

NIKHITA

DOB - 26/01/1993

Height - 152 cm


Weight - 47 kg

BP - 124/86

Pulse - 72

BC - B+

MEDIFIRST DIAGNOSTICS  
BISTUPUR, JAMSHEDPUR  
Mob: 7479422411

  
Dr. P. K. Subey  
MD (Path), PGDMLS (Pune).  
DHA (Apollo)  
Chief Pathologist  
Reg. No: 20737

 भारत सरकार  
Government of India

 निखिता  
Nikhita  
जन्म तिथि/DOB: 26/01/1993  
महिला/ FEMALE

8036 3721 6459

मेरा आधार, मेरी पहचान

*Nikhita*

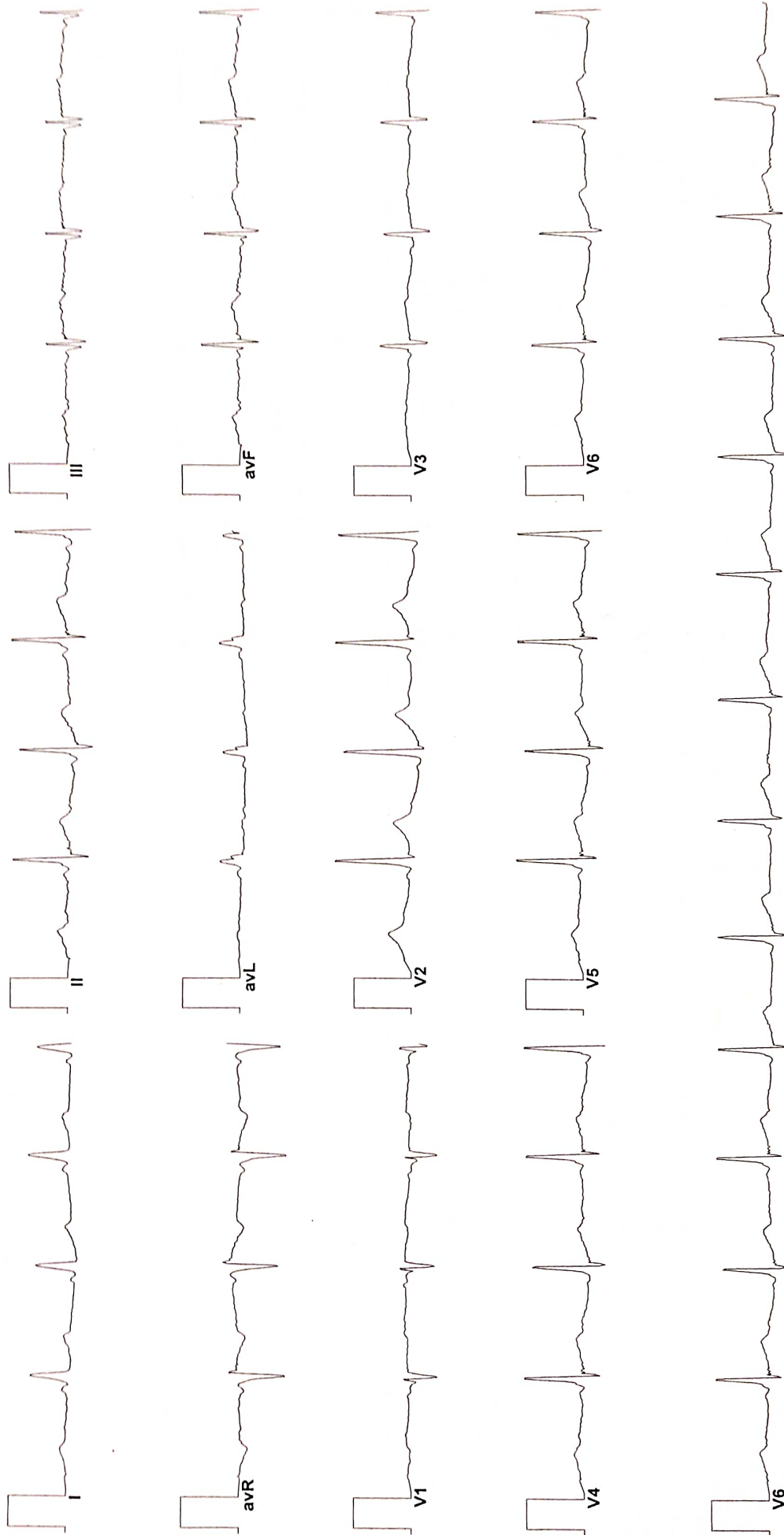
MEDIFIRST DIAGNOSTICS  
BISTUPUR, JAMSHEBPUR  
Mob: 7479422411

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



# ECG

178 / NIKHITA / 29 Yrs / F / 158Cms. / 47Kgs. / Non Smoker  
 Heart Rate : 76 bpm / Tested On : 26-Mar-22 11.03.22 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



Vent Rate : 76 bpm  
 PR Interval : 86 ms  
 QRS Duration: 92 ms  
 QT/QTc Int : 394/422 ms  
 P-QRS-T axis: 31.00• 34.00• 53.00•

Allengers ECG (Pisces)(PIS215190517)

*S. Biswas*  
**DR. S. BISWAS**  
 MBBS, MD

**MEDIFIRST DIAGNOSTICS**  
 BISTUPUR, JAMSHEDPUR  
 Mob: 7479422411

235 / NIKHITA / 29 Yrs / F / 158 Cms / 47 Kg Date: 26-Mar-2022

Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	%THR Achieved	BP	RPP	PVC	Comments
Supine	00:13	0:12	00.0	00.0	01.0	077	40%	120/80	092	00	
Standing	00:27	0:14	00.0	00.0	01.0	079	41%	120/80	094	00	
HV	00:40	0:13	00.0	00.0	01.0	080	42%	120/80	096	00	
Warm Up	00:53	0:13	00.0	00.0	01.0	082	43%	125/85	102	00	
ExStart	01:28	0:35	01.0	00.0	01.0	104	54%	125/85	130	00	
BRUCE Stage 1	04:28	3:00	01.7	10.0	04.7	133	70%	131/90	174	00	
BRUCE Stage 2	07:28	3:00	02.5	12.0	07.1	161	84%	136/95	218	00	
PeakEx	07:40	0:12	03.4	14.0	07.3	170	89%	139/98	236	00	
Recovery	08:09	0:29	01.1	00.0	04.2	158	83%	134/95	211	00	
Recovery	10:39	3:00	00.0	00.0	01.0	090	47%	130/89	117	00	
Recovery	10:48	3:08	00.0	00.0	01.0	090	47%	123/85	110	00	

**Findings :**

Exercise Time : 06:12  
 Max HR Attained : 170 bpm 89% of Target 191  
 Max BP Attained : (Sys) 139/98  
 Max Workload Attained : 7.3 Fair response to induced stress  
 Max ST Dep Lead & Value : III & -3.8 mm in ExStart mm  
 Test End Reasons : Test Complete, Heart Rate Achieved

Report :

**MEDFIRST DIAGNOSTICS**  
 BISTUPUR, JAMSHEDPUR  
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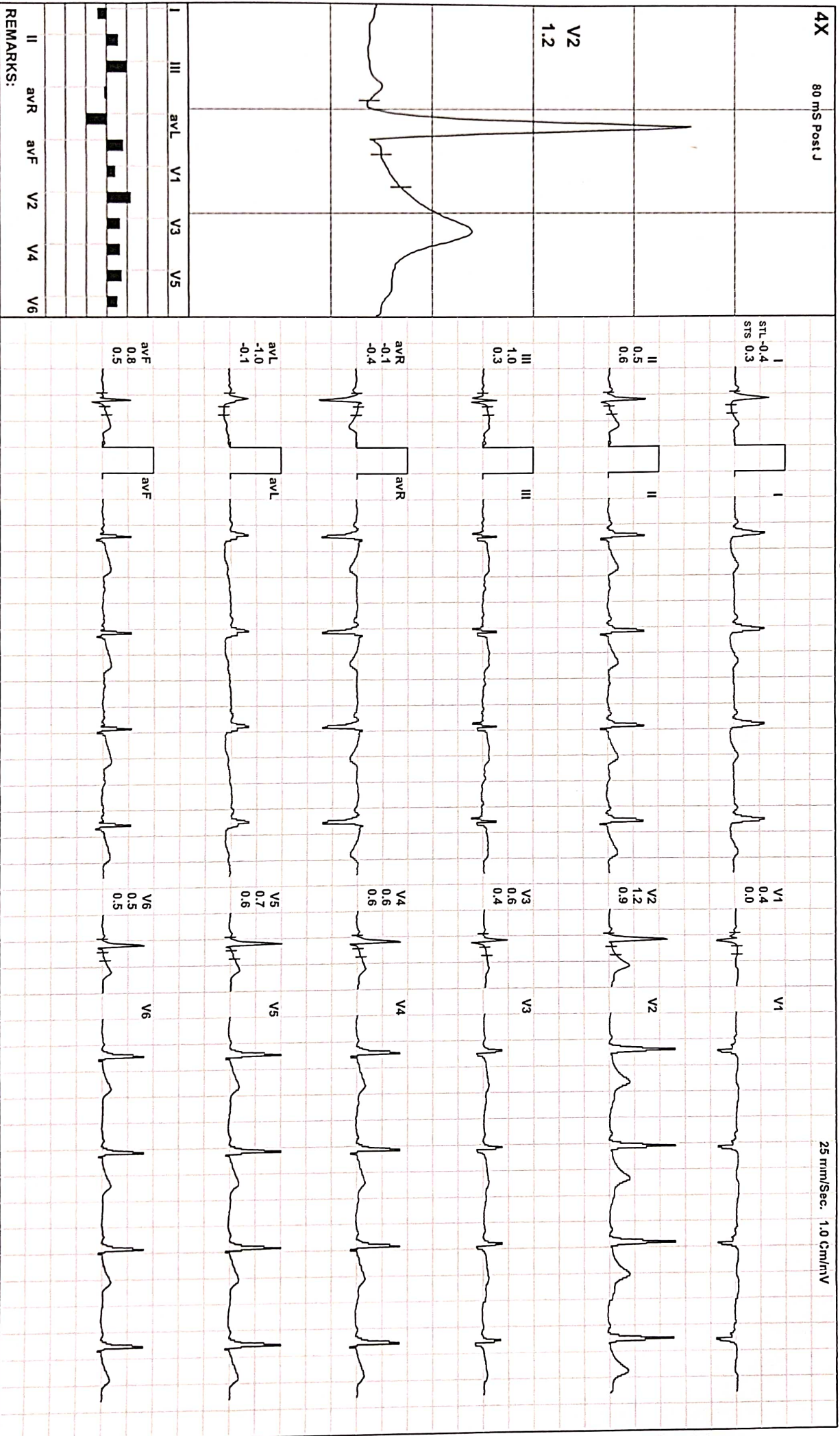
*Dr. S. B. Mishra*  
 DR. S. B. MISHRA  
 MBBS, MCh  
 14798  
 Pad

235 / NIKHITA / 29 Yrs / F / 158 Cms / 47 Kg / HR : 77

Date: 26-Mar-2022 11:05:50 AM METS: 1.0/ 77 bpm 40% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

EXTime: 00:12 0.0 mph, 0.0%

Supine



235 / NIKHITA / 29 Yrs / F / 158 Cms / 47 Kg / HR : 79

Date: 26-Mar-2022 11:05:50 AM METS: 1.0/ 79 bpm 41% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

ExTime: 00:26 0.0 mph, 0.0%

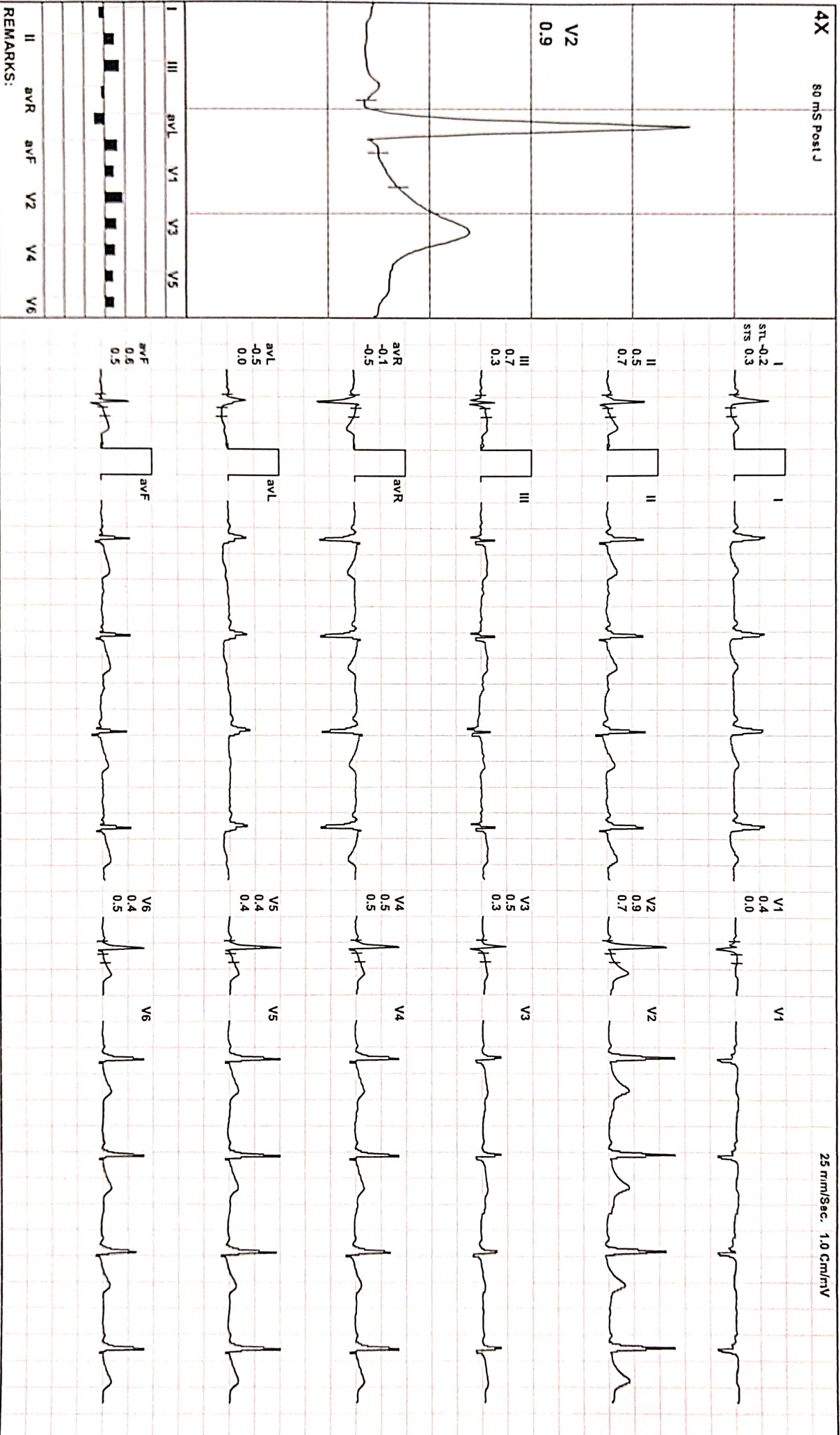
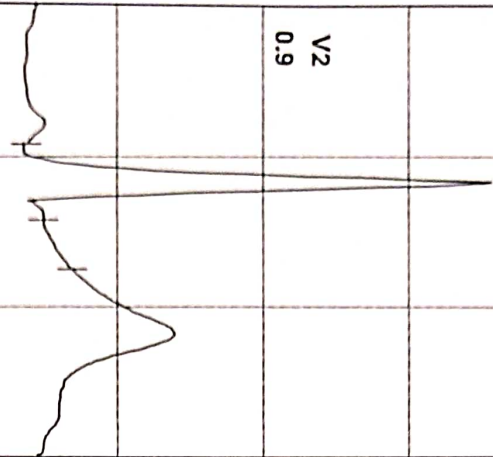
Standing



4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV

V2  
0.9



REMARKS:  
II aVR aVL V1 V2 V3 V4 V5 V6

(GEM214190403)(R)Allengers

235 / NIKHITA / 29 Yrs / F / 158 Cms / 47 Kg / HR : 80

Date: 26-Mar-2022 11:05:50 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

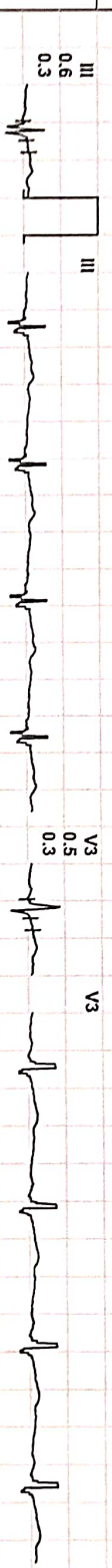
EXTime: 00:39 0.0 mph, 0.0%

HV



4X 80 ms Post J

25 mm/Sec. 1.0 cm/mV



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

(GEN214190403)(R)Allengers

235 / NIKHITA / 29 Yrs / F / 158 Cms / 47 Kg / HR : 82

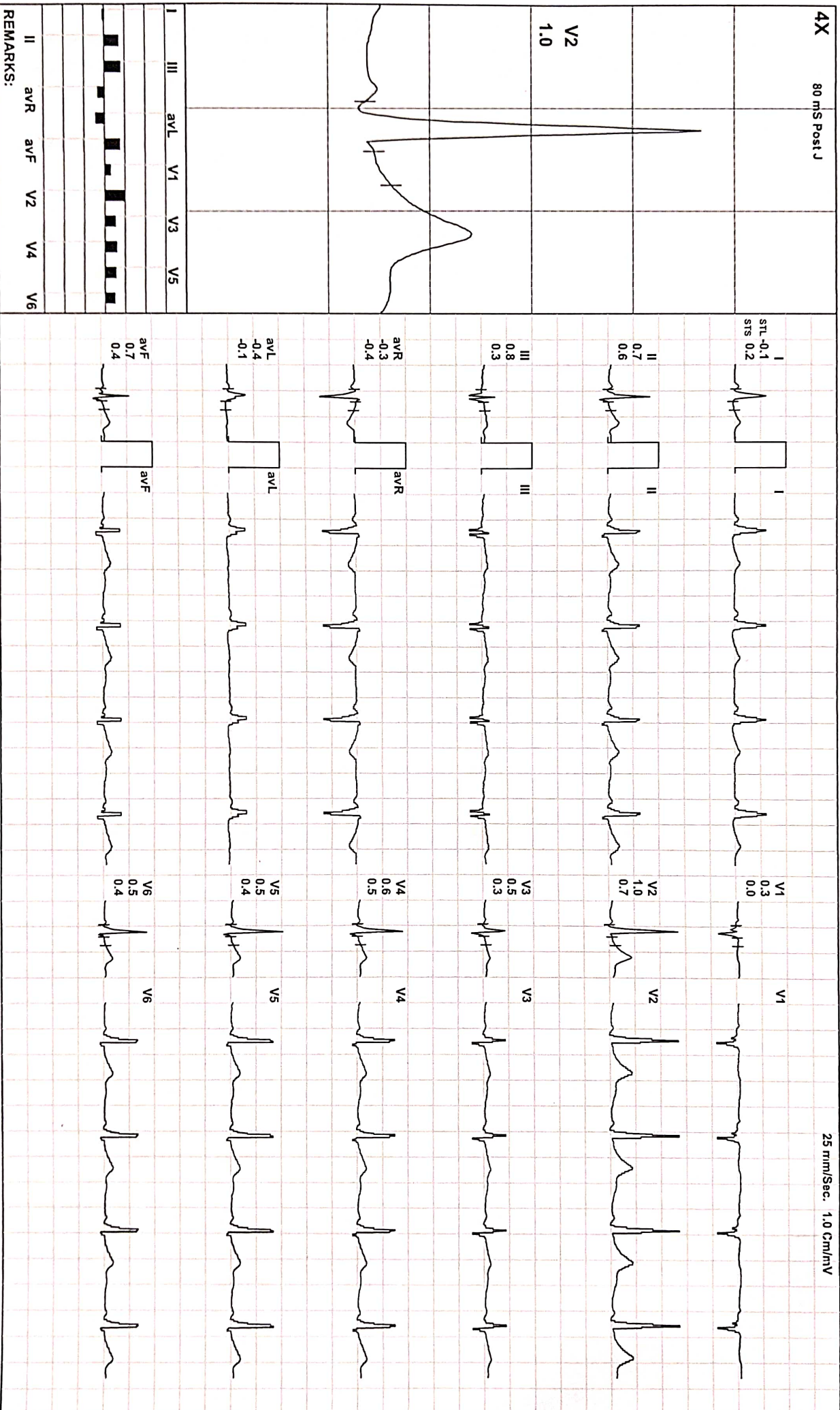
Date: 26-Mar-2022 11:05:50 AM METS: 1.0/ 82 bpm 42% of THR BP: 125/85 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:52 0.0 mph, 0.0%

Warm Up



25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM214190403)(R)Allengers



235 / NIKHITA / 29 Yrs / F / 158 Cms / 47 Kg / HR : 104

Date: 26-Mar-2022 11:05:50 AM

METS: 1.0/ 104 bpm 54% of THR

BP: 125/85 mmHg

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

ExTime: 00:00 1.0 mph, 0.0%

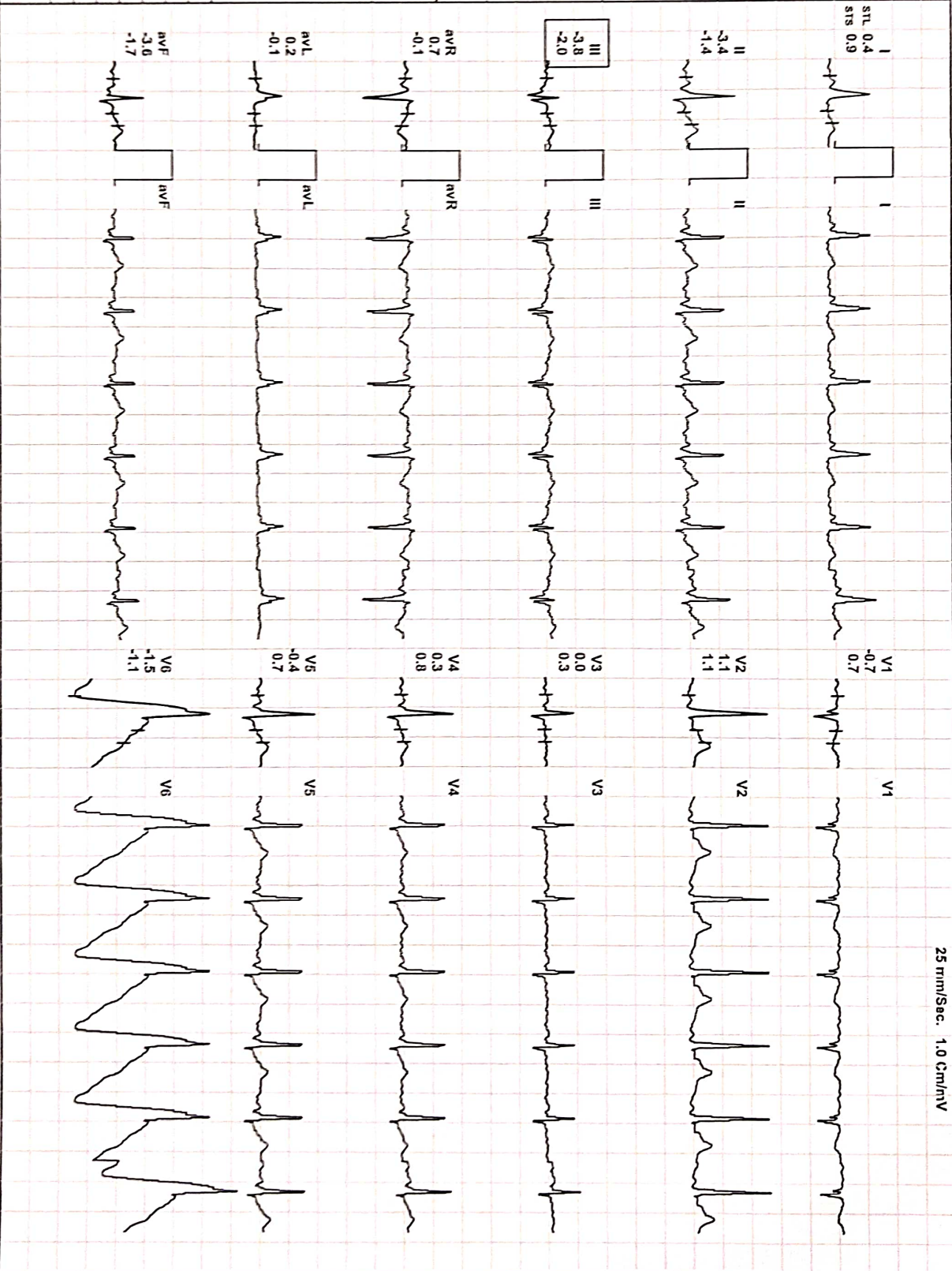
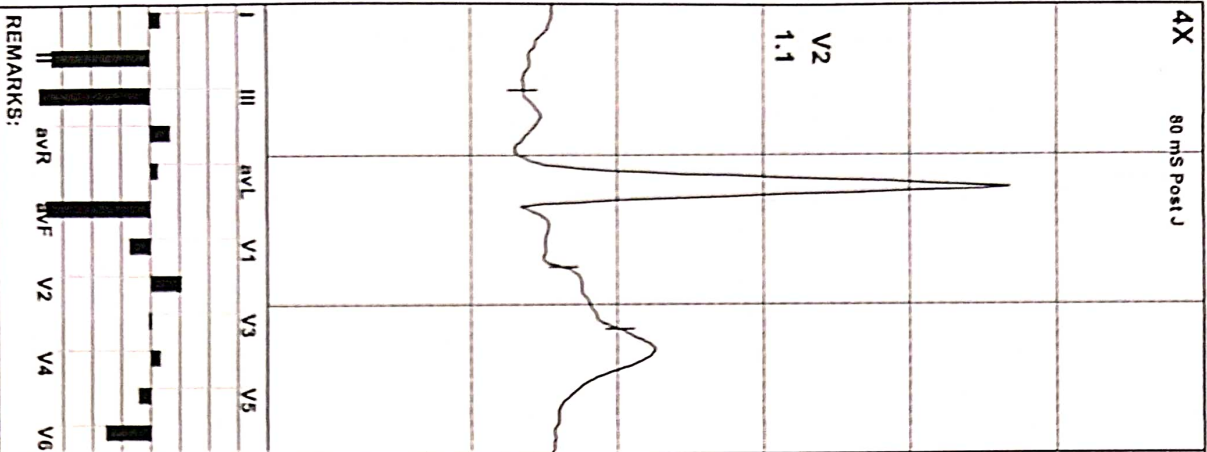
ExStart



4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV

V2  
1.1



REMARKS:

(GEN214190403)(R)Allengers

235 / NIKHITA / 29 Yrs / F / 158 Cms / 47 Kg / HR : 133

BRUCE: Stage 1(3:00)



Date: 26-Mar-2022 11:05:50 AM

METS: 4.7/ 133 bpm 69% of THR

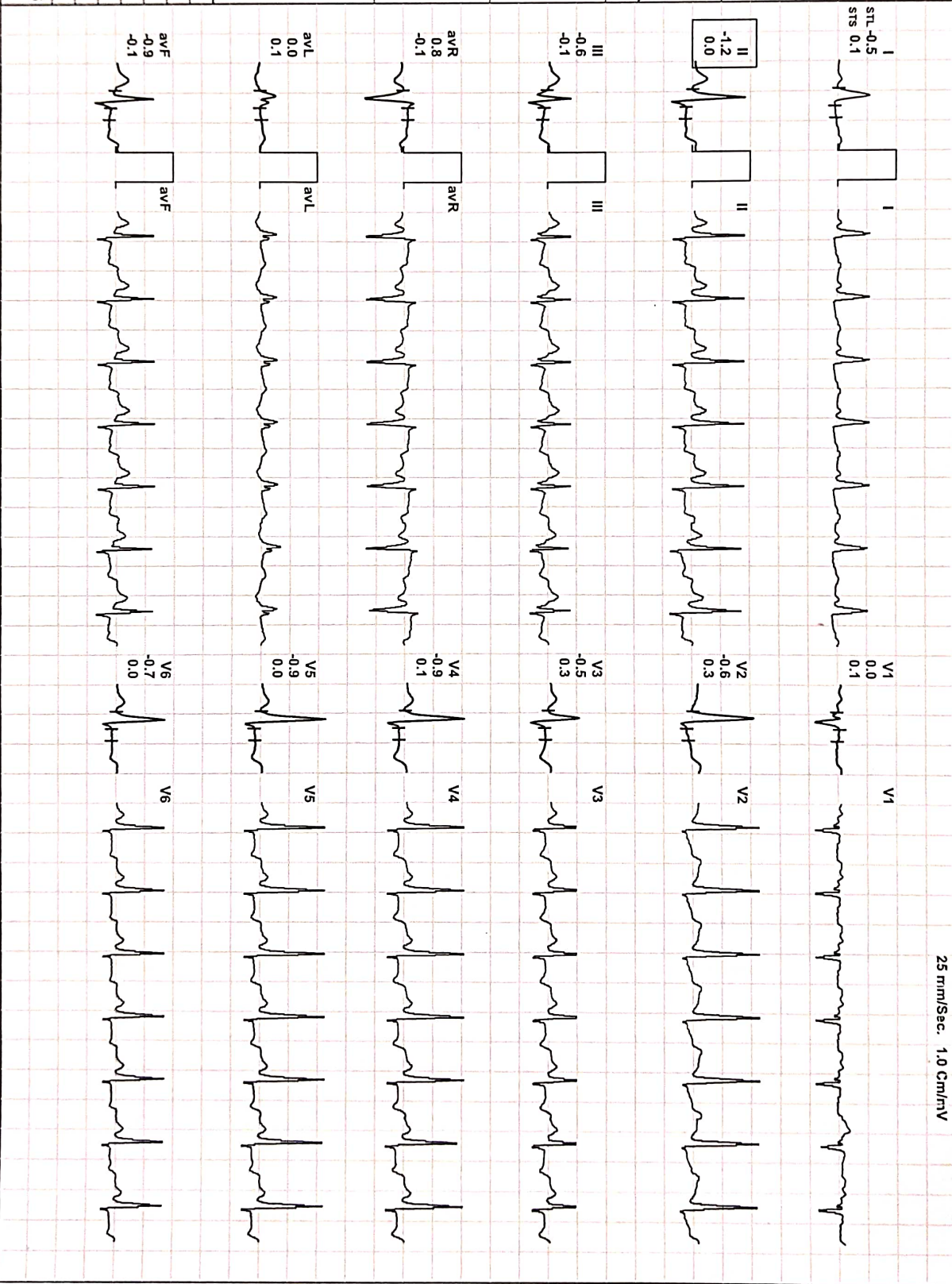
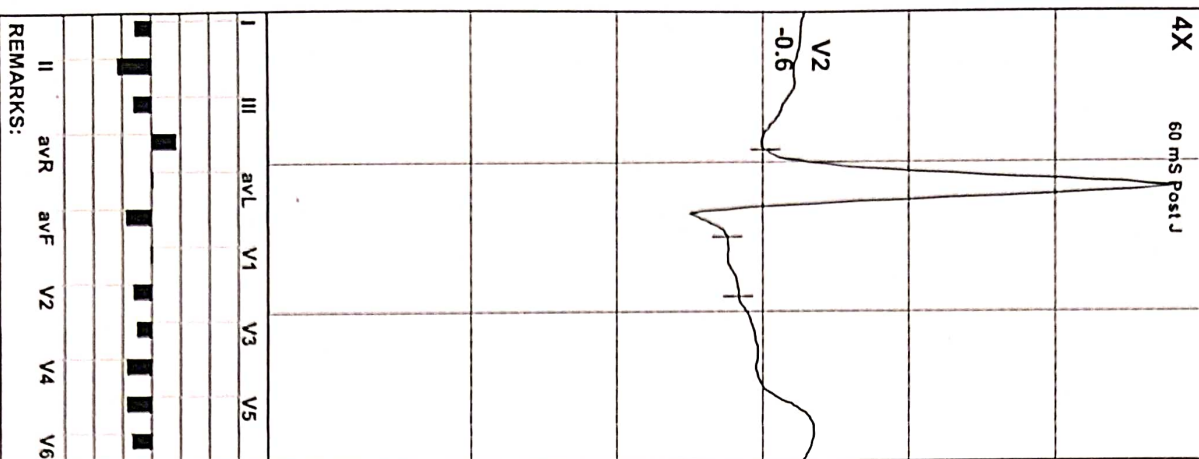
BP: 131/90 mmHg

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)Allergers

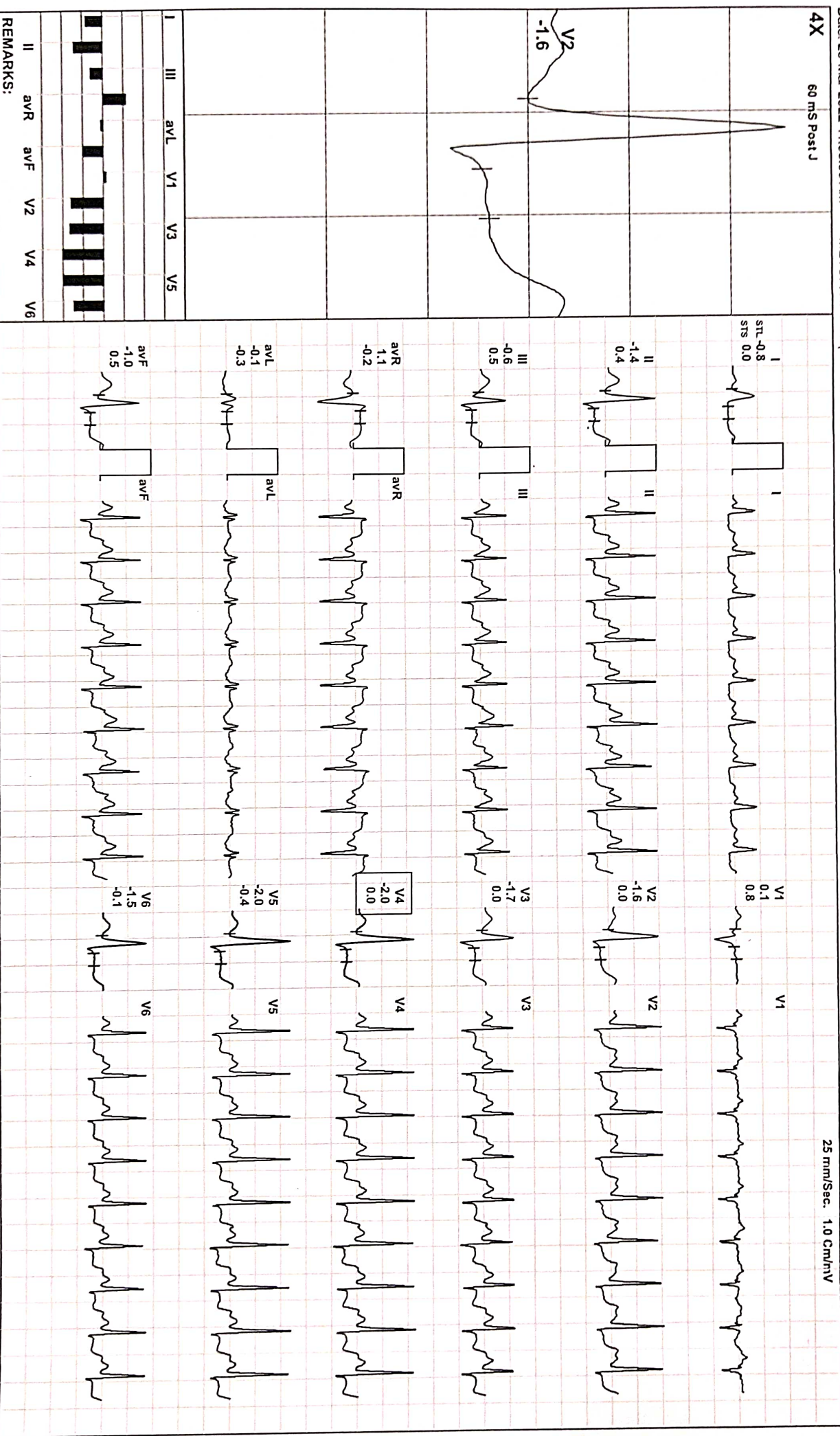
**BRUCE: Stage 2(3:00)**



235 / NIKHITA / 29 YRS / F / 158 Cms / 47 Kg / HR : 161

Date: 26-Mar-2022 11:05:50 AM METS: 7.1/ 161 bpm 84% of THR BP: 136/95 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 HZ

ExTime: 06:00 2.5 mph, 12.0%  
25 mm/Sec. 1.0 Cm/mV



235 / NIKHITA / 29 YRS / F / 158 Cms / 47 Kg / HR : 170

Date: 26-Mar-2022 11:05:50 AM

METS: 7.31 / 170 bpm 89% of THR

BP: 139/98 mmHg

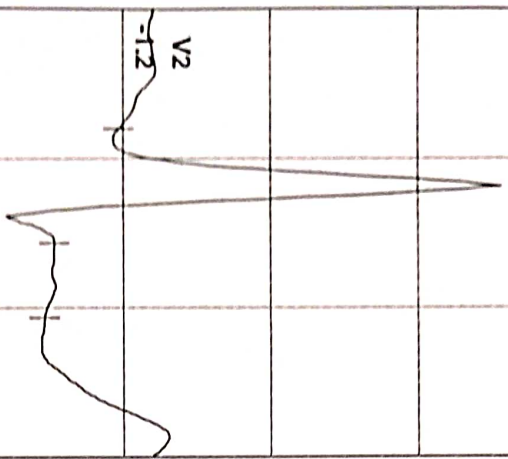
Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:12 3.4 mph, 14.0%

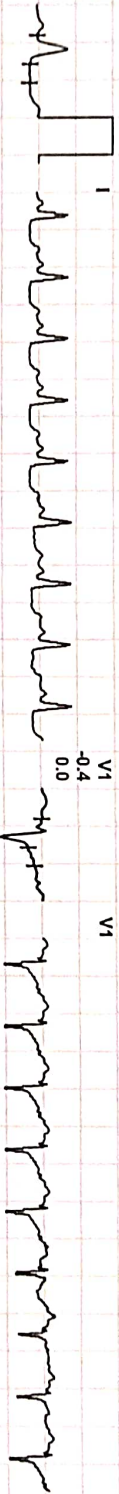
PeakEx



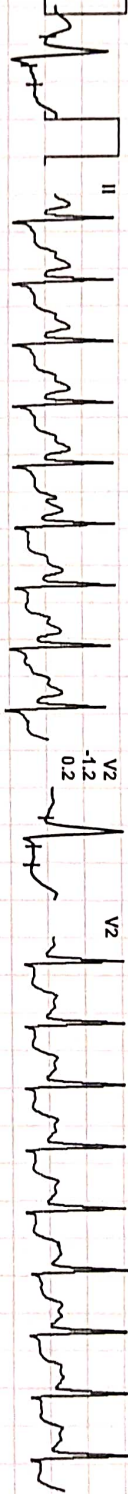
4X 60 ms Post J



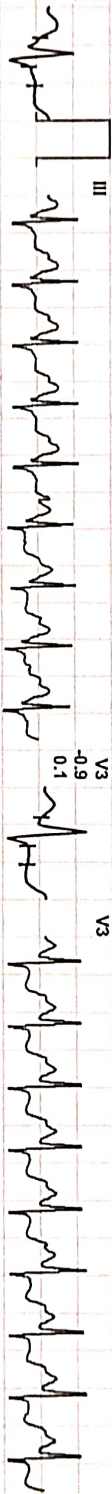
I  
STL -0.6  
STS 0.0



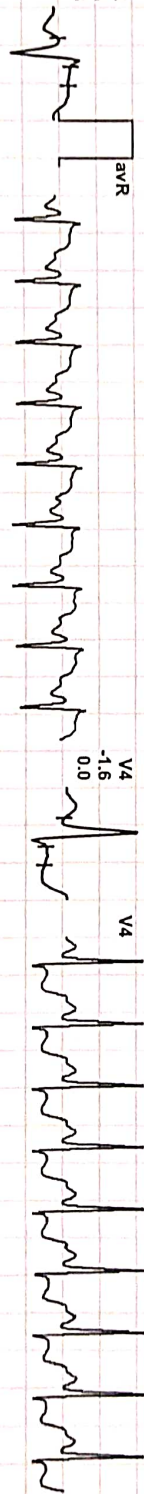
II  
-2.0  
0.7



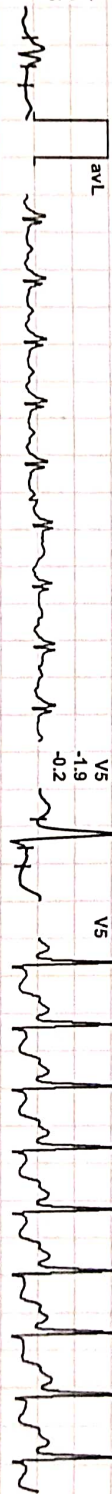
III  
-1.4  
0.8



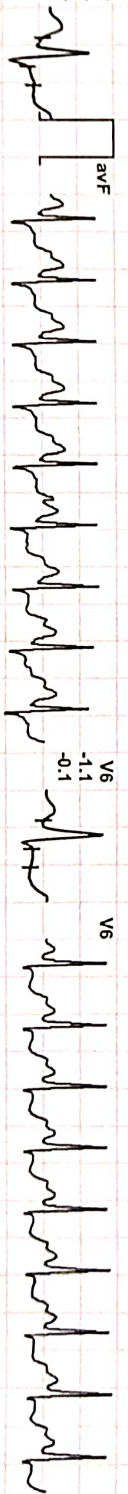
avR  
1.3  
-0.3



avL  
0.3  
-0.5



avF  
-1.7  
0.7



I	III	avL	avR	V1	V2	V3	V4	V5	V6
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REMARKS:

(GEN214190403)(R)Allengers

235 / NIKHITA / 29 Yrs / F / 158 Cms / 47 Kg / HR : 158

Date: 26-Mar-2022 11:05:50 AM METS: 4.2/ 158 bpm 82% of THR BP: 134/95 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

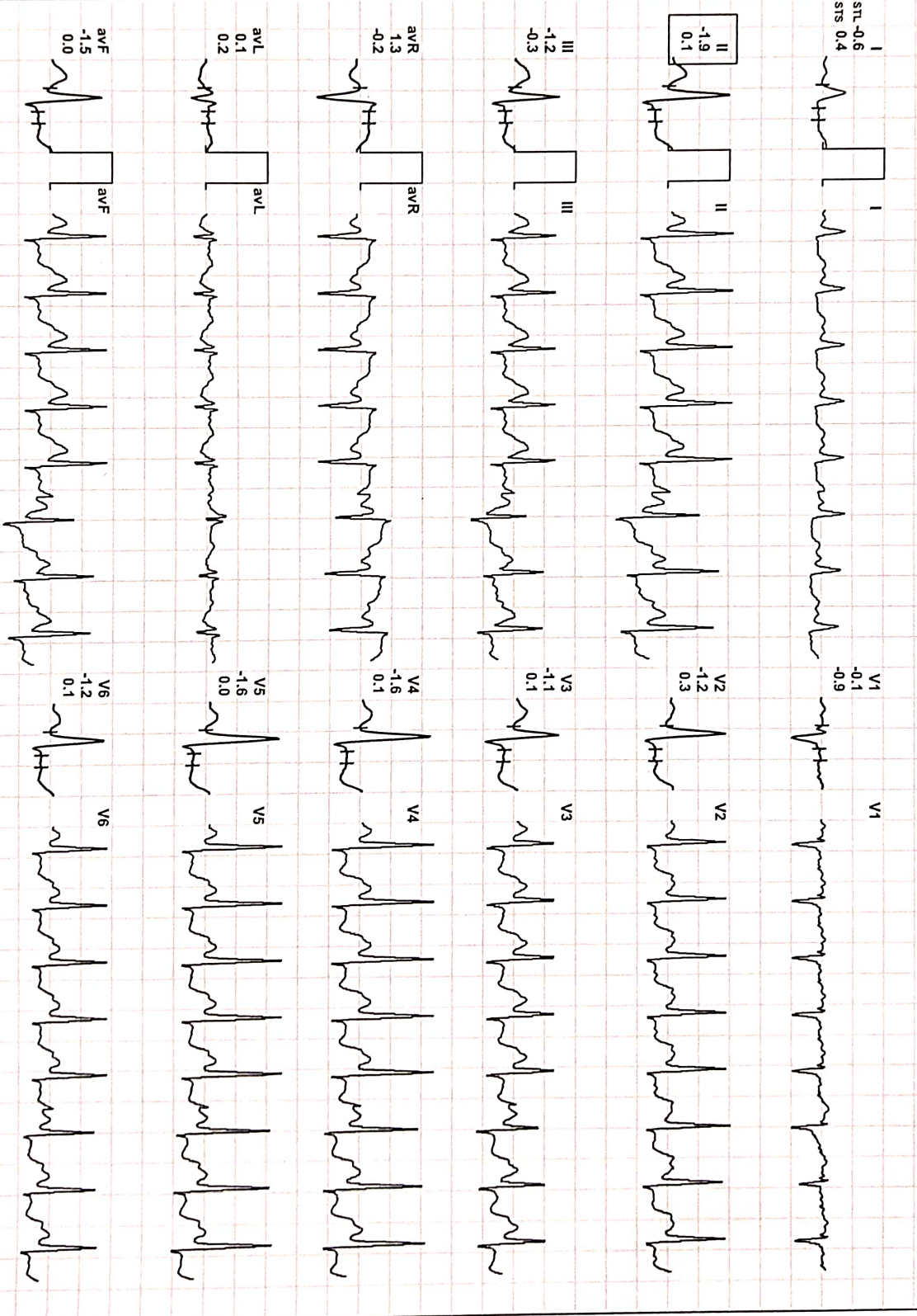
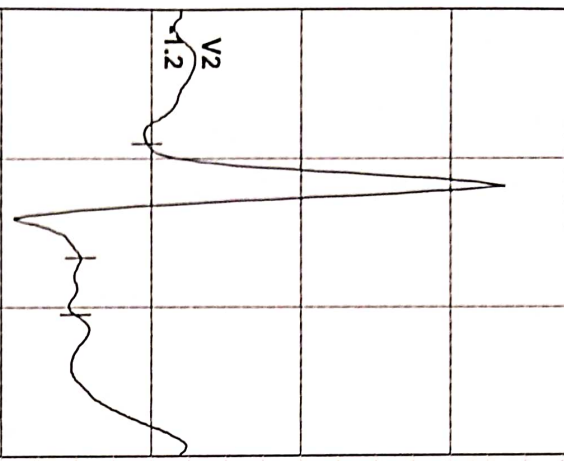
Recovery(0:29)



ExTime: 06:12 1.1 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 50 mS Post J



REMARKS:  
II avR avF V2 V4 V6

(GEM214190403)(R)Allengers

235 / NIKHITA / 29 Yrs / F / 158 Cms / 47 Kg / HR : 90

Date: 26-Mar-2022 11:05:50 AM METS: 1.0/ 90 bpm 47% of THR BP: 130/89 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/ LF 100 Hz

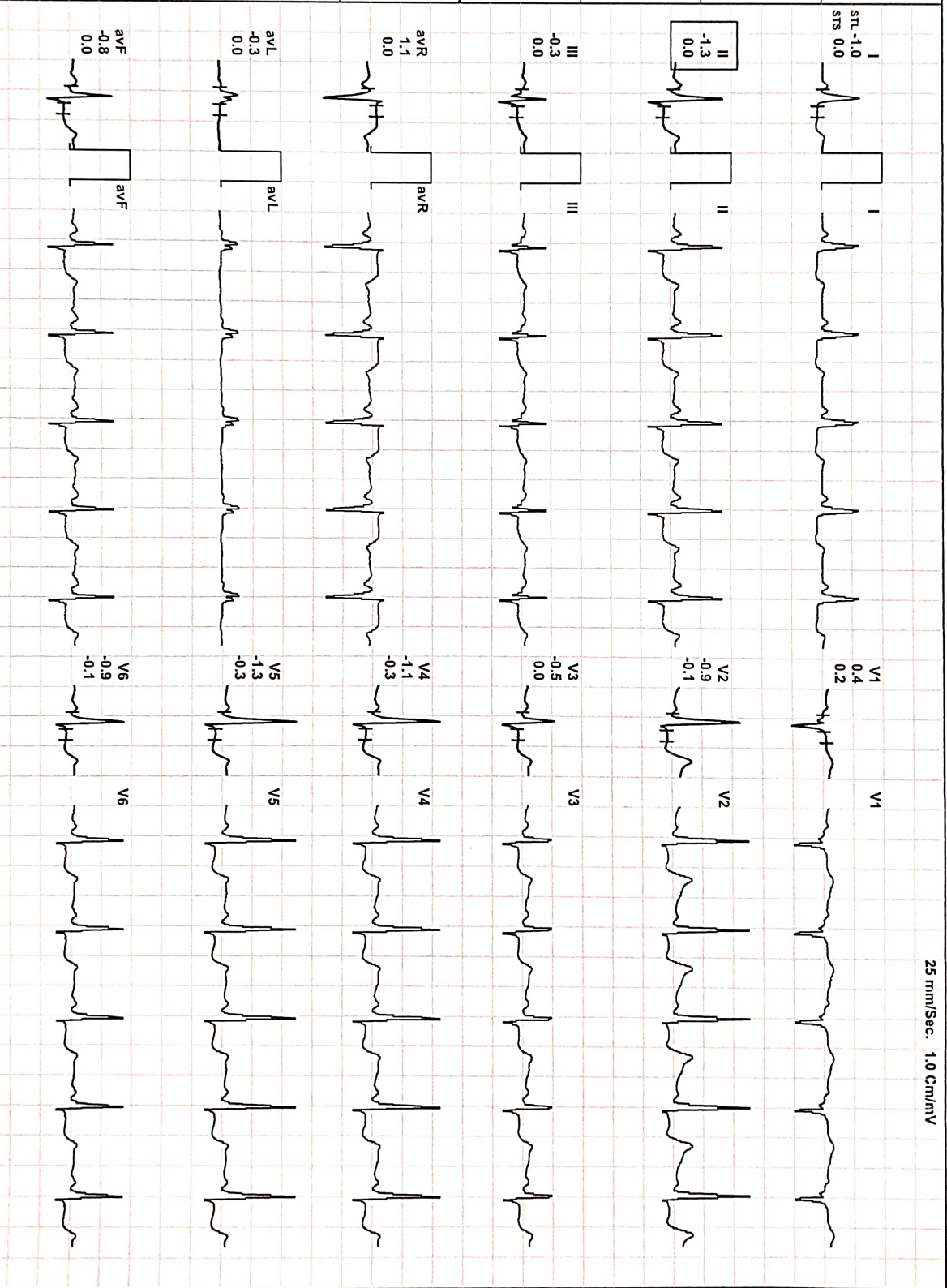
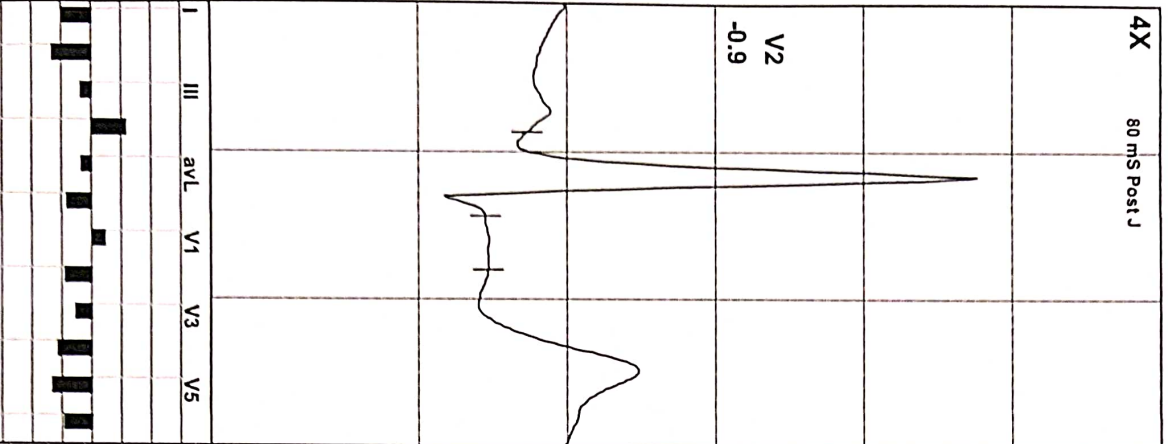
EXTime: 06:12 0.0 mph, 0.0%

Recovery(3:00)



4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:  
II aVR aVF V2 V4 V6

(GEM214190403)(R)Allengers

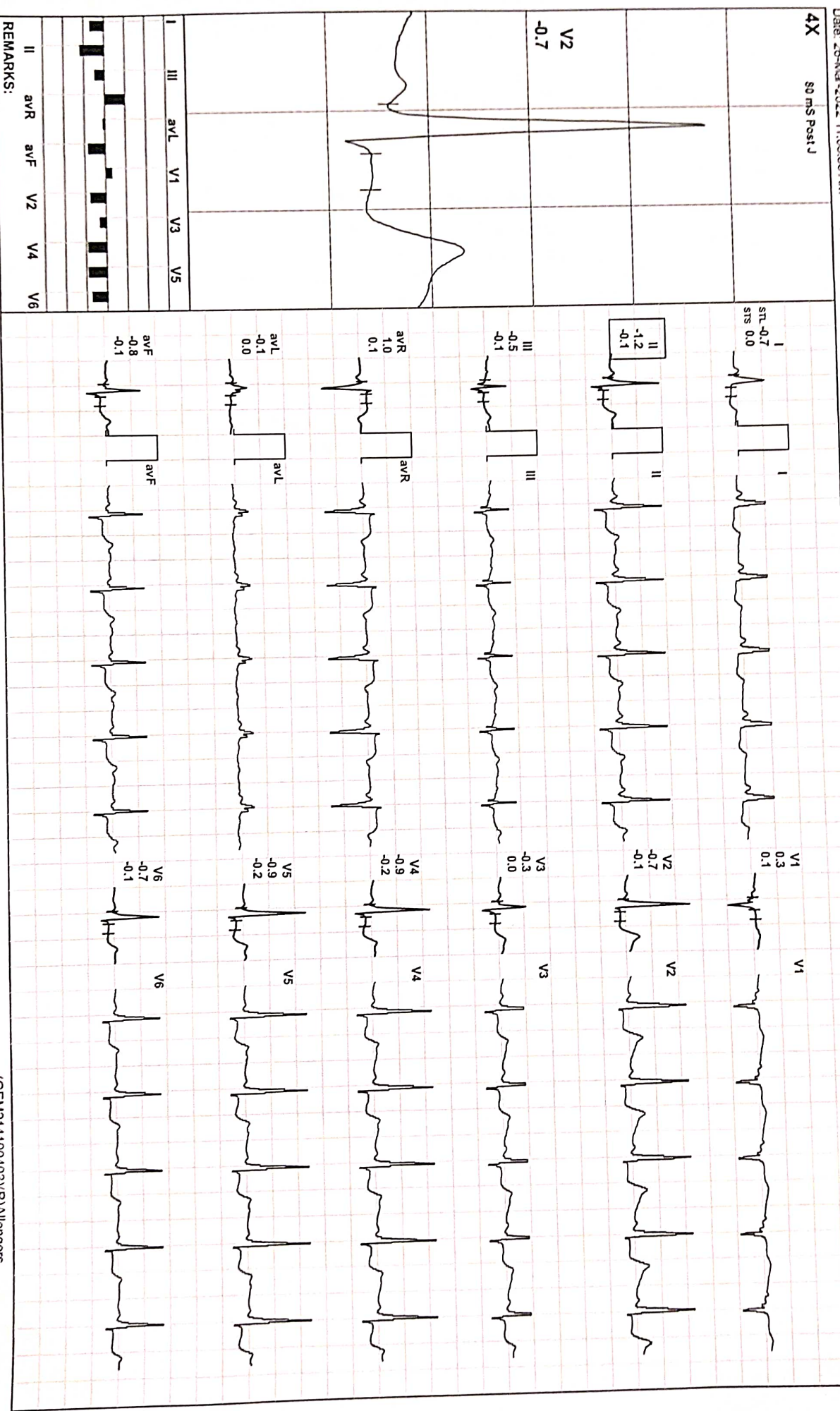


235 / NIKHITA / 29 YRS / F / 158 Cms / 47 Kg / HR : 90

Date: 26-Mar-2022 11:05:50 AM NIETS: 1.0/ 90 bpm 47% of THR BP: 123/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HzLFL 100 Hz

EXTime: 06:12 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/rv



Collected at :  
Address :  
Collected On : 26-Mar-22 11:58 am



**MEDIFIRST DIAGNOSTICS**

medifirstdiagnostics.jsr@gmail.com  
+91-7903980054

Transaction No : MFD/2022/0091  
Patient Id : 85787485

Patient's Name : Miss NIKIHTA  
Referred by Dr : MEDIWHEEL

Age : 29 Sex : FEMALE  
Report on : 26-Mar-22 3:24 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)

HEALTH CARE  
MEDIFIRST DIAGNOSTICS

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

Dr. P. K. DUBEY  
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IHA (Apollo)  
Chief Pathologist  
Reg. No:-20787





Collected at :  
Address :  
Collected On : 26-Mar-22 11:58 am

Transaction No : MFD/2022/0091 Patient's Name : Miss NIKIHTA Age : 29 Sex : FEMALE  
Patient Id : 85787485 Referred by Dr : MEDIWHEEL Report on : 26-Mar-22 3:24 pm

Test Name	Result	Units	Normal Range
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### Urine Test

#### Physical Examination

Colour : PALE YELLOW  
 Quantity : 30 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  
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 DHA (Apollo)  
 Chief Pathologist  
 Res. No:- 43787

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medifirstdiagnostics.jsr@gmail.com  
+91-7903980054

Transaction No : MFD/2022/0091      Patient's Name : Miss NIKIHTA      Age : 29      Sex : FEMALE  
Patient Id : 85787485      Referred by Dr : MEDIWHEEL      Report on : 26-Mar-22 3:24 pm

Test Name	Result	Units	Normal Range
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## Serology

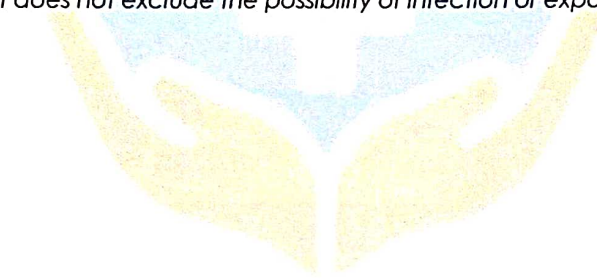
HIV 1&2

(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.



HEALTH CARE  
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Mob:- 7479422411

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

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

Collected at :  
Address :  
Collected On : 26-Mar-22 11:58 am



HEALTH CARE

**MEDIFIRST DIAGNOSTICS**

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Transaction No : MFD/2022/0091  
Patient Id : 85787485

Patient's Name : Miss NIKIHTA  
Referred by Dr : MEDIWHEEL

Age : 29 Sex : FEMALE  
Report on : 26-Mar-22 3:23 pm

Test Name	Result	Units	Normal Range
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**Biochemistry**

**LIVER FUNCTION TEST (LFT)**

BILIRUBIN (Total)	: 0.71	mg/dl	0.2 - 1.0
BILIRUBIN (Direct)	: 0.36	mg%	0 - 1
BILIRUBIN (Indirect)	: 0.35	mg%	0.1 - 1.0
SGOT/AST	: 21.5	IU/L	8 - 37
SGPT/ALT	: 34.9	IU/L	5 - 40
ALKALINE PHOSPHATASE	: 98.4	IU/L	40 - 125
GGT(Gamma Glutamyl Transferase)	: 30.8	U/L	15 - 85
Total Protein	: 7.4	gm/dl	5 - 8
ALBUMIN	: 4.0	mg/dl	3.5 - 5
Globulin	: 3.4	gm/dl	2.3 - 3.5
A/G Ratio	: <b>1.18</b>		1.2 - 1.5
Austalia Antigen(HBsAg)	: NEGATIVE		

**LIPID PROFILE TEST**

Serum Cholestrol	: 162.3	mg/dl	125 - 225
Serum Triglyceride	: 55.2	mg/dl	25 - 160
HDL Cholestrol	: 47.1	mg/dl	30 - 70
LDL Cholestrol	: 104.16	mg/dl	35 - 150
VLDL Cholestrol	: 11.04	mg/dl	7 - 35
LDLC/HDLC Ratio	: <b>2.21</b>		2.5 - 3.5
Serum Cholestrol/HDLC Ratio	: 3.45		3.0 - 5.0

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

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Dr. A. D. Dabey  
MD (Path), PGDMLS (Pune).  
Chif Pathologist  
Reg. No.: 20787

Collected at :  
Address :  
Collected On : 26-Mar-22 03:13 pm



**MEDIFIRST DIAGNOSTICS**

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Transaction No : MFD/2022/0091 Patient's Name : Miss NIKIHTA Age : 29 Sex : FEMALE  
Patient Id : 85787485 Referred by Dr : MEDIWHEEL Report on : 26-Mar-22 3:23 pm

Test Name	Result	Units	Normal Range
<b>Immunology</b>			
<b>THYROID PROFILE TOTAL , SERUM</b>			
TRI-IODO THYRONIN, (T3)	: 152.3	ng/dL	60 - 181
THYROXIN, (T4)	: 7.2	micro gm/dl	3.20 - 12.6
THYROID STIMULATING HORMONE	: 4.1	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 \*\*\*

*(Signature)*  
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DHA (Apollo)  
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Address :  
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Patient Id : 85787485

Patient's Name : Miss NIKIHTA  
Referred by Dr : MEDIWHEEL

Age : 29 Sex : FEMALE  
Report on : 26-Mar-22 3:23 pm

Test Name	Result	Units	Normal Range
<b>Biochemistry</b>			
Glucose Fasting, Plasma	: 96.2	mg/dl	70 - 110
URIC ACID	: 5.2	mg/dl	3.5 - 7.0
BLOOD UREA	: 24.3	mg/dl	20 - 40
BUN	: 8.1	mg/dl	5 - 25
SERUM CREATININE	: 0.92	mg/dl	0.6 - 1.4
<b>Haematology</b>			
ABO & Rh TYPE	: "B" POSITIVE		
<b>Glycosylated Hemoglobin(Hba1c)</b>			
Result	: 5.3	Non-Diabetic Range:4.0-6.0% . American Diabetic Association Target:7.0	4 - 7
Mean Glucose Plasma	: 105.41	<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.

MEDIFIRST DIAGNOSTICS  
BISTUPUR, JAMSHEDPUR  
Mob:- 7479422411

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

Dr. P. C. Debey  
MD (Path), MDMLLS (Pune)  
Chief Pathologist  
Reg. No:-20787

Collected at :  
Address :  
Collected On : 26-Mar-22 11:58 am



**MEDIFIRST DIAGNOSTICS**

medifirstdiagnostics.jor@gmail.com  
491-7903920054

Transaction No : MFD/2022/0091  
Patient Id : 85787485

Patient's Name : Miss NIKIHTA  
Referred by Dr : MEDIWHEEL

Age : 29 Sex : FEMALE  
Report on : 26-Mar-22 3:23 pm

Test Name	Result	Units	Normal Range
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**Haematology**

**Complete Blood Count**

Haemoglobin	: 13.2	gm/dl	12 - 16
Red Blood Cell Count	: 5.6	mil/cmm	3.8 - 5.8
White Blood Cell Count	: 8900	/cmm	4000 - 11000
Packed Cell Volume(Haematocrit)	: <b>47.8</b>	↑ %	35 - 47
Mean Corpuscular Volume	: 85.36	cu micron	76 - 96
Mean CorpuscularHaemoglobin	: <b>23.57</b>	↓ picgrams	27 - 32
Mean Corpuscular HB Con.	: <b>27.62</b>	↓ g/dl	32 - 36
Red Cell Distribution Width	: 13.2	%	11 - 16
Platelet Count	: 230000	/cmm	150000 - 450000
Mean Platelet Volume	: 9.7	fL	6.8 - 10.9

**WBC Differential Count**

Neutrophils	: 64	%	40 - 70
Lymphocytes	: 29	%	20 - 45
Monocytes	: 3	%	0 - 8
Eosinophils	: 4	%	0 - 6
Basophils	: 0	%	0 - 1

**ESR (Erythrocyte Sedimentation Rate)**

Observation	: 14	mm 1st Hr	0 - 20
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**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.

MEDIFIRST DIAGNOSTICS  
BISTUPUR, JAMSHEDPUR  
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\*\*\* End of Report \*\*\*

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