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CMO Reg. No. RMEE 2445133 NABLReg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Mr.MOHD SHAKIB

Age/Gender : 18 Y/M

Lab No : 10131351 Referred By : Dr.KGMU

Refer Lab/Hosp : CHARAK NA

. TROPONIN-I (SERUM), URINE FOR MICRO Doctor Advice

Visit No : CHA250034055

Registration ON : 25/Feb/2025 01:48PM

Sample Collected ON : 25/Feb/2025 01:50PM

Sample Received ON : 25/Feb/2025 02:02PM

Report Generated ON : 25/Feb/2025 04:14PM

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE FOR MICRO ALBUMIN				
URINE FOR MICRO ALBUMIN	10	MG/L	< 20 MG/L	

TROPONIN-I (SERUM)

TROPONIN-I (SERUM) 0.022 cut off volue: 0.120

NOTE: -

P.R.

Troponin I (TnI) is a protein normally found in muscle tissue that, in conjunction with Troponin T and Troponin C, regulates the calcium dependent interaction of actin and myosin. 1 Three isotypes of TnI have been identified: one associated with fast-twitch skeletal muscle, one with slow-twitch skeletal muscle and one with cardiac muscle. The cardiac form has an additional 31 amino acid residues at the N terminus and is the only troponin isoform present in the myocardium. Clinical studies have demonstrated that cardiac Troponin I (cTnI) is detectable in the bloodstream 4–6 hours after an acute myocardial infarct (AMI) and remains elevated for several days thereafter Thus, cTnI elevation covers the diagnostic windows of both creatine kinase-MB (CK-MB) and lactate dehydrogenase.3 Further studies have indicated that cTnI has a higher clinical specificity for myocardial injury than does CK-MB. Done by: Vitros ECI (Johnson & Johnson)

Other conditions resulting in myocardial cell damage can contribute to elevated cTnI levels. Published studies have documented that these conditions include, but are not limited to, sepsis, congestive heart failure, hypertension with left ventricular hypertrophy, hemodynamic compromise, myocarditis, mechanical injury including cardiac surgery, defibrillation and cardiac toxins such as anthracyclines. Factors such as these should be considered when interpreting results from any cTnI test method.



Madle DR. SHADABKHAN **PATHOLOGIST**