

MANOHAR SINGH MUNDRA 32/ M

DOB. 12/06/1989

Height. 167

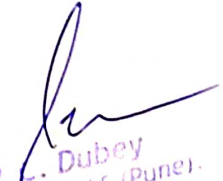
Weight 70

BC - B+

BP - 125/81

Pulse - 70

MEDIFIRST DIAGNOSTICS
BISTUPUR, JAMSHEDPUR
Mob: 7479422411


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



Manohar Singh Munda

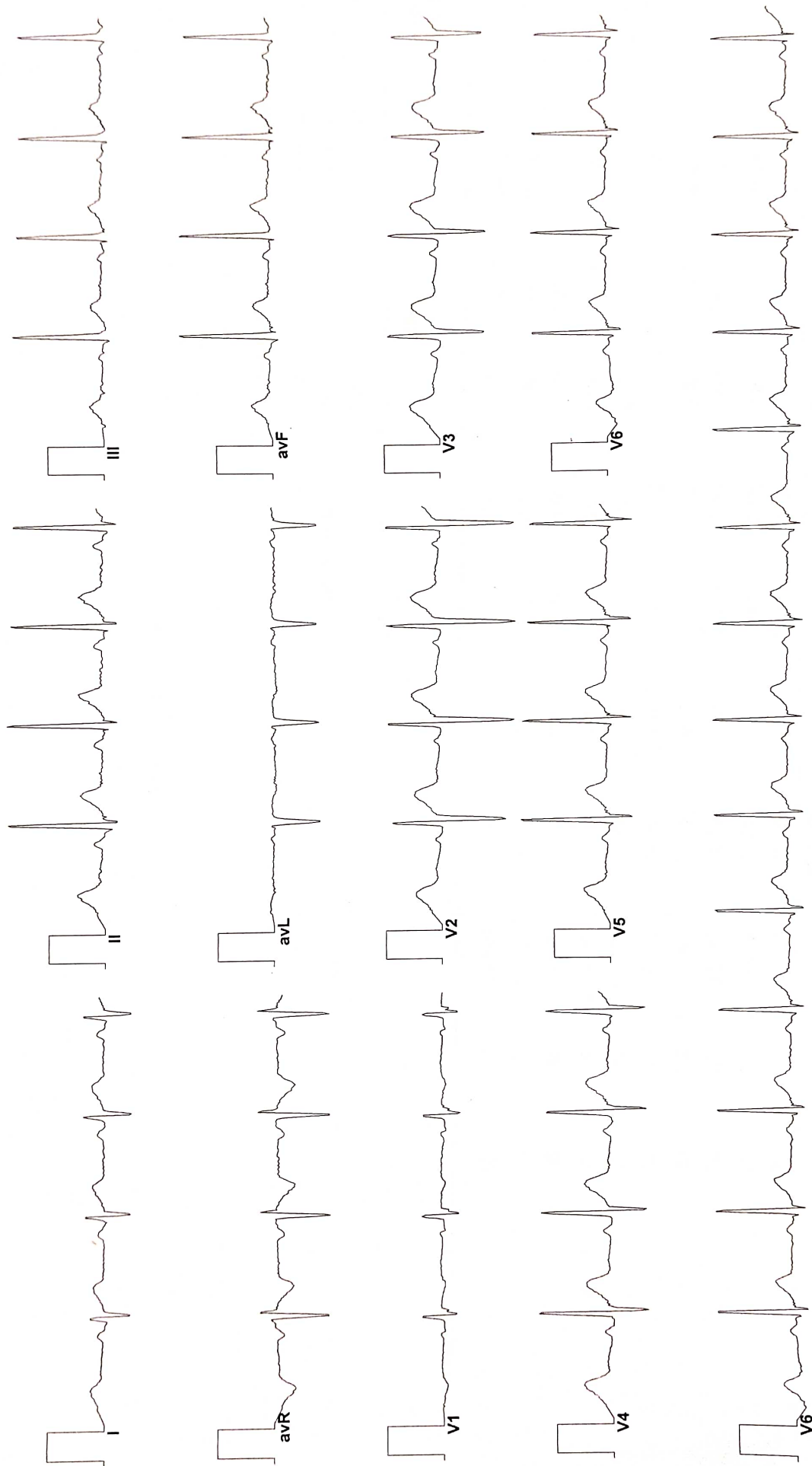
MEDIFIRST DIAGNOSTICS
BISTUPUR, JAMSHEDPUR
Mob: 7479422411

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



ECG

181 / MANOHAR SINGH MUNDA / 32 Yrs / M / 167Cms. / 70Kgs. / Non Smoker
Heart Rate : 86 bpm / Tested On : 26-Mar-22 11.54.34 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



Vent Rate : 86 bpm
PR Interval : 140 ms
QRS Duration: 74 ms
QT/QTc Int : 332/378 ms
P-QRS-T axis: 42.00° 94.00° 59.00°

Allengers ECG (Pisces)(PIS215190517)

A. Biswas
DR. S. BISWAS
MBBS, MD
Reg No 14798
MEDFIRST DIAGNOSTIC
BISTUPUR, JAMSHEDPUR
Mob: 7478422411

237 / MANOHAR SINGH MUNDA / 32 Yrs / M / 167 Cms / 70 Kg Date: 26-Mar-2022

Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	%THR Achieved	BP	RPP	PVC	Comments
Supine	00:15	0:14	00.0	00.0	01.0	092	49%	120/80	110	00	
Standing	00:26	0:11	00.0	00.0	01.0	090	48%	120/80	108	00	
HV	00:41	0:15	00.0	00.0	01.0	075	40%	120/80	090	00	
Warm Up	01:00	0:19	00.0	00.0	01.0	075	40%	124/84	093	00	
ExStart	01:11	0:11	01.0	00.0	01.0	101	54%	124/84	125	00	
BRUCE Stage 1	04:11	3:00	01.7	10.0	04.7	128	68%	130/89	166	00	
PeakEx	05:14	1:03	02.5	12.0	05.6	144	77%	136/95	195	00	
Recovery	05:43	0:29	01.1	00.0	01.8	135	72%	132/91	178	00	
Recovery	08:13	3:00	00.0	00.0	01.0	105	56%	128/86	134	00	
Recovery	08:57	3:43	00.0	00.0	01.0	104	55%	124/84	128	00	

Findings :

Exercise Time : 04:03
 Max HR Attained : 144 bpm 77% of Target 188
 Max BP Attained : (Sys) 136/95
 Max Workload Attained : 5.6 Fair response to induced stress
 Max ST Dep Lead & Value : III & -0.9 mm in PeakEx mm
 Test End Reasons : Leg Pain

Report :

Negative TMT

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 Mob- 7478422411

J. Biswas
DR. S. BISWAS
 M.B.B.S, MD
 Regd NO 12796

237 / MANOHAR SINGH MUNDA / 32 Yrs / M / 167 Cms / 70 Kg / HR : 92

Date: 26-Mar-2022 11:55:51 AM

METS: 1.0/ 92 bpm 48% of THR

BP: 120/80 mmHg

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

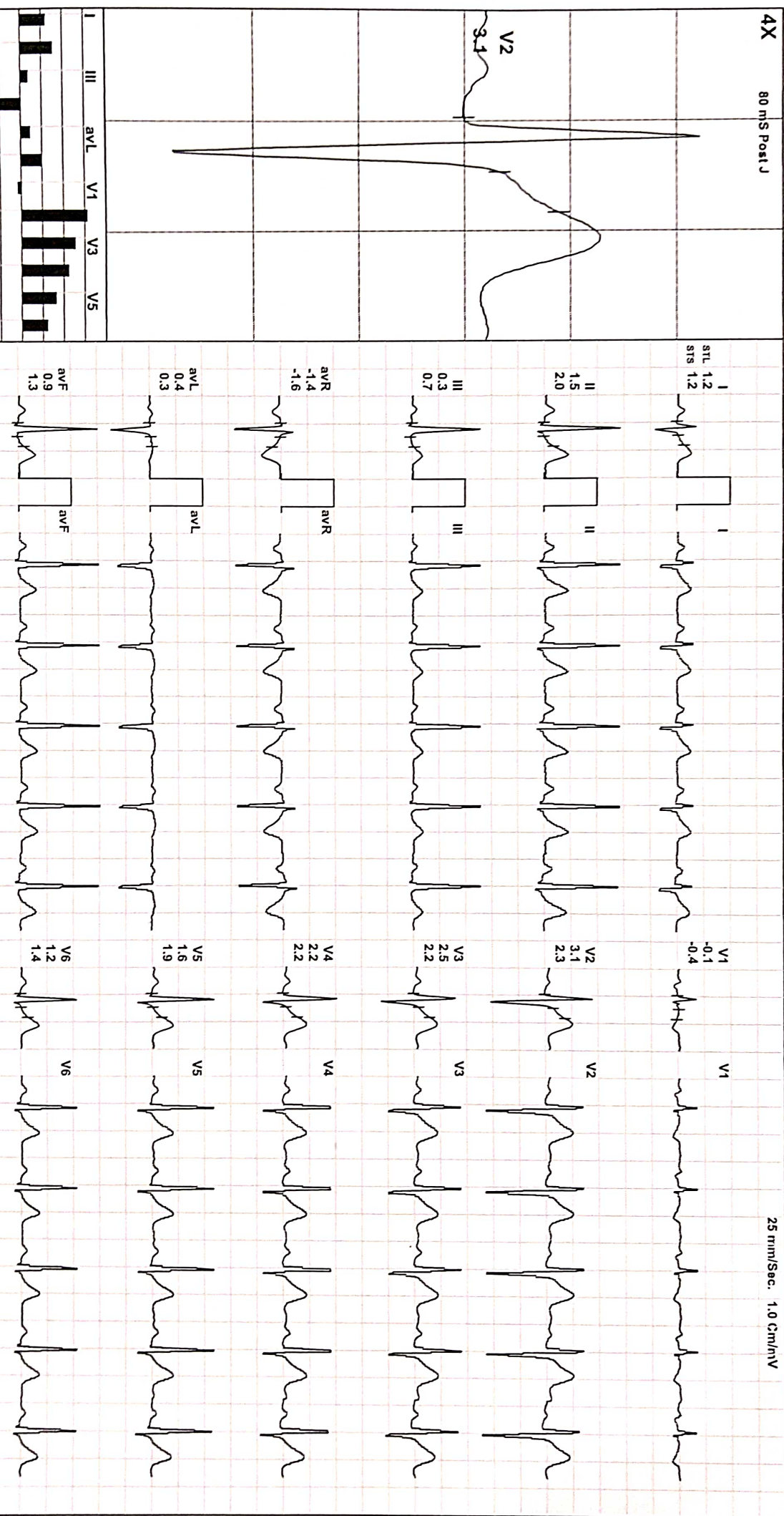
EXTime: 00:14 0.0 mph, 0.0%

Supine



4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM214190403)(R)Allengers

237 / MANOHAR SINGH MUNDA / 32 Yrs / M / 167 Cms / 70 Kg / HR : 90

Date: 26-Mar-2022 11:55:51 AM METS: 1.0/ 90 bpm 47% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZLF 100 Hz

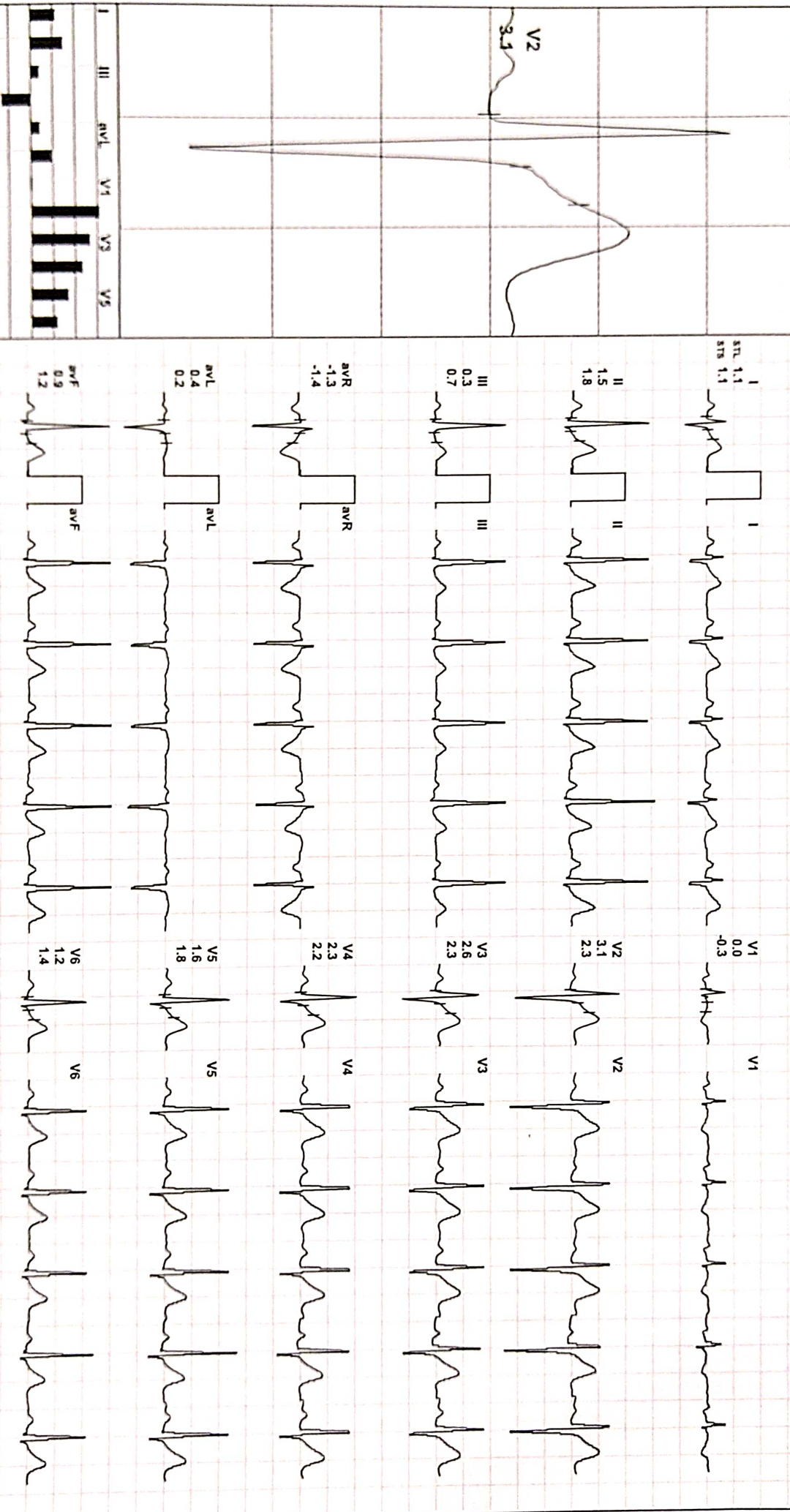
EXTime: 00:25 0.0 mph, 0.0%

Standing



4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

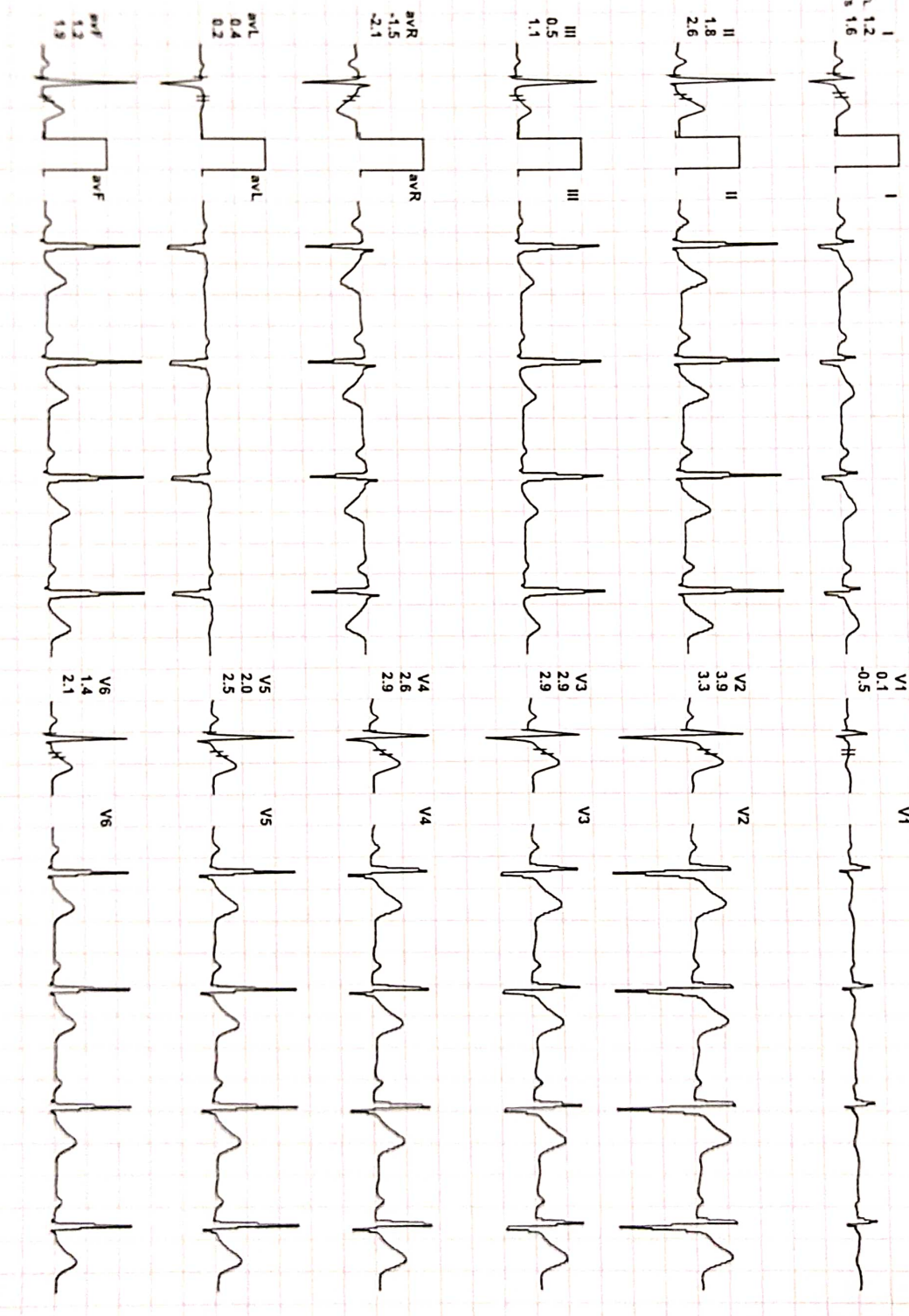
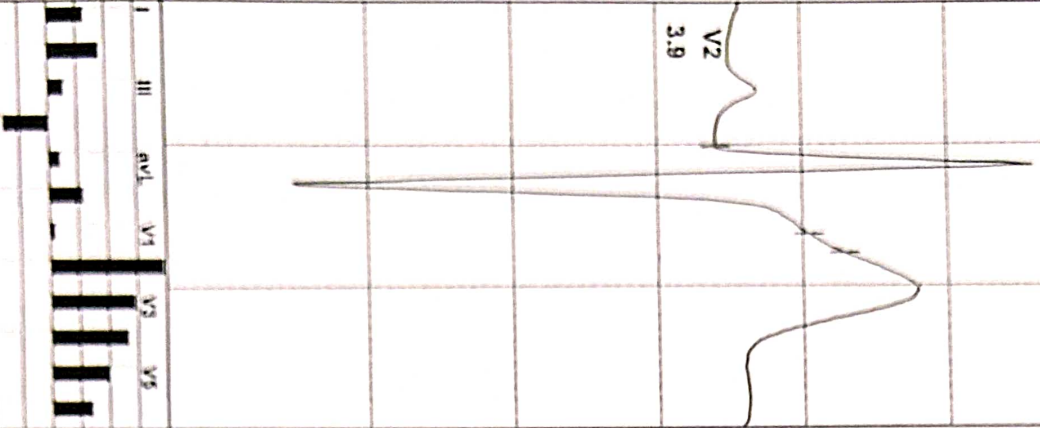
(GEN214190403)(R)/Allengers

237 / MANOHAR SINGH MUNDA / 32 Yrs / M / 167 Cms / 70 Kg / HR : 75

Date: 26-Mar-2022 11:55:51 AM METS: 1.0/ 75 bpm 39% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:40 0.0 mph, 0.0%
 25 mm/Sec. 1.0 Cm/rrV

4X 30 mS Post J



REMARKS:

(GEN214190403(R)Allengers

237 / MANOHAR SINGH MUNDA / 32 Yrs / M / 167 Cms / 70 Kg / HR : 75

Date: 26-Mar-2022 11:55:51 AM

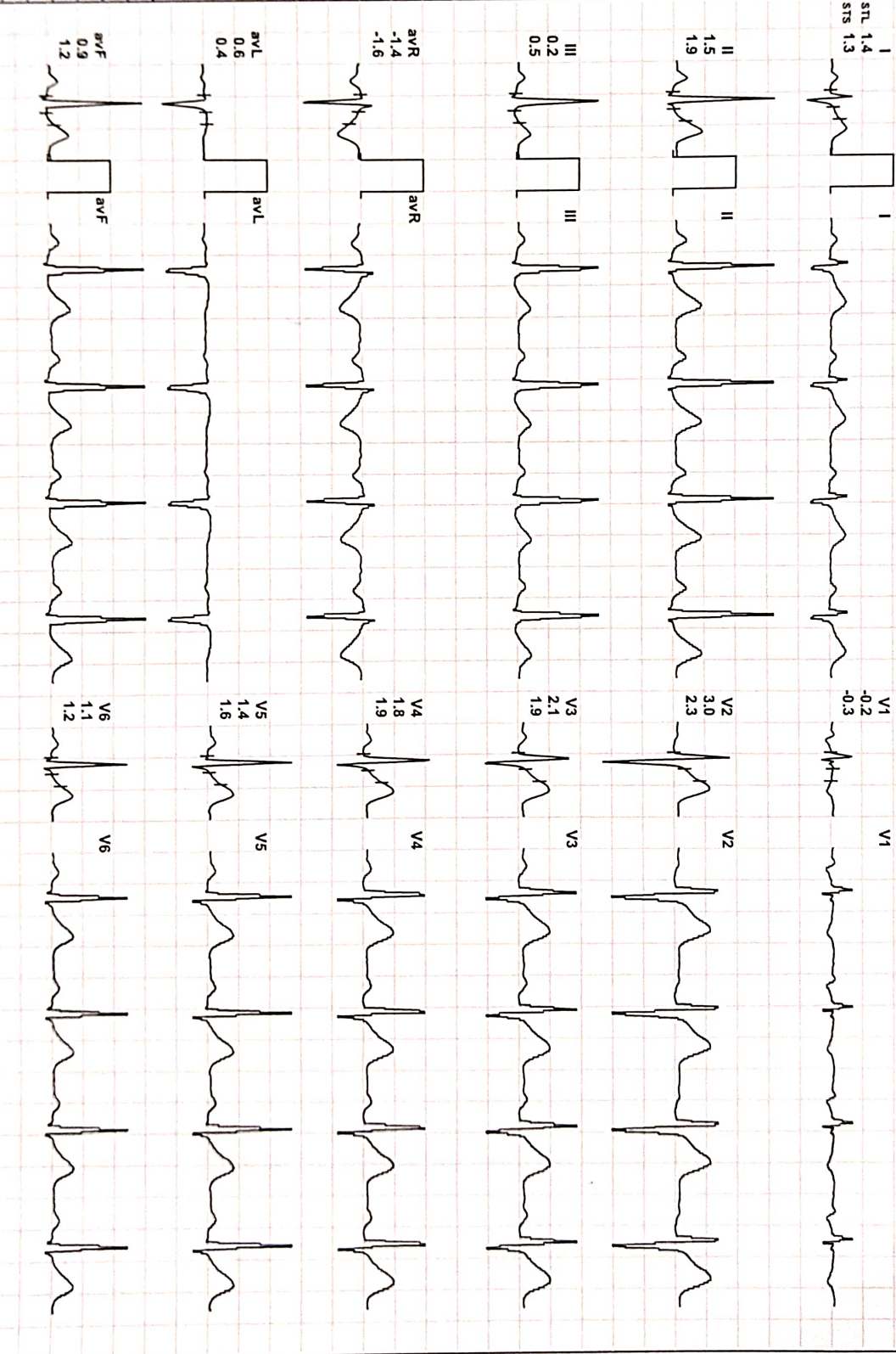
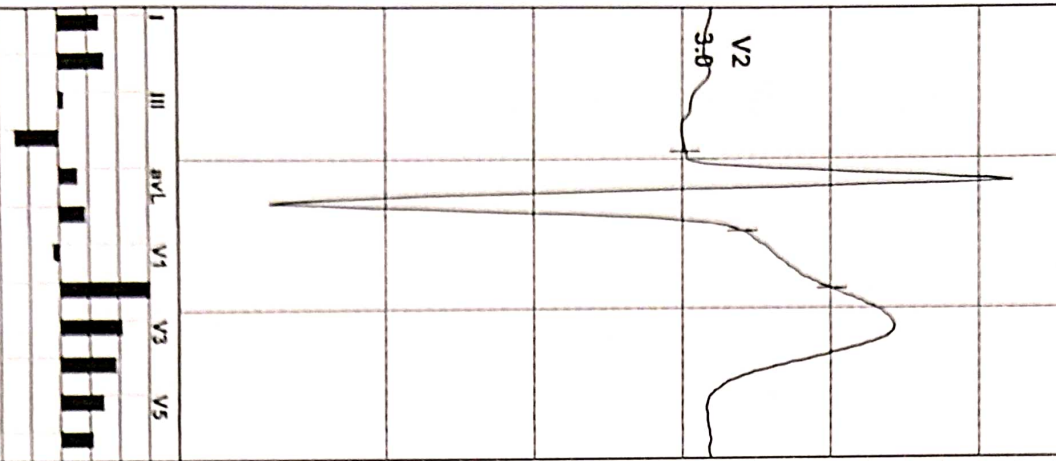
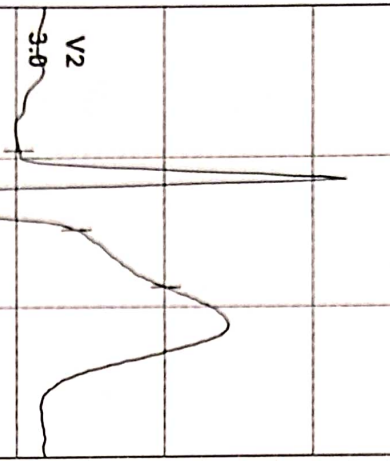
METS: 1.0/ 75 bpm 39% of THR

BP: 124/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExtIme: 00:59 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

II aVR aVF V2 V4 V6
I aVL V1 V3 V5
III aVF V2 V4 V6
aVR -1.4
aVL 0.6
aVF 0.9
I 1.4
II 1.5
III 0.5
aVR -1.6
aVL 0.4
aVF 1.2
V1 -0.2
V2 3.0
V3 2.1
V4 1.8
V5 1.4
V6 1.1

237 / MANOHAR SINGH MUNDA / 32 Yrs / M / 167 Cms / 70 Kg / HR : 101

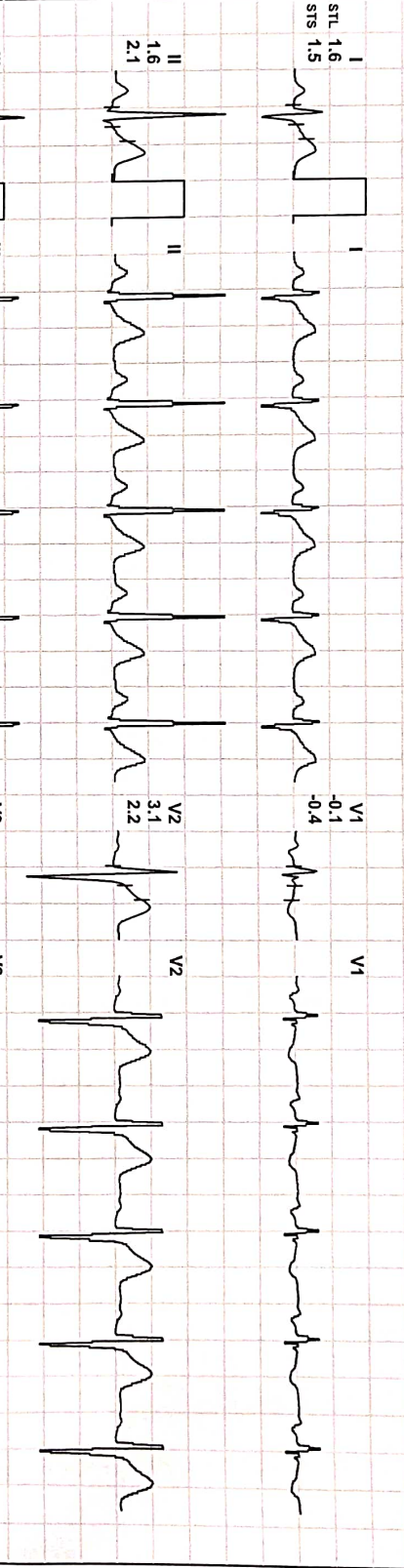
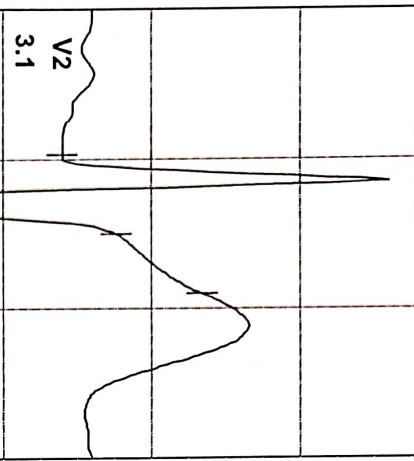
Date: 26-Mar-2022 11:55:51 AM METS: 1.0/ 101 bpm 53% of THR BP: 124/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:00 1.0 mph, 0.0%

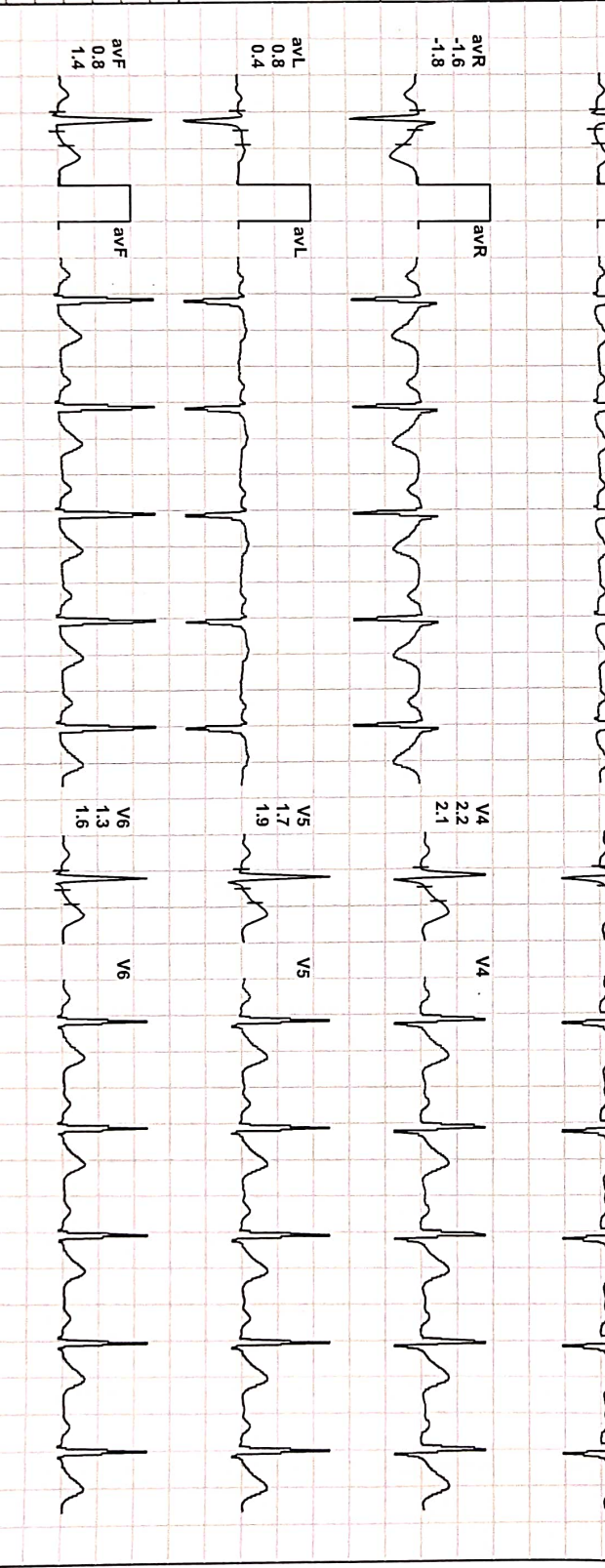
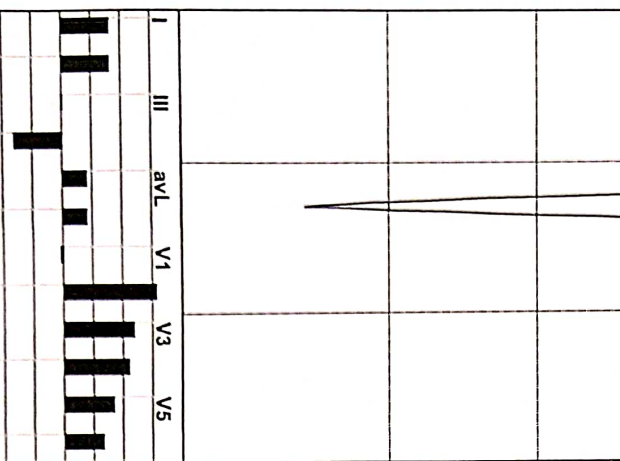
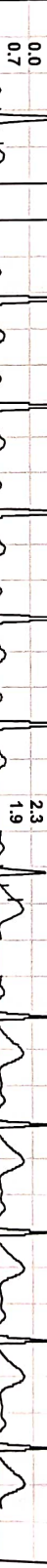
ExStart



4X 80 ms Post J



V2 3.1



REMARKS:

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237 / MANOHAR SINGH MUNDA / 32 Yrs / M / 167 Cms / 70 Kg / HR : 128

BRUCE: Stage 1(3:00)



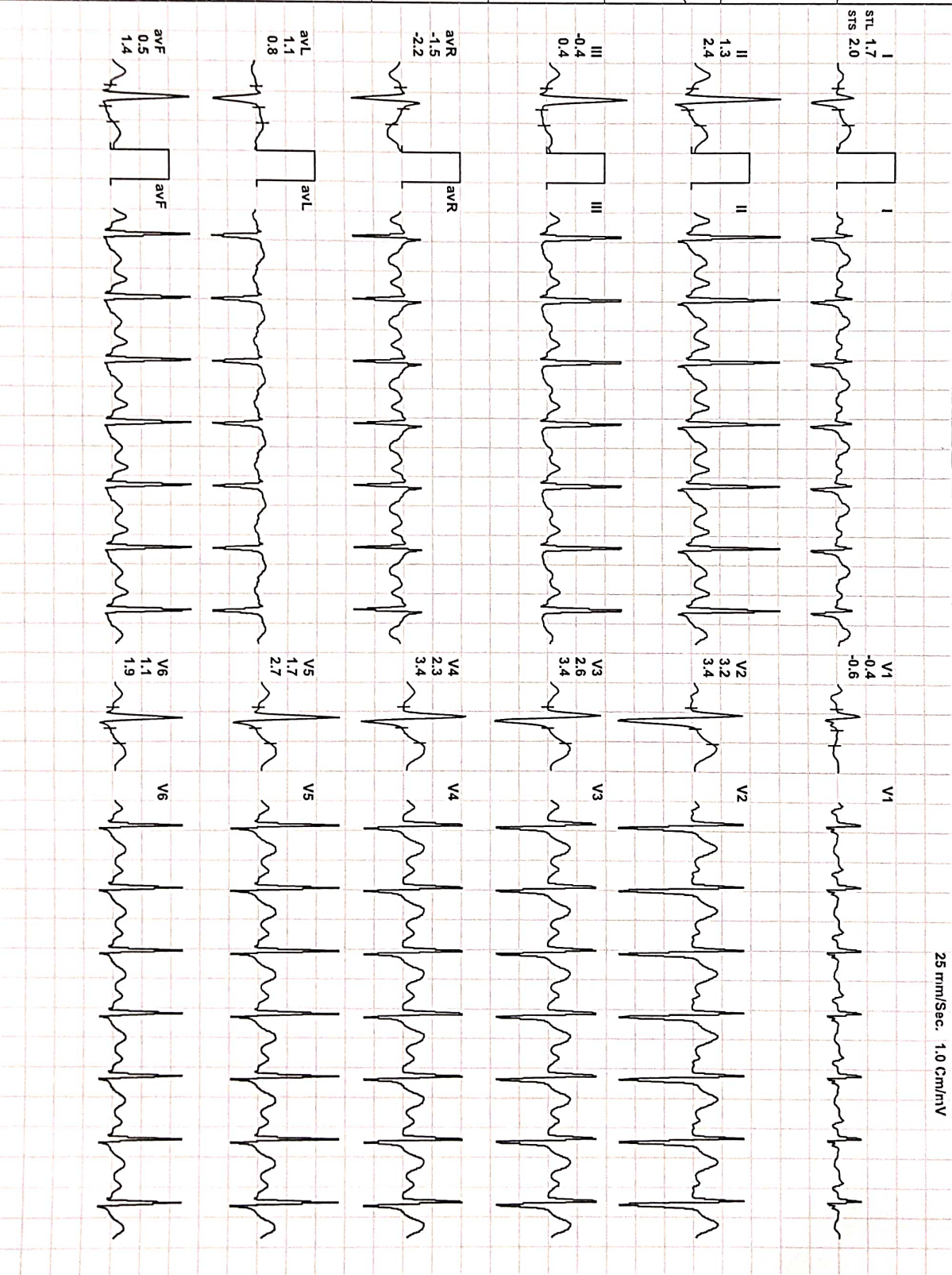
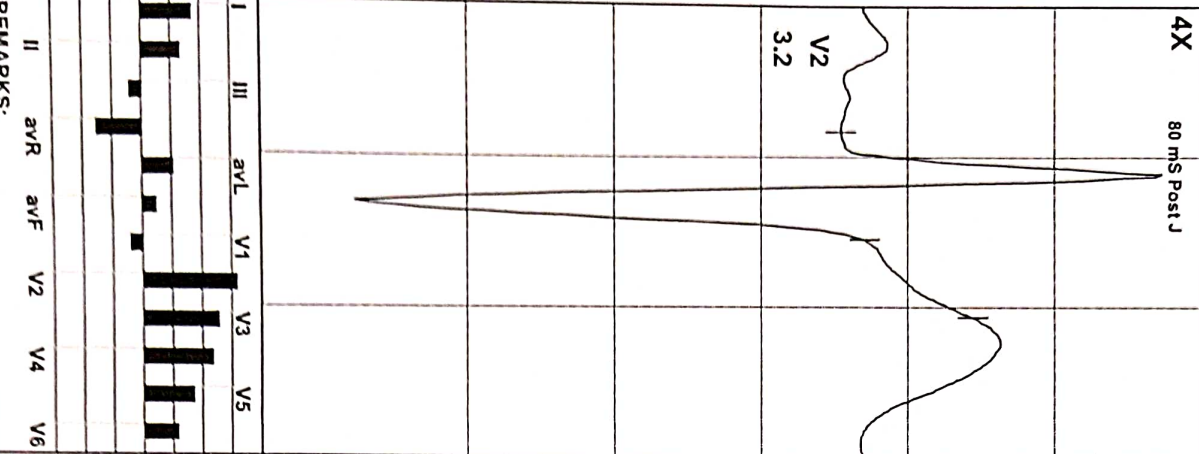
Date: 26-Mar-2022 11:55:51 AM

METS: 4.7/ 128 bpm 68% of THR BP: 130/89 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 03:00 1.7 mph, 10.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM214190403)(R)Allengers

237 / MANOHAR SINGH MUNDA / 32 Yrs / M / 167 Cms / 70 Kg / HR : 144

Date: 26-Mar-2022 11:55:51 AM

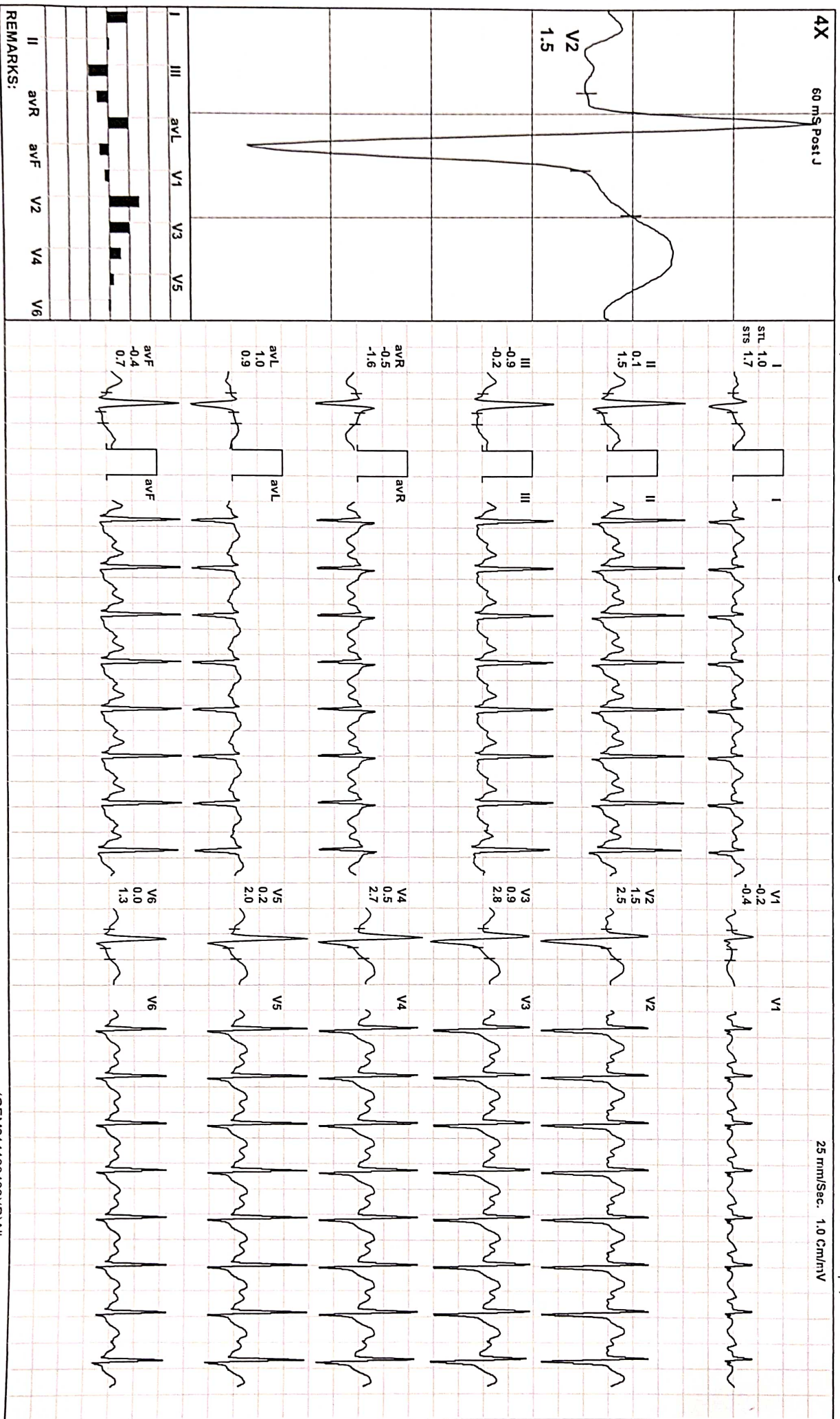
METS: 5.6/ 144 bpm 76% of THR

BP: 136/95 mmHg

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

EXTime: 04:03 2.5 mph, 12.0%

PeakEx



REMARKS:

(GEM214190403)(R)Allengers

237 / MANOHAR SINGH MUNDA / 32 Yrs / M / 167 Cms / 70 Kg / HR : 135

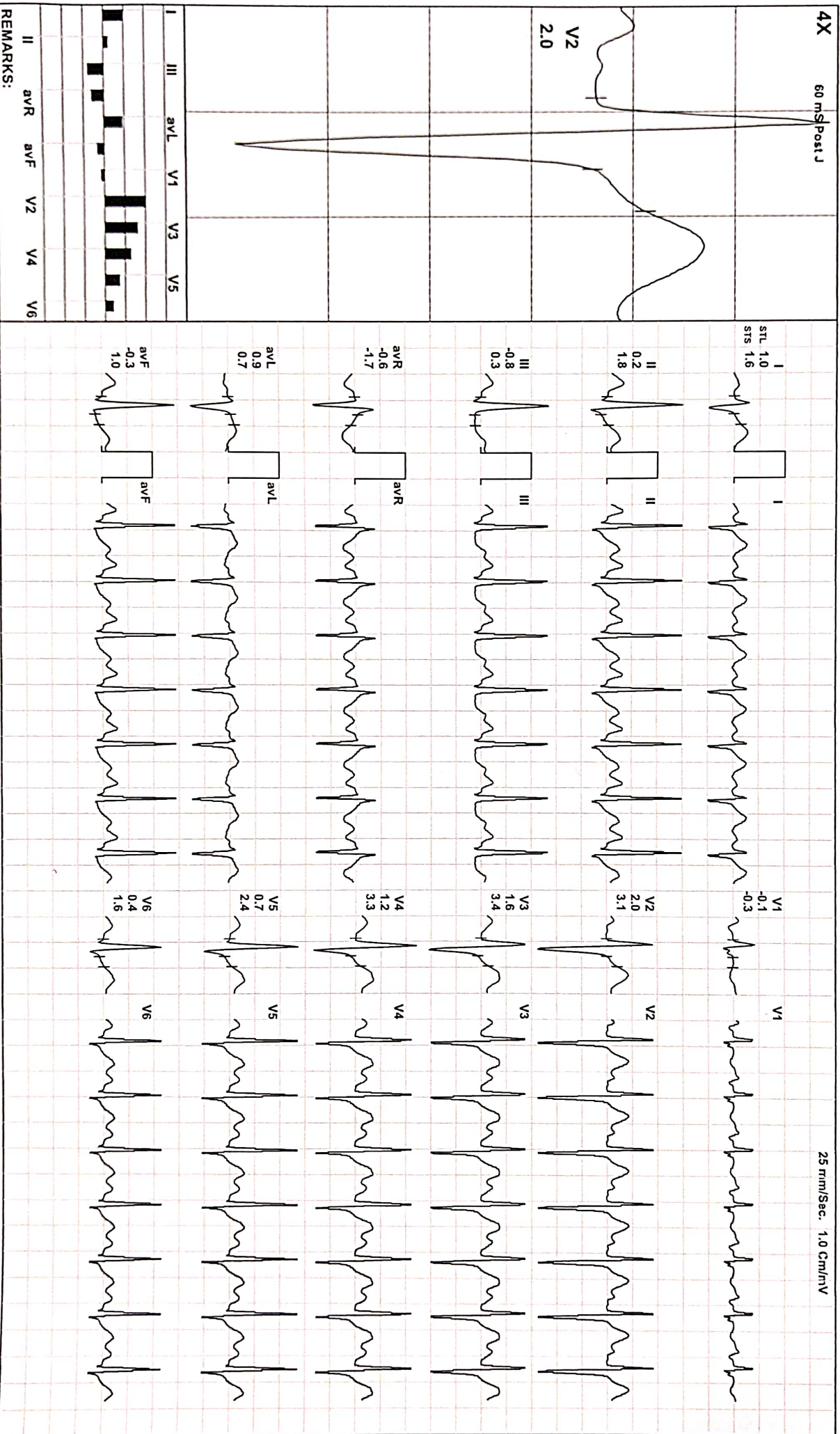
Recovery(0:29)



Date: 26-Mar-2022 11:55:51 AM

METS: 1.8/ 135 bpm 71% of THR BP: 132/91 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

EXTime: 04:03 1.1 mph, 0.0%



(GEN214190403)(R)Allengers



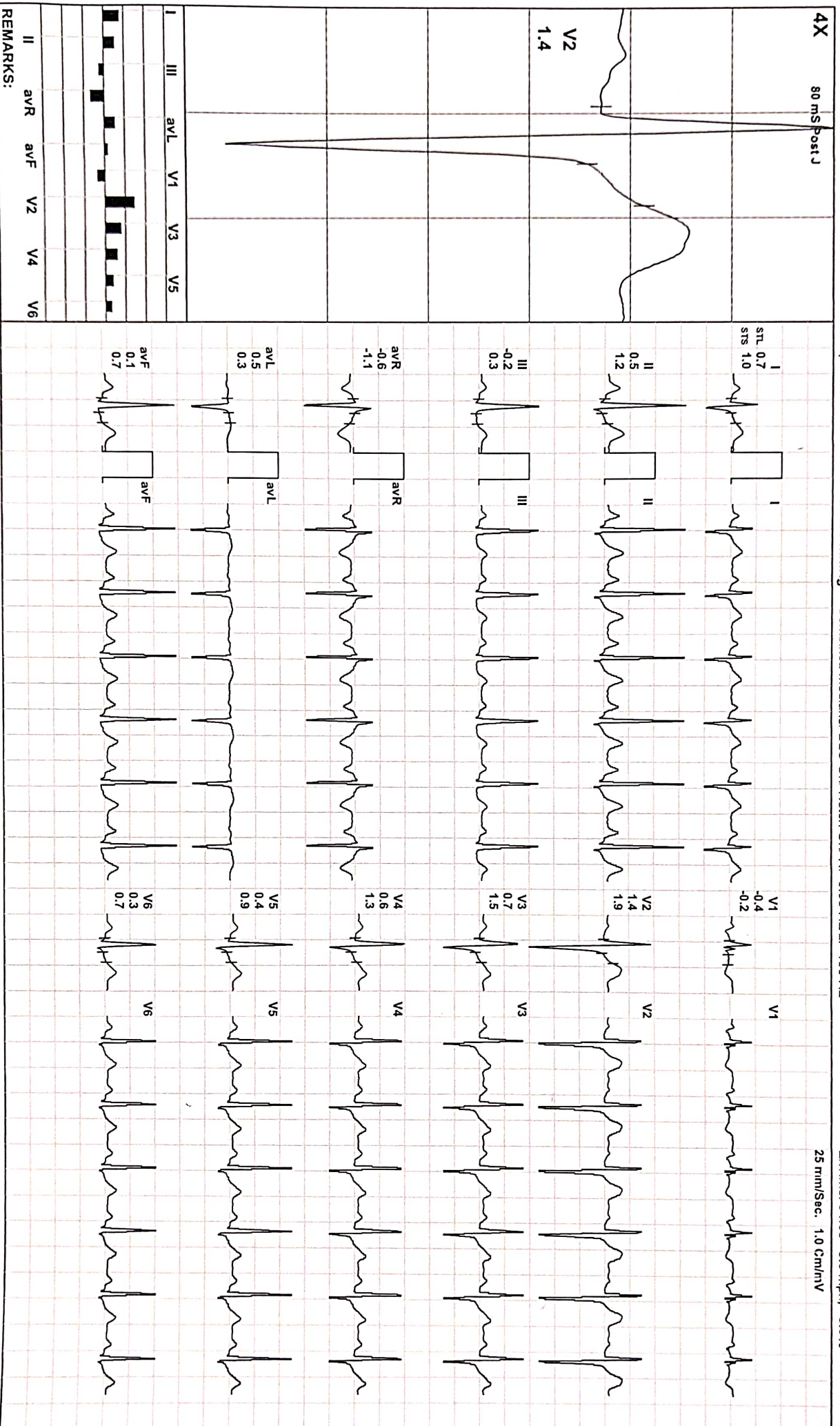
Date: 26-Mar-2022 11:55:51 AM

METS: 1.0/ 105 bpm 55% of THR

BP: 128/86 mmHg

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

EXTime: 04:03 0.0 mph 0.0%

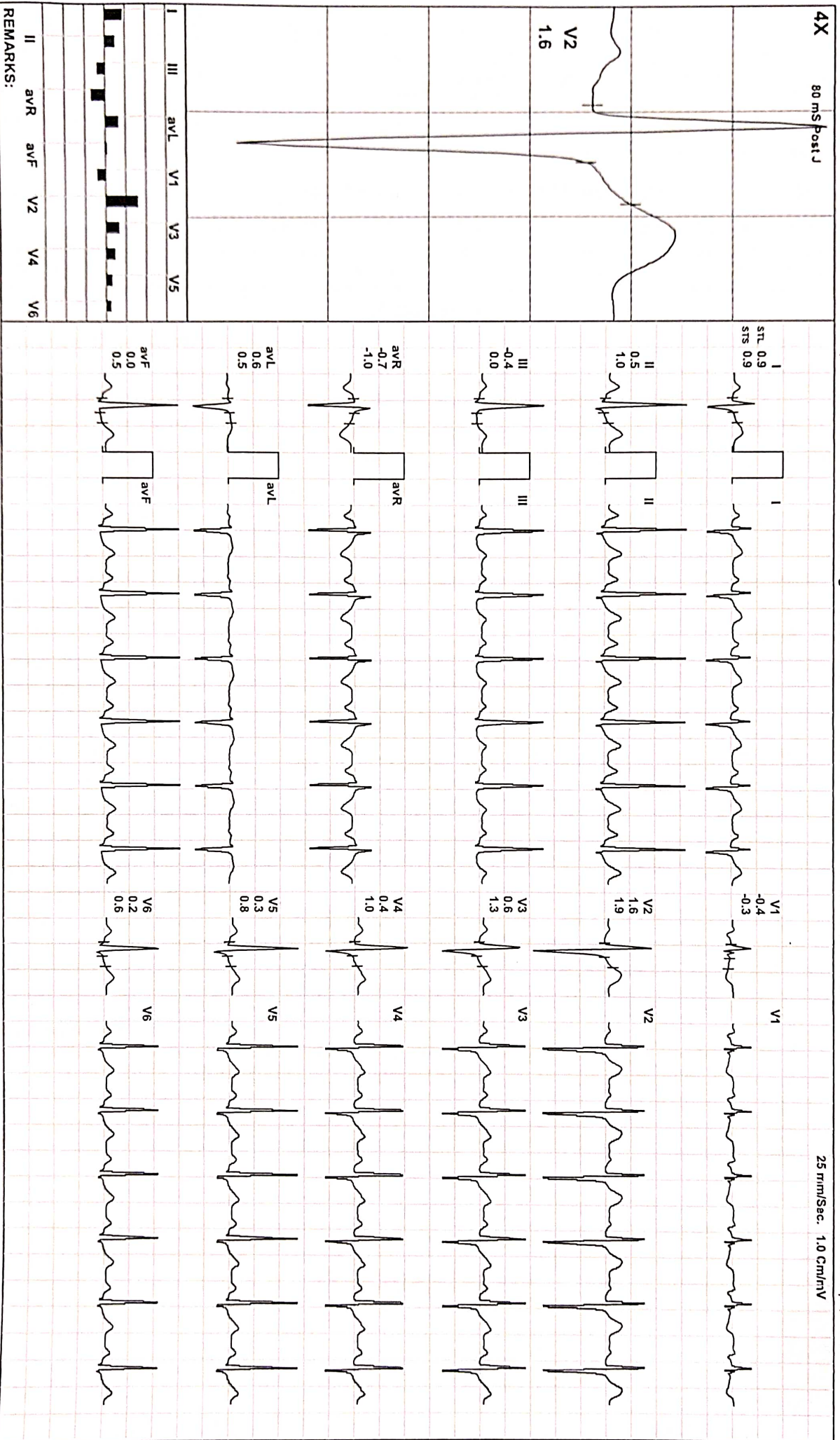


237 / MANOHAR SINGH MUNDA / 32 Yrs / M / 167 Cms / 70 Kg / HR : 104

Date: 26-Mar-2022 11:55:51 AM METS: 1.0/ 104 bpm 55% of THR BP: 124/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

ExTime: 04:03 0.0 mph, 0.0%

Recovery(3:43)



(GEN214190403)(R)Allengers

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



MEDIFIRST DIAGNOSTICS

medifirstdiagnostics.jor@gmail.com
+91-7903980054

Transaction No : MFD/2022/0091 Patient's Name : Mr MANOHAR SINGH MUN Age : 32 Sex : MALE
Patient Id : 85787485 Referred by Dr : MEDIWHEEL Report on : 26-Mar-22 3:37 pm

Test Name	Result	Units	Normal Range
Haematology			
Complete Blood Count			
Haemoglobin	: 15.3	gm/dl	12 - 16
Red Blood Cell Count	: 5.7	mil/cmm	3.8 - 5.8
White Blood Cell Count	: 6900	/cmm	4000 - 11000
Packed Cell Volume(Haematocrit)	: 46.3	%	35 - 47
Mean Corpuscular Volume	: 81.23	cu micron	76 - 96
Mean CorpuscularHaemoglobin	: 26.84	↓ picograms	27 - 32
Mean Corpuscular HB Con.	: 33.05	g/dl	32 - 36
Red Cell Distribution Width	: 12.8	%	11 - 16
Platelet Count	: 350000	/cmm	150000 - 450000
Mean Platelet Volume	: 8.9	fL	6.8 - 10.9
WBC Differential Count			
Neutrophils	: 58	%	40 - 70
Lymphocytes	: 39	%	20 - 45
Monocytes	: 2	%	0 - 8
Eosinophils	: 1	%	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.

MEDIFIRST DIAGNOSTICS
BISTUPUR, JAMSHEDPUR
Mob: 7478422411

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

*** End of Report ***

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



HEALTH CARE

MEDIFIRST DIAGNOSTICS

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+91-7903980054

Transaction No : MFD/2022/0091

Patient's Name : Mr MANOHAR SINGH MUN Age : 32 Sex : MALE

Patient Id : 85787485

Referred by Dr : MEDIWHEEL

Report on : 26-Mar-22 3:35 pm

Test Name	Result	Units	Normal Range
Immunology			
THYROID PROFILE TOTAL , SERUM			
TRI-IODO THYRONIN, (T3)	: 178.9	ng/dL	60 - 181
THYROXIN, (T4)	: 10.8	micro gm/dl	3.20 - 12.6
THYROID STIMULATING HORMONE	: 3.5	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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DHA (Apollo)
Chief Pathologist
Reg. No:-20787

*** End of Report ***

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



MEDIFIRST DIAGNOSTICS

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Transaction No : MFD/2022/0091 Patient's Name : Mr MANOHAR SINGH MUN Age : 32 Sex : MALE
Patient Id : 85787485 Referred by Dr : MEDIWHEEL Report on : 26-Mar-22 3:35 pm

Test Name	Result	Units	Normal Range
Biochemistry			
Glucose Fasting, Plasma	: 98.4	mg/dl	70 - 110
URIC ACID	: 7.8	↑ mg/dl	3.5 - 7.0
BLOOD UREA	: 34.5	mg/dl	20 - 40
BUN	: 7.9	mg/dl	5 - 25
SERUM CREATININE	: 0.98	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.

MEDIFIRST DIAGNOSTICS
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*** End of Report ***

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

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



MEDIFIRST DIAGNOSTICS

medifirstdiagnostics.jvr@gmail.com
491-7903980054

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

Patient's Name : Mr MANOHAR SINGH MUN Age : 32 Sex : MALE
Referred by Dr : MEDIWHEEL Report on : 26-Mar-22 3:35 pm

Test Name	Result	Units	Normal Range
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Biochemistry

LIVER FUNCTION TEST (LFT)

BILIRUBIN (Total)	: 0.46	mg/dl	0.2 - 1.0
BILIRUBIN (Direct)	: 0.21	mg%	0 - 1
BILIRUBIN (Indirect)	: 0.25	mg%	0.1 - 1.0
SGOT/AST	: 12.3	IU/L	8 - 37
SGPT/ALT	: 34.5	IU/L	5 - 40
ALKALINE PHOSPHATASE	: 118.6	IU/L	40 - 125
GGT(Gamma Glutamyl Transferase)	: 42.6	U/L	15 - 85
Total Protein	: 6.9	gm/dl	5 - 8
ALBUMIN	: 4.4	mg/dl	3.5 - 5
Globulin	: 2.5	gm/dl	2.3 - 3.5
A/G Ratio	: 1.76	↑	1.2 - 1.5
Austalia Antigen(HBsAg)	: NEGATIVE		

LIPID PROFILE TEST

Serum Cholestrol	: 228.6	↑ mg/dl	125 - 225
Serum Triglyceride	: 128.6	mg/dl	25 - 160
HDL Cholestrol	: 64.2	mg/dl	30 - 70
LDL Cholestrol	: 138.68	mg/dl	35 - 150
VLDL Cholestrol	: 25.72	mg/dl	7 - 35
LDLC/HDLC Ratio	: 2.16	↓	2.5 - 3.5
Serum Cholestrol/HDLC Ratio	: 3.56		3.0 - 5.0

*** End of Report ***

MEDIFIRST DIAGNOSTICS
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Page 1 of 1

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Transaction No : MFD/2022/0091 Patient's Name : Mr MANOHAR SINGH MUN Age : 32 Sex : MALE
Patient Id : 85787485 Referred by Dr : MEDIWHEEL Report on : 26-Mar-22 3:29 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
MEDIFIRST DIAGNOSTICS

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BISTUPUR, JAMSHEDPUR
Mob: 7479422411

*** End of Report ***

Dr. P. C. Dey
MD (Path), PGD (M.S. Path)
DHA (Allotay)
Chief Pathologist
Reg. No.: 20787

Collected at :
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MEDIFIRST DIAGNOSTICS

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

Patient's Name : Mr MANOHAR SINGH MUN Age : 32 Sex : MALE
Referred by Dr : MEDIWHEEL Report on : 26-Mar-22 3:29 pm

Test Name	Result	Units	Normal Range
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Urine Test

Physical Examination

Colour	: PALE YELLOW		
Quantity	: 20 ML		
Appearance	: CLEAR		
Deposits	: NIL		
Specific Gravity	: 1.040		
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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Reg. No. 28/02-2018
Chief Pathologist
MD (Path), PGDMS (Pune)
Dr. P. C. Dubey

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Patient Id : 85787485 Referred by Dr : MEDIWHEEL Report on : 26-Mar-22 3:29 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
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*** End of Report ***

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