Charak dhar DIAGNOSTICS Pvt. Ltd.

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 | : Mr.MANOJ MALHOTRA | Visit No | : CHA250041245 |
| Age/Gender | : 58 Y/M | Registration ON | : 07/Mar/2025 01:34PM |
| **Lab No** | **: 10138540** | Sample Collected ON | : 07/Mar/2025 01:36PM |
| Referred By | : Dr.RAJIV RASTOGI | Sample Received ON | : 07/Mar/2025 01:48PM |
| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 07/Mar/2025 02:19PM |
| Doctor Advice | : 2D ECHO,TROPONIN-T hs Stat | | |

PR.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **TROPONIN-T hs Stat** | | | | |
| TROPONIN-T | 0.049 | 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 )

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



[Checked By]

Print.Date/Time: 07-03-2025 17:42:43
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

| | | | |
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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 : 1.7** cm.

**(d) EF :83** 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 :2.8**cms **(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 : 3.2** 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) 1.5 cm **Motion :** Normal

**LVID (**D) 5.2 cm (s) 3.2 cm **Ejection Fraction :67%**

**Fractional Shortening : 37 %**

*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** : **HYPOKINETIC BASAL &MID INFERIOR LV WALL**

**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 = 0.8 a = 1.0** | **a > e** | **-** | **-** | **-** |
| **AORTIC** | **1.4** | **Normal** | **-** | **-** | **–** |
| **TRICUSPID** | **0.4** | **Normal** | **-** | **-** | **-** |
| **PULMONARY** | **1.2** | **Normal** | **-** | **-** | **-** |

**OTHER HAEMODYNAMIC DATA**

**COLOUR DOPPLER**

**NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE**

**CONCLUSIONS :**

- **NORMAL LV RV DIMENSION**
- **GOOD LV SYSTOLIC FUNCTION**
- **LVEF = 67 %**
- **HYPOKINETIC BASAL &MID INFERIOR LV WALL**
- **a > e**
- **NO CLOT / VEGETATION**
- **NO PERICARDIAL EFFUSION**

**DR. RAJIV RASTOGI, MD,DM**

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