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Tracy I. George, MD, Chief Medical Officer

Patient Report

Patient Age/Gender: 28 years Unknown

Specimen Collected: 22-Dec-20 09:19

Motor Sensory Neuropathy Comprehensive **|Received: 22-Dec-20 09:19** **Report/Verified: 22-Dec-20 09:31**

	Result	Units	Reference Interval
MAG Antibody,IgM Elisa	**11355** H i1	TU	0-999
SGPG Antibody,IgM	**4.04** H i2	IV	0.00-0.99
Purkinje Cell/Neuronal Nuclear IgG Scrn	None Detected f1 i3		None Detected
Asialo-GM1 Antibodies, IgG/IgM	10	IV	0-50
GM1 Antibodies,IgG/IgM	**118** H	IV	0-50
GD1a Antibodies,IgG/IgM	32	IV	0-50
GD1b Antibodies,IgG/IgM	30	IV	0-50
GQ1b Antibodies,IgG/IgM	7 i4	IV	0-50
EER Motor Sensory Neuropathy Comp	See Note f2		
Immunoglobulin G	**516** L i5	mg/dL	768-1632
Immunoglobulin A	**53** L i6	mg/dL	68-408
Immunoglobulin M	**358** H i7	mg/dL	35-263
Total Protein,Serum	6.5	g/dL	6.3-8.2
Albumin	4.17	g/dL	3.75-5.01
Alpha 1 Globulin	0.34	g/dL	0.19-0.46
Alpha 2 Globulin	0.73	g/dL	0.48-1.05
Beta Globulin	0.57	g/dL	0.48-1.10
Gamma	**2.00** H	g/dL	0.62-1.51
Immunofixation	IFE Done		
SPEP/IFE Interpretation	See Note f3		

Result Footnote

f1: Purkinje Cell/Neuronal Nuclear IgG Scrn

ANNA-1, ANNA-2, PCCA-1 or PCCA-Tr(DNER) antibodies not detected. No further testing will be performed.

f2: EER Motor Sensory Neuropathy Comp
Access ARUP Enhanced Report using the link below:

-Direct access: [redacted]

f3: SPEP/IFE Interpretation
Restriction of protein migration in the gamma region. IFE shows a faint band in IgM kappa suggestive of a specific immune response or an early monoclonal protein. Close clinical correlation with IFE follow-up is suggested, if clinically indicated. Decreased IgG and IgA levels.

*=Abnormal, #=Corrected, C=Critical, f=Result Footnote, H=High, i=Test Information, L=Low, t=Interpretive Text, @=Performing Lab

Test Information

i1: MAG Antibody, IgM Elisa

INTERPRETIVE INFORMATION: MAG Antibody, IgM ELISA

An elevated IgM antibody concentration greater than 999 TU against myelin-associated glycoprotein (MAG) suggests active demyelination in peripheral neuropathy. A normal concentration (less than 999 TU) generally rules out an anti-MAG antibody-associated peripheral neuropathy.

TU=Titer Units

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

i2: SGPG Antibody, IgM

INTERPRETIVE INFORMATION: SGPG Antibody, IgM

The majority of sulfate-3-glucuronyl paragloboside (SGPG) IgM-positive sera will show reactivity against MAG. Patients who are SGPG IgM positive and MAG IgM negative may have multi-focal motor neuropathy with conduction block.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

i3: Purkinje Cell/Neuronal Nuclear IgG Scrn

INTERPRETIVE INFORMATION: Purkinje Cell/Neuronal Nuclear IgG Scrn

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

i4: GQ1b Antibodies, IgG/IgM

INTERPRETIVE INFORMATION: Ganglioside (Asialo-GM1, GM1, GM2, GD1a, GD1b, and GQ1b) Antibodies, IgG/IgM

29 IV or less: Negative
30-50 IV: Equivocal
51-100 IV: Positive
101 IV or greater: Strong Positive

Ganglioside antibodes are associated with diverse peripheral neuropathies. Elevated antibody levels to ganglioside-monosialic acid (GM1), and the neutral glycolipid, asialo GM1 are associated with motor or sensorimotor neuropathies, particularly multifocal motor neuropathy. Anti-GM1 may occur as IgM (polyclonal or monoclonal) or IgG antibodies. These antibodies may also be found in patients with diverse connective tissue diseases as well as normal individuals. GD1a antibodies are associated with different variants of Guillain-Barre syndrome (GBS) particularly acute motor axonal neuropathy while GD1b antibodies are predominantly found in sensory ataxic neuropathy syndrome. Anti-GQ1b antibodies are seen in more than 80

Test Information

i4: GQ1b Antibodies, IgG/IgM

percent of patients with Miller-Fisher syndrome and may be elevated in GBS patients with ophthalmoplegia. The role of isolated anti-GM2 antibodies is unknown. These tests by themselves are not diagnostic and should be used in conjunction with other clinical parameters to confirm disease.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

i5: Immunoglobulin G

REFERENCE INTERVAL: Immunoglobulin G

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

i6: Immunoglobulin A

REFERENCE INTERVAL: Immunoglobulin A

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

i7: Immunoglobulin M

REFERENCE INTERVAL: Immunoglobulin M

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

Pending Procedures

Monoclonal Protein

Order Date/Time 22-Dec-20 09:19
Status: In-Lab