



Your faecal calprotectin result

Patient information | Source check: 2026-10-16

What it measures

Calprotectin is a stool marker of bowel inflammation. It is not a diagnosis of Crohn's disease, ulcerative colitis or cancer. I interpret the result with your symptoms, medicines and other investigations.

Check the value, units and laboratory comments

Laboratories use different methods and reference ranges. A result flagged as high does not by itself mean you need a colonoscopy. I check the value, units, laboratory comments and your symptoms. The units $\mu\text{g/g}$ and mg/kg have the same numerical value.

A high result has several possible causes

IBD, infection, diverticular inflammation and some medicines can raise calprotectin. Tell your clinician about recent illness, travel and medicines. Do not stop prescribed treatment or change IBD medicines yourself to alter the number.

A repeat may help

A modest rise may settle; persistent or substantial elevation may need further assessment. For people with established IBD, symptoms and inflammation do not always change together: ongoing symptoms may have another cause, while mild symptoms do not guarantee quiet inflammation. Serial faecal calprotectin tests can help monitor the trend alongside clinical review.

A low result has limits

It does not rule out bowel cancer, all small-bowel Crohn's disease or every cause of diarrhoea. Calprotectin can be elevated in some people with colon cancer, but it is not a bowel cancer screening test. FIT measures blood, calprotectin measures inflammation, and infection tests look for germs. None replaces the others. Microscopic colitis may also occur with a normal result.

Agree follow-up

Follow the laboratory collection and return instructions. Our team will explain how you will receive a result I arrange. Please get in touch if it is overdue. Persistent bleeding, weight loss, iron deficiency or worsening diarrhoea needs review regardless of the number. Severe symptoms need urgent assessment.

Call 111 if you collapse or are too unwell to travel safely. Do not wait for a routine appointment or an email reply.



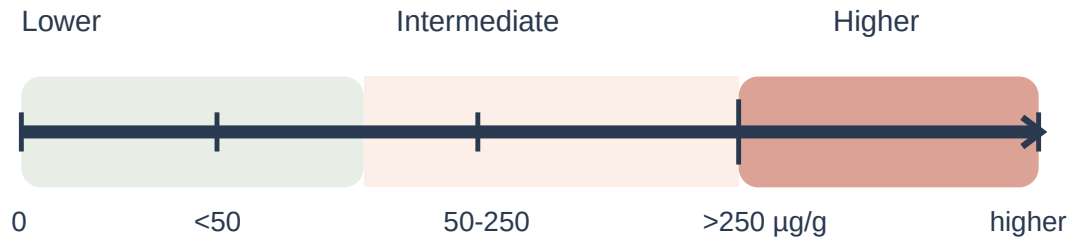


A useful marker, interpreted with your symptoms

How is a result interpreted?

A result sits on a spectrum

Higher values make active bowel inflammation more likely.
The number alone does not establish a diagnosis.



Above about 250 µg/g, active IBD becomes more likely
Review symptoms, infection, medicines and the laboratory report together.

Laboratory ranges and referral thresholds differ.
Use your own report and clinical assessment.

The laboratory flag and a referral threshold are different. A lower result makes active inflammation less likely in the right setting, while a value above about 250 µg/g makes active IBD more likely. Neither result is diagnostic, and warning symptoms need assessment regardless of the number.

Read this illustration alongside the advice in this guide.

