



**SHRI DASHABHUJA**

**X-RAY CLINIC**

Digital X-Ray (CR System) Available  
OPG Facility Available

GANGAVATARANA, Ground Floor, Plot  
No. 7, S. No. 42 A/1A/2F, Dashbhujja  
Ganesh Colony, Near Dashbhujja  
Ganesh Temple, Next to Mankar Dosa  
Center, Karve Road, Pune. 411038.  
Clinic : 2546 8187, 8308839383  
Res : 2422 1359, 9822041859

**Dr. LALIT P. PATHAK**

M. D. Radiologist  
Reg. No. 52382

Timing : 9.00 a.m. To 1.30 p.m.  
4.30 p.m. To 8.30 p.m.  
**SUNDAY CLOSED**

NAME:MR RAJARAM MAHAJAN.

DATE:25 12 2021.

REF BY:DR VIVEK NADKARNI.

X RAY CHEST PA VIEW.

Both the domes of the diaphragm are clear & at normal position.  
The heart, the aorta, the mediastinum & the pulmonary vasculature  
reveal no abnormality.

Lungs show no acute or active parenchymal pathology.

Pleural sinuses are clear on both sides.

There is no evidence of any hilar or mediastinal lymphadenopathy.  
No pathology is evident in the thoracic bony cage &  
the soft tissues.

CONCLUSION:NORMAL X RAY CHEST PA VIEW.

**Dr. (Mrs.) Sangeeta V. Nadkarni**

Consultant Pathologist MD (Path.)

MMC Reg No.53839

1, Indraprastha Chambers,  
Ground-Floor, Opp. Kirloskar Kisan,  
Karve Road, Kothrud, Pune-411038  
Tel.: 8983777793 / 9763593646

**CBCT, OPG & PORTABLE X-RAY FACILITY AVAILABLE**

(P.T.O)

R

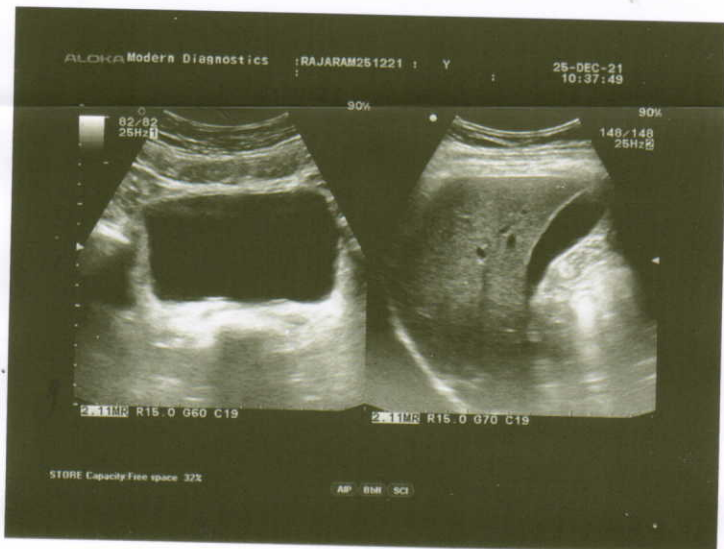
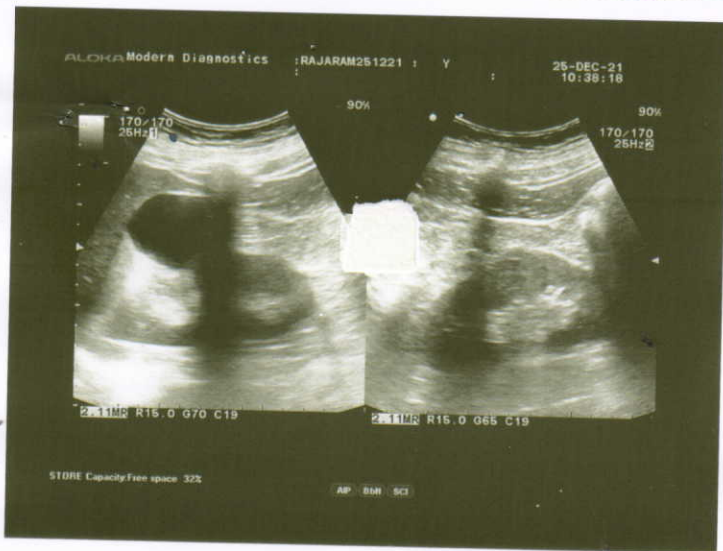


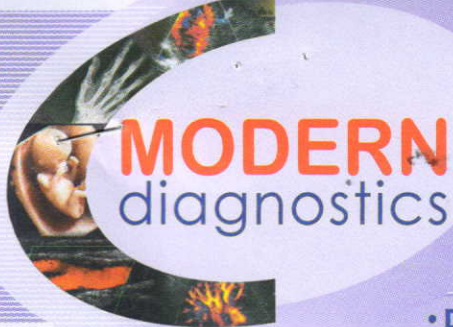
RAJARAM MAHAJAN Male / 50 YRS

Chest PA

25/12/2021 10:29:45 AM

SHRI DASHABHUJA X-RAY CLINIC. PUNE. 020-25468187.





## 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 Rajaram Mahajan  
Ref By Dr V M Nadkarni  
Date December 25, 2021

### 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 :- 100mm x 44mm.  
Left kidney :- 106mm x 51mm.  
A 45 mm simple cyst is seen at right kidney mid pole – cortex.  
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 32mmx28mmx 30mm.  
Aorta & IVC normal. No lymphadenopathy. No loculated or free fluid collection seen in abdomen or pelvis. No abnormally dilated bowel loops seen.

### IMPRESSION

Simple right renal cortical cyst.

Dr. Kedar Athawale  
DMRD, DNB  
Thanks for referral

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

aVF

aVL

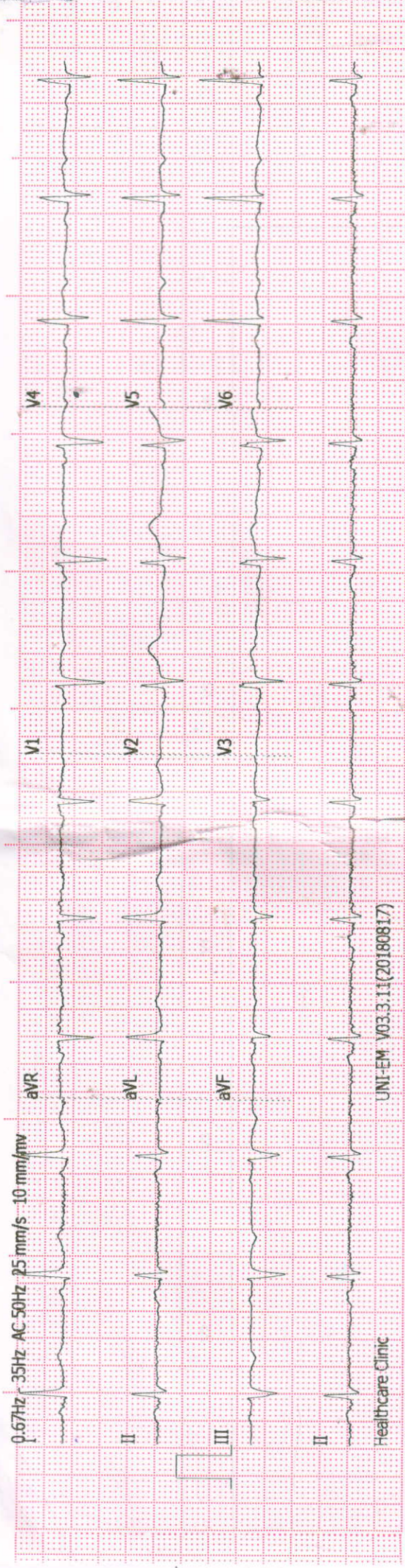
aVR

II

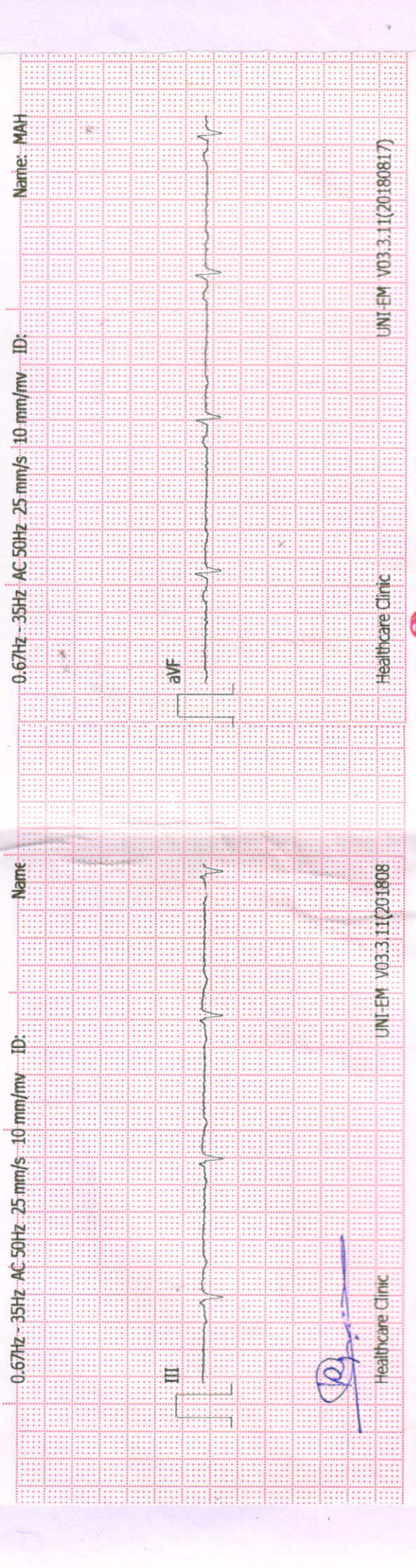
III

I

STD



ADDITIONAL LEADS



Name: MAH

ID: 0.67Hz - 35Hz AC 50Hz 25 mm/s 10 mm/mv

Name

ID: 0.67Hz - 35Hz AC 50Hz 25 mm/s 10 mm/mv

*(Signature)*

Healthcare Clinic

UNI-EM: V03.3.11(20180817)

Healthcare Clinic

UNI-EM: V03.3.11(20180817)

ID:	
Name:	MAHAJAN, RAJARAM
Age:	50yrs
Sex:	Male
	25-12-2021 09:02:20 AM

CLINICAL HISTORY

RATE: 70/min  
RHYTHM: regular  
MECHANISM: Sinus  
P WAVE: 0.08 sec  
P R: 0.12 sec  
QRS: Normal time of deflection  
QTc: 0.42 s

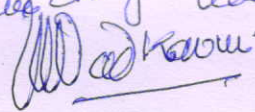
ST: isoelectric  
T WAVE: Normal upright  
Q WAVE: No abnormal wave  
AXIS: -15 degrees  
POSITION OF HEART: -  
PRECORDIAL LEADS: Normal R  
B.P.: 120/80 mmHg

CONCLUSIONS:

Normal ECG  
Sinus Rhythm  
Left Axis Deviation  
Non-specific T wave changes in lateral leads.  
DRUGS: Statolol 50 mg  
Evikel H 1-0-0  
Placida 0.5



Client's Signature



Doctor's Signature

Dr. Vivekanand M. Nadi  
M.B.B.S., D.T.M. & H. (Lon.), FCGP, MSH  
MMC Reg. No. 42322  
Physician  
Health Care Clinic  
Varun Complex, Kulkarni Marg, Kothrud,  
Pune-411 038.

► *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 25/12/21

## ELECTROCARDIOGRAM

NAME RAJARAM MAHAJAN AGE 50

REF. BY mediwheel B.P. 120/80 mmHg



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India  
Government of India

नामांकन क्रम / Enrollment No.: 0619/50900/00117

To  
राजाराम ऑंकार महाजन  
Rajaram Onkar Mahajan  
SN 15/8/2 FL 304,C WING PH 1, SUSHILA PARK  
KOLHEWADI  
Kolewadi  
Khadakwasia R.s.  
Haveli Pune  
Maharashtra 411024  
9657274933

116179909



ME161799091FH



आपका आधार क्रमांक / Your Aadhaar No.:

**8639 2796 8857**

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India

राजाराम ऑंकार महाजन  
Rajaram Onkar Mahajan  
जन्म तिथि / DOB : 01/06/1970  
पुरुष / Male



**8639 2796 8857**

मेरा आधार, मेरी पहचान

*(Handwritten signature)*

*(Handwritten signature)*

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



**HEALTH CARE CLINIC**  
**NADKARNI LABORATORY**  
**Feedback - Pre Policy Life Insurance Medical Checks**

CPh.: 65001105 / 65003646

This is to confirm & certify that I have gone through the medical examination through Medical Center situated at Varun Complex, Kothrud Road, Kothrud, Pune-411 033 / Home Visit on DD/MM/YYYY to complete the requisite medical formalities towards my application for life insurance from ..... Insurance Company vide Proposal Form bearing no \_\_\_\_\_ dated 28 Dec 21

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

- |  |   |                             |
|--|---|-----------------------------|
| 1. Full Medical Report (Medical Questionnaire) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No |
| 2. Sample Collection                           |   |                             |
| a. Blood                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No |
| b. Urine                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No |
| 3. Electro Cardio Gram (ECG)                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No |
| 4. Treadmill Test (TMT)                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No |

5. Others Chest XRay, USG

I have furnished my ID Proof Aadhar bearing ID No. XXXX XXXX 8857 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  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**

.....

<p><u>Rajaram Mahajan</u>  Signature of the Life to be Insured  (Proposer in case of Life insured being minor)</p> <p><u>Rajaram Mahajan</u>  Name of the Life to be Insured with date  (Proposer (in case of Life insured being minor))</p>	<p><u>Dr. Vijayanand M. Nadkarni</u>  Signature of Visiting/Attending Doctor</p> <p><u>Dr. Vijayanand M. Nadkarni</u>  Name of Visiting/Attending Doctor  M.B.B.S., D.T.M. &amp; H. (Lon.), FCGP, MIOSH  MMC Reg.No.42322  MC Registration No: <u>Physician</u>  <u>Health Care Clinic</u>  <u>Varun Complex, Kulkarni Marg, Kothrud,</u>  <u>Pune-411 033.</u>  Doctor Stamp with date</p>
--	---

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

	N	A	(Leave blank if unassessed)		
MEDICAL	✓		01. Eyes	Both eye cataract surgery done. (6-7 yrs) - Dr. Adhikari - Wadgaon. Rt. Tympanoplasty - 3 yrs - Poona hospital.	
	✓		02. Ears, Nose, Throat		
	✓		03. Respiratory		
HISTORY			04. Cardiovascular		Hypertension.
		✓	05. Gastro-Intestinal		Bleeding / Rectum - with stool. Not done any examination or medications.
PRESENT	✓		06. Genito-Urinary		Rt. Hip joint pain - 6-7 yrs.
	✓		07. Musculo-Skeletal		
SYMPTOMS	✓		08. Nervous System		
	✓		09. Skin & Allergies		
	✓		10. Endocrine		
	✓		11. Other		

PHYSICAL	✓		01. Eyes & Pupils	Both eye cataract surgery.	
	✓		02. E.N.T.		
		✓	03. Teeth & Mouth		Root canal done - 4 molar. vital teeth.
	✓		04. Lungs & Chest		
			05. Cardiovascular Sys.		
EXAMINATION	✓		06. Abdo. Viscera		
	✓		07. Hernial Orifices		
	✓		08. Genito - Urinary		
	✓		09. Musculo-Skeletal		
	✓		10. Skin & Vericose Vns.		
	✓		11. C.N.S.		
	✓		12. Other		Chest : Insp. 102 / Exp. 97 / Abd. 105

Investigations :

HEIGHT	WEIGHT	BMI	B.P.	PULSE	HEARING	VISION	DISTANT	NEAR	COLOUR VISION	BLOOD GROUP
178 cm	86.4 kg	27.3 kg/m <sup>2</sup>	120/80 mm Hg	64/min	(N)	(N)	Uncorrected (N)   (N)	(N)	(N)	B+ve
							Corrected (N)   (N)			

Assessment on Tab. Sterio β 5/50 - Hs.

Tab. Telmisartan 40 + Chlorthalidone 12.5 - Morning (CP)

Tab. Placida 0.5 mg **Dr. Vivekanand M. Nadkarni**

Hypertension Controlled

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

Physician  
Health Care Clinic

Varun Complex, Kulkarni Marg, Kothrud,  
Pune-411 038.

*Wadgaon*

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: 25/12/21

Surname: Mahajan

Name: Rajaram

Age: 51 yrs

Sex: Male

Birth Date: 01/06/1970

Address: SN 15/8/2 FL 304, C Wing PHJ, Sushila  
Park, Kolhewadi, Khadakwasala, Haveli Pune. 24

X - Servikeman

Occupation:

since - 35 yrs -

since 30 yrs

Personal History:

(Misri),  
Tobacco: 8-10/days Alcohol: before Sep 2020.  
daily 30ml/day  
Whisky

- Now - No alcohol

Misc.:

Allergy: No.

Immunization History:

Covishield - both dose done

Covid-19 infection (Sep 2020). Admitted at Shreeyash  
for 8 days  
Chest CT score was 18/25. O2 f. Resmeds given. Normal recovery.  
BP dose had to be increased Post Covid.

Previous Medical History:

Hypertension - 8 yrs