Patient Name	:		
DOB/Age/Gender	:	Bill Date	:
Patient ID / UHID	:	Sample Collected	:
Referred By	:	Sample Received	:
Sample Type	:	Report Date	:
Barcode No	:	Report Status	:

Test Description	Value(s)	Unit(s)	Reference Range

BIOCHEMISTRY REPORT

High Sensitivity Troponin I

TROPONIN-I,HIGH SENSITIVE	**63.8**	pg/mL	

Method : CLIA

Interpretation:

INITIAL RESULT in pg/mL	REMARKS
<26.2	The upper reference limit (99th percentile) for high sensitive Troponin I (hsTnI)
<26.2 & pain <6hrs	Repeat sampling after 3 hrs, a 50% change from initial value is diagnostic of Myocardial infarction (MI)
26.2-262	Repeat sampling after 3 hrs, 50% change from initial value is diagnostic of Myocardial infarction (MI)
>262	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 distrinct 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

Uses

1.To differentiate patients with Non ST elevation Myocardial Infarction (NSTMI) from Unstable angina - patients with ACS with elevated Troponin I and / or CK-MB are considered to have NSTMI whereas the diagnosis of Unstable angina is established if Troponin I and CK-MB are within the normal range.Ideally Troponin I should be measured at presentation (0 hour) and repeated after 6-9 hours & 12-24 hours if earlier specimens are normal and the clinical suspicion is high.

2. Risk stratification of patients presenting with ACS and for cardiac risk in patients with Chronic Renal Failure. As it offers powerful risk assessment, in ACS, Troponin I monitoring should be included in practice guidelines.
For selection of more intensive therapy and intervention in patients with elevated Troponin I.

Dr. Pallab Kanti Kar
MD (Pathology)
Consultant Pathologist

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