



BML481533

## Laboratory Investigation Report

**Name** : Mr. MUHAMMAD IMRAN  
**DOB** :  
**Age / Gender** : 38 Y / Male  
**Referred by** : DR AHSAN  
**Centre** : CITICARE MEDICAL CENTER

**Ref No.** : 44655  
**Sample No.** : 2410492160  
**Collected** : 24/10/2024 23:20  
**Registered** : 25/10/2024 16:13  
**Reported** : 25/10/2024 16:51

### BIOCHEMISTRY

| Test                             | Result | Flag | Unit  | Reference Range                | Methodology |
|----------------------------------|--------|------|-------|--------------------------------|-------------|
| <b>TROPONIN I (QUANTITATIVE)</b> |        |      |       |                                |             |
| # TROPONIN I (QUANTITATIVE)      | < 0.1  |      | ng/mL | 0 - 0.16<br>Source: Roche IFU. | ECLIA       |

#### INTERPRETATION NOTES :

Interpretation:

The Global MI Task Force's third version of the universal definition of myocardial infarction defined AMI as evidence of myocardial necrosis in a clinical setting consistent with acute myocardial ischemia. Under these circumstances, the following criterion meets the diagnosis of AMI:

Detection of a rise and/or fall of cardiac biomarker values (preferably cardiac troponin) with at least one value above the 99th percentile upper reference limit (URL) and with at least one of the following conditions:

- Symptoms of ischemia.
- New or presumed new significant ST-segment-T wave (ST-T) changes or new left bundle branch block (LBB).
- Development of pathological Q waves in the electrocardiogram (EKG).
- Imaging evidence of new loss of viable myocardium, or new regional wall motion abnormality.
- Identification of an intracoronary thrombus by angiography or autopsy.

The cardiac specificity of this isoform improves the accuracy of detection of cardiac muscle ischemia in patients with acute or chronic skeletal muscle injury and possible concomitant myocardial injury, and is the basis for its selection as a cardiac marker in the diagnosis of AMI.

Increased troponin levels may also be due to abnormally fast heart beat, High blood pressure in lung arteries (pulmonary hypertension), Blockage of a lung artery by a blood clot, fat or tumor cells (pulmonary embolus) Congestive heart failure, coronary artery spasm, myocarditis, prolonged exercise, cardiomyopathy, long term kidney disease. Increased troponin levels may also result from certain medical procedures such as cardiac angioplasty/stenting, heart defibrillation or electrical cardioversion (purposeful shocking of the heart by medical personnel to correct an abnormal heart rhythm), open heart surgery, radiofrequency ablation of the heart.

Reference: Siemens ADVIA Centaur kit insert.

Sample Type : Serum

End of Report

**Dr. Adley Mark Fernandes**  
**M.D (Pathology)**  
**Pathologist**

*Vyoma V. Shah*  
**Dr. Vyoma V Shah**  
**M.D (Pathology)**  
**Clinical Pathologist**

*NAZAR MOHAMED ALI*  
**NAZAR MOHAMED ALI**  
**Laboratory Technologist**

This is an electronically authenticated report

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Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189:2012 unless specified by (^). Test marked with # is performed in an accredited referral laboratory.

