

Patient Name : MADHUBEN VAIDYA

Age : 70 Yrs

Gender : FEMALE

Referred By : New Civil Hospital

Bill No. : 250348071

Sample Collected At : 17/03/2025 10:36PM

Reported At : 17/03/2025 11:24 PM

Report Status : FINAL

Barcode ID



CK- MB

Test Name	Result	Unit	Biological Reference Interval
CK-MB	1.6	U/L	0.0 - 5.0

----- END OF REPORT -----



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Dr. Rahul Jariwala
MD (Pathologist)
Reg No: G16306

For Sample Collection : +91 73596 32894 / +91 91375 41374 / +91 76228 53006

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RENAL FUNCTION TEST (MINOR)

Test Name	Method	Result	Unit	Biological Reference Interval
Urea	Photometry method	56	mg/dL	15.0 - 45.0
Blood Urea Nitrogen		26.1	mg/dL	7 - 20
Creatinine	Photometry method	1.20	mg/dL	0.6-1.4
Sodium (Na+)	ISE METHOD	134.5	mmol/L	135 - 147
Potassium(K+)	ISE METHOD	5.41	mmol/L	3.5 - 5.5
Chloride (Cl-)	ISE METHOD	100.5	mmol/L	98 - 108

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LIVER FUNCTION TEST (MINOR)

Test Name	Method	Result	Unit	Biological Reference Interval
Total Bilirubin	Photometry method	0.09	mg/dL	0.1-1.0
Direct Bilirubin	Photometry method	0.08	mg/dL	0.1 - 0.3
Indirect Bilirubin	calculated	0.01	mg/dL	0.1 - 1.0
ALT (SGPT)	Photometry method	34.36	U/L	5 - 41
AST (SGOT)	Photometry method	20.7	U/L	5 - 40
ALP	Photometry method	86.61	U/L	64-306
Total Protein	Photometry method	5.8	g/dl	5.5-8.0
Albumin	Photometry method	3.3	gm/dL	3.5-5.5
Globulin	Calculated	2.5	g/dL	1.8-3.5
A/G Ratio	Calculated	1.3	Ratio	0.9 - 2

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* 2 5 0 3 4 8 0 7 1 *

TROPONIN - I, HIGH SENSITIVE (hsTnI)

Test Name	Result	Unit	Biological Reference Interval
Troponin - I, High Sensitive	6.70	pg/mL	0.00-19.0

Interpretation

In myocardial infarction, cTnI levels rise in the hours after the onset of cardiac symptoms, reaching a peak at 12–16 hours and can remain elevated for 4–9 days post MI. Numerous pathologies can potentially cause troponin elevations without overt ischemic heart disease. These pathologies include, but are not limited to, congestive heart failure, acute and chronic trauma, electrical cardioversion, hypertension, hypotension, arrhythmias, pulmonary embolism, severe asthma, sepsis, critical illness, myocarditis, stroke, non-cardiac surgery, extreme exercise, drug toxicity (adriamycin, 5-fluorouracil, herceptin, snake venoms), end stage renal disease, and rhabdomyolysis with cardiac injury. Importantly, these other etiologies rarely demonstrate the classic rising and falling pattern experienced with a MI, which highlights the importance of serial monitoring when the clinical scenario is unclear.

The result should be correlated with clinical assessment.

This information is meant only for medical profession individual.

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