

Patient Name : Mr.SUKH RAM	Visit No : CHA250043644
Age/Gender : 71 Y/M	Registration ON : 11/Mar/2025 10:33AM
Lab No : 10140939	Sample Collected ON : 11/Mar/2025 10:36AM
Referred By : Dr.RDSO LUCKNOW	Sample Received ON : 11/Mar/2025 10:40AM
Refer Lab/Hosp : RDSO LUCKNOW	Report Generated ON : 11/Mar/2025 12:01PM
Doctor Advice : T3T4TSH,TROPONIN-I (SERUM),2D ECHO	



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: 11-03-2025 12:42:07

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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Doctor Advice : T3T4TSH,TROPONIN-I (SERUM),2D ECHO	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.17	nmol/L	1.49-2.96	ECLIA
T4	109.00	n mol/l	63 - 177	ECLIA
TSH	1.20	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 myxedema 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 catabolic state and may revert to normal when the patient recovers.
- (7) There are many drugs for eg. Glucocorticoids, dopamine, Lithium, iodides, oral radiographic dyes, etc. 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 Dxi-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***

CHARAK



[Checked By]



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

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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** 43mm/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 :** 3.8cms (b) **Aortic Opening :** 1.4cms (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 : 2.1 cms **Clot :** - **Others :**
Right Atrium : Normal **Clot :** - **Others :** -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)
RVOT

LEFT VENTRICLE :

LVIVS (D) 0.9 cm (s) 1.4 cm

Motion : normal

LVPW (D) 1.1cm (s) 2.0 cm

Motion : Normal

LVID (D) 4.5 cm (s) 2.6 cm

Ejection Fraction : **72%**

Fractional Shortening : **42 %**

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

Mitral valve level :

MV - NORMAL

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 = 0.5 a = 0.7	a > e	-	-	-
AORTIC	0.8	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	0.5	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 72 %
- NO RWMA
- a > e
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

DR. PANKAJ RASTOGI, MD,DM

*** End Of Report ***

