

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

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

NAME	: Mrs. SHILPI	PATIENT ID	: 1823893
AGE/ GENDER	: 35 YRS/FEMALE	REG. NO./LAB NO.	: 012504090039
COLLECTED BY	:	REGISTRATION DATE	: 09/Apr/2025 11:30 AM
REFERRED BY	:	COLLECTION DATE	: 09/Apr/2025 11:31AM
BARCODE NO.	: 01528671	REPORTING DATE	: 09/Apr/2025 01:05PM
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 I ULTRASENSITIVE (QUANTITATIVE)

TROPONIN I ULTRASENSITIVE (QUANTITATIVE) 0.1 ng/mL < 0.50

by ELFA (ENZYME LINKED FLUORESCENT IMMUNOASSAY), NEXT GENERATION, ULTRASENSITIVE

INTERPRETATION:

NOTE:
 1.False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.

COMMENTS

- 1.Troponin is a regulatory complex of 3 proteins that resides at regular intervals in the thin filament of striated muscle.
- 2.Cardiac Troponin is a cardiospecific, highly sensitive marker of myocardial damage and has never shown to be expressed in normal, regenerating or diseased skeletal muscle.
- 3.In cases of acute myocardial damage, Troponin I levels rise in serum about 3-4 hours after appearance of cardiac symptoms and remain elevated upto 10 days.
- 4.It is an independent prognostic marker which can predict near, mid and long term outcome in patients with Acute Coronary Syndrome (ACS).


INCREASED LEVELS


- 1.Congestive Heart Failure
- 2.Cardiomyopathy
- 3.Myocarditis
- 4.Heart contusion
- 5.Interventional therapy like cardiac surgery and drug induced cardiotoxicity

USES

- 1.To differentiate patients with Non ST elevation Myocardial Infarction (NSTMI) from Unstable angina-patients with ACS with elevated Troponin I and / or CK-MB are considered to have NSTMI whereas the diagnosis of Unstable angina is established if Troponin I and CK-MB are within the normal range.
- 2.Ideally Troponin I should be measured at presentation (0 hour) and repeated after 6-9 hours & 12-24 hours if earlier specimens are normal and the clinical suspicion is high.
3. Risk stratification of patients presenting with ACS and for cardiac risk in patients with Chronic Renal Failure. As it offers powerful risk assessment, in ACS, Troponin I monitoring should be included in practice guidelines.
4. For selection of more intensive therapy and intervention in patients with elevated Troponin I.




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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION


QUANTITY RECIEVED	10	ml	
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
COLOUR	AMBER YELLOW		PALE YELLOW
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
TRANSPARANCY	CLEAR		CLEAR
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
SPECIFIC GRAVITY	1.01		1.002 - 1.030
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			


CHEMICAL EXAMINATION

REACTION	ACIDIC		
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
PROTEIN	NEGATIVE (-ve)		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
SUGAR	NEGATIVE (-ve)		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
pH	6		5.0 - 7.5
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
BILIRUBIN	NEGATIVE (-ve)		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
NITRITE	NEGATIVE (-ve)		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.			
UROBILINOGEN	NOT DETECTED	EU/dL	0.2 - 1.0
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
KETONE BODIES	NEGATIVE (-ve)		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
BLOOD	NEGATIVE (-ve)		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
ASCORBIC ACID	NEGATIVE (-ve)		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			

MICROSCOPIC EXAMINATION




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Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCs) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)	/HPF	0 - 3
PUS CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	2-3	/HPF	0 - 5
EPITHELIAL CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	3-4	/HPF	ABSENT
CRYSTALS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	ABSENT		ABSENT

*** End Of Report ***




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