

Patient Name : Ms.ROUBIL	Visit No : CHA250039911
Age/Gender : 40 Y/F	Registration ON : 05/Mar/2025 02: 52PM
Lab No : 10137206	Sample Collected ON : 05/Mar/2025 02: 54PM
Referred By : Dr.RAJIV RASTOGI	Sample Received ON : 05/Mar/2025 03: 03PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 05/Mar/2025 03: 46PM
Doctor Advice : 2D ECHO,TROPONIN-T hs Stat	



Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	0.003	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

[Checked By]

Print.Date/Time: 05-03-2025 17:20:08

*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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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** : 90 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** : 2.6cms (b) **Aortic Opening** : 1.9cms (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 : 2.4 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) 1.5 cm

Motion : normal

LVPW (D) 0.9cm (s) 1.3 cm

Motion : Normal

LVID (D) 4.4 cm (s) 2.8 cm

Ejection Fraction :63%

Fractional Shortening : 34 %

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 = 0.7 a = 0.4	Normal	-	-	-
AORTIC	1.2	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	0.7	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 63 %
- 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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