

Patient Name : Mr. KATWAROO RAM JAISWAL	Visit No : CHA250042244
Age/Gender : 72 Y 4 M 29 D/M	Registration ON : 09/Mar/2025 09:01AM
Lab No : 10139539	Sample Collected ON : 09/Mar/2025 09:04AM
Referred By : Dr. KRISHNA KUMAR MITRA (CGHS)	Sample Received ON : 09/Mar/2025 09:30AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 09/Mar/2025 10:54AM
Doctor Advice : PRO-BNP, TROPONIN-T hs Stat, 2D ECHO, ECG	

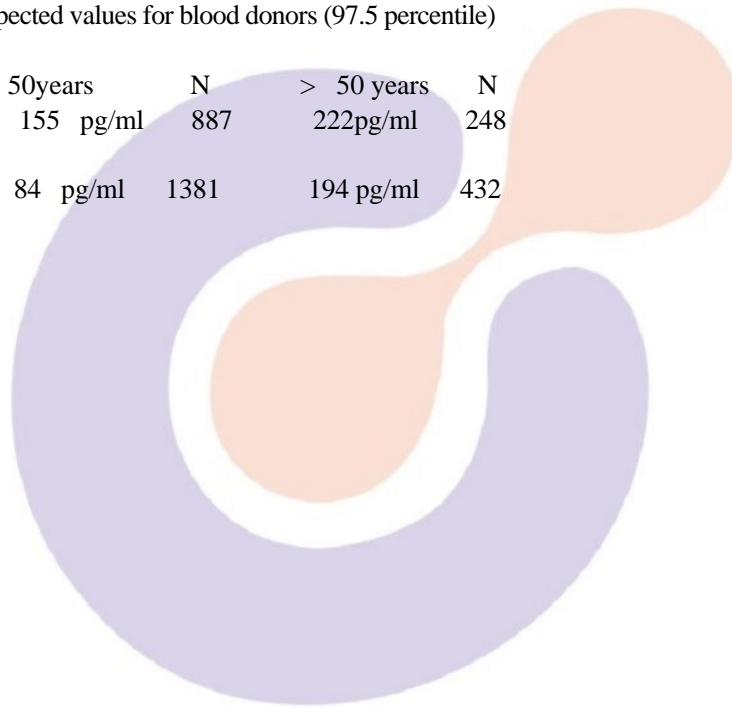


Test Name	Result	Unit	Bio. Ref. Range	Method
PRO-BNP				

BNP (B type Natriuretic Peptide) 108.00

EXPECTED VALUES :- Expected values for blood donors (97.5 percentile)

	< 50years	N	> 50 years	N
WOMEN :	155 pg/ml	887	222pg/ml	248
MEN :	84 pg/ml	1381	194 pg/ml	432



CHARAK

[Checked By]



Print.Date/Time: 09-03-2025 12:16:35

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	0.014	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)

*** End Of Report ***

CHARAK

[Checked By]

Print.Date/Time: 09-03-2025 12:16:37

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Sharma

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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ECG REPORT

* RATE : 100 bpm.
* RHYTHM : Regular sinus rhythm
* P wave : Normal
* PR interval : Normal
* QRS Axis : Lt Axis
Duration : 120 m sec
Configuration : rsR in V1
rs in L2,L3, avF
* ST-T Changes : Secondary ST-T Changes
* QT interval :
* QTc interval : Sec.
* Other

OPINION: RIGHT BUNDLE BRANCH BLOCK WITH LEFT ANTERIOR HEMI BLOCK

(Finding to be correlated clinically)

[DR. PANKAJ RASTOGI, MD, DM]



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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** : 1.4 cm.
(d) **EF** : 57 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** : 3.4cms (b) **Aortic Opening** : 1.8cms (c) **Closure**: Central
(d) **Calcium** : - (e) **Eccentricity Index** : 1 (f) **Vegetation** : -

(g) **Valve Structure** : THICK

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 : 3.5 cms

Clot : -

Others :

Right Atrium : Normal

Clot : -

Others : -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)

RVOT

LEFT VENTRICLE :

LVIVS (D) 0.8 cm (s) 1.3 cm

Motion : normal

LVPW (D) 0.9cm (s) 1.4 cm

Motion : Normal

LVID (D) 4.7 cm (s) 2.7cm

Ejection Fraction :73%

Fractional Shortening : 42%

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

NORMAL LV RV DIMENSION
GOOD LV CONTRACTILITY.

Short axis view

Aortic valve level :

AOV - THICK
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 = 0.8 a = 0.8	Normal	-	-	-
AORTIC	1.0	Normal	Trivial	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	0.7	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

TRIVIAL AR

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 73%
- NO RWMA
- TRIVIAL AR ;THICK AOV
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

DR. RAJIV RASTOGI, MD,DM

*** End Of Report ***

