

Patient Age/Sex: Unknown

Specimen Collected: 11/18/2024 07:45 MST

Dermatomyositis and Polymyositis Panel 2		Received: 11/18/2024 07:46 MST	Report/Verified: 11/18/2024 07:58 MST
Procedure	Result	Units	Reference Interval
Jo-1 (Histidyl-tRNA Synthetase) Ab, IgG	75 # i1	AU/mL	[0-40]
PL-12 (alanyl-tRNA synthetase) Antibody	Positive *		[Negative]
PL-7 (threonyl-tRNA synthetase) Antibody	Positive *		[Negative]
EJ (glycyl-tRNA synthetase) Antibody	Positive *		[Negative]
OJ (isoleucyl-tRNA synthetase) Antibody	Weak Positive *		[Negative]
SRP (Signal Recognition Particle) Ab	Positive *		[Negative]
Mi-2 (nuclear helicase protein) Antibody	Positive *		[Negative]
P155/140 Antibody	Positive *		[Negative]
TIF-1 gamma (155 kDa) Ab	Positive *		[Negative]
SAE1 (SUMO activating enzyme) Ab	Positive *		[Negative]
MDA5 (CADM-140) Ab	High Positive *		[Negative]
NXP2 (Nuclear matrix protein-2) Ab	Low Positive * f1		[Negative]
Myositis Interpretive Information	See Note i2		
Antinuclear Antibody (ANA), HEp-2, IgG	Detected *		[<1:80]
ANA Interpretive Comment	See Note t1 i3		
Ha (tyrosyl-tRNA synthetase) Ab	Positive * t2		[Negative]
Ks (asparaginyl-tRNA synthetase) Ab	Positive * t3		[Negative]
Zo (phenylalanyl-tRNA synthetase) Ab	Positive * t4		[Negative]

Antinuclear Ab, Single Pattern		Received: 11/18/2024 07:46 MST	Report/Verified: 11/18/2024 07:58 MST
Procedure	Result	Units	Reference Interval
ANA Pattern	Nuclear Dot *		
ANA Titer	1:640 *		

Interpretive Text

t1: 11/18/2024 07:45 MST (ANA Interpretive Comment)  
Nuclear Dots Pattern  
Clinical associations: PBC, DM, SjS, SLE, SSc, PM  
Main autoantibodies: Anti-NXP-2, anti-Sp100

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

**Interpretive Text**

t1: 11/18/2024 07:45 MST (ANA Interpretive Comment)

## List of Abbreviations

Antisynthetase syndrome (ARS), chronic active hepatitis (CAH), inflammatory myopathies (IM) [dermatomyositis (DM), polymyositis (PM), necrotizing autoimmune myopathy (NAM)], interstitial lung disease (ILD), juvenile idiopathic arthritis (JIA), mixed connective tissue disease (MCTD), primary biliary cholangitis (PBC), rheumatoid arthritis (RA), systemic autoimmune rheumatic diseases (SARD), Sjogren syndrome (SjS), systemic lupus erythematosus (SLE), systemic sclerosis (SSc), undifferentiated connective tissue disease (UCTD).

t2: 11/18/2024 07:45 MST (Ha (tyrosyl-tRNA synthetase) Ab)

Ha positive by line immunoassay. Band corresponding to 65 kDa observed by immunoprecipitation. Profile consistent with Ha antibody positivity.

t3: 11/18/2024 07:45 MST (Ks (asparaginyl-tRNA synthetase) Ab)

Ks positive by line immunoassay. Band corresponding to 65 kDa observed by immunoprecipitation. Profile consistent with Ks antibody positivity.

t4: 11/18/2024 07:45 MST (Zo (phenylalanyl-tRNA synthetase) Ab)

Zo positive by line immunoassay. Bands corresponding to 68 and 58 kDa observed by immunoprecipitation. Profile consistent with Zo antibody positivity.

**Result Footnote**

f1: NXP2 (Nuclear matrix protein-2) Ab

Low positive reactivity to nuclear matrix protein (NXP2) detected. Strong clinical correlation is recommended.

**Test Information**

i1: Jo-1 (Histidyl-tRNA Synthetase) Ab, IgG

INTERPRETIVE INFORMATION: Jo-1 Antibody, IgG

29 AU/mL or less.....Negative

30-40 AU/mL.....Equivocal

41 AU/mL or greater.....Positive

Presence of Jo-1 (antihistidyl transfer RNA [t-RNA] synthetase) antibody is associated with polymyositis and may also be seen in patients with dermatomyositis. Jo-1 antibody is associated with pulmonary involvement (interstitial lung disease), Raynaud phenomenon, arthritis, and mechanic's hands (implicated in antisynthetase syndrome).

i2: Myositis Interpretive Information

INTERPRETIVE INFORMATION: Dermatomyositis and Polymyositis  
Panel

If present, myositis-specific antibodies (MSA) are specific for myositis, and may be useful in establishing diagnosis as well as prognosis. MSAs are generally regarded as mutually exclusive with rare exceptions; the occurrence of two or more MSAs should be carefully evaluated in the context of patient's clinical presentation.

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

**Unless otherwise indicated, testing performed at:****ARUP Laboratories**

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Laboratory Director: Jonathan R. Genzen, MD, PhD

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Patient Age/Sex: Unknown

Test Information

i2: Myositis Interpretive Information  
Myositis-associated antibodies (MAA) may be found in patients with CTD, including overlap syndromes, and are generally not specific for myositis. The following table will help in identifying the association of any antibodies found as either MSAs or MAAs.

Antibody Specificity . . . . .	MSA . . . . .	MAA
Jo-1 (histidyl-tRNA synthetase) Ab, IgG . . .	X	
PL-12 (alanyl-tRNA synthetase) Antibody . . .	X	
PL-7 (threonyl-tRNA synthetase) Antibody . . .	X	
EJ (glycyl-tRNA synthetase) Antibody . . . .	X	
OJ (isoleucyl-tRNA synthetase) Antibody . . .	X	
SRP (Signal Recognition Particle) Ab . . . .	X	
Mi-2 (nuclear helicase protein) Antibody . . .	X	
P155/140 Antibody . . . . .	X	
TIF-1 gamma (155 kDA) Ab . . . . .	X	
SAE1 (SUMO activating enzyme) Ab . . . . .	X	
MDA5 (CADM-140) Ab . . . . .	X	
NXP2 (Nuclear matrix protein-2) Ab . . . . .	X	

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

i3: ANA Interpretive Comment  
INTERPRETIVE INFORMATION: ANA Interpretive Comment

Presence of antinuclear antibodies (ANA) is a hallmark feature of systemic autoimmune rheumatic diseases (SARD). However, ANA lacks diagnostic specificity and is associated with a variety of diseases (cancers, autoimmune, infectious, and inflammatory conditions) and may also occur in healthy individuals in varying prevalence. The lack of diagnostic specificity requires confirmation of positive ANA by more specific serologic tests. ANA (nuclear reactivity) positive patterns reported include centromere, homogeneous, nuclear dots, nucleolar, or speckled. ANA (cytoplasmic reactivity) positive patterns reported include reticular/AMA, discrete/GW body-like, polar/golgi-like, cytoplasmic speckled or rods and rings. All positive patterns are reported to endpoint titers (1:2560). Reported patterns may help guide differential diagnosis, although they may not be specific for individual antibodies or diseases. Mitotic staining patterns not reported. Negative results do not necessarily rule out SARD.