

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

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

NAME	: Mr. UDAY SINGH RANA	PATIENT ID	: 1659608
AGE/ GENDER	: 60 YRS/MALE	REG. NO./LAB NO.	: 012411030047
COLLECTED BY	:	REGISTRATION DATE	: 03/Nov/2024 02:18 PM
REFERRED BY	:	COLLECTION DATE	: 03/Nov/2024 02:21 PM
BARCODE NO.	: 01519997	REPORTING DATE	: 03/Nov/2024 03:09 PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------

IMMUNOPATHOLOGY/SEROLOGY **TROPONIN T (QUALITATIVE)**

TROPONIN T: BLOOD
 by IMMUNOCHROMATOGRAPHY

NEGATIVE (-ve)

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 ***




DR.VINAY CHOPRA
 CONSULTANT PATHOLOGIST
 MBBS, MD (PATHOLOGY & MICROBIOLOGY)


DR.YUGAM CHOPRA
 CONSULTANT PATHOLOGIST
 MBBS, MD (PATHOLOGY)

