	arak	292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 00 Phone : 0522-4062223, 9305548277, 84008888844 9415577933, 9336154100, Tollfree No.: 8688360360 E-mail : charak1984@gmail.com				
DIAGN		CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218				
Patient Name	: Mr.KHALIL AHMAD			Visit No	: CHA25	0037829
Age/Gender	: 89 Y/M			Registration ON	: 02/Mar	-/2025 05:58PM
Lab No	: 10135124			Sample Collected ON	: 02/Mar	/2025 05:59PM
Referred By	: Dr.UMAR AHMAD			Sample Received ON	: 02/Mar	/2025 06:04PM
Refer Lab/Hosp Doctor Advice	: CHARAK NA . TROPONIN-I (SERUM)			Report Generated ON	: 02/Mar	7/2025 07:34PM
Test Name		Result	Unit	Bio. Ref. R	ange	Method
TROPONIN-I (SERUM)		•	•		·

TROPONIN-I (SERUM)

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)

0.943

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.

*** End Of Report ***

CHARAK



PATHOLOGIST

DR. NISHANT SHARMA

PATHOLOGIST

DR. SHADABKHAN Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

[Checked By]