



# LOK SEWA HOSPITAL & MEDICAL RESEARCH CENTRE

Sector-B, Kamla Nehru Nagar-1, Jodhpur-342008  
Tel. : 0291-2752601, Fax : 2752603  
E-mail : hospitalloksewa@gmail.com

## Fitness Certificate

It is certified that Mr. Jai Singh Solanki . was examined by me and was found medically, Physically and Mentally FIT.

Height : 174 cm.  
Weight : 66 Kgs.  
Chest :  
Inspiration : 94 cm.  
Expiration : 90 cm.  
B.P. : 122/80 mmHg  
Heart : NAD  
Lungs : NAD

Hernia, Hydrocele, Piles etc : NO

Vision : Normal  
Hearing : Normal  
Speech : Normal

Dated : 10/02/2024

(Dr. N. P. Mathur)  
M.B.,B.S. , F.I.C.A.  
Reg. No. RMC - 11238



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Pt Name : Jai Singh Solanki  
Ref By. : Dr. N.P.Mathur  
Serial No : 36591

Age : 52 Yrs.  
Sex : Male  
Date : 10/02/2024

## HAEMOGRAM COMPLETE

TEST	RESULT	NORMAL VALUE
W.B.C (WHITE BLOOD CELL COUNT)	6,900	4000 - 11000 /CUMM
<b>DLC (DIFFERENTIAL LEUCOCYTE COUNT)</b>		
NEUTROPHILS	55	40 - 70 %
LYMPHOCYTES	36	20 - 40 %
EOSINOPHILS	03	00 - 06 %
MONOCYTES	06	00 - 10 %
BASOPHILS	00	1 %
HB (HEMOGLOBIN)	14.8	12-18 GM%
PLATELET COUNT	3.02	1.5 - 4.5 LACS/CUMM
R.B.C (RED BLOOD CELL COUNT)	5.18	3.5-5.5 MILL./CUMM
H.C.T. (HEMATOCRIT)	44.5	34-48 %
M.C.V (MEAN CORPUSCULAR VOLUME)	85.91	80 - 100fl
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	28.57	27 - 32pg
MCHC (MEAN CORP.Hb CONCENTRATION)	33.26	32-36g/dl
ERYTHROCYTE SEDIMENTATION RATE	12	02-20 MM FALL 1ST HOUR.

THANKS FOR REFERING CASE.

[ TECHNICIAN ]

DR. S. K. LODHA - MD. [Patho.]  
[ PATHOLOGIST ]



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## HAEMATOLOGY EXAMINATION REPORT

BLOOD GROUP (ABO) AB  
(RH) POSITIVE

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## BIO - CHEMISTRY EXAMINATION REPORT

Test	Result	Normal Value
BLOOD SUGAR - (F)	: 98.0	70-110 mg/dl
BLOOD SUGAR - (PP)	: 126.0	< 140 mg/dl
BLOOD UREA	: 28.10	12-50 mg/dl
S.CREATININE	: 1.01	0.6-1.60 mg/dl
S.URIC ACID	: 4.12	3.5-7.2 mg/dl
S.CHOLESTEROL	: 166.0	130-250 mg/dl
S.TRIGLYCERIDES.	: 121.0	60-170 mg.dl
S.HDL CHOLESTEROL [ DIRECT ]	: 43.0	35-65 mg/dl
S.LDL CHOLESTEROL [ DIRECT ]	: 99.00	65-160 mg/dl
S.VLDL CHOLESTEROL	: 24.00	up to 35 mg/dl
CHOLESTEROL\HDL RATIO	: 3.86 :1	LESS THEN 4.5
LDL/HDL RATIO	: 2.30 :1	1.5 - 3.5
S.BILIRUBIN TOTAL	: 0.29	0-1.2 mg/dl
S.BILIRUBIN DIRECT	: 0.23	0-0.4 mg/dl
S.BILIRUBIN INDIRECT	: 0.06	0-0.9 mg/dl
S.GOT	: 26.0	0-40 U/L
S.GPT	: 18.0	0-40 U/L
S.ALKALINE PHOSPHATASE	: 123.0	65-306 (adult) 37 c IU/L
S.TOTAL PROTEIN	: 7.52	6-8 gm/dl
S.ALBUMIN	: 3.90	3.7-5.3 gm/dl
S.GLOBULIN	: 3.62	2.5-3.5 gm/dl
S.A/G RATIO	: 1.08 :1	1-2.3

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Age : 52 Yrs.  
Sex : Male  
Date : 10/02/2024

## HbA1C EXAMINATION REPORT

TEST	RESULT
HbA1C	5.2 %
eAG	000.0 mg/dl

### NORMAL REFERENCE VALUE

NORMAL	:- 4.8 %	- 5.9 %
PREDIABETIC	:- 6.0 %	- 6.4 %
GOOD CONTROL	:- 6.5 %	- 7.2 %
FAIR CONTROL	:- 7.3 %	- 7.8 %
POOR CONTROL	:- > 7.9 %	

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Test	Result	Normal Value
<b>P.S.A.</b>	<b>1.58</b>	<4.0 ng/ml

Remarks:

1. PSA is elevated in benign prostatic hyperplasia (BPH). Clinically an elevated PSA value is not of diagnostic value as a specific test for cancer and should only be used in conjunction with other clinical manifestations (observations) and diagnostic procedures such as prostate biopsy and DRE (Digital Rectal Examination) report
2. Free PSA determinations may be helpful in regards to the differential diagnosis of BPH and prostate cancer conditions.
3. PSA level in man increases as their age advances. Hence the requirement of age - specific values is a must

TECHNIQUE : Enhanced Pulse Chemiluminescence Assay

THANKS FOR REFERING CASE.

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Sex : Male  
Date : 10/02/2024

## THYROID Function Test

### Methodology & Other Information

Method : Chemiluminescence  
Type of Specimen : Serum

Investigation	Result	Biological Reference
T3	1.68 ng/ml	0.5-2.0 ng/ml
T4	6.01 ug/dl	4.4-11.5 ug/dl
TSH	1.24 uIU/ml	0.35 - 5.50 uIU/ml

### Biological reference range:

Children:	Pregnancy
1-2 days 3.20-34.6 uIU/ml	1'st Trimester : 0.30 -- 4.50
3-4 days 0.70-15.4 uIU/ml	2'nd Trimester : 0.50 -- 4.60
15 days-5month 1.70-9.10 uIU/ml	3'rd Trimester : 0.80 -- 5.20
5 months-20 years 0.70-6.40 uIU/ml	

### Clinical Information:

Primary malfunction of the thyroid gland may result in excessive(hyper)or low (hypo) release of T3 or T4 . In additional, as TSH directly affect thyroid function, malfunction of the puituitary or the hypothalamus influences the thyroid gland activity . Disease in any portion of the thyroid-pituitary-hypothalamus system may influence thelevel of T3 or T4 in the blood,in Primary hypothyroidism , TSH levels are significantly elevated, while in secondary and tertiary Hypothyroidism , TSH levels may be low. In addition, In Euthyroid sick Syndrom, Multiple alterations in serum thyroid function test findings have been recognized.

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Pt Name : Jai Singh Solanki  
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Age : 52 Yrs.  
Sex : Male  
Date : 10/02/2024

## URINE EXAMINATION REPORT

Test	Result(s)
<b>PHYSICAL</b>	
COLOUR	YELLOW
APPEARANCE	CLEAR
<b>CHEMICAL</b>	
REACTION pH	6.0
SPECIFIC GRAVITY	1.020
ALBUMIN	NIL
SUGAR - (F)	NIL
SUGAR - (PP)	NIL
<b>MICROSCOPIC</b>	
PUS CELLS	0-2 /HPF
RED BLOOD CELLS	NIL
EPITHELIAL CELLS	0-1 /HPF
CASTS	NIL
CRYSTALS	NIL
BACTERIA	NIL

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Name : JAI SINGH SOLANKI  
Ref. by Dr. : N. P. Mathur

Date : 10.02.2024  
Age : 52/Yrs

## ABDOMINAL SONOGRAPHY (MALE)

### **LIVER –**

LIVER IS NORMAL IN SHAPE AND SIZE WITH DIFFUSE FATTY IN ECHOTEXTURE. NO FOCAL DESTRUCTION OR MASS IS PRESENT. NO I.H.B.D. DILATATION IS PRESENT. HEPATIC AND PORTAL VEINS NORMAL. DIAPHRAGM SHOWS NORMAL.

### **GALL BLADDER –**

GALL BLADDER IS NORMAL IN SHAPE AND SIZE WITH NORMAL ECHOTEXTURE. C.B.D. IS NORMAL.

### **PANCREAS –**

PANCREAS IS NORMAL IN SHAPE AND SIZE WITH NORMAL ECHOTEXTURE. NO FOCAL MASS SEEN.

### **KIDNEYS –**

RT. KIDNEY IS NORMAL IN SHAPE AND SIZE WITH NORMAL ECHOTEXTURE. CORTICOMEDULLARY DIFFERENTIATION IS GOOD. NO STONE / MASS OR CALYCEAL DILATATION IS SEEN.

LT. KIDNEY IS NORMAL IN SHAPE AND SIZE WITH NORMAL ECHOTEXTURE. CORTICOMEDULLARY DIFFERENTIATION IS GOOD. NO STONE / MASS OR CALYCEAL DILATATION IS SEEN.

### **SPLEEN –**

SPLEEN IS NORMAL IN SHAPE AND SIZE WITH NORMAL ECHOTEXTURE. NO FOCAL MASS SEEN.



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(2)

Pt. Name : Jai Singh Solanki

Age : 52/ HM

Date : 10.02.2024

## **NODES –**

NO PARA AORTIC NODAL ENLARGMENT IS SEEN.  
NO ASCITES.

## **URINARY BLADDER -**

URINARY BLADDER IS WELL DISTANDED. WALL THICKNESS IS  
NORMAL. NO STONE OR MASS IS PRESENT.

## **PROSTATE –**

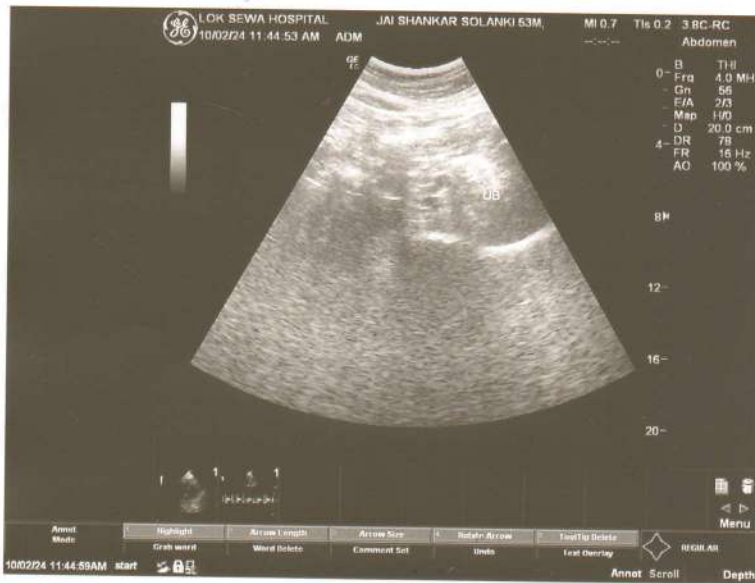
PROSTATE IS NORMAL IN SHAPE AND SIZE WITH NORMAL  
ECHOTEXTURE.

## **IMPRESSION -**

- LIVER, SPLEEN, PANCREAS, GALL BLADDER AND BOTH  
KIDNEY ARE NORMAL.
- NO ASCITES. NO PARA AORTIC LYMPHEDENOPATHY.
- URINARY BLADDER AND PROSTATE ARE NORMAL.

**SONOLOGIST**







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NAME:- Jai Singh Solanki  
CONS.DR.: - N.P.Mathur

AGE: - 52/MALE  
DATE :- 10.02.2024  
PART OF X-RAY: - CHEST P.A.

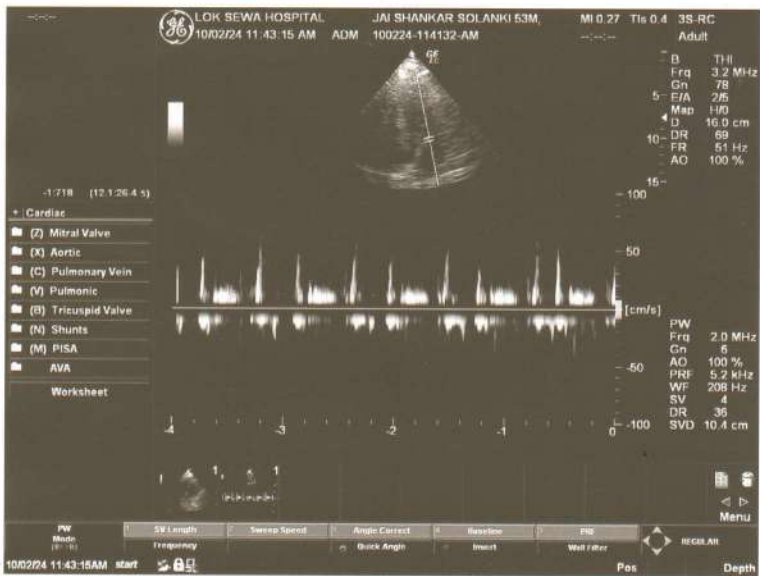
## X-RAY CHEST (P.A. VIEW)

- Trachea is centrally placed.
- Cardiac shadow is within normal limit.
- Both lung fields are clear.
- Both C. P. angles are clear.
- Soft tissue shadow and bony cage are normal.
- Normal B. V. marking present in both lung fields.

Impression: - Normal Study.

(RADIOLOGIST)







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Name : JAI SHANKAR SOLANKI  
Cons. Dr. : N.MATHUR

Age: 53/M  
Date: 10.2.2024

## Echocardiography & Color Doppler Observation on M Mode and 2 D Echocardiography

	ED	ES		mm.
IVS (mm)	10	--	Aorta Root Diameter	32
LVID (mm)	44	26	LA Diameter	35
LVPWD	11	--	AV cusp sep.	20
LV Vol (ml)	--	--	LA / Ao	--
EF= 70%			Fract Shortening(FS)	40.00%

Right Atrium :

Right Ventricle :

2 - D Study of Left and Right ventricle :

Both Ventricles are of normal Dimensions.  
No regional wall motion abnormality seen.  
2 D EF = 55-60 %  
No e / o pericardial effusion seen.

Pulmonary Artery Pressure :

RAP + Trans TR PG = < 25 mm Hg





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## Doppler Study Continuous and Pulse wave Doppler

Valve	Peak Velocity m m/ Sec.	Max P.G. mm Hg	Regurgitation	Appearance
Mitral	92	3.4	No	Normal Thickness
Aortic	110	5.4	No	Normal Thickness
Tricuspid	56	2.0	No	Normal Thickness
Pulmonary	106	4.4	No	Normal Thickness

No e / o Intra or extra cardiac shunt noted.

### **IMPRESSION :**

Normal Study

Cardiac chambers and valves normal.

No RWMA at rest.

Normal biventricular contractility.

Normal LV systolic and diastolic function. 2D EF = 55-60%

Intact septae.

No e / o PHT

No mass, clot or pericardial disease.

Signature

**DR. NANU MATHUR**  
M.B., B.S., D.N.B., F.G.D.G.M., CCEBDM.  
PHYSICIAN & CARDIOLOGIST  
**LOK SEWA HOSPITAL**  
& MEDICAL RESEARCH CENTRE  
9, KAMLA NEHRU NAGAR, JODHPUR



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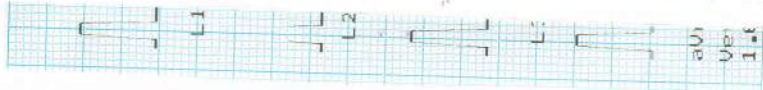
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JODHPUR - 342 009

## ELECTROCARDIOGRAM

Shri/Smt. Jai Singh Sarda

Age \_\_\_\_\_ Sex \_\_\_\_\_ Const. Dr. \_\_\_\_\_

O.P.D./Bed No. \_\_\_\_\_ Dated 10/02/2024



### E.C.G. REPORT

1. Rate 56 bpm
2. Rhythm Sinus Rhythm
3. Mechanism Normal Sinus Rhythm
4. Extrasystoles
5. P. Wave
6. PR-interval
7. QRS Complex
8. ST Segment
9. T. Waves
10. Others
11. Remarks

Normal Sinus Rhythm

**DR. NAMIT MATHUR**  
**M.B., B.S., D.I.B., P.G.D.I.M., COLEMAN**  
**PHYSICIAN & CARDIOLOGIST**

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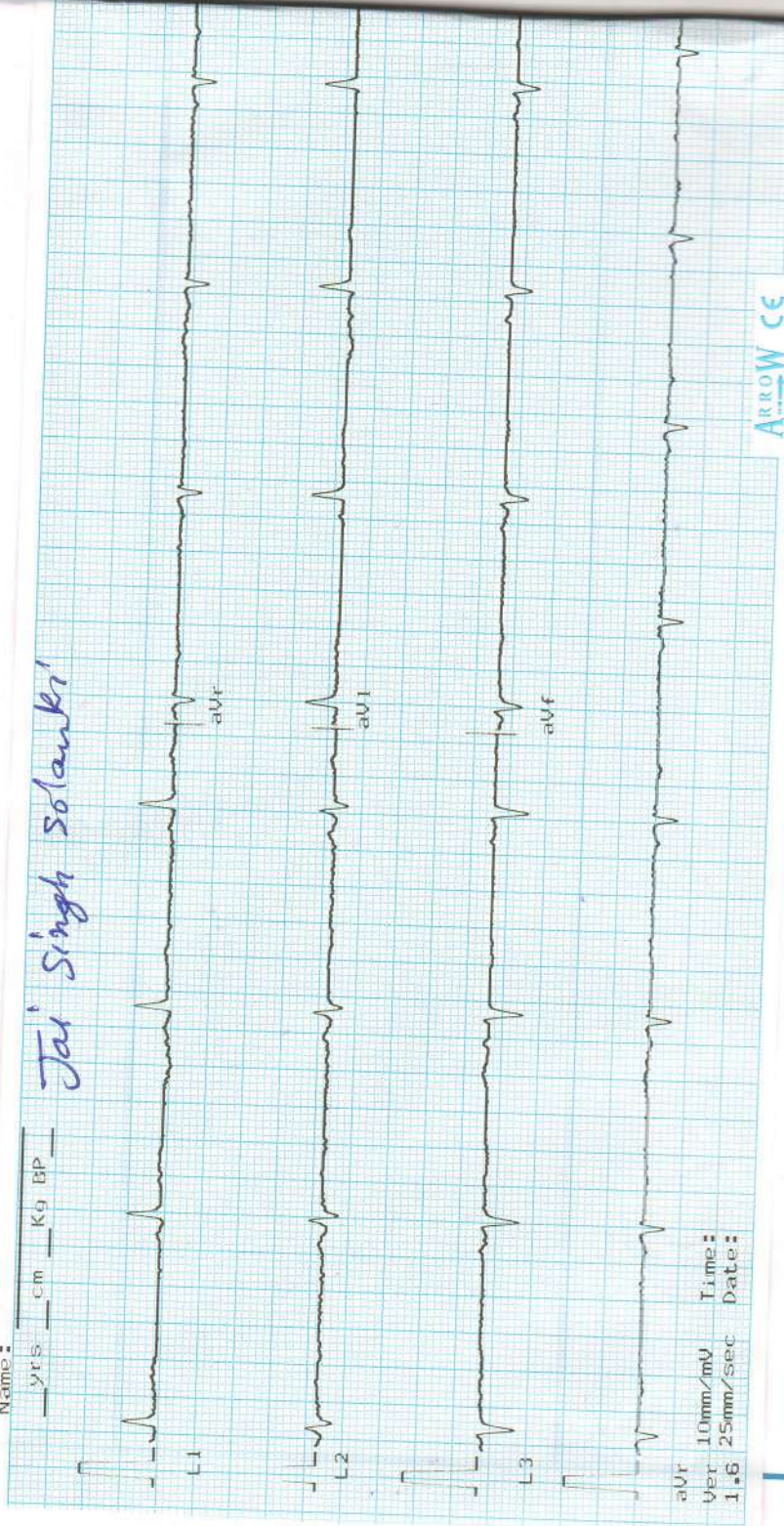
(DR. \_\_\_\_\_)



Name :

\_\_ yrs \_\_ cm \_\_ Kg BP \_\_

Jai Singh Solanki



aVR 10mm/mV Time:  
Ver 25mm/sec Date:  
1.6

ARROW CE



