

Patient Name : Mr.SHAMIM	Visit No : CHA250040500
Age/Gender : 43 Y/M	Registration ON : 06/Mar/2025 12: 45PM
Lab No : 10137795	Sample Collected ON : 06/Mar/2025 12: 47PM
Referred By : Dr.YUSUF ANSARI	Sample Received ON : 06/Mar/2025 12: 56PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 01: 39PM
Doctor Advice : CPK - MB,TROPONIN-T hs Stat,2D ECHO	



Test Name	Result	Unit	Bio. Ref. Range	Method
CPK-MB				
CPK-MB	3.40	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.



CHARAK

[Checked By]

Print.Date/Time: 06-03-2025 16:20:09

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	0.453	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 hs 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 upto 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 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-CHEMILUMINESCENCE TECHNIQUE BY Cobas E 411)

*** End Of Report ***

CHARAK

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Print.Date/Time: 06-03-2025 16:20:11

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DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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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** : 121 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** : 3.2cms (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 : 4.0 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) 0.7cm (s) 0.8cm

Motion : Normal

LVID (D) 5.4 cm (s) 4.3 cm

Ejection Fraction :40%

Fractional Shortening : 20 %

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

NORMAL LV RV DIMENSION
DEPRESSED 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 = 1.1 a = 0.5	Normal	-	-	-
AORTIC	1.2	Normal	-	-	-
TRICUSPID	0.4	Normal	1	-	-
PULMONARY	0.9	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

GR I/IV TR

CONCLUSIONS :

- **NORMAL LV RV DIMENSION**
- **DEPRESSED LV SYSTOLIC FUNCTION**
- **LVEF = 40 %**
- **HYPOKINESIA OF INFERIOR IVS & INFEROPOSTERIOR LV WALL (RCA TERRITORY)**
- **MILD TR**
- **NO CLOT / VEGETATION**
- **NO PERICARDIAL EFFUSION**

DR. RAJIV RASTOGI, MD,DM

*** End Of Report ***

