

Patient Name : Ms.SHANTI KASHYAP	Visit No : CHA250033987
Age/Gender : 53 Y/F	Registration ON : 25/Feb/2025 12: 43PM
Lab No : 10131283	Sample Collected ON : 25/Feb/2025 12: 46PM
Referred By : Dr.PUSHPLATA YADAV	Sample Received ON : 25/Feb/2025 01: 10PM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 25/Feb/2025 02: 31PM
Doctor Advice : CBC+ESR,KIDNEY FUNCTION TEST - I,LFT,C SPINE AP /LAT,TROPONIN-T hs Stat,ECG	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	32.00		0 - 20	Westergreen



CHARAK



[Checked By]

Print.Date/Time: 25-02-2025 19:25:28

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 25/Feb/2025 02:09PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	0.003	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)

CHARAK



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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	12.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	35.6	%	36 - 45	Pulse hieght detection
MCV	104.1	fL	80 - 96	calculated
MCH	35.4	pg	27 - 33	Calculated
MCHC	34	g/dL	30 - 36	Calculated
RDW	15.3	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5430	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	71	%	40 - 75	Flowcytometry
LYMPHOCYTE	24	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	133,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	150,000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	31			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with few macrocytes. Platelets are adequate. No immature cells or parasite seen.



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.54	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.16	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.38	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	392.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	17.8	U/L	5 - 40	UV without P5P
SGOT	24.8	U/L	5 - 40	UV without P5P

KIDNEY FUNCTION TEST - I

Sample Type : SERUM

BLOOD UREA	27.30	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	140.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.1	MEq/L	3.5 - 5.5	ISE Direct

*** End Of Report ***

CHARAK



[Checked By]



MC-2491

Print.Date/Time: 25-02-2025 19:25:38

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PATHOLOGIST

Shadab Khan

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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ECG -REPORT

* RATE : 61 bpm.
* RHYTHM : Normal
* P wave : Normal
* PR interval : Normal
* QRS Axis : Normal
Duration : Normal
Configuration : Normal
* ST-T Changes : T Inversion in L3,V5-V6
* QT interval :
* QTc interval : Sec.
* Other :

OPINION T INVERSION IN L3, V5-V6
(FINDING TO BE CORRELATED CLINICALLY)

[DR. RAJIV RASTOGI, MD, DM]



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SKIAGRAM CERVICAL SPINE AP AND LATERAL VIEW

- Anterior & posterior osteophytes are seen arising from C4-C6 cervical vertebrae.
- Intervertebral disc spaces are maintained.
- Posterior elements are seen normally.
- No cervical rib is seen.
- No CVJ anomaly is seen.

IMPRESSION:

- **CERVICAL SPONDYLOSIS.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

*** End Of Report ***

