

NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 40003/2025 HEIGHT : 153 Cm WEIGHT : 73.00 Kg
 PATIENT NAME : Mrs Smita Chinchole 48/F

Linked Median Report

March 12, 2025 10:15 am
 Report time : 10:30 am

PROTOCOL : BRUCE

STAGE : Recovery

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 06:55

STAGE DURATION : 06:00

HR : 81 bpm

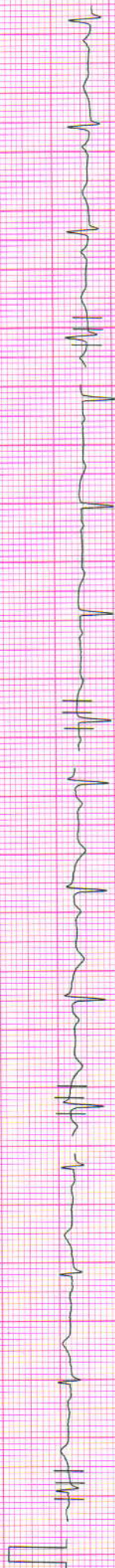
QRS Lead : V5

SPEED: 0.0 kmph

GRADE: 0.0

BP : 120/70 mmHg

METs : 100



I 0.13 / 0.32

aVR -0.10 / -0.64

V1 0.32 / -0.16

V4 -0.03 / 0.08

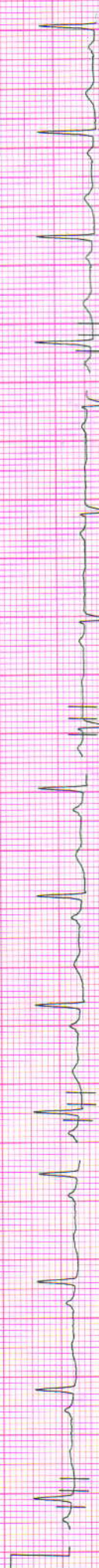


II -0.26 / 0.08

aVL 0.39 / 0.32

V2 0.16 / 0.32

V5 -0.26 / 0.24

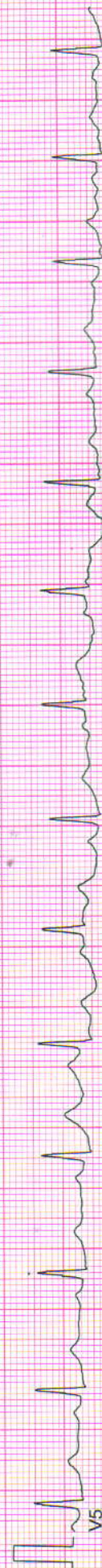


III -0.52 / -0.24

aVF -0.45 / 0.00

V3 0.03 / 0.00

V6 -0.23 / 0.16



Sachinchole

NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 40003/2025 HEIGHT : 153 Cm WEIGHT : 73.00 Kg
 PATIENT NAME : Mrs Smita Chinchole 48/F

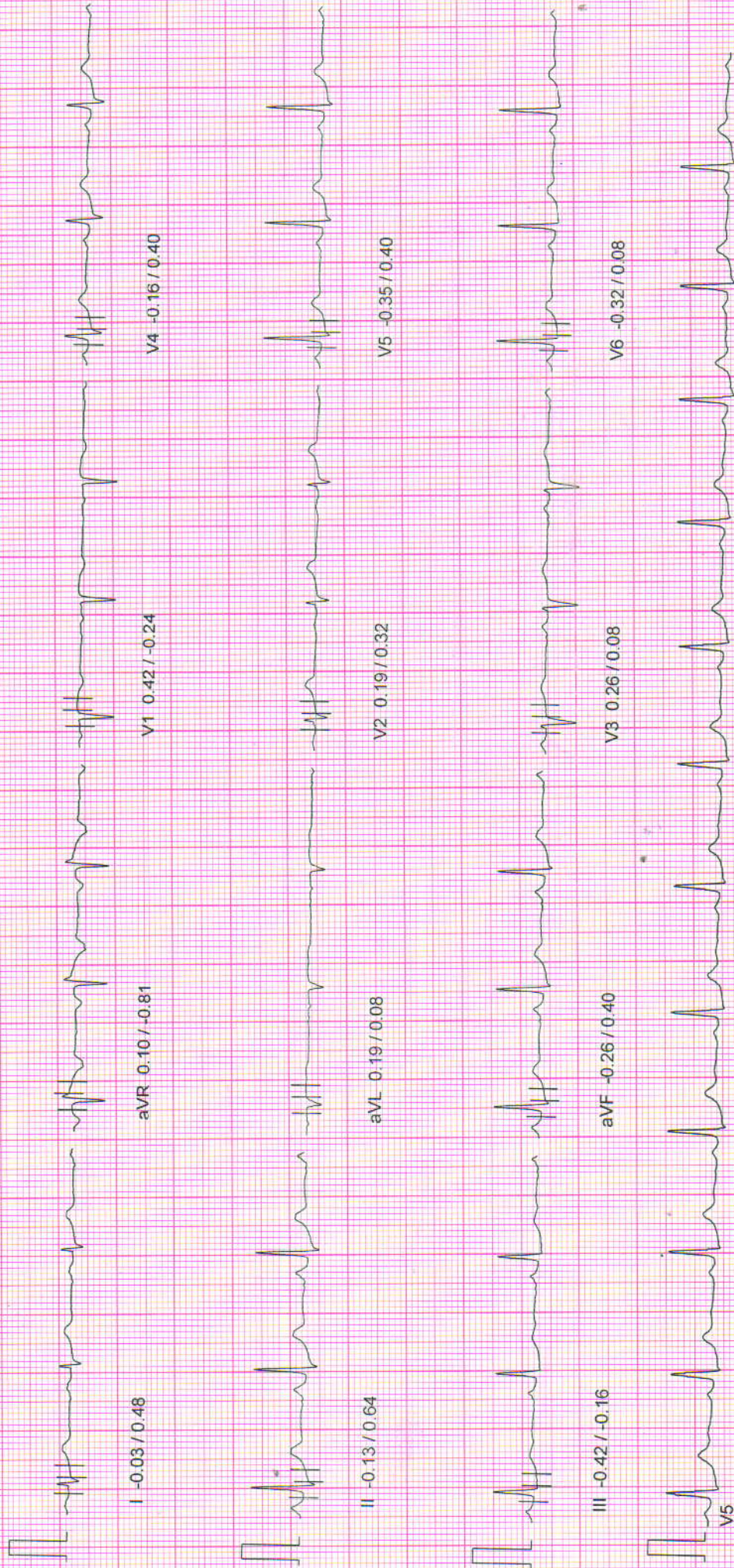
Linked Median Report

March 12, 2025 10:15 am
 Report time : 10:27 am

PROTOCOL : BRUCE

STAGE : Recovery
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 06:55 SPEED: 0.0 kmph
 STAGE DURATION : 03:00 GRADE: 0.0
 HR : 75 bpm BP : 120/70 mmHg
 QRS Lead : V5 METs : 1.00



NADKARNI PATHOLOGY LABORATORY

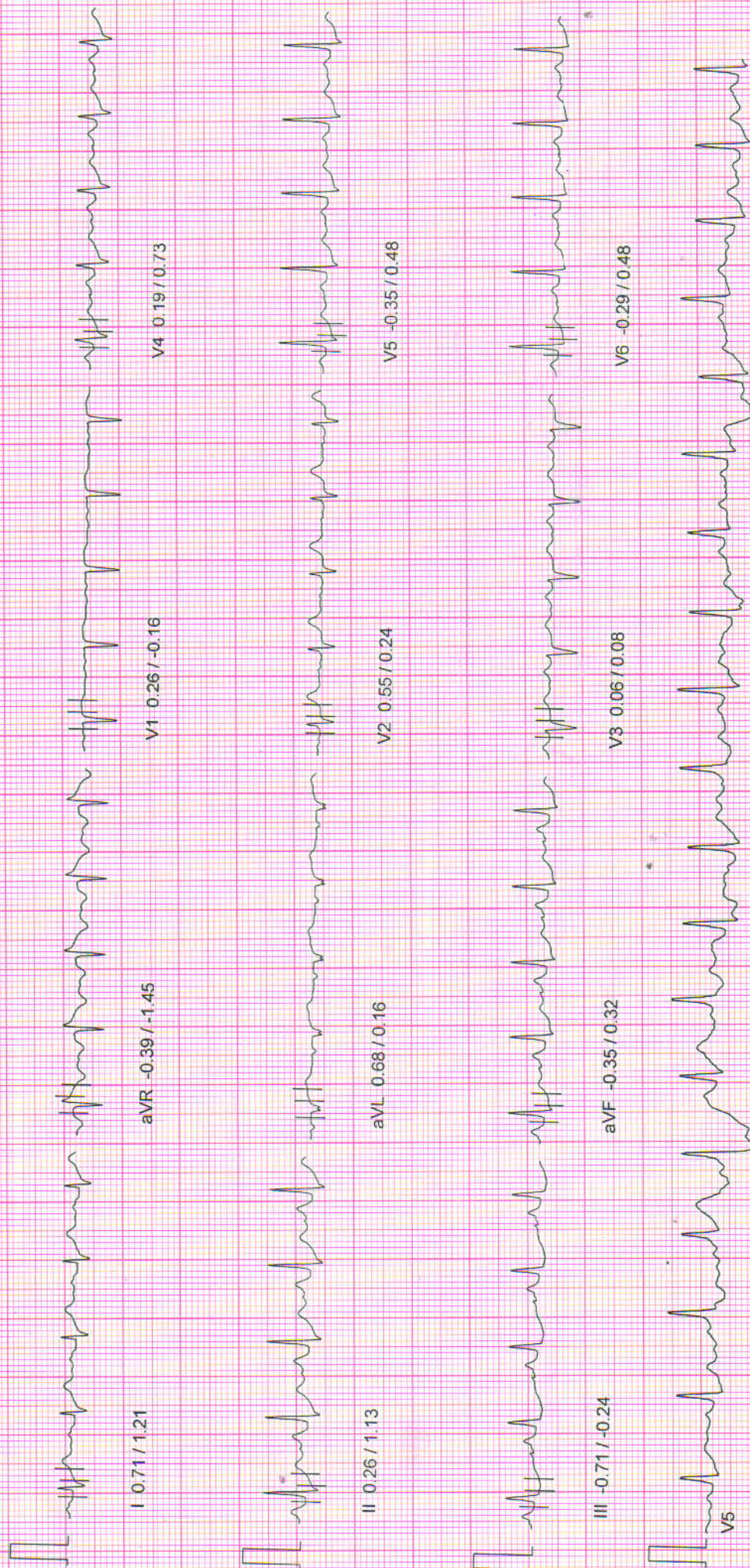
PATIENT ID : 40003/2025 HEIGHT : 153 Cm WEIGHT : 73.00 Kg
 PATIENT NAME : Mrs Smita Chinchole 48/F
 PROTOCOL : BRUCE

Linked Median Report

March 12, 2025 10:15 am
 Report time : 10:25 am

PHASE TIME : 06:55 SPEED: 0.0 kmph
 STAGE DURATION : 01:00 GRADE: 0.0
 HR : 117 bpm BP : 130/72 mmHg
 QRS Lead V5 METs : 1.00

STAGE : Recovery
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J



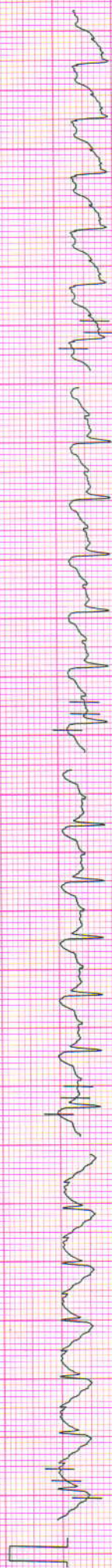
NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 40003/2025 HEIGHT : 153 Cm WEIGHT : 73.00 Kg
 PATIENT NAME : Mrs Smita Chinchole 48/F

Linked Median Report

March 12, 2025 10:15 am
 Report time : 10:24 am

STAGE : Peak Exercise
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J
 PHASE TIME : 06:55
 STAGE DURATION : 00:55
 HR : 156 bpm
 QRS Lead : V5
 SPEED : 5.5 kmph
 GRADE : 14.0
 BP : 140 / 74 mmHg
 METs : 8.00



I 4.84 / 0.40

aVR -3.32 / -1.21

V1 -2.90 / 0.00

V4 -3.58 / 0.32

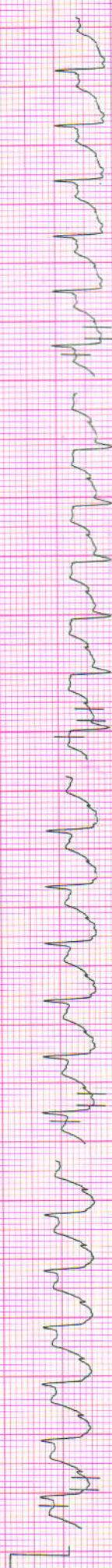


II -1.48 / 0.48

aVL 5.45 / -0.32

V2 -2.03 / -0.89

V5 -3.96 / -0.08

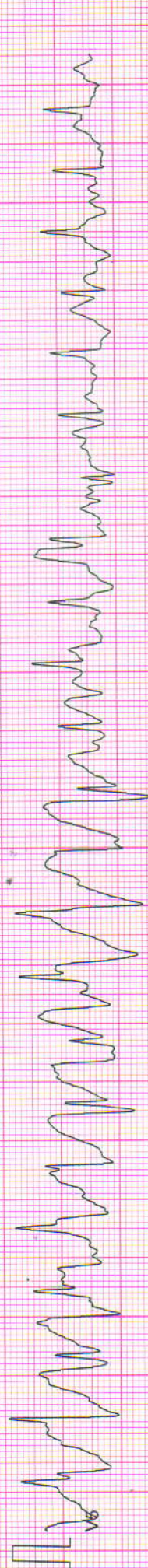


III -5.48 / -1.85

aVF -4.51 / -0.73

V3 -3.42 / -0.40

V6 -3.67 / -0.16



10mm/mV, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

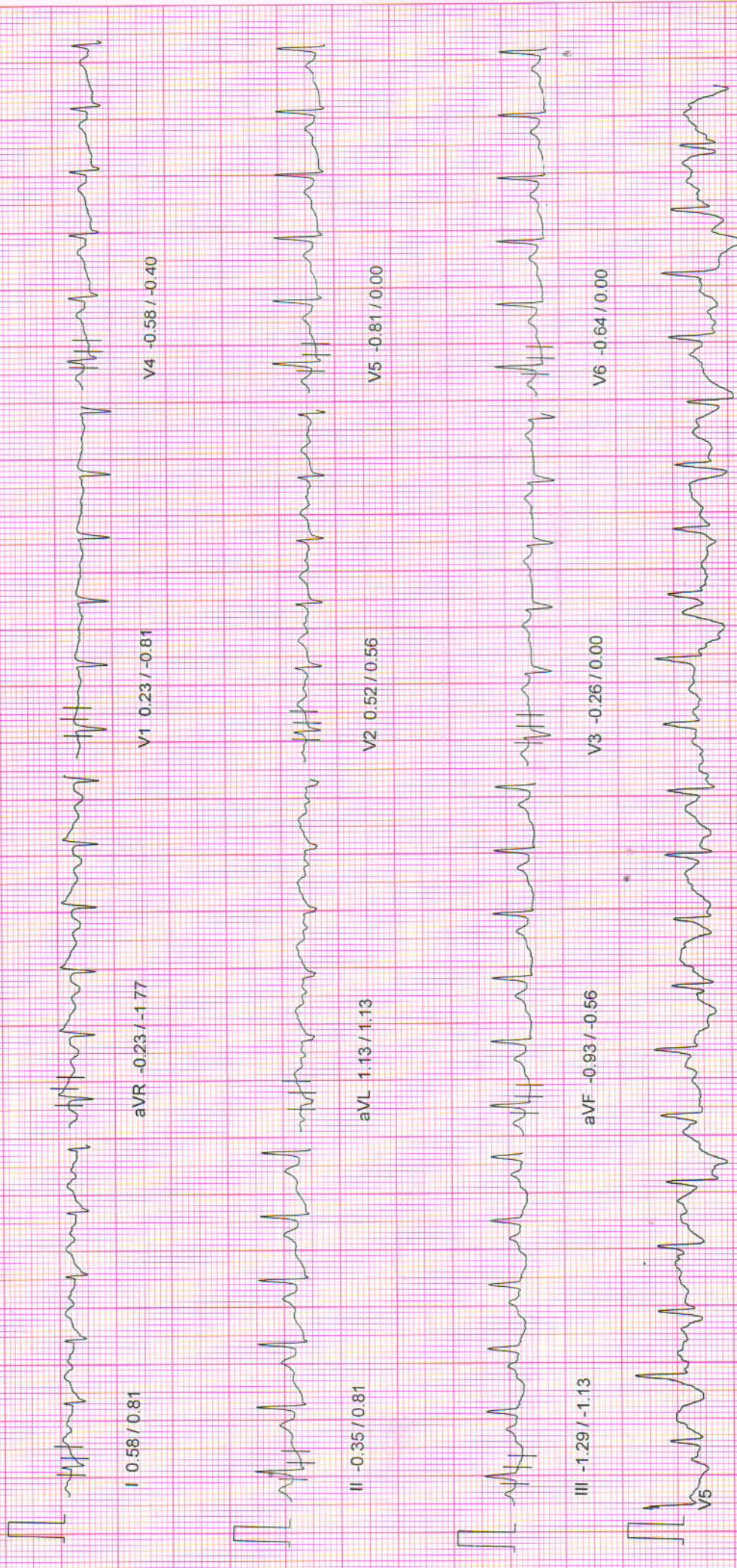
NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 40003/2025 HEIGHT : 153 Cm WEIGHT : 73.00 Kg
 PATIENT NAME : Mrs Smita Chinchole 48/F

Linked Median Report

March 12, 2025 10:15 am
 Report time : 10:23 am

STAGE : Exercise Stage 2
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J
 PHASE TIME : 06:00 SPEED: 4.0 kmph
 STAGE DURATION : 03:00 GRADE: 12.0
 HR : 131 bpm BP : 130 / 72 mmHg
 QRS Lead : V5 METs : 8.00



NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 40003/2025 HEIGHT : 153 Cm WEIGHT : 73.00 Kg
 PATIENT NAME : Mrs Smita Chinchole 48/F

Linked Median Report

March 12, 2025 10:15 am
 Report time : 10:20 am

PROTOCOL : BRUCE

STAGE : Exercise Stage 1

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 03:00

STAGE DURATION : 03:00

HR : 116 bpm

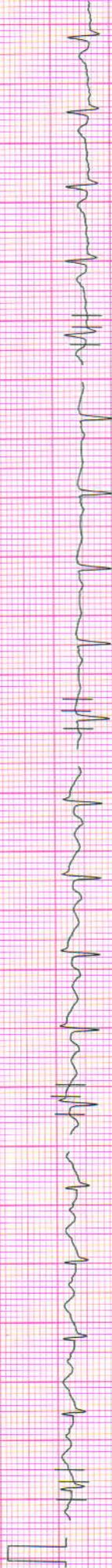
QRS Lead : V5

SPEED : 2.7 kmph

GRADE : 10.0

BP : 120/70 mmHg

METS : 570

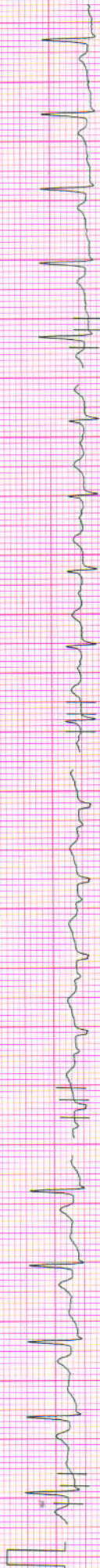


I 0.52 / 0.89

aVR 0.00 / -1.13

V1 0.19 / -0.40

V4 -0.26 / -0.08

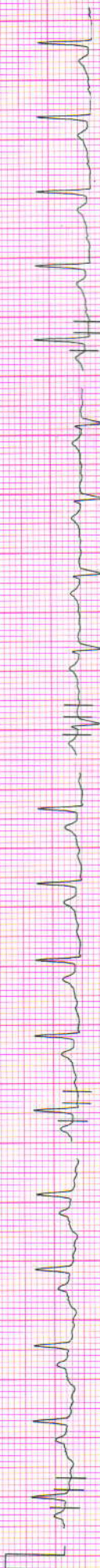


II -0.61 / -0.08

aVL 0.81 / 0.24

V2 -0.03 / 0.00

V5 -0.74 / 0.00



III -1.13 / -0.89

aVF -0.84 / -0.56

V3 -0.29 / -0.89

V6 -0.64 / -0.32



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

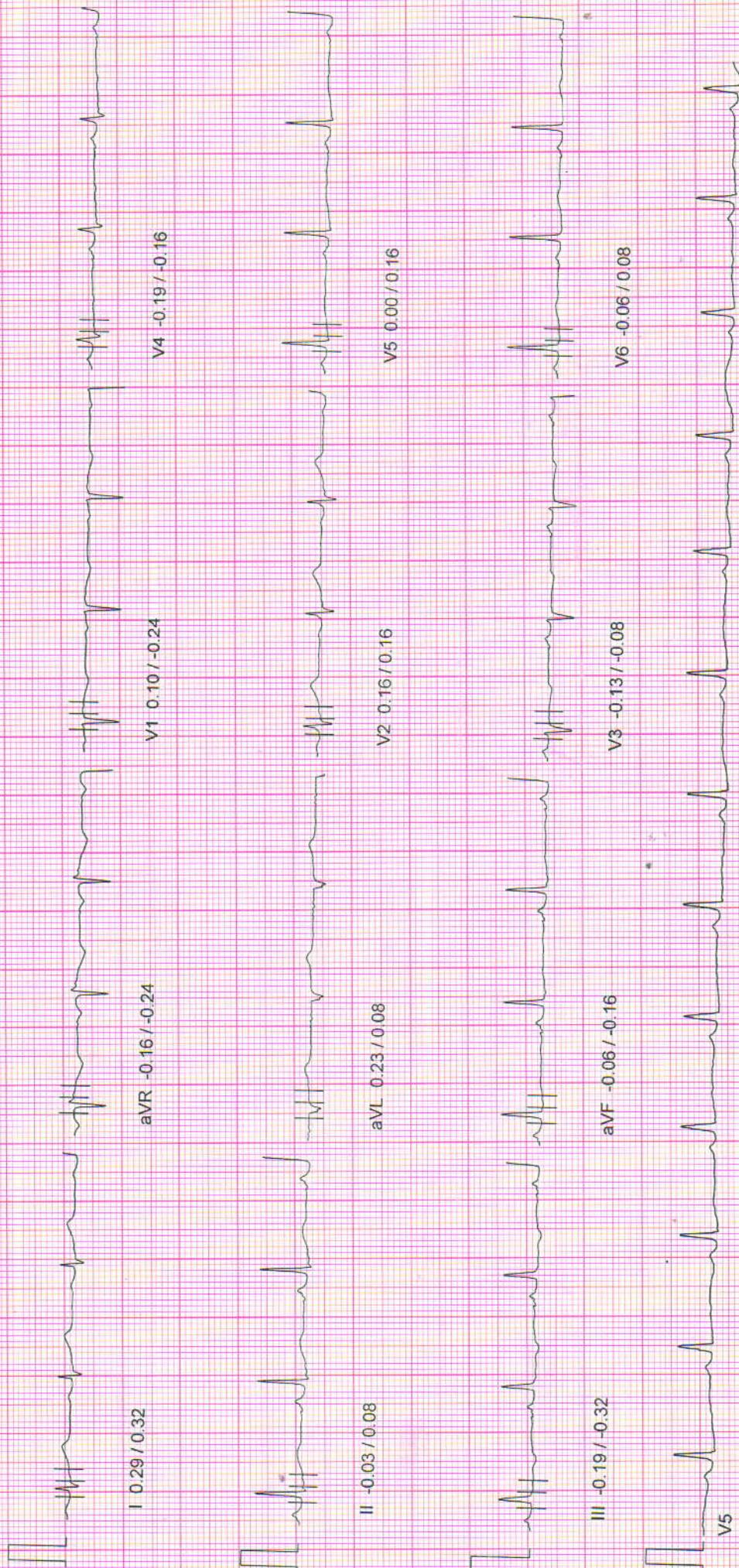
PATIENT ID : 40003/2025 HEIGHT : 153 Cm WEIGHT : 73.00 Kg
 PATIENT NAME : Mrs Smita Chinchole 48/F
 PROTOCOL : BRUCE

Linked Median Report

March 12, 2025 10:15 am
 Report time : 10:17 am

STAGE : Wait For Exercise
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 02:01
 STAGE DURATION : 00:00
 HR : 78 bpm
 QRS Lead : V5
 SPEED : 0.0 kmph
 GRADE : 0.0
 BP : 120/70 mmHg
 METs : 3.40



NADKARNI PATHOLOGY LABORATORY

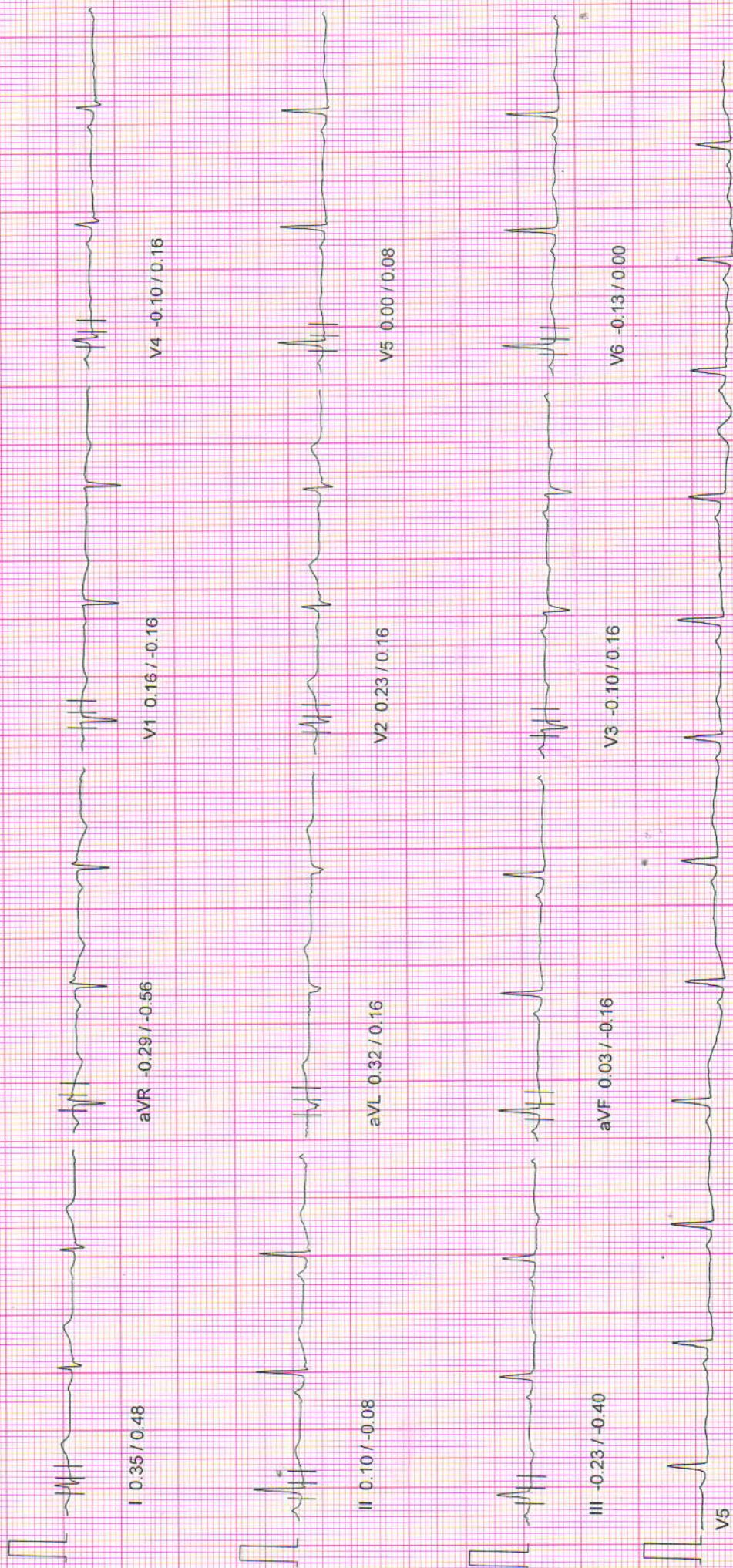
PATIENT ID : 40003/2025 HEIGHT : 153 Cm WEIGHT : 73.00 Kg
 PATIENT NAME : Mrs Smita Chinchole 48/F
 PROTOCOL : BRUCE

Linked Median Report

March 12, 2025 10:15 am
 Report time : 10:17 am

STAGE : HyperVentilation
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 01.43 SPEED: 0.0 kmph
 STAGE DURATION : 00:00 GRADE: 0.0
 HR : 75 bpm BP : 120 / 70 mmHg
 QRS Lead : V5 METs : 1.00



NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 40003/2025 HEIGHT : 153 Cm WEIGHT : 73.00 Kg

PATIENT NAME : Mrs Smita Chinchole 48/F

Linked Median Report

March 12, 2025 10:15 am

Report time : 10:16 am

PROTOCOL : BRUCE

STAGE : Standing

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 01:22

STAGE DURATION : 00:00

HR : 75 bpm

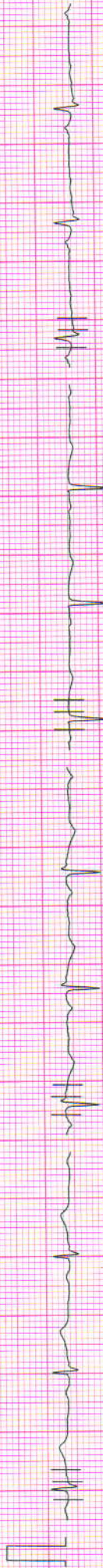
QRS Lead : V5

SPEED: 0.0 kmph

GRADE: 0.0

BP : 120 / 70 mmHg

METs : 1.00

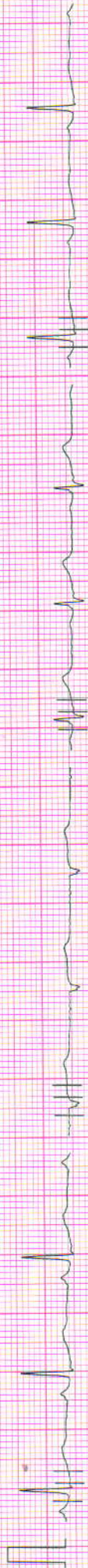


I 0.48 / 0.32

aVR -0.26 / -0.48

V1 0.13 / -0.16

V4 -0.16 / 0.08

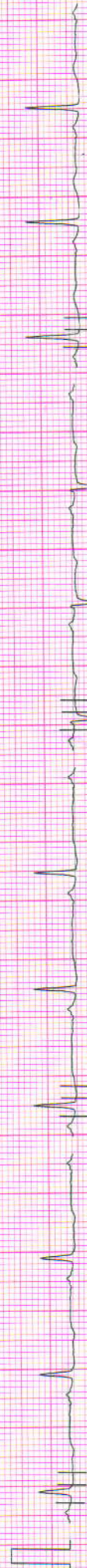


II -0.03 / 0.08

aVL 0.39 / -0.08

V2 0.16 / 0.16

V5 0.10 / 0.08



III -0.32 / -0.40

aVF -0.13 / -0.16

V3 -0.13 / 0.16

V6 -0.19 / -0.16



V5

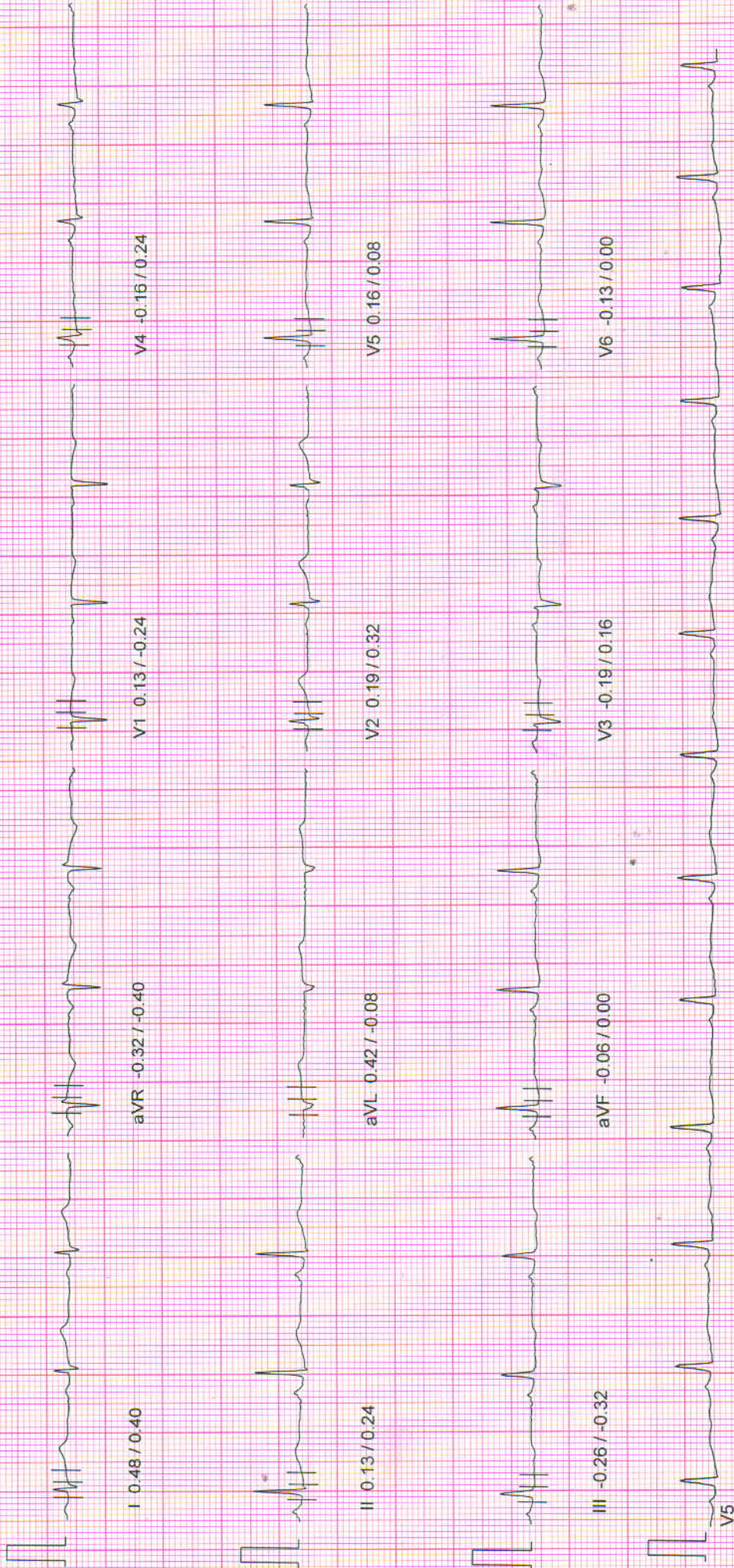
NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 40003/2025 HEIGHT : 153 Cm WEIGHT : 73.00 Kg
 PATIENT NAME : Mrs Smita Chinchole 48/F

March 12, 2025 10:15 am
 Report time : 10:16 am

PROTOCOL : BRUCE
 STAGE : Supine
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 00:58
 STAGE DURATION : 00:00
 HR : 74 bpm
 QRS Lead : V5
 SPEED : 0.0 kmph
 GRADE : 0.0
 BP : 120 / 70 mmHg
 METs : 1.00



6 S. N. Chinchole

NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 40003/2025 HEIGHT : 153 Cm WEIGHT : 73.00 Kg
 PATIENT NAME : Mrs Smita Chinchole 48/F

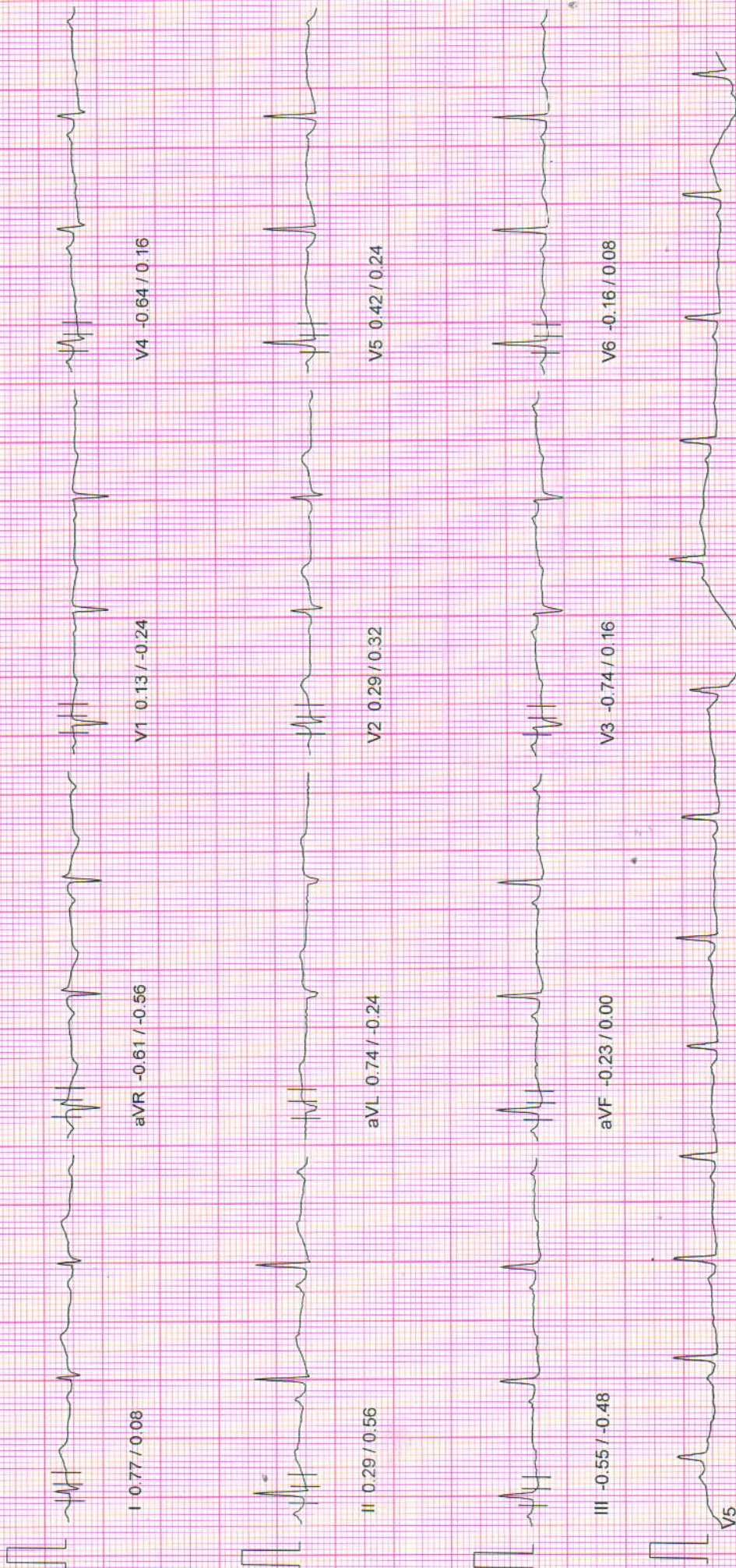
March 12, 2025 10:15 am
 Report time : 10:15 am

Linked Median Report

PROTOCOL : BRUCE
 STAGE : Pre-Test

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 00:22 SPEED : 0.0 kmph
 STAGE DURATION : 00:00 GRADE: 0.0
 HR : 78 bpm BP : 120 / 70 mmHg
 QRS Lead : V5 MET's : 1.00



S. S. S. S. S.

NADKARNI PATHOLOGY LABORATORY

March 12, 2025 10:15 am
Report time : 10:15 am

ST Tables

PATIENT ID : 40003/2025 HEIGHT : 153 Cm WEIGHT : 73.00 Kg

PATIENT NAME : Mrs Smita Chinchole 48/F

PROTOCOL : BRUCE

ST LEVELS

Phase	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
Pre-Test	0.9	0.3	-0.6	-0.6	0.8	-0.2	0.0	0.4	-1.0	-0.9	0.5	-0.1
Supine	0.5	0.1	-0.3	-0.3	0.5	-0.1	0.1	0.2	-0.3	-0.2	0.1	-0.2
Standing	0.5	-0.0	-0.3	-0.3	0.4	-0.1	0.1	0.2	-0.2	-0.2	0.1	-0.2
HyperVentilation	0.3	-0.0	-0.2	-0.2	0.3	-0.1	0.2	0.2	-0.1	-0.1	0.1	-0.2
Wait For Exercise	0.3	0.0	-0.2	-0.2	0.2	-0.0	0.1	0.2	-0.1	-0.2	0.0	-0.1
Exercise Stage 1	0.5	-0.6	-0.9	0.0	0.6	-0.8	0.2	0.1	-0.2	-0.3	-0.7	-0.6
Exercise Stage 2	0.6	-0.4	-1.4	-0.2	1.2	-1.0	0.2	0.5	-0.3	-0.6	-0.9	-0.7
Peak Exercise	3.5	-1.5	-4.6	-2.3	4.2	-3.8	-1.7	-1.0	-2.5	-3.0	-3.0	-2.8
Recovery 1	0.7	0.3	-0.7	-0.4	0.7	-0.4	0.3	0.5	0.2	0.2	-0.3	-0.3
Recovery 3	0.0	-0.1	-0.4	0.1	0.2	-0.2	0.4	0.3	0.2	-0.1	-0.3	-0.2
Recovery 6	0.2	-0.2	-0.5	-0.1	0.5	-0.1	0.3	0.2	0.1	-0.1	-0.3	-0.2

ST SLOPES

Phase	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
Pre-Test	0.0	0.5	-0.6	-0.6	-0.5	-0.1	-0.3	0.4	0.1	0.1	0.1	0.1
Supine	0.4	0.2	-0.3	-0.3	0.0	0.0	-0.2	0.3	0.1	0.2	0.2	0.0
Standing	0.2	0.1	-0.4	-0.5	-0.1	-0.2	-0.2	0.2	0.2	0.1	0.0	-0.2
HyperVentilation	0.3	0.1	-0.2	-0.6	-0.1	-0.1	-0.2	0.2	0.2	0.0	0.1	-0.2
Wait For Exercise	0.3	0.1	-0.3	-0.2	0.1	-0.2	-0.2	0.2	-0.1	-0.2	0.2	0.1
Exercise Stage 1	0.7	-0.5	-0.6	-1.3	0.3	-0.6	-0.3	0.2	-0.7	-0.1	0.2	-0.1
Exercise Stage 2	1.0	0.8	-1.1	-1.8	1.1	-0.6	-0.8	0.6	-0.1	-0.4	0.0	0.0
Peak Exercise	0.7	-0.3	-1.6	-1.2	0.4	-0.6	0.0	-0.5	-0.1	0.0	-0.4	-0.3
Recovery 1	1.0	1.1	-0.2	-1.5	0.1	0.3	-0.1	0.3	0.2	0.8	0.5	0.5
Recovery 3	0.2	0.7	0.2	-0.9	0.0	0.4	-0.2	0.3	0.1	0.4	0.3	0.4
Recovery 6	0.2	0.2	-0.3	-0.6	0.3	0.0	-0.3	0.1	-0.1	0.0	0.2	0.1

NADKARNI PATHOLOGY LABORATORY

Indraprasth Chamber, Ground Floor, Karve Road, Pune 411038

PATIENT ID : 40003/2025

PATIENT NAME : Mrs Smita Chinchole 48/F

Summary Report

Report time
March 12, 2025
10:15 am
10:15 am

PROTOCOL : BRUCE

PATIENT HEIGHT : 153 Cm

PATIENT WEIGHT : 73.00 Kg

PATIENT ADD. : pune

Ref. By : MEDIWHEEL
(MEDOWHEEL)

Stage	StageSpeed (Kmph) / Time Grade (%)	HR bpm	BP mmHg	R.P.P. X 1000	METS	ST Level I	Stage Comments
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Pre-Test

00:22 0.00 / 0.00

78

120 / 70

9

1.00

0.90

Supine

00:36 0.00 / 0.00

74

120 / 70

8

1.00

0.48

Standing

00:24 0.00 / 0.00

75

120 / 70

9

1.00

0.48

HyperVentilation

00:20 0.00 / 0.00

75

120 / 70

9

1.00

0.32

Wait For Exercise

00:17 0.00 / 0.00

78

120 / 70

9

1.00

0.29

Exercise Stage 1

03:00 2.70 / 10.00

116

120 / 70

13

5.70

0.45

Exercise Stage 2

03:00 4.00 / 12.00

131

130 / 72

17

8.00

0.64

Peak Exercise

00:54 5.50 / 14.00

146

140 / 74

20

8.00

3.51

Recovery 1

01:00 0.00 / 0.00

111

130 / 72

14

1.00

0.71

Recovery 3

03:00 0.00 / 0.00

74

120 / 70

8

1.00

0.00

Recovery 6

06:00 0.00 / 0.00

83

120 / 70

9

1.00

0.16

TOTAL EXER TIME : 6 : 54 min

MAX HR : 159 bpm (92.44 % of 172 bpm)

MAX BP : 140 / 74 mmHg

MAX WORKLOAD : 8.00

DISTANCE COVERED : 0.42 Km

DOUBLE PRODUCT : 22260.00

Dr. Vivekanand M. Nadkarni
M.B.B.S., D.T.M. & H. (Lon.), FCGP, MIOSH
MNC Reg. No. 42322

[Signature]

Physician
Health Care Clinic
Varun Complex, Nimbalkar Chowk,
Kothrud, Pune-411038

Dr. VIVEKANAND M. NADKARNI
MBBS., D.T.M. & H.

NADKARNI PATHOLOGY LABORATORY

Indraprasth Chamber, Ground Floor, Karve Road, Pune 411038

Summary Report

Report time : 10:15 am
March 12, 2025 10:15 am

PATIENT ID : 40003/2025
PATIENT NAME : Mrs Smita Chinchole 48/F

Ref. By : MEDIWHEEL
(MEDWHEEL)

PROTOCOL : BRUCE
PATIENT HEIGHT : 153 Cm
PATIENT WEIGHT : 73.00 Kg
PATIENT ADD. : pune

OBJECT OF TEST : Routine check up
RISK FACTOR : Diabetes
ACTIVITY : Sedentary
MEDICATION : Tab Glimepride 2.500BD since Tab Ecosprin 75 HS Tab Cortel 20 OD since 3yr
BRIEF HISTORY : job profile service
Hypertension and Diabetes detected 3 yrs back

OTHER INVESTIGATION :
REASON FOR TERMINATION : Max HR
EXERCISE TOLERANCE : Average
EXERCISE INDUCED ARRHYTHMIA : No
HAEMO RESPONSE : Normal
CHRONO RESPONSE : Normal
FINAL IMPRESSION :

: Stress test is positive for exercise induced Ischaemic heart disease at peak exercise load.
Deep downsloping ST depressions in a coving pattern seen at peak exercise in inferior leads (III, AVF) which revert quickly to normal during recovery.
Borderline downsloping ST depressions seen in Lead II as well as at peak exercise which quickly revert to normal during recovery. Reciprocal ST elevations are seen in anterior leads (I, AVL) which also quickly revert to normal during recovery.
The possibility of a false positive test may be considered as the examinee was asymptomatic.
Average Effort tolerance.
No arrhythmias seen during test period.
Normal Haemodynamic and Chronotropic responses.

[Signature]

Dr. Vivekanand M. Nadkarni
MBBS., D.T.M. & H. (Lon.), FCGR, MIOGH
MMC Reg. No. 42322
Physician

Dr. VIVEKANAND M. NADKARNI
MBBS., D.T.M. & H.

Health Care Clinic
Varun Complex, Nimbalkar Chowk,
Kothrud, Pune-411038



SINCE 1994

NADKARNI

PATHOLOGY LABORATORY

Dr. Mrs. Sangeeta V. Nadkarni

Consulting Pathologist (MMC Reg. No. 53839)

Add Reg. No. : 1872/2000

E-mail : healthcare.nadkarni@gmail.com

Website : www.nadkarnipathlab.com

Consultant Pathologist • SHASHWAT HOSPITAL



MAIN LABORATORY : 1, Indraprastha Chambers, Ground Floor, Near Amber Hall, Karve Road, Pune 411 038. Ph. : 97635 93646, 8983 7777 93 • Timings : Monday to Saturday 7 am to 8 pm

Reg No : N25409827 / OPD

Name : Mrs. SMITA CHINCHOLE

Referred Dr : MEDI WHEEL

Sex / Age : Female / 48Y

Reg Date : 12/03/2025 11:33 AM

Report Date : 12/03/2025 11:42 AM

CLINICAL PATHOLOGY

Test Name	Result	Unit	Reference Range
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URINE ANALYSIS REPORT

Quantity	10	ml	
Colour	Pale Yellow		
Appearance	Clear		Clear
Specific Gravity	1.010		1.005 -1.030

Chemical Examination

Albumin	Absent		Absent
Sugar	Absent		Absent
Bile Pigments	Absent		Absent
Urobilinogen	Normal		Normal
Reaction	Acidic		Acidic
Acetone-Ketone	Negative		Negative
Nitrite	Negative		Negative

Microscopic Examination

RBCs	Absent	/hpf	
PUS Cells	2-3	/hpf	0 - 5/hpf
Epithelial Cells	3-4	/hpf	0 - 5/hpf
Casts	Absent		Absent
Other Findings	Absent		Absent
REMARK	Absent		Absent

End of Report

S. V. Nadkarni
Dr. Mrs Sangeeta V. Nadkarni
Consultant Pathologist
MD(Path) MMC Reg No-53839

Verified & Checked

- Transasia EM 200 Fully Automated Random Access Clinical Chemistry Analyser • TMT • E.C.G. • Semi Automated Biochemistry Analyser Erba Chem 5 V2 Plus
- Automated Haematology Analyser H 360 • Clinical Pathology • Microbiology • Cytology • Histopathology • Minividas Blue • Tosch MAXIA • Turbosmart

ALL CREDIT AND DEBIT CARDS ACCEPTED & GPAY, PAYMT**HOME VISIT AVAILABLE BY APPOINTMENT**COLLECTION CENTRE 1 : 1, Varun Complex, Opp. Nimbalkar Horse Riding School,
Off. Karve Road, Kothrud, Pune - 38. Ph. : 8983 7777 92

Timing : MONDAY TO SATURDAY : Morning : 8 am to 1 pm, Evening : 4 pm to 7 pm

COLLECTION CENTRE 2 : Bldg. No. 7, Health Care Clinic, Anandnagar,

Paud Road, Kothrud, Pune - 38. Ph. : 8983 7777 95

Timing : MONDAY TO SATURDAY : Morning : 8 am to 1 pm, Evening : 4 pm to 7 pm



SINCE 1994

NADKARNI

PATHOLOGY LABORATORY

Dr. Mrs. Sangeeta V. Nadkarni

Consulting Pathologist (MMC Reg. No. 53839)

Add Reg. No. : 1872/2000

E-mail : healthcare.nadkarni@gmail.com

Website : www.nadkarnipathlab.com

Consultant: Pathologist • **SHASHWAT HOSPITAL****MAIN LABORATORY** : 1, Indraprastha Chambers, **Ground Floor**, Near Amber Hall, Karve Road, Pune 411 038. Ph. : 97635 93646, 8983 7777 93 • Timings : Monday to Saturday 7 am to 8 pm

Reg No : N25409827 / OPD
Name : Mrs. SMITA CHINCHOLE
Referred Dr : MEDI WHEEL

Sex / Age : Female / 48Y
Reg Date : 12/03/2025 11:33 AM
Report Date : 12/03/2025 01:52 PM

SPECIAL TEST

Test Name	Result	Unit	Reference Range
Thyroid Panel - I			
Serum T3 (Tri-Iodothyronine)	1.02	ng/mL	0.70 - 2.04 Pregnancy: 1st Trimester : 0.81 - 1.90 2nd Trimester: 1.00 - 2.60 3rd Trimester : 1.00 - 2.60
Serum T4 (Thyroxine)	7.84	ug/dL	5.5 - 12.5
Thyroid Stimulating Hormones (Ultra TSH)	2.1	uIU/mL	0.35 - 5.50 Pregnancy: 1st Trimester : 0.10 - 2.50 2nd Trimester: 0.20 - 3.00 3rd Trimester : 0.30 - 3.00
Method	ENZYME LINKED FLOURSCENT ASSAY(ELFA)MINT VIDAS BLUE.		

End of Report

S. V. Nadkarni
Dr. Mrs Sangeeta Nadkarni
Consultant Pathologist
MD(Path) MMC Reg No-53839

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Off. Karve Road, Kothrud, Pune - 38. Ph. : **8983 7777 92**

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NADKARNI

PATHOLOGY LABORATORY

Dr. Mrs. Sangeeta V. Nadkarni

Consulting Pathologist (MMC Reg. No. 53839)

Add Reg. No. : 1872/2000

E-mail : healthcare.nadkarni@gmail.com

Website : www.nadkarnipathlab.com

Consultant Pathologist • SHASHWAT HOSPITAL



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Reg No : N25409827 / OPD
Name : Mrs. SMITA CHINCHOLE
Referred Dr : MEDI WHEEL

Sex / Age : Female / 48Y
Reg Date : 12/03/2025 11:33 AM
Report Date : 12/03/2025 01:52 PM

BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
HbA1C			
HbA1C	6.56	%	Non Diabetic : 04 - 06 Excellent Control : 06 - 07 % Fair Control : 07 - 08 % Unsatisfactory : 08 - 10 % Poor Control : Above 10 %
Estimated Mean Glucose (eAg) Method	141.57	mg%	70 - 140 Nephelometry & Photometry By Mispa I3, Specific Protein Analyser (Automated)

Interpretation :

Glycosylated Haemoglobin is accurate and true index of the " Mean Blood Glucose Level in the body for the previous 2-3 months.

HbA1c is an indicator of glycemic control. HbA1c represent average glycemia over the past six to eight weeks.

Glycation of hemoglobin occurs the entire 120 days life span of the red blood cell, but within this 120 days.

Recent glycemia has the largest influence on the HbA1c value.

Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months 2-4.

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Name : Mrs. SMITA CHINCHOLE
Referred Dr : MEDI WHEEL

Sex / Age : Female / 48Y
Reg Date : 12/03/2025 11:33 AM
Report Date : 12/03/2025 12:50 PM

BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
LIPID PROFILE			
S. Cholesterol CHOD-PAP	107	mg/dl	Desirable Chol:200mg/dl ,Borderline Chol:200-239mg/dl High Chol: >240mg/dl
S. Triglycerides GPO	82	mg/dl	Upto 190
HDL Cholesterol DIRECT	33	mg/dL	30 - 70
LDL Cholesterol	57.6	mg/dl	Upto 150
VLDL Cholesterol	16.4	mg/dL	07 to 35
S.Cholesterol/HDL Ratio	3.24		< 5.0
LDL Chole/HDL Chole	1.75		LOW RISK - 0.5 To 3.0 MODERATE RISK - 3.0 TO 6.0 HIGH RISK - >6.0
S.Triglycerides/HDL Chole	2.48		Desirable : < 3.00
Instrument Used	Fully Automated EM200 (TRANSASIA BIOMEDICALS)		

Note :

Cholesterol : CHOD PAP; HDL Cholesterol: Direct ; LDL:Direct Measurement ; Triglycerides :GPO;
(*The Above Reference range is Desirable/Optimal Range)

End of Report

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BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
Liver Function Test			
Bilirubin- Total	1.71	mg/dl	0.1 - 1.2
Bilirubin- Direct	0.70	mg/dL	0.0 - 0.4
Bilirubin- Indirect	1.01	mg/dL	0.1 - 0.8
SGPT	15.0	IU/L	05 - 40
SGOT	20.0	IU/L	05 - 40
Alkaline Phosphatase	80	IU/L	Female : 42 -98 Child : 54 -369 Neo: 54-369
Total Proteins	6.8	gm/dl	6.0-8.0
Serum Albumin	3.9	gm/dl	3.2 -5.5
Serum Globulin	2.9	gm/dl	2.3 -3.5
A/G ratio	1.34		1.0 -2.3
GGTP	48		05 -50
Instrument Used	Fully Automated EM200 (TRANSASIA BIOMEDICALS)		

End of Report

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Sex / Age : Female / 48Y
Reg Date : 12/03/2025 11:33 AM
Report Date : 12/03/2025 12:50 PM

BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
Blood Urea			
Blood Urea UREASE-GLDH	17	mg/dl	13 - 45
Blood Urea Nitrogen	7.94	mg/dl	10 - 20
Instrument Used	Fully Automated EM200 (TRANSASIA BIOMEDICALS)		
Serum Creatinine			
Serum Creatinine JAFFE'S KINETIC	0.7	mg/dl	0.4 - 1.4
Instrument Used	Fully Automated EM200 (TRANSASIA BIOMEDICALS)		
Serum Uric Acid			
Serum Uric Acid URICASE	4.6	mg/dl	2.5 to 7.2
Instrument Used	Fully Automated EM200 (TRANSASIA BIOMEDICALS)		
Serum Calcium			
Serum Calcium	9	Mg/dl	09 - 11

End of Report

S. Nadkarni
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BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
Blood Glucose Fasting and Post Prandial			
Blood Glucose (Fasting)	133	mg/dl	Normal : < 99 Prediabetic : 100.0 - 125.0 Diabetic : > 125.0
Post Prandial Glucose	142	mg/dl	90 - 140 mg/dL
Instrument Used	Fully Automated EM200 (TRANSASIA BIOMEDICALS).		

End of Report

S. V. Nadkarni
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30 YEARS
COMPLETED

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Sex / Age : Female / 48Y
Reg Date : 12/03/2025 11:33 AM
Report Date : 12/03/2025 11:39 AM

HAEMATOLOGY

Test Name	Result	Unit	Reference Range
Blood Group			
ABO Type	AB		
Rh (D) Type	POSITIVE		

End of Report

S. V. Nadkarni
Dr. Mrs Sangeeta Nadkarni
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Sex / Age : Female / 48Y
Reg Date : 12/03/2025 11:33 AM
Report Date : 12/03/2025 11:55 AM

HAEMATOLOGY

Test Name	Result	Unit	Reference Range
HAEMOGRAM ON CELL COUNTER			
HAEMOGLOBIN	12.4	gm/dl	12-16
RBC COUNT	4.5	mill/cmm	4.5 - 6.5
PACKED CELL VOLUME (PCV)	37	%	32 - 47
MCV	82.22	fL	82 - 98
MCH	27.56	pgms	27 - 33
MCHC	33.51	%	32 - 36
Total WBC count <i>Impedance Method</i>	6800	/cmm	4000- 11000
Differential Leucocytes Counts			
Neutrophil	63	%	50 - 70
Lymphocytes	34	%	20 - 40
Monocytes	01	%	00 - 12
Eosinophils	02	%	02 - 06
Platelet Count <i>Impedance Method</i>	288000	/cmm	150000 - 450000
RBC Morphology	NORMOCYTIC & NORMOCHROMIC		
WBC Morphology	NO WBC ABNORMALITY SEEN		
Platelet Morphology	PLATELETS ARE ADEQUATE		
Peripheral Smear Examination	NEGATIVE FOR MALARIAL PARASITE		
E.S.R.	04		M : 0 mm to 7 mm F : 0 mm to 15 mm (by Wintrobe's)
Instrument Used	Fully Automated Biosystem Cell Counter ERBA H360		

End of Report

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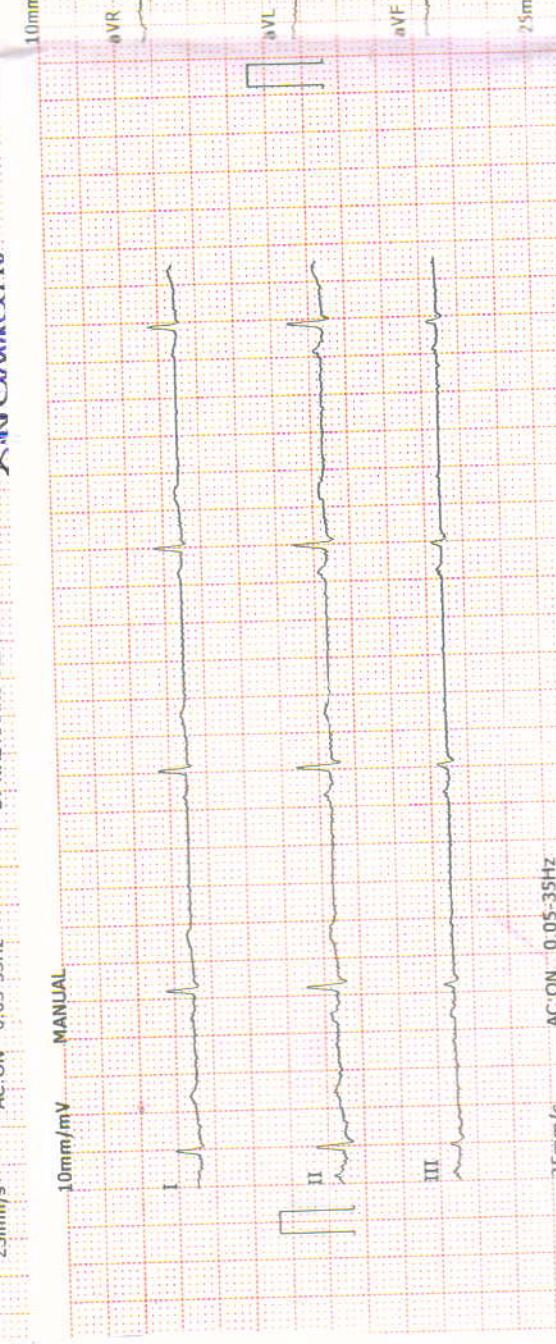
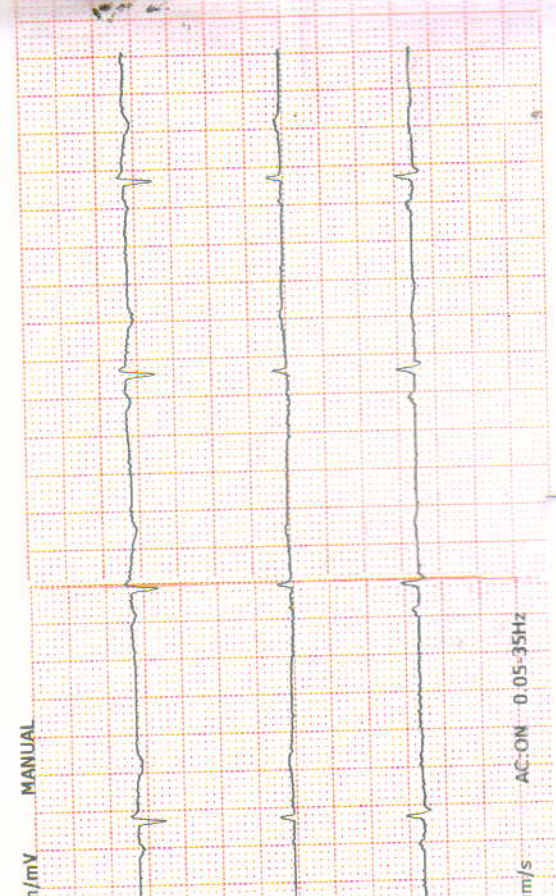
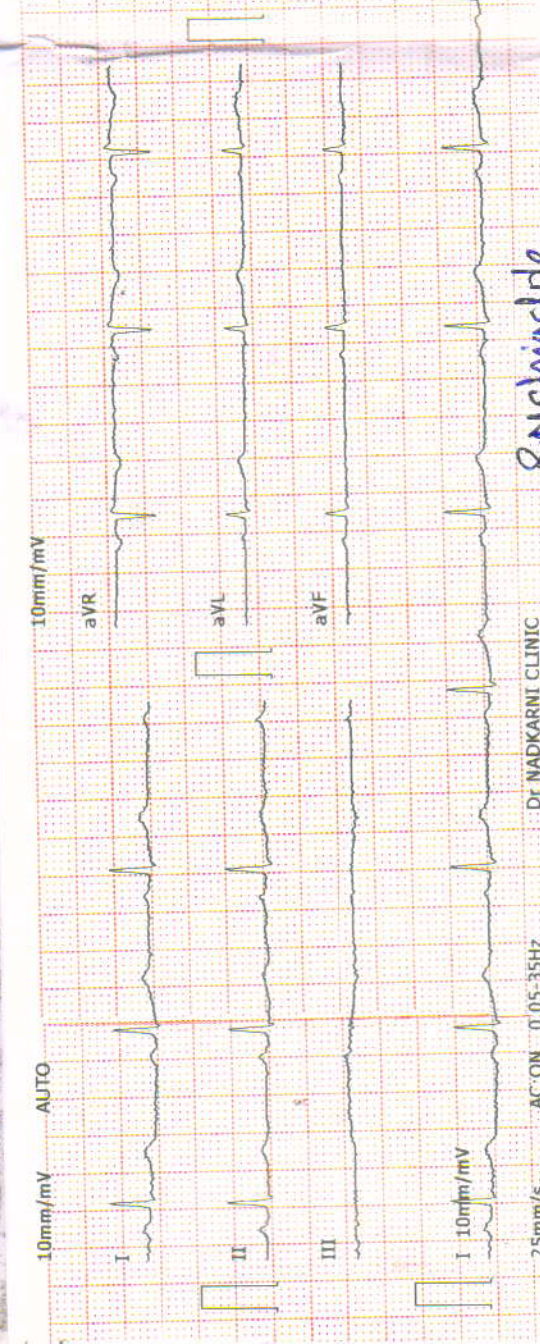
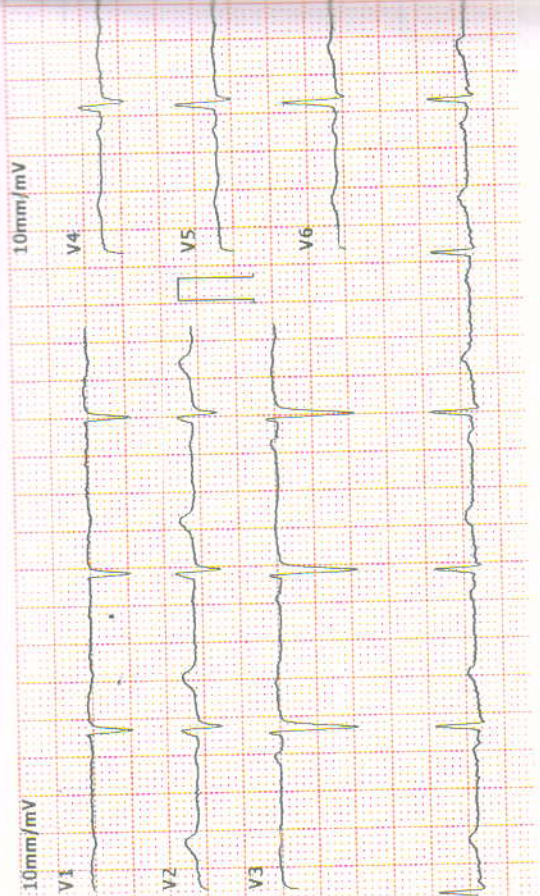
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2025-3-12 13:00:17 ID:00001029

Gender: _____

Height(cm): _____

BP(mmHg): _____

HR _____ bpm

P-R _____ ms

Q-R-S _____ ms

QT/QTc _____ ms

P/QRS/T AXES _____ deg

RV5/SV1 _____ mV

AVF/AVR _____ mV

801 Sinus Rhythm

601 T Abnormality (Flat T)

** SUSPECTED ABNORMAL ECG **

2025-3-12 13:00:17 ID:00001029

Gender: _____

Height(cm): _____

BP(mmHg): _____

HR _____ bpm

P-R _____ ms

Q-R-S _____ ms

QT/QTc _____ ms

P/QRS/T AXES _____ deg

RV5/SV1 _____ mV

AVF/AVR _____ mV

801 Sinus Rhythm

601 T Abnormality (Flat T)

** SUSPECTED ABNORMAL ECG **

CLINICAL HISTORY:

RATE: 68 bpm

RHYTHM: regular

MECHANISM: Sinus

P WAVE: 0.04 sec

P R: 0.16 sec

QRS: Normal time of deflection

QTc: 0.41 sec

ST: isoelectric
flattened in III, AVF, V5, V6

T WAVE: Normal upright

Q WAVE: No abnormal Q wave

AXIS: +35 degrees

POSITION OF HEART: Intermediate

PRECARDIAL LEADS: Normal R progression

B.P: 120/70 mmHg

CONCLUSIONS:

Normal ECG
Sinus Rhythm.

Normal Axis.
T wave flattening in inferolateral leads

DRUGS:

Sachin Kote
Client's Signature

M. Nadkarni
Doctor's Signature

Doctor's Signature

Dr. Vivekanand M. Nadkarni

M.B.B.S., D.T.M. & H. (Lon.), FCGP, MIOBH

MMC Reg. No. 42322

Physician

Health Care Clinic

Varun Complex, Nimbalkar Chowk,

Kothrud, Pune-411038

25mm/s

*The result
Report Conf

► *Health Care Clinic*
Varun Complex, Office No. 1,
Near Swapnashilp Complex, Kothrud, Pune 411038.
Timing : 10.30 a.m. to 1.00 p.m.
4.30 pm to 6 pm (By Appt.)
Tel : 65003646, 2545 7347

► *Health Care Clinic*
7/1, Anand Nagar, Paud Road,
Kothrud, Pune 411038.
Timing : 9 a.m. to 10.30 a.m. & 6.00 p.m. to 8.30 p.m.
Tel. : 65003650 Mob.: 9970171939
E-mail : nadviv@yahoo.com

Dr. Vivekanand M. Nadkarni

M.B.B.S., D.T.M. & H. (Lon), FCGP, MIOSH (U.K.)

MMC Reg. No. 42322

Physician

- Family Medicine
- Tropical Medicine
- Occupational Health
- ACLS Instructor

DATE 12.09.25

ELECTROCARDIOGRAM

NAME Smita Chinchole AGE 48yr

REF. BY Mediowheel. B.P. 120/70mmHg

Feedback - Pre Policy Life Insurance Medical Checks

This is to confirm & certify that I have gone through the examination through Medical Center situated at _____ / Home visit on _____ to complete the requisite medical formalities towards my application for life insurance from _____ Insurance Company vide Proposal Form bearing no _____ dated _____.

I do confirm specifically that the following medical activities have been performed for me:

1. Full Medical Report (Medical Questions) Yes ☐ No ☐
2. Sample Collection
 - a. Blood Yes ☐ No ☐
 - b. Urine Yes ☐ No ☐
3. ECG (EKG) Yes ☐ No ☐
4. Treadmill Test (Tb T) Yes ☐ No ☐
5. Others _____

I have furnished my ID Proof _____ in the form of my medical.

Feedback Form

- Speed and coordination of staff
- Reception/ Clinic/ Hospital
- Technician/ Doctors
- Time Management
- Unkempt of hospital
- Technology & Skills
- Please remark if the medical check procedure was satisfactory



भारत सरकार
GOVERNMENT OF INDIA



स्मिता नितिन चिंचोले
SMITA NITIN CHINCHOLE
जन्म तारीख / DOB: 19/11/1976
महिला / FEMALE
Mobile No.: 9422758627



2628 5455 3632

माझे आधार, माझी ओळख

(Medical facility- Location, Staff Appearance, Technology, etc. Also provide medical facility)

Dr. Vivekanand M. Nadkarni

M.B.B.S., D.T.M. & H. (Lon.); FCGP, MIOSH

MMC Reg. No. 42322

Physician

Health Care Clinic

Varun Complex, Nimbalkar Chowk,

Kothrud, Pune-411038

Signature of the life insured

(Proposer in case of life insured being minor)

Name of the life to be insured

(Proposer in case of life insured being minor)

S. N. Chinchole

HEALTH CARE CLINIC Life Insurance Medical Checks

NADKARNI LABORATORY

This is to confirm & certify that I have gone through the medical examination through Medical Center situated at Varun Complex, Kothrud, Pune-38 / Home Visit on DD/MM/YYYY to complete the requisite medical history and physical examination for life insurance from Insurance Company vide Proposal Form bearing no. 12.03.2023 dated 12.03.2023

I do confirm specifically that the following medical activities have been performed for me:

1. Full Medical Report (Medical Questionnaire) Yes ☒ No ☐
2. Sample Collection
 - a. Blood Yes ☒ No ☐
 - b. Urine Yes ☒ No ☐
3. Electro Cardio Gram (ECG) Yes ☒ No ☐
4. Treadmill Test (TMT) Yes ☒ No ☐
5. Others _____

I have furnished my ID Proof Adhar Card - xxxx xxxx 3632 bearing ID No. _____ at the time of my medical.

Feedback Form

Behavior and cooperation of staff

Reception/ Clinic/ Hospital ☐ Good ☐ Average ☐ Poor

Technician/ Doctors ☐ Good ☐ Average ☐ Poor

Time Management ☐ Good ☐ Average ☐ Poor

Upkeep of hospital ☐ Good ☐ Average ☐ Poor

Technology & Skills ☐ Good ☐ Average ☐ Poor

Please remark if the medical check

procedure was satisfactory: Yes ☐ No ☐

(Medical Facility; Location; Facility Set-up, instruments, cleanliness; Process followed; etc. Also on the Medical Staff: Appearance; Technical Know-how; Behaviour etc.)

- If No, please provide details or let us know of anything additional you would like to provide as comments and / or suggestions

S. N. Chinchole

Signature of the Life to be Insured
(Proposer in case of Life Insured being minor)

Name of the Life to be Insured with date
(Proposer in case of Life Insured being minor)

Dr. Vivekanand M. Nadkarni

Signature of Visiting/Attending Doctor
M.B.B.S., D.T.M. & H. (Lon), FCGP, MIOH

Name of Visiting/Attending Doctor
Physician

Health Care Clinic
Varun Complex, Nimbalkar Chowk,
Kothrud, Pune-411038

MC Registration No. _____

Doctor Stamp with date

Feedback - Pre Policy Life Insurance Medical Checks

This is to confirm & certify that I have gone through the medical examination through Medical Center situated at _____ / Home Visit on _____ to complete the requisite medical formalities towards my application for life insurance from _____ Insurance Company vide Proposal Form bearing no. _____ dated _____.

I do confirm specifically that the following medical activities have been performed for me:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Full Medical Report (Medical Questionnaire) | Yes ☐ | No ☐ |
| 2. Sample Collection | Yes ☐ | No ☐ |
| a. Blood | Yes ☐ | No ☐ |
| b. Urine | Yes ☐ | No ☐ |
| 3. Electro Cardio Graph (ECG) | Yes ☐ | No ☐ |
| 4. Treadmill Test (TMT) | Yes ☐ | No ☐ |
| 5. Others _____ | | |

I have furnished my ID Proof _____ by the time of my medicals.

Feedback Form

- Behavior and cooperation of Staff
- Reception/Convey to Hospital
- Technician's Location
- Time Management
- Upkeep of Hospital
- Technology & Skills

Please remark if the medical check procedure was satisfactory



भारत सरकार
GOVERNMENT OF INDIA



स्मिता नितीन चिंचोले
SMITA NITIN CHINCHOLE
जन्म तारीख / DOB: 19/11/1976
महिला / FEMALE
Mobile No.: 9422758627



2628 5455 3632

माझे आधार, माझी ओळख

(Medical Facility- Location, Staff, Appointment, Technician)

Dr. Vivekanand M. Nadkarni
M.B.B.S., D.T.M. & H. (Lon.), FCGP, MIOSH
MMC Reg. No. 42322
Physician
Health Care Clinic
Varun Complex, Nimbalkar Chowk,
Kothrud, Pune-411038

Signature of the life-insured
(Proposer in case of minors and being minor)
Name of the Life to be insured
(Proposer in case of life insurance being on)

S. N. Chinchole

FOR COMPLETION BY EXAMINING DOCTOR (N=Normal A= Abnormal)

	N	A	(Leave blank if unassessed)	
MEDICAL	✓		01. Eyes	
	✓		02. Ears, Nose, Throat	
HISTORY	✓		03. Respiratory	
	✓		04. Cardiovascular	Hypertension since 3 yrs.
PRESENT	✓		05. Gastro-Intestinal	
	✓		06. Genito-Urinary	
	✓		07. Musculo-Skeletal	
SYMPTOMS	✓		08. Nervous System	
	✓		09. Skin & Allergies	
		✓	10. Endocrine	Diabetes since 3 yrs
	✓		11. Other	

PHYSICAL EXAMINATION	✓		01. Eyes & Pupils	
	✓		02. E.N.T.	
	✓		03. Teeth & Mouth	
	✓		04. Lungs & Chest	Air entry bilaterally equal.
	✓		05. Cardiovascular Sys.	Clinically Normal Heart sound.
	✓		06. Abdo. Viscera	
	✓		07. Hernial Orifices	
	✓		08. Genito - Urinary	
	✓		09. Musculo-Skeletal	
	✓		10. Skin & Vericose Vns.	
	✓		11. C.N.S.	
	✓		12. Other	

Investigations: Hb-12.4 WBC-6800 PLT-288000 BUN-133 (PP)-142 urea-17
 Creat - 0.7 UA-4.6 Cal-9 Bilirubin-1.7 HbA1c-6.58 SGPT-18 SGOT-20
 ALK-80 Total Pbc-6.8 Alb-3.9 Glob-2.9
 Cholesterol-107 TG-82 HDL-33 HbA1c-6.58
 T3-1.02 T4-7.84 TSH-2.1 Urine Normal

Dr. Vivekanand M. Nadkarni
 M.B.B.S., D.T.M. & H. (Lon.), FCGP, MIOH
 MMC Reg. No. 42322
 Physician
 Health Care Clinic
 Varun Complex, Nimbalkar Chowk,
 Kothrud, Pune-411038

Blood Group - 'AB' Positive

HEIGHT	WEIGHT	BMI	B.P.	PULSE	HEARING	VISION	DISTANT	NEAR	COLOUR VISION	BLOOD GROUP
153 cm	73 kg	31.2 kg/m ²	120/70 mm Hg	68 min Regular	(N)	Uncorrected (N)	(N)	(N)	(N)	AB positive
						Corrected	6/6	6/6		

Assessment

8 Nchindale

W. D. K. K. K.

► **Health Care Clinic**

Varun Complex, Office No. 1,
Near Swapnashilp Complex, Kothrud, Pune 411038.
Timing : 9.30 a.m. to 11.30 a.m.
4.30 pm to 6 pm (By Appt.)
Tel : 65003646, 2545 7347

► **Health Care Clinic**

7/1, Anand Nagar, Paud Road,
Kothrud, Pune 411038.
Timing : 11.30 a.m. to 1.30 p.m. & 6.30 p.m. to 9.00 p.m.
Tel. : 65003650 Mob.: 9970171939
E-mail : nadviv@yahoo.com

Dr. Vivekanand M. Nadkarni

M.B.B.S., D.T.M. & H. (Lon),
FCGP, MIOSH (U.K.)
MMC Reg. No. 42322

Physician,
Tropical & Family Medicine,
Occupational Health

MEDICAL EXAMINATION REPORT

No.:

Date : 12/3/25

Surname : Chinchole Name: Smita

Age : 48 yrs Sex : Female Birth Date : 19/11/1976

Address : Sinhagad Road.

Occupation : Sevire

Personal History : Tobacco : NO Alcohol : NO

Misc. : Allergy : Not known.

Immunization History : covid-19 vaccination done.

Previous Medical History : Diabetes since 3yrs. on F. ~~Glycomet 1000 mg BD~~
T. Glimepiride 2/500 BD. T. Ecosprin 75 HS.
Hypertension since 3yrs. on T. Costel. 20 OD.