



ACCREDITED CERTIFIER	KOS Diagnostic La (A Unit of KOS Healthca		
	Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Patholog		(Pathology)
: Mr. ODED	ARA LAKHAMANBHAI HARJIBH	AI	
: 34 YRS/M	ALE	PATIENT ID	: 1608844
:		REG. NO./LAB NO.	: 012409100054
:		REGISTRATION DATE	: 10/Sep/2024 05:39 PM
:01516713		COLLECTION DATE	: 11/Sep/2024 01:37PM
: KOS DIAG	NOSTIC LAB	REPORTING DATE	: 14/Sep/2024 10:23AM
: 6349/1, N	ICHOLSON ROAD, AMBALA CANT	Т	
	Value	Unit	Biological Reference interval

SPECIAL INVESTIGATIONS

FECAL ELASTASE

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)	Exocrine Pancreatic insufficiency 100 - <200 µg/g: Mild to moderate Exocrine Pancreatic insufficiency >=200 µg/g: Normal
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INTERPRETATION:				
FECAL ELASTASE IN µg/gm STOOL	REMARKS			
200.0 - > 500.0	Normal			
100.0 - 200.0	Mild To Moderate exocrine pancreatic insufficiency			
< 100.0	Severe exocrine pancreatic insufficiency			

COMMENTS:

 Pancreatic elastase-1 is a Pancreas specific protease in pancreatic juice.
It remains undegraded during intestinal transit and concentration in faeces is five to six fold as compared to pancreatic juice. Its measurement in faeces has high sensitivity for detection of moderate and severe chronic pancreatitis in adults.
It has high sensitivity and high negative predictive value for discriminating between diarrhoea of pancreatic and non pancreatic origin.
It is considered the most suitable test to confirm pancreatic insufficiency in screened Cystic Fibrosis infants older than 2 weeks. The test results remain unaffected by pancreatic insufficiency in screened Cystic Fibrosis infants older than 2 weeks. The test results remain unaffected by pancreatic insufficiency in screened Cystic Fibrosis infants older than 2 weeks. results remain unaffected by pancreatic enzyme supplements.

USAGE:

1. To diagnose or exclude pancreatic involvement in association with gastrointestinal symptoms e.g abdominal pain, failure to thrive, maldigestion, etc.

2. To diagnose or exclude exocrine pancreatic insufficiency caused by Chronic Pancreatitis, Diabetes Mellitus, Cholelithiasis, Cystic Fibrosis, Pancreatic Cancer, Celiac disease etc NOTE:

1. False negative result may be observed in mild pancreatic insufficiency but has better sensitivity than other tests

2. False positive results may be observed in certain non pancreatic diseases such as Inflammatory bowel disease, Chronic diarrhoea, bacterial overgrowth or watery stool sample

3. The test is not specific for Chronic Pancreatitis and detects moderate to severe impairment of pancreatic function from any cause

*** End Of Report ***



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DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)

NAME

AGE/ GENDER

COLLECTED BY REFERRED BY BARCODE NO.

CLIENT CODE.

Test Name

CLIENT ADDRESS

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