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DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
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E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Mr.MISKAL AHMAD	Visit No	: CHA250040237
Age/Gender	: 65 Y/M	Registration ON	: 06/Mar/2025 09:08AM
Lab No	**: 10137532**	Sample Collected ON	: 06/Mar/2025 09:13AM
Referred By	: Dr.ZUHAIB HASAN KAZMI	Sample Received ON	: 06/Mar/2025 09:35AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 06/Mar/2025 11:06AM
Doctor Advice	: NA+K+,CREATININE,UREA,TROPONIN-T hs Stat,2D ECHO,CT HEAD PLAIN,CBC (WHOLE BLOOD),LIPID-PROFILE,LFT		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
Cholesterol/HDL Ratio	5.00	Ratio		Calculated
LDL / HDL RATIO	3.14	Ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0-6.0 Elevated / High risk - >6.0	Calculated
			Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0-6.0 Elevated / High risk - > 6.0	

[Checked By]

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PATHOLOGIST

DR. SHADAB
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Doctor Advice	: NA+K+,CREATININE,UREA,TROPONIN-T hs Stat,2D ECHO,CT HEAD PLAIN,CBC (WHOLE BLOOD),LIPID-PROFILE,LFT		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	0.007	ng/ml	< 0.010	

NOTES :-

Troponin T hs is a member of the myofibrillar protiens of striated muscularis. These myofibrillar protiens are the buildling blocks of the contractile appratus. Tropnin T hs binds the tropnin complex to tropomyosin and binds the neighboring tropomycin 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 cardia symptome .Following acute myocardial ischemia ,Troponin T rmains in the serum for a lengthy period of time and can hence help to detectmyocardial events that have occurd upto 14 days earlier.

Cobas E 411 Troponin T hs Stat emplyes 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 1970~s 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-CHEMILUMINISCENCE TECHINIQUE BY Cobas E 411)

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Doctor Advice	: NA+K+,CREATININE,UREA,TROPONIN-T hs Stat,2D ECHO,CT HEAD PLAIN,CBC (WHOLE BLOOD),LIPID-PROFILE,LFT		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	**5.40**	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	42.9	%	36 - 45	Pulse hieght detection
MCV	**79.3**	fL	80 - 96	calculated
MCH	**24.8**	pg	27 - 33	Calculated
MCHC	31.2	g/dL	30 - 36	Calculated
RDW	**16.8**	%	11 - 15	RBC histogram derivation
RETIC	1.5 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	**11590**	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	**78**	%	40 - 75	Flowcytrometry
LYMPHOCYTES	**19**	%	25 - 45	Flowcytrometry
EOSINOPHIL	**0**	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	243,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	243000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	**9,040**	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,202	/cmm	1000-3000	Calculated
Absolute Monocytes Count	348	/cmm	200-1000	Calculated
Mentzer Index	15			
Peripheral Blood Picture	:			

Red blood cells are microcytic hypochromic with anisocytosis+. WBCs show neutrophilic leucocytosis. Platelets are adequate. No immature cells or parasite seen.

MC-2491

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Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	32.50	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	1.00	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.70	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.20	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.50	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	**126.00**	U/L	30 - 120	PNPP, AMP Buffer
SGPT	**46.1**	U/L	5 - 40	UV without P5P
SGOT	**48.0**	U/L	5 - 40	UV without P5P

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	**201.00**	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	**172.00**	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	40.20	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	**126.40**	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	34.40	mg/dL	10 - 40	Calculated

***** End Of Report *****

MC-2491

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PR.

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 : 2.2** cm.

(d) EF :59 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 :3.3cms **(b) Aortic Opening :1.9**cms **(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 : 4.5 cms **Clot : -** **Others :**
Right Atrium : Normal **Clot : -** **Others : -**

Contd…...

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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)

RVOT

LEFT VENTRICLE :

LVIVS (D) 1.3cm (s) 1.8 cm **Motion :** normal

LVPW (D) 1.3cm (s) 2.0 cm **Motion :** Normal

LVID (D) 5.1cm (s) 3.3 cm **Ejection Fraction :62%**

Fractional Shortening : 33 %

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

CONCENTRIC LVH

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 = 0.7**	**Normal**	**-**	**-**	**-**
AORTIC	**1.0**	**Normal**	**-**	**-**	**–**
TRICUSPID	**0.4**	**Normal**	**-**	**-**	**-**
PULMONARY	**1.0**	**Normal**	**-**	**-**	**-**

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- **CONCENTRIC LVH**
- **GOOD LV SYSTOLIC FUNCTION**
- **LVEF = 62 %**
- **NO RWMA**
- **ALL VALVES NORMAL**
- **NO CLOT / VEGETATION**
- **NO PERICARDIAL EFFUSSION**

OPINION – CONCENTRIC LVH

DR. PANKAJ RASTOGI MD.DM

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PR.

CT STUDY OF HEAD PLAIN & CONTRAST

CT STUDY PERFORMED BEFORE AND AFTER INJECTING [INTRAVENEOUS] 40ML OF NON IONIC CONTRAST MEDIA

Infratentorial

- Cerebellopontine angle and prepontine cisterns are seen normally.
- Fourth ventricle is normal in size and midline in location.
- Cerebellar parenchyma and brain stem appears to be normal.

Supratentorial

- An area of white matter hypodensity with relatively preserved grey and white matter differentiation is seen in left parietal lobe. Mass effect is seen in the form of effacement of overlying sulcal spaces and right lateral ventricle as well as mild midline shift of approx 3.5mm towards left side…….? nature.
- Basal cisterns are seen normally.
- Third and left lateral ventricles are seen normally.

IMPRESSION:

- **AN AREA OF WHITE MATTER HYPODENSITY WITH RELATIVELY PRESERVED GREY AND WHITE MATTER DIFFERENTIATION IN LEFT PARIETAL LOBE with MASS EFFECT & MILD MIDLINE SHIFT AS DESCRIBED …….? NATURE.**

SUGGESTED CEMRI BRAIN WITH MRS.

Clinical correlation is necessary.

[DR. JAYENDRA KUMAR, MD]

TRANSCRIBED BY: ANUP

***** End Of Report *****