



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 : N24408704 / OPD
Name : Mrs. SNEHA BANOTHU
Referred Dr : MEDIWHEEL

Sex / Age : Female / 26Y
Reg Date : 15/11/2024 11:04 AM
Report Date : 15/11/2024 12:15 PM

CLINICAL PATHOLOGY

Test Name	Result	Unit	Reference Range
URINE ANALYSIS REPORT			
Quantity	10	ml	
Colour	Pale Yellow		
Appearance	Clear		Clear
Specific Gravity	1.014		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	Occasional	/hpf	0 - 5/hpf
Casts	Absent		Absent
Other Findings	Absent		Absent
REMARK	Absent		Absent

End of Report

Sangeeta V. Nadkarni
Dr. Mrs Sangeeta 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 • Tosoh 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

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SPECIAL TEST

Test Name	Result	Unit	Reference Range
Thyroid Panel - I			
Serum T3 (Tri-Iodothyronine)	1.15	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)	10.3	ug/dL	5.5 - 12.5
Thyroid Stimulating Hormones (Ultra TSH)	3.23	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

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BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
HbA1C			
HbA1C	5.66	%	Non Diabetic :04 -06 Excellent Control : 06 -07 % Fair Control : 07 - 08% Unsatisfactory : 08 - 10% Poor Control: Above 10%
Estimated Mean Glucose (eAg) Method	115.74	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 with in 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.

End of Report*S. Nadkarni*

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BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
Liver Function Test			
Bilirubin- Total	0.39	mg/dl	0.1 - 1.2
Bilirubin- Direct	0.18	mg/dL	0.0 - 0.4
Bilirubin- Indirect	0.21	mg/dL	0.1 - 0.8
SGPT	18.0	IU/L	05 - 40
SGOT	16.0	IU/L	05 - 40
Alkaline Phosphatase	97	IU/L	Female : 42 -98 Child : 54 -369 Neo: 54-369
Total Proteins	6.9	gm/dl	6.0-8.0
Serum Albumin	4	gm/dl	3.2 -5.5
Serum Globulin	2.9	gm/dl	2.3 -3.5
A/G ratio	1.38		1.0 -2.3
GGTP	15		05 -50
Instrument Used	Fully Automated EM200 (TRANSASIA BIOMEDICALS)		

End of Report

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BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
LIPID PROFILE			
S. Cholesterol <small>CHOD-PAP</small>	112	mg/dl	Desirable Chol:200mg/dl ,Borderline Chol:200-239mg/dl High Chol: >240mg/dl
S. Triglycerides <small>GPO</small>	82	mg/dl	Upto 190
HDL Cholesterol <small>DIRECT</small>	32	mg/dL	30 - 70
LDL Cholesterol	63.6	mg/dl	Upto 150
VLDL Cholesterol	16.4	mg/dL	07 to 35
S.Cholesterol/HDL Ratio	3.5		< 5.0
LDL Chole/HDL Chole	1.99		LOW RISK - 0.5 To 3.0 MODERATE RISK - 3.0 TO 6.0 HIGH RISK - >6.0
S.Triglycerides/HDL Chole	2.56		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
Blood Urea			
Blood Urea <small>UREASE-GLDH</small>	15	mg/dl	13 - 45
Blood Urea Nitrogen Instrument Used	7.01	mg/dl	10 - 20
Fully Automated EM200 (TRANSASIA BIOMEDICALS)			
Serum Creatinine			
Serum Creatinine <small>JAFFE'S KINETIC</small>	0.8	mg/dl	0.4 - 1.4
Instrument Used Fully Automated EM200 (TRANSASIA BIOMEDICALS)			
Serum Uric Acid			
Serum Uric Acid <small>URICASE</small>	4.5	mg/dl	2.5 to 7.2
Instrument Used Fully Automated EM200 (TRANSASIA BIOMEDICALS)			

End of Report

30 YEARS
COMPLETION

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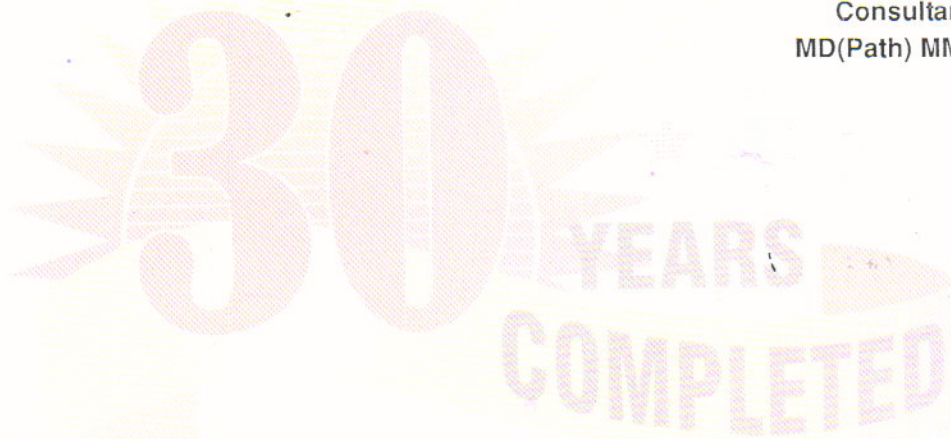
Sex / Age : Female / 26Y
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HAEMATOLOGY

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

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HAEMATOLOGY

Test Name	Result	Unit	Reference Range
HAEMOGRAM ON CELL COUNTER			
HAEMOGLOBIN	12.5	gm/dl	12-16
RBC COUNT	4.5	mill/cmm	4.5 - 6.5
PACKED CELL VOLUME (PCV)	39	%	32 - 47
MCV	85.71	fL	82 - 98
MCH	27.47	pgms	27 - 33
MCHC	32.05	%	32 - 36
Total WBC count <i>Impedance Method</i>	6500	/cmm	4000- 11000
Differential Leucocytes Counts			
Neutrophil	68	%	50 - 70
Lymphocytes	28	%	20 - 40
Monocytes	02	%	00 - 12
Eosinophils	02	%	02 - 06
Easophils	00	%	00 - 01
Platelet Count <i>Impedance Method</i>	230000	/cmm	150000 - 450000
RBC Morphology	NORMOCYTIC & NORMOCHROMIC		
WBC Morphology	NO WBC ABNORMALITY SEEN		
Platelet Morphology	PLATELETS ARE ADEQUATE		
Peripheral Smear Examination E.S.R.	05		M : 0 mm to 7 mm F : 0 mm to 15 mm (by Wintrobe's)
Instrument Used	Fully Automated Biosystem Cell Counter ERBA H360		

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आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT OF INDIA

स्थायी लेखा संख्या कार्ड
 Permanent Account Number Card
PXYPS2637P



नाम / Name
BANOTHU SNEHA

पिता का नाम / Father's Name
BANOTHU BABU NAIK

जन्म की तारीख /
 Date of Birth
07/08/1998



31072022


 हस्ताक्षर / Signature

Sneha

Dr. (Mrs) Sangeeta V. Nadkarni
 Consultant Pathologist - MD (Path)
 MCh (Path) Reg No 5383
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 Karve Road, Pune-411038
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GPS Map Camera

Pune, Maharashtra, India
GR2F+22H, Kothrud, Pune, Maharashtra 411038, India
Lat 18.499999°
Long 73.82267°
15/11/24 10:01 AM GMT +05:30

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 HEALTH CARE CLINIC NADKARNI LABORATORY, 27/92, Karve Road, Kothrud, Pune-38 / Home Visit on 15/11/24 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 <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 2. Sample Collection | | |
| a. Blood | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Urine | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 3. Electro Cardio Gram (ECG) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 4. Treadmill Test (TMT) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

5. Others Chest X-ray & USG A & P.
PX4PS2637P.

I have furnished my ID Proof PAN bearing ID No. PX4PS2637P. at the time of my medical.

Feedback Form

- Behavior and cooperation of staff

Reception/ Clinic/ Hospital	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Technician/ Doctors	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
- Time Management

	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
--	--	----------------------------------	-------------------------------
- Upkeep of hospital

	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
--	--	----------------------------------	-------------------------------
- Technology & Skills

	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
--	--	----------------------------------	-------------------------------
- Please remark if the medical check procedure was satisfactory

	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
--	---	-----------------------------

(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

<p><u>Sneha</u> Signature of the Life to be Insured (Proposer in case of Life insured being minor)</p> <p><u>Sneha Banthya</u> Name of the Life to be Insured with date (Proposer (in case of Life insured being minor)</p>	<p style="text-align: right;"><u>S.S. Bapat</u> Signature of Visiting/Attending Doctor</p> <p>_____ Name of Visiting/Attending Doctor</p> <p style="text-align: center;">Dr. SHRUTI S. BAPAT MC Registration No. MBBS</p> <p style="text-align: center;">MMC Reg.No.2023/07/2262 Doctor Stamp with date</p>
---	--

COVID QUESTIONNAIRES

Client name : Sneha Banothu

Application Number:

Please fill the below checklist:-

Question	YES	NO
1) Any Travel history in last 3 months If yes , please provide details <u>Hyderabad</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Have you tested positive for coronavirus (COVID-19) or Any requirement of doing covid test or awaiting such a test?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Have you experienced any of the following symptoms within the last 14 days? Any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhoea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) Have you had direct contact with someone whose been confirmed or suspected to have coronavirus?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) Have you been self-isolated recently, currently have you been advised to selfisolate due to personal, medical related or for any other reason including order issued by government health authorities in interest of public health?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any medical questions Yes, Please provide complete details with duration :

Signature of Life to be assured : Sneha

Signature & Seal of the Medical Examiner

SSBapat

Date : 15/11/2024

Dr. SHRUTI S. BAPAT

Place : Pure city

MBBS

MMC Reg.No.2023/07/2262

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

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

- Hypothyroidism since 2 months
- Taking PCOD since 3 months.

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

Chest : Insp. 87 / Exp. 85 / Abd. 86

Investigations: Hb-12.5 WBC-6500 Plt 230000 Urea-15 creat-0.8
 UA-4.5 Chol-112 TG-82 HDL-32 Bil(+) 0.39 (D) 0.18 (E) 0.21
 SGPT-18 SGOT-16 ALK-97 Pco-6.9 Alb-4 Glob-2.9 GGT-1.38
 GGT-15 HbA1c-5.66 TPT 1.15, T4-10.3, TSH-3.23 urine normy
 Blood Group - B Positive

HEIGHT	WEIGHT	BMI	B.P.	PULSE	HEARING	VISION	ON	DISTANT	NEAR	COLOUR VISION	BLOOD GROUP	
163 cm	62 kg	23.3	100/60 mmHg	100/min	(N)	(N)	Uncorrected	(N)	(N)	(N)	(N)	B+ve
							Corrected					

Assessment

Dr. S. Incha

Dr. Shruti S. Bapat

Dr. SHRUTI S. BAPAT
MBBS
MMC Reg.No.2023/07/2262

Dr. V.M. Nadkarni

► 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, Tropical & Family Medicine,
Occupational Health

MEDICAL EXAMINATION REPORT

No.:

Date: 15/11/2024

Surname: Banothy Name: Sneha

Age: 28 yrs Sex: F Birth Date: 07/09/1996

Address: Nanded City, Pune 411041

Occupation: Homemaker

Personal History: Hypothyroidism since 2 months LMP= 05/11/2024
PCOD since 3 months. Menstrual cycle is ~~irreg~~
Tobacco: - Alcohol: - irregular

Misc.: Allergy: -

Immunization History: No Immunization History

Previous Medical History: Hypothyroidism ^{since} 2 months T. Thyronorm 25mg OD
Diagnosed with PCOD 3 months back. T Ovabien myo BD
T Letrozol 2.5mg BD



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 : N24408704 / OPD
Name : Mrs. SNEHA BANOTHU
Referred Dr : MEDIWHEEL

Sex / Age : Female / 26Y
Reg Date : 15/11/2024 11:04 AM
Report Date : 15/11/2024 04:59 PM

BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
Blood Glucose Fasting and Post Prandial			
Blood Glucose (Fasting)	105	mg/dl	Normal : < 99 Prediabetic : 100.0 - 125.0 Diabetic : > 125.0
Post Prandial Glucose Instrument Used	131	mg/dl	90 - 140 mg/dL Fully Automated EM200 (TRANSASIA BIOMEDICALS).

End of Report



S. Nadkarni

Dr. Mrs Sangeeta 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 • Tosoh 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 : 6 pm to 8 pm