

# Stool Chemistries



## Order: SAMPLE REPORT



**Client #:** 12345  
**Doctor:** Sample Doctor  
Doctor's Data, Inc.  
3755 Illinois Ave.  
St. Charles, IL 60174

## Patient: Sample Patient

**Age:** 35  
**Sex:** Female

Sample Collection	Date/Time
<b>Date Collected</b>	09/22/2022
<b>Date Received</b>	09/23/2022
<b>Date Reported</b>	09/24/2022
<b>Specimens Collected</b>	1

	Result	Unit	L	WRI	H	Reference Interval
Calprotectin	180	µg/g				< 80

## Information

- Calprotectin** is a reliable noninvasive marker for differentiating serious gastrointestinal inflammation associated with Inflammatory Bowel Disease (IBD) from non-IBD gastrointestinal inflammation. Ulcerative colitis and Crohn's disease are types of IBD that usually involve chronic or intermittent diarrhea, abdominal pain, fatigue and weight loss. IBD can be debilitating and sometimes leads to life-threatening complications. Monitoring the levels of fecal calprotectin can play an essential role in determining the effectiveness of clinical interventions, and is a good predictor of IBD remission and relapse. Calprotectin provides clinicians with a valuable tool for differentiating IBD from Irritable bowel syndrome which may present with similar symptomatology, but no or only mild inflammation. Fecal calprotectin levels are clinically valuable for monitoring treatment outcomes and enabling better management of IBD flare ups.

## Notes:

RI= Reference Interval, L (blue)= Low (below RI), WRI (green)= Within RI (optimal), WRI (yellow)= Within RI (not optimal), H (red)= High (above RI)

Methodology: Turbidimetric immunoassay



## **Introduction**

This analysis of the stool specimen provides fundamental information about the overall gastrointestinal health of the patient. When abnormal microflora or significant aberrations in intestinal health markers are detected, specific commentaries are presented. If no significant abnormalities are found, commentaries are not presented.

## **Stool Chemistries**

### **Calprotectin (Very high)**

The level of calprotectin is highly elevated in this specimen. Very high levels of calprotectin are associated with active IBD and gastrointestinal inflammation, colitis (not autoimmune), or sometimes cancer. Elevated fecal calprotectin levels indicate inflammation in the gastrointestinal mucosa. High levels of calprotectin have been highly correlated with inflammatory bowel disease (IBD). IBD includes autoimmune conditions such as Crohn's disease and ulcerative colitis (UC); these conditions may become life-threatening and require lifelong treatment.

Chronic inflammation of the gastrointestinal mucosa contributes to symptoms of IBD. Chronic stress is also known to contribute to symptom flare-ups and increased inflammation in IBD patients. Liver disease or the use of aspirin or nonsteroidal anti-inflammatory (NSAID) medications may variably elevate calprotectin levels.

Fecal Calprotectin should be reassessed after about 4 weeks for confirmation. A confirmatory finding warrants referral to a gastroenterologist for scoping.