

Patient Name : Mr. SHAFEEQ	Visit No : CHA250035247
Age/Gender : 40 Y/M	Registration ON : 27/Feb/2025 10:16AM
Lab No : 10132543	Sample Collected ON : 27/Feb/2025 10:21AM
Referred By : Dr. YUSUF ANSARI	Sample Received ON : 27/Feb/2025 10:27AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 12:02PM
Doctor Advice : CPK,TROPONIN-T hs Stat,2D ECHO COLOUR	



Test Name	Result	Unit	Bio. Ref. Range	Method
CPK-TOTAL				
CPK TOTAL	209.76	U/L	24-170	Nac activated



[Checked By]

Print.Date/Time: 27-02-2025 12:38:35

*Patient Identity Has Not Been Verified. Not For Medicolegal

Sharma

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

Patient Name : Mr. SHAFEEQ	Visit No : CHA250035247
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Doctor Advice : CPK,TROPONIN-T hs Stat,2D ECHO COLOUR	



Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	0.006	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 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)

*** End Of Report ***

CHARAK

[Checked By]

Print.Date/Time: 27-02-2025 12:38:37

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Sharma

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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 : 1.6 cm.
 (d) EF : 70 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 : 1.4cms (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 : 2.9 cms Clot : - Others :
 Right Atrium : Normal Clot : - Others : -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)
RVOT

LEFT VENTRICLE :

LVIVS (D) 1.2 cm (s) 1.5 cm

Motion : normal

LVPW (D) 1.2cm (s) 1.7 cm

Motion : Normal

LVID (D) 3.7 cm (s) 2.3 cm

Ejection Fraction :68%

Fractional Shortening : 38%

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

MILD CONCENTRIC LVH
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
NO P E

Contd.



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PERICARDIUM
Normal
DOPPLER STUDIES

	Velocity (m/sec)	Flow pattern (/4)	Regurgitation	Gradient (mm Hg)	Valve area (cm 2)
MITRAL	e = 0.4 a = 0.7	a > e	-	-	-
AORTIC	1.0	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	0.7	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- MILD CONCENTRIC LVH
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 68 %
- NO RWMA
- a > e
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

DR. PANKAJ RASTOGI, MD,DM

*** End Of Report ***

