

Client  
Gurugram  
Pathkind Diagnostics Pvt. Ltd.  
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Processed By  
Pathkind Diagnostics Pvt. Ltd.  
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Name	: Mr. BC266	Billing Date	: 07/07/2023 12:11:23
Age	: 35 Yrs	Sample Collected on	: 10/07/2023 10:01:31
Sex	: Male	Sample Received on	: 10/07/2023 11:02:13
P. ID No.	: P1000100012380	Report Released on	: 15/07/2023 16:52:50
Accession No	: 10002304436	Barcode No.	: 10002304436-01
Referring Doctor	: Self	Ref no.	:
Referred By	:		

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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SEROLOGY

<b>Fecal Calprotectin</b> <i>Sample: Stool</i> <i>Method: CLIA</i>	150.0 H	Normal: <50 Borderline: 50 - 120 Elevated: >120	µg/g
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**Fecal Calprotectin**


**Test Description:**

1. Calprotectin is a calcium-binding protein secreted predominantly by neutrophils and monocytes.
2. Fecal calprotectin is a direct measure of inflammation in the gut and is directly correlates to disease activity in Inflammatory Bowel Disease (IBD).
3. Elevations can be caused by IBD, infection, polyps, neoplasia or NSAID usage.
4. Fecal calprotectin assay has a relatively high specificity and sensitivity (approximately 90%) for distinguishing between noninflammatory bowel disorders (e.g. irritable bowel syndrome) and inflammatory bowel disease (e.g. ulcerative colitis and Crohn's disease). Therefore allows for clear distinction of both the diseases.
5. Calprotectin is also elevated in some cases of GI tract malignancy (e.g. colorectal cancer).
6. It is regularly raised in active IBD
7. Faecal calprotectin concentrations relate well to disease activity in the inflammatory bowel diseases and can therefore be used to monitor therapy

**Limitations :**

1. Other intestinal ailments, including GI infections and colorectal cancer, can result in elevated concentrations of fecal calprotectin
2. Diagnosis of IBD cannot be established solely on the basis of a abnormal calprotectin results.
3. Patients with IBD fluctuate between active and inactive stages of disease. Hence fecal calprotectin results may also fluctuate
4. GI bleeding of as much as 100 mL per day will increase the fecal calprotectin levels by only 15 µg/g.

\*\* End of Report\*\*



Dr. Saloni Garg

MD  
Consultant Microbiology

10002304436 Mr. BC266

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