Charak dhar
DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.ANITA	Visit No	: CHA250043666
Age/Gender	: 42 Y/F	Registration ON	: 11/Mar/2025 10:45AM
Lab No	**: 10140961**	Sample Collected ON	: 11/Mar/2025 10:49AM
Referred By	: Dr.YUSUF ANSARI	Sample Received ON	: 11/Mar/2025 10:55AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 11/Mar/2025 11:35AM
Doctor Advice	: 2D ECHO,CPK - MB,TROPONIN-T hs Stat		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CPK-MB				
CPK-MB	2.55	U/L	Less than 25	

INTERPRETATION:
CK-MB is the enzyme being used as the definitive serum marker for the diagnosis of acute myocardial infarction. CK-MB, released after AMI, is detectable in blood as early as 3-4 hours after the onset of symptoms and remains elevated for approximately 65 hours post infarct.

[Checked By]

Print.Date/Time: 11-03-2025 12:46:02
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Referred By	: Dr.YUSUF ANSARI	Sample Received ON	: 11/Mar/2025 10:55AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 11/Mar/2025 11:38AM
Doctor Advice	: 2D ECHO,CPK - MB,TROPONIN-T hs Stat		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	0.003	ng/ml	< 0.010	

NOTES :-
Troponin T hs is a member of the myofibrillar protiens of striated muscularis. These myofibrillar protiens are the buildling blocks of the contractile appratus. Tropnin T hs binds the tropnin complex to tropomyosin and binds the neighboring tropomycin 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 cardia symptome .Following acute myocardial ischemia ,Troponin T rmains in the serum for a lengthy period of time and can hence help to detectmyocardial events that have occurd upto 14 days earlier.
Cobas E 411 Troponin T hs Stat emplyes 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-CHEMILUMINISCENCE TECHINIQUE BY Cobas E 411)

***** End Of Report *****

[Checked By]

Print.Date/Time: 11-03-2025 12:46:04
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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 11/Mar/2025 12:10PM

PR.

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 :1.6** cm.

(d) EF :98 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 :2.7cms **(b) Aortic Opening :1.6**cms **(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 : 2.5 cms **Clot : -** **Others :**
Right Atrium : Normal **Clot : -** **Others : -**

Contd…...

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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)

RVOT

LEFT VENTRICLE :

LVIVS (D) 0.9 cm (s) 1.4 cm **Motion :** normal

LVPW (D) 1.0cm (s) 1.7 cm **Motion :** Normal

LVID (D) 4.1cm (s)2.3 cm **Ejection Fraction :74%**

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

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 = 0.7**	**Normal**	**-**	**-**	**-**
AORTIC	**1.1**	**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**
- **GOOD LV SYSTOLIC FUNCTION**
- **LVEF =74 %**
- **NO RWMA**
- **ALL VALVES NORMAL**
- **NO CLOT / VEGETATION**
- **NO PERICARDIAL EFFUSSION**

OPINION – NORMAL 2D-ECHO & COLOUR DOPPLER STUDY

DR. PANKAJ RASTOGI, MD,DM

***** End Of Report *****