sf-1, narsinhdham complex,
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baroda-22. ph. : 2489092
E-mail : divinehcl@gmail.com

Healthcare Laboratory

Patient's Name	: Pradipkumar Mandal	Ref.No.	: HL-7539-21
Age/Sex	: 65 Years /Male	Reg. Date	: 06/08/2021 09:27
Referred by	: C/o. Dr At Doorstep	Collection. Time	: 06/08/2021 9:00

7295

RHEUMATOID FACTOR (RF / RA)

Principle	:	Particle enhanced turbidlmetry assay
Concentration	:	4.5 IU / ML
Normal	:	Less than 20 IU / ML
Result	:	**Non-Reactive**

authorized signatory

verify by : mukesh j
reporting Verification Time : 06/08/2021 10:35:00
report print Date/Time :06/08/2021 10:36
---: end of report :---

dr. d.p.kapuriya
m.d.(path)
G 15379

dr.khushbu chaudhari
m.d.(path)
G 21850

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RENAL FUNCTION TESTS

TESTS	RESULTS	UNITS	BIOLOGICAL REF INTERVAL
S. CALCIUM	8.9	mg / dl	8.4 - 11.0

authorized signatory

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7295

TROPONIN I HIGH SENSITIVE (TNHS)

An automated quantitative assay for the determination of cardiac troponin I by , mini - VIDAS

TEST	RESULT	UNIT	Biological Ref.Interval
TROPONIN I HIGH SENSITIVE	6285	ng / l	< 19 Normal healthy individual
Enzyme linked fluorescent assay	Acute Myocardial Infarction		19 to 99 Possible myocardial damage and if Delta > 10 ng / ml then Acute MI >= 100 Acute Myocardial Infarct

Troponin is a regulatory protein of the thin filament of striated muscle, and consists of three subunits I , T , and C.
Troponin I has a cardiac isoform which enables highly specific detection of myocardial injury. This isoform is rapidly released after acute myocardial infarction (AMI) and can be detacted in blood between 4th and 8th hour after the onset of chest pain , with a peak between 14th and 36th hours. Concentrations in blood remain high for 3 to 7 days.
Cardiac troponin is the biomarker of choice for detection of myocardial necrosis as it is more specific and sensitive than classic cardiac enzymes CK and CK MB .
The recommendation of the consensus committee of the European society for cardiology (ESC) and the American college of cardiology (ACC) specify that the diagnosis of myocardial necrosis can be made when level of cardiac troponin in the blood is greater than the 99th percentile of a healthy population in the clinical setting of acute ischemia .
Patients presenting an acute coronary syndrome and high concentrations of cardiac troponin I and /or CKMB are considered to be victims of myocardial infarction , whereas the diagnosis of unstable angina will be made if the concentrations of cardiac troponin land CK MB are situated in the reference range.
Several published guidelines agree that a single test for troponin on arrival of the patient in the hospital is insufficient. The collection of atleast 3 blood samples during the early triage period has been recommended.
Apart from its role in the diagnosis of AMI , the determination of cardiac troponin I is useful for assessing the effect of thrombolytic therapy and estimating the extent of necrosis.
For patients with acute coronary syndrom, troponin is a prognostic indicator and allows to stratify the risk of cardiac events and mortality.

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