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NAME : Mr. PAWAN MITTAL  
AGE/ GENDER : 69 YRS/MALE  
COLLECTED BY :  
REFERRED BY :  
BARCODE NO. : 01517892  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1628213  
REG. NO./LAB NO. : 012409280048  
REGISTRATION DATE : 28/Sep/2024 02:20 PM  
COLLECTION DATE : 28/Sep/2024 02:21 PM  
REPORTING DATE : 28/Sep/2024 03:23 PM

Test Name	Value	Unit	Biological Reference interval
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## IMMUNOPATHOLOGY/SEROLOGY

### TROPONIN T (QUANTITATIVE)

TROPONIN T: BLOOD	0.03	ng/mL	< 0.10
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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 -

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

##### USES:

- 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 \*\*\*



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