



# **INVESTIGATION REPORT**

Page 1 of 2 YHRC/HRM/05/V1

**Patient Name** 

: Mrs. SEEMA VERMA

Age / Sex

45 Yrs Female/ F

OPD/IPD

OPD

Reg. No.

Referred by

: Dr. DR.ABHINAV DR SACHIN

Receipt No.

31303

**Sample Date** 

: 01/07/2020 07:18AM

Lab Ref No.

2085748

S. Received in Lab:

Specimen \*

BLOOD

**Result Date** 

: 01/07/2020 07:48AM

Man.Lab No.

804

## **IMMUNOLOGY**

# HIGH SENSITIVE TROPONIN I

Test Name	Result	Units	
High Sensitive Tropo	nin I 0.1	pg/mL	
Plasma (CMIA)			

## Interpretation:

Initial Result  in Pg/mL	Remaks	
1<26.2	The upper reference limit (99th %ile)    for high sensitive Troponin I (hsTnI)	
1 -:."	Repeat sampling after 3 hrs, a 50%	
	Repeat sampling after 3 hrs, a 50%   change from initial value is diagnostic of Myocardial infarction (MI).	
>262	MI may be ruled in as appropriate with 98% specificity.	
	MI may be ruled in as appropriate with 98% specificity.  Self of tested	

Comment :

**Technologist** 

Dr.SANJAY DEB

Dr. TANISH MANDAL

Dr.SHUCHI GHAI

MD

CHIEF PATHOLOGIST

MD

CONSULTANT PATHOLOGIST

CONSULTANT PATHOLOGIST

MC-3022

Encoded By: MADHAV SINGH

Page 1 of 2





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## **IMMUNOLOGY**

Troponin is a regulatory complex of 3 proteins that resides at regular intervals in the thin filament of striated muscle. 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. 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. It is an independent prognostic marker which can predict near, mid and long term outcome in patients with Acute Coronary Syndrome (ACS).

#### Increased Levels :

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

The cTnl values are used as an aid in the diagnosis of myocardial infarction (MI) and to aid in the assessment of 30-day and 90-day prognosis relative to all-cause mortality and major adverse cardiac events (MACE) consisting of myocardial infarction, revascularization, and cardiac death in patients who present with symptoms suggestive of acute coronary syndrome (ACS).

End Of Report

THERE IS ANY PRINTING ERROR KINDLY NOTIFY PATH LAB IMMEDIATELY

Self Attested

echnologist

Dr.SANJAY DEB

Dr. TANISH MANDAL

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CHIEF PATHOLOGIST

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