

Patient Name : Mr.CHOTE MIRZA	Visit No : CHA250036331
Age/Gender : 48 Y/M	Registration ON : 28/Feb/2025 03: 20PM
Lab No : 10133627	Sample Collected ON : 28/Feb/2025 03: 22PM
Referred By : Dr.RAJIV RASTOGI	Sample Received ON : 28/Feb/2025 03: 42PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 04: 26PM
Doctor Advice : RANDOM,LIPID-PROFILE,NA+K+,CREATININE,UREA,CBC (WHOLE BLOOD),TROPONIN-T hs Stat,2D ECHO	



Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID-PROFILE

Cholesterol/HDL Ratio	2.44	Ratio		Calculated
LDL / HDL RATIO	1.02	Ratio		Calculated

Desirable / low risk - 0.5
-3.0
Low/ Moderate risk - 3.0-
6.0
Elevated / High risk - >6.0
Desirable / low risk - 0.5
-3.0
Low/ Moderate risk - 3.0-
6.0
Elevated / High risk - > 6.0



CHARAK

[Checked By]

Print.Date/Time: 28-02-2025 18:05:08

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	0.012	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)

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	41.5	%	36 - 45	Pulse hieght detection
MCV	90.0	fL	80 - 96	calculated
MCH	29.7	pg	27 - 33	Calculated
MCHC	33	g/dL	30 - 36	Calculated
RDW	14.4	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6520	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	62	%	40 - 75	Flowcytometry
LYMPHOCYTES	30	%	25 - 45	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	110,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	125000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,042	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,956	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	261	/cmm	20-500	Calculated
Absolute Monocytes Count	261	/cmm	200-1000	Calculated
Mentzer Index	20			
Peripheral Blood Picture	:			

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	103.3	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	130.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.1	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	39.80	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	1.10	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIPID-PROFILE				
TOTAL CHOLESTEROL	128.10	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	112.00	mg/dL	Normal: <150 mg/dl Borderline-high:150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>=500 mg/dl	Serum, Enzymatic, endpoint
H D L CHOLESTEROL	52.40	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	53.30	mg/dL	Optimal:<100 mg/dl Near Optimal:100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High:>= 190 mg/dl	CO-PAP
VLDL	22.40	mg/dL	10 - 40	Calculated

*** End Of Report ***



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DR. NISHANT SHARMA PATHOLOGIST
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DR. ADITI D AGARWAL PATHOLOGIST

Signature

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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** :2.1 cm.
 (d) **EF** 101 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** :2.8cms (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 : 2.8 cms **Clot** : - **Others** :
Right Atrium : Normal **Clot** : - **Others** : -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)

RVOT

LEFT VENTRICLE :

LVIVS (D) 0.9 cm (s) 1.4 cm

Motion : normal

LVPW (D) 1.0cm (s) 1.0 cm

Motion : Normal

LVID (D) 3.9 cm (s) 2.9 cm

Ejection Fraction : **51%**

Fractional Shortening : **25%**

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

NORMAL LV RV DIMENSION
FAIR LV CONTRACTILITY.

Short axis view

Aortic valve level :

AOV - NORMAL
PV - NORMAL
TV - NORMAL

MV - NORMAL

Mitral valve level :

**HYPOKINESIA OF INFEROPOSTERIOR LV WALL (RCA
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 = 0.8 a = 0.4	Normal	-1	-	-
AORTIC	1.4	Normal	-	-	-
TRICUSPID	0.3	Normal	1	-	-
PULMONARY	1.0	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

GR I/IV MR
GR I/IV TR

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- FAIR LV SYSTOLIC FUNCTION
- LVEF = 51 %
- HYPOKINESIA OF INFEROPOSTERIOR LV WALL (RCA TERRITORY)
- MILD MR
- MILD TR
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

DR. RAJIV RASTOGI, MD,DM

*** End Of Report ***

