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PATIENT REPORT

Patient Age/Sex: Unknown

Specimen Collected: 11/18/2024 07:43 MST

Dermatomyositis Autoantibody Panel 2 | **Received: 11/18/2024 07:46 MST** | **Report/Verified: 11/18/2024 07:56 MST**

Procedure	Result	Units	Reference Interval
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]
Dermatomyositis Interpretive Information	See Note i1		
Antinuclear Antibody (ANA),HEp-2,IgG	**Detected** *		[<1:80]
ANA Interpretive Comment	See Note t1 i2		

Antinuclear Ab, Single Pattern | **Received: 11/18/2024 07:46 MST** | **Report/Verified: 11/18/2024 07:56 MST**

Procedure	Result	Units	Reference Interval
ANA Pattern	**Homogeneous** *		
ANA Titer	**1:320** *		

Interpretive Text

t1: 11/18/2024 07:43 MST (ANA Interpretive Comment)

Homogeneous Pattern
Clinical associations: SLE, drug-induced SLE or JIA.
Main autoantibodies: Anti-dsDNA, anti-histones or anti-chromatin (anti-nucleosome)

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).

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: Dermatomyositis Interpretive Information

INTERPRETIVE INFORMATION: Dermatomyositis Autoantibody Panel

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

Test Information

i1: Dermatomyositis Interpretive Information

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. 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
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 proten-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.

i2: 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.