

Patient Name : Mr.GIRIJA SHANKAR PANDEY	Visit No : CHA250041917
Age/Gender : 55 Y/M	Registration ON : 08/Mar/2025 01: 52PM
Lab No : 10139212	Sample Collected ON : 08/Mar/2025 01: 53PM
Referred By : Dr.RAJIV RASTOGI	Sample Received ON : 08/Mar/2025 02: 13PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 08/Mar/2025 02: 53PM
Doctor Advice : CHEST PA,CREATININE,RANDOM,CBC (WHOLE BLOOD),TROPONIN-T hs Stat	



Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	0.005	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 16:27:47

*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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Referred By : Dr.RAJIV RASTOGI	Sample Received ON : 08/Mar/2025 02:11PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 08/Mar/2025 03:14PM
Doctor Advice : CHEST PA,CREATININE,RANDOM,CBC (WHOLE BLOOD),TROPONIN-T hs Stat	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	14.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.70	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	42.4	%	36 - 45	Pulse height detection
MCV	89.5	fL	80 - 96	calculated
MCH	30.2	pg	27 - 33	Calculated
MCHC	33.7	g/dL	30 - 36	Calculated
RDW	14.5	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8770	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	60	%	40 - 75	Flowcytometry
LYMPHOCYTES	32	%	25 - 45	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	165,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	165000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,262	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,806	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	351	/cmm	20-500	Calculated
Absolute Monocytes Count	351	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic . Platelets are adequate. No immature cells or parasite seen.



[Checked By]



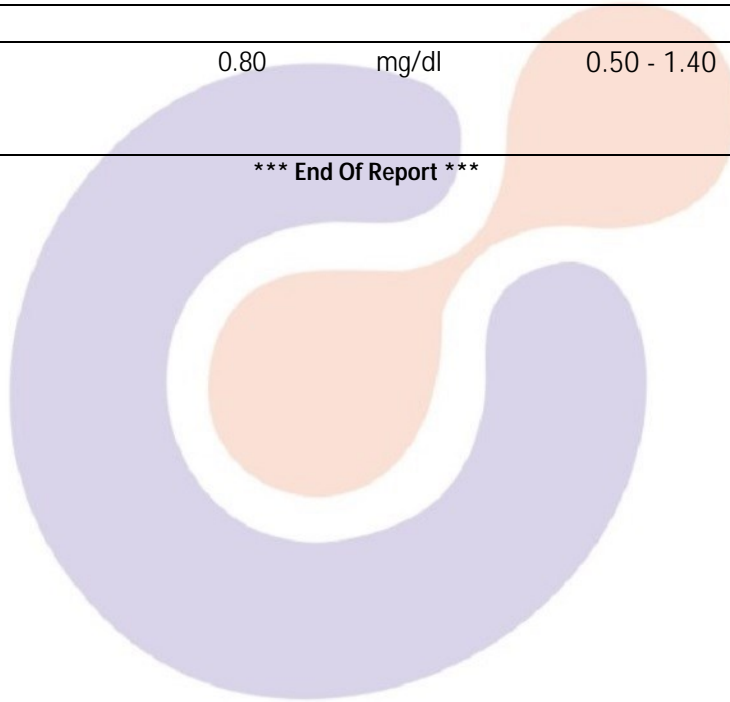
Signature

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	102.7	mg/dl	70 - 170	Hexokinase
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

*** End Of Report ***



CHARAK



MC-2491

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DR. ADITI D AGARWAL
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Aditi D Agarwal

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SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and body cage are seen normally.
- Both domes of diaphragm are sharply defined.

OPINION

- **NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by R R...

*** End Of Report ***

