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Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana.
ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

Name	: Mr. S M MAQSOOD	Sample ID	: A0590430
Age/Gender	: 46 Years/Male	Reg. No	: 0312408100014
Referred by	: Dr. VENKATESH YADHAV	SPP Code	: SPL-STS-554
Referring Customer	: V CARE MEDICAL DIAGNOSTICS TS	Collected On	: 10-Aug-2024 11:18 AM
Primary Sample	: Whole Blood	Received On	: 10-Aug-2024 01:20 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 10-Aug-2024 03:26 PM
Client Address	: Kimtee Colony ,Gokul Nagar,Tarnaka.	Report Status	: Final Report

HAEMATOLOGY

HEALTH PROFILE A-3 PACKAGE

Test Name	Results	Units	Ref. Range	Method
COMPLETE BLOOD COUNT (CBC)				
Haemoglobin (Hb)	14.4	g/dL	13-17	Cynmeth Method
RBC Count	5.16	10^12/L	4.5-5.5	Cell Impedence
Haematocrit (HCT)	44.0	%	40-50	Calculated
MCV	85	fl	81-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	32.7	g/dL	32.5-34.5	Calculated
RDW-CV	13.9	%	11.6-14.0	Calculated
Platelet Count (PLT)	309	10^9/L	150-410	Cell Impedance
Total WBC Count	**11.4**	10^9/L	4.0-10.0	Impedance
Neutrophils	**73**	%	40-70	Cell Impedence
Absolute Neutrophils Count	**8.32**	10^9/L	2.0-7.0	Impedence
Lymphocytes	21	%	20-40	Cell Impedence
Absolute Lymphocyte Count	2.39	10^9/L	1.0-3.0	Impedence
Monocytes	04	%	2-10	Microscopy
Absolute Monocyte Count	0.46	10^9/L	0.2-1.0	Calculated
Eosinophils	02	%	1-6	Microscopy
Absolute Eosinophils Count	0.23	10^9/L	0.02-0.5	Calculated
Basophils	00	%	1-2	Microscopy
Absolute Basophil lCount	0.00	10^9/L	0.0-0.3	Calculated
Morphology				
WBC	Neutrophilic Leucocytosis			
RBC	Normocytic normochromic			
Platelets	Adequate.			Microscopy

Result rechecked and verified for abnormal cases

*** End Of Report ***

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Swarnabala.M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mr. S M MAQSOOD	Sample ID	: A0590430
Age/Gender	: 46 Years/Male	Reg. No	: 0312408100014
Referred by	: Dr. VENKATESH YADHAV	SPP Code	: SPL-STS-554
Referring Customer	: V CARE MEDICAL DIAGNOSTICS TS	Collected On	: 10-Aug-2024 11:18 AM
Primary Sample	: Whole Blood	Received On	: 10-Aug-2024 01:20 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 10-Aug-2024 03:32 PM
Client Address	: Kimtee Colony ,Gokul Nagar,Tarnaka.	Report Status	: Final Report

HAEMATOLOGY

HEALTH PROFILE A-3 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Erythrocyte Sedimentation Rate (ESR)	9	mm/hr	10 or less	Westergren method

Comments : ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process.It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

Name	: Mr. S M MAQSOOD	Sample ID	: A0590435
Age/Gender	: 46 Years/Male	Reg. No	: 0312408100014
Referred by	: Dr. VENKATESH YADHAV	SPP Code	: SPL-STS-554
Referring Customer	: V CARE MEDICAL DIAGNOSTICS TS	Collected On	: 10-Aug-2024 11:18 AM
Primary Sample	: Whole Blood	Received On	: 10-Aug-2024 01:20 PM
Sample Tested In	: Plasma-NaF(F)	Reported On	: 10-Aug-2024 02:18 PM
Client Address	: Kimtee Colony ,Gokul Nagar,Tarnaka.	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-3 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Glucose Fasting (F)	87	mg/dL	70-100	Hexokinase

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	> = 6.5	>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

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MD BIOCHEMISTRY

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

Name	: Mr. S M MAQSOOD	Sample ID	: A0590430, A0590437
Age/Gender	: 46 Years/Male	Reg. No	: 0312408100014
Referred by	: Dr. VENKATESH YADHAV	SPP Code	: SPL-STS-554
Referring Customer	: V CARE MEDICAL DIAGNOSTICS TS	Collected On	: 10-Aug-2024 11:18 AM
Primary Sample	: Whole Blood	Received On	: 10-Aug-2024 01:27 PM
Sample Tested In	: Whole Blood EDTA, Serum	Reported On	: 10-Aug-2024 04:56 PM
Client Address	: Kimtee Colony ,Gokul Nagar,Tarnaka.	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-3 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Glycated Hemoglobin (HbA1c)	5.8	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	HPLC
Mean Plasma Glucose	119.76	mg/dL		Calculated

Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

NOTE: ***The above Given Risk Level Interpretation is not age specific and is an information resource only and is not to be used or relied on for any diagnostic or treatment purposes and should not be used as a substitute for professional diagnosis and treatment. Kindly Correlate clinically.***

INTERPRETATION

Method: Analyzer Fully automated **HPLC** platform.

Average Blood Glucose(eAG) (mg/dL)	Level of Control	Hemoglobin A1c (%)
421	ALERT	14%
386		13%
350		12%
314		11%
279		10%
243		9%
208		8%
172	POOR	7%
136	GOOD	6%
101	EXCELLENT	5%

HbA1c values of 5.0- 6.5 percent indicate good control or an increased risk for developing diabetes mellitus. HbA1c values greater than 6.5 percent are diagnostic of diabetes mellitus. Diagnosis should be confirmed by repeating the HbA1c test.

NOTE: *Hb F higher than 10 percent of total Hb may yield falsely low results. Conditions that shorten red cell survival, such as the presence of unstable hemoglobins like Hb SS, Hb CC, and Hb SC, or other causes of hemolytic anemia may yield falsely low results. Iron deficiency anemia may yield falsely high results.*

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REPORT

Name	: Mr. S M MAQSOOD	Sample ID	: A0590430, A0590437
Age/Gender	: 46 Years/Male	Reg. No	: 0312408100014
Referred by	: Dr. VENKATESH YADHAV	SPP Code	: SPL-STS-554
Referring Customer	: V CARE MEDICAL DIAGNOSTICS TS	Collected On	: 10-Aug-2024 11:18 AM
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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-3 PACKAGE

Test Name	Results	Units	Ref. Range	Method
25 - Hydroxy Vitamin D	**19.41**	ng/mL	<20.0-Deficiency 20.0-30.0-Insufficiency 30.0-100.0-Sufficiency >100.0-Potential Intoxication	CLIA

Interpretation:
1.Vitamin D helps your body absorb calcium and maintain strong bones throughout your entire life. Your body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement.
2.Vitamin D must go through several processes in your body before your body can use it. The first transformation occurs in the liver. Here, your body converts vitamin D to a chemical known as 25-hydroxyvitamin D, also called calcidiol.
3.The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has. The test can determine if your vitamin D levels are too high or too low.
4.The test is also known as the 25-OH vitamin D test and the calcidiol 25-hydroxycholecalcifoerol test. It can be an important indicator of osteoporosis (bone weakness) and rickets (bone malformation).
Those who are at high risk of having low levels of vitamin D include:
1.people who don't get much exposure to the sun
2.older adults
3.people with obesity.
4.dietary deficiency
Increased Levels: Vitamin D Intoxication

Method : CLIA

Vitamin- B12 (cyanocobalamin)	384	pg/mL	211-911	CLIA

Interpretation:
This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12.
Causes of vitamin B12 deficiency include:Diseases that cause malabsorption

- Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
- Above normal heat production (for example, with hyperthyroidism)

An increased vitamin B12 level is uncommon in:

- Liver disease (such as cirrhosis or hepatitis)
- Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)
-

Result rechecked and verified for abnormal cases

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REPORT

Name	: Mr. S M MAQSOOD	Sample ID	: A0590437
Age/Gender	: 46 Years/Male	Reg. No	: 0312408100014
Referred by	: Dr. VENKATESH YADHAV	SPP Code	: SPL-STS-554
Referring Customer	: V CARE MEDICAL DIAGNOSTICS TS	Collected On	: 10-Aug-2024 11:18 AM
Primary Sample	: Whole Blood	Received On	: 10-Aug-2024 01:27 PM
Sample Tested In	: Serum	Reported On	: 10-Aug-2024 02:28 PM
Client Address	: Kimtee Colony ,Gokul Nagar,Tarnaka.	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-3 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Lipid Profile				
Cholesterol Total	**215**	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	**358**	mg/dL	< 150	GPO-POD
Cholesterol-HDL	**34**	mg/dL	40-60	Direct
Cholesterol-LDL	**109.4**	mg/dL	< 100	Calculated
Cholesterol- VLDL	**71.6**	mg/dL	7-35	Calculated
Non HDL Cholesterol	**181**	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	**6.32**	%	0-4.0	Calculated
HDL / LDL Ratio	0.31			
LDL/HDL Ratio	3.22	%	0-3.5	Calculated

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid discorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol in (mg/dL)	Non HDL Cholesterol in (mg/dL)
Optimal	Adult: < 200 Children: < 170	< 150	40-59	Adult:<100 Children: <110	<130
Above Optimal	-----	-----		100-129	130 - 159
Borderline High	Adult: 200-239 Children:171-199	150-199		Adult: 130-159 Children: 111-129	160 - 189
High	Adult:>or=240 Children:>or=200	200-499	**≥ 60**	Adult:160-189 Children:>or=130	190 - 219
Very High	-----	>or=500		Adult: >or=190 -------	>=220

Note: LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (**Friedewald's formula)**. Calculated values not provided for LDL and VLDL

Result rechecked and verified for abnormal cases

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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-3 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Kidney Profile-KFT				
Creatinine -Serum	0.89	mg/dL	0.70-1.30	Jaffes Kinetic
Urea-Serum	31.7	mg/dL	12.8-42.8	Calculated
Blood Urea Nitrogen (BUN)	14.8	mg/dL	7.0-18.0	Calculated
BUN / Creatinine Ratio	16.63		6 - 22	
Uric Acid	3.94	mg/dL	3.5-7.2	Uricase
Sodium	138	mmol/L	135-150	ISE Direct
Potassium	3.7	mmol/L	3.5-5.0	ISE Direct
Chloride	104	mmol/L	94-110	ISE Direct

Interpretation:

- The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes though the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

*** End Of Report ***

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REPORT

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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-3 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Liver Function Test (LFT)				
Bilirubin(Total)	0.40	mg/dL	0.1-1.2	Diazo
Bilirubin (Direct)	0.14	mg/dL	0.0 - 0.3	Diazo
Bilirubin (Indirect)	0.26	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	19.9	U/L	15-37	IFCC UV Assay
Alanine Aminotransferase (ALT/SGPT)	32.8	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	117.5	U/L	30-120	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	38.0	U/L	15-85	IFCC
Protein - Total	7.58	g/dL	6.4-8.2	Biuret
Albumin	4.8	g/dL	3.4-5.0	Bromocresol Green (BCG)
Globulin	2.78	g/dL	2.0-4.2	Calculated
A:G Ratio	1.73	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	0.61			

Alanine Aminotransferase(ALT) is an enzyme found in liver and kidneys cells. ALT helps create energy for liver cells. Damaged liver cells release ALT into the bloodstream, which can elevate ALT levels in the blood.
Aspartate Aminotransferase (AST) is an enzyme in the liver and muscles that helps metabolizes amino acids. Similarly to ALT, elevated AST levels may be a sign of liver damage or liver disease.
Alkaline phosphate (ALP) is an enzyme present in the blood. ALP contributes to numerous vital bodily functions, such as supplying nutrients to the liver, promoting bone growth, and metabolizing fat in the intestines.
Gamma-glutamyl Transpeptidase (GGTP) is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.
Bilirubin is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice - a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.
Albumin is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infections and transport vitamins, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

Name	: Mr. S M MAQSOOD	Sample ID	: A0590437
Age/Gender	: 46 Years/Male	Reg. No	: 0312408100014
Referred by	: Dr. VENKATESH YADHAV	SPP Code	: SPL-STS-554
Referring Customer	: V CARE MEDICAL DIAGNOSTICS TS	Collected On	: 10-Aug-2024 11:18 AM
Primary Sample	: Whole Blood	Received On	: 10-Aug-2024 01:27 PM
Sample Tested In	: Serum	Reported On	: 10-Aug-2024 02:28 PM
Client Address	: Kimtee Colony ,Gokul Nagar,Tarnaka.	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-3 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Thyroid Profile-I(TFT)				
T3 (Triiodothyronine)	130.38	ng/dL	70-204	CLIA
T4 (Thyroxine)	12.1	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	2.80	µIU/mL	0.35-5.5	CLIA

Pregnancy & Cord Blood

T3 (Triiodothyronine):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 81-190 ng/dL	15 to 40 weeks:9.1-14.0 µg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester :100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL
		Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL

Interpretation:

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS TS	Collected On	: 10-Aug-2024 11:18 AM
Primary Sample	: Whole Blood	Received On	: 10-Aug-2024 01:27 PM
Sample Tested In	: Serum	Reported On	: 10-Aug-2024 02:28 PM
Client Address	: Kimtee Colony ,Gokul Nagar,Tarnaka.	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-3 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Iron Profile-I				
Iron(Fe)	68	µg/dL	65-175	Ferrozine
Total Iron Binding Capacity (TIBC)	396	µg/dL	250-450	Ferrozine
Transferrin	276.92	mg/dL	215-365	Calculated
Iron Saturation((% Transferrin Saturation)	**17.17**	%	20-50	Calculated
Unsaturated Iron Binding Capacity (UIBC)	328	µg/dL	110 - 370	FerroZine

Interpretation:

- Serum transferrin (and TIBC) high, serum iron low, saturation low. Usual causes of depleted iron stores include blood loss, inadequate dietary iron. RBCs in moderately severe iron deficiency are hypochromic and microcytic. Stainable marrow iron is absent. Serum ferritin decrease is the earliest indicator of iron deficiency if inflammation is absent.
- **Anemia of chronic disease:** Serum transferrin (and TIBC) low to normal, serum iron low, saturation low or normal. Transferrin decreases with many inflammatory diseases. With chronic disease there is a block in movement to and utilization of iron by marrow. This leads to low serum iron and decreased erythropoiesis. Examples include acute and chronic infections, malignancy and renal failure.
- **Sideroblastic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron normal to high, saturation high.
- **Hemolytic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron high, saturation high.
- **Hemochromatosis:** Serum transferrin (and TIBC) slightly low, serum iron high, saturation very high.
- **Protein depletion:** Serum transferrin (and TIBC) may be low, serum iron normal or low (if patient also is iron deficient). This may occur as a result of malnutrition, liver disease, renal disease.
- **Liver disease:** Serum transferrin variable; with acute viral hepatitis, high along with serum iron and ferritin. With chronic liver disease (eg, cirrhosis), transferrin may be low. Patients who have cirrhosis and portacaval shunting have saturated TIBC/transferrin as well as high ferritin.

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REPORT

Name	: Mr. S M MAQSOOD	Sample ID	: A0590744
Age/Gender	: 46 Years/Male	Reg. No	: 0312408100014
Referred by	: Dr. VENKATESH YADHAV	SPP Code	: SPL-STS-554
Referring Customer	: V CARE MEDICAL DIAGNOSTICS TS	Collected On	: 10-Aug-2024 11:18 AM
Primary Sample	:	Received On	: 10-Aug-2024 01:27 PM
Sample Tested In	: Urine	Reported On	: 10-Aug-2024 03:48 PM
Client Address	: Kimtee Colony ,Gokul Nagar,Tarnaka.	Report Status	: Final Report

CLINICAL PATHOLOGY

HEALTH PROFILE A-3 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Complete Urine Analysis (CUE)				
Physical Examination				
Colour	Pale Yellow		Straw to light amber	
Appearance	HAZY		Clear	
Chemical Examination				
Glucose	Negative		Negative	Strip Reflectance
Protein	Absent		Negative	Strip Reflectance
Bilirubin (Bile)	Negative		Negative	Strip Reflectance
Urobilinogen	Negative		Negative	Ehrlichs reagent
Ketone Bodies	Negative		Negative	Strip Reflectance
Specific Gravity	1.025		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	6.5		5.0 - 8.5	Reagent Strip Reflectance
Nitrites	Negative		Negative	Strip Reflectance
Leukocyte esterase	Negative		Negative	Reagent Strip Reflectance
Microscopic Examination (Microscopy)				
PUS(WBC) Cells	02-04	/hpf	00-05	Microscopy
R.B.C.	Nil	/hpf	Nil	Microscopic
Epithelial Cells	01-02	/hpf	00-05	Microscopic
Casts	Absent		Absent	Microscopic
Crystals	Absent		Absent	Microscopic
Bacteria	Nil		Nil	
Budding Yeast Cells	Nil		Absent	Microscopy

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited

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DR.SWARNA BALA
MD PATHOLOGY

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Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana.
ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

Name	: Mr. S M MAQSOOD	Sample ID	: A0590438
Age/Gender	: 46 Years/Male	Reg. No	: 0312408100015
Referred by	: Dr. VENKATESH YADHAV	SPP Code	: SPL-STS-554
Referring Customer	: V CARE MEDICAL DIAGNOSTICS TS	Collected On	: 10-Aug-2024 11:26 AM
Primary Sample	: Whole Blood	Received On	: 10-Aug-2024 01:20 PM
Sample Tested In	: Serum	Reported On	: 10-Aug-2024 05:11 PM
Client Address	: Kimtee Colony ,Gokul Nagar,Tarnaka.	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Troponin - T	8.6	pg/mL	< 14.0	ECLIA

Interpretation:

- Troponin T is a myofibrillar protein found in striated musculature. There are 2 types of myofilament: a thick filament containing myosin and a thin filament consisting of 3 different proteins, namely actin, tropomyosin, and troponin. Troponin is itself a complex of 3 protein subunits, which are termed troponin T, troponin I, and troponin C
- Troponin T is found in free cytosol and structurally bound protein. The unbound pool of troponin T is the source of early protein release in myocardial damage. Troponin T is released from the structural elements at a later stage, corresponding to the degradation of myofibrils that occurs in irreversible myocardial damage. Troponin T becomes elevated 2 to 4 hours after the onset of myocardial necrosis and can remain elevated for up to 14 days.

Troponin - I	0.01	ng/mL	< 0.04	ECLIA

Interpretation:

- Troponin I (TnI) is a key regulatory protein of the striated musculature. Although its function in the contractile apparatus is the same in all striated muscles, TnI originating from the myocardium clearly differs from skeletal muscle TnI. Due to this high tissue-specificity, cardiac troponin I (cTnI) is a highly sensitive marker for myocardial damage.Cardiac TnI allows the clinician to differentiate between skeletal muscle lesions (eg, rhabdomyolysis and polytraumatism) and myocardial injury.
- In cases of acute myocardial infarction (AMI), cTnI levels in serum rise about three to six hours after the onset of cardiac symptoms, peak at 12-16 hours, and can remain elevated for four to nine days. Elevated cTnI levels have also been reported in cases of unstable angina pectoris (UAP) and congestive heart failure (CHF). Cardiac TnI is a well-established prognostic marker which can predict the near, mid- and even long-term outcome of patients with acute coronary syndrome (ACS)
- In summary, elevated troponin levels point to myocardial injury, but are not necessarily indicative of an ischemic mechanism. The term MI should be used when there is evidence of cardiac damage, as detected by marker proteins in a clinical setting consistent with myocardial ischemia. If the clinical circumstance suggests that an ischemic mechanism is unlikely, other causes of cardiac injury should be considered.

Correlate Clinically.

*** End Of Report ***

DR.VAISHNAVI
MD BIOCHEMISTRY