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

Patient Name : Mr.RAM KHILAWAN

Age/Gender : 40 Y/M

Lab No : 10137456

Referred By : Dr.KGMU Refer Lab/Hosp : CHARAK NA

. TROPONIN-I (SERUM) Doctor Advice

Visit No : CHA250040161

Registration ON : 06/Mar/2025 12:06AM

Sample Collected ON : 06/Mar/2025 12:08AM Sample Received ON : 06/Mar/2025 12:14AM

Report Generated ON

: 06/Mar/2025 07:25AM



Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-I (SERUM)				
TROPONIN-I (SERUM)	0.500		cut off volue: 0.120	_

NOTE: -

PR.

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.

*** End Of Report ***

CHARAK



[Checked By]

DR. NISHANT SHARMA DR. SHADAB **PATHOLOGIST**