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

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

NAME	**: Mr. RAM CHANDER**		
AGE/ GENDER	: 45 YRS/MALE	**PATIENT ID**	: 1598702
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012409010055**
REFERRED BY	: CIVIL HOSPITAL (AMBALA CANTT)	**REGISTRATION DATE**	: 01/Sep/2024 04:26 PM
BARCODE NO.	: 01516126	**COLLECTION DATE**	: 01/Sep/2024 04:36PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 01/Sep/2024 05:29PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

CREATININE PHOSPHOKINASE-MB (CPK-MB)

CPK-MB - SERUM	2.78	ng/mL	0.0 - 5.0

by EFIA (ENZYM FLUORESCENT IMMUNOASSAY)

Interpretation:-

1.Alternative name of Creatine Kinase (CK) is Creatine phospho-kinase(CPK).
2.Creatine Kinase (CK) is a dimeric enzyme composed of two types of monomer sib-units (i.e. M-Muscular & B-Brain),which combine to form three distict CK isoenzymes.
a).CK-BB(CK-I), is produced primarily by brain , lungs and smooth muscles , and enters the blood only on injury to these organs like cerebrovascular accidents or pulmonary infarctions.
b).CK-MB (CK-II), is produced primarily by heart muscle;
c).CK-MM (CK-III) , is produced primarily by skeletal muscle.
3).Normally very little CK is found circulating in the blood. Elevated levels indicate damage to either muscle or brain possibly from a myocardial infarction, muscle disease, or stroke.
4).CK levels are reduced in first half of pregnancy, and increased in second half of pregnancy.

Increased:-
Physiological:-
1.Strenuous physical activity .
2.New Born.
Pathological :-
1.Myocardial & pulmonary infarction
2**.** Accident and recent surgery.
3. Drugs:- Statins.
4.Convulsions & brain tumour.
5. Myopathies
6.Malignant hyperthermia
7.Hypothyroidism & Hyperthyroidism

5).CK-MB (CK-II) levels increase significantly 4-6 hours following a myocardial infaction and peak at around 12-24 hours after the infarct. The levels return to normal , in case of no further myocarial damage, after 24 to 48 hours . Hence the increased levels of CK-MB along with elevated levels of total CK is a good indicator of myocardial infarction.
6).For diagnosis of MI with high sensitivity and specificity , serial sampling over a period of 8 to 12 hours is required . For accurate diagnosis of myocardial infarction, CK-MB activity along with total CK should be measured. If the total CK activity is raised and CK-MB contributes mare than 6% of the total activity, then myocardial infarction is considered highly probable.

*** End Of Report ***

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