

Patient Name : Ms. SHAH JAHAN	Visit No : CHA250041777
Age/Gender : 45 Y/F	Registration ON : 08/Mar/2025 12:11PM
Lab No : 10139072	Sample Collected ON : 08/Mar/2025 12:17PM
Referred By : Dr. RAJIV RASTOGI	Sample Received ON : 08/Mar/2025 12:22PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 08/Mar/2025 02:04PM
Doctor Advice : USG UPPER ABDOMEN, 2D ECHO, CREATININE, RANDOM, TROPONIN-T hs Stat	



Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	1.200	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 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 up to 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 1970s 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)

CHARAK

[Checked By]

Print.Date/Time: 08-03-2025 16:55:18

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

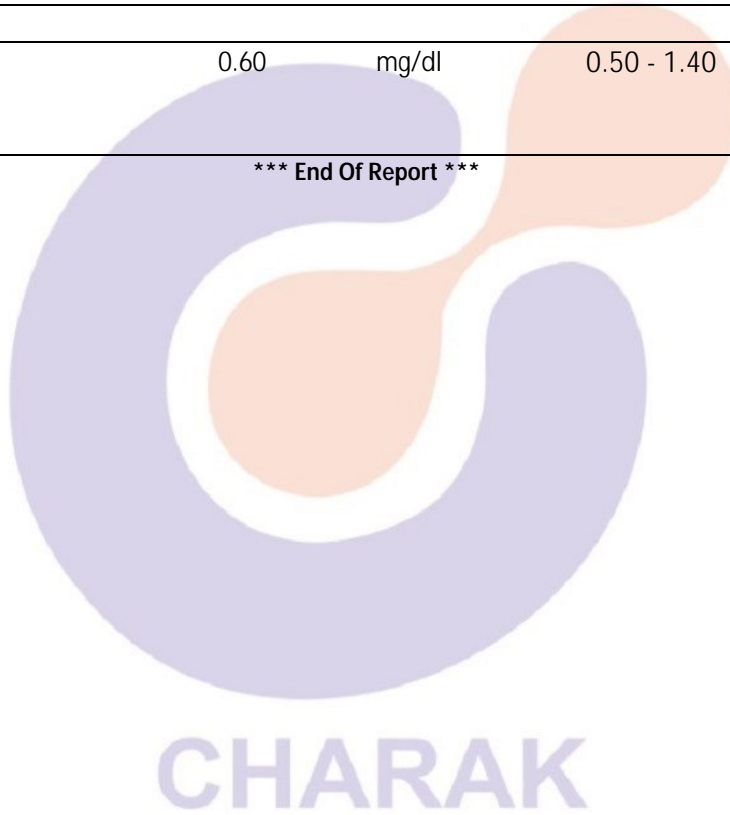
DR. ADITI D AGARWAL
PATHOLOGIST

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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 08/Mar/2025 01: 39PM
Doctor Advice : USG UPPER ABDOMEN,2D ECHO,CREATININE,RANDOM,TROPONIN-T hs Stat	



Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	278.2	mg/dl	70 - 170	Hexokinase
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

*** End Of Report ***



CHARAK



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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** : 2.2 cm.
 (d) **EF** 113 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** :2.7cms (b) **Aortic Opening** :1.6cms (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 : 3.6cms **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) 1.1 cm

Motion : normal

LVPW (D) 0.8cm (s) 1.1 cm

Motion : Normal

LVID (D) 5.4 cm (s) 4.1 cm

Ejection Fraction : **46%**

Fractional Shortening : **23 %**

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

NORMAL LV RV DIMENSION
MILDLY DEPRESSED LV CONTRACTILITY.

Short axis view

Aortic valve level :

AOV - NORMAL
PV - NORMAL
TV - NORMAL

MV - NORMAL

Mitral valve level :

HYPOKINETIC MID & DISTAL ANTERIOR IVS & APEX (LAD TERRITORY)

Papillary Muscle Level :

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 = 1.0	a > e	-	-	-
AORTIC	1.3	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	1.0	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- MILDLY DEPRESSED LV SYSTOLIC FUNCTION
- LVEF = 46 %
- HYPOKINETIC MID & DISTAL ANTERIOR IVS & APEX (LAD TERRITORY)
- a > e
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

DR. RAJIV RASTOGI, MD,DM



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ULTRASOUND STUDY OF UPPER ABDOMEN

Excessive gaseous abdomen

- **Liver** is mildly enlarged in size (~162mm) and shows increased echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 95 x 43 mm in size. Left kidney measures 92 x 40 mm in size.

IMPRESSION:

- **MILD HEPATOMEGALY WITH FATTY INFILTRATION OF LIVER GRADE-I.**

(Possibility of acid peptic disease could not be ruled out).

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Gausiya

*** End Of Report ***

