



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 : N24408703 / OPD  
 Name : Mr. SURESH BODA  
 Referred Dr : MEDIWHEEL

Sex / Age : Male / 35Y  
 Reg Date : 15/11/2024 11:03 AM  
 Report Date : 15/11/2024 04:59 PM

## BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
<b>Blood Glucose Fasting and Post Prandial</b>			
Blood Glucose (Fasting)	89	mg/dl	Normal : < 99 Prediabetic : 100.0 - 125.0 Diabetic : > 125.0
Post Prandial Glucose	102	mg/dl	90 - 140 mg/dL
Instrument Used	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
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**ALL CREDIT AND DEBIT CARDS ACCEPTED & GPAY, PAYMT****HOME VISIT AVAILABLE BY APPOINTMENT**

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## CLINICAL PATHOLOGY

Test Name	Result	Unit	Reference Range
<b>URINE ANALYSIS REPORT</b>			
Quantity	10	ml	
Colour	Pale Yellow		
Appearance	Clear		Clear
Specific Gravity	1.013		1.005 -1.030
<b>Chemical Examination</b>			
Albumin	Absent		Absent
Sugar	Absent		Absent
Bile Pigments	Absent		Absent
Urobilinogen	Normal		Normal
Reaction	Acidic		Acidic
Acetone-Ketone	Negative		Negative
Nitrite	Negative		Negative
<b>Microscopic Examination</b>			
RBCs	Absent	/hpf	
PUS Cells	1-2	/hpf	0 - 5/hpf
Epithelial Cells	2-3	/hpf	0 - 5/hpf
Casts	Absent		Absent
Other Findings	Absent		Absent
REMARK	Absent		Absent

**End of Report**

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### SPECIAL TEST

Test Name	Result	Unit	Reference Range
<b>Thyroid Panel - I</b>			
Serum T3 (Tri-Iodothyronine)	0.84	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)	12.2	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.		

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### BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
HbA1C			
HbA1C	5.46	%	Non Diabetic :04 -06 Excellent Control : 06 -07 % Fair Control : 07 - 08% Unsatisfactory : 08 - 10% Poor Control: Above 10%
Estimated Mean Glucose (eAg) Method	110	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.

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### BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
<b>Liver Function Test</b>			
Bilirubin- Total	0.65	mg/dl	0.1 - 1.2
Bilirubin- Direct	0.26	mg/dL	0.0 - 0.4
Bilirubin- Indirect	0.39	mg/dL	0.1 - 0.8
SGPT	21.0	IU/L	05 - 40
SGOT	22.0	IU/L	05 - 40
Alkaline Phosphatase	61	IU/L	Male : 53 -128 Child : 54 -369 Neo: 54-369
Total Proteins	6.8	gm/dl	6.0 - 8.0
Serum Albumin	4.1	gm/dl	3.2 -5.5
Serum Globulin	2.7	gm/dl	2.3 -3.5
A/G ratio	1.52		1.0 -2.3
GGTP	20		05 -50
Instrument Used	Fully Automated EM200 ( TRANSASIA BIOMEDICALS)		

End of Report

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Test Name	Result	Unit	Reference Range
<b>LIPID PROFILE</b>			
S. Cholesterol <small>CHOD-PAP</small>	154	mg/dl	Desirable Chol: 200mg/DI Borderline Chol: 200-239mg/DI High Chol: >240mg/DI
S. Triglycerides <small>GPO</small>	145	mg/dl	Upto 190
HDL Cholesterol <small>DIRECT</small>	34	mg/dL	30 - 70
LDL Cholesterol	91	mg/dl	Upto 150
VLDL Cholesterol	29	mg/dl	07 to 35
S.Cholesterol/HDL Ratio	4.53		LOW RISK - 3.3 To 4.4 AVERAGE RISK - 4.4 TO 7.1 MODERATE RISK - 7.1 TO 11.1 HIGH RISK - >11.0
LDL Chole/HDL Chole	2.68		LOW RISK - 0.5 To 3.0 MODERATE RISK - 3.0 TO 6.0 HIGH RISK - >6.0
S.Triglycerides/HDL Chole Instrument Used	4.26		Desirable : < 3.00 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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Test Name	Result	Unit	Reference Range
<b>Blood Urea</b>			
Blood Urea <small>UREASE-GLDH</small>	18	mg/dl	13 - 45
Blood Urea Nitrogen Instrument Used	<b>8.41</b> Fully Automated EM200 ( TRANSASIA BIOMEDICALS)	mg/dl	10 - 20
<b>Serum Creatinine</b>			
Serum Creatinine <small>JAFFE'S KINETIC</small>	1.1	mg/dl	0.4 - 1.4
Instrument Used	Fully Automated EM200 ( TRANSASIA BIOMEDICALS)		
<b>Serum Uric Acid</b>			
Serum Uric Acid <small>URICASE</small>	6.6	mg/dl	2.5 to 7.2
Instrument Used	Fully Automated EM200 ( TRANSASIA BIOMEDICALS)		

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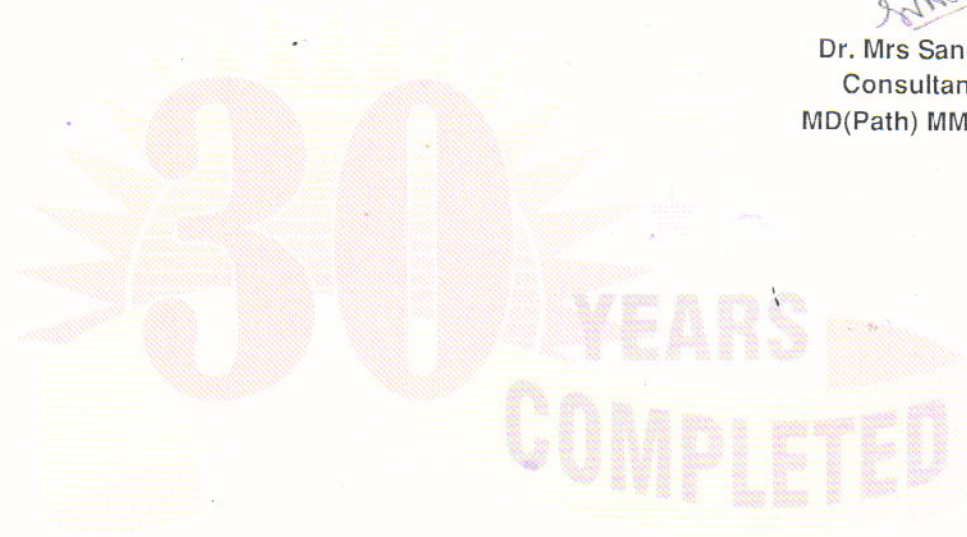
## HAEMATOLOGY

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

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## HAEMATOLOGY

Test Name	Result	Unit	Reference Range
<b>HAEMOGRAM ON CELL COUNTER</b>			
HAEMOGLOBIN <i>SLS Method</i>	13.8	gm/dl	12.5-18
RBC COUNT <i>Impedance Method</i>	5.1	mill/cmm	4.5 - 6.5
PACKED CELL VOLUME (PCV) <i>Impedance Method</i>	42	%	37 - 54
MCV	82.51	fL	82 - 98
MCH	27.1	pgms	27 - 33
MCHC	32.86	%	32 - 36
Total WBC count <i>impedance Method</i>	5000	/cmm	4000- 11000
<b>Differential Leucocytes Counts</b>			
Neutrophil	58	%	50 - 70
Lymphocytes	38	%	20 - 40
Monocytes	02	%	0 - 12
Eosinophils	02	%	02 - 06
Basophils	00	%	00 - 01
Platelet Count <i>impedance Method</i>	194000	/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.	07		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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భారత ప్రభుత్వం  
GOVERNMENT OF INDIA

భోడ సురేష్  
BODA SURESH

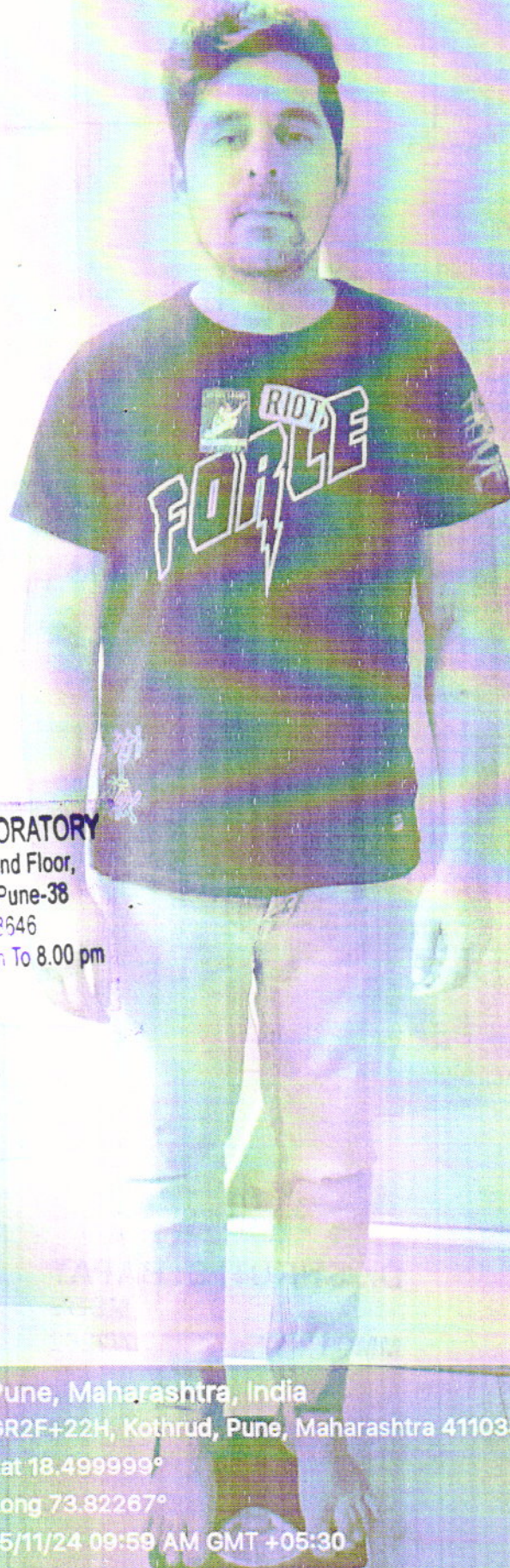
పుట్టిన సంవత్సరం/Year of Birth: 1989  
పురుషుడు / Male

7504 7513 6007

ఆధార్ - సామాన్యని హక్కు



*[Handwritten signature]*



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Tel. 8983777793 / 9763593646

Time : Monday to Saturday 7.00 am To 8.00 pm  
**SUNDAY CLOSED**

GPS Map Camera



Pune, Maharashtra, India

GR2F+22H, Kothrud, Pune, Maharashtra 411038, India

Lat 18.499999°

Long 73.82267°

15/11/24 09:59 AM GMT +05:30

## Feedback – Pre Policy Life Insurance Medical Checks

**HEALTH CARE CLINIC**  
**NADKARNI LABORATORY**  
 Ph: 983777192  
 Varun Complex, of Karve Road  
 Kothrud, Pune-38

This is to confirm & certify that I have gone through the medical examination through Medical Center situated at \_\_\_\_\_ / Home Visit on 5/11/24 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 <u>Chest X-ray &amp; USG A&amp;P.</u> |   |                             |

I have furnished my ID Proof Aadhar bearing ID No X 6007 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
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- 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"/>
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(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>[Signature]</u> Signature of the Life to be Insured (Proposer in case of Life insured being minor)</p> <hr/> <p>Name of the Life to be Insured with date (Proposer (in case of Life insured being minor)</p>	<p><u>[Signature]</u> Signature of Visiting/Attending Doctor</p> <hr/> <p>Name of Visiting/Attending Doctor</p> <p style="text-align: center;"><b>Dr. SHRUTI S. BAPAT</b></p> <p>MC Registration No. _____</p> <p style="text-align: center;"><b>MBBS</b></p> <p>Doctor Stamp with date <b>MMC Reg No. 2023/07/2262</b></p>
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COVID QUESTIONNAIRES

Client name : Suresh Boda

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 :

2doses of Covishield vaccination taken in 2021. No adverse effect.

Signature of Life to be assured : [Signature]

Signature & Seal of the Medical Examiner

Date : 15/11/2024

Place : Pune

[Signature]  
**Dr. SHRUTI S. BAPAT**  
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

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

Chest : Insp. 92 / Exp. 94 / Abd. 92

Investigations : Hb - 13.8 , WBC - 5000 . Plt - 194000 Urea - 18 creat - 1.1 UA - GG  
 Chol - 154 TG - 145 HDL - 34 Billi (T) - 0.65 (B) - 0.26 (F) - 39 SGPT - 21 SGOT - 22  
 ALP - 61 Pso - 6.8 Alb - 4.1 GLo - 2.7 GGT - 20 HbA1c - 5.46  
 TFT - T3 - 0.84 T4 - 12.2 TSH - 2.1 . U r h e @ normal  
 Blood Group - AB Positive

HEIGHT	WEIGHT	BMI	B.P.	PULSE	HEARING	VISION	DISTANT	NEAR	COLOUR VISION	BLOOD GROUP
166 cm	72 kg	26.1	120/80 mmHg	82/ min	(N)	Uncorrected	(N)   (N)	(N)   (N)	(N)	AB Rh+ve
						Corrected				

Assessment

*(Signature)*

*(Signature)*

**Dr. SHRUTI S. BAPAT**  
**MBBS**  
**MMC Reg.No.2023/07/2202**

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

**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

► **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

**MEDICAL EXAMINATION REPORT**

No.:

Date: 15/11/2024.

Surname: Boda Name: Suresh

Age: 35yrs Sex: Male Birth Date: 23/07/1989

Address: Flat 707, ~~Sar~~ H building Sarang Society, Nanded City.  
Pune, 411041

Occupation: Banking

Personal History: - Tobacco: - Alcohol: Beer 700ml once a month.  
Spirits 500ml once a month.  
Since 9 years.

Misc.: Allergy: No allergies

Immunization History: All vaccines taken.  
2 doses of Covishield vaccine taken in 2021. No adverse effects

Previous Medical History: -