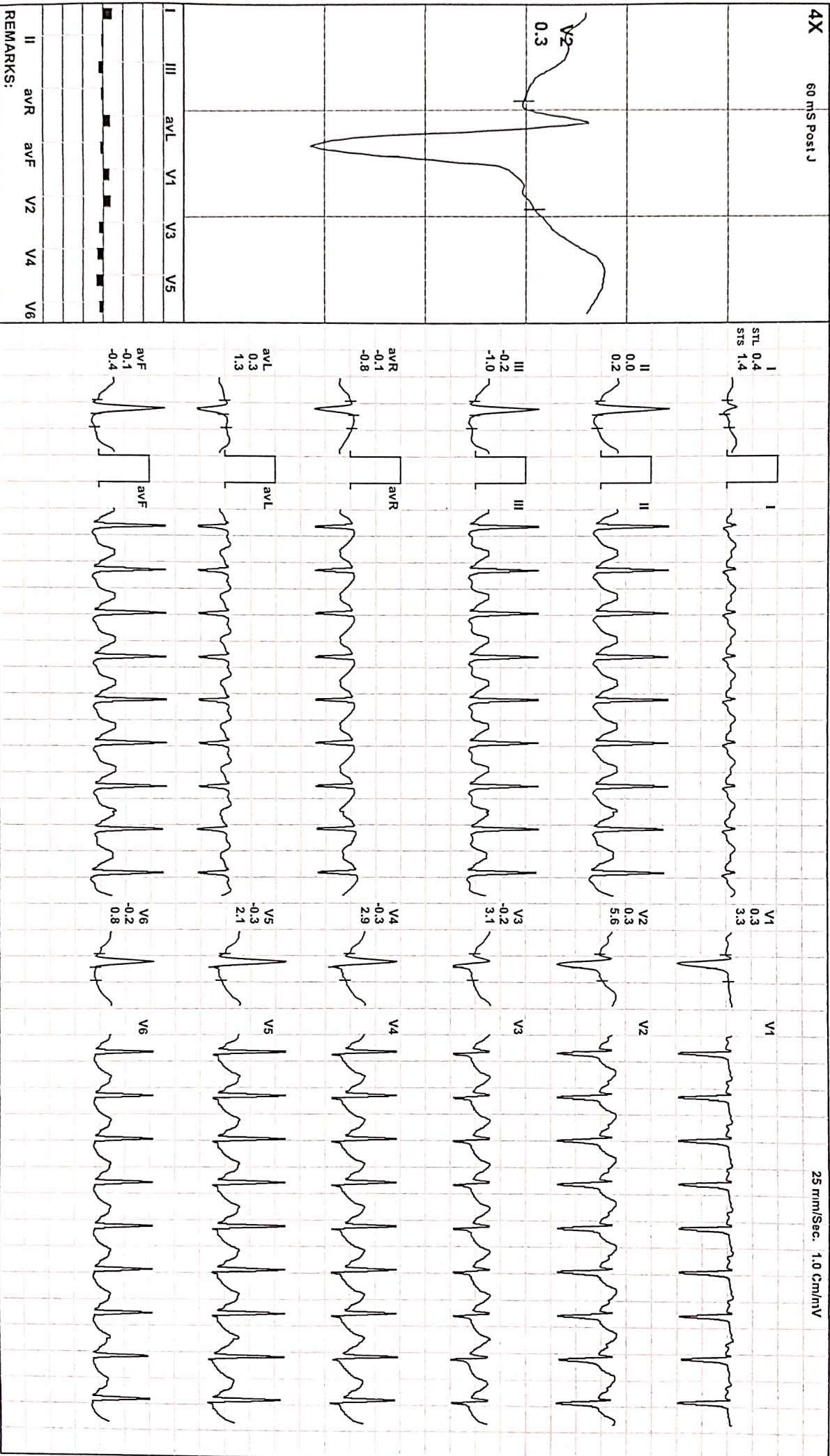


REMARKS:

(GEM214190403)(R)Allengers

115 / PRIYA SINGH / 27 Yrs / F / 168 Cms / 68 Kg / HR : 178

Date: 22-Jan-2022 10:26:05 AM METS: 6.9/ 178 bpm 92% of THR BP: 132/91 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz EXTime: 05:43 2.5 mph, 12.0%



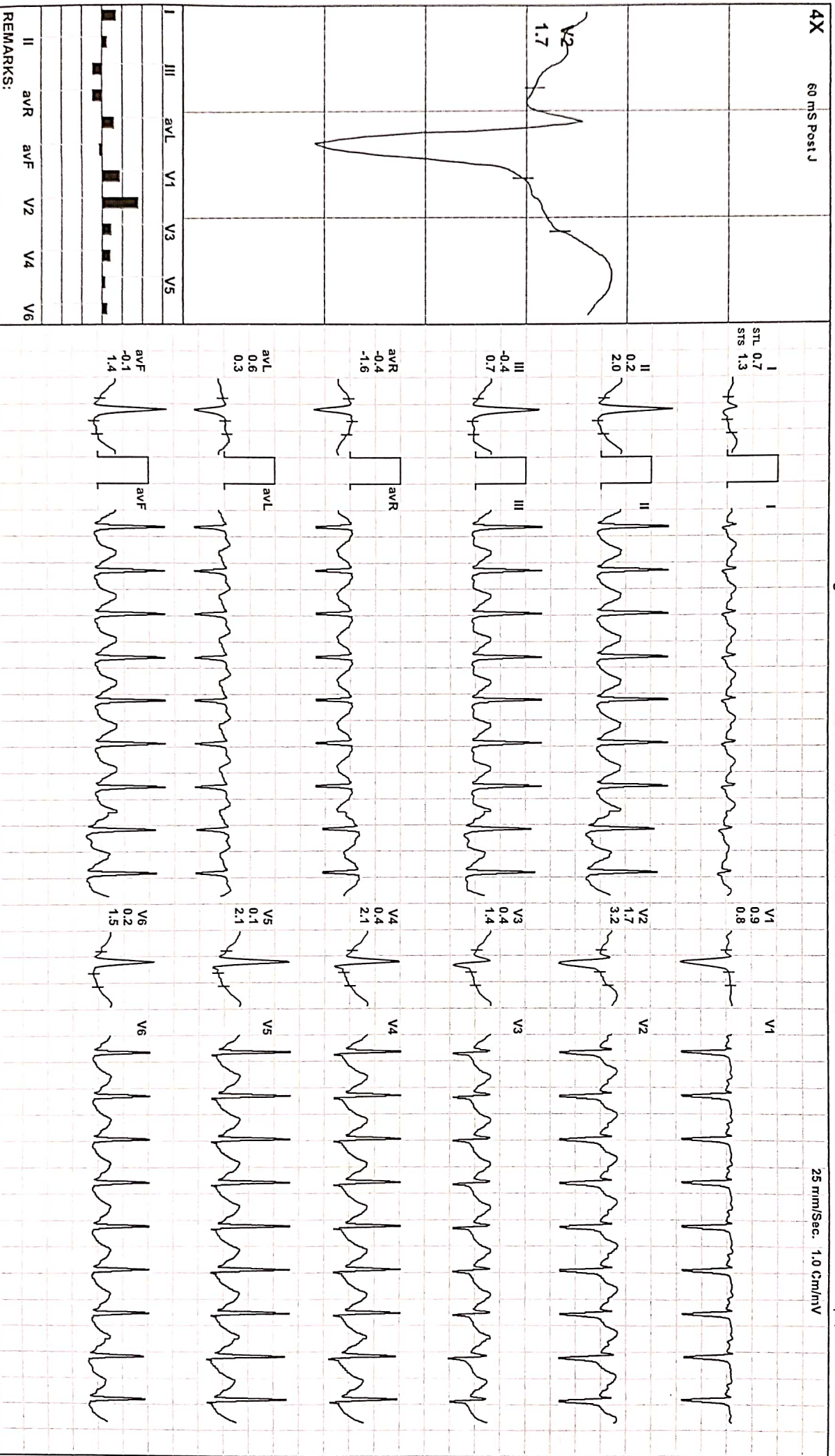
(GEM214190403)(R)Allengers

115 / PRIYA SINGH / 27 YRS / F / 168 Cms / 68 Kg / HR : 174

Date: 22-Jan-2022 10:26:05 AM METS: 1.8/ 174 bpm 90% of THR BP: 125/87 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

EXTime: 05:43 1.1 mph, 0.0%

Recovery(0:29)



(GEM214190403)(R)Allengers

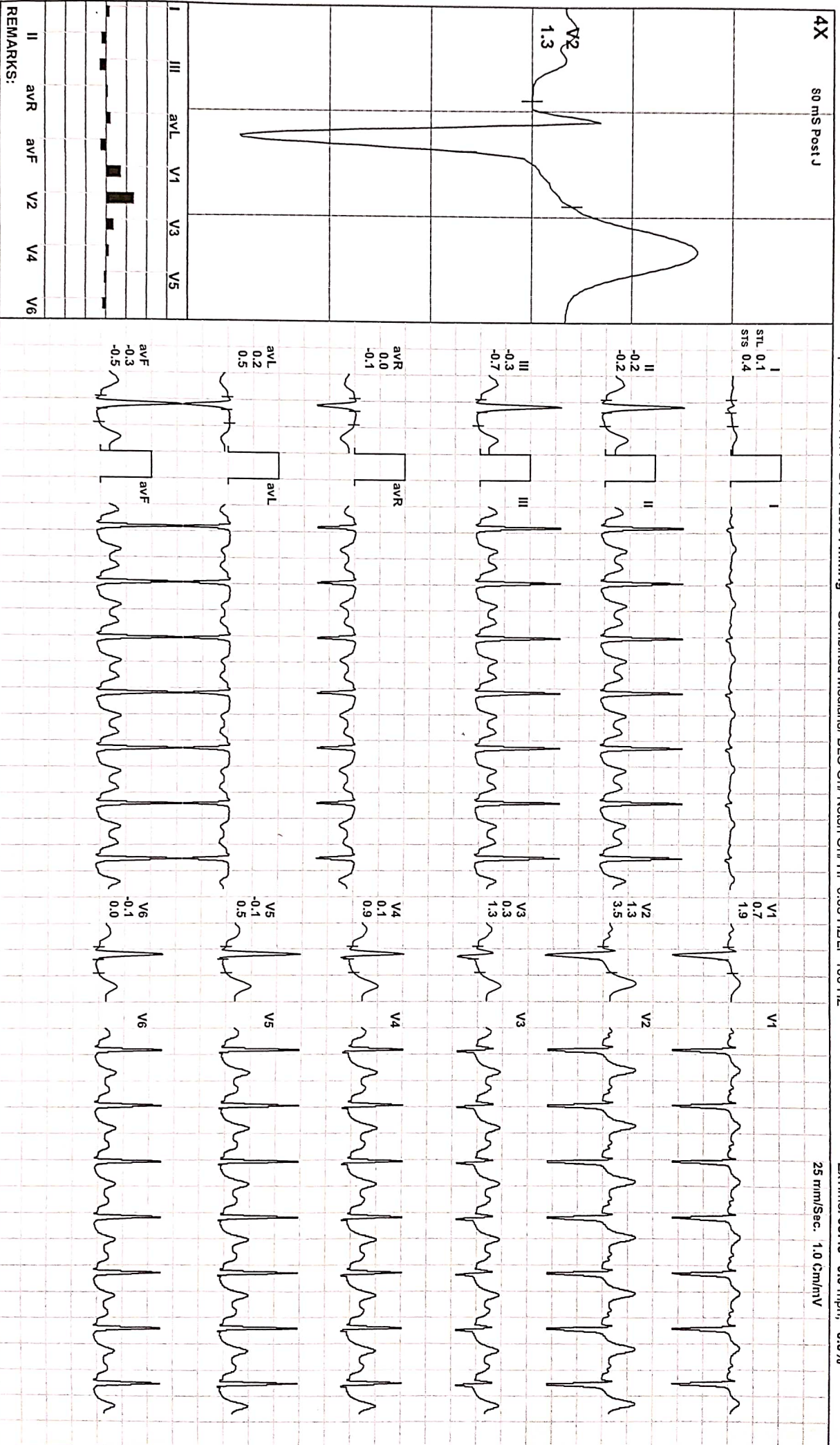
115 / PRIYA SINGH / 27 Yrs / F / 168 Cms / 68 Kg / HR : 127

Recovery(3:00)



Date: 22-Jan-2022 10:26:05 AM METS: 1.0/ 127 bpm 65% of THR BP: 123/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

EXTime: 05:43 0.0 mph, 0.0%



4X 50 mS Post J

REMARKS:

(GEM214190403)(R)Allengers

115 / PRIYA SINGH / 27 Yrs / F / 168 Cms / 68 Kg / HR : 118

Recovery(3:09)



Date: 22-Jan-2022 10:26:05 AM

METS: 1.0/ 118 bpm 61% of THR

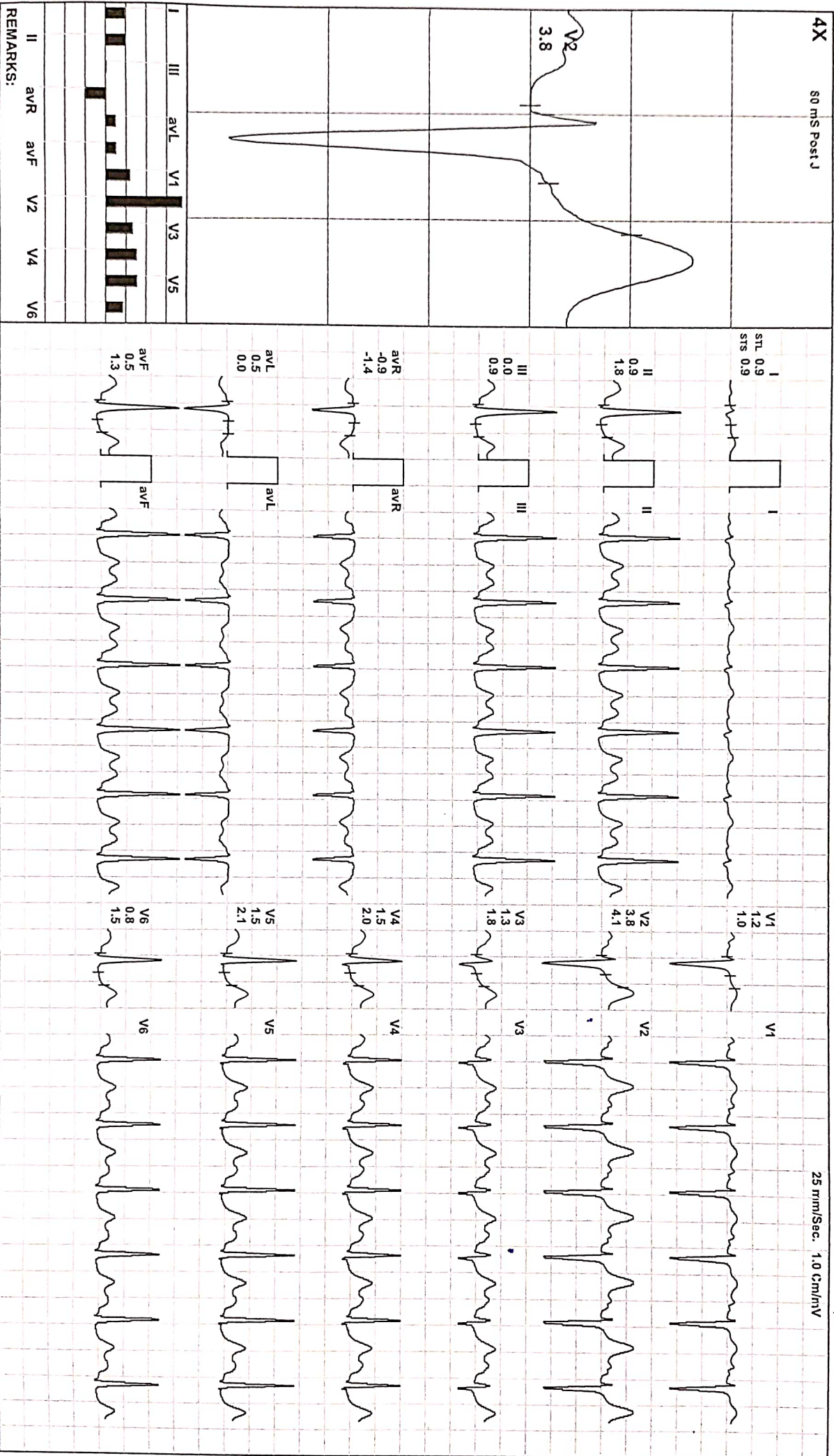
BP: 120/81 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 05:43 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV

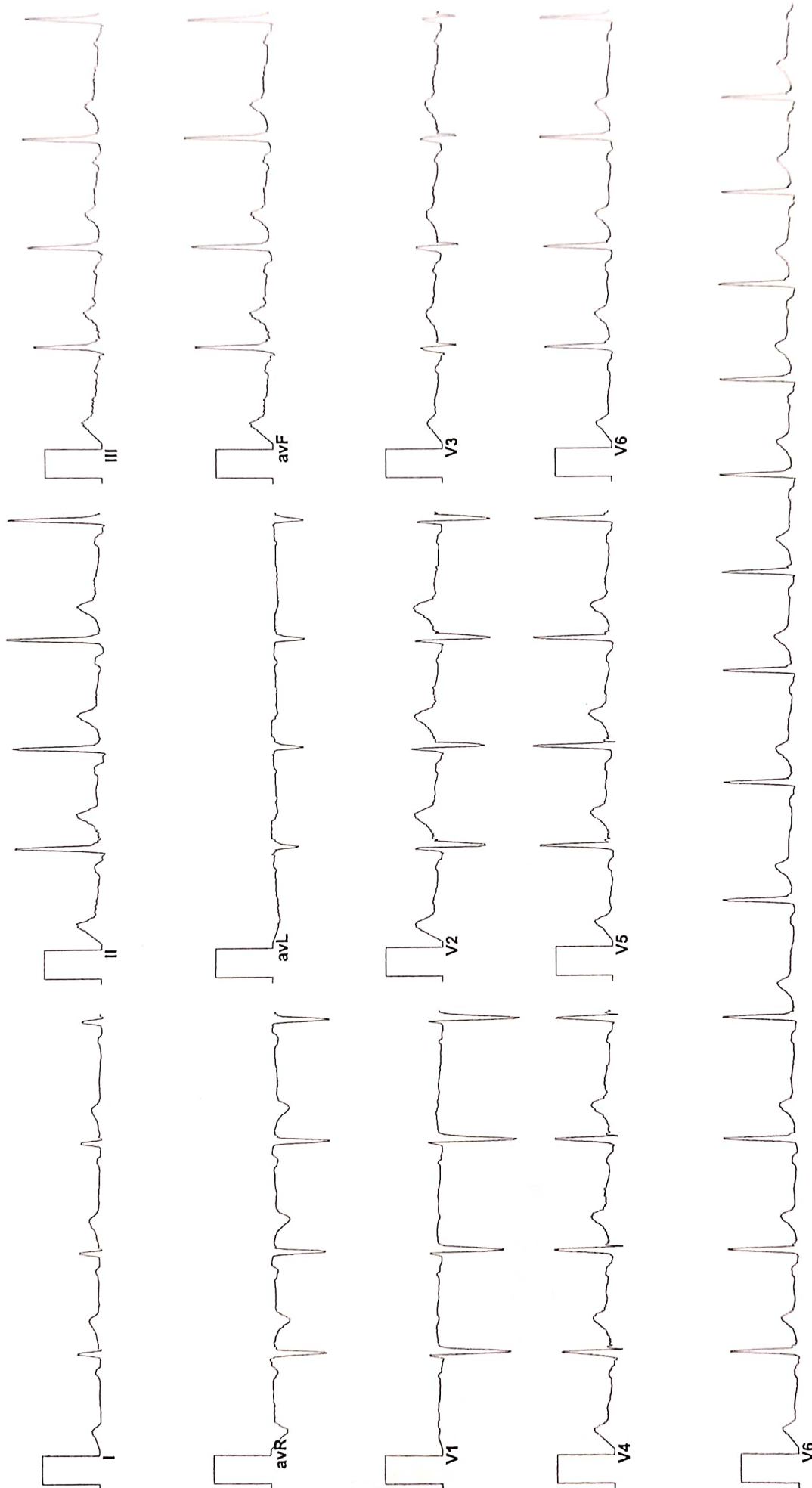


REMARKS:
I III aVL V1 V3 V5
II aVR aVF V2 V4 V6



ECG

103 / PRIYA SINGH / 27 Yrs / F / 168Cms. / 68Kgs. / Non Smoker
 Heart Rate : 83 bpm / Tested On : 22-Jan-22 10.24.53 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



Vent Rate : 83 bpm
 PR Interval : 152 ms
 QRS Duration: 84 ms
 QT/QTc Int : 342/382 ms
 P-QRS-T axis: 64.00° 80.00° 67.00°

Allergers ECG (Pisces)(PIS215190517)

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 M.B.B.S., 10798
 P.P.G