



BML496061

Laboratory Investigation Report

Name	: Mr. ELSAYED NABHAB OSMAN	Ref No.	:
DOB	: 29/01/1977	Sample No.	: 2412507376
Age / Gender	: 47 Y / Male	Collected	: 01/12/2024 06:30
Referred by	: Dr. Enomen Goodluck Ekata	Registered	: 01/12/2024 20:29
Centre	: CITICARE MEDICAL CENTER	Reported	: 02/12/2024 00:09

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
TROPONIN I (QUANTITATIVE)					
# TROPONIN I (QUANTITATIVE)	< 0.1		ng/mL	0 - 0.16 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

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

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Page 1 of 3

Harshad Manikandan
HARSHAD MANIKANDAN
Laboratory Technician
Printed on: 02/12/2024 00:12

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HEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
COMPLETE BLOOD COUNT (CBC)					
HEMOGLOBIN	15.2		g/dL	13.5 - 17.5	Photometric
RBC COUNT	6	H	10 ⁶ /μL	4.3 - 5.7	Electrical Impedance
HEMATOCRIT	45.5		%	38 - 50	Calculation
MCV	75.7	L	fL	82 - 98	Calculation
MCH	25.3	L	pg	27 - 32	Calculation
MCHC	33.5		g/dL	32 - 37	Calculation
RDW	14.2		%	11.8 - 15.6	Calculation
RDW-SD	37.6		fL		Calculation
MPV	8.4		fL	7.6 - 10.8	Calculation
PLATELET COUNT	236		10 ³ /uL	150 - 450	Electrical Impedance
PCT	0.2		%	0.01 - 9.99	Calculation
PDW	16.7		Not Applicable	0.1 - 99.9	Calculation
NUCLEATED RBC (NRBC)^	0.3		/100 WBC		VCS 360 Technology
ABSOLUTE NRBC COUNT^	0.03		10 ³ /uL		Calculation
EARLY GRANULOCYTE COUNT (EGC)^	0.4		%		VCS 360 Technology
ABSOLUTE EGC^	0		10 ³ /uL		Calculation
WBC COUNT	10.1		10 ³ /μL	4 - 11	Electrical Impedance
DIFFERENTIAL COUNT (DC)					
NEUTROPHILS	47		%	40 - 75	VCS 360 Technology
LYMPHOCYTES	45		%	20 - 45	VCS 360 Technology
EOSINOPHILS	2		%	0 - 6	VCS 360 Technology
MONOCYTES	6		%	1 - 6	VCS 360 Technology
BASOPHILS	0		%	0 - 1	VCS 360 Technology
ABSOLUTE COUNT					
ABSOLUTE NEUTROPHIL COUNT	4.7		10 ³ /uL	1.6 - 8.25	Calculation
ABSOLUTE LYMPHOCYTE COUNT	4.4		10 ³ /uL	0.8 - 4.95	Calculation
ABSOLUTE MONOCYTE COUNT	0.4		10 ³ /uL	0.04 - 0.66	Calculation
ABSOLUTE EOSINOPHIL COUNT	0.2		10 ³ /uL	0 - 0.66	Calculation
ABSOLUTE BASOPHIL COUNT	0.0		10 ³ /uL	0 - 0.11	Calculation

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Mubasher
MUBASHER ZAHOOR
Laboratory Technologist

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HEMATOLOGY

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COMPLETE BLOOD COUNT (CBC)

INTERPRETATION NOTES :

Please note update on CBC report format, reference ranges and method(Beckman Coulter).

Sample Type : EDTA Whole Blood

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