Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
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	: Mr.ABDUL FAIZ	Visit No	: CHA250034175
Age/Gender	: 78 Y/M	Registration ON	: 25/Feb/2025 03:47PM
Lab No	**: 10131471**	Sample Collected ON	: 25/Feb/2025 03:49PM
Referred By	: Dr.A RAHMAN	Sample Received ON	: 25/Feb/2025 03:57PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 04:57PM
Doctor Advice	: TROPONIN-I (SERUM),2D ECHO		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-I (SERUM)				
TROPONIN-I (SERUM)	0.081		cut off volue : 0.120	

NOTE: -
Troponin I (TnI) is a protein normally found in muscle tissue that, in conjunction with Troponin T and Troponin C, regulates the calcium dependent interaction of actin and myosin.1 Three isotypes of TnI have been identified: one associated with fast-twitch skeletal muscle, one with slow-twitch skeletal muscle and one with cardiac muscle.The cardiac form has an additional 31 amino acid residues at the N terminus and is the only troponin isoform present in the myocardium.Clinical studies have demonstrated that cardiac Troponin I (cTnI) is detectable in the bloodstream 4–6 hours after an acute myocardial infarct (AMI) and remains elevated for several days thereafter Thus, cTnI elevation covers the diagnostic windows of both creatine kinase-MB (CK-MB) and lactate dehydrogenase.3 Further studies have indicated that cTnI has a higher clinical specificity for myocardial injury than does CK-MB.
Done by: Vitros ECI (Johnson & Johnson)

Other conditions resulting in myocardial cell damage can contribute to elevated cTnI levels. Published studies have documented that these conditions include, but are not limited to, sepsis, congestive heart failure, hypertension with left ventricular hypertrophy, hemodynamic compromise, myocarditis, mechanical injury including cardiac surgery, defibrillation and cardiac toxins such as anthracyclines. Factors such as these should be considered when interpreting results from any cTnI test method.

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

[Checked By]

Print.Date/Time: 25-02-2025 18:20:08
***Patient Identity Has Not Been Verified. Not For Medicolegal**

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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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 :89 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 :3.0cms **(b) Aortic Opening :1.8**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 : 4.1 cms **Clot : -** **Others :**
Right Atrium : Normal **Clot : -** **Others : -**

Contd…...

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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)

RVOT

LEFT VENTRICLE :

LVIVS (D) 0.6 cm (s) 0.9cm **Motion :** normal

LVPW (D) 0.5cm (s) 0.6 cm **Motion :** Normal

LVID (D) 5.3 cm (s)4.6 cm **Ejection Fraction 29%**

Fractional Shortening : 13%

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

DILATED LA
POOR LV CONTRACTILITY**.**

Short axis view

Aortic valve level : AOV - NORMAL

PV - NORMAL

TV - NORMAL

MV - NORMAL

Mitral valve level :

Papillary Muscle Level : GLOBAL HYPOKINESIA OF LV

Apical 4 chamber View : No LV CLOT

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PERICARDIUM
Normal

DOPPLER STUDIES

	Velocity (m/sec)	Flow (/4)	pattern Regurgitation	Gradient (mm Hg)	Valve area (cm 2)
MITRAL	**e = 0.8 a = 0.5**	**Normal**	**1**	**-**	**-**
AORTIC	**1.1**	**Normal**	**-**	**-**	**–**
TRICUSPID	**0.4**	**Normal**	**-**	**-**	**-**
PULMONARY	**0.6**	**Normal**	**-**	**-**	**-**

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

GR I/IV MR

CONCLUSIONS :

- **DILATED LA**
- **POOR LV SYSTOLIC FUNCTION**
- **LVEF = 29 %**
- **GLOBAL HYPOKINESIA OF LV**
- **MILD MR**
- **NO CLOT / VEGETATION**
- **NO PERICARDIAL EFFUSSION**

OPINION – ? ISCHEMIC CARDIOMYOPATHY

DR. RAJIV RASTOGI, MD,DM

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