

Patient Name : Mr.MOHD SHABEER	Visit No : CHA250043074
Age/Gender : 78 Y/M	Registration ON : 10/Mar/2025 01: 21PM
Lab No : 10140369	Sample Collected ON : 10/Mar/2025 01: 25PM
Referred By : Dr.MOHD RIZWANUL HAQUE	Sample Received ON : 10/Mar/2025 01: 35PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 03: 43PM
Doctor Advice : RANDOM,CREATININE,BUN,HBA1C (EDTA),ECG,IONIC CALCIUM,CALCIUM,NA+K+,2D ECHO,TROPONIN-I (SERUM)	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	9.3	%	4 - 5.7	HPLC (EDTA)

NOTE:-

Glycosylated Hemoglobin Test (HbA1c) is performed in this laboratory by the Gold Standard Reference method, ie: HPLC Technology (High performance Liquid Chromatography D10) from Bio-Rad Laboratories. USA.

EXPECTED (RESULT) RANGE :

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
> 6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
> 8.0 %	Poor Control and needs treatment

IONIC CALCIUM				
IONIC CALCIUM	1.10	mmol/L	1.13 - 1.33	

INTERPRETATION:

-Calcium level is increased in patients with hyperparathyroidism, Vitamin D intoxication, metastatic bone tumor, milk-alkali syndrome, multiple myeloma, Paget's disease.
-Calcium level is decreased in patients with hemodialysis, hypoparathyroidism (primary, secondary), vitamin D deficiency, acute pancreatitis, diabetic Keto-acidosis, sepsis, acute myocardial infarction (AMI), malabsorption, osteomalacia, renal failure, rickets.

BLOOD UREA NITROGEN				
Blood Urea Nitrogen (BUN)	28.88	mg/dL	7-21	calculated

SERUM CALCIUM				
CALCIUM	9.1	mg/dl	8.8 - 10.2	dapta / arsenazo III

[Checked By]

Print.Date/Time: 10-03-2025 16:47:08

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

Aditi D Agarwal

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Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-I (SERUM)				
TROPONIN-I (SERUM)	0.031		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.

CHARAK

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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	172.3	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	139.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	3.9	MEq/L	3.5 - 5.5	ISE Direct
SERUM CREATININE				
CREATININE	1.20	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

*** End Of Report ***

CHARAK



[Checked By]



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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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ECG REPORT

* RATE : 77 bpm.

* RHYTHM : Regular sinus rhythm

* P wave : Normal

* PR interval : Normal

* QRS Axis : Normal

Duration : Normal

Configuration : LBBB

* ST-T Changes : None

* QT interval :

* QTc interval : Sec.

* Other

OPINION: LEFT BUNDLE BRANCH BLOCK

(Finding to be correlated clinically)

DR. RAJIV 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** : 1.7 cm.
 (d) **EF** 49 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** :2.6cms (b) **Aortic Opening** :1.5cms (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 : 3.3 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) 1.1 cm

Motion : normal

LVPW (D) 1.0cm (s) 1.7 cm

Motion : Normal

LVID (D) 4.0 cm (s)3.0 cm

Ejection Fraction :47%

Fractional Shortening :23 %

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

NORMAL LV RV DIMENSION
 PARADOXICAL JERKY MOTION OF IVS SUGGESTIVE OF
 CONDUCTION ABNORMALITY
 ANTERIOR LV WALL HYPOKINETIC
 MILDLY DEPRESSED LV CONTRACTILITY.

Short axis view

Aortic valve level :

AOV - NORMAL
PV - NORMAL
 TV - NORMAL

Mitral valve level :

MV - NORMAL

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 = 0.4 a = 0.6	a > e	-	-	-
AORTIC	2.0	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	1.2	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- MILDLY DEPRESSED LV SYSTOLIC FUNCTION
- LVEF = 47 %
- PARADOXICAL JERKY MOTION OF IVS SUGGESTIVE OF CONDUCTION ABNORMALITY
- ANTERIOR LV WALL HYPOKINETIC
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

DR. RAJIV RASTOGI, MD,DM

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