

Patient Name : Ms.ROZI	Visit No : CHA250034438
Age/Gender : 40 Y/F	Registration ON : 26/Feb/2025 08: 11AM
Lab No : 10131734	Sample Collected ON : 26/Feb/2025 08: 13AM
Referred By : Dr.AK TIWARI	Sample Received ON : 26/Feb/2025 08: 35AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 10: 46AM
Doctor Advice : TROPONIN-I (SERUM),UACR,LIPID-PROFILE	



Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
Cholesterol/HDL Ratio	3.00	Ratio		Calculated
LDL / HDL RATIO	1.55	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	

URINE ALBUMIN CREATININE RATIO				
URINE FOR MICRO ALBUMIN	10	MG/L	< 20 MG/L	
URINARY CREATININE	66.73	mg/dL	20-320 mg/dL	
URINE ALBUMIN CREATININE RATIO	15.0	mg/g		calculated

CHARAK

[Checked By]



Sharma

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-I (SERUM)				
TROPONIN-I (SERUM)	0.012		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.

CHARAK

[Checked By]



Print.Date/Time: 26-02-2025 11:23:53

*Patient Identity Has Not Been Verified. Not For Medicolegal

Sharma

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	142.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	105.00	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	47.40	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	73.60	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	21.00	mg/dL	10 - 40	Calculated

*** End Of Report ***

CHARAK



[Checked By]



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