

Patient Name : Mr. SHYAM LAL	Visit No : CHA250038988
Age/Gender : 55 Y/M	Registration ON : 04/Mar/2025 01:39PM
<b>Lab No : 10136283</b>	Sample Collected ON : 04/Mar/2025 01:42PM
Referred By : Dr. ESIC HOSPITAL LUCKNOW	Sample Received ON : 04/Mar/2025 01:59PM
Refer Lab/Hosp : ESIC HOSPITAL LUCKNOW	Report Generated ON : 04/Mar/2025 03:31PM
Doctor Advice : PSA-TOTAL, 2D ECHO	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>PSA-TOTAL</b>				
PROSTATE SPECIFIC ANTIGEN	0.50	ng/mL	0.2-4.0	CLIA

COMMENT : 1. Prostate specific antigen (PSA) is useful for diagnosis of disseminated CA prostate & its sequential measurement is the most sensitive measure of monitoring treatment of disseminated CA prostate with its shorter half life (half life of 2.2 days only) it is superior to prostatic acid phosphatase (PAP). PSA is elevated in nearly all patients with stage D carcinoma whereas PAP is elevated in only 45 % of patient. Mild PSA elevation are also reported in some patients of BHP.

2. Blood samples should be obtained before prostate biopsy or prostatectomy or prostatic massage or digital pre rectal examination as it may result in transient elevation of PSA value for few days.

NOTE :- PSA values obtained in different types of PSA assay methods cannot be used interchangeably as the PSA value in a given sample varies with assays from different manufactures due to difference in assay methodology and reagent specificity. If in the course of monitoring a patient the assay method used for determination is changed, additional sequential testing should be carried out to confirm baseline value.

DONE BY;  
Enhanced Chemiluminescence "VITROS ECI"

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

CHARAK



[Checked By]



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Dr. Aditi D Agarwal*  
DR. ADITI D AGARWAL  
PATHOLOGIST

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**2D- ECHO & COLOR DOPPLER REPORT**

1. **MITRAL VALVE STUDY** : MVOA - Normal (perimetry) cm<sup>2</sup> (PHT)

**Anterior Mitral Leaflet:**

- (a) **Motion**: Normal                      (b) **Thickness** : Normal                      (c) **DE** : 1.7 cm.  
 (d) **EF** : 76 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** : 1.8cms      (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**

<b>Left Atrium</b> : 3.4 cms	<b>Clot</b> : -	<b>Others</b> :
<b>Right Atrium</b> : Normal	<b>Clot</b> : -	<b>Others</b> : -

Contd.....



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VENTRICLES

**RIGHT VENTRICLE** : Normal

**RVD (D)**

**RVOT**

**LEFT VENTRICLE** :

**LVIVS (D)** 0.5 cm (s) 0.5 cm

**Motion** : normal

**LVPW (D)** 0.6cm (s) 1.2cm

**Motion** : Normal

**LVID (D)** 6.9 cm (s) 5.7 cm

**Ejection Fraction** :35%

**Fractional Shortening** : 17 %

*TOMOGRAPHIC VIEWS*

**Parasternal Long axis view** :

DILATED LA & LV  
AKINETIC THIN & SCARRED ANTERIOR IVS , ANTERIOR  
LV WALL & APEX (LAD TERRITORY )  
POOR LV CONTRACTILITY.

**Short axis view**

**Aortic valve level** :

AOV - NORMAL  
**PV - NORMAL**  
TV - NORMAL

**Mitral valve level** :

MV - NORMAL

**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 = 1.1 a = 0.3	Normal	1	-	-
AORTIC	1.3	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	1.0	Normal	-	-	-

**OTHER HAEMODYNAMIC DATA**

**COLOUR DOPPLER**

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**GR I/IV MR**

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**CONCLUSIONS :**

- DILATED LA & LV
- AKINETIC THIN & SCARRED ANTERIOR IVS , ANTERIOR LV WALL & APEX (LAD TERRITORY )
- POOR LV SYSTOLIC FUNCTION
- LVEF = 35 %
- MILD MR
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

**DR. RAJIV RASTOGI, MD,DM**

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

