



SINCE 1984

# NADKARNI PATHOLOGY LABORATORY

**Dr. Mrs. Sangeeta V. Nadkarni**

Consulting Pathologist (MMC Reg. No. 53839)

Adv. 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. : 97835 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 |
|--------------------------------|-------------|------|-----------------|
| <b>URINE ANALYSIS REPORT</b>   |             |      |                 |
| Quantity                       | 10          | ml   |                 |
| Colour                         | Pale Yellow |      |                 |
| Appearance                     | Clear       |      | Clear           |
| Specific Gravity               | 1.014       |      | 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                      | 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**

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**ALL CREDIT AND DEBIT CARDS ACCEPTED & GPAY, PAYMT****HOME VISIT AVAILABLE BY APPOINTMENT**

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 Off. Karve Road, Kothrud, Pune - 38. Ph. : 8983 7777 92

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### SPECIAL TEST

| Test Name                                | Result   | Unit   | Reference Range   |
|--|--|--------|---|
| <b>Thyroid Panel - I</b>                 |  |        |   |
| Serum T3 (Tri-Iodothyronine)             | 1.15   | ng/mL  | 0.70 - 2.04<br>Pregnancy:<br>1st Trimester: 0.81 - 1.90<br>2nd Trimester: 1.00 - 2.60<br>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<br>Pregnancy:<br>1st Trimester: 0.10 - 2.50<br>2nd Trimester: 0.20 - 3.00<br>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   |
|--|--------|------|---|
| <b>HbA1C</b>                           |        |      |   |
| HbA1C                                  | 5.66   | %    | Non Diabetic :04 -06<br>Excellent Control : 06 -07 %<br>Fair Control : 07 - 08%<br>Unsatisfactory : 08 - 10%<br>Poor Control: Above 10% |
| Estimated Mean Glucose (eAg)<br>Method | 115.74 | mg%  | 70 - 140<br>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**

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### BIOCHEMISTRY

| Test Name                  | Result   | Unit  | Reference Range                                   |
|----------------------------|--|-------|---|
| <b>Liver Function Test</b> |  |       |   |
| 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<br>Child : 54 -369<br>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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Dr. Mrs. Sangeeta Nadkarni  
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## BIOCHEMISTRY

| Test Name                                 | Result   | Unit  | Reference Range  |
|---|--|-------|--|
| <b>LIPID PROFILE</b>                      |  |       |  |
| S. Cholesterol<br><small>CHOD-PAP</small> | 112  | mg/dl | Desirable Chol:200mg/dl ,Borderline Chol:200-239mg/dl High Chol: >240mg/dl |
| S. Triglycerides<br><small>GPO</small>    | 82   | mg/dl | Upto:190   |
| HDL Cholesterol<br><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 |
|---|--------|-------|-----------------|
| <b>Blood Urea</b>   |        |       |                 |
| Blood Urea<br><small>UREASE-GLO</small>                           | 15     | mg/dl | 13 - 45         |
| Blood Urea Nitrogen<br>Instrument Used                            | 7.01   | mg/dl | 10 - 20         |
| Fully Automated EM200 ( TRANSASIA BIOMEDICALS)                    |        |       |                 |
| <b>Serum Creatinine</b>   |        |       |                 |
| Serum Creatinine<br><small>JAFFE'S KINERIC</small>                | 0.8    | mg/dl | 0.4 - 1.4       |
| Instrument Used<br>Fully Automated EM200 ( TRANSASIA BIOMEDICALS) |        |       |                 |
| <b>Serum Uric Acid</b>  |        |       |                 |
| Serum Uric Acid<br><small>URICASE</small>                         | 4.5    | mg/dl | 2.5 to 7.2      |
| Instrument Used<br>Fully Automated EM200 ( TRANSASIA BIOMEDICALS) |        |       |                 |

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### HAEMATOLOGY

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

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| Test Name                                  | Result   | Unit     | Reference Range  |
|--|--|----------|--|
| <b>HAEMOGRAM ON CELL COUNTER</b>           |  |          |  |
| HAEMOGLOBIN                                | 12.5   | gm/dl    | 12-16  |
| RBC COUNT                                  | 4.5  | mill/cmm | 4.5 - 5.5  |
| 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<br><i>Impedance Method</i> | 6500   | /cmm     | 4000- 11000  |
| <b>Differential Leucocytes Counts</b>      |  |          |  |
| Neutrophil                                 | 68   | %        | 50 - 70  |
| Lymphocytes                                | 28   | %        | 20 - 40  |
| Monocytes                                  | 02   | %        | 00 - 12  |
| Eosinophils                                | 02   | %        | 02 - 06  |
| Easophils                                  | 00   | %        | 00 - 01  |
| Platelet Count<br><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<br>E.S.R.     | 05   |          | M : 0 mm to 7 mm<br>F : 0 mm to 15 mm<br>( by Wintrobe's ) |
| Instrument Used                            | Fully Automated Biosystem Cell Counter ERBA H360 |          |  |

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**INCOME TAX DEPARTMENT**

**भारत सरकार**  
**GOVT. OF INDIA**

स्थायी लेखा संख्या कार्ड  
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नाम / Name  
**BANOTHU SNEHA**

पालक का नाम / Father's Name  
**BANOTHU BABU NAK**

जन्म की तिथि / Date of Birth  
**07/08/1990**



Sneha  
 धारक / Holder

Sneha

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Long 73.82267°  
15/11/24 10:01 AM GMT +05:30

GPS Map Camera

### 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, KOTWADI, PUNE-30 / 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 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.

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

COVID QUESTIONNAIRES

Client name: Sneha Banathu

Application Number:

Please fill the below checklist:-

| Question  | YES | NO |
|---|-----|----|
| 1) Any Travel history in last 3 months<br>If yes, please provide details <u>Hyderabad</u>   | ✓   |    |
| 2) Have you tested positive for coronavirus (COVID-19) or Any requirement of doing covid test or awaiting such a test?  |     | ✓  |
| 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? |     | ✓  |
| 4) Have you had direct contact with someone whose been confirmed or suspected to have coronavirus?  |     | ✓  |
| 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?  |     | ✓  |

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

Signature of Life to be assured : Sneha

Signature & Seal of the Medical Examiner

Date: 15/11/2024

Place: Pure city

SSBapat

**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      |
| HISTORY  | ✓ |   | 03. Respiratory             |
|          | ✓ |   | 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.  |
| EXAMINATION | ✓ |  | 06. Abdo. Viscera        |
|             | ✓ |  | 07. Hernial Orifices     |
|             | ✓ |  | 08. Genito - Urinary     |
|             | ✓ |  | 09. Musculo-Skeletal     |
|             | ✓ |  | 10. Skin & Vericose Vns. |
|             | ✓ |  | 11. CNS.                 |
|             | ✓ |  | 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 ⊕-0.18 ⊕-0.21  
 SGPT-18 SGOT-16 ALP-97 Pso-6.9, Alb-4 Glob-2.9 CRTP-1.38  
 CRTP-15 HbA1c-5.66 TTT<sub>1</sub> 1.15, T<sub>4</sub>-10.3, TSH-3.23 urine norm  
 Blood Group - B Positive

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

Assessment

*Dr. 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  
PCOD since 3 months.

LMP = 05/11/2024.  
Menstrual cycle is irregular.

Tobacco: - Alcohol: -

Misc: Allergy: -

Immunization History: No Immunization History

Previous Medical History: Hypothyroidism since 2 months  
Diagnosed with PCOD 3 months back.

T. Thyronorm 25mg OD  
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, Karye 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  |
|--|---|-------|--|
| <b>Blood Glucose Fasting and Post Prandial</b> |   |       |  |
| Blood Glucose (Fasting)                        | 105   | mg/dl | Normal : < 99<br>Prediabetic : 100.0 - 125.0<br>Diabetic : > 125.0 |
| Post Prandial Glucose                          | 131   | 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
- Automated Haematology Analyser H.360 • Clinical Pathology • Microbiology • Cytology • Histopathology • Minividas Blue • Tosoh MAXIA • Turbomart

ALL CREDIT AND DEBIT CARDS ACCEPTED &amp; GPAY, PAYMT

HOME VISIT AVAILABLE BY APPOINTMENT

COLLECTION CENTRE 1 : 1, Varun Complex, Opp. Nimbalkar Horse Riding School,  
Off. Karye 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