

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

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

**NAME** : Mr. VIMAL MITAL  
**AGE/ GENDER** : 48 YRS/MALE  
**COLLECTED BY** :  
**REFERRED BY** :  
**BARCODE NO.** : 01522406  
**CLIENT CODE.** : KOS DIAGNOSTIC LAB  
**CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

**PATIENT ID** : 1417577  
**REG. NO./LAB NO.** : 012412130031  
**REGISTRATION DATE** : 13/Dec/2024 01:00 PM  
**COLLECTION DATE** : 13/Dec/2024 01:07PM  
**REPORTING DATE** : 13/Dec/2024 01:50PM

Test Name	Value	Unit	Biological Reference interval
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**CLINICAL CHEMISTRY/BIOCHEMISTRY**

**CREATININE**

CREATININE: SERUM by ENZYMATIC, SPECTROPHOTOMETRY	1.61 <sup>H</sup>	mg/dL	0.40 - 1.40
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<b>BARCODE NO.</b>	: 01522406	<b>REPORTING DATE</b>	: 13/Dec/2024 01:28PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
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## **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 < 99<sup>th</sup> 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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