



Yash M. Patel

Age : 21 Years

Sex : Male

PID : 555



Sample Collected At:

125, Shivam Bungalow, S G Road,
Mumbai

Ref. By: **Dr. Hiren Shah**



Registered on: 02:31 PM 02 Dec, 2X

Collected on: 03:11 PM 02 Dec, 2X

Reported on: 04:35 PM 02 Dec, 2X

TROPONIN- I, HIGH SENSITIVE

Investigation	Result	Reference Value	Unit
TROPONIN- I, HIGH SENSITIVE, SERUM CMIA	43.00	High < 26.20	pg/mL

Interpretation :

INITIAL RESULT IN pg/mL	Remark
< 26.20	The upper reference limit (99th percentile) for high sensitive Troponin I(hsTnI)
< 26.20 & pain < 6hrs	Repeat sampling after 3 hours. 50% change in initial value is diagnostic of Myocardial infarction (MI)
> 26.20 - 262.00	Repeat sampling after 3 hours. 50% change in initial value is diagnostic of Myocardial infarction (MI)
> 262.00	MI may be ruled in as appropriate with 98% specificity

Note:

1. Serial sampling to detect the temporal rise and fall of cTnI levels is recommended for the differentiation of acute cardiac events from chronic cardiac disease
2. Any condition resulting in myocardial injury can potentially increase hsTnI levels thus the results should be used in conjunction with other information such as ECG, clinical observations & symptoms, etc. to diagnose MI
3. A single hsTnI result may not be sufficient to evaluate MI. Serial blood draws are recommended for evaluation of Acute Coronary Syndrome (ACS)
4. False positive results can be seen in the presence of Rheumatoid factor and heterophile antibodies

Comment :

Troponins are a group of proteins - C, I & T found in cardiac and skeletal muscle as a complex which regulates calcium dependent interaction of actin and myosin. The cardiac forms of Troponin I (cTnI) & Troponin T (cTnT) are distinct from skeletal muscle forms. Cardiac Troponin is a cardiospecific, highly sensitive marker of myocardial damage and has never shown to be expressed in normal, regenerating or diseased skeletal muscle. In cases of acute myocardial damage, Troponin I levels rise in serum about 4-6 hours after appearance of cardiac symptoms and remain elevated upto 7-12 days of cardiac injury. It is an independent prognostic marker which can predict near, mid and long term outcome in patients with Acute Coronary Syndrome (ACS).

Increased Levels :

Congestive Heart Failure, Cardiomyopathy, Myocarditis, Heart contusion, Interventional therapy like cardiac surgery and drug induced cardiotoxicity.

Thanks for Reference

****End of Report****

Medical Lab Technician
(DMLT, BMLT)

Dr. Payal Shah
(MD, Pathologist)

Dr. Vimal Shah
(MD, Pathologist)

