

Dr. Vinay Chopra
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 Chairman & Consultant Pathologist

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NAME	: Mr. LOP NATH BALI	PATIENT ID	: 1815580
AGE/ GENDER	: 85 YRS/MALE	REG. NO./LAB NO.	: 012504020054
COLLECTED BY	:	REGISTRATION DATE	: 02/Apr/2025 04:16 PM
REFERRED BY	:	COLLECTION DATE	: 02/Apr/2025 04:17PM
BARCODE NO.	: 01528241	REPORTING DATE	: 02/Apr/2025 05:21PM
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 (QUANTITATIVE)

TROPONIN T: BLOOD	0.09	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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