

Patient Name : Mr.REHAN AHMAD SIDDIQUI	Visit No : CHA250034893
Age/Gender : 52 Y/M	Registration ON : 26/Feb/2025 02: 54PM
<b>Lab No : 10132189</b>	Sample Collected ON : 26/Feb/2025 02: 56PM
Referred By : Dr.ATUL CHAND RASTOGI	Sample Received ON : 26/Feb/2025 03: 23PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 04: 58PM
Doctor Advice : CHEST PA,CBC (WHOLE BLOOD),CREATININE,RANDOM,TROPONIN-T hs Stat	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TROPONIN-T hs Stat</b>				
TROPONIN-T	0.004	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 )

**CHARAK**

[Checked By]

Print.Date/Time: 26-02-2025 18:05:29

\*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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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 05: 32PM
Doctor Advice : CHEST PA,CBC (WHOLE BLOOD),CREATININE,RANDOM,TROPONIN-T hs Stat	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	13.6	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.70	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	42.3	%	36 - 45	Pulse hieght detection
MCV	89.6	fL	80 - 96	calculated
MCH	28.8	pg	27 - 33	Calculated
MCHC	32.2	g/dL	30 - 36	Calculated
RDW	14.9	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8540	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	71	%	40 - 75	Flowcytometry
LYMPHOCYTES	25	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	160,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	160000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,063	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,135	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	85	/cmm	20-500	Calculated
Absolute Monocytes Count	256	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

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



[Checked By]



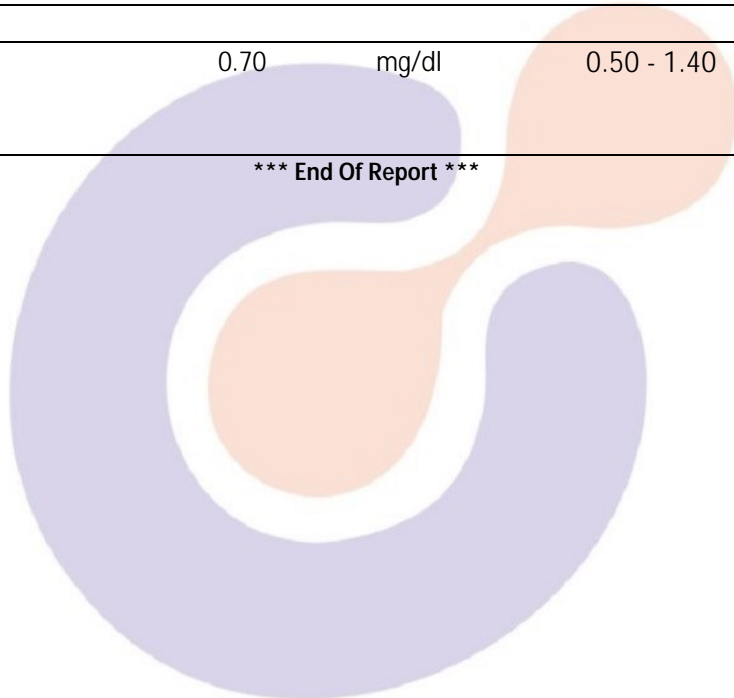
*Shadab Khan*

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD SUGAR RANDOM</b>				
BLOOD SUGAR RANDOM	108.7	mg/dl	70 - 170	Hexokinase
<b>SERUM CREATININE</b>				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

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



**CHARAK**



*Shadab Khan*

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**SKIAGRAM CHEST PA VIEW**

- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and body cage are seen normally.
- Humping of right dome of diaphragm is seen.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Purvi

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

