

Patient Name : Mr.MUKESH SINGH	Visit No : CHA250041993
Age/Gender : 34 Y/M	Registration ON : 08/Mar/2025 03: 42PM
Lab No : 10139288	Sample Collected ON : 08/Mar/2025 03: 45PM
Referred By : Dr.RAJIV RASTOGI	Sample Received ON : 08/Mar/2025 04: 29PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 08/Mar/2025 05: 11PM
Doctor Advice : 2D ECHO,TROPONIN-T hs Stat,T3T4TSH,CREATININE,RANDOM,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	0.006	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 upto 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 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-CHEMILUMINESCENCE TECHNIQUE BY Cobas E 411)

CHARAK

[Checked By]

Print.Date/Time: 08-03-2025 18:31:16

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.10	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	44.5	%	36 - 45	Pulse hieght detection
MCV	86.9	fL	80 - 96	calculated
MCH	26.8	pg	27 - 33	Calculated
MCHC	30.8	g/dL	30 - 36	Calculated
RDW	14.4	%	11 - 15	RBC histogram derivation
RETIC	1.2 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8530	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	67	%	40 - 75	Flowcytometry
LYMPHOCYTES	28	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	167,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	167000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,715	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,388	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	171	/cmm	20-500	Calculated
Absolute Monocytes Count	256	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

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



[Checked By]

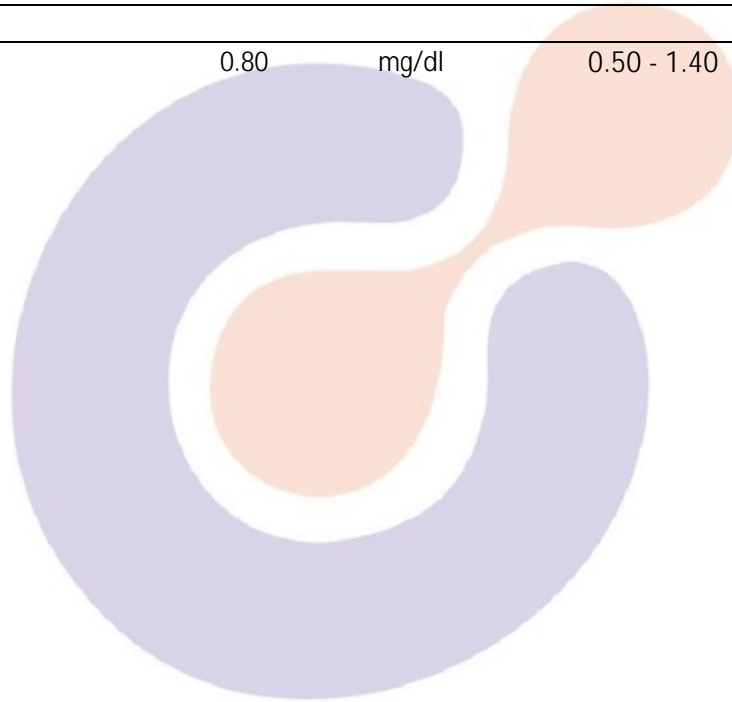


Shadab Khan

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	86.3	mg/dl	70 - 170	Hexokinase
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic



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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.98	nmol/L	1.49-2.96	ECLIA
T4	118.01	n mol/l	63 - 177	ECLIA
TSH	8.20	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 Dxl-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

*** End Of Report ***

CHARAK



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Signature

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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 :** 1.6cm.

(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** : 3.1cms (b) **Aortic Opening** : 1.9cms (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 : 3.4 cms

Clot : -

Others :

Right Atrium : Normal

Clot : -

Others : -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)
RVOT

LEFT VENTRICLE :

LVIVS (D) 1.0 cm (s)1.2 cm

Motion : normal

LVPW (D) 1.0cm (s) 1.5cm

Motion : Normal

LVID (D) 5.3 cm (s) 2.9 cm

Ejection Fraction :75%

Fractional Shortening :45 %

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 :

NO RWMA

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 = 0.6	Normal	-	-	-
AORTIC	1.4	Normal	-	-	-
TRICUSPID	0.5	Normal	-	-	-
PULMONARY	1.0	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 75 %
- NO RWMA
- ALL VALVES NORMAL
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

OPINION – NORMAL 2D-ECHO & COLOUR DOPPLER STUDY

DR. RAJIV RASTOGI, MD,DM

*** End Of Report ***

