

Patient Name : Ms.MOHINI TIWARI	Visit No : CHA250037744
Age/Gender : 58 Y/F	Registration ON : 02/Mar/2025 02: 26PM
Lab No : 10135039	Sample Collected ON : 02/Mar/2025 02: 28PM
Referred By : Dr.RAJIV RASTOGI	Sample Received ON : 02/Mar/2025 02: 47PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 03: 38PM
Doctor Advice : CHEST PA,TROPONIN-T hs Stat,CREATININE,RANDOM,CBC (WHOLE BLOOD),2D ECHO	



Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	0.009	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)

CHARAK

[Checked By]

Print.Date/Time: 02-03-2025 17:40:08

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 05: 06PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	10.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	34.8	%	36 - 45	Pulse hieght detection
MCV	95.3	fL	80 - 96	calculated
MCH	27.7	pg	27 - 33	Calculated
MCHC	29	g/dL	30 - 36	Calculated
RDW	15.9	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7620	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	69	%	40 - 75	Flowcytometry
LYMPHOCYTES	27	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	119,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	141000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,258	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,057	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	152	/cmm	20-500	Calculated
Absolute Monocytes Count	152	/cmm	200-1000	Calculated
Mentzer Index	26			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with anisocytosis+. Platelets are just adequate. No immature cells or parasite seen.



[Checked By]



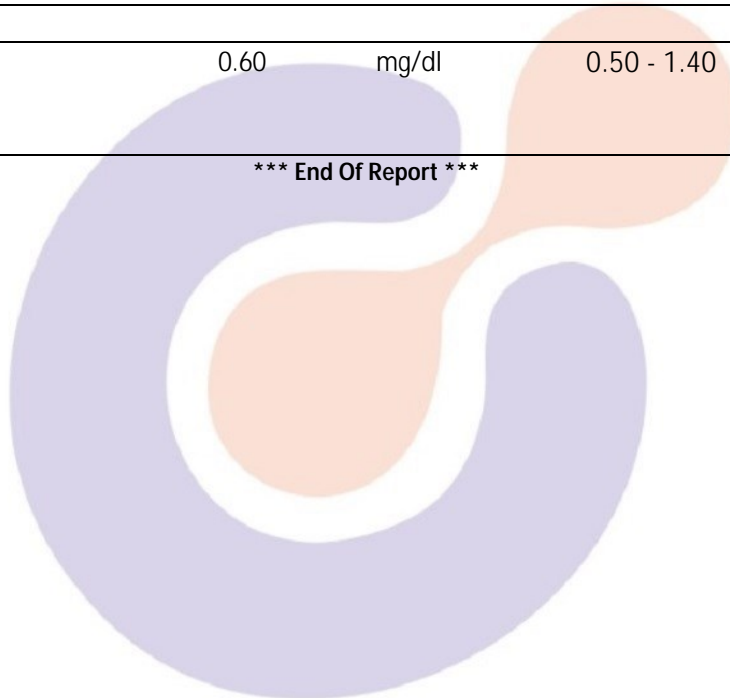
Shadab Khan

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	105.3	mg/dl	70 - 170	Hexokinase
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

*** End Of Report ***



CHARAK



Aditi D. Agarwal

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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** : 80 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** : 1.7cms (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 : 3.1 cms **Clot** : - **Others** :
Right Atrium : Normal **Clot** : - **Others** : -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)

RVOT

LEFT VENTRICLE :

LVIVS (D) 1.1 cm (s) 1.8 cm

Motion : normal

LVPW (D) 1.1cm (s) 1.6 cm

Motion : Normal

LVID (D) 5.1 cm (s) 3.3 cm

Ejection Fraction :63%

Fractional Shortening : 34 %

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

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



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PERICARDIUM

Normal

DOPPLER STUDIES

	Velocity (m/sec)	Flow pattern (/4)	Regurgitation	Gradient (mm Hg)	Valve area (cm 2)
MITRAL	e = 1.1 a = 0.4	Normal	1	-	-
AORTIC	1.0	Normal	-	-	-
TRICUSPID	0.5	Normal	-	-	-
PULMONARY	0.6	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

GR I/IV MR

CONCLUSIONS :

- CONCENTRIC LVH
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 63 %
- NO RWMA
- MILD MR
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

OPINION – CONCENTRIC LVH

DR. RAJIV RASTOGI, MD,DM



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SKIAGRAM CHEST PA VIEW

- Linear opacity is seen in left lower zone? Atelectasis .
- Bilateral hilar shadows are prominent.
- Cardiomegaly is present.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

Clinical correlation and Cardiac evaluation is needed.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

*** End Of Report ***

