NAME	**: Miss. AKANKSHA**		
AGE/ GENDER	: 24 YRS/FEMALE	**PATIENT ID**	: 1569148
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012408030009**
REFERRED BY	:	**REGISTRATION DATE**	: 03/Aug/2024 09:08 AM
BARCODE NO.	: 01514335	**COLLECTION DATE**	: 03/Aug/2024 09:17AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 04/Aug/2024 08:43AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

ANTI TISSUE TRANSGLUTAMINASE (tTG) ANTIBODY IgA

ANTI TISSUE TRANSGLUTAMINASE ANTIBODY IgA	8.54	IU/mL	NEGATIVE: < 20.0 POSITIVE: > 20.0

by ELISA (ENZYME LINKED IMMUNOASSAY)

INTERPRETATION:

1.Anti-transglutaminase antibodies (ATA) are autoantibodies against the transglutaminase protein.
2.Antibodies to tissue transglutaminas are found in patients with several conditions, including coeliac disease, juvenile diabetes, inflammatory bowel disease, and various forms ofarthritis.
3.In coeliac disease, ATA are involved in the destruction of the villous extracellular matrix and target the destruction of intestinal villous epithelial cells by killer cells.
4.Deposits of anti-tTG in the intestinal epithelium predict coeliac disease.
5.Celiac disease (gluten-sensitive enteropathy, celiac sprue) results from an immune-mediated inflammatory process following ingestion of wheat, rye, or barley proteins that occurs in genetically susceptible individuals. The inflammation in celiac disease occurs primarily in the mucosa of the small intestine, which leads to villous atrophy.

CLINICAL MANIFESTATIONS RELATED TO GASTROINTESTINAL TRACT:

1.Abdominal pain
2.Malabsorption
3.Diarrhea and Constipation.

CLINICAL MANIFESTATION OF CELIAC DISEASE NOT RESTRICTED TO GIT:

1.Failure to grow (delayed puberty and short stature)
2.Iron deficiency anemia
3.Recurrent fetal loss
4.Osteoporosis and chronic fatigue
5.Recurrent aphthous stomatitis (canker sores)
6.Dental enamel hypoplasia, and dermatitis herpetiformis.
7.Patients with celiac disease may also present with neuropsychiatric manifestations including ataxia and peripheral neuropathy, and are at increased risk for development of non-Hodgkin lymphoma.
8.The disease is also associated with other clinical disorders including thyroiditis, type I diabetes mellitus, Down syndrome, and IgA deficiency.

NOTE:

1.The finding of tissue transglutaminase (tTG)-IgA antibodies is specific for celiac disease and possibly for dermatitis herpetiformis. For individuals with moderately to strongly positive results, a diagnosis of celiac disease is likely and the patient should undergo biopsy to confirm the diagnosis.
2.If patients strictly adhere to a gluten-free diet, the unit value of IgA-anti-tTG should begin to decrease within 6 to 12 months of onset of dietary therapy.

CAUTION:

1.This test should not be solely relied upon to establish a diagnosis of celiac disease. It should be used to identify patients who have an

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Test Name	Value	Unit	Biological Reference interval

increased probability of having celiac disease and in whom a small intestinal biopsy is recommended.
2.Affected individuals who have been on a gluten-free diet prior to testing may have a negative result.
3.For individuals who test negative, IgA deficiency should be considered. If total IgA is normal and tissue transglutaminase (tTG)-IgA is negative there is a low probability of the patient having celiac disease and a biopsy may not be necessary.
4.If serology is negative or there is substantial clinical doubt remaining, then further investigation should be performed with endoscopy and bowel biopsy. This is especially important in patients with frank malabsorptive symptoms since many syndromes can mimic celiac disease. For the patient with frank malabsorptive symptoms, bowel biopsy should be performed regardless of serologic test results.
5.The antibody pattern in dermatitis herpetiformis may be more variable than in celiac disease; therefore, both endomysial and tTG antibody determinations are recommended to maximize the sensitivity of the serologic tests.

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CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 03/Aug/2024 12:42PM
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Test Name	Value	Unit	Biological Reference interval

CLINICAL PATHOLOGY

FECAL CALPROTECTIN

FECAL CALPROTECTIN *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	10	µg/g	< 50.0

INTERPRETATION

RESULT IN mg/kg FECES	REMARKS
< 25.0	NEGATIVE
25.0 – 50.0	BORDERLINE
>50.0	POSITIVE

NOTE:
1.To avoid potential false positive results, patients should abstain from using NSAIDs for at least two weeks prior to the test
2.It is recommended to repeat all borderline results if clinically indicated Comments Calprotectin is a calcium-binding protein found within neutrophils which influx into the bowel during inflammation.

Calprotectin is excreted in excess into the intestinal lumen during the inflammatory process and act as a marker for inflammatory diseases of the lower gastrointestinal tract. The levels of the protein are high in cases of Inflammatory bowel diseases (IBD) but not in non-inflammatory bowel diseases e.g. Irritable bowel syndrome (IBS), therefore this test can help to differentiate between the two diseases.

USES:
1.To differentiate between IBS and IBD
2.To monitor the effectiveness of IBD therapy
3.To detect IBD relapse

*** End Of Report ***

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