

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



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

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

NAME : Mr. RISHI

AGE/ GENDER : 44 YRS/MALE **PATIENT ID** : 1566354

COLLECTED BY REG. NO./LAB NO. : 012407310055

REFERRED BY **REGISTRATION DATE** : 31/Jul/2024 12:39 PM BARCODE NO. :01514195 **COLLECTION DATE** : 31/Jul/2024 12:40PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE :31/Jul/2024 01:17PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Value Unit **Biological Reference interval** Test Name

IMMUNOPATHOLOGY/SEROLOGY TROPONIN T (QUANTITATIVE)

0.04 TROPONIN T: BLOOD ng/mL < 0.10

by FIA (FLUORESCENCE IMMUNOASSAY)

INTERPRETATION:

NOTE:

 False positive results can be seen in the presence of Rheumatoid factor and heterophile antibodies.
 Due to the release kinetics of cardiac troponin T, an initial test result < 99th percentile within the initial hours of onset of symptoms does not rule out Myocardial Infarction with certainty. If MI is still suspected, repeat the test 3 hours after initial assessment.

COMMENTS:

Cardiac Troponin is a cardio specific, highly sensitive marker of myocardial damage, but is also expressed by diseased skeletal muscle. Troponin T levels rise in serum about 3-4 hours after appearance of cardiac symptoms and remain elevated up to 14 days. It is an independent prognostic marker which can predict near, mid and long term outcome in patients with Acute Coronary Syndrome (ACS). It is also a useful tool in guiding anti-thrombotic therapy. Patients with ischemic symptoms who have elevated Troponin T levels receive greater benefit from Antiplatelet and Antithrombotic therapies.

INCREASED LEVELS ·

- 1. Cardiac causes: Congestive Heart Failure, Cardiomyopathy, Myocarditis, Heart contusion, Interventional therapy like cardiac surgery and drug
- induced cardiotoxicity
 2. Non cardiac causes: Renal Failure, Lung embolism, Non-cardiac surgery, Rhabdomyolysis, Polymyositis, Stroke & Left Ventricular dysfunction in Septic shock **USES**:

- 1. Exclusion diagnosis of Acute Myocardial Infarction.
- Monitoring Acute Coronary syndromes and estimating prognosis.
 Monitoring patients with non-ischemic causes of cardiac injury

*** End Of Report *



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST

