biosytech
MEDICAL LABORATORY

BML535680

Laboratory Investigation Report

Name	:	Ms. SURRAINA BALTAZAR CARLOS	**Ref No.**	:	46104
DOB	:	16/08/1984	**Sample No.**	:	2503548834
Age / Gender	:	40 Y 6 M / Female	**Collected**	:	09/03/2025 09:40
Referred by	:	CITICARE MEDICAL CENTER	**Registered**	:	09/03/2025 15:50
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	09/03/2025 17:27

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
C-REACTIVE PROTEIN (CRP)	< 0.6		mg/L	< 5.0 Please note change. Source: Roche IFU.	Particle-enhanced immunoturbidimetric assay

INTERPRETATION NOTES :

1. CRP measurements are used as aid in diagnosis, monitoring, prognosis, and management of suspected inflammatory disorders and associated diseases, acute infections and tissue injury.
2. C-reactive protein is the classic acute phase protein in inflammatory reactions.
3. CRP is the most sensitive of the acute phase reactants and its concentration increases rapidly during inflammatory processes. The CRP response frequently precedes clinical symptoms, including fever. After onset of an acute phase response, the serum CRP concentration rises rapidly and extensively. The increase begins within 6 to 12 hours and the peak value is reached within 24 to 48 hours. Levels above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).
4. CRP response may be less pronounced in patients suffering from liver disease.
5. CRP assays are used to detect systemic inflammatory processes (apart from certain types of inflammation such as systemic lupus erythematosus (SLE) and Colitis ulcerosa); to assess treatment of bacterial infections with antibiotics; to detect intrauterine infections with concomitant premature amniorrhexis; to differentiate between active and inactive forms of disease with concurrent infection, e.g. in patients suffering from SLE or Colitis ulcerosa; to therapeutically monitor rheumatic disease and assess anti-inflammatory therapy; to determine the presence of post-operative complications at an early stage, such as infected wounds, thrombosis and pneumonia, and to distinguish between infection and bone marrow transplant rejection.

Test	Result	Flag	Unit	Reference Range	Methodology
LIPASE	43		U/L	13 - 60 Please note change. Source: Roche IFU.	Enzymatic colorimetric assay

INTERPRETATION NOTES :

1. Lipases are group of enzymes which catalyze the cleavage of triglycerides to diglycerides with subsequent formation of monoglycerides and fatty acids.
2. Lipase is produced by the pancreas, liver, intestine, tongue, stomach, and many other cells.
3. The lipase activity determination has gained increasing international recognition because of its high specificity and rapid response. After acute pancreatitis, the lipase activity increases within 4-8 hours, reaches a peak after 24 hours and decreases after 8 to 14 days. However, there is no correlation between the lipase activity determined in serum and the extent of damage to the pancreas.
4. Because lipase levels remain elevated longer than amylase and its sensitivity in acute alcoholic pancreatitis is increased, serum lipase may be a more reliable test than serum amylase for the initial diagnosis of acute pancreatitis. Daily measurements of lipase are of no value in the assessment of the patient's clinical progress or ultimate prognosis. Because of its sensitivity, lipase testing is not very useful in chronic pancreatitis or pancreatic cancer.
5. Along with pancreatic disorders, lipase testing is also indicated in the diagnosis of peritonitis, strangulated or infarcted bowel, and pancreatic cyst.

References:

1. Kit insert
2. Williamson MA, Snyder LM, Wallach JB. Wallach's interpretation of diagnostic tests. 9th ed. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins Health; 2011.

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Sample Type : Serum

End of Report

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Age / Gender	:	40 Y 6 M / Female	**Collected**	:	09/03/2025 22:57
Referred by	:	CITICARE MEDICAL CENTER	**Registered**	:	09/03/2025 15:50
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	09/03/2025 23:13

CLINICAL PATHOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
STOOL ANALYSIS (ROUTINE)					
MACROSCOPIC EXAMINATION					
COLOR	Light Brown			-	Visual
CONSISTENCY	Formed			-	Visual
BLOOD	Absent			Absent	Visual
MUCUS	Absent			Absent	Visual
MICROSCOPIC EXAMINATION					
LEUCOCYTES	0-1		/HPF	Absent	Microscopy
ERYTHROCYTES	0-1			0 - 2	Microscopy
OVA	Absent			Absent	Microscopy and Micrometry
CYST	Absent		/HPF	Absent	Microscopy and Micrometry
ENTAMOEBA	Absent		/HPF	Absent	Microscopy
YEAST CELLS	Absent		/HPF	Absent	Microscopy
UNDIGESTED FOOD PARTICLES	**Present**	**H**	/HPF	Absent	Microscopy
OTHERS	Absent		/HPF	Absent	Microscopy
STOOL OCCULT BLOOD	Negative		--	Negative	Immunochromatography

INTERPRETATION NOTES :

Positive result is seen in cases of Benign anorectal disease (Haemorrhoids, Anal fissure, Fistula-in-ano.), Diverticular disease, Inflammatory bowel disease (Crohn's disease, Ulcerative colitis), Colonic polyp, Colorectal or anal cancer, Infectious gastroenteritis, Coagulopathies, Arteriovenous malformation (angiodysplasia), Massive upper gastrointestinal (GI) bleeding, Ischaemic colitis (mesenteric vascular insufficiency), Solitary rectal ulcer, Dieulafoy's lesion of small or large bowel, Rectal varices, GI tract invasion of non-GI tract malignancy.
*Please note change in reference range, method and unit.

HELICOBACTER PYLORI ANTIGEN (STOOL)	Negative		Negative	Immunochromatography

Sample Type : *Stool*

End of Report

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