

Patient Name : Mr. SHAHID ALI	Visit No : CHA250041377
Age/Gender : 66 Y/M	Registration ON : 07/Mar/2025 04: 20PM
<b>Lab No : 10138672</b>	Sample Collected ON : 07/Mar/2025 04: 22PM
Referred By : Dr. MOHD RIZWANUL HAQUE	Sample Received ON : 07/Mar/2025 04: 37PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 07/Mar/2025 06: 17PM
Doctor Advice : CHEST PA, ECG, TROPONIN-I (SERUM)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TROPONIN-I (SERUM)</b>				
TROPONIN-I (SERUM)	0.025		cut off value : 0.120	

**NOTE: -**

Troponin I (TnI) is a protein normally found in muscle tissue that, in conjunction with Troponin T and Troponin C, regulates the calcium dependent interaction of actin and myosin. 1 Three isotypes of TnI have been identified: one associated with fast-twitch skeletal muscle, one with slow-twitch skeletal muscle and one with cardiac muscle. The cardiac form has an additional 31 amino acid residues at the N terminus and is the only troponin isoform present in the myocardium. Clinical studies have demonstrated that cardiac Troponin I (cTnI) is detectable in the bloodstream 4–6 hours after an acute myocardial infarct (AMI) and remains elevated for several days thereafter. Thus, cTnI elevation covers the diagnostic windows of both creatine kinase-MB (CK-MB) and lactate dehydrogenase. 3 Further studies have indicated that cTnI has a higher clinical specificity for myocardial injury than does CK-MB. Done by: Vitros ECI ( Johnson & Johnson)

Other conditions resulting in myocardial cell damage can contribute to elevated cTnI levels. Published studies have documented that these conditions include, but are not limited to, sepsis, congestive heart failure, hypertension with left ventricular hypertrophy, hemodynamic compromise, myocarditis, mechanical injury including cardiac surgery, defibrillation and cardiac toxins such as anthracyclines. Factors such as these should be considered when interpreting results from any cTnI test method.

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

CHARAK

[Checked By]

Print.Date/Time: 07-03-2025 18:51:49

\*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADABKHAN  
PATHOLOGIST

Dr. SYED SAIF AHMAD  
MD (MICROBIOLOGY)

---

Patient Name	: Mr. SHAHID ALI	Visit No	: CHA250041377
Age/Gender	: 66 Y/M	Registration ON	: 07/Mar/2025 04:20PM
<b>Lab No</b>	<b>: 10138672</b>	Sample Collected ON	: 07/Mar/2025 04:20PM
Referred By	: Dr. MOHD RIZWANUL HAQUE	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 07/Mar/2025 05:23PM

---

### **ECG -REPORT**

RATE : 116 bpm

\* RHYTHM : Normal

\* P wave : Normal

\* PR interval : Normal

\* QRS Axis : Normal

Duration : Normal

Configuration : Normal

\* ST-T Changes : None

\* QT interval :

\* QTc interval : Sec.

\* Other :

**OPINION: SINUS TACHYCARDIA**

(FINDING TO BE CORRELATED CLINICALLY )

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



---

Patient Name	: Mr.SHAHID ALI	Visit No	: CHA250041377
Age/Gender	: 66 Y/M	Registration ON	: 07/Mar/2025 04:20PM
<b>Lab No</b>	<b>: 10138672</b>	Sample Collected ON	: 07/Mar/2025 04:20PM
Referred By	: Dr.MOHD RIZWANUL HAQUE	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 07/Mar/2025 05:56PM

---

**SKIAGRAM CHEST PA VIEW**

- Fibro calcific opacities are seen in left lung & right infraclavicular region.
- Multiple small cystic areas are seen in left lower zone.
- Cardiac shadow is within normal limits.
- Left CP angle is not sharply defined.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply outlined.

**OPINION:**

- ? SEQUELAE OF KOCH'S CHEST WITH BRONCHIECTASIS.

**ADV: HRCT LUNG.**

**Clinical correlation is necessary.**

**[DR. RAJESH KUMAR SHARMA, MD]**

Transcribed by Rachna

---

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

