

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist

Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist

NAME : Mr. HARMEET SINGH

AGE/ GENDER : 32 YRS/MALE **PATIENT ID** : 1590846

COLLECTED BY :012408310059 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 31/Aug/2024 01:04 PM BARCODE NO. :01516055 **COLLECTION DATE** : 31/Aug/2024 01:04PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 31/Aug/2024 07:11PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit **Biological Reference interval**

CLINICAL CHEMISTRY/BIOCHEMISTRY LIPASE

U/L LIPASE - SERUM 8.2 0 - 60

by METHYL RESORUFIN, SPECTROPHOTOMETRY

- 1. Pancreas is the major and primary source of serum lipase though lipases are also present in liver, stomach, intestine, WBC, fat cells and milk.
 2. In acute pancreatitis, serum lipase becomes elevated at the same time as amylase and remains high for 7-10 days.
- 3. Increased lipase activity rarely lasts longer than 14 days
- 4. Prolonged increase suggests poor prognosis or presence of a cyst.
- The combined use of serum lipase and serum amylase is effective in ruling out acute pancreatitis.

INCREASED LEVEL:

- 1. Acute & Chronic pancreatitis
- Obstruction of pancreatic duct
 Non pancreatic conditions like renal diseases, acute cholecystitis, intestinal obstruction, duodenal ulcer, alcoholism, diabetic ketoacidosis and following endoscopic retrograde cholangiopancreatography
- 1. Elevations 2 to 50 times the upper reference have been reported. The increase in serum lipase is not necessarily proportional to the severity of the attack. Normalization is not necessarily a sign of resolution.

Concomitant testing of serum amylase and lipase is highly recommended to establish a diagnosis of pancreatic injury



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