

Patient Name : Mr. RAIS AHAMD	Visit No : CHA250035608
Age/Gender : 65 Y/M	Registration ON : 27/Feb/2025 03:37PM
Lab No : 10132904	Sample Collected ON : 27/Feb/2025 03:38PM
Referred By : Dr. MASROOR AHMAD**	Sample Received ON : 27/Feb/2025 03:59PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 04:42PM
Doctor Advice : PRO-BNP,CPK - MB,TROPONIN-T hs Stat,2D ECHO	



Test Name	Result	Unit	Bio. Ref. Range	Method
CPK-MB				
CPK-MB	3.28	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.



[Checked By]

Print.Date/Time: 27-02-2025 21:04:09

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 04: 44PM
Doctor Advice : PRO-BNP,CPK - MB,TROPONIN-T hs Stat,2D ECHO	

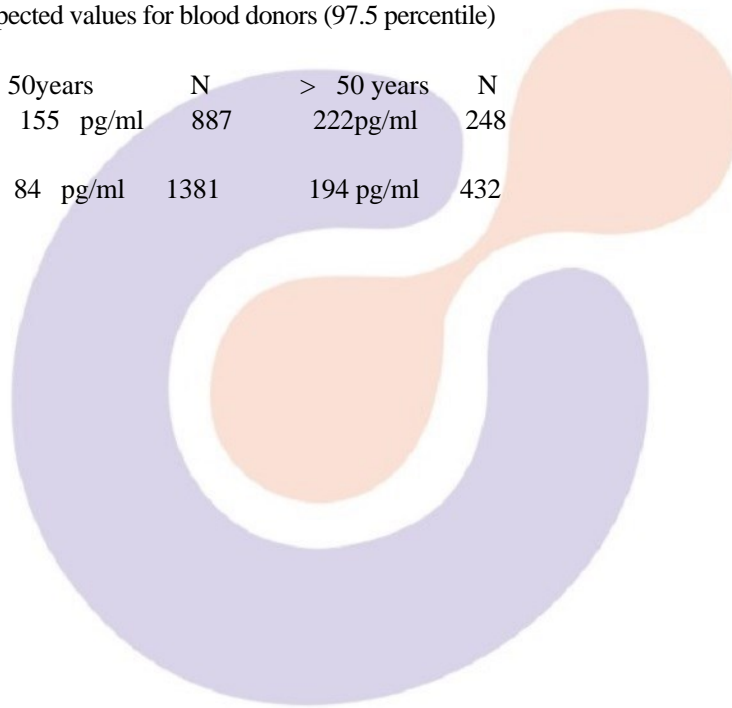


Test Name	Result	Unit	Bio. Ref. Range	Method
PRO-BNP				

BNP (B type Natriuretic Peptide) 2,274.00

EXPECTED VALUES :- Expected values for blood donors (97.5 percentile)

	< 50years	N	> 50 years	N
WOMEN :	155 pg/ml	887	222pg/ml	248
MEN :	84 pg/ml	1381	194 pg/ml	432



CHARAK

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Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	0.041	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 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

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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** : 1.8 cm.
 (d) **EF** 108mm/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** :3.2cms (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 :3.6 cms **Clot** : - **Others** :
Right Atrium : Normal **Clot** : - **Others** : -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)
RVOT

LEFT VENTRICLE :

LVIVS (D) 0.7 cm (s) 1.2 cm

Motion : normal

LVPW (D) 0.9cm (s) 1.0 cm

Motion : Normal

LVID (D) 6.3 cm (s)5.5 cm

Ejection Fraction :28%

Fractional Shortening :13%

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

DILATED LV
POOR LV CONTRACTILITY.

Short axis view

Aortic valve level :

AOV - NORMAL
PV - NORMAL
TV - NORMAL

MV - NORMAL

Mitral valve level :

**HYPOKINESIA OF MID & DISTAL ANTERIOR IVS & APEX (LAD
TERRITORY HYPOKINETIC DISTAL TO S1 PERFORATOR)
HYPOKINESIA OF INFEROPOSTERIOR & LATERAL 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 = 1.2 a = 0.3	Normal	3	-	-
AORTIC	1.2	Normal	-	-	-
TRICUSPID	0.5	Normal	-	-	-
PULMONARY	0.7	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

GR III/IV MR

CONCLUSIONS :

- **DILATED LV**
- **POOR LV SYSTOLIC FUNCTION**
- **LVEF = 28 %**
- **HYPOKINESIA OF MID & DISTAL ANTERIOR IVS & APEX (LAD TERRITORY HYPOKINETIC DISTAL TO S1 PERFORATOR)**
- **HYPOKINESIA OF INFEROPOSTERIOR & LATERAL LV WALL (PDA / LCx TERRITORY)**
- **SEVERE MR**
- **NO CLOT / VEGETATION**
- **NO PERICARDIAL EFFUSION**

OPINION – ? ISCHEMIC CARDIOMYOPATHY

DR. RAJIV RASTOGI, MD,DM

*** End Of Report ***

