292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.:** 8688360360
E-mail : charak1984@gmail.com

CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.SUDESH ARORA	Visit No	: CHA250040958
Age/Gender	: 65 Y/F	Registration ON	: 07/Mar/2025 09:26AM
Lab No	**: 10138253**	Sample Collected ON	: 07/Mar/2025 12:10PM
Referred By	: Dr.ANOOP GARG	Sample Received ON	: 07/Mar/2025 12:30PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 07/Mar/2025 01:20PM
Doctor Advice	: CREATININE,TROPONIN-T hs Stat,TSH,CBC (WHOLE BLOOD),ECG,CHEST PA		

Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	0.025	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)

CHARAK

[Checked By]

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

Print.Date/Time: 07-03-2025 16:05:09
***Patient Identity Has Not Been Verified. Not For Medicolegal**

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Referred By	: Dr.ANOOP GARG		Sample Received ON	: 07/Mar/2025 12:22PM
Refer Lab/Hosp	: CHARAK NA		Report Generated ON	: 07/Mar/2025 02:17PM
Doctor Advice	: CREATININE,TROPONIN-T hs Stat,TSH,CBC (WHOLE BLOOD),ECG,CHEST PA			

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	**7.8**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	**3.70**	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	**26.1**	%	36 - 45	Pulse hieght detection
MCV	**70.5**	fL	80 - 96	calculated
MCH	**21.1**	pg	27 - 33	Calculated
MCHC	**29.9**	g/dL	30 - 36	Calculated
RDW	**16.6**	%	11 - 15	RBC histogram derivation
RETIC	1.2 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	**18760**	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	**78**	%	40 - 75	Flowcytrometry
LYMPHOCYTES	**19**	%	25 - 45	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	2	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	409,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	409000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	**14,633**	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,564	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	188	/cmm	20-500	Calculated
Absolute Monocytes Count	375	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

Red blood cells show cytopenia, microcytic hypochromic with anisocytosis+. WBCs show neutrphilic leucocytosis. Platelets are adequate. No parasite seen.

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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 07/Mar/2025 01:20PM
Doctor Advice	: CREATININE,TROPONIN-T hs Stat,TSH,CBC (WHOLE BLOOD),ECG,CHEST PA		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	**2.80**	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY

Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	1.60	uIU/ml	0.47 - 4.52	ECLIA

Note
(1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema or autoimmune disorders.
(2) Patients having low T3 & T4 levels but high TSH levels suffer from grave~s disease, toxic adenoma or sub-acute thyroiditis.
(3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
(4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.
(5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.
(6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the cacabolic state and may revert tonormal when the patient recovers.
(7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.Which may affect the thyroid function tests.
(8) Generally when total T3& T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with
(1 Beckman DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

CHARAK

*** End Of Report ***

[Checked By]

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

Patient Name	: Ms.SUDESH ARORA	Visit No	: CHA250040958
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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 07/Mar/2025 03:33PM

PR.

ECG REPORT

* RATE : 109 bpm

* RHYTHM : Irregular

* P wave : -

* PR interval : -

* QRS Axis : Normal

Duration : Normal

Configuration : Normal

* ST-T Changes : None

* QT interval :

* QTc interval : Sec.

* Other

OPINION: **ATRIAL FIBRILLATION**

(Finding to be correlated clinically)

DR. RAJIV RASTOGI ,MD.DM

PR.

Patient Name	: Ms.SUDESH ARORA	Visit No	: CHA250040958
Age/Gender	: 65 Y/F	Registration ON	: 07/Mar/2025 09:26AM
Lab No	**: 10138253**	Sample Collected ON	: 07/Mar/2025 09:26AM
Referred By	: Dr.ANOOP GARG	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 07/Mar/2025 01:06PM

SKIAGRAM CHEST PA VIEW

- Trachea shifted is seen towards right.
- Homogenous opacity is seen in right paratracheal and parahilar region.
- Patchy parenchymal opacity is seen in right lower zone.
- Cardiomegaly is present.
- Both CP angles are obliterated.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

Adv: CECT thorax.

Clinical correlation and Cardiac evaluation is needed.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by R R...

*** End Of Report ***