

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

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CMO Reg. No. RMEE 2445133 NABLReg. No.MC-2491 Certificate No. MIS-2023-0218

Patient Name Visit No : CHA250046354 : Ms.VIMLA BHARTI

Age/Gender : 83 Y/F Registration ON : 16/Mar/2025 12:42PM : 10143649 Lab No Sample Collected ON : 16/Mar/2025 12:43PM Referred By : Dr.ATUL CHAND RASTOGI Sample Received ON : 16/Mar/2025 12:55PM Refer Lab/Hosp · CHARAK NA Report Generated ON : 16/Mar/2025 01:28PM

Doctor Advice : CBC (WHOLE BLOOD), CREATININE, RANDOM, TROPONIN-T hs Stat



Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	0.009	ng/ml	< 0.010	

NOTES:-

P.R.

Troponin T has 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)





DR. ADITI D AGARWAL

PATHOLOGIST



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Doctor Advice : CBC (WHOLE BLOOD), CREATININE, RANDOM, TROPONIN-T hs Stat

Test Name	Result	Unit	Bio. Ref. Range	Method	
CBC (COMPLETE BLOOD COUNT)					
Hb	14.3	g/dl	12 - 15	Non Cyanide	
R.B.C. COUNT	5.10	mil/cmm	3.8 - 4.8	Electrical	
				Impedence	
PCV	45.0	%	36 - 45	Pulse hieght	
				detection	
MCV	88.1	fL	80 - 96	calculated	
MCH	28.0	pg	27 - 33	Calculated	
MCHC	31.8	g/dL	30 - 36	Calculated	
RDW	14	%	11 - 15	RBC histogram	
				derivation	
RETIC	0.8 %	%	0.5 - 2.5	Microscopy	
TOTAL LEUCOCYTES COUNT	8120	/cmm	4000 - 10000	Flocytrometry	
DIFFERENTIAL LEUCOCYTE COUNT					
NEUTROPHIL	58	%	40 - 75	Flowcytrometry	
LYMPHOCYTES	36	%	25 - 45	Flowcytrometry	
EOSINOPHIL	3	%	1 - 6	Flowcytrometry	
MONOCYTE	3	%	2 - 10	Flowcytrometry	
BASOPHIL	0	%	00 - 01	Flowcytrometry	
PLATELET COUNT	320,000	/cmm	150000 - 450000	Elect Imped	
PLATELET COUNT (MANUAL)	320000	/cmm	150000 - 450000	Microscopy .	
Absolute Neutrophils Count	4,710	/cmm	2000 - 7000	Calculated	
Absolute Lymphocytes Count	2,923	/cmm	1000-3000	Calculated	
Absolute Eosinophils Count	244	/cmm	20-500	Calculated	
Absolute Monocytes Count	244	/cmm	200-1000	Calculated	
Mentzer Index	17				
Peripheral Blood Picture	:				

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





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Patient Name : Ms.VIMLA BHARTI

Age/Gender : 83 Y/F

P.R.

Lab No : 10143649

Referred By : Dr.ATUL CHAND RASTOGI

Refer Lab/Hosp : CHARAK NA

. CBC (WHOLE BLOOD), CREATININE, RANDOM, TROPONIN-T hs Stat Doctor Advice

Visit No : CHA250046354

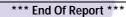
Registration ON : 16/Mar/2025 12:42PM

Sample Collected ON : 16/Mar/2025 12:43PM

: 16/Mar/2025 12:55PM Sample Received ON

Report Generated ON : 16/Mar/2025 01:52PM

Test Name	Result	Unit	Bio. Ref. Range	Method	
BLOOD SUGAR RANDOM					
BLOOD SUGAR RANDOM	148.5	mg/dl	70 - 170	Hexokinase	
SERUM CREATININE					
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate- kinetic	



CHARAK



Print.Date/Time: 16-03-2025

