

Patient Name : Mr.AKSHAT NIGAM	Visit No : CHA250034200
Age/Gender : 24 Y/M	Registration ON : 25/Feb/2025 04: 45PM
<b>Lab No : 10131496</b>	Sample Collected ON : 25/Feb/2025 04: 46PM
Referred By : SELF	Sample Received ON : 25/Feb/2025 05: 13PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 06: 21PM
Doctor Advice : LIPID-PROFILE,TROPONIN-I (SERUM)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID-PROFILE</b>				
Cholesterol/HDL Ratio	3.59	Ratio		Calculated
LDL / HDL RATIO	1.19	Ratio		Calculated

Desirable / low risk - 0.5  
-3.0  
Low/ Moderate risk - 3.0-  
6.0  
Elevated / High risk - >6.0  
Desirable / low risk - 0.5  
-3.0  
Low/ Moderate risk - 3.0-  
6.0  
Elevated / High risk - > 6.0

**TROPONIN-I (SERUM)**

TROPONIN-I (SERUM) 0.015 cut off value : 0.120

**NOTE: -**

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.

[Checked By]

Print.Date/Time: 25-02-2025 18:55:18

\*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADABKHAN  
PATHOLOGIST

Dr. SYED SAIF AHMAD  
MD (MICROBIOLOGY)

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<b>LIPID-PROFILE</b>				
TOTAL CHOLESTEROL	179.20	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	<b>349.60</b>	mg/dL	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >=500 mg/dl	Serum, Enzymatic, endpoint
H D L CHOLESTEROL	49.90	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	59.40	mg/dL	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >= 190 mg/dl	CO-PAP
VLDL	<b>69.90</b>	mg/dL	10 - 40	Calculated

\*\*\* End Of Report \*\*\*

CHARAK



[Checked By]



*Shadab Khan*