

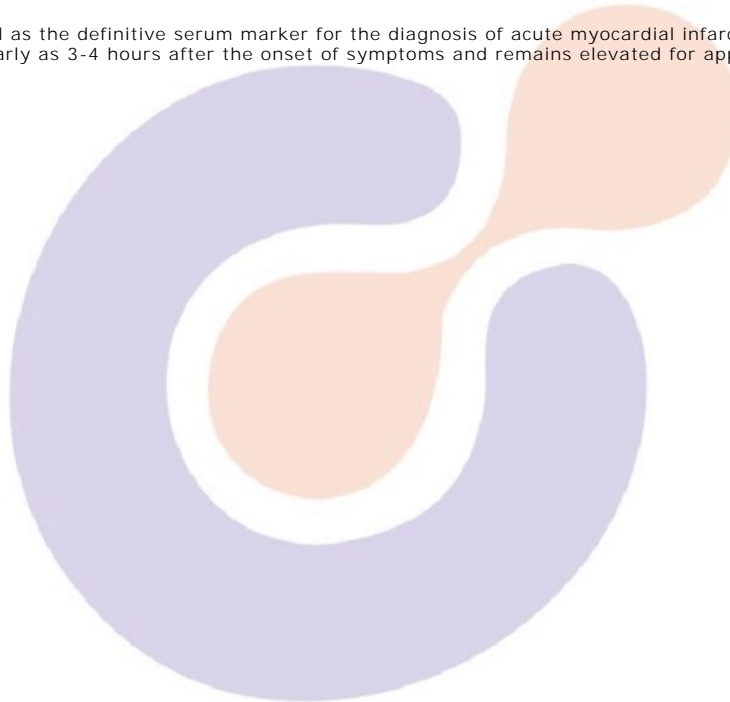
Patient Name : Ms.SURYA KALA	Visit No : CHA250033874
Age/Gender : 77 Y/F	Registration ON : 25/Feb/2025 11:28AM
Lab No : 10131170	Sample Collected ON : 25/Feb/2025 12:06PM
Referred By : Dr.YUSUF ANSARI	Sample Received ON : 25/Feb/2025 12:18PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 01:04PM
Doctor Advice : CPK - MB,TROPONIN-T hs Stat,2D ECHO	



Test Name	Result	Unit	Bio. Ref. Range	Method
CPK-MB				
CPK-MB	5.17	U/L	Less than 25	

INTERPRETATION:

CK-MB is the enzyme being used as the definitive serum marker for the diagnosis of acute myocardial infarction. CK-MB, released after AMI, is detectable in blood as early as 3-4 hours after the onset of symptoms and remains elevated for approximately 65 hours post infarct.



CHARAK

[Checked By]

Print.Date/Time: 25-02-2025 14:42:47

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST


DR. ADITI D AGARWAL
PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	0.022	ng/ml	< 0.010	

NOTES :-

Troponin T hs is a member of the myofibrillar proteins of striated muscularis. These myofibrillar proteins are the building blocks of the contractile apparatus. Troponin T binds the troponin complex to tropomyosin and binds the neighboring tropomyosin molecules. The determination of troponin T in serum plays an important role in the diagnosis of myocardial infarction (AMI), microinfarction (minor myocardial damage - MMO) and myocarditis. Troponin T is detectable about 3-4 hours after the occurrence of cardiac symptoms. Following acute myocardial ischemia, Troponin T remains in the serum for a lengthy period of time and can hence help to detect myocardial events that have occurred up to 14 days earlier.

Cobas E 411 Troponin T hs Stat employs monoclonal antibodies specifically directed against human cardiac Troponin T (after release from the free cytosol and myofibrils.)

Based on the WHO criteria for the definition of AMI from the 1970s the cutoff (clinical discriminator) value for troponin T is 0.1 ng/ml according to ROC analysis.

Elevated Troponin T values are occasionally found in patients with restricted renal function despite the absence of definite evidence of myocardial Ischemia.

(ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY Cobas E 411)

*** End Of Report ***

CHARAK

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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 :** 1.4 cm.
 (d) **EF :** 65 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 :** 1.7cms (c) **Closure:** Central
 (d) **Calcium :** - (e) **Eccentricity Index :** 1 (f) **Vegetation :** -

(g) **Valve Structure :** THICK

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 : 4.2 cms **Clot :** - **Others :**
Right Atrium : Normal **Clot :** - **Others :** -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)

RVOT

LEFT VENTRICLE :

LVIVS (D) 1.2 cm (s) 1.7 cm

Motion : normal

LVPW (D) 1.3cm (s) 2.0 cm

Motion : Normal

LVID (D) 4.4 cm (s) 2.6cm

Ejection Fraction : **71%**

Fractional Shortening : **40 %**

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

CONCENTRIC LVH

GOOD LV CONTRACTILITY.

Short axis view

Aortic valve level :

AOV - THICK

PV - NORMAL

TV - NORMAL

Mitral valve level :

MV - ANNULAR CALCIFICATION +

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 = 1.6	a > e	1	-	-
AORTIC	1.6	Normal	-	-	-
TRICUSPID	0.4	Normal	1	-	-
PULMONARY	1.0	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

TR peak vel = 3.2m/sec ; RV-RA PSG = 42mmHg ; Expected PASP = 52 mmHg

COLOUR DOPPLER

GR I/IV MR
GR I-II/IV AR
GR I/IV TR

CONCLUSIONS :

- CONCENTRIC LVH
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 71 %
- MILD TO MODERATE AR ; THICK AOV
- MILD MR
- MILD TR
- PAH
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

DR. PANKAJ RASTOGI, MD,DM

*** End Of Report ***



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