

Dr. Vinay Chopra  
MD (Pathology & Microbiology)  
Chairman & Consultant Pathologist

Dr. Yugam Chopra  
MD (Pathology)  
CEO & Consultant Pathologist

NAME : Dr. SHASHI BHUSHAN  
AGE/ GENDER : 71 YRS/Male  
COLLECTED BY : SURJESH  
REFERRED BY :  
BARCODE NO. : 01513087  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1548292  
REG. NO./LAB NO. : 012407130075  
REGISTRATION DATE : 13/Jul/2024 05:57 PM  
COLLECTION DATE : 13/Jul/2024 05:57PM  
REPORTING DATE : 13/Jul/2024 06:52PM

Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

UREA

UREA: SERUM by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)	30.5	mg/dL	10.00 - 50.00
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CREATININE

CREATININE: SERUM by ENZYMATIC, SPECTROPHOTOMETRY	1.09	mg/dL	0.40 - 1.40
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<b>BARCODE NO.</b>	: 01513087	<b>REPORTING DATE</b>	: 13/Jul/2024 07:08PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
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**IMMUNOPATHOLOGY/SEROLOGY**  
**TROPONIN I ULTRASENSITIVE (QUANTITATIVE)**

TROPONIN I ULTRASENSITIVE (QUANTITATIVE)	0.02	ng/mL	< 0.50
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by ELFA (ENZYME LINKED FLUORESCENT IMMUNOASSAY), NEXT GENERATION, ULTRASENSITIVE

**INTERPRETATION:**

**NOTE:**  
 1.False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.

**COMMENTS**

- 1.Troponin is a regulatory complex of 3 proteins that resides at regular intervals in the thin filament of striated muscle.
- 2.Cardiac Troponin is a cardiospecific, highly sensitive marker of myocardial damage and has never shown to be expressed in normal, regenerating or diseased skeletal muscle.
- 3.In cases of acute myocardial damage, Troponin I levels rise in serum about 3-4 hours after appearance of cardiac symptoms and remain elevated upto 10 days.
- 4.It is an independent prognostic marker which can predict near, mid and long term outcome in patients with Acute Coronary Syndrome (ACS).


**INCREASED LEVELS**

- 1.Congestive Heart Failure
- 2.Cardiomyopathy
- 3.Myocarditis
- 4.Heart contusion
- 5.Interventional therapy like cardiac surgery and drug induced cardiotoxicity

**USES**

- 1.To differentiate patients with Non ST elevation Myocardial Infarction ( NSTMI) from Unstable angina-patients with ACS with elevated Troponin I and / or CK-MB are considered to have NSTMI whereas the diagnosis of Unstable angina is established if Troponin I and CK-MB are within the normal range.
- 2.Ideally Troponin I should be measured at presentation ( 0 hour) and repeated after 6-9 hours & 12-24 hours if earlier specimens are normal and the clinical suspicion is high.
3. Risk stratification of patients presenting with ACS and for cardiac risk in patients with Chronic Renal Failure. As it offers powerful risk assessment, in ACS, Troponin I monitoring should be included in practice guidelines.
4. For selection of more intensive therapy and intervention in patients with elevated Troponin I.



  
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### TUMOUR MARKER

#### PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL:	5.41 <sup>H</sup>	ng/mL	0.0 - 4.0
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SERUM

by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)

#### INTERPRETATION:-

##### Expected Values for the PSA

Smokers	< 4 ng/ml
Non-smokers	< 4 ng/ml

1.Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland.  
 2.Normally, very little PSA is secreted in the blood.

#### INCREASED :-

- 1.Increased in glandular size and tissue damage caused by benign prostatic hypertrophy.
- 2.Prostatitis.
- 3.Prostate cancer may increase circulating PSA levels.
- 4.In patients with previously diagnosed prostate cancer,PSA testing is advocated as an early indicator of tumor recurrence and as an indicator of response to therapy.

#### The test is also useful for initial screening for prostate cancer:-

- 1.Total PSA levels < 2 ng/ml almost rule out the possibility of prostatic malignancy.
- 2.Total PSA levels between 2 and 10 ng/ml lie in the grey zone. Such values may be obtained in prostatitis, benign hyperplasia and malignancy. Further testing including a free PSA/PSA ratio and prostate biopsy is recommended for these patients for confirmation of the diagnosis.
- 3.Total PSA values >10 ng/ml are highly suspicious for prostate cancer but further testing, such as prostate biopsy, is needed to diagnose the exact pathology.

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



  
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