



आरतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार Unique Identification Authority of India Government of India

नामांकन क्रम/Enrolment No.: 2084/33453/02340

To हरीश बर्वेकर Harish Barvekar S/O Namdeo Barvekar Street - 4 Rajatalab Near Shiv Mandir Raipur Raipur Raipur Chhattisgarh - 492001 7799300953

ration Date: 20/02/201

Signature Not Verified Departy served by 18 UNIQUE BEATT CATION AUTHORITY OF BOLA 02 Date: 2017 ISC 28 22 57:41 IST



आपका आधार क्रमांक / Your Aadhaar No.

6172 3914 2129

मेरा आधार, मेरी पहचान



भारत सरकार Government of India



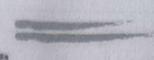
हरीश बर्वेकर Harish Barvekar जन्म तिथि/ DOB: 02/12/1988 पुरुष / MALE



6172 3914 2129

मेरा आधार, मेरी पहचान







सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं |
- पहचान का प्रमाण ऑनलाइन ऑथेन्टिकेशन द्वारा प्राप्त करें |
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है |

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.
- आधार देश अर में मान्य है ।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं
 का लाभ उठाने में उपयोगी होगा ।
- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future.



भारतीय विशिष्ट पहुंचान प्राचिकरण Unique Identification Authority of India

पता: S/O नामदेव बर्वेकर, स्ट्रीट - 4, राजातलाब, शिव मंदिर के पास, रायपुर, रायपुर, छत्तीसगढ़ - 492001 Address: S/O Namdeo Barvekar, Street -4, Rajatalab, Near Shiv Mandir, Raipur, Raipur, Chhattisgarh - 492001

6172 3914 2129



help@uidal.gov.i

www.uidai.gov.in

\$6

Dr. Shailendra Ruprela
MD, Medicine
Reg. No.: CGMC-511/2006

DR RUPRELA'S NMS DIAGNOSTICS & IMAGING CENTER

FAFADIH, RAIPUR

33/Mr Harish Barvekar 35Yrs/Male 63 Kgs/175 Cms Ref.: AROCFEMI HEALTH CARE LTD. Test Date: 16-Sep-2024(15:15:36) Notch: 50Hz 0.05Hz - 100Hz 10mm/mV 25mm/Sec

BP: 116/76_ mmHg

HR: 73 bpm



PR Interval: 154 ms QRS Duration: 94 ms QT/QTc: 344/381ms P-QRS-T Axis: 53 - 76 - 58 (Deg)



avL avF III V2 avR

FINDINGS: Normal Sinus Rhythm

Vent Rate: 73 bpm; PR Interval: 154 ms; QRS Duration: 94 ms; QT/QTc Int: 344/381 ms

P-QRS-T axis: 53. 76. 58. (Deg)

Comments:

Dr. Shailendra Ruprela MD, Medicine

Reg. No.: CGMC-511/2006



NAME: MR. HARISH BARVEKAR

AGE: 35Y/SEX/M

Ref. By: ARCOFEMI

DATE: 16.09.2024

Complain Of: No Complaints

Ocular H/O: Nil

Family Ocular H/O: Nil

Drug Allergy (If Any): Not Aware

DISTANCE VISION: RE 6/12 LE 6/12

(With / without PGP)

NEAR VISION:

(With / without PGP)

RE

N/6 LE

N/6

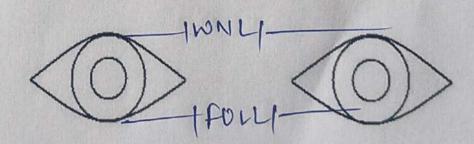
REFRACTION:

EYE	SPH	CYL	AXIS	ADD	VISION
RE	-3.75			6/6	N/6
LE	-3.25			6/6	N/6

EXTERNAL EYE EXAMINATION:

RE

LE



EOM: NAD

SQUINT EVALUATION: ABSENT

NYSTAGMUS: ABSENT

COLOR VISION TEST: NORMAL

NYCTALOPIA (Night Blindness): ABSENT

Ophthalmologist

FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG, BILASPUR ROAD, RAIPUR-492009 (Chhattisgarh)
Ph.: 0771-4048886, Mob.: 9406396296, Email: nmsdiagnostic.service@gmail.com



NAME: MR.HARISH BARVEKAR REF BY.ARCOFEMI

AGE/SEX: 35Y/M DATE: 16.09.2024

X-RAY CHEST PA VIEW

- The lungs on the either side show equal translucency.
- The peripheral pulmonary vasculature is normal.
- No focal lung lesion is seen.
- The pleural spaces are normal.
- Both hila are normal in size, have equal density and bear normal relationship.
- The heart and trachea are central in position and no mediastinal abnormality is visible.
- The cardiac size is normal.
- The domes of the diaphragms are normal in position, and show smooth outline.
- IMPRESSION: NO EVIDENCE OF PULMONARY, PLEURAL OR CARDIAC PATHOLOGY IS NOTED.
- RADIOGRAPH OF CHEST IS WITHIN NORMAL LIMITS.



FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG, BILASPUR ROAD, RAIPUR-492009 (Chhattisgarh) Ph.: 0771-4048886, Mob.: 9406396296, Email: nmsdiagnostic.service@gmail.com











NAME: MR. HARISH BARVEKAR

REF BY: ARCOFEMI

AGE/SEX: 35Y/M DATE:16.09.2024

SONOGRAPHY OF WHOLE ABDOMEN The Real time, B mode, gray scale sonography was performed.

LIVER: The liver is normal in size, shape and has smooth margins.

It has uniform echotexture, has normally distributed and normal size biliary and portal radicles and is without solid or cystic mass lesion or calcification.

GALL BLADDER: The gall bladder is seen as a well distended, pear shaped bag with uniformly thin and regular walls, without, gall stones or mass lesions.

COMMON BILE DUCT: The common bile duct is normal in caliber.

No evidence of calculus is noted in common bile duct.

PANCREAS: The pancreas is normal in size, shape, contours and echotexture.

No evidence of solid or cystic mass lesion is noted.

KIDNEYS: The kidneys are normal in size and have smooth renal margins.

Cortical echotexture is normal

The central echocomplex Pdoes not show evidence of calculus.

SPLEEN: The spleen is normal in size and shape. Its echotexture is homogeneous.

No evidence of focal lesion is noted.

URINARY BLADDER: The urinary bladder is well distended.

No evidence of calculus is seen.

No evidence of mass or diverticulum is noted.

PROSTATE: The prostate shows well defined and sharp margins.

The prostatic echotexture is normal and homogenous

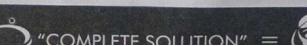
IMPRESSION:

The Sonography Of Whole Abdomen Is Within Normal Limits

As with any other investigations the results obtained serve as an aid to diagnosis and should be interpreted in relation to any other clinical and diagnostic findings.

Thanks for referal with regards

FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG, BILASPUR ROAD, RAIPUR-492009 (Chhattisgar Ph.: 0771-4048886, Mob.: 9406396296, Email : nmsdiagnostic.service@gmail.com





NAME: MR.HARISH BARVEKAR REF.BY: ARCOFEMI HEALTHCARE LTD.

AGE/SEX: 35 Y/M DATE: 16.09.2024

ECHO - CARDIOGRAPHY

M-MODE MEASUREMENTS:

Patient value (cm) normal v	value (cm)
2.	5	2.0-3.7
3.	0	1.9-4.0
4.	2	3.7-5.6
3.	2	2.2-4.0
ED: 1.0	ES: 0.9	0.6-1.2
ED: 1.0	ES: 0.9	0.6-1.2
		rs normal.
	2. 3. 4. 3. ED: 1.0 ED: 1.0	2.5 3.0 4.2 3.2 ED: 1.0 ES: 0.9 ED: 1.0 ES: 0.9

Valve

SEPTAE IVS/IAS INTACT

RWMA NO EF (OVARALL)(LV) 60 % **CLOT/ VEGETATION** NIL PER. EFFUSION NIL

CONTINUOUS WAVE & PULSE WAVE DOPPLER

Valve	Regurgitation	Gradient(mm Hg)
Mitral Valve	NIL	Not Significant
Aortic Valve	NIL	Not Significant
Tricuspid Valve	NIL	PASP=
Pulmonary Valve	Nil	Not Significant

Regurgitation

PULSE WAVE DOPPLER

MITRAL VALVE INFLOW **Waves DT** m sec

IMPRESSION -

- NO RWMA AT REST, LVEF=60%
- NORMAL BIVENTRICULAR FUNCTION
- NORMAL CHAMBERS DIMENSION.
- NO CLOT/VEGETATION/PERICARDIAL EFFUSION.
- **NORMAL VALVES**

DR AJAY HALWAI MBBS, MD, PGDCC

FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG, BILASPUR ROAD, RAIPUR-492009 (Chhattisgarh) Ph.: 0771-4048886, Mob.: 9406396296, Email: nmsdiagnostic.service@gmail.com



NAME

MR. HARISH BARVEKAR

AGE/SEX

35 Y/M

REFERRED BY: ARCOFEMI HEALTHCARE LTD.

DATE

: 16.09.2024

PERIPHERAL SMEAR EXAMINATION

RBC: Macrocytic normochromic.

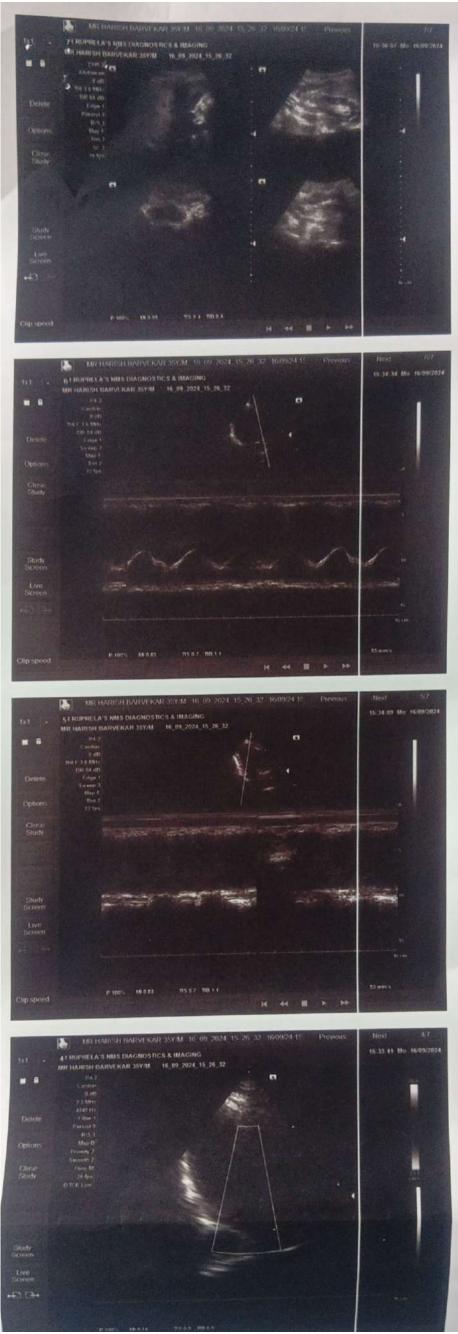
WBC: Total counts within normal range. No toxic granulation seen.

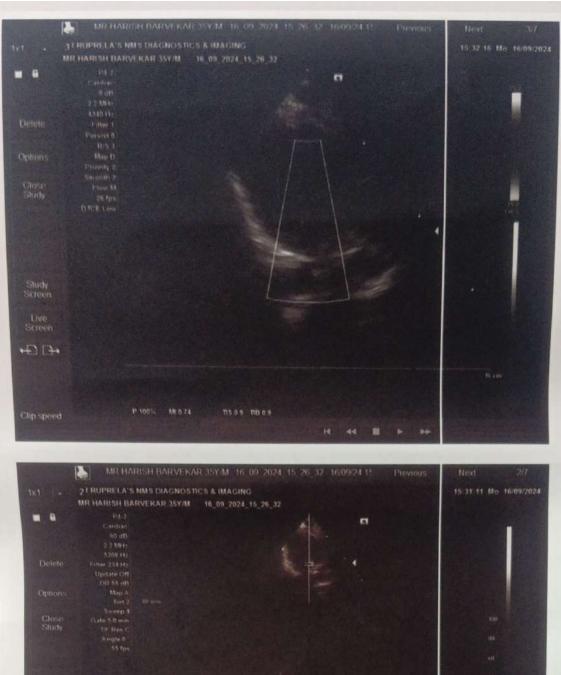
Band cells-9%, Neutrophils-46%, Lymphocytes-43%, Monocytes-2%.

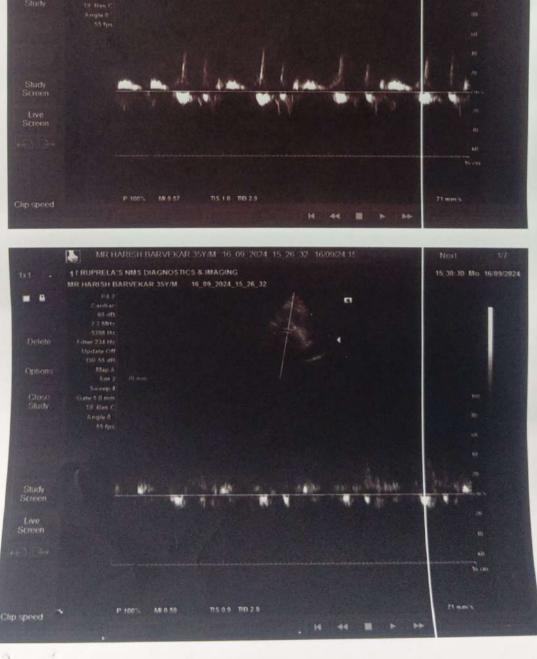
Platelets: Appears adequate on smear.

Haemoparasite: No haemoparasite seen.









PID No. :- 202416917130080

Name :- Mr. HARISH BARVEKAR

 Age/Sex
 :- 35 Y / M
 Sample Received on/at :
 Reported on/at

 Ref. By.
 :- ARCOFEMI HEALTHCARE LIMITED
 16/09/2024 8:43AM
 17/09/2024 11:17AM



	BIOCHEMISTRY		
Investigation	Observed Value	Unit	Biological Reference Range
GGT/GammaGT			
Gamma GT	23.7	U/L	11 - 34
Szasz method			
BLOOD SUGAR F			
Glucose Fasting	81	mg/dl	60 - 110
LFT (LIVER FUNCTION TEST)			
Bilirubin (Total)	0.68	mg/dL	<1.0
(Serum,Diazo)			
Bilirubin (Direct)	0.20	mg/dL	0 - 0.3
(Serum,Diazo)			
Bilirubin (Indirect)	0.48	mg/dL	UPTO 1.0
(Serum,Calculated)			
SGOT (AST)	23	U/L	5 - 37
(Serum,Enzymatic)	00	1.17	40 40
SGPT (ALT) (Serum,Enzymatic	28	U/L	10 - 40
Alkaline Phosphatase	187	U/L	80 - 290
(Serum,pNPP)	107	O/L	00 200
Total Proteins	7.26	g/dL	6.4 - 8.3
(Serum,Biuret)		9	
Albumin	4.55	g/dL	3.7 - 5.6
Globulin	2.71	g/dL	1.8 - 3.6
(Serum)			
A/G Ratio	1.68	g/dl	1.1 - 2.2
(Serum)			
Gamma GT	23.7	U/L	11 - 34
Szasz method			

----- End Of Report -----

PID No. :- 202416917130080

Name :- Mr. HARISH BARVEKAR

 Age/Sex
 :- 35 Y / M
 Sample Received on/at :
 Reported on/at

 Ref. By.
 :- ARCOFEMI HEALTHCARE LIMITED
 16/09/2024 8:43AM
 17/09/2024 11:17AM

Dr. Ruprela's

Diagnostics & Imaain

Lipid Profile (Fasting Sample Required) Cholesterol - Total Desirable <200 154 mg/dL Borderline High: 200-239 High:>=240 Normal: <150 Triglycerides Level 135 mg/dL Borderline High: 150-199 High: 200-499 Very High: >=500 **HDL Cholesterol** 37 Major risk factor for heart mg/dl Disease :<40 Negative risk factor for heart Disease:>=60 Optimal: <100 LDL Cholesterol 90 mg/dL Near Optimal: 100-129 Borderline High: 130 - 159 High: 160 - 189 Very High: >190 **VLDL Cholesterol** 27 6-38 mg/dL LDL/HDL RATIO 2.43 2.5-3.5 3.5 - 5 CHOL/HDL RATIO 4.16

Note: Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

RFT (RENAL FUNCTION TEST)

Renal (Kidney) Function Test

<u>Kenai (Kiuney) i unction rest</u>			
Urea	27.7	mg/dL	15 - 43
(Serum)			
Creatinine	0.89	mg/dL	0.57 - 1.4
(Serum,Jaffe)			
Sodium	143	mmol/L	135 - 145
Potassium	4.28	mmol/L	3.5 - 5.1
Uric Acid	4.74	mg/dL	2.6 - 6
(Serum,Uricase)			
Chlorides	104	mmol/L	98 - 107

The performance of the Roche cobas c 111 was evaluated using sigma metrics. The calculations were performed using James O. Westgard methodology.[2] This approach uses an assays total allowable error (TEa), accuracy (bias), and precision (SD) to calculate a Sigma metric to characterize the performance of that assay.

----- End Of Report -----

PID No. :- 202416917130080

Name :- Mr. HARISH BARVEKAR

Age/Sex :- 35 Y / M Sample Received on/at : Reported on/at

Ref. By. :- ARCOFEMI HEALTHCARE LIMITED 16/09/2024 8:43AM 17/09/2024 11:17AM

HBA1C

 HbA1c Value
 4.66
 %
 4-6=Normal Control 7-8=Fair Control
 6-7=Good Control 7-8=Fair Control

8-10=Unsatisfactory Control >10%=Poor Control

Diagnostics & Imagin

Dr. Ruprela's

Glycosylated Hemoglobin/Glycated Hemoglobin/GlycoHemoglobin/HbA1c. [1]

Its primary use is to monitor diabetic patient's compliance and long term blood glucose level control. It is an index of diabetic control (direct relationship between poor control and development of complications). It predicts development and progression of diabetic microvascular complications.

----- End Of Report -----

PID No. :- 202416917130080

Name :- Mr. HARISH BARVEKAR

Age/Sex :- 35 Y / M Sample Received on/at: Reported on/at 16/09/2024 8:43AM 17/09/2024 11:17AM Ref. By. :- ARCOFEMI HEALTHCARE LIMITED

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
URINE R/M			
Physical Examination			
Specific Gravity	1.010		1.003-1.030
Appearance	Clear		Clear
Colour	Pale Yellow		Pale Yellow
pH (Reaction)	Acidic		Acidic
Glucose	NIL		NIL
Microscopic Examination			
PUS CELLS	1-2	/hpf	0-5
Epithelial Cells	0-2	/hpf	0-5
RBC	Absent	/hpf	Absent
Bacteria	Absent		Absent
Crystals	Absent		Absent
Casts	Absent		Absent
Chemical Examination			
Protein	NIL		NIL

Test Done by Urisys 1100 (ROCHE) Fully Automatic.

----- End Of Report -----

Dr. Avishesh Kumar Singh M.D. (Pathologist)

Diagnostics & Imagin

PID No. :- 202416917130080

Name :- Mr. HARISH BARVEKAR

 Age/Sex
 :- 35 Y / M
 Sample Received on/at :
 Reported on/at

 Ref. By.
 :- ARCOFEMI HEALTHCARE LIMITED
 16/09/2024 8:43AM
 17/09/2024 11:17AM

Complete Blood Count (Haemogram)

Investigation	Observed Value	Unit	Biological Reference Range
CBC			
<u>Erythrocytes</u>			
Haemoglobin (Hb)	13.6	gm/dL	12.5 - 16.5
Erythrocyte (RBC) Count	5.34	mill/cu.mm	4.2 - 5.6
PCV (Packed Cell Volume)	45.4	%	36 - 47
MCV (Mean Corpusculer Volume)	85	fl	78 - 95
MCH (Mean Corpusculer Hb)	25.4	pg	26 - 32
MCHC (Mean Corpuscular Hb Concn.)	29.9	g/dL	32 - 36
RDW (Red Cell Distribution Width)	15.0	%	11.5 - 14
<u>Leucocytes</u>			
Total Leucocytes (WBC) Count	6700	cells/cu.mm	4000 - 11000
Neutrophils	62	%	40 - 75
Lymphocytes.	31	%	20 - 40
Monocytes	06	%	2-10
Eosinophils	01	%	1-6
Basophils	00	%	0 - 1
Platelets-			
Platelet count	198	x10^9/L	150 - 450
MPV (Mean Platelet Volume)	6.4	fL.	6 - 9.5
PCT (Platelet Haematocrit)	0.126	%	0.15 - 0500
PDW (Platelet Distribution Width)	15.5	%	11 - 18

EDTA Whole Blood - Tests done on Automated ABX Micros ES60(HORIBA) Cell Counter. WBC, RBC & Platelet count by impedance method, WBC differential by VCS technology & other parameters calculated) All abnormal Haemograms are reviewed & confirmed microscopically. Differential count is based on approximately 10,000 cells.

----- End Of Report -----

Dr. Avishesh Kumar Singh
M.D. (Pathologist)

Diagnostics & Imagin

PID No. :- 202416917130080

Name :- Mr. HARISH BARVEKAR

Age/Sex :- 35 Y / M

Ref. By. :- ARCOFEMI HEALTHCARE LIMITED



Sample Received on/at : Reported on/at

16/09/2024 8:43AM 17/09/2024 11:17AM

Hematology

Investigation Observed Value Unit Biological Reference Range

Blood Group & RH Type Screening

ABO Group "O

Rh Type "POSITIVE"

Method: Column agglutination technology (CAT) is an automated. System for blood grouping which is superior in sensitivity to conventional tube method.

----- End Of Report -----

PID No. :- 202416917130080

Name :- Mr. HARISH BARVEKAR

Age/Sex :- 35 Y / M

Ref. By. :- ARCOFEMI HEALTHCARE LIMITED

Dr. Ruprela's

NS

Diagnostics & Imagin
"अयुक निदान" स्वस्थ जीवन की ओर...

Sample Received on/at :

Reported on/at

16/09/2024 8:43AM

17/09/2024 11:17AM

PATHOLOGY

Investigation Observed Value Unit Biological Reference Range Urine Sugar Fasting
Urine Sugar (Fasting) NEGATIVE Absent

Thyroid Panel 1 (T3, T4, TSH)

T3 0.74 ng/dl 0.6-1.8

Remarks :1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism 2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

T4 5.88 ug/dl 4.5-12.6

Remark:1.Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin) Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

TSH 2.17 uIU/ml 0.25-5.5

Remarks : 1.4.51 to 15 μ IU/mL - Suggested clinical co-relation or repeat the test with new sample as physiological factors can give falsely high TSH.

- 2.TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc
- 3.Drugs that decrease TSH values e.g:L-dopa, Glucocorticoids Drugs that increase TSH values e.g lodine, Lithium, Amiodarone

Remark

Method Used: ELFA (Enzyme Linked Fluorescence Assay) on Mini Vidas most Efficient Analyzer Internationally accepted most advanced technology with high quality result.

----- End Of Report -----