





Dr. Prashant Naik

M.D. (Radiology)
Reg. No. 58314
Time : 5.00 pm to 7.00 pm By Appointment

Dr. Kedar Athawale

DMRD DNB (Radiology)
Reg. No. 84908
Time : 11.00 am to 1.00 pm By Appointment

• DIGITAL X-RAY • SONOGRAPHY • COLOUR DOPPLER

Patient's Name Mr Hanmantrao Kamble
Ref By Dr Dr V.M.Nadkarni
Date Oct 26, 2024

USG ABDOMEN & PELVIS

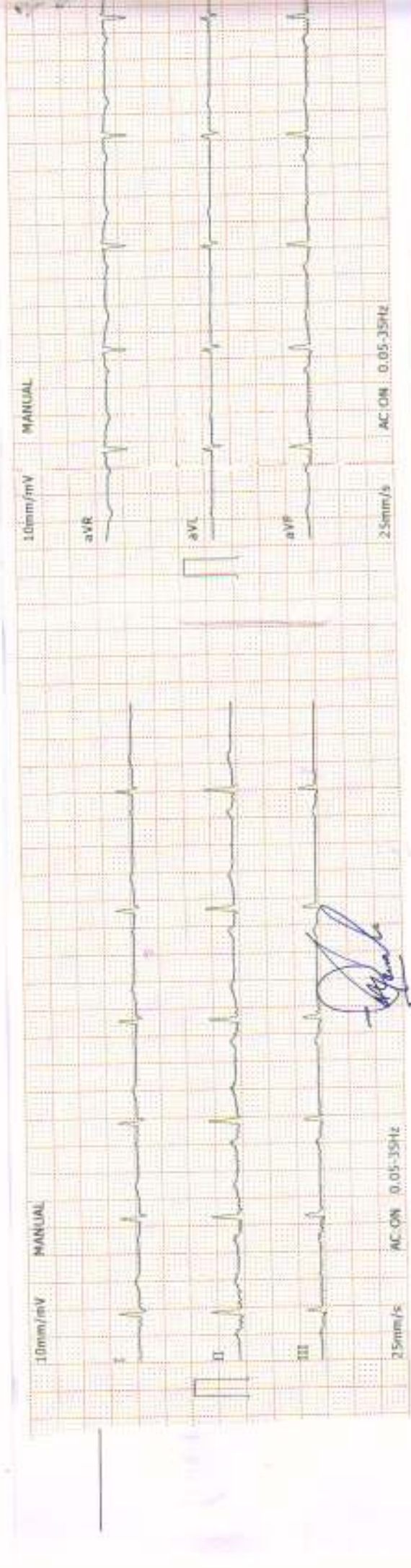
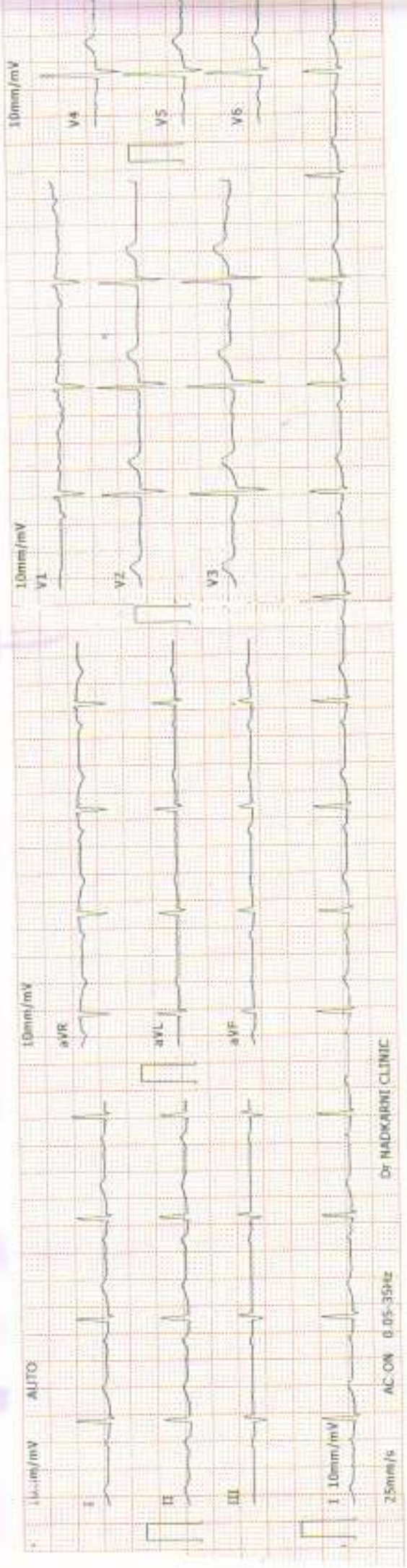
Liver normal in size, shape & outline & reveals normal echo-texture.
No focal lesion seen. Intra hepatic biliary and portal vein radicles normal.
Gall bladder physiologically distended & shows clear contents. No calculi. No e/o cholecystitis.
Portal vein & CBD normal. No calculus in CBD.
Spleen & visualized pancreas show normal size & echoanatomy. Tail of pancreas not visualized due to unavoidable bowel gas.
Both kidneys normal in size, shape, outline & position.
Right kidney :- 106mm x 55mm.
Left kidney :- 106mm x 56 mm.
No hydronephrosis, hydroureter on either side. No calculus seen in both kidneys or in visualized ureters.
Cortico-medullary differentiation normal.
Urinary bladder is well filled. No mural or luminal pathology seen.
Prostate normal in size, echotexture; measures 30mmx25mmx24mm.
Aorta & IVC normal. No lymphadenopathy. No loculated or free fluid collection seen in abdomen or pelvis. No abnormally dilated bowel loops seen.

IMPRESSION

No abnormality appreciated in this USG study of Abdomen & Pelvis

Dr. Kedar Athawale
DMRD, DNB
Thanks for referral

DR. KEDAR ATHAWALE
DMRD DNB (Radiology)
Reg. No. 84908



2024-10-26 12:57:33 ID: 00000554

ID Card: Name: HANMATHRAO KAMBLE Gender: Male
 Age: 59 Height(cm):
 Weight(kg): / BP(mmHg): /

HR: bpm 78
 P-R: ms 120

<< Conclusion >>
 E01 Sinus Rhythm
 ** NORMAL ECG **



[Handwritten Signature]

CLINICAL HISTORY:

RATE: 88/min

RHYTHM: Regular

MECHANISM: Sinus

P WAVE: 0.04 sec

PR: 0.16 sec

QRS: Normal time and deflection

QTc: 0.39 sec

ST: isoelectric

T WAVE: Twave flattening in inferior leads

Q WAVE: No abnormal Q wave.

AXIS: +30 degree

semivertical

POSITION OF HEART:

PRECORDIAL LEADS: Normal R progression

B.P: 118/76 mmHg

DRUGS:

CONCLUSIONS:

Normal ECG. \pm non specific Twave flattening in inferior leads



Client's Signature



Doctor's Signature

Dr. SHRUTI S. BAPAT
MBBS

MMC Reg.No.2023/07/2262

► *Health Care Clinic*

Varun Complex, Office No. 1,
Near Swapnaship 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 : radvvh@yahoo.com

Dr. Vivekanand M. Nadkarni

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

MMC Reg. No. 42322

Physician

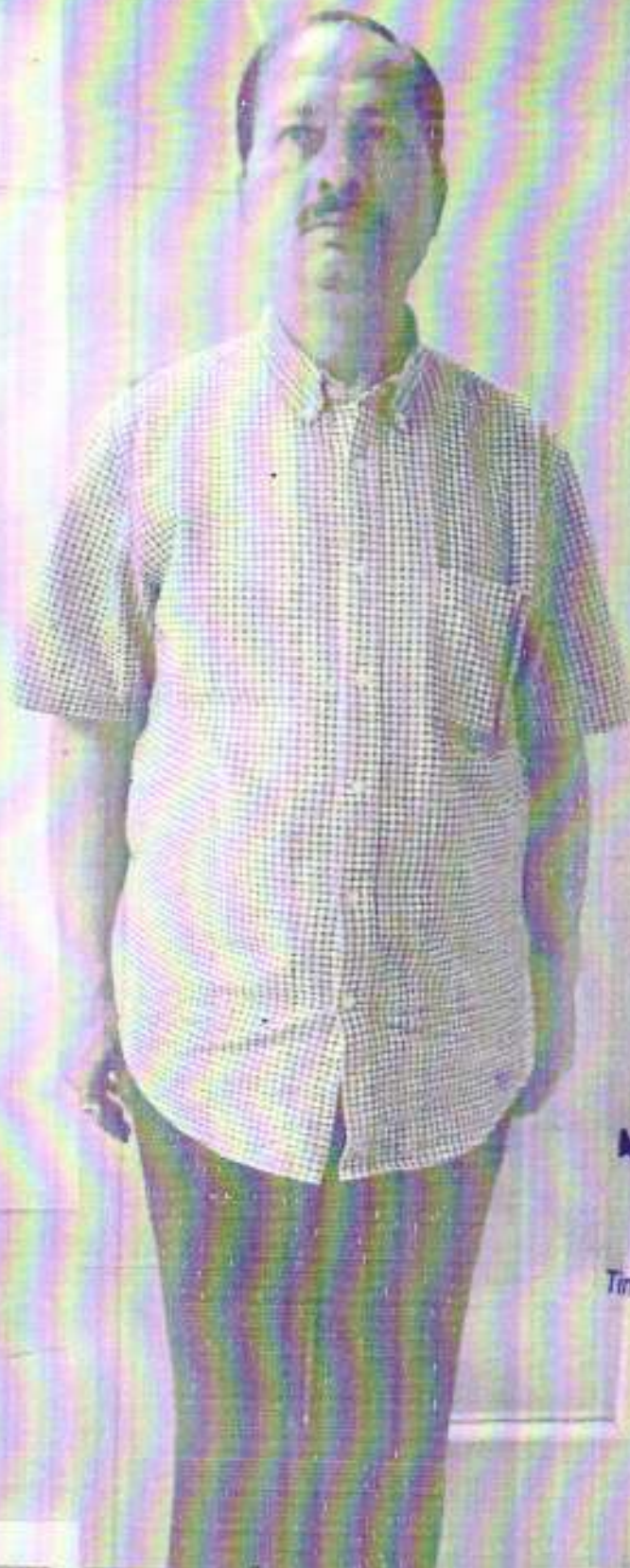
- Family Medicine
- Tropical Medicine
- Occupational Health
- ACLS Instructor

DATE 26-10-24.

ELECTROCARDIOGRAM

NAME Mr. Hanmantrao - Kamble AGE 59

REF. BY Medicapel B.P. 118/70 mmHg



NADKARNI PATHOLOGY LABORATORY
1, Indraprastha Chambers, Ground Floor,
Near Ambar Hall Karve Road, Pune-38
Tel: 98377793 / 9763593546
Time : Monday to Saturday 7.00 am To 8.00 pm
SUNDAY CLOSED



Pune, Maharashtra, India
GR2F+22H, Kothrud, Pune, Maharashtra 411038, India
Lat 18.499999°
Long 73.82267°
26/10/24 08:42 AM GMT +05:30





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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



MAIN LABORATORY : 1, Indraprastha Chambers, Ground Floor, Near Amber Hall, Karve Road, Pune-411 008. Ph. : 97635 93646, 8983-7777 93 • Timings : Monday to Saturday 7 am to 6 pm

Reg No : N24408557 / OPD
 Name : Mr. HANMANTRAO KAMBLE
 Referred Dr : MEDIWHEEL

Sex / Age : Male / 59Y
 Reg Date : 26/10/2024 12:11 PM
 Report Date : 26/10/2024 01:05 PM

CLINICAL PATHOLOGY

Test Name	Result	Unit	Reference Range
URINE ANALYSIS REPORT			
Quantity	10	ml	
Colour	Pale Yellow		
Appearance	Clear		Clear
Specific Gravity	1.012		1.005 -1.030
Chemical Examination			
Albumin	Absent		Absent
Sugar	Present +		Absent
Bile Pigments	Absent		Absent
Urobilinogen	Normal		Normal
Reaction	Acidic		Acidic
Acetone-Ketone	Negative		Negative
Nitrite	Negative		Negative
Microscopic Examination			
RBCs	Absent	/hpf	0
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

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

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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
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Reg Date : 26/10/2024 12:11 PM
Report Date : 26/10/2024 12:52 PM

SPECIAL TEST

Test Name	Result	Unit	Reference Range
Prostate Specific Antigen (PSA)			
PSA	0.901	ng/ml	40 yrs:=2.0 40-49 yrs:=2.50 50-59 yrs:=3.5 60-69yrs:=4.5 70-79 yrs:=6.5 p/=80 yrs:=7.2 Mayo Clinical Laboratories.

End of Report

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Sex / Age : Male / 59Y
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SPECIAL TEST

Test Name	Result	Unit	Reference Range
Thyroid Panel - I			
Serum T3 (Tri-Iodothyronine)	1.17	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)	11.9	ug/dL	5.5 - 12.5
Thyroid Stimulating Hormones (Ultra TSH)	2.5	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

30 YEARS
COMPLET

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BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
HbA1C			
HbA1C	7.4	%	Non Diabetic :04 -06 Excellent Control : 06 -07 % Fair Control : 07 - 08% Unsatisfactory : 08 - 10% Poor Control: Above 10%
Estimated Mean Glucose (eAg) Method	165.68	mg%	70 - 140 Nephelometry & Photometry By Mispal 13, 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.

End of Report

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BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
LIPID PROFILE			
S. Cholesterol <small>CHOD-PAP</small>	143	mg/dl	Desirable Chol: 200mg/Dl Borderline Chol: 200-239mg/Dl High Chol: >240mg/Dl
S. Triglycerides <small>GPO</small>	225	mg/dl	Upto 190
HDL Cholesterol <small>INDIRECT</small>	29	mg/dL	30 - 70
LDL Cholesterol	69	mg/dl	Upto 150
VLDL Cholesterol	45	mg/dl	07 to 35
S Cholesterol/HDL Ratio	4.93		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	2.38		LOW RISK - 0.5 To 3.0 MODERATE RISK - 3.0 TO 6.0 HIGH RISK - >6.0
S.Triglycerides/HDL Chole	7.76		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

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

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BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
Blood Urea			
Blood Urea UREASE-GLDH	22	mg/dl	13 - 45
Blood Urea Nitrogen Instrument Used	10.27	mg/dl	10 - 20
Fully Automated EM200 (TRANSASIA BIOMEDICALS)			
Serum Creatinine			
Serum Creatinine JAFFE'S KINETIC	1.0	mg/dl	0.4 - 1.4
Instrument Used Fully Automated EM200 (TRANSASIA BIOMEDICALS)			
Serum Uric Acid			
Serum Uric Acid URICASE	4.8	mg/dl	2.5 to 7.2
Instrument Used Fully Automated EM200 (TRANSASIA BIOMEDICALS)			
Liver Function Test			
Bilirubin- Total	0.41	mg/dl	0.1 - 1.2
Bilirubin- Direct	0.19	mg/dL	0.0 - 0.4
Bilirubin- Indirect	0.22	mg/dL	0.1 - 0.8
SGPT	21.0	IU/L	05 - 40
SGOT	12.0	IU/L	05 - 40
Alkaline Phosphatase	63	IU/L	Male : 53 -128 Child : 54 -369 Neo: 54-369
Total Proteins	6.9	gm/dl	6.0 - 8.0
Serum Albumin	4.2	gm/dl	3.2 -5.5
Serum Globulin	2.7	gm/dl	2.3 -3.5
A/G ratio	1.56		1.0 -2.3
GGTP	29		05 -50
Instrument Used Fully Automated EM200 (TRANSASIA BIOMEDICALS)			

End of Report

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BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
Blood Glucose Fasting and Post Prandial			
Blood Glucose (Fasting)	143	mg/dl	Normal : < 99 Prediabetic : 100.0 - 125.0 Diabetic : > 125.0
Post Prandial Glucose	246	mg/dl	90 - 140 mg/dL
Instrument Used	Fully Automated EM200 (TRANSASIA BIOMEDICALS).		

End of Report

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HAEMATOLOGY

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

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30 YEARS COMPLETED

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MAIN LABORATORY : 1, Indraprastha Chambers, **Ground Floor**, Near Amber Hall, Karve Road, Pune 411 036. Ph. : 97635 93646, 8983 7777 93 • **Timings** : Monday to Saturday 7 am to 8 pm

Reg No : N24408557 / OPD

Sex / Age : Male / 59Y

Name : Mr. HANMANTRAO KAMBLE

Reg Date : 26/10/2024 12:11 PM

Referred Dr : MEDIWHEEL

Report Date : 26/10/2024 01:18 PM

HAEMATOLOGY

Test Name	Result	Unit	Reference Range
HAEMOGRAM ON CELL COUNTER			
HAEMOGLOBIN <small>SCS Method</small>	13.7	gm/dl	12.5-18
RBC COUNT <small>Impedance Method</small>	5.0	mill/cmm	4.5 - 6.5
PACKED CELL VOLUME (PCV) <small>Impedance Method</small>	42	%	37 - 54
MCV	84	fL	82 - 98
MCH	27.4	pgms	27 - 33
MCHC	32.62	%	32 - 36
Total WBC count <small>Impedance Method</small>	6100	/cmm	4000- 11000
Differential Leucocytes Counts			
Neutrophil	70	%	50 - 70
Lymphocytes	27	%	20 - 40
Monocytes	01	%	0 - 12
Eosinophils	02	%	02 - 06
Platelet Count <small>Impedance Method</small>	246000	/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

S. N. Sangeeta
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 • Minividias 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


एनडीएल
Unique Identification Authority of India


पता:
 S/O Dattatraya Kamble, फ्लॉट नं ४ प्लॉट नं ६३ सायंतारा अपार्ट, मायूर कॉलनी, अहमदाबाद, पुणे नगर, पुणे, महाराष्ट्र - ४११०३८

Address:
 S/O Dattatraya Kamble, FLAT NO 4 PLOT NO 63 SAYANTARA APART, MAYUR COLONY, KOTHRUD, Pune City, Pune, Maharashtra - 411038



6441 9382 3790
VID : 9122 7959 5156 0879

1947 | help@uidai.gov.in | www.uidai.gov.in

S.S. Bapat

Dr. SHRUTI S. BAPAT
MBES
MMC Reg.No.2023/07/2232


सरकार भारत
Government of India



नाम
श्रीमंतराव कामळे
Manmtrao Kamble
जन्म तारीख/DOB: 07/08/1965
लिंग/ MALE

6441 9382 3790
VID : 9122 7959 5156 0879

माझे आधार, माझी ओळख

Feedback – Pre Policy Life Insurance Medical Checks

This is to confirm that I have gone through the medical examination through Medical Center _____ Home Visit on _____ to complete the requisite medical formalities towards my application for life insurance from _____ Insurance Company vide Proposal Form bearing No. _____ Dated _____
 Health Care Clinic
 NADIA LABORATORY
 Complex of Kated Road
 Kothrud, Pune-38
 26.10.24

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 _____ | | |

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

Adhar Card XXXX XXXX 3990
 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 *Primary amenities are not available*
 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

Primary amenities need to be provided. Person instructed errand available, most of test conducted by staff &

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)

Signature of Visiting/Attending Doctor *Dr. Shrutis*

Dr. SHRUTIS. BAPAT
 MBBS
MMC Reg. No. 2023/07/2262
 Doctor Stamp with date

new test not conducted as per list

► **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: 26/10/2024

Surname: Kamble Name: Hanmantrao

Age: 59 years Sex: Male Birth Date: 7/02/1965

Address: Mayur Colony Flat no. 4, Plot no 63, Mayur Colony
Kothrud, Pune 411029.

Service

Occupation :

Personal History: Diabetes since 3 years. Tab. Volicare Tno 3/0.3mg OD
T. SITA DM 500 OD Tobacco: NA Alcohol: NA

Misc: T. Gilutonorm 613 forte HS.
T. Piroced 30 HS
Cap Rabom DSR OD Allergy:
T. Medlar AT OD

Immunization History: Covid 19 vaccine 2 doses taken 2021.

Previous Medical History: fracture left ulna in 2021 due to RTA.
Surgery done wire placed and removed on bone union