Mitochondrial (M2) Antibody, IgG

### Procedure

**Result** | **Units** | **Ref Interval** | **Accession** | **Collected** | **Received** | **Reported/Verified**
---|---|---|---|---|---|---
Mitochondrial (M2) Antibody, IgG | 20.1 | H | [0.0-20.0] | 20-084-900249 | 24-Mar-20 | 24-Mar-20 16:24:00

**Antinuclear Antibody (ANA), HEp-2, IgG**

**Procedure** | **Result** | **Units** | **Ref Interval** | **Accession** | **Collected** | **Received** | **Reported/Verified**
---|---|---|---|---|---|---|---
Antinuclear Antibody (ANA), HEp-2, IgG | Detected |  |  | 20-084-900249 | 24-Mar-20 | 24-Mar-20 16:24:00 | 24-Mar-20 16:24:00 | 24-Mar-20 16:30:22

**ANA Pattern** | Homogeneous | * |  | 20-084-900249 | 24-Mar-20 | 24-Mar-20 16:24:00 | 24-Mar-20 16:24:00 | 24-Mar-20 16:30:41

**ANA Titer** | 1:80 | * |  | 20-084-900249 | 24-Mar-20 | 24-Mar-20 16:24:00 | 24-Mar-20 16:24:00 | 24-Mar-20 16:30:19

**ANA Pattern 2** | Speckled | * |  | 20-084-900249 | 24-Mar-20 | 24-Mar-20 16:24:00 | 24-Mar-20 16:24:00 | 24-Mar-20 16:30:35

**ANA Titer 2** | 1:80 | * |  | 20-084-900249 | 24-Mar-20 | 24-Mar-20 16:24:00 | 24-Mar-20 16:24:00 | 24-Mar-20 16:30:37

**Cytoplasmic Pattern Titer** | 1:80 | * |  | 20-084-900249 | 24-Mar-20 | 24-Mar-20 16:24:00 | 24-Mar-20 16:24:00 | 24-Mar-20 16:30:39

**Anti-gp210 Antibody, IgG** | 25.0 | H | [0.0-24.9] | 20-084-900249 | 24-Mar-20 | 24-Mar-20 16:24:00 | 24-Mar-20 16:24:00 | 24-Mar-20 16:30:22

**Anti-sp100 Antibody, IgG** | 25.0 | H | [0.0-24.9] | 20-084-900249 | 24-Mar-20 | 24-Mar-20 16:24:00 | 24-Mar-20 16:24:00 | 24-Mar-20 16:30:22

### 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

### Mitochondrial (M2) Antibody, IgG:

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.
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.