



SINCE 1994

NADKARNI PATHOLOGY LABORATORY

Dr. Mrs. Sangeeta V. Nadkarni

Consulting Pathologist (MMC Reg. No. 53839)

Addl Reg. No. : 1972/2000

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, 9883 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
Blood Glucose Fasting and Post Prandial			
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. 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 • 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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CLINICAL PATHOLOGY

Test Name	Result	Unit	Reference Range
URINE ANALYSIS REPORT			
Quantity	10	ml	
Colour	Pale Yellow		
Appearance	Clear		Clear
Specific Gravity	1.013		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	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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Sex / Age : Male / 35Y
 Reg Date : 15/11/2024 11:03 AM
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SPECIAL TEST

Test Name	Result	Unit	Reference Range
Thyroid Panel - I			
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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Add Reg No. : 18722000

E-mail : saathikarnadkarn@gmail.com

Website : www.nadkarnipathlab.com

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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.

End of Report

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BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
Liver Function Test			
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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BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
LIPID PROFILE			
S. Cholesterol <small>CHOD-PAP</small>	154	mg/dl	Desirable Chol: 200mg/dl Borderline Chol: 200-239mg/dl High Chol: >240mg/dl
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	4.26		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 UREASE-GLDH	18	mg/dl	13 - 45
Blood Urea Nitrogen Instrument Used	8.41	mg/dl	10 - 20
Fully Automated EM200 (TRANSASIA BIOMEDICALS)			
Serum Creatinine			
Serum Creatinine JAFTE'S KINETIC	1.1	mg/dl	0.4 - 1.4
Instrument Used Fully Automated EM200 (TRANSASIA BIOMEDICALS)			
Serum Uric Acid			
Serum Uric Acid URICASE	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
Blood Group			
ABO Type	AB		
Rh (D) Type	POSITIVE		

End of Report

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30 YEARS COMPLETED

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HAEMATOLOGY

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

బోడ సురేష్
BODA SURESH



జన్మన సంవత్సరం Year of Birth: 1989
వ్యక్తిత్వం / Male



7504 7513 6007

ఆధార్ - సామాన్యని హక్కు

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NADKARNI PATHOLOGY LABORATORY

1, Indraprastha Chambers, Ground Floor,
Near Ambar Hall, Karve Road, Pune-38

Tel: 898377793, 9763592546

Time: Monday to Saturday 7.00 am To 8.00 pm

SUNDAY CLOSED

GPS Map Camera



Pune, Maharashtra, India

GR2F+224, Kothrud, Pune, Maharashtra 411038, India

Lat 18.499999°

Long 73.82287°

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

Feedback – Pre Policy Life Insurance Medical Checks

**HEALTH CARE CLINIC
NADKARNI LABORATORY**
Varad 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 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 <u>Chest X-ray & USG A&P.</u> | | |

I have furnished my ID Proof Address 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
--	--	----------------------------------	-------------------------------
- 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> 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> Signature of Visiting/Attending Doctor</p> <hr/> <p>Name of Visiting/Attending Doctor</p> <hr/> <p style="text-align: center;">Dr. SHRUTI S. BAPAT MC Registration No. _____ MBBS</p> <hr/> <p style="text-align: center;">MMC Reg.No.2023/07/2262 Doctor Stamp with Code</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>	✓	
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 :

2 doses 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
HISTORY	✓		03. Respiratory
	✓		04. Cardiovascular
PRESENT	✓		05. Gastro-Intestinal
	✓		06. Genito-Urinary
SYMPTOMS	✓		07. Musculo-Skeletal
	✓		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 - 138, WBC - 5000, Plt - 194000, Urea - 18, creat - 1.1, UA - 66
 Chol - 154, TG - 145, HDL - 34, Bilirubin - 0.65, BUN - 0.26, Cr - 39, S-Cr - 21, S-Cr - 22
 ALP - 61, Pso - 6.8, Alb - 4.1, Crlo - 2.7, GGT - 20, HbA1c - 5.46
 TPT - T3 - 0.84, T4 - 12.2, TSH - 2.1, U - H + @ normal
 Blood Coag P - AB Positive

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

Assessment

(Handwritten signature)

(Handwritten 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: Since 9 years.
Beer 700ml once a month.
Spirits 500ml once a month.

Misc.: Allergy: No allergies

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

Previous Medical History: -