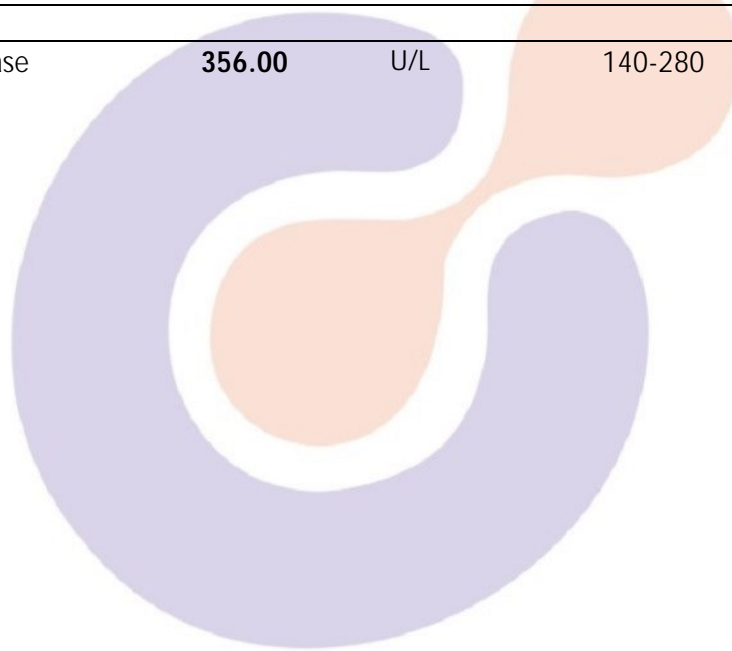


Patient Name : Mr. SAMEER WAQAR KHAN	Visit No : CHA250042168
Age/Gender : 22 Y 1 M 9 D/M	Registration ON : 08/Mar/2025 11:25PM
Lab No : 10139463	Sample Collected ON : 08/Mar/2025 11:28PM
Referred By : Dr. KGMU	Sample Received ON : 08/Mar/2025 11:47PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 09/Mar/2025 09:53AM
Doctor Advice : 2D ECHO, HCV ELISA, HBSAg, HIV, URIC ACID, LDH	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>URIC ACID</b>				
Sample Type : SERUM				
SERUM URIC ACID	5.5	mg/dL	2.40 - 5.70	Uricase, Colorimetric
<b>LDH</b>				
LDH Lactate Dehydrogenase	356.00	U/L	140-280	Pyruvate to lactate



CHARAK

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Print.Date/Time: 09-03-2025 11:21:53

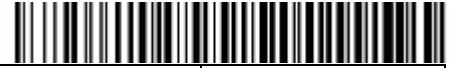
\*Patient Identity Has Not Been Verified. Not For Medicolegal



*Sharma*

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

Patient Name : Mr.SAMEER WAQAR KHAN	Visit No : CHA250042168
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEPATITIS B SURFACE ANTIGEN (HBsAg)</b>				
<b>Sample Type : SERUM</b>				

HEPATITIS B SURFACE ANTIGEN	NON REACTIVE	<1 - Non Reactive >1 - Reactive	CMIA
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Note: This is only a Screening test. Confirmation of the result ( Non Reactive/Reactive)should be done by performing a PCR based test.

**COMMENTS:**

-HBsAg is the first serological marker after infection with Hepatitis B Virus appearing one to ten weeks after exposure and two to eight weeks before the onset of clinical symptoms. HBsAg persists during the acute phase and clears late in the convalescence phase. Failure to clear HBsAg within six months indicates a chronic HBsAg carrier state. HBsAg assays are used to identify the persons infected with HBV and to prevent transmission of the virus by blood and blood products as well as to monitor the status of infected individuals in combination with other hepatitis B serological markers.  
-Borderline cases must be confirmed with confirmatory neutralizing assay.

**LIMITATIONS:**

-Results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute and chronic infections.  
-Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA) which may produce anomalous values when tested with assay kits that employs mouse monoclonal antibodies.  
-Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or animal serum products can be prone to this interference and anomalous results may be observed.  
-Cross reactivity for specimens from individual with medical conditions (Pregnancy, HIV etc) has been observed.  
-HBsAg mutations may result in a false negative result in some HBsAg assays.  
-If HBsAg results are inconsistent with clinical evidence, additional testing is suggested to confirm the result.

[Checked By]

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Test Name	Result	Unit	Bio. Ref. Range	Method
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**HIV**

HIV-SEROLOGY	NON REACTIVE		<1.0 : NON REACTIVE >1.0 : REACTIVE	
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Done by: Vitros ECI ( Sandwich Assay)

Note:-Elisa test is a screening method for HIV.It is known to give false Positive & Negative result.  
Hence confirmation:"Western Blot" method is advised.

**HCV ELISA**

Anti-Hepatitis C Virus Antibodies.	NON REACTIVE		< 1.0 : NON REACTIVE > 1.0 : REACTIVE	Sandwich Assay
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\*\*\* End Of Report \*\*\*

**CHARAK**

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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** : 1.4 cm.  
 (d) **EF** : 69 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** : 2.7cms      (b) **Aortic Opening** : 1.1cms      (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** : 2.3 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) 1.3 cm

**Motion** : normal

**LVPW (D)** 0.9cm (s) 1.4 cm

**Motion** : Normal

**LVID (D)** 4.1 cm (s) 2.1cm

**Ejection Fraction** :79%

**Fractional Shortening** : 47 %

*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

**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 = 0.8 a = 0.6	Normal	-	-	-
AORTIC	1.1	Normal	-	-	-
TRICUSPID	0.7	Normal	-	-	-
PULMONARY	1.0	Normal	-	-	-

**OTHER HAEMODYNAMIC DATA**

**COLOUR DOPPLER**

**NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE**

**CONCLUSIONS :**

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 79 %
- NO RWMA
- ALL VALVES NORMAL
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

**OPINION – NORMAL 2D-ECHO & COLOUR DOPPLER STUDY**

**DR. PANKAJ RASTOGI, MD,DM**



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