

NADKARNI PATHOLOGY LABORATORY

Linked Median Report

PATIENT ID : 2094/2023 HEIGHT : 156 Cm WEIGHT : 56.00 Kg

PATIENT NAME : Mrs Swati Patil 36/F

PROTOCOL : BRUCE

STAGE : Recovery
ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

February 17, 2023 10:05 am

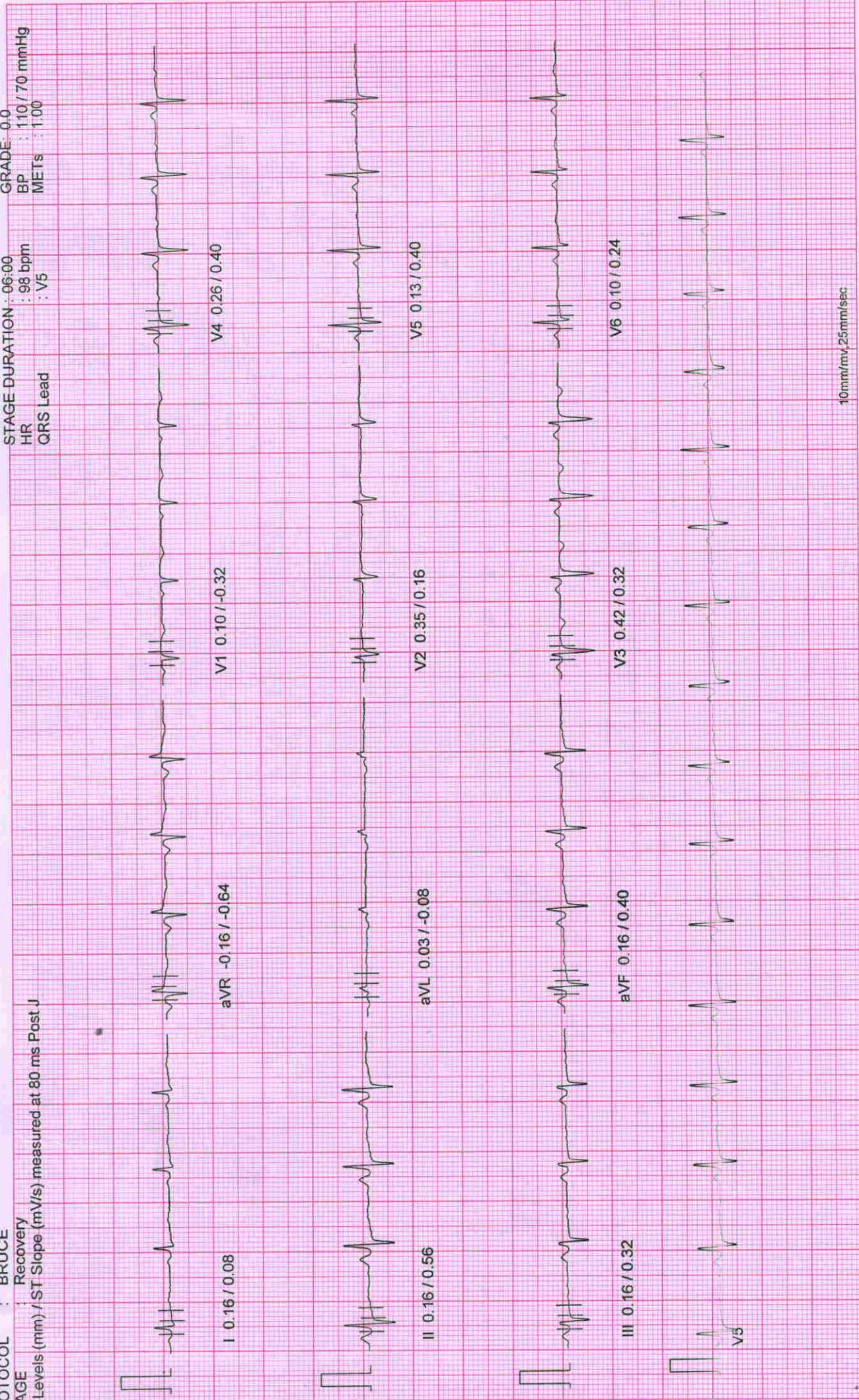
Report time : 10:21 am

PHASE TIME : 08:02 SPEED: 0.0 kmph

STAGE DURATION : 06:00 GRADE: 0.0

HR : 98 bpm BP : 110 / 70 mmHg

QRS Lead : V5 METs : 1.00



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 2094/2023 HEIGHT : 156 Cm WEIGHT : 56.00 Kg

February 17, 2023 10:05 am

PATIENT NAME : Mrs Swati Patil 36/F

Linked Median Report

Report time : 10:18 am

PROTOCOL : BRUCE

PHASE TIME : 08:02

SPEED: 0.0 kmph

STAGE : Recovery

STAGE DURATION : 03:00

GRADE: 0.0

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

HR : 100 bpm

QRS Lead

BP : 130 / 70 mmHg
METS : 1.00



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 2094/2023 HEIGHT : 156 Cm WEIGHT : 56.00 Kg
 PATIENT NAME : Mrs Swati Patil 36/F
 PROTOCOL : BRUCE
 STAGE : Recovery

February 17, 2023 10:05 am
 Report time : 10:16 am
 PHASE TIME : 08:02
 STAGE DURATION : 01:00
 HR : 133 bpm
 QRS Lead : V5

SPEED: 0.0 kmph
 GRADE: 0.0
 BP : 130 / 70 mmHg
 METs : 1.00

ST Levels (mm) / ST Slope (mV/s) measured at 80 rms Post J



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

February 17, 2023 10:05 am
Report time : 10:15 am

PATIENT ID : 2094/2023 HEIGHT : 156 Cm WEIGHT : 56.00 Kg

PATIENT NAME : Mrs Swati Patil 36/F

Linked Median Report

PROTOCOL : BRUCE
STAGE : Peak Exercise

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 08:02
STAGE DURATION : 02:02
HR : 157 bpm
QRS Lead : V5
SPEED : 5.5 kmph
GRADE : 14.0
BP : 150 / 70 mmHg
METs : 10.00



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 2094/2023 HEIGHT : 156 Cm WEIGHT : 56.00 Kg

PATIENT NAME : Mrs Swati Patil 36/F

PROTOCOL : BRUCE

STAGE : Exercise Stage 2

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

February 17, 2023 10:05 am

Report time : 10:13 am

PHASE TIME : 06:00

SPEED: 4.0 kmph

STAGE DURATION: 03:00

GRADE: 12.0

HR : 138 bpm

BP : 130 / 70 mmHg

QRS Lead : V5

METS : 8.00



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 2094/2023 HEIGHT : 156 Cm WEIGHT : 56.00 Kg
PATIENT NAME : Mrs Swati Patil 36/F

PROTOCOL : BRUCE
STAGE : Exercise Stage 1
ST Levels (mm) / ST Slope (mV/s) measured at 80 rms Post J

February 17, 2023 10:05 am
Report time : 10:10 am

PHASE TIME : 03:00 SPEED: 2.7 kmph
STAGE DURATION : 03:00 GRADE: 10.0
HR : 116 bpm BP : 110 / 70 mmHg
QRS Lead : V5 METs : 5.70



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 2094/2023 HEIGHT : 156 Cm WEIGHT : 56.00 Kg

PATIENT NAME : Mrs Swati Patil 36/F

PROTOCOL : BRUCE

STAGE : Wait For Exercise

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

February 17, 2023

10:05 am

Report time

10:07 am

PHASE TIME : 02:12

SPEED: 0.0 kmph

STAGE DURATION : 00:00

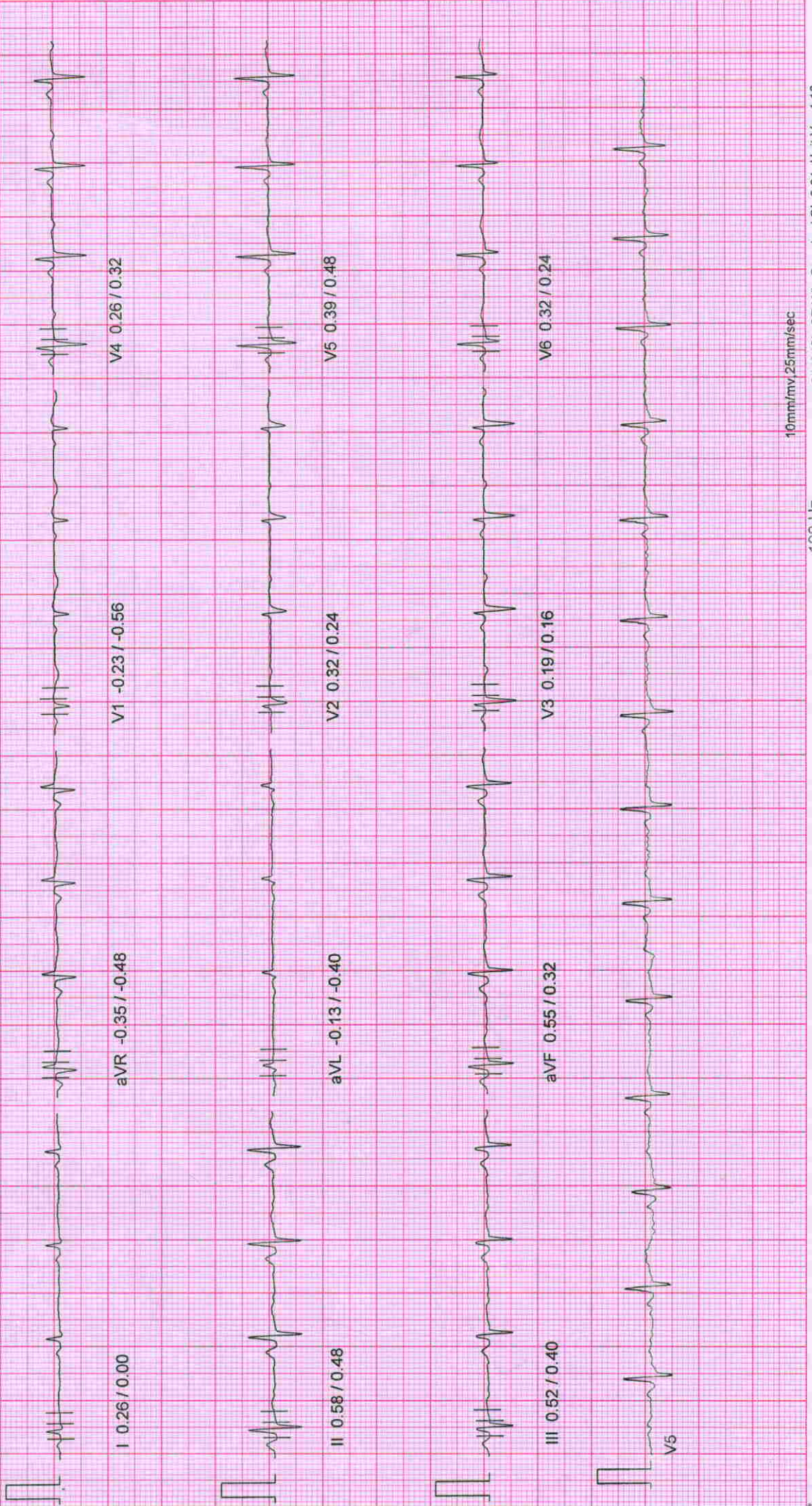
GRADE: 0.0

HR : 90 bpm

BP : 110 / 70 mmHg

QRS Lead : V5

MEIs : 3.40



10mm/mv 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 2094/2023 HEIGHT : 156 Cm WEIGHT : 56.00 Kg

PATIENT NAME : Mrs Swati Patil 36/F

PROTOCOL : BRUCE

STAGE : HyperVentilation

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

February 17, 2023 10:05 am
Report time : 10:06 am

PHASE TIME : 01:56
STAGE DURATION : 00:00
HR : 90 bpm
QRS Lead : V5

SPEED: 0.0 kmph
GRADE: 0.0
BP : 110 / 70 mmHg
METs : 1.00



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

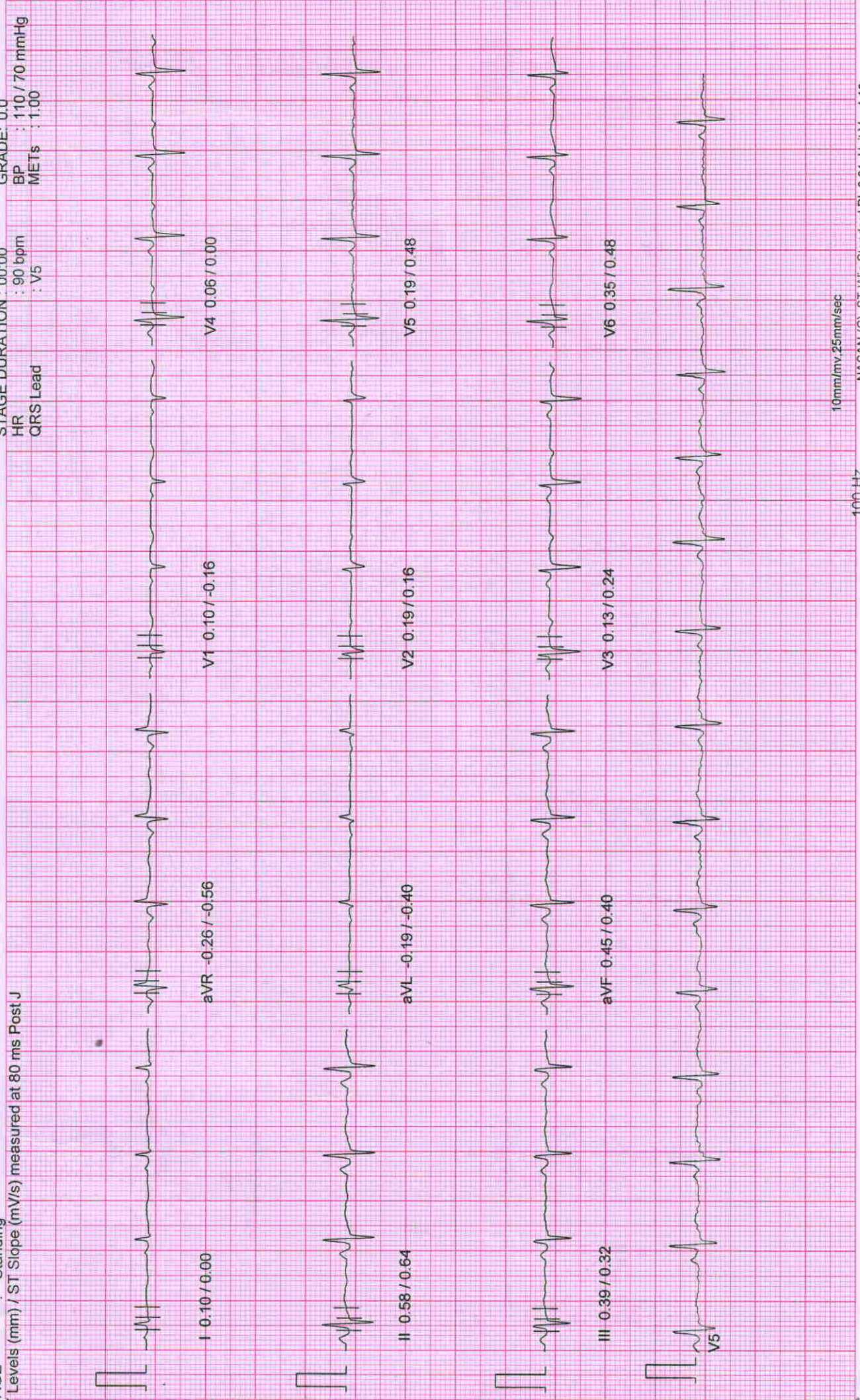
NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 2094/2023
PATIENT NAME : Mrs Swati Patil 36/F
PROTOCOL : BRUCE
STAGE : Standing

HEIGHT : 156 Cm
WEIGHT : 56.00 Kg
ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

February 17, 2023
Report time : 10:05 am
10:06 am

PHASE TIME : 01:20
STAGE DURATION : 00:00
HR : 90 bpm
SPEED: 0.0 kmph
GRADE: 0.0
BP : 110 / 70 mmHg
METS : 1.00
QRS Lead : V5



10mm/mv, 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 2094/2023 HEIGHT : 156 Cm WEIGHT : 56.00 Kg

Linked Median Report

PATIENT NAME : Mrs Swati Patil 36/F

PHYSICIAN : BRUCE

AGE : Supine

Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

February 17, 2023 10:05 am

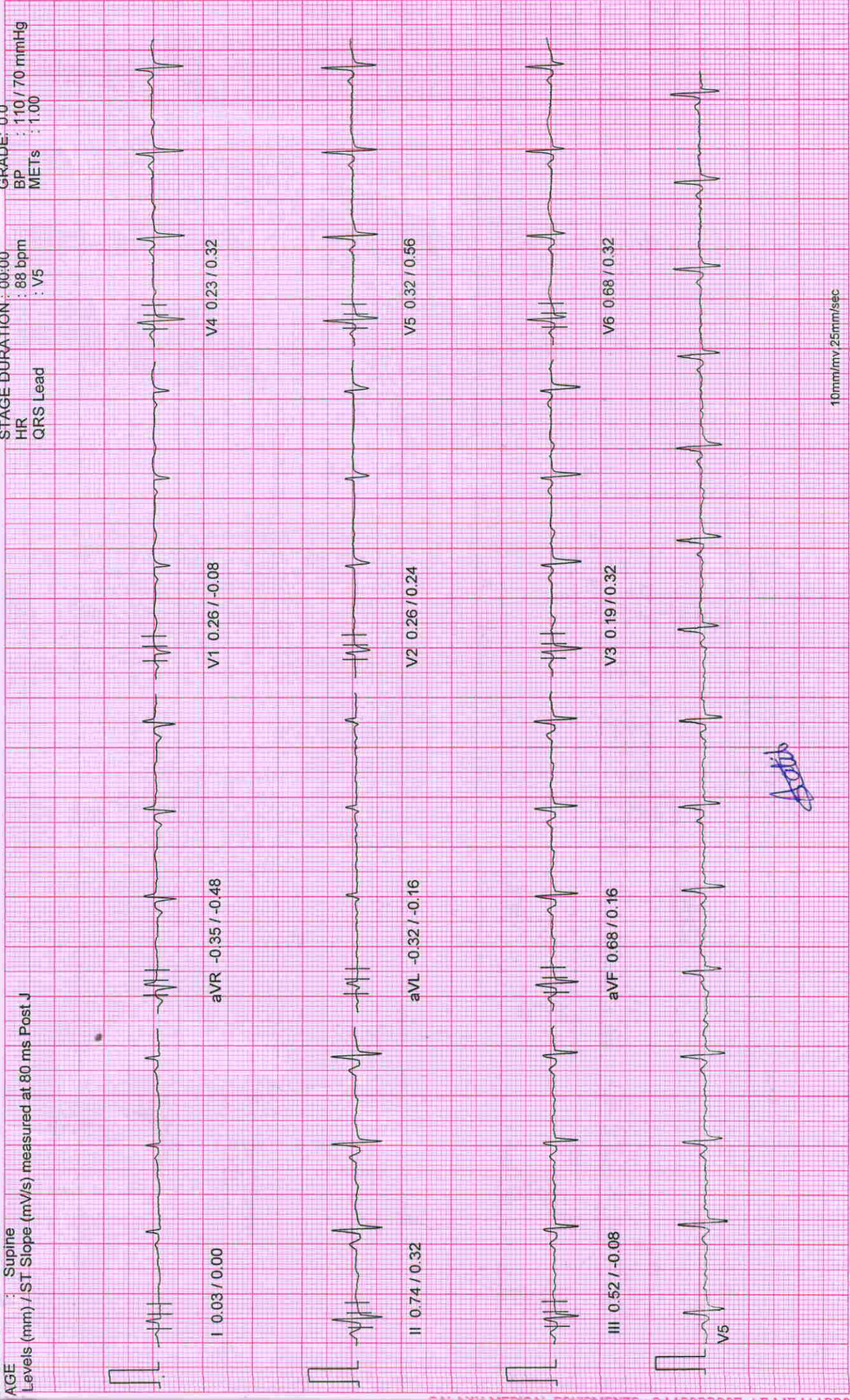
Report time : 10:05 am

PHASE TIME : 00:44 SPEED: 0.0 kmph

STAGE DURATION : 00:00 GRADE: 0.0

HR : 88 bpm BP : 110 / 70 mmHg

QRS Lead : V5 METs : 1.00



Swati

10mm/mv 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 2094/2023 HEIGHT : 156 Cm WEIGHT : 56.00 Kg

PATIENT NAME : Mrs Swati Patil 36/F

PROTOCOL : BRUCE

STAGE : Pre-Test

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

February 17, 2023 10:05 am

Report time : 10:05 am

PHASE TIME : 00:26

SPEED: 0.0 kmph

STAGE DURATION : 00:00

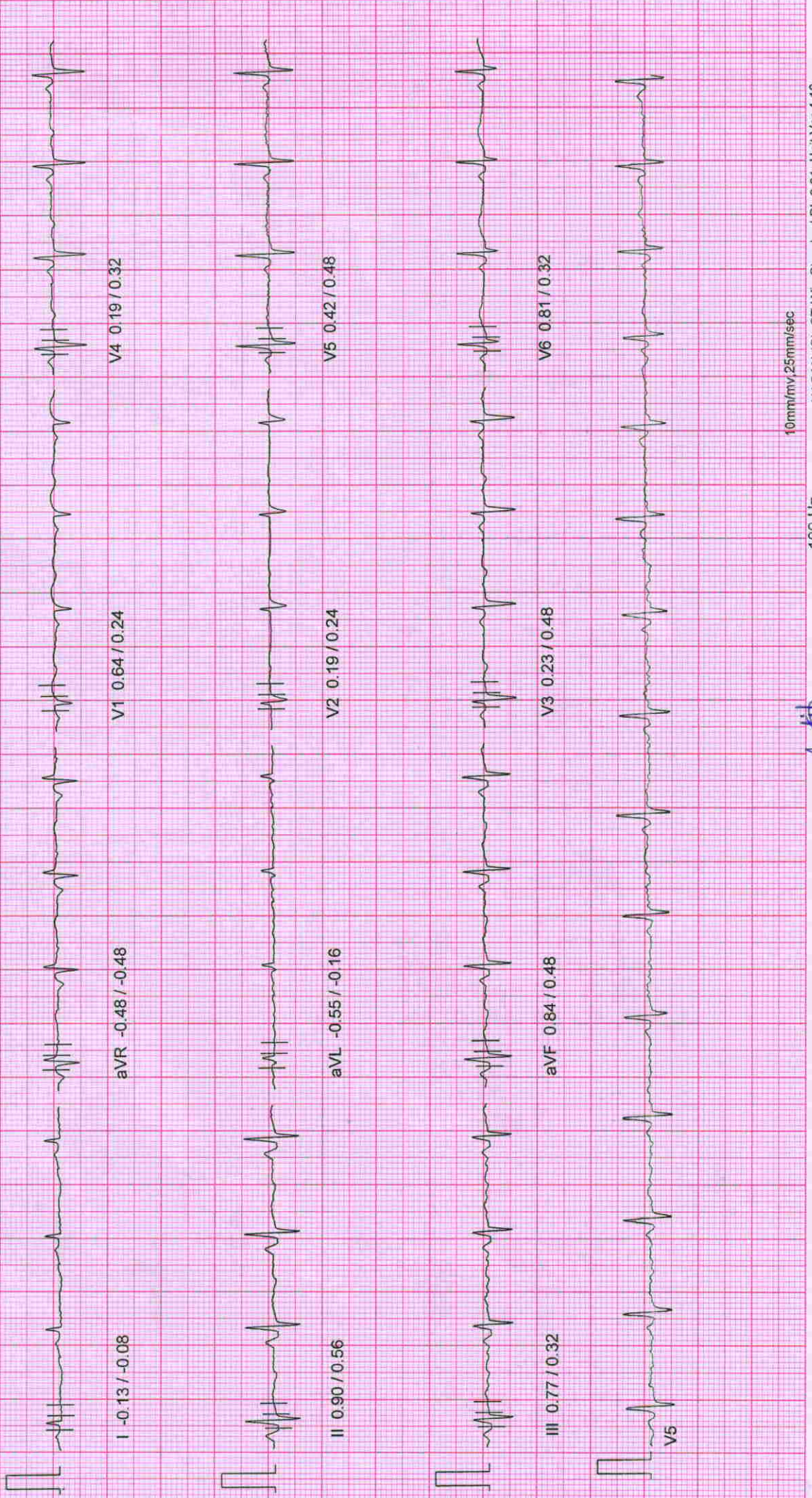
GRADE: 0.0

HR : 87 bpm

BP : 110 / 70 mmHg

QRS Lead : V5

METs : 1.00



10mm/mv 25mm/sec

100 Hz

NASAN (C) ST-Win Standard BL 6.91, Unit Ver 4.10

Patil

NADKARNI PATHOLOGY LABORATORY

February 17, 2023
10:05 am
Report time : 10:05 am

PATIENT ID : 2094/2023 HEIGHT : 156 Cm WEIGHT : 56.00 Kg
 PATIENT NAME : Mrs Swati Patil 36/F
 PROTOCOL : BRUCE

ST Tables

ST LEVELS	Phase	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
	Pre-Test	-0.1	1.1	0.9	-0.5	-0.6	1.0	0.6	0.1	0.2	0.3	0.3	0.8
	Supine	0.0	0.7	0.5	-0.5	-0.4	0.7	0.3	0.3	0.2	0.3	0.3	0.7
	Standing	0.1	0.5	0.3	-0.2	-0.2	0.4	0.1	0.2	0.1	0.1	0.2	0.4
	HyperVentilation	0.2	0.6	0.6	-0.3	-0.3	0.6	0.2	0.3	0.2	0.4	0.4	0.2
	Wait For Exercise	0.2	0.6	0.5	-0.4	-0.2	0.6	-0.3	0.3	0.3	0.4	0.4	0.3
	Exercise Stage 1	-0.3	0.1	0.4	0.1	-0.3	0.3	0.6	0.5	0.3	0.1	-0.0	0.2
	Exercise Stage 2	-0.1	-0.2	-0.1	0.1	-0.0	-0.2	0.3	0.1	0.3	-0.0	0.0	-0.4
	Peak Exercise	-0.4	-2.5	-2.2	1.5	0.9	-2.3	0.6	0.5	-0.4	-1.1	-1.4	-1.7
	Recovery 1	0.1	0.6	0.9	-0.3	-0.5	0.6	-0.1	0.5	1.1	0.8	0.5	0.2
	Recovery 3	0.2	0.2	0.1	-0.2	0.1	0.1	0.1	0.3	0.5	0.5	-0.0	0.1
	Recovery 6	0.1	0.1	0.1	-0.1	0.0	0.1	0.2	0.3	0.4	0.2	0.1	0.0

ST SLOPES	Phase	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
	Pre-Test	-0.1	0.5	0.2	-0.4	-0.1	0.4	0.4	0.2	0.5	0.5	0.6	0.4
	Supine	0.0	0.6	0.2	-0.5	-0.2	0.5	-0.2	0.2	0.3	0.3	0.6	0.3
	Standing	0.0	0.5	0.2	-0.6	-0.4	0.2	-0.1	0.2	0.2	0.0	0.5	0.5
	HyperVentilation	0.2	0.4	0.1	-0.6	-0.4	0.3	-0.2	0.1	0.2	0.4	0.6	0.3
	Wait For Exercise	0.0	0.4	0.2	-0.5	-0.6	0.2	-0.6	0.1	0.2	0.3	0.5	0.2
	Exercise Stage 1	0.2	0.6	-0.1	-0.6	-0.1	0.3	-1.9	0.2	0.1	0.2	0.6	0.3
	Exercise Stage 2	-0.3	0.8	0.8	-0.6	-0.9	0.6	-1.0	-0.3	0.8	0.9	0.7	0.2
	Peak Exercise	0.2	1.0	0.6	-1.4	-0.5	0.8	-0.4	0.1	0.8	0.3	-0.2	0.3
	Recovery 1	0.0	1.3	1.5	-1.1	-1.3	1.5	-0.8	0.0	1.0	1.0	1.0	0.8
	Recovery 3	0.2	1.0	0.6	-0.8	-0.4	0.9	-0.5	0.1	0.6	1.0	0.6	0.5
	Recovery 6	0.2	0.5	0.2	-0.5	-0.1	0.2	-0.2	0.2	0.2	0.4	0.2	0.2

NADKARNI PATHOLOGY LABORATORY

Indraprasth chamber, ground floor, karve road, PUNE-411038

PATIENT ID : 2094/2023

PATIENT NAME : Mrs Swati Patil 36/F

Summary Report

Report time : 10:05 am
February 17, 2023 10:05 am

PROTOCOL : BRUCE
 PATIENT HEIGHT : 156 Cm PATIENT WEIGHT : 56.00 Kg
 PATIENT ADD. : pune

Ref. By : ICICI PRUDENTIAL
 (ICICPRUDENTIAL)

Stage	Stage Speed (Kmph) / Time Grade (%)	HR bpm	BP mmHg	R.P.P. X 1000	METS	ST Level I	Stage Comments
Pre-Test	00:26 0.00 / 0.00	87	110 / 70	9	1.00	-0.13	
Supine	00:18 0.00 / 0.00	88	110 / 70	9	1.00	0.03	
Standing	00:36 0.00 / 0.00	90	110 / 70	9	1.00	0.10	
HyperVentilation	00:35 0.00 / 0.00	90	110 / 70	9	1.00	0.19	
Wait For Exercise	00:15 0.00 / 0.00	90	110 / 70	9	1.00	0.23	
Exercise Stage 1	03:00 2.70 / 10.00	116	110 / 70	12	5.70	-0.26	
Exercise Stage 2	03:00 4.00 / 12.00	138	130 / 70	17	8.00	-0.06	
Peak Exercise	02:01 5.50 / 14.00	157	150 / 70	23	10.00	-0.39	
Recovery 1	01:00 0.00 / 0.00	133	130 / 70	17	1.00	0.06	
Recovery 3	03:00 0.00 / 0.00	100	130 / 70	13	1.00	0.19	
Recovery 6	06:00 0.00 / 0.00	98	120 / 70	11	1.00	0.10	

TOTAL EXER TIME : 8 : 1 min MAX HR : 157 bpm (85.33 % of 184 bpm) MAX BP : 150 / 70 mmHg
 MAX WORKLOAD : 10.00 DISTANCE COVERED : 0.52 Km DOUBLE PRODUCT : 23550.00

DR. HRISHIKESH T. JOSHI
 M.D. (INTERNAL MEDICINE)
 Reg. No. 2001082825

Dr. VIVEKANAND M. NADKARNI
 MBBS., D.T.M.&H.

NADKARNI PATHOLOGY LABORATORY

Indraprasth chamber, ground floor, karve road, PUNE-411038

Report time : 10:05 am
February 17, 2023 10:05 am

Summary Report

PATIENT ID : 2094/2023
PATIENT NAME : Mrs Swati Patil 36/F

Ref. By : ICICI PRUDENTIAL
(ICICPRUDENTIAL)

PROTOCOL : BRUCE
PATIENT HEIGHT : 156 Cm
PATIENT WEIGHT : 56.00 Kg
PATIENT ADD. : pune

OBJECT OF TEST : Routine check up
RISK FACTOR :
ACTIVITY : Sedentary
MEDICATION : Tab Thyronorm 100mg 5day wk
BRIEF HISTORY : job profile service

OTHER INVESTIGATION :
REASON FOR TERMINATION : Max HR
EXERCISE TOLERANCE : Good
EXERCISE INDUCED ARRHYTHMIA : No
HAEMO RESPONSE : Normal
CHRONO RESPONSE : Normal
FINAL IMPRESSION : Stress test is negative for exercise induced Ischaemic heart disease.
Good Effort tolerance
No Arrhythmias seen during test period.
Normal Haemodynamic and Chronotropic responses


DR. HRISHIKESH T. JOSHI
M.D. (GENERAL MEDICINE)
Reg. No. 2001062825

Dr. VIVEKANAND M. NADKARNI
MBBS., D.T.M.& H.

Dr. (Mrs.) Sangeeta V. Nadkarni
Consultant Pathologist MD (Path.)
MHC Reg No 53839
1, Indraprastha Chambers,
Ground Floor Opp. Kulkarni-Kisan,
Kothrud Pune-411038
Tel: 396177793 / 9763593648



GPS Map Camera

Pune, Maharashtra, India

Swapna Shilp, GR2C+2XX, Kothrud, Pune,
Maharashtra 411038, India

Lat 18.500071°

Long 73.822475°

17/02/23 10:09 AM GMT +05:30



भारतीय विशिष्ट ओळख प्राधिकरण
भारत सरकार
Unique Identification Authority of India
Government of India

नोंदणी क्रमांक: / Enrolment No.: 2189/34561/00476

To
स्वाती अमर पाटील
Swati Amar Patil
phoenix bungalow plot no 35/50
kalanagar
sangli
madhavnagar road
Sangli
Sangli
Sangli Maharashtra - 416416
9421719170

Download Date: 04/09/2017 Generation Date: 26/08/2017

Validity unknown

Digital Signature
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA
Date: 2017-08-26 15:18
IST



आपला आधार क्रमांक / Your Aadhaar No. :

8312 9399 4579

माझे आधार, माझी ओळख



भारत सरकार
Government of India



स्वाती अमर पाटील
Swati Amar Patil
जन्म तारीख/DOB: 07/11/1986
महिला/ FEMALE

8312 9399 4579

माझे आधार, माझी ओळख



Government of India



सूचना

- आधार ओळखीचे प्रमाण आहे, नागरीकत्वेचे नाही.
- ओळखीचे प्रमाण ऑनलाइन ऑथेन्टीकेशन द्वारा प्राप्त करा.
- हे इलेक्ट्रॉनिक प्रक्रिये द्वारा तयार झालेले एक पत्र आहे.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- आधारला देशभरात मान्यता आहे.
- आधार भविष्यात सरकारी व खाजगी सेवांचे फायदे मिळविण्यास उपयुक्त आहे.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

Address:
phoenix bungalow plot no 35/50,
kalanagar, madhavnagar road,
sangli, Sangli, Sangli,
Maharashtra - 416416

पत्ता:
फिनिक्स बंगला प्लॉट नं 35/50, कलानगर,
माधवनगर रोड, सांगली, सांगली,
महाराष्ट्र - 416416

8312 9399 4579

help@uidai.gov.in

www.uidai.gov.in

R. G. Parnaik
DR. R. G. PARNAIK
M.D. (Med.)
Regd. No. 24133
Physician
Health Care Clinic
Varun Complex, Kulkarni Marg, Kethrud,
Pune-411 033.

Swati

Feedback – Pre Policy Life Insurance Medical Checks

HEALTH CARE CLINIC
NADKARNI LABORATORY

I do confirm & certify that I have gone through the medical examination through Medical centre _____ situated at _____ / Home visit on _____ (Date) to complete the requisite proposal form bearing no _____ date _____
 (Vishal Complex, G. K. Kothrud Road, Kothrud, Pune-411008)

I do confirm specifically that the following medicals activates have been performed for me:

- | | | |
|--|---|--|
| 1. Full Medical Report (Medical Questionnaire) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2. Sample Collection | | |
| a. Blood | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| b. Urine | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 3. Electro Cardio Gram (ECG) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 4. Treadmill Test (TMT) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 5. Others _____ | | |

I have furnished my ID proof _____ Bering ID No. 831293994579 at the time of medicals

Feedback of Provider

- | | | | |
|---|--|----------------------------------|-------------------------------|
| 1. Behavior and cooperation of staff | | | |
| a. Reception/ Clinic / Hospital | Good <input checked="" type="checkbox"/> | Average <input type="checkbox"/> | Poor <input type="checkbox"/> |
| b. Technician / Doctor | Good <input checked="" type="checkbox"/> | Average <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 2. Time Management | Good <input checked="" type="checkbox"/> | Average <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 3. Upkeep of Hospital | Good <input checked="" type="checkbox"/> | Average <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 4. Technology & Skills | Good <input checked="" type="checkbox"/> | Average <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 5. Medical check procedure was satisfactory | Good <input checked="" type="checkbox"/> | Average <input type="checkbox"/> | Poor <input type="checkbox"/> |

(Medical Facility – Location, Facility set-up, Instruments, Cleanliness; process Followed; etc. Also on the medical staff; Appearance; Technical Know-how; Behavior etc.)

If No provide details or let us know of anything additional you would like to provide as comments and /or suggestions

Name of the Life to be Insured with date
 (Proposer in case of Life Insured being minor)

Atish
 Signature of the Life to be Insured
 (Proposer in case of Life Insured being minor)

"I have seen the original photo id proof of the client before conducting the medicals."

Name of Attending / Visiting Doctor

R. G. Parneik
 Signature of Attending / Visiting Doctor

MC Registration No: _____

DR. R. G. PARNEIK
 H.D. (Med.)

Regd. No. 24133
 Physician

Self-Declaration Form



Application Number: 0820710788

Date: 17 02 2023

Name of the Life Assured: Swati Amar Patil

Q. No	Question	Answers
1	Education	<input type="checkbox"/> Post graduated <input checked="" type="checkbox"/> Graduate <input type="checkbox"/> Diploma <input type="checkbox"/> 12th <input type="checkbox"/> 10th <input type="checkbox"/> below 10th
2	Occupation	<input checked="" type="checkbox"/> Salaried <input type="checkbox"/> Agriculturalist <input type="checkbox"/> ICICI group employee <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input checked="" type="checkbox"/> Self Employed <input type="checkbox"/> Student <input type="checkbox"/> Self Employed CA <input type="checkbox"/> Self Employed Doctor <input type="checkbox"/> Self Employed Architect <input type="checkbox"/> Self Employed Businessman <input type="checkbox"/> Self Employed Consultant <input type="checkbox"/> Self Employed Lawyer <input type="checkbox"/> Self Employed Others Others(Specify):
3	Income (Yearly/Monthly)	Rs: <input checked="" type="checkbox"/> Not Interested
4	Any previous life Insurance declined or issued on revised terms?	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No

I hereby declare that above information is true & Correct please consider the same.

Signature of Life Assured: Swati
 Place: Pune

Examiner Name & Stamp: **HEALTH CARE CLINIC**
NADKARNI LABORATORY
 Ph: 85001105 / 85002648
 Mann Complex, of Karys Road,
 Kothrud, Pune-23

Communication address :

Passport Office, Ground Floor, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Rd, Malad East, Mumbai, Maharashtra 400097

COMP/DOC/May/2021/65/5728

Declaration

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Signed at Pune on this day 17th of Feb, 2023

Swati Amar Patil

Applicant Name & Signature

Swati

COMP/DOC/Jun/2022/136/0576

7. If Q6 is Yes, please provide more details in terms of daily duties including details whether enrolled as Corona virus warrior or working in Hospital/ clinic with novel coronavirus (SARS-CoV-2/COVID-19) ward/unit or treating/ in contact with SARS-CoV-2/COVID-19 infected individuals.

NA

8. Travel Declaration

a. Are you currently residing outside of India?

Yes No

If Yes, Please provide your details:

COUNTRY	CITY	DATE of TRAVEL	INTENDED DURATION

b. Have you travelled abroad in the past 14 days?

Yes No

If Yes, Please provide your travel details over the past 14 days:

COUNTRY	CITY	DATE ARRIVED	DATE DEPARTED

c. Do you intend to travel abroad in next 3 months:

Yes No

If Yes, Please provide details of your intended future travel within next 3 months:

COUNTRY	CITY	DATE of TRAVEL	INTENDED DURATION

9. COVID-19 Vaccination details

Have you been vaccinated for COVID-19?

Yes No

If Yes,

- Date of administration of the first dose 4/6/21
- Date of administration of the second dose 15/9/21
- Name of vaccine Covishield
- Have you experienced any adverse reaction post vaccination? Yes / No

If yes, please share details including treatment taken for the same and date of complete recovery

Fever

Clients to share Copy of vaccination certificate (or copy of any official documentation confirming complete vaccination & issued by the relevant health authority)
Please note self-declarations are not acceptable.

COVID-19 (Coronavirus) Exposure Questionnaire

1. Are you, or your family have you been in close contact with anyone who has been quarantined or who has been diagnosed with novel coronavirus (SARS-CoV-2/COVID-19)? If yes, please provide details.

Yes No

Sep 2020

2. Are you, or your family have you ever been serving a notice of quarantine in any form imposed by local health authorities or government or airport authority for possible exposure to novel coronavirus(SARS- CoV2/COVID-19)? If yes, please provide more details like location, dates, quarantine period.

Yes No

Sep 2020

3. Have you been advised to be tested to rule in, or rule out, a diagnosis of novel coronavirus (SARSCoV-2/COVID-19)? Or, are you awaiting the result of a test which has already been submitted for the novel coronavirus(SARS-CoV-2/COVID-19)?

Yes No

Sep 2020

4. Have you ever tested positive for the novel coronavirus (SARS-CoV-2/COVID-19)? If yes, provide the date of positive diagnosis. And also details of subsequent tests

Yes No

Sep 2020. Homequarantined.

Mild - Recovery Normal.

5. Have you experienced any of the following symptoms within the last 14days?

- Any fever
- Cough
- Shortness of breath
- Malaise (flu-like tiredness)
- Rhinorrhea (mucus discharge from the nose)
- Sore throat
- Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhea

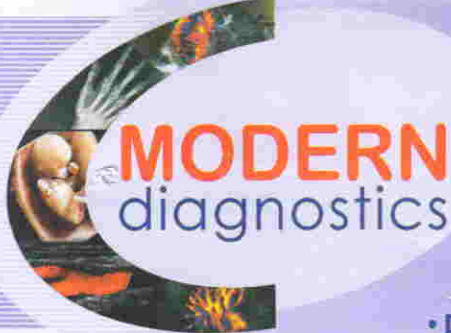
Yes No

If yes, to any of these, please indicate which and provide full information.

6. Are you a Healthcare professionals (Include for instance General Practitioners, Doctors, Hospital Doctors, Surgeons, Therapists, Nurses, Pathologist, paramedics, Pharmacist, Ward helpers, Individuals working in Hospitals/ Clinics having novel coronavirus (SARS-CoV-2/COVID-19) Ward? if yes, please provide details whether working in Hospital with Covid-19 ward or treating or in contact with Covid19 infected individuals.

Yes No





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 Mrs Swati Patil
Ref By Dr Dr V M Nadkarni
Date February 25, 2023

USG ABDOMEN & PELVIS

Liver normal in size, shape and outline and 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 seen.
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.
Aorta & IVC normal. Both kidneys normal in size, shape, outline & position.
Right kidney :- 94 mm x 39mm.
Left kidney :- 104mm x 44mm.
Cortico-medullary differentiation normal in both kidneys.
No hydronephrosis, hydroureter on either side. No calculus seen in both kidneys or visualized both ureters.
Urinary bladder normal. No mural or luminal pathology seen.
Uterus normal in size & shows normal echo-anatomy. Uterus measures 73mmx42mmx52mm. Endometrial echoes are normal; 5mm in thickness. Both ovaries normal in size, echotexture. Rt ovary: 28mmx20mm. Left ovary: 30mmx20mm. No adnexal mass seen.
No fluid in pouch of Douglas.
No free or loculated fluid collection seen. No lymphadenopathy. No abnormally dilated bowel loops.

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

R

SWATI PATIL Female / 35 YRS

Chest PA

25/02/2023 11:30:18 AM

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



**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, Near 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: MRS SWATI PATIL.

DATE: 25 02 2023.

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. Lalit P. Pathak
Reg. No. 52382 M.D. (Radiology)
Shri Dashbhujja X - Ray Clinic
Near Dashbhujja Ganesh Temple,
Karve Road, Pune - 411 038.

CBCT, OPG & PORTABLE X-RAY FACILITY AVAILABLE

(P.T.O)

NADKARNI PATHOLOGY LABORATORY

February 25, 2023 09:59 am
 Report time : 10:14 am

Linked Median Report

PATIENT ID : 3003/2023 HEIGHT : 157 Cm WEIGHT : 81.00 Kg

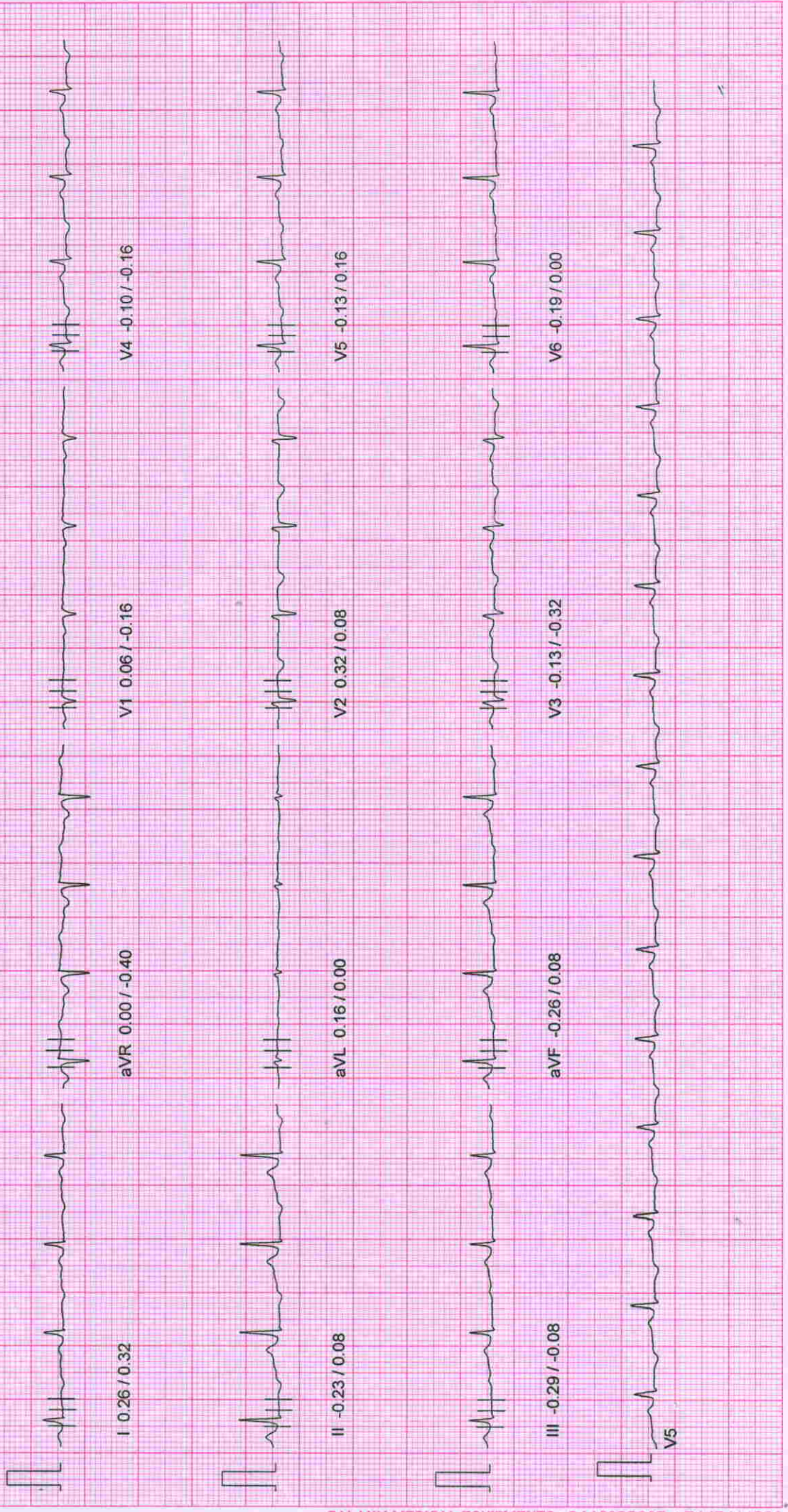
PATIENT NAME : Mrs Swati Patil 35/F

PROTOCOL : BRUCE
 STAGE : Recovery

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 06:16
 STAGE DURATION : 06:00
 HR : 94 bpm
 QRS Lead : V5

SPEED: 0.0 kmph
 GRADE: 0.0
 BP : 120 / 90 mmHg
 METs : 1.00



NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 3003/2023 HEIGHT : 157 Cm WEIGHT : 81.00 Kg

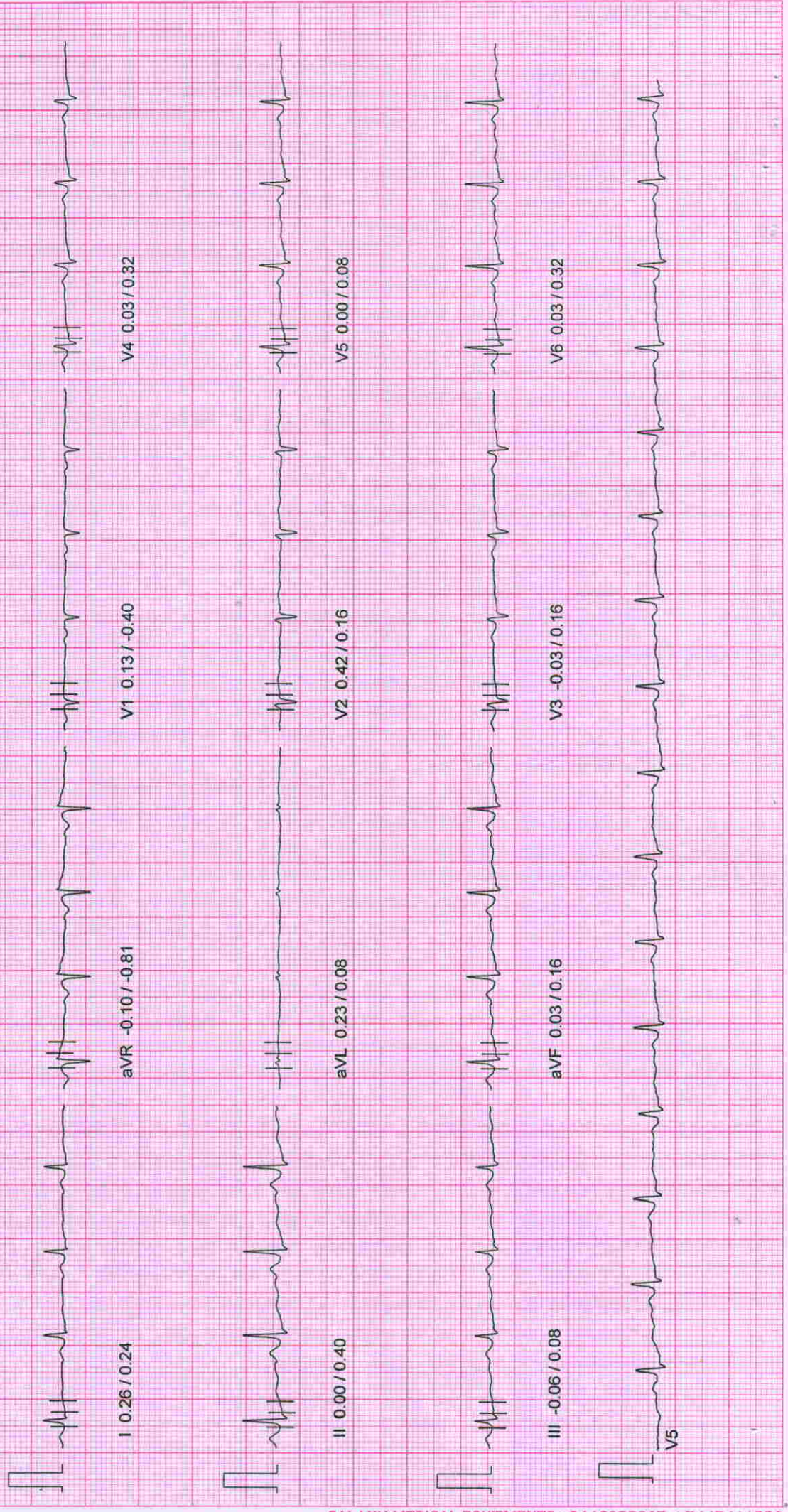
February 25, 2023 09:59 am

Linked Median Report

Report time : 10:11 am

PROTOCOL : BRUCE
 STAGE : Recovery
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 06:16
 STAGE DURATION : 03:00
 HR : 96 bpm
 QRS Lead : V5
 SPEED : 0.0 kmph
 GRADE : 0.0
 BP : 130 / 90 mmHg
 METs : 1.00



NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 3003/2023 HEIGHT : 157 Cm WEIGHT : 81.00 Kg

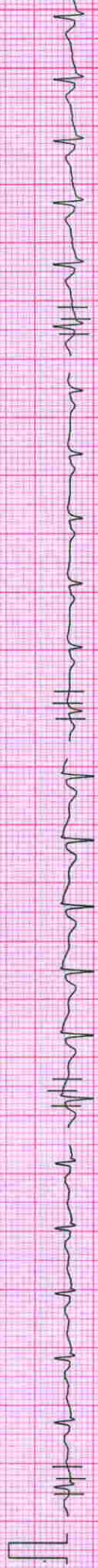
February 25, 2023 09:59 am

Linked Median Report

Report time : 10:09 am

PROTOCOL : BRUCE
 STAGE : Recovery
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 06:16
 SPEED: 0.0 kmph
 STAGE DURATION : 01:00
 GRADE: 0.0
 HR : 136 bpm
 BP : 140 / 90 mmHg
 QRS Lead : V5
 METs : 1.00



I 0.35 / 0.56

aVR -0.19 / -1.13

V1 0.29 / -0.40

V4 0.29 / 0.64

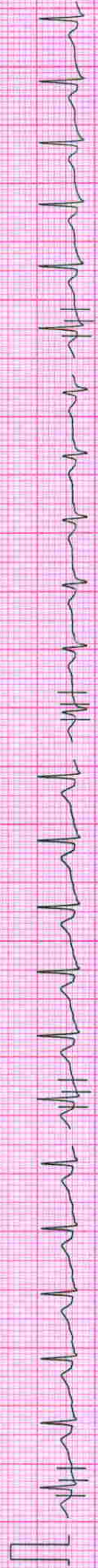


II 0.26 / 1.05

aVL 0.29 / 0.24

V2 0.68 / 0.32

V5 0.26 / 0.73

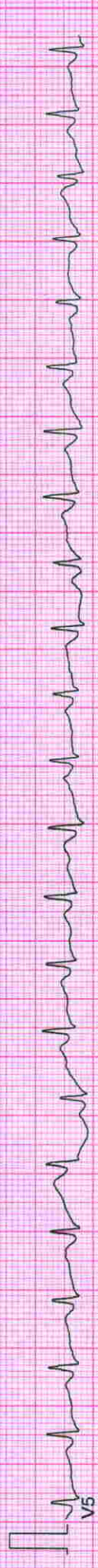


III -0.10 / 0.40

aVF 0.10 / 0.56

V3 0.52 / 0.48

V6 0.26 / 0.73



V5

NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 3003/2023 HEIGHT : 157 Cm WEIGHT : 81.00 Kg
 PATIENT NAME : Mrs Swati Patil 35/F

Linked Median Report

February 25, 2023 09:59 am

Report time : 10:08 am

PROTOCOL : BRUCE
 STAGE : Peak Exercise
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 06:16
 STAGE DURATION : 00:16
 HR : 162 bpm
 QRS Lead : V5

SPEED: 5.5 kmph
 GRADE: 14.0
 BP : 150/90 mmHg
 METs : 8.00



NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 3003/2023 HEIGHT : 157 Cm WEIGHT : 81.00 Kg

February 25, 2023 09:59 am

Linked Median Report

Report time : 10:08 am

PROTOCOL : BRUCE

PHASE TIME : 06:00

STAGE : Exercise Stage 2

STAGE DURATION : 03:00

ST Levels (mm)/ST Slope (mV/s) measured at 80 ms Post J

HR : 162 bpm

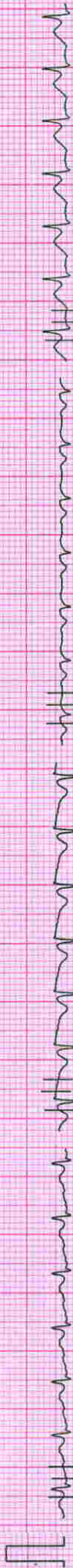
QRS Lead : V5

SPEED: 4.0 kmph

GRADE: 12.0

BP : 140 / 90 mmHg

METS : 8.00



I -0.03 / 0.64

aVR 0.23 / -0.48

V1 -0.13 / -0.16

V4 -1.10 / -0.40

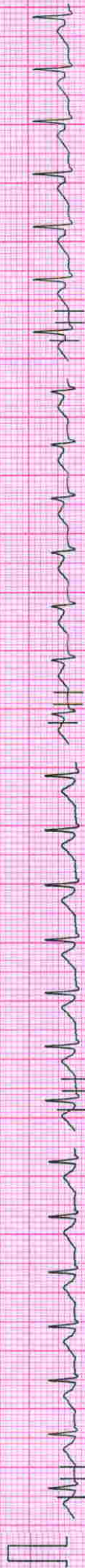


II -0.61 / 0.40

aVL 0.03 / 0.16

V2 0.03 / 0.16

V5 -0.87 / -0.32

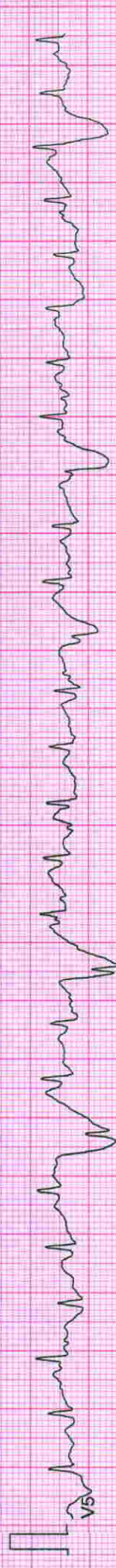


III -0.48 / -0.16

aVF -0.64 / 0.16

V3 -1.00 / -0.56

V6 -0.87 / -0.24



NADKARNI PATHOLOGY LABORATORY

February 25, 2023 09:59 am
 Report time : 10:05 am

Linked Median Report

PATIENT ID : 3003/2023 HEIGHT : 157 Cm WEIGHT : 81.00 Kg

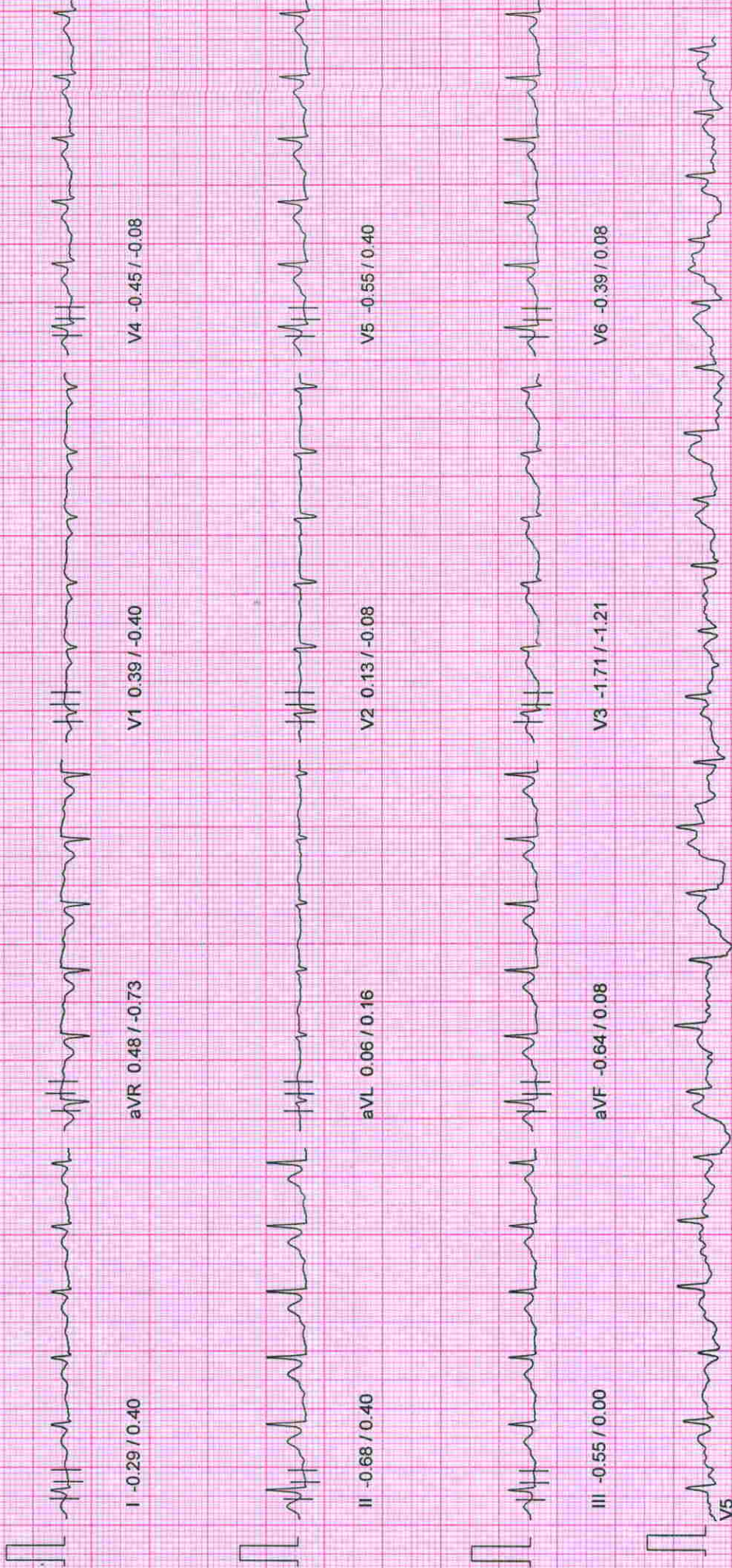
PATIENT NAME : Mrs Swati Patil 35/F

PROTOCOL : BRUCE

STAGE : Exercise Stage 1

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 03:00
 STAGE DURATION : 03:00
 HR : 136 bpm
 QRS Lead : V5
 SPEED: 2.7 kmph
 GRADE: 10.0
 BP : 120 / 90 mmHg
 METs : 5.70



NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 3003/2023
 HEIGHT : 157 Cm
 WEIGHT : 81.00 Kg

PATIENT NAME : Mrs Swati Patil 35/F
 Linked Median Report

PROTOCOL : BRUCE
 STAGE : Wait For Exercise
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

February 25, 2023 09:59 am
 Report time : 10:02 am

PHASE TIME : 02:52
 STAGE DURATION : 00:00
 HR : 76 bpm
 QRS Lead : V5
 SPEED: 0.0 kmph
 GRADE: 0.0
 BP : 120 / 90 mmHg
 METs : 3.40



NADKARNI PATHOLOGY LABORATORY

Linked Median Report

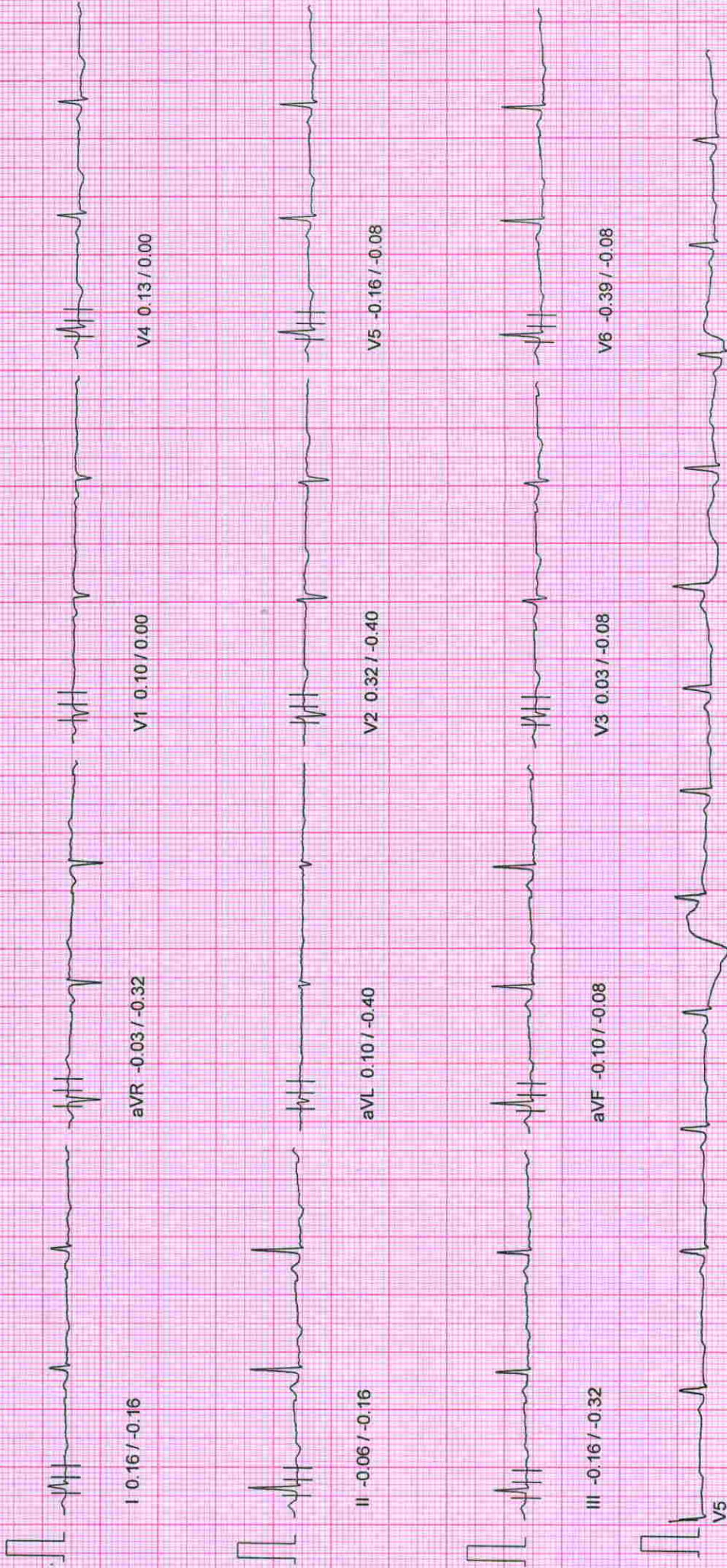
PATIENT ID : 3003/2023 HEIGHT : 157 Cm WEIGHT : 81.00 Kg

PATIENT NAME : Mrs Swati Patil 35/F

PROTOCOL : BRUCE
STAGE : HyperVentilation
ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

February 25, 2023 09:59 am
Report time : 10:02 am

PHASE TIME : 02:34
STAGE DURATION : 00:00
HR : 72 bpm
QRS Lead : V5
SPEED : 0.0 kmph
GRADE : 0.0
BP : 120 / 90 mmHg
METs : 1.00



NADKARNI PATHOLOGY LABORATORY

February 25, 2023 09:59 am
 Report time : 10:01 am

Linked Median Report

PATIENT ID : 3003/2023 HEIGHT : 157 Cm WEIGHT : 81.00 Kg

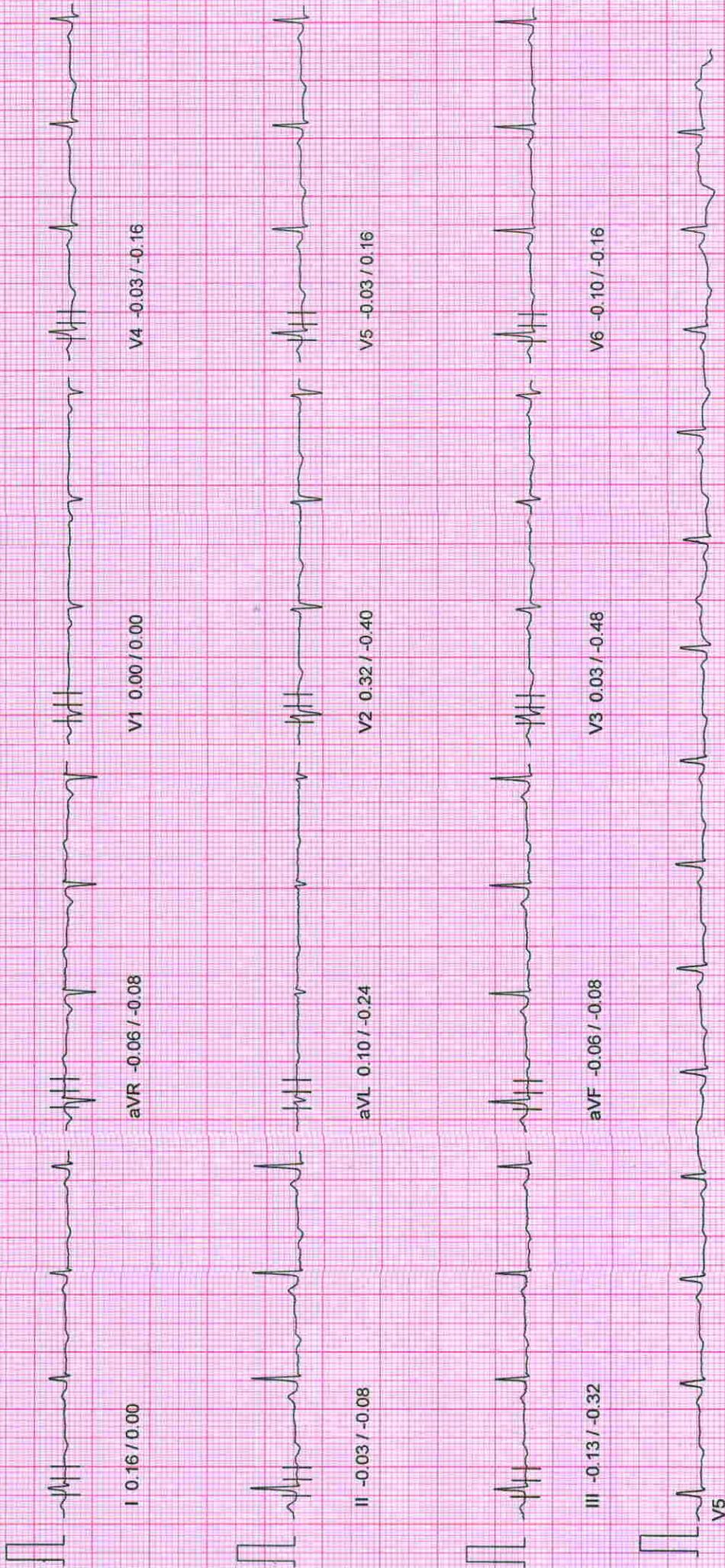
PATIENT NAME : Mrs Swati Patil 35/F

PROTOCOL : BRUCE
 STAGE : Standing

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 01:40
 STAGE DURATION : 00:00
 HR : 81 bpm
 QRS Lead : V5

SPEED: 0.0 kmph
 GRADE: 0.0
 BP : 129 / 90 mmHg
 METs : 1.00



I 0.16 / 0.00

aVR -0.06 / -0.08

V1 0.00 / 0.00

V4 -0.03 / -0.16

II -0.03 / -0.08

aVL 0.10 / -0.24

V2 0.32 / -0.40

V5 -0.03 / -0.16

III -0.13 / -0.32

aVF -0.06 / -0.08

V3 0.03 / -0.48

V6 -0.10 / -0.16

V5

NADKARNI PATHOLOGY LABORATORY

February 25, 2023 09:59 am
 Report time : 10:01 am

Linked Median Report

PATIENT ID : 3003/2023 HEIGHT : 157 Cm WEIGHT : 81.00 Kg

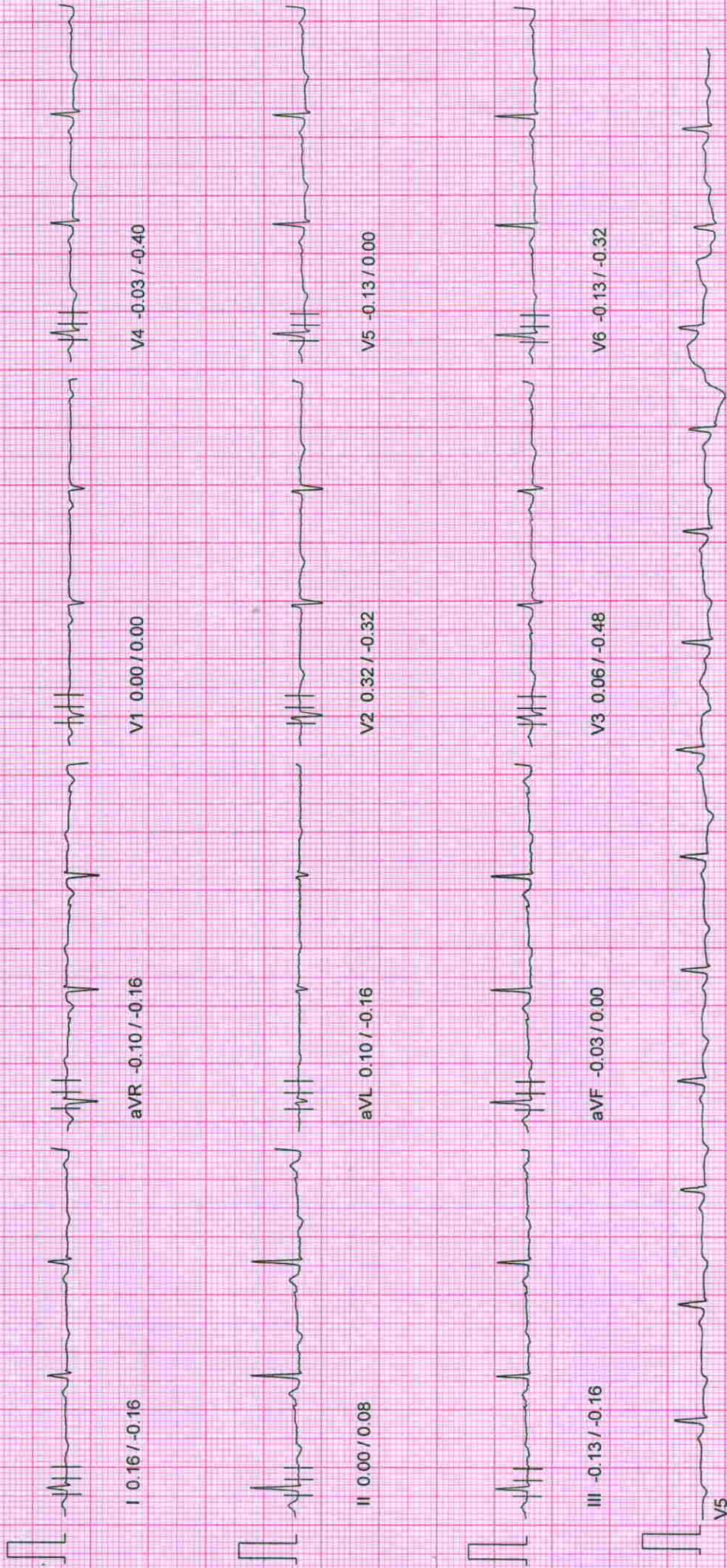
PATIENT NAME : Mrs Swati Patil 35/F

PROTOCOL : BRUCE
 STAGE : Supine

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 01:24
 STAGE DURATION : 00:00
 HR : 76 bpm
 QRS Lead : V5

SPEED : 0.0 kmph
 GRADE : 0.0
 BP : 120 / 90 mmHg
 METs : 1.00



Patil

NADKARNI PATHOLOGY LABORATORY

PATIENT ID : 3003/2023 HEIGHT : 157 Cm WEIGHT : 81.00 Kg

February 25, 2023 09:59 am

PATIENT NAME : Mrs Swati Patil 35/F

Linked Median Report

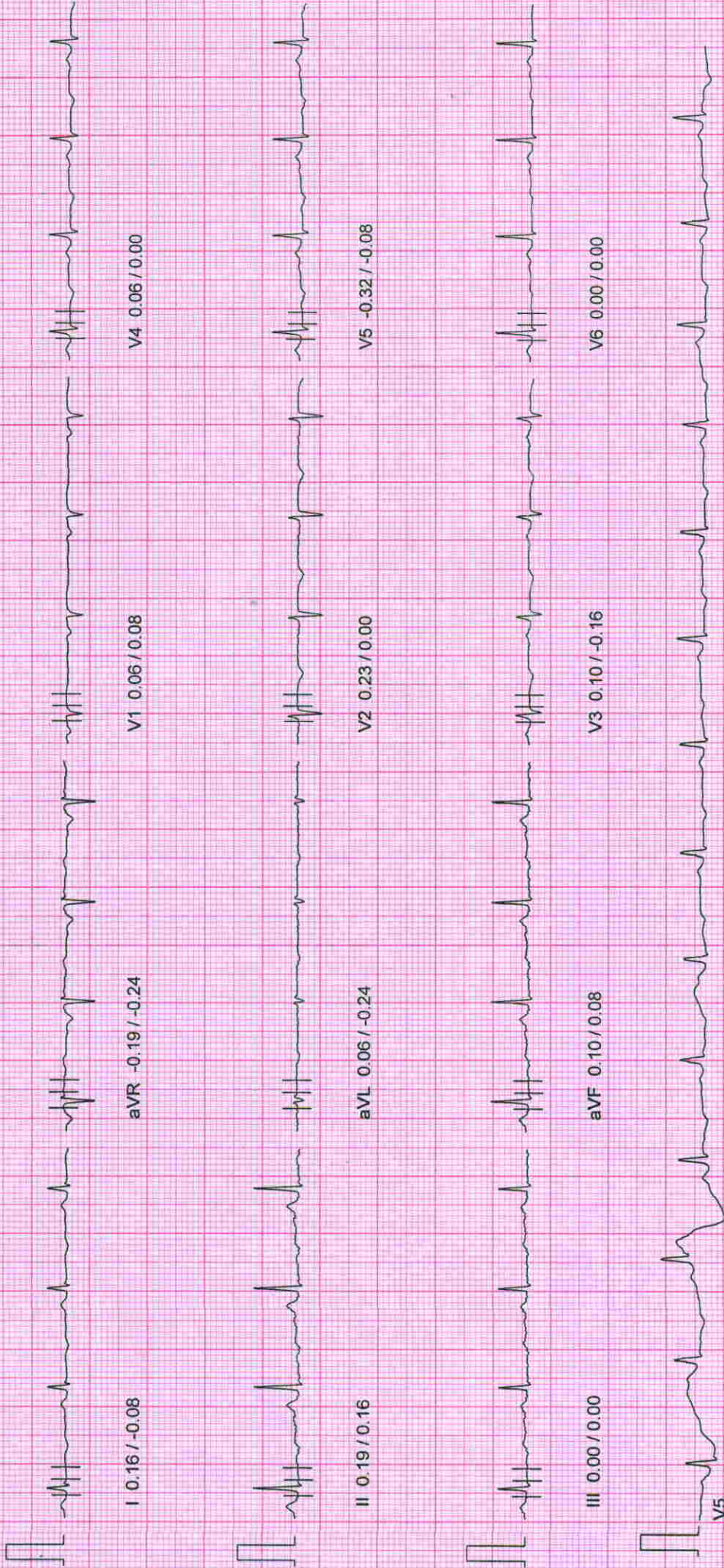
Report time : 09:59 am

PROTOCOL : BRUCE
STAGE : Pre-Test

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PHASE TIME : 00:19
STAGE DURATION : 00:00
HR : 88 bpm
QRS Lead : V5

SPEED: 0.0 kmph
GRADE: 0.0
BP : 120 / 90 mmHg
METs : 1.00



Patil

NADKARNI PATHOLOGY LABORATORY

February 25, 2023 09:59 am
Report time : 09:59 am

PATIENT ID : 3003/2023 HEIGHT : 157 Cm WEIGHT : 81.00 Kg

PATIENT NAME : Mrs Swati Patil 35/F

ST Tables

PROTOCOL : BRUCE

ST LEVELS

Phase	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
Pre-Test	0.2	0.2	0.0	-0.2	0.1	0.1	0.1	0.2	0.1	-0.1	-0.3	0.0
Supine	0.2	0.0	-0.1	-0.1	0.1	-0.0	0.0	0.3	0.1	-0.0	-0.2	-0.1
Standing	0.2	-0.0	-0.1	-0.1	0.1	-0.1	0.0	0.3	0.0	-0.0	-0.1	-0.1
HyperVentilation	0.2	-0.1	-0.2	-0.0	0.1	-0.1	0.1	0.3	0.0	0.1	-0.3	-0.3
Wait For Exercise	0.2	-0.1	-0.2	-0.0	0.1	-0.1	0.1	0.4	0.0	0.1	-0.2	-0.2
Exercise Stage 1	-0.3	-0.7	-0.5	0.5	0.1	-0.6	0.4	0.1	-1.8	-0.5	-0.6	-0.4
Exercise Stage 2	0.1	-0.6	-0.6	0.4	0.2	-0.6	0.1	0.2	-0.4	-0.5	-0.5	-0.5
Peak Exercise	0.1	-0.2	-0.2	-0.1	-0.1	-0.2	0.0	0.1	-0.9	-0.8	-0.8	-1.1
Recovery 1	0.4	0.3	-0.1	-0.2	0.3	0.1	0.3	0.6	0.5	0.3	0.3	0.3
Recovery 3	0.3	-0.0	-0.1	-0.1	0.3	-0.0	0.2	0.5	0.0	0.2	0.0	0.1
Recovery 6	0.3	-0.3	-0.3	0.0	0.2	-0.3	0.1	0.3	-0.1	-0.1	-0.1	-0.2

ST SLOPES

Phase	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
Pre-Test	-0.1	0.2	0.0	-0.2	-0.2	0.1	0.1	0.0	-0.2	0.0	0.0	0.0
Supine	-0.2	0.1	-0.2	-0.2	-0.2	0.0	-0.1	-0.3	-0.5	-0.4	0.0	-0.3
Standing	0.0	-0.1	-0.3	-0.1	-0.2	-0.1	0.0	-0.4	-0.5	-0.2	0.1	-0.2
HyperVentilation	-0.2	-0.2	-0.3	-0.3	-0.4	-0.1	0.0	-0.4	-0.1	0.0	-0.4	-0.1
Wait For Exercise	-0.2	-0.2	-0.3	-0.3	-0.4	-0.1	0.0	-0.3	-0.1	0.1	-0.1	-0.1
Exercise Stage 1	0.4	0.4	0.0	-0.7	0.2	0.1	-0.4	-0.1	-1.2	-0.1	0.4	0.1
Exercise Stage 2	0.5	0.4	-0.3	-0.7	0.1	-0.1	-0.5	-0.1	0.1	-0.2	-0.2	0.0
Peak Exercise	0.2	0.4	-0.5	-0.6	-0.1	0.0	-0.3	0.2	-0.3	-0.2	0.0	-0.3
Recovery 1	0.6	1.0	0.4	-1.1	0.2	0.6	-0.4	0.2	0.5	0.6	0.7	0.7
Recovery 3	0.2	0.4	0.0	-1.1	0.1	0.0	-0.3	0.1	0.0	0.2	0.0	0.4
Recovery 6	0.4	0.1	-0.1	-0.4	0.0	0.1	-0.2	0.1	-0.3	-0.2	0.2	0.0

NADKARNI PATHOLOGY LABORATORY

Indraprastha chamber, ground floor, karve road pune-411038

PATIENT ID : 3003/2023

PATIENT NAME : Mrs Swati Patil 35/F

Summary Report

Report time :
February 25, 2023
09:59 am
09:59 am

PROTOCOL : BRUCE

PATIENT HEIGHT : 157 Cm

PATIENT WEIGHT : 81.00 Kg

PATIENT ADD. : pune

Ref. By : MEDIWHEEL
(MEDIWHEEL)

Stage	StageSpeed (Kmph) / Time Grade (%)	HR bpm	BP mmHg	R.P.P. X 1000	METS	ST Level I	Stage Comments
Pre-Test	00:19 0.00 / 0.00	88	120 / 90	10	1.00	0.16	
Supine	01:04 0.00 / 0.00	76	120 / 90	9	1.00	0.16	
Standing	00:15 0.00 / 0.00	81	120 / 90	9	1.00	0.16	
HyperVentilation	00:54 0.00 / 0.00	72	120 / 90	8	1.00	0.16	
Wait For Exercise	00:17 0.00 / 0.00	76	120 / 90	9	1.00	0.16	
Exercise Stage 1	03:00 2.70 / 10.00	136	120 / 90	16	5.70	-0.32	
Exercise Stage 2	03:00 4.00 / 12.00	162	140 / 90	22	8.00	0.06	
Peak Exercise	00:16 5.50 / 14.00	162	150 / 90	24	8.00	0.10	
Recovery 1	01:00 0.00 / 0.00	136	140 / 90	19	1.00	0.35	
Recovery 3	03:00 0.00 / 0.00	96	130 / 90	12	1.00	0.26	
Recovery 6	06:00 0.00 / 0.00	94	120 / 90	11	1.00	0.29	

TOTAL EXER TIME : 6 : 16 min

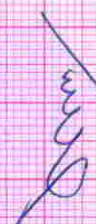
MAX HR : 164 bpm (88.65 % of 185 bpm)

MAX BP : 150 / 90 mmHg

MAX WORKLOAD : 8.00

DISTANCE COVERED : 0.36 Km

DOUBLE PRODUCT : 24600.00



DR. HRISHIKESH T. JOSHI
M.D. (INTERNAL MEDICINE)
Reg. No. 2001682825

DR. VIVEKANAND M. NADKARNI
M.B.B.S., D.T.M.& H

NADKARNI PATHOLOGY LABORATORY

Indraprastha chamber, ground floor, karve road pune-411038

PATIENT ID : 3003/2023
PATIENT NAME : Mrs Swati Patil 35/F

Summary Report

PROTOCOL : BRUCE
PATIENT HEIGHT : 157 Cm
PATIENT ADD. : pune

PATIENT WEIGHT : 81.00 Kg

Ref. By : MEDIWHEEL
(MEDIWHEEL)

OBJECT OF TEST
RISK FACTOR
ACTIVITY
MEDICATION
BRIEF HISTORY
OTHER INVESTIGATION
REASON FOR TERMINATION
EXERCISE TOLERANCE
EXERCISE INDUCED ARRHYTHMIA
HAEMO RESPONSE
CHRONO RESPONSE
FINAL IMPRESSION

: Routine check up
:
: Sedentary
: none
: job profile service
:
: Max HR
: Good
: No
: Normal
: Normal
: Stress test is negative for exercise induced Ischaemic heart disease.
Good Effort tolerance.
No Arrhythmias seen during test period.
Normal Haemodynamic and chronotropic responses.

DR. HRISHIKESH T. JOSHI
M.D. (INTERNAL MEDICINE)
Reg No. 2001027825

DR. VIVEKANAND M. NADKARNI
M.B.B.S., D.T.M. & H

Report time
February 25, 2023
09:59 am
09:59 am



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



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Reg No : 202302091430298 / OPD

Name : Mrs. SWATI PATIL

Referred Dr : MEDI WHEEL

Sex / Age : Female / 35Y

Reg Date : 25/02/2023 10:36 AM

Report Date : 25/02/2023 01:30 PM

SPECIAL TEST

Test Name

Result

Unit

Reference Range

Thyroid Panel - I

Serum T3 (Tri-Iodothyronine)

1.08

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)

8.36

ug/dL

5.5 - 12.5

Thyroid Stimulating Hormones (Ultra TSH)

2.01

uIU/mL

0.35 - 5.50

Pregnancy:

1st Trimester : 0.10 - 2.50

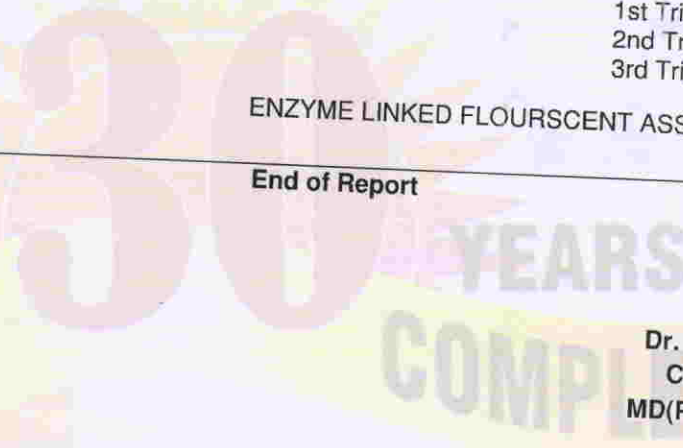
2nd Trimester: 0.20 - 3.00

3rd Trimester : 0.30 - 3.00

Method

ENZYME LINKED FLOURSCENT ASSAY(ELFA)MINT VIDAS BLUE.

End of Report



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

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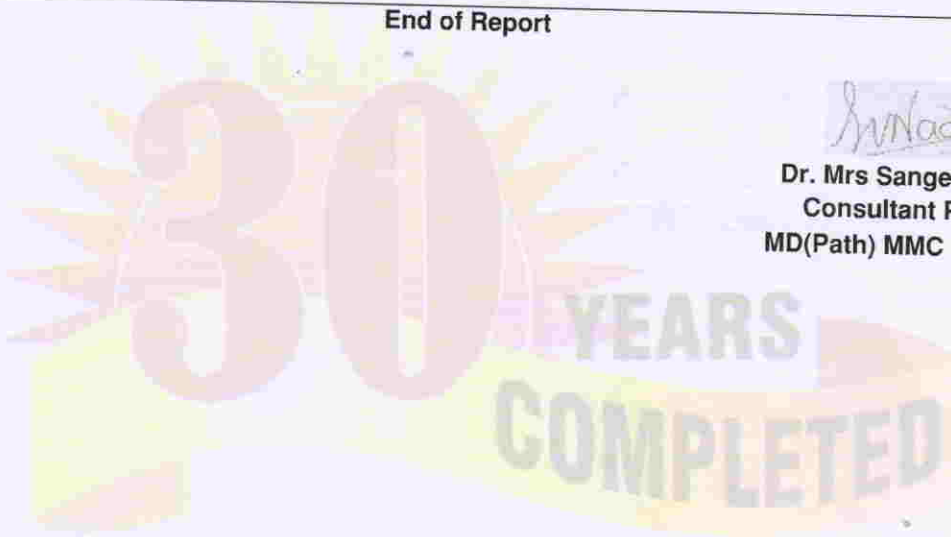
Sex / Age : Female / 35Y
Reg Date : 25/02/2023 10:36 AM
Report Date : 25/02/2023 01:30 PM

BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
Blood Glucose Fasting and Post Prandial			
Blood Glucose (Fasting)	79	mg/dl	Normal : < 99 Prediabetic : 100.0 - 125.0 Diabetic : > 125.0
Post Prandial Glucose	87	mg/dl	90 - 140 mg/dL
Instrument Used	Fully Automated EM200 (TRANSASIA BIOMEDICALS).		

End of Report

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CLINICAL PATHOLOGY

Test Name	Result	Unit	Reference Range
-----------	--------	------	-----------------

URINE ANALYSIS REPORT

Quantity	10	ml	
Colour	Pale Yellow		
Appearance	Clear		
Specific Gravity	1.012		

Chemical Examination

Albumin	Absent		
Sugar	Absent		
Bile Pigments	Absent		
Urobilinogen	NORMAL		
Reaction	Acidic		
Acetone-Ketone	Negative		
Nitrite	Negative		

Microscopic Examination

RBCs	Absent		
PUS Cells	2-3		
Epithelial Cells	3 - 4		
Casts	Absent		
Other Findings	NIL		

End of Report

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Reg Date : 25/02/2023 10:36 AM
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BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
HbA1C			
HbA1C	5.1	%	Non Diabetic :04 -06 Excellent Control : 06 -07 % Fair Control : 07 - 08% Unsatisfactory : 08 - 10% Poor Control: Above 10%
Estimated Mean Glucose (eAg)	99.67	mg%	70 - 140
Method	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.

Note :

SAMPLE OUTSOURCED

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BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
Liver Function Test			
Bilirubin- Total	0.60	mg/dl	0.1 - 1.2
Bilirubin- Direct	0.40	mg/dL	0.0 - 0.4
Bilirubin- Indirect	0.20	mg/dL	0.1 - 0.8
SGPT	16.0	IU/L	05 - 40
SGOT	18.0	IU/L	05 - 40
Alkaline Phosphatase	73	IU/L	Female : 42 -98 Child : 54 -369 Neo: 54-369
Total Proteins	6.8	gm/dl	6.0-8.0
Serum Albumin	4	gm/dl	3.2 -5.5
Serum Globulin	2.8	gm/dl	2.3 -3.5
A/G ratio	1.82		1.0 -2.3
GGTP	19		05 -50
Instrument Used	Fully Automated EM200		

End of Report


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BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
LIPID PROFILE			
S. Cholesterol <i>CHOD-PAP</i>	154	mg/dl	Desirable Chol:200mg/dl ,Borderline Chol:200-239mg/dl High Chol: >240mg/dl
S. Triglycerides <i>GPO</i>	106	mg/dl	Upto 190
HDL Cholesterol <i>DIRECT</i>	53	mg/dL	30 - 70
LDL Cholesterol	79.8	mg/dl	Upto 150
VLDL Cholesterol	21.2	mg/dL	07 to 35
S.Cholesterol/HDL Ratio	2.91		< 5.0
LDL Chole/HDL Chole	1.51		LOW RISK - 0.5 To 3.0 MODERATE RISK - 3.0 TO 6.0 HIGH RISK - >6.0
S.Triglycerides/HDL Chole	2		Desirable : < 3.00
Instrument Used	Fully Automated EM200		

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 <small>UREASE-GLDH</small>	22	mg/dl	13 - 45
Blood Urea Nitrogen Instrument Used	10.27 Fully Automated EM200	mg/dl	10 - 20
Serum Creatinine			
Serum Creatinine <small>JAFFE'S KINETIC</small>	0.7	mg/dl	0.4 - 1.4
Instrument Used	Fully Automated EM200		
Serum Uric Acid			
Serum Uric Acid <small>URICASE</small>	5.0	mg/dl	2.5 to 7.2
Instrument Used	Fully Automated EM200		

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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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HAEMATOLOGY

Test Name	Result	Unit	Reference Range
HAEMOGRAM ON CELL COUNTER			
HAEMOGLOBIN	11.9	gm/dl	12-16
RBC COUNT	4.8	mill/cmm	4.5 - 6.5
PACKED CELL VOLUME (PCV)	37	%	32 - 47
MCV	77.41	fL	82 - 98
MCH	24.9	pgms	27 - 33
MCHC	32.16	%	32 - 36
Total WBC count <i>Impedance Method</i>	6500	/cmm	4500- 11000
Differential Leucocytes Counts			
Neutrophil	62	%	50 - 70
Lymphocytes	33	%	20 - 40
Monocytes	02	%	00 - 12
Eosinophils	03	%	02 - 06
Basophils	00	%	00 - 01
Platelet Count <i>Impedance Method</i>	252000	/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.	06		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

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PH.NO.898377792/93
9763593646
Varun Complex, of Karve Road,
Kothrud, Pune-38



GPS Map Camera



Pune, Maharashtra, India

Shop No.5, Varun Complex, Gulwani Maharaj Road,
Near Swapnashilp Sty, Kothrud, Pune, Maharashtra
411038, India

Lat 18.500236°

Long 73.82251°

25/02/23 08:59 AM GMT +05:30

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 Signature: *Pratis*
 PIN: 411038
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 Add: R21 CHAITANYA NAGARI HSG SOC PHASE 2 WARJE
 SD/M of RAGHUNATH L PATIL
 Name: SWATI R PATIL
 DOB: 11-08-1987 BG: B+
 COV: DOI
 LMV: 08-01-2021
 MCWOG: 08-01-2021
 AUTHORIZATION TO DRIVE FOLLOWING CLASS OF VEHICLES THROUGHOUT INDIA
 Valid Till: 07-01-2031 (NT)
 DL No: MH12 20210001880
 DOI: 08-01-2021
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 MAHARASHTRA STATE MOTOR DRIVING LICENCE

Pratis
DR. R. G. PARNAIK
 M.D. (Med.)

Regd.No.24133
 Physician
Health Care Clinic
 Varun Complex, Kuikarni Marg, Kothrud,
 Pune-411 038.

आयकर विभाग
 INCOME TAX DEPARTMENT
 SWATI RAGHUNATH PATIL
 RAGHUNATH LAXMAN PATIL
 11/08/1987
 Permanent Account Number
 BYHPP9949M
 भारत सरकार
 GOVT. OF INDIA
 Signature: *Pratis*
 12062012

DR. R. G. PARNAIK
 M.D. (Med.)

Regd.No.24133
 Physician
Health Care Clinic
 Varun Complex, Kuikarni Marg, Kothrud,
 Pune-411 038.

HEALTH CARE CLINIC
NADKARNI LABORATORY
 GPh: 85001105 / 85003648
 Varun Complex, of Karve Road,
 Kothrud, Pune-38

Feedback - Pre Policy Life Insurance Medical Checks

This is to confirm & certify that I have gone through the medical examination through Medical centre HEALTH CARE CLINIC MADKARNI LABORATORY situated at 65003848 / Home visit on _____ (Date) to complete the requisite proposal form bearing no _____ date _____

I do confirm specifically that the following medicals activates 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 Pancard - Bx HPP9949M Bering ID No. _____ at the time of medicals

Feedback of Provider

- | | | | |
|---|--|----------------------------------|-------------------------------|
| 1. Behavior and cooperation of staff | | | |
| a. Reception/ Clinic / Hospital | Good <input checked="" type="checkbox"/> | Average <input type="checkbox"/> | Poor <input type="checkbox"/> |
| b. Technician / Doctor | Good <input checked="" type="checkbox"/> | Average <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 2. Time Management | Good <input checked="" type="checkbox"/> | Average <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 3. Upkeep of Hospital | Good <input checked="" type="checkbox"/> | Average <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 4. Technology & Skills | Good <input checked="" type="checkbox"/> | Average <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 5. Medical check procedure was satisfactory | Good <input checked="" type="checkbox"/> | Average <input type="checkbox"/> | Poor <input type="checkbox"/> |

(Medical Facility – Location, Facility set-up, Instruments, Cleanliness; process Followed; etc. Also on the medical staff; Appearance; Technical Know-how; Behavior etc.)

If No provide details or let us know of anything additional you would like to provide as comments and /or suggestions

Name of the Life to be Insured with date
 (Proposer in case of Life Insured being minor)

Prab
 Signature of the Life to be Insured
 (Proposer in case of Life Insured being minor)

"I have seen the original photo ID proof of the client before conducting the medicals."

DR. R. C. PARNAIK
 M.D. (Med.)
 Regd. No. 24133
 Name of Attending / Visiting Doctor
 Physician

R. C. Parnaik
 Signature of Attending / Visiting Doctor

MC Registration No: Health Care Clinic
Varun Complex, Kulkarni Marg, Kothrud,
Pune-411 038.

Doctor Seal with Date: _____

CLINICAL HISTORY:-

RATE: 60/min
RHYTHM: regular
MECHANISM: sinus.
P WAVE: normal
P R: 154 ms.
QRS: 78 ms.
QTc: normal.

ST: isoele chrz

T WAVE: Flat / ↓ in few leads

Q WAVE: not significant

AXIS: normal.

POSITION OF HEART: horizontal.

PRECARDIAL LEADS: normal.

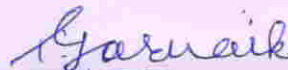
B.P.: 120/90 mmHg

DRUGS:

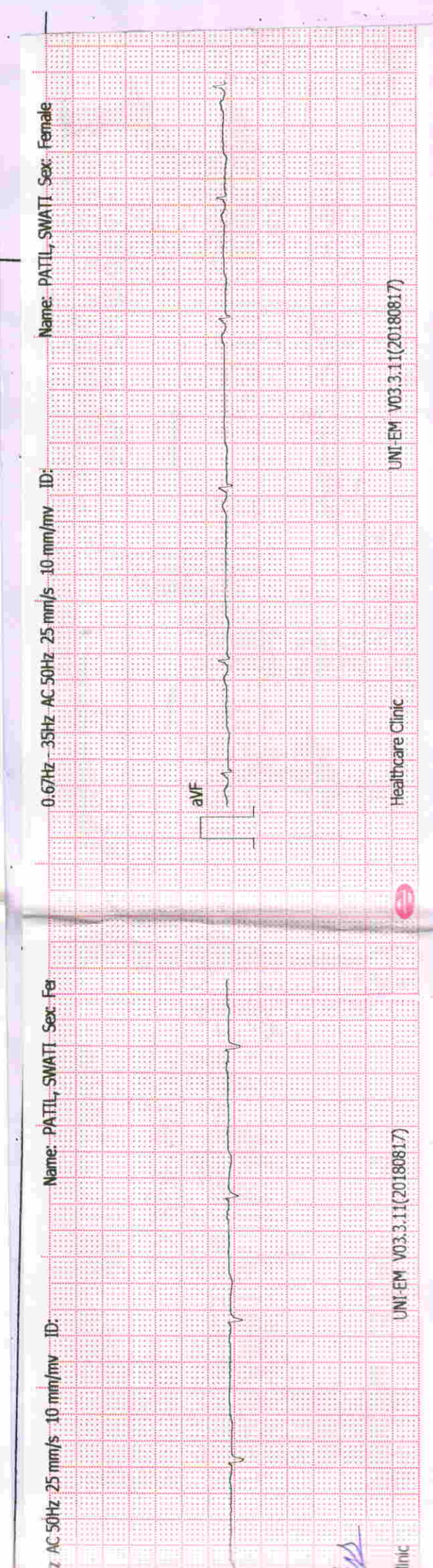
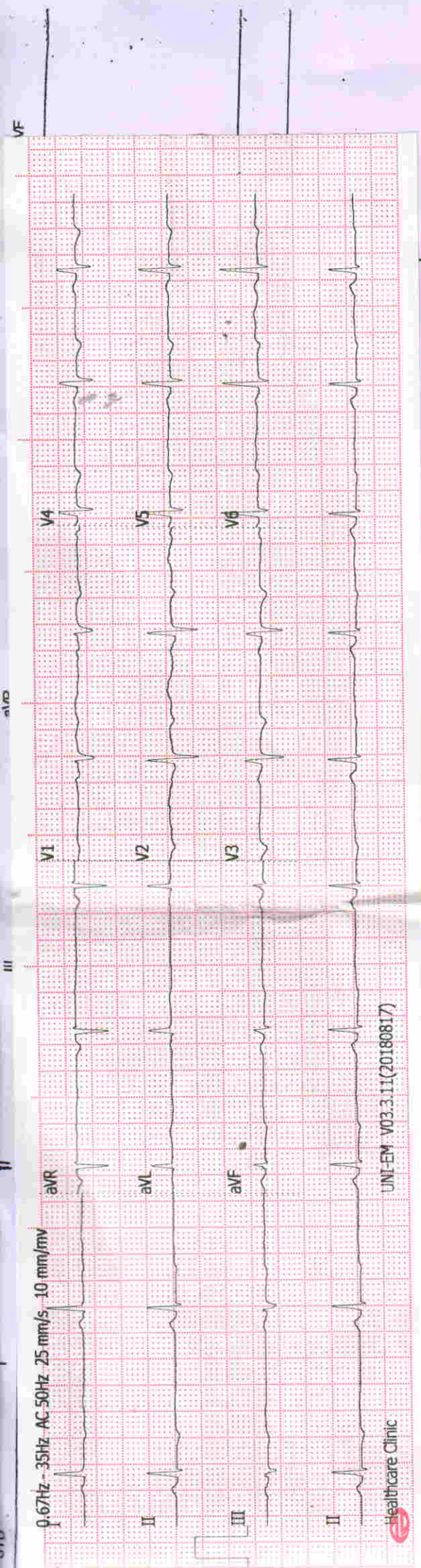
CONCLUSIONS: Normal ECG.

Non-specific T changes in few leads.


Client's Signature


Doctor's Signature

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M.D. (Med.)
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Health Care Clinic
Varun Corridor, Kulkarni Marg, Kothrud,
Pune-411 038.



Name: PATIL, SWATI Sex: Female

ID: UNI-EM V03.3.11(20180817)

Healthcare Clinic

UNI-EM V03.3.11(20180817)

UNI-EM V03.3.11(20180817)

ID: Name: PATIL, SWATI Age: 35yrs Sex: Female Hospital: 25-02-2023 09:44:27 AM

► **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 25/02/2023

ELECTROCARDIOGRAM

NAME Swati pati AGE 35 yrs

REF. BY mediwheel. B.P. 120/90 mmHg

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

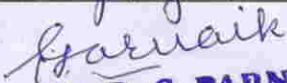
PHYSICAL	✓		01. Eyes & Pupils
	✓		02. E.N.T.
	✓		03. Teeth & Mouth
	✓		04. Lungs & Chest
	✓		05. Cardiovascular Sys.
	✓		06. Abdo. Viscera
EXAMINATION	✓		07. Hernial Orifices
	✓		08. Genito - Urinary
	✓		09. Musculo-Skeletal
	✓		10. Skin & Vericose Vns.
	✓		11. C.N.S.
	✓		12. Other

Chest : Insp. 103 / Exp. 98 / Abd. 105

Investigations :

HEIGHT	WEIGHT	BMI	B.P.	PULSE	HEARING	VISION	DISTANT	NEAR	COLOUR VISION	BLOOD GROUP
157 cm	81 kg		120/90 mm Hg	68/min Regular	(N)	Uncorrected (N)	(H)	(H)	(N)	B +ve
						Corrected (N)	(H)	(H)		

Assessment


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Prabh

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MMC Reg. No. 42322

Physician, Tropical & Family Medicine,
Occupational Health

MEDICAL EXAMINATION REPORT

No.:

Date: 25/2/23.

Surname: Patil Name: Swati

Age: 35 yrs Sex: Female Birth Date: 11/8/1987

Address: Charanya Nagar Wanjre, Pune

Occupation: Service

Personal History: Tobacco: NO Alcohol: NO

Misc.: Allergy: Not known

Immunization History: COVID 1a vaccine 1 dose done

Miscarriage - Dec 2022

Previous Medical History: Taking T. Folvit & Hematinic (T-Oxofes) due to blood loss. Clinically normal.