

## MEDICAL EXAMINATION REPORT

Date – 07/03/2025

**Name** : Jagdish Bharne .

**Age** : 42 years

**Gender** : Male

**Measurements** : Temp:98F, Height : 154cms ,Weight :68kg , BMI : 28.7%

**Chest Measurements** : Inspiration - 102cms, Expiration -97cms, Abdominal girth – 99 cms.

**History** : H/O Trigeminal Neuralgia since last 4-5 years on Tab.Gabatics NT 400 1/2 – 0 – 1/2 , Tab.Lovax 150 1-0-1. .[Post accidental Trauma – Details not available with client]

**Past history** : Not tested positive for Covid-19 infection till date .

2 doses vaccinated.

**Personal history** : Nil significant history .

**Neurological history** : : H/O Trigeminal Neuralgia since last 4-5 years on Tab.Gabatics NT 400 1/2 – 0 – 1/2 , Tab.Lovax 150 1-0-1.[Post accidental Trauma – Details not available with client]

**Menstrual history** : N.A.

**Family history** : Nil significant history.

**Allergic history** : Nil significant history .

**Nature of work** : Sedantary.

**Occupational history** : Deputy Branch Manager at Union bank of India .

**Ongoing treatment** : Tab.Gabatics NT 400 1/2 – 0 – 1/2 , Tab.Lovax 150 1-0-1.

**General examination** : No Pallor ,No jaundice, clubbing, cyanosis, lymphadenopathy ,pedal oedema.

**Built** : Obese .

**Nutrition** :Good.

**Pulse** : 109 bpm

**B.P:** 140/100mmHg

**RS:** Clear , NAD .

**CVS:** S1S2, NAD.

**CNS:** conscious, well oriented

**PA:** Soft,non-tender ,No organomegaly

**Skin:** NAD.

**Musculoskeletal** : NAD

**Vision** : [R] [L] -Without glasses

Distant : 6/24 Distant : 6/24

Near : N – 12 Near : N – 12

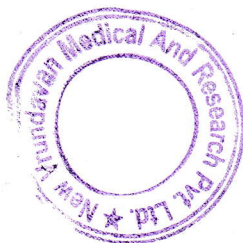
:[R] [L] -With glasses

Distant : 6/6 Distant : 6/6

Near : N – 6 Near : N – 6

**Colour vision** : Normal , NAD.

**ENT** : NAD



*D. N. S. Naik*  
**DR.DIGAMBAR.S.NAIK**

**[M.B.B.S , MD]**

**[Consultant Physician Cardiologist]**

**DR. DIGAMBAR NAIK P.D.**  
**Consultant Physician Cardiologist**  
**GMC Reg.No. 1233**

Patient ID	: 21794	SampleID	: 40407
Patient Name	: Mr. JAGDISH BHARNE	Receipt Date	: 07-Mar-2025
Age/ Sex	: 42 Years / Male	Report Date	: 07-Mar-2025
Consultant Doctor	: MEDIWHEEL	LabCode	

INVESTIGATION	RESULT	REFERENCE RANGE	UNIT
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**HAEMATOLOGY**

**CBC**

Haemoglobin	14.9	13.5-18.0	gm%
Total Leucocyte Count(TLC)	8100	4000-10000	cells/cumm

**Differential Leucocyte Count(DLC)**

Neutrophil	64.2	50-70	%
Lymphocyte	26.4	20- 40	%
Monocyte	6.3	0-8	%
Eosinophil	2.5	0-4	%
Basophil	0.60	0-1	%
Packed Cell Volume (PCV)	48.2	36-48	%
Total RBC Count	5.01	3.5-5.5	millions/cu mm
Platelets Count	1.51	1.45-4.5	lakh/cumm

**RBC Indices**

MCV	96.21	80-99	Cu microns
MCH	29.7	26-32	Picograms
MCHC	30.91	L 32-36	g/dl
E.S.R.	27	H upto 15	mm/hr

**Blood Group**

ABO	"O"
RH- Typing	POSITIVE



*P. Reddy*

**DR. PRADNYA N. REDDY**  
M.B.B.S, MD PATHOLOGY  
GMC Reg. No. 5184

Patient Name : JAGDISH BHARNE  
Age/ Sex : 42Years / Male  
Consultant Doctor : MEDIWHEEL

Receipt Date:07-Mar-2025  
Report Date :07-Mar-2025

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**BIOCHEMISTRY**

**BLOOD SUGAR FASTING**

Blood Sugar (F) 104 70-110 mg/dl

**BLOOD SUGAR POST PRANDIAL**

Blood Sugar (PP) 140 80-140 mg/l

**Hba1c- GLYCOSYLATED HAEMOGLOBIN**  
**(EDTA SAMPLE)**

HbA1c 6.4

**DIAGNOSTIC REFERENCE RANGE**

Non-diabetic: 4.5 -6.5 %

**THERAPEUTIC GOALS FOR GLYCEMIC CONTROL**

Ideal control: 6.0-7.0

Good control: 7.0-8.0

Poor control: > 8.0

Estimated Average : 151 mg/d



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### BIOCHEMISTRY

#### Complete Liver Profile

Bilirubin Total	1.0	upto 1.0	mg/dl
Direct Bilirubin	0.19	upto 0.3	mg/dl
Indirect Bilirubin	0.81	upto 0.9	mg/dl
S.G.O.T	48	H upto 45	IU/L
S.G.P.T	40	upto 49	IU/L
GAMMA GT	28	11-61	U/L
Alkaline Phosphatase	129	110-310	U/L
Total Protein	6.5	6.5-8.5	gm/dl
Albumin	4.2	3.2 - 5.5	gm/dl
Globulin	2.30	1.8 - 3.6	gm/dl
Albumin:Globulin	1.83	1.1 - 2.2 : 1	

#### LIPID PROFILE

Cholesterol	155	upto 200	mg/dl
Triglyceride	154	60-165	mg/dl
HDL (High Density Lipoprotein)	42	35-55	mg/dl
LDL (Low Density Lipoprotein)	82.20	80-120	mg/dl
VLDL (Very Low Density Lipoprotein)	30.80	H 5-30	mg/dl
CHOL:HDL	3.69	0-4.4	mg/dl

#### Complete Renal Profile

Blood UREA	15	15-45	mg/dl
BUN	7	7-20	mg/dl
Sr. CREATININE	0.9	0.5-1.5	mg/dl
URIC ACID	3.7	3.5-7.5	mg/dl



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<b>INVESTIGATION</b>	<b>RESULT</b>	<b>REFERENCE RANGE UNIT</b>

TEST NAME	VALUE	UNITS	NORMAL RANGES
BUN	7	Mg/dl	7-20
CREATININE	0.9	Md/dl	0.5-1.5
BUN/SR.CREATININE RATIO	7	Ratio	



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**URINE ANALYSIS**

**Urine Routine/Microscopic Exam**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SP.GRAVITY	1.005	1.003-1.030	

**CHEMICAL EXAMINATION**

REACTION	ACIDIC		
SUGAR	NIL		
ALBUMIN	NIL		
UROBILINOGEN	NORMAL		
KETONE BODIES	ABSENT		
BLOOD	ABSENT		
LEUKOCYTES	ABSENT		

**MICROSCOPIC EXAMINATION**

PUS CELLS	2-3		
RBC's	NIL	0-2	/HPF
EPITHELIAL CELLS	1-2	0-6	/HPF
CRYSTALS	ABSENT		/HPF
CASTS	ABSENT		
BACTERIA	ABSENT		
YEAST CELLS	ABSENT		



*P. Reddy*  
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**LABORATORY TEST REPORT**

Patient Name **Mr JAGDISH BHARNE**

Age : 42 Year(s) Gender : Male

Sample ID : 21248559

Sample Type : Serum

Patient ID : 2724326

Ref. Doctor :

Ref. Customer :

Lab Code : CPC-GO-020

Sample Collection Date : 2025-03-07 14:33

Registration Date : 2025-03-07 16:46

Approved Date : 2025-03-07 18:14



**CLINICAL BIOCHEMISTRY**

Test Description	Result	Units	Biological Reference Ranges
Prostate Specific Antigen (PSA Total) <small>(Method: Chemiluminescence)</small>	0.567	ng/mL	0-4

**INTERPRETATION**

1. This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
3. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
5. PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations.
6. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

**Recommended Testing Intervals**

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

**Clinical Use**

- An aid in the early detection of Prostate cancer when used in conjunction with
- Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives. Followup and management of Prostate cancer patients
- Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer

**Increased Levels**

- Prostate cancer
- Benign Prostatic Hyperplasia
- Prostatitis
- Genitourinary infections

M Ramesh Babu  
Manager Lab Operations



Dr Johanna Alba De Souza  
MD, Pathologist



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**CLINICAL BIOCHEMISTRY**

Test Description	Result	Units	Biological Reference Ranges
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**Thyroid Profile I**

T3-Total, Tri Iodothyronine (TT3) <i>(Method: Chemiluminescence)</i>	129.46	ng/dL	60 - 200
T4-Total, Thyroxine (TT4) <i>(Method: Chemiluminescence)</i>	7.0	µg/dL	4.6 - 10.5
Thyroid Stimulating Hormone, (TSH) <i>(Method: Ultrasensitive Chemiluminescence TSH3rd generation)</i>	5.28	µIU/mL	0.37-5.50

**Thyroid Function Test Interpretation**

The thyroid gland is not functioning properly due to one of a variety of disorders, then increased or decreased amounts of thyroid hormones may result. When TSH concentrations are increased, the thyroid will make and release inappropriate amounts of T4 and T3 and the person may experience symptoms associated with hyperthyroidism. If there is decreased production of thyroid hormones, the person may experience symptoms of hypothyroidism. The following table summarizes some examples of typical test results and their potential meaning.

TSH	Total T4	Total T3	Conditions
Normal	Normal	Normal	None
Low	High	High	Hyperthyroidism
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or normal	Hypothyroidism
Low	Normal	Normal	Mild (Subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome

**Note:**

- The above test results alone are not diagnostic but will prompt a health practitioner to perform additional testing to investigate the cause of the excess or deficiency and thyroid disorder. As examples, the most common cause of hyperthyroidism is Graves disease and the most common cause of hypothyroidism is Hashimoto thyroiditis.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

—End of Report—

M Ramesh Babu  
Manager Lab Operations



Dr Johanna Alba De Souza  
MD, Pathologist

Name : BHARNE JAGDISH

Gender : Male

Height : 154 cm(s)

Weight : 68.0 Kg(s)

Date of Ultrasound : 07/03/2025 02:43:49 PM

Reason for Ultrasound : Routine checkup

Date of Birth : 26/07/1983

BSA : 1.71

BMI : 28.67

Case ID : 909

Age : 41 Year(s), 7 Month(s), 9 Day(s)

BP : 0/0 mmHg

Date of Report : 08/03/2025

Referred By : None

Examined By : Dr. Digambar Naik

Following observations were obtained

- LIVER** : Fatty changes: Grade I
- LEFT KIDNEY** : Is smoothly marginated.  
Corticomedullary differentiation is maintained  
No hydronephrosis  
No abnormal growth seen  
No calculi or calcinosis
- RIGHT KIDNEY** : Is smoothly marginated.  
Corticomedullary differentiation is maintained  
No hydronephrosis  
No abnormal growth seen  
No calculi or calcinosis
- ADRENALS** : Not Enlarged
- PANCREAS** : Head, tail and body of the pancreas appear normal
- GALL BLADDER** : Is normal in size, shape and position  
Wall is not thickened  
No calculi  
No polyp
- SPLEEN** : **Size:** is enlarged
- AORTA** : Is well seen and is smooth  
No aneurysmal dilatation  
No calcification
- IVC** : Is normal in size  
Collapses during inspiration  
Contents clear
- URINARY BLADDER** : Is full  
Normal bladder wall  
No calculi  
No growth
- LYMPH NODES** : No significant lymphadenopathy
- HERNIA** : No hernia seen

**PROSTRATE**

: Normal in size and structure

**INTESTINE**

: Small Intenstines and Large Intenstines are Normal

**APPENDICITIS**

: Normal in size.

**EO FLUID AND VISUAL  
BOWEL LOOPS**

: -

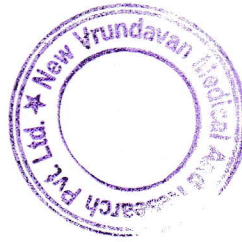
**Impressions**

Grade I fatty liver  
Splnomegaly



**Dr. Digambar Naik**

M.D. (Med) D.O.L.H.F.L.A.E, D.H.A, F.A.I.M.P (Cardiology)



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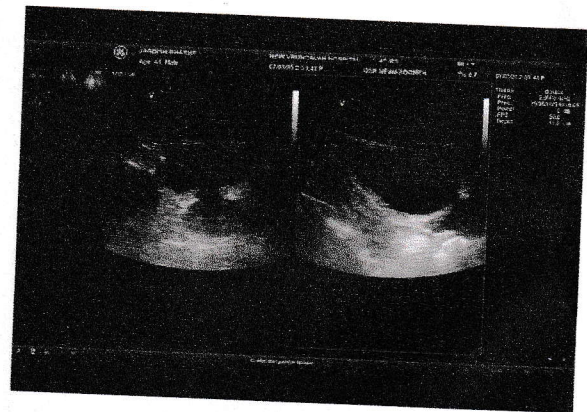
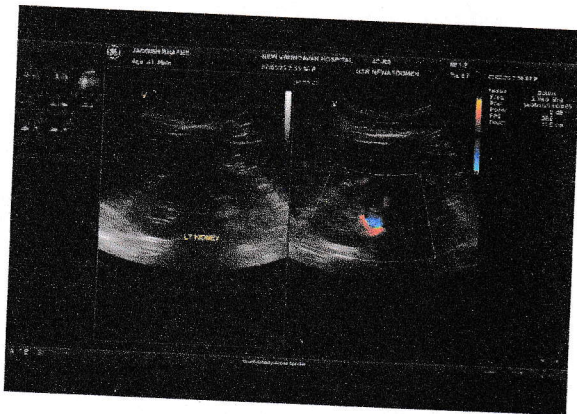
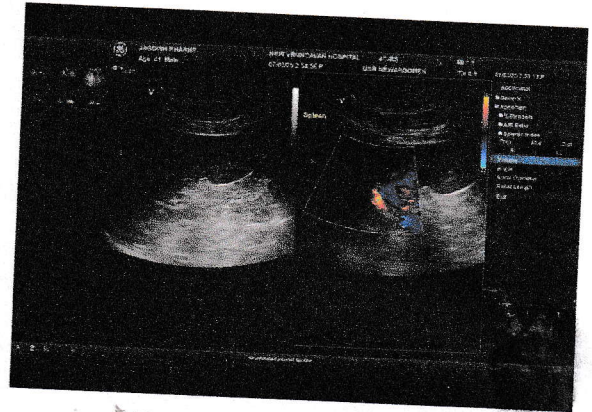
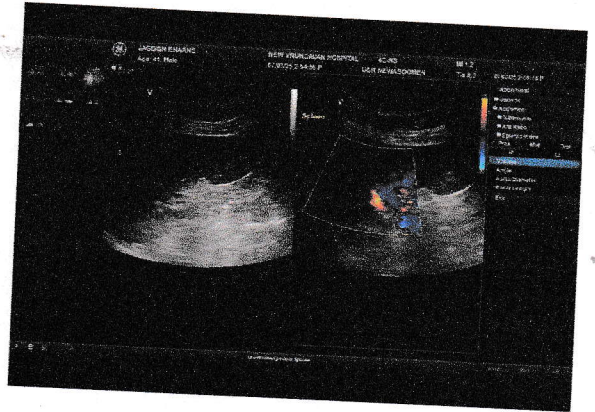
Date of Report : 08/03/2025

Referred By : None

Examined By : Dr. Digambar Naik

Case ID : 909

Critical Image (s)

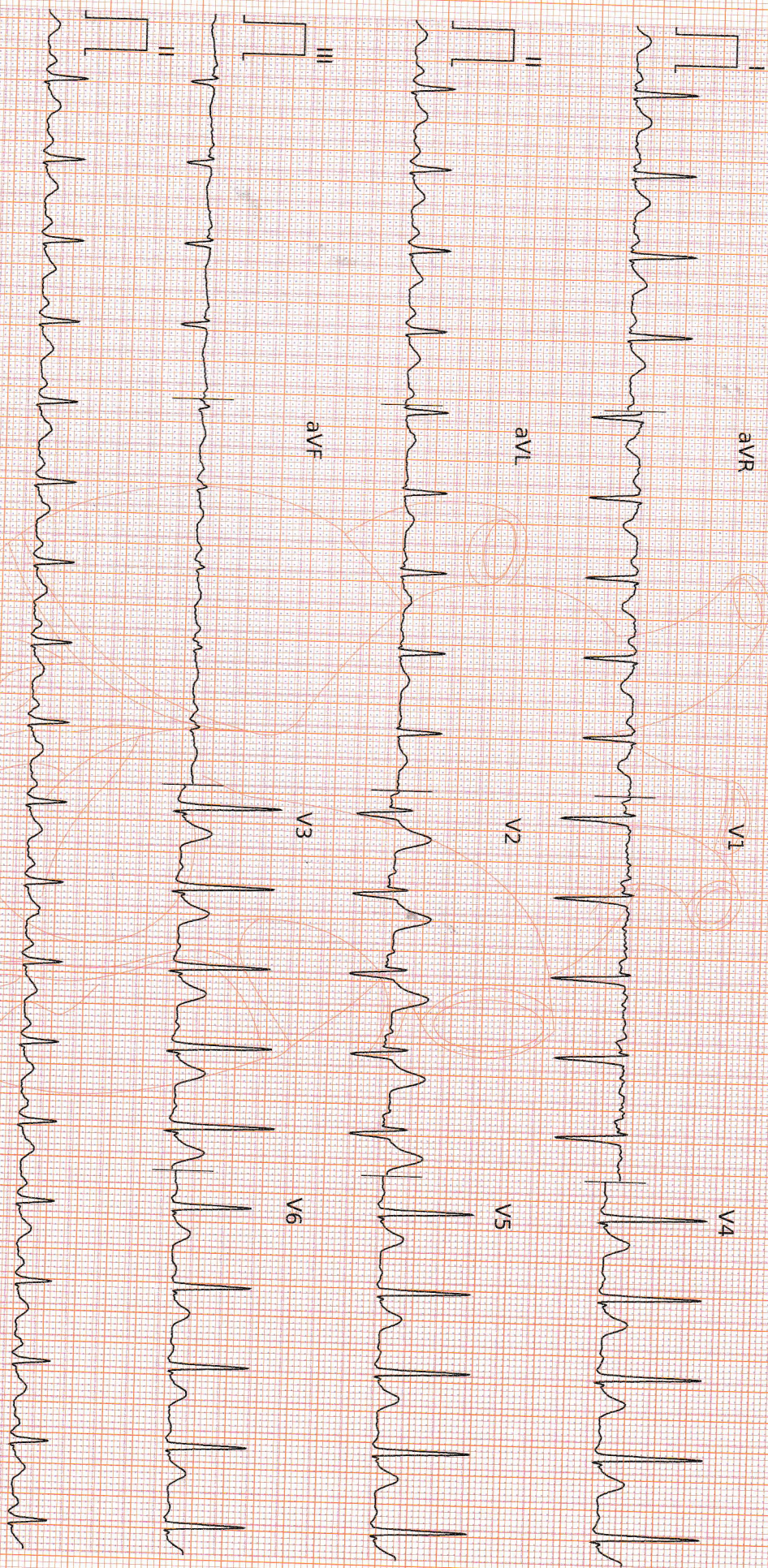


Patient Name: Jagdish Bhatne  
Gender: M, Age: 42 Years  
Pat ID:

Recording Date: 07-Mar-2025 13:55:49  
Attended by: New Vrundavan Daycare Centre  
Remote Viewer: Dr Shalak D Naik

Vent. Rate: 115BPM  
Avg. RR: 520ms PR: 116ms  
QRS dur: 82ms ST dur: 48ms

QT/QTc: 308/404ms  
P-R-T Axes: 52° 11° 24°  
IMPORTANT: See NOTE 1



Dr Shalak D Naik (07-Mar-2025 13:57:50):  
Interpretation: Sinus tachycardia, Normal ECG except for rate

**DR. SHALAK NAIK**  
MBBS  
GMC Reg. No. 3770

*Shalak*

Filter: 0.5Hz - 35Hz Scale: 10mm/mV, 25mm/sec

NOTE 1: Diagnosis required to verify and measure all shown measurements: Vent. Rate, Avg RR, PR, QRS dur, ST dur, QT/QTc, P-R-T Axes.  
Version: ERG 0.1.D.0

mobmon

ARROW

Product by Kailows Engineering India

Dr Shalak D Naik  
MBBS  
3770

**Subject:** Health Check up Booking Confirmed Request(35E8563), Package Code-, Beneficiary Code-270244  
**From:** Mediwheel <wellness@mediwheel.in>  
**Date:** 02-03-2025, 12:00 pm  
**To:** hospital@newvrundavan.com  
**CC:** customercare@mediwheel.in

Hi **New Vrundavan Hospital,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

**Hospital Package Name** : Mediwheel Full Body Annual Plus Above 50 Male

**Patient Package Name** : MediWheel Full Body Health Checkup Male 40 To 50

**Contact Details** : 8055741999

**Appointment Date** : 07-03-2025

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 09:00 AM - 09:30 AM

2 2300/-

Member Information		
Booked Member Name	Age	Gender
JAGDISH GANGADHAR BHARNE	41 year	Male

We request you to facilitate the employee on priority.

Thanks,  
Mediwheel Team  
Please Download Mediwheel App



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भारत सरकार

Government of India

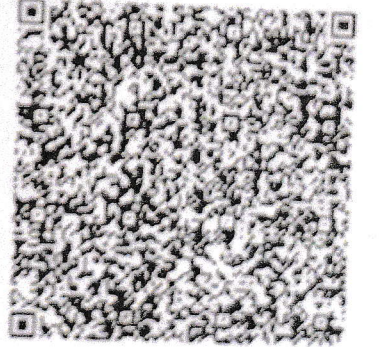


जगदीश गंगाधर भरणे

Jagdish Gangadhar Bharme

जन्म तारीख / DOB : 26/07/1983

पुरुष / Male



9480 1905 5363

माझे आधार, माझी ओळख

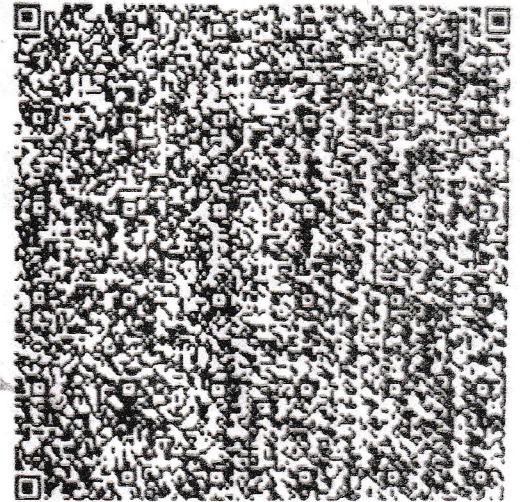


भारतीय विशिष्ट ओळख प्राधिकरण

Unique Identification Authority of India

पत्ता S/O गंगाधर भरणे, मु पोस्ट विद्यानगर विर्षी  
वार्ड देसाईगंज वडसा, ता देसाईगंज, देसाईगंज वडसा,  
गडचिरोली, देसाईगंज, महाराष्ट्र, 441207

Address: S/O Gangadhar Bharne, At Post  
Vidyanagar Wirshi Ward Desaiganj Wadsa, Ta  
Desaiganj, Desaiganj (Vadasa), Gadchiroli,  
Desaiganj, Maharashtra, 441207



9480 1905 5363



1947



help@uidai.gov.in

WWW

www.uidai.gov.in





GPS Mo  
Camera Lit

FRP6+CPG, Dayanand Bandodkar Marg, Miramar, Panaji, Goa  
403001, India

Latitude  
5.4861817°

Longitude  
3.8121152°

Local 09:58:18 AM  
GMT 04:28:18 AM

Altitude 10 meters  
Date 5/1/2025