

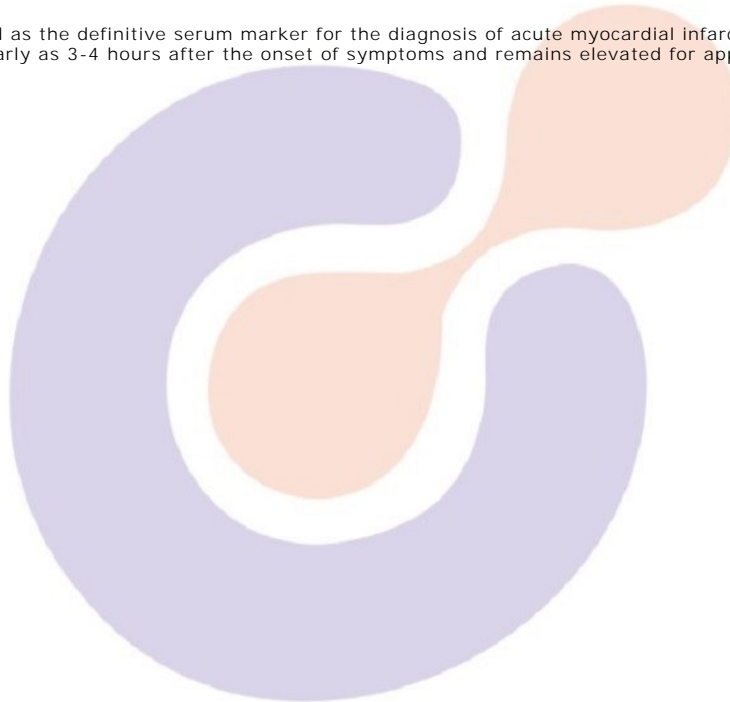
| | | | |
|----------------|--|---------------------|------------------------|
| Patient Name | : Mr.SUNIL KUMAR | Visit No | : CHA250034524 |
| Age/Gender | : 32 Y/M | Registration ON | : 26/Feb/2025 09: 40AM |
| Lab No | : 10131820 | Sample Collected ON | : 26/Feb/2025 09: 48AM |
| Referred By | : Dr.YUSUF ANSARI | Sample Received ON | : 26/Feb/2025 09: 58AM |
| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 26/Feb/2025 11: 44AM |
| Doctor Advice | : CPK - MB,TROPONIN-T hs Stat,2D ECHO COLOUR | | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
| CPK-MB | | | | |
| CPK-MB | 2.87 | 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: 26-02-2025 12:23:01

*Patient Identity Has Not Been Verified. Not For Medicolegal



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

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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 hs 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 upto 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 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-CHEMILUMINESCENCE TECHNIQUE BY Cobas E 411)

*** End Of Report ***

CHARAK

[Checked By]

Print.Date/Time: 26-02-2025 12:23:03

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

DR. NISHANT SHARMA
PATHOLOGIST

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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 : 2.0 cm.
 (d) EF :121 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 :1.5cms (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 : 2.6cms 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) 1.4 cm

Motion : Normal

LVID (D) 4.3 cm (s) 2.5 cm

Ejection Fraction :71%

Fractional Shortening : 40 %

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 = 1.0 a = 0.4 | Normal | - | - | - |
| AORTIC | 1.1 | Normal | - | - | - |
| TRICUSPID | 0.4 | Normal | - | - | - |
| PULMONARY | 0.8 | Normal | - | - | - |

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 71 %
- NO RWMA
- ALL VALVES NORMAL
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

OPINION – NORMAL 2D-ECHO & COLOUR DOPPLER STUDY

DR. PANKAJ RASTOGI MD.DM

*** End Of Report ***

