



Procedure	Result	Units	Ref Interval	Accession	Collected	Received	Reported/ Verified
Mitochondrial (M2) Antibody, IgG	20.1 H	Units	[0.0-20.0]	20-084-900249	24-Mar-20	24-Mar-20	24-Mar-20
Antinuclear Antibody (ANA), HEp-2, IgG	Detected *		[<1:80]	20-084-900249	24-Mar-20	24-Mar-20	24-Mar-20
ANA Pattern	Homogeneous *			20-084-900249	24-Mar-20	24-Mar-20	24-Mar-20
ANA Titer	1:80 *			20-084-900249	24-Mar-20	24-Mar-20	24-Mar-20
ANA Pattern 2	Speckled *			20-084-900249	24-Mar-20	24-Mar-20	24-Mar-20
ANA Titer 2	1:80 *			20-084-900249	24-Mar-20	24-Mar-20	24-Mar-20
Cytoplasmic Pattern Titer	1:80 *			20-084-900249	24-Mar-20	24-Mar-20	24-Mar-20
ANA Interpretive Comment	See Note			20-084-900249	24-Mar-20	24-Mar-20	24-Mar-20
Anti-gp210 Antibody, IgG	25.0 H	Units	[0.0-24.9]	20-084-900249	24-Mar-20	24-Mar-20	24-Mar-20
Anti-spl100 Antibody, IgG	25.0 H	Units	[0.0-24.9]	20-084-900249	24-Mar-20	24-Mar-20	24-Mar-20

24-Mar-20 16:24:00 ANA Interpretive Comment

Homogeneous Pattern

Clinical associations: SLE, drug-induced SLE or JIA.

Main autoantibodies: Anti-dsDNA, anti-histones or anti-chromatin (anti-nucleosome)

Speckled Pattern

Clinical associations: SLE, SSc, Sjs, DM, PM, MCTD, UCTD. May also be found in healthy individuals

Main autoantibodies: Anti-SSA-52 (Ro52), anti-SSA-60 (Ro60), anti-SS-B/LA, anti-Topo-1 (anti-Scl-70), Smith, anti-U1-RNP, anti-U2-RNP, anti-Mi-2, anti-TIF1g, anti-Ku, anti-RNA polymerase, anti-DFS70/LEDGF-P75

Cytoplasmic Pattern

Clinical associations: ARS, ILD, IM, SLE, SSc, Sjs, RA, MCTD, PBC, AIH, infectious, neurologic, and other inflammatory conditions. May also be found in healthy individuals

Main autoantibodies: Anti-Ribosomal P, anti-tRNA synthetase (anti-Jo-1, anti-PL-7, anti-PL-12, anti-EJ, anti-OJ), anti-signal recognition particle (anti-SRP) or anti-mitochondria (anti-AMA)

Clinical Relevance

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).

24-Mar-20 16:24:00 Mitochondrial (M2) Antibody, IgG:

REFERENCE INTERVAL: Mitochondrial (M2) Antibody, IgG

- 20.0 Units or less Negative
- 20.1 - 24.9 Units..... Equivocal
- 25.0 Units or greater..... Positive

Anti-mitochondrial antibodies (AMA) are thought to be present in 90-95% of patients with primary biliary cholangitis (PBC). However, the frequency of detected antibodies may be cohort or assay dependent, as lower sensitivities have been reported. Not all PBC patients are positive for AMA; some patients may be positive for SP100 and/or GP210 antibodies. A negative result does not rule out PBC.

24-Mar-20 16:24:00 ANA Interpretive Comment:

INTERPRETIVE INFORMATION: ANA Interpretive Comment

* Abnormal, # = Corrected, C = Critical, f = Footnote, H = High, L = Low, t = Interpretive Text, @ = Reference Lab

Presence of antinuclear antibodies (ANA) is a hallmark feature of systemic autoimmune rheumatic diseases (SARD). 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. Cytoplasmic pattern is reported as ANA negative. All 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. Negative results do not necessarily rule out SARD.

24-Mar-20 16:24:00 Anti-gp210 Antibody, IgG:
REFERENCE INTERVAL: Anti-gp210 Antibody, IgG

20.0 Units or less.....Negative
20.1-24.9 Units.....Equivocal
25.0 Units or greater.....Positive

GP210 IgG antibodies can be detected in patients with primary biliary cholangitis (PBC) and may be of diagnostic relevance in a subset of patients with PBC who are negative for anti-mitochondrial antibodies (AMA). These antibodies have a relatively low sensitivity with excellent specificity for PBC. A negative result does not rule out PBC.

24-Mar-20 16:24:00 Anti-sp100 Antibody, IgG:
REFERENCE INTERVAL: Anti-sp100 Antibody, IgG

20.0 Units or less.....Negative
20.1-24.9 Units.....Equivocal
25.0 Units or greater.....Positive

SP100 IgG antibodies can be detected in patients with primary biliary cholangitis (PBC) and may be of diagnostic relevance in a subset of patients with PBC who are negative for anti-mitochondrial antibodies (AMA). These antibodies have a relatively low sensitivity with excellent specificity for PBC. A negative result does not rule out PBC.

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