Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
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9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.KUSUMA DEVI	Visit No	: CHA250034443
Age/Gender	: 42 Y/F	Registration ON	: 26/Feb/2025 08:17AM
Lab No	**: 10131739**	Sample Collected ON	: 26/Feb/2025 08:19AM
Referred By	: Dr.ESIC HOSPITAL LUCKNOW	Sample Received ON	: 26/Feb/2025 08:35AM
Refer Lab/Hosp	: ESIC HOSPITAL LUCKNOW	Report Generated ON	: 26/Feb/2025 11:43AM
Doctor Advice	: INHIBIN A,2D ECHO,PT/PC/INR,CEA,CA 19-9		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CARCINOEMBRYONIC ANTIGEN (CEA)				
CARCINOEMBRYONIC ANTIGEN (CEA)	1.93	ng/ml	0.00 - 4.50	

By.Electrochemiluminescence Immunoassay (ECLIA)

COMMENTS : CEA was first presented as a specific antigen for adenocarcinom of the colon. More recent studied hav demonstrated CEA presence in a variety of malignancies, particularly those involving ectodermal tissue of gastrointestinal or pulmonary origin. Small amounts have also been demonstrated in secretion of the colonic mucosa. Additionally, CEA like substance have been reported in normal bile from non-icteric patients.
CEA testing can hav significant value in the monitoring of cancer patients. Persistent elevation in circulating CEA following treatment is strongly indicative of occult metastatic and / or residual disease. Also a persistent rising CEA value may be associated with progressive malignant disease or poor therapeutic response. A declining CEA value is generally indicative of favorable prognosis and good response to treatment. Measurement of CEA has been shown to be clinically relevant in the follow-up management of patients with colorectal, breast, lung, prostatic, pancreatic, ovarian, & a variety of other carcinomas suggest that the preoperative CEA lavel has prognostic significance. CEA testing is not recommended as a screening procedure to detect cancer in the general population, however, use of the CEA test as an adjunctive test in the prognosis & management of cancer patients has been widely accepted.

[Checked By]

Print.Date/Time: 26-02-2025 12:16:39
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

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Doctor Advice	: INHIBIN A,2D ECHO,PT/PC/INR,CEA,CA 19-9		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
INHIBIN A				
Inhibin A	5.30	pg/ml		CLIA
PT/PC/INR				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Protrhromin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	

***** End Of Report *****

[Checked By]

Print.Date/Time: 26-02-2025 12:16:41
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DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
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PR.

2D- ECHO & COLOR DOPPLER REPORT

1. **MITRAL VALVE STUDY** : **MVOA** - Normal (perimetry) cm2 (PHT)

Anterior Mitral Leaflet:

(a) Motion: Normal **(b) Thickness** : Normal **(c) DE : 1.6** cm.

(d) EF :49 mm/sec **(e) EPSS : 06** mm **(f) Vegetation : -**

(g) Calcium : -

Posterior mitral leaflet : Normal

(a). Motion : Normal **(b) Calcium: -** **(c) Vegetation : -**

Valve Score : Mobility /4 Thickness /4 SVA /4
Calcium /4 Total /16

2. **AORTIC VALVE STUDY**

(a) Aortic root :2.9cms **(b) Aortic Opening :2.2**cms **(c) Closure: Central**
(d) Calcium : - **(e) Eccentricity Index : 1** **(f) Vegetation : -**

(g) Valve Structure : Tricuspid,

3. **PULMONARY VALVE STUDY** Normal

(a) EF Slope : - **(b) A Wave : +** **(c) MSN : -**

(D) Thickness : **(e) Others :**

4. **TRICUSPID VALVE :** Normal

5. **SEPTAL AORTIC CONTINUITY** **6. AORTIC MITRAL CONTINUITY**

Left Atrium : 3.1 cms **Clot : -** **Others :**
Right Atrium : Normal **Clot : -** **Others : -**

Contd…...

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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)

RVOT

LEFT VENTRICLE :

LVIVS (D) 0.7 cm (s) 1.2cm **Motion :** normal

LVPW (D) 0.8cm (s) 1.1 cm **Motion :** Normal

LVID (D) 4.3 cm (s) 2.6 cm **Ejection Fraction :69%**

Fractional Shortening : 38 %

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

NORMAL LV RV DIMENSION
GOOD LV CONTRACTILITY.

Short axis view

Aortic valve level : AOV - NORMAL

PV - NORMAL

TV - NORMAL

MV - NORMAL

Mitral valve level :

Papillary Muscle Level : NO RWMA

Apical 4 chamber View : No LV CLOT

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PERICARDIUM

Normal

DOPPLER STUDIES

	Velocity (m/sec)	Flow pattern (/4)	Regurgitation	Gradient (mm Hg)	Valve area (cm 2)
MITRAL	**e = 0.6 a = 0.8**	**a > e**	**-**	**-**	**-**
AORTIC	**0.9**	**Normal**	**-**	**-**	**–**
TRICUSPID	**0.4**	**Normal**	**-**	**-**	**-**
PULMONARY	**0.8**	**Normal**	**-**	**-**	**-**

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- **NORMAL LV RV DIMENSION**
- **GOOD LV SYSTOLIC FUNCTION**
- **LVEF = 69 %**
- **NO RWMA**
- **a > e**
- **NO CLOT / VEGETATION**
- **NO PERICARDIAL EFFUSSION**

DR. PANKAJ RASTOGI MD.DM

***** End Of Report *****