

## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b>	: Mrs. UMA GOSWAMI	<b>Age/Sex</b>	: 58Year(s) / Female
<b>UHID</b>	: AIGG.20836306	<b>Order Date</b>	: 26-08-2024 13:47
<b>Episode</b>	: OP		
<b>Ref. Doctor</b>	: Dr.RUPJYOTHI TALUKDAR	<b>Mobile No</b>	: 8910130242
		<b>Facility</b>	: AIG Hospitals, Gachibowli

### Biochemistry

TEST	RESULT	UNIT	BIOLOGICAL REF INTERVAL
Sample No : AGO0633882E	Collection Date : 26/08/24 14:15	Ack Date : 27/08/2024 19:05	Report Date : 27/08/24 20:13

### CALPROTECTIN STOOL

Sample Type- Stool

<b>FECAL CALPROTECTIN</b>	<b>331 ▲ (H)</b>	mg/kg	Normal Value 5 - 50 mg/kg Positive Value > 50 mg/kg Median Value follow up - & Remeasure 50 - 200 mg/kg Active,Symptomatic IBD > 200 mg/kg
Method - CLIA			

**NOTE:** Fecal Calprotectin is translocated across the epithelial barrier and enters the lumen of the gut. As the inflammatory process progresses, the released calprotectin is absorbed by fecal material before it is excreted from the body. The amount of calprotectin present in the feces is proportional to the number of neutrophils within the gastrointestinal mucosa and can be used as an indirect marker of intestinal inflammation. The Calprotectin assay can be used as an aid in the diagnosis of inflammatory bowel diseases (IBD), specifically Crohn's disease and ulcerative colitis, and as an aid in differentiation of IBD from irritable bowel syndrome (IBS). Test results are to be used in conjunction with information obtained from the patients' clinical evaluation and other diagnostic procedures including endoscopy, histology, and imaging. The Calprotectin assay provides a non-invasive method to detect and monitor the on-going treatment of IBD. When used for this differential diagnosis, fecal calprotectin has sensitivity and specificity both of approximately 85%. However, it must be remembered that increases in fecal calprotectin are not diagnostic for IBD, as other disorders such as celiac disease, colorectal cancer, and gastrointestinal infections, may also be associated with neutrophilic inflammation.

**Cautions:** Elevations in fecal calprotectin are not diagnostic for inflammatory bowel disease (IBD), and normal fecal calprotectin concentrations do not exclude the possibility of IBD. Borderline results in fecal calprotectin may be observed in patients taking nonsteroidal anti-inflammatory drugs (NSAID), aspirin, or proton-pump inhibitors. For borderline results, repeat testing in 4 to 6 weeks is suggested. Elevations in fecal calprotectin may be observed in other disease states associated with neutrophilic inflammation of the gastrointestinal system, including celiac disease, colorectal cancer, and gastrointestinal infections. Falsely decreased concentrations of fecal calprotectin may be observed in patients with neutropenia or granulocytopenia. Due to the lack of homogenous distribution of calprotectin in fecal material, variability in results may be seen when patients are monitored over time, particularly in samples with high calprotectin concentrations.

Report Saved By - ABDUL RAHMAN (27/08/2024 20:13 PM)



Mindspace Road, Gachibowli, Hyderabad,  
Telangana - 500032  
Tel: 040 4244 4222 | info@aighospitals.com  
aighospitals.com

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End of Report

**Dr.G. DEEPIKA**

MD Biochemistry, Sr.Consultant  
HOD Biochemistry

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