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.ZAMEER AHMAD	Visit No	: CHA250034178
Age/Gender	: 50 Y/M	Registration ON	: 25/Feb/2025 03:55PM
Lab No	**: 10131474**	Sample Collected ON	: 25/Feb/2025 03:57PM
Referred By	: Dr.RAJIV RASTOGI	Sample Received ON	: 25/Feb/2025 04:11PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 04:54PM
Doctor Advice	: CREATININE,RANDOM,CBC (WHOLE BLOOD),TROPONIN-T hs Stat,2D ECHO		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	7.710	ng/ml	< 0.010	

NOTE- FINDING CHECKED TWICE. PLEASE CORRELATE CLINICALLY.

NOTES :-
Troponin T hs is a member of the myofibrillar protiens of striated muscularis. These myofibrillar protiens are the buildling blocks of the contractile appratus. Tropnin T hs binds the tropnin complex to tropomyosin and binds the neighboring tropomycin 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 cardia symptome .Following acute myocardial ischemia ,Troponin T rmains in the serum for a lengthy period of time and can hence help to detectmyocardial events that have occurd upto 14 days earlier.
Cobas E 411 Troponin T hs Stat emplyes 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 1970~s 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-CHEMILUMINISCENCE TECHINIQUE BY Cobas E 411)

[Checked By]

Print.Date/Time: 25-02-2025 18:25:10
*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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Referred By	: Dr.RAJIV RASTOGI	Sample Received ON	: 25/Feb/2025 04:19PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 05:38PM
Doctor Advice	: CREATININE,RANDOM,CBC (WHOLE BLOOD),TROPONIN-T hs Stat,2D ECHO		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.9	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.30	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	38.7	%	36 - 45	Pulse hieght detection
MCV	89.8	fL	80 - 96	calculated
MCH	29.9	pg	27 - 33	Calculated
MCHC	33.3	g/dL	30 - 36	Calculated
RDW	14.2	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	**12330**	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	72	%	40 - 75	Flowcytrometry
LYMPHOCYTES	**22**	%	25 - 45	Flowcytrometry
EOSINOPHIL	2	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	263,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	263000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	**8,878**	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,713	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	247	/cmm	20-500	Calculated
Absolute Monocytes Count	493	/cmm	200-1000	Calculated
Mentzer Index	21			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. WBCs show leucocytosis. Platelets are adequate. No parasite seen.

MC-2491

[Checked By]

Print.Date/Time: 25-02-2025 18:25:15

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	112	mg/dl	70 - 170	Hexokinase
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

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

MC-2491

[Checked By]

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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 : 1.7** cm.

(d) EF 140 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 :3.3cms **(b) Aortic Opening 1.6**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 : 2.8 cms **Clot : -** **Others :**
Right Atrium : Normal **Clot : -** **Others : -**

Contd…...

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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)

RVOT

LEFT VENTRICLE :

LVIVS (D) 0.8 cm (s) 1.3 cm **Motion :** normal

LVPW (D) 0.9cm (s) 1.1 cm **Motion :** Normal

LVID (D) 4.8cm (s) 3.6 cm **Ejection Fraction : 50%**

Fractional Shortening : 25 %

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

NORMAL LV RV DIMENSION
FAIR LV CONTRACTILITY.

Short axis view

Aortic valve level : AOV - NORMAL

PV - NORMAL

TV - NORMAL

MV - NORMAL

Mitral valve level :

HYPOKINESIA OF INFEROPOSTERIOR LV WALL (PDA /LCx TERRITORY)

Papillary Muscle Level :

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 = 0.3**	**Normal**	**1**	**-**	**-**
AORTIC	**1.4**	**Normal**	**-**	**-**	**–**
TRICUSPID	**0.4**	**Normal**	**-**	**-**	**-**
PULMONARY	**0.8**	**Normal**	**-**	**-**	**-**

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

GR I/IV MR

CONCLUSIONS :

- **NORMAL LV RV DIMENSION**
- **FAIR LV SYSTOLIC FUNCTION**
- **LVEF = 50 %**
- **HYPOKINESIA OF INFEROPOSTERIOR LV WALL (PDA /LCx TERRITORY)**
- **MILD MR**
  NO CLOT / VEGETATION
- **NO PERICARDIAL EFFUSSION**

DR. RAJIV RASTOGI, MD,DM

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