

Dr. Vinay Chopra
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 Chairman & Consultant Pathologist

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 MD (Pathology)
 CEO & Consultant Pathologist

NAME	: Mr. HARMEET	PATIENT ID	: 1791767
AGE/ GENDER	: 32 YRS/MALE	REG. NO./LAB NO.	: 012503150037
COLLECTED BY	:	REGISTRATION DATE	: 15/Mar/2025 11:58 AM
REFERRED BY	:	COLLECTION DATE	: 15/Mar/2025 12:00PM
BARCODE NO.	: 01527126	REPORTING DATE	: 15/Mar/2025 03:14PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

LIPASE

LIPASE - SERUM	6.98	U/L	0 - 60
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by METHYL RESORUFIN, SPECTROPHOTOMETRY

INTERPRETATION

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.
5. The combined use of serum lipase and serum amylase is effective in ruling out acute pancreatitis.

INCREASED LEVEL:

1. Acute & Chronic pancreatitis
2. Obstruction of pancreatic duct
3. Non pancreatic conditions like renal diseases, acute cholecystitis, intestinal obstruction, duodenal ulcer, alcoholism, diabetic ketoacidosis and following endoscopic retrograde cholangiopancreatography

NOTE:

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.

ADVICE:

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

*** End Of Report ***




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