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NAME	: Mr. SURENDER SINGH	PATIENT ID	: 1645564
AGE/ GENDER	: 44 YRS/MALE	REG. NO./LAB NO.	: 012410160058
COLLECTED BY	:	REGISTRATION DATE	: 16/Oct/2024 07:54 PM
REFERRED BY	:	COLLECTION DATE	: 16/Oct/2024 07:56PM
BARCODE NO.	: 01519017	REPORTING DATE	: 16/Oct/2024 08:20PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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IMMUNOPATHOLOGY/SEROLOGY
TROPONIN T (QUALITATIVE)

TROPONIN T: BLOOD NEGATIVE (-ve)
by IMMUNOCHROMATOGRAPHY

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 cardiospecific, highly sensitive marker of myocardial damage, but is also expressed by diseased skeletal muscle.
- The most common cause of cardiac injury is myocardial ischemia, ie, acute myocardial infarction. Troponin T becomes elevated 2 to 4 hours after the onset of myocardial necrosis, and can remain elevated for up to 14 days.
- Elevations in troponin T are also seen in patients with unstable angina. The finding of unstable angina and an elevated troponin T are known to have adverse short- and long-term prognosis, as well as a unique beneficial response to an invasive interventional strategy and treatment with the newer antiplatelet agents and low-molecular-weight heparin.

CARDIAC CAUSES LEADING TO INCREASED LEVELS:

- Congestive Heart Failure
- Cardiomyopathy
- Myocarditis,
- Heart contusion
- Interventional therapy like cardiac surgery and drug induced cardiotoxicity

NON CARDIAC CAUSES LEADING TO INCREASED LEVELS:

- Renal Failure
- Lung embolism
- Non-cardiac surgery
- Rhabdomyolysis
- Polymyositis
- Stroke & Left Ventricular dysfunction in Septic shock

THE TEST IS USEFUL IN FOLLOWING CONDITIONS:

- Exclusion diagnosis of acute myocardial infarction
- Monitoring acute coronary syndromes and estimating prognosis
- Possible utility in monitoring patients with non-ischemic causes of cardiac injury.

*** End Of Report ***



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TEST PERFORMED AT: KOS DIAGNOSTIC LAB, AMBALA CANTT.