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|---|--|
| Patient Name : Mr.SHIV PRAKASH | Visit No : CHA250035556 |
| Age/Gender : 65 Y/M | Registration ON : 27/Feb/2025 02: 43PM |
| Lab No : 10132852 | Sample Collected ON : 27/Feb/2025 02: 48PM |
| Referred By : Dr.RAJIV RASTOGI | Sample Received ON : 27/Feb/2025 03: 03PM |
| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 27/Feb/2025 04: 31PM |
| Doctor Advice : HBA1C (EDTA),RANDOM,NA+K+,CREATININE,TROPONIN-T hs Stat,2D ECHO | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|----------------------------------|------------|------|-----------------|-------------|
| HBA1C | | | | |
| Glycosylated Hemoglobin (HbA1c) | 6.5 | % | 4 - 5.7 | HPLC (EDTA) |

NOTE:-

Glycosylated Hemoglobin Test (HbA1c) is performed in this laboratory by the Gold Standard Reference method, ie: HPLC Technology (High performance Liquid Chromatography D10) from Bio-Rad Laboratories. USA.

EXPECTED (RESULT) RANGE :

| | |
|-------------|----------------------------------|
| Bio system | Degree of normal |
| 4.0 - 5.7 % | Normal Value (OR) Non Diabetic |
| 5.8 - 6.4 % | Pre Diabetic Stage |
| > 6.5 % | Diabetic (or) Diabetic stage |
| 6.5 - 7.0 % | Well Controlled Diabet |
| 7.1 - 8.0 % | Unsatisfactory Control |
| > 8.0 % | Poor Control and needs treatment |

CHARAK

[Checked By]

Print.Date/Time: 27-02-2025 17:05:34

*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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| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 27/Feb/2025 04:26PM |
| Doctor Advice : HBA1C (EDTA),RANDOM,NA+K+,CREATININE,TROPONIN-T hs Stat,2D ECHO | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------|--------|-------|-----------------|--------|
| TROPONIN-T hs Stat | | | | |
| TROPONIN-T | 0.005 | 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)

CHARAK

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Print.Date/Time: 27-02-2025 17:05:36

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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

DR. ADITI D AGARWAL
PATHOLOGIST

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------|--------------|-------|-----------------|--------------------------|
| BLOOD SUGAR RANDOM | | | | |
| BLOOD SUGAR RANDOM | 192.2 | mg/dl | 70 - 170 | Hexokinase |
| NA+K+ | | | | |
| SODIUM Serum | 138.0 | MEq/L | 135 - 155 | ISE Direct |
| POTASSIUM Serum | 4.6 | MEq/L | 3.5 - 5.5 | ISE Direct |
| SERUM CREATININE | | | | |
| CREATININE | 1.00 | mg/dl | 0.50 - 1.40 | Alkaline picrate-kinetic |

*** End Of Report ***

CHARAK



[Checked By]

MC-2491 Print.Date/Time: 27-02-2025 17:05:39
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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
DR. ADITI D AGARWAL
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** : 1.8cm.
 (d) **EF** : 97 mm/sec (e) **EPSS** : 05 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** : 2.7cms (b) **Aortic Opening** : 2.0cms (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) 0.9cm (s) 1.6 cm

Motion : normal

LVPW (D) 0.7cm (s) 1.4 cm

Motion : Normal

LVID (D) 4.5cm (s) 2.8 cm

Ejection Fraction :67%

Fractional Shortening : 37 %

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

MV - NORMAL

Mitral valve level :

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 = 0.7 | Normal | - | - | - |
| AORTIC | 1.3 | Normal | - | - | - |
| TRICUSPID | 0.6 | Normal | - | - | - |
| PULMONARY | 1.0 | Normal | - | - | - |

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 67 %
- NO RWMA
- ALL VALVES NORMAL
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

OPINION – NORMAL 2D-ECHO & COLOUR DOPPLER STUDY

DR. RAJIV RASTOGI, MD,DM

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