

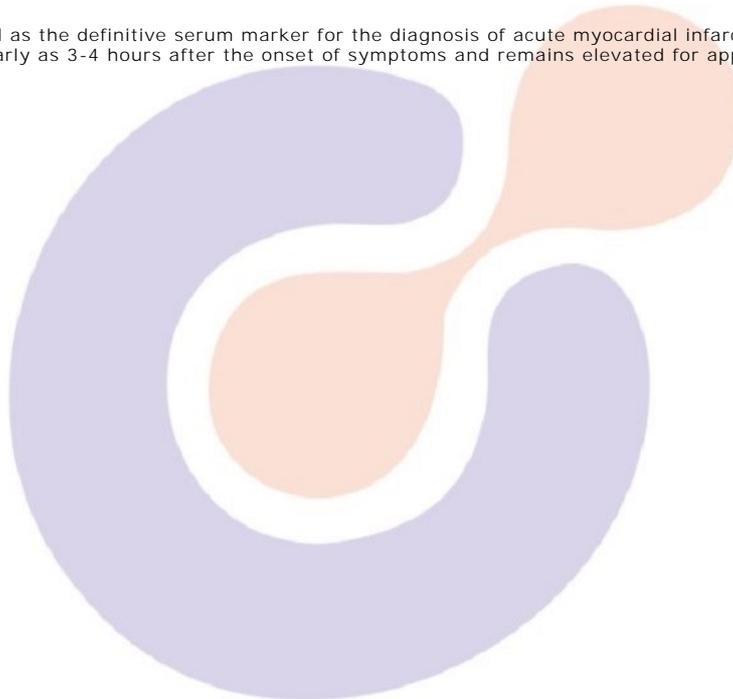
Patient Name : Mr.SUHAIL KHAN	Visit No : CHA250046562
Age/Gender : 48 Y/M	Registration ON : 16/Mar/2025 11:00PM
Lab No : 10143857	Sample Collected ON : 16/Mar/2025 11:01PM
Referred By : Dr.CHARAK SANDILA	Sample Received ON : 16/Mar/2025 11:04PM
Refer Lab/Hosp : LAB RATE	Report Generated ON : 17/Mar/2025 09:30AM
Doctor Advice : TROPONIN-I (SERUM),PRO-BNP,CPK - MB	



Test Name	Result	Unit	Bio. Ref. Range	Method
CPK-MB				
CPK-MB	18.44	U/L	Less than 25	

INTERPRETATION:

CK-MB is the enzyme being used as the definitive serum marker for the diagnosis of acute myocardial infarction. CK-MB, released after AMI, is detectable in blood as early as 3-4 hours after the onset of symptoms and remains elevated for approximately 65 hours post infarct.



CHARAK

[Checked By]

Print.Date/Time: 17-03-2025 10:06:59

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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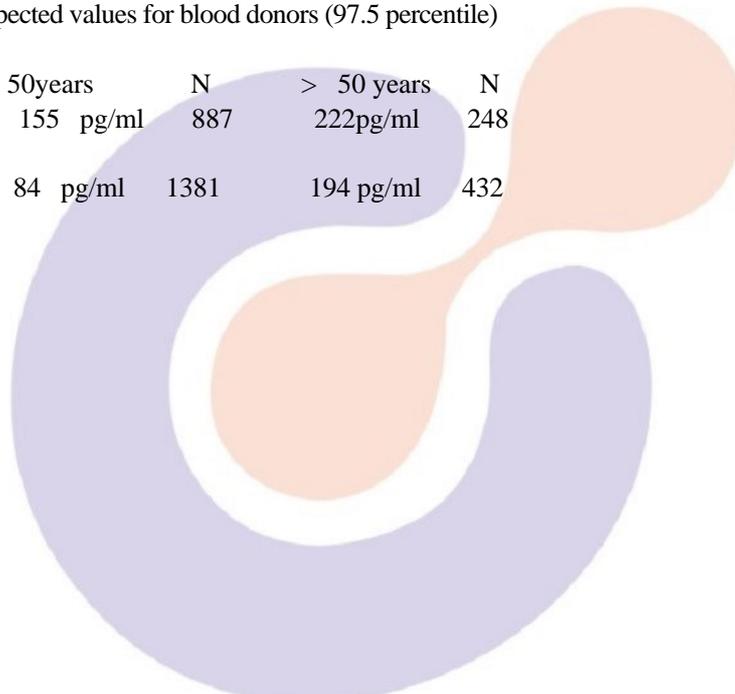
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PRO-BNP

BNP (B type Natriuretic Peptide) 20,404.00

EXPECTED VALUES :- Expected values for blood donors (97.5 percentile)

	< 50years	N	> 50 years	N
WOMEN :	155 pg/ml	887	222pg/ml	248
MEN :	84 pg/ml	1381	194 pg/ml	432



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Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-I (SERUM)				
TROPONIN-I (SERUM)	13.600		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.

*** End Of Report ***

CHARAK

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