

Patient Name : Mr.SAGEER AHMAD	Visit No : CHA250043166
Age/Gender : 72 Y/M	Registration ON : 10/Mar/2025 02: 34PM
Lab No : 10140461	Sample Collected ON : 10/Mar/2025 02: 36PM
Referred By : Dr.MOHD RIZWANUL HAQUE	Sample Received ON : 10/Mar/2025 02: 41PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 04: 46PM
Doctor Advice : 2D ECHO,TROPONIN-I (SERUM),ECG,LFT,HBA1C (EDTA),NA+K+,BUN,CREATININE,ESR,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	46.00		0 - 20	Westergreen

Note:

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

HBA1C				
Glycosylated Hemoglobin (HbA1c)	8.6	%	4 - 5.7	HPLC (EDTA)

NOTE:-

Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby 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

BLOOD UREA NITROGEN				
Blood Urea Nitrogen (BUN)	16.96	mg/dL	7-21	calculated

[Checked By]



Print.Date/Time: 10-03-2025 18:45:25

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

Patient Name : Mr.SAGEER AHMAD	Visit No : CHA250043166
Age/Gender : 72 Y/M	Registration ON : 10/Mar/2025 02: 34PM
Lab No : 10140461	Sample Collected ON : 10/Mar/2025 02: 36PM
Referred By : Dr.MOHD RIZWANUL HAQUE	Sample Received ON : 10/Mar/2025 02: 41PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 04: 46PM
Doctor Advice : 2D ECHO,TROPONIN-I (SERUM),ECG,LFT,HBA1C (EDTA),NA+K+,BUN,CREATININE,ESR,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-I (SERUM)				
TROPONIN-I (SERUM)	0.024		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

[Checked By]

Print.Date/Time: 10-03-2025 18:45:26

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

Patient Name : Mr.SAGEER AHMAD	Visit No : CHA250043166
Age/Gender : 72 Y/M	Registration ON : 10/Mar/2025 02: 34PM
Lab No : 10140461	Sample Collected ON : 10/Mar/2025 02: 36PM
Referred By : Dr.MOHD RIZWANUL HAQUE	Sample Received ON : 10/Mar/2025 02: 43PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 04: 46PM
Doctor Advice : 2D ECHO,TROPONIN-I (SERUM),ECG,LFT,HBA1C (EDTA),NA+K+,BUN,CREATININE,ESR,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	11.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	36.3	%	36 - 45	Pulse hieght detection
MCV	90.1	fL	80 - 96	calculated
MCH	27.3	pg	27 - 33	Calculated
MCHC	30.3	g/dL	30 - 36	Calculated
RDW	14.8	%	11 - 15	RBC histogram derivation
RETIC	0.4 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6390	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	66	%	40 - 75	Flowcytometry
LYMPHOCYTES	26	%	25 - 45	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	154,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	154000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,217	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,661	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	256	/cmm	20-500	Calculated
Absolute Monocytes Count	256	/cmm	200-1000	Calculated
Mentzer Index	23			
Peripheral Blood Picture	:			

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



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

Patient Name : Mr.SAGEER AHMAD Visit No : CHA250043166
Age/Gender : 72 Y/M Registration ON : 10/Mar/2025 02: 34PM
Lab No : 10140461 Sample Collected ON : 10/Mar/2025 02: 36PM
Referred By : Dr.MOHD RIZWANUL HAQUE Sample Received ON : 10/Mar/2025 02: 41PM
Refer Lab/Hosp : CHARAK NA Report Generated ON : 10/Mar/2025 03: 46PM
Doctor Advice : 2D ECHO,TROPONIN-I (SERUM),ECG,LFT,HBA1C (EDTA),NA+K+,BUN,CREATININE,ESR,CBC (WHOLE BLOOD)



Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.6	MEq/L	3.5 - 5.5	ISE Direct
SERUM CREATININE				
CREATININE	1.10	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.77	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.16	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.61	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	99.70	U/L	30 - 120	PNPP, AMP Buffer
SGPT	14.0	U/L	5 - 40	UV without P5P
SGOT	24.0	U/L	5 - 40	UV without P5P

*** End Of Report ***

CHARAK



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

Patient Name	: Mr.SAGEER AHMAD	Visit No	: CHA250043166
Age/Gender	: 72 Y/M	Registration ON	: 10/Mar/2025 02:34PM
Lab No	: 10140461	Sample Collected ON	: 10/Mar/2025 02:34PM
Referred By	: Dr.MOHD RIZWANUL HAQUE	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 10/Mar/2025 06:06PM

ECG -REPORT

RATE : 125 bpm

* RHYTHM : Normal

* P wave : Normal

* PR interval : Normal

* QRS Axis : Normal

Duration : Normal

Configuration : QS in V1-V3

* ST-T Changes : ST Depression in V4-V5

* QT interval :

* QTc interval : Sec.

* Other :

OPINION: **? ANTERIOR WALL M.I.**
 SINUS TACHYCARDIA

(FINDING TO BE CORRELATED CLINICALLY)

[DR. RAJIV RASTOGI, MD, DM]



Patient Name	: Mr. SAGEER AHMAD	Visit No	: CHA250043166
Age/Gender	: 72 Y/M	Registration ON	: 10/Mar/2025 02:34PM
Lab No	: 10140461	Sample Collected ON	: 10/Mar/2025 02:34PM
Referred By	: Dr. MOHD RIZWANUL HAQUE	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 10/Mar/2025 05:42PM

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** : 68mm/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** : 2.9cms (b) **Aortic Opening** : 1.7cms (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 : 3.0 cms **Clot** : - **Others** :
Right Atrium : Normal **Clot** : - **Others** : -

Contd.....



Patient Name	: Mr.SAGEER AHMAD	Visit No	: CHA250043166
Age/Gender	: 72 Y/M	Registration ON	: 10/Mar/2025 02:34PM
Lab No	: 10140461	Sample Collected ON	: 10/Mar/2025 02:34PM
Referred By	: Dr.MOHD RIZWANUL HAQUE	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 10/Mar/2025 05:42PM

VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)

RVOT

LEFT VENTRICLE :

LVIVS (D) 1.2 cm (s) 1.8 cm

Motion : normal

LVPW (D) 1.1cm (s)1.5 cm

Motion : Normal

LVID (D)4.0cm (s) 2.7 cm

Ejection Fraction :60%

Fractional Shortening : 30 %

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

CONCENTRIC LVH
GOOD LV CONTRACTILITY.

Short axis view

Aortic valve level :

AOV - NORMAL
PV - NORMAL
TV - NORMAL

Mitral valve level :

MV - NORMAL

Papillary Muscle Level :

NO RWMA

Apical 4 chamber View :

No LV CLOT



Patient Name	: Mr.SAGEER AHMAD	Visit No	: CHA250043166
Age/Gender	: 72 Y/M	Registration ON	: 10/Mar/2025 02:34PM
Lab No	: 10140461	Sample Collected ON	: 10/Mar/2025 02:34PM
Referred By	: Dr.MOHD RIZWANUL HAQUE	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 10/Mar/2025 05:42PM

PERICARDIUM

Normal

DOPPLER STUDIES

	Velocity (m/sec)	Flow pattern (/4)	Regurgitation	Gradient (mm Hg)	Valve area (cm 2)
MITRAL	e = 0.7 a = 1.1	a > e	-	-	-
AORTIC	1.2	Normal	-	-	-
TRICUSPID	0.6	Normal	-	-	-
PULMONARY	1.0	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- **CONCENTRIC LVH**
- **GOOD LV SYSTOLIC FUNCTION**
- **LVEF = 60 %**
- **NO RWMA**
- **a > e**
- **NO CLOT / VEGETATION**
- **NO PERICARDIAL EFFUSION**

OPINION – CONCENTRIC LVH

DR. RAJIV RASTOGI, MD,DM

*** End Of Report ***

