

Patient: [REDACTED]
 DOB: [REDACTED] Age: 88 Sex: [REDACTED]
 Patient Identifiers: [REDACTED]
 Visit Number (FIN): [REDACTED]

Client: [REDACTED]
 Physician: [REDACTED]

ARUP Test Code: 0051225
 Collection Date: 01/29/2022
 Received in lab: 02/03/2022
 Completion Date: 02/05/2022

MAG Antibody, IgM Elisa

<1000 TU (Ref Interval: 0-999)

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

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.

SGPG Antibody, IgM

0.34 IV (Ref Interval: 0.00-0.99)

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.

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Asialo-GM1 Antibodies, IgG/IgM

5 IV (Ref Interval: 0-50)

GM1 Antibodies, IgG/IgM

9 IV (Ref Interval: 0-50)

GD1a Antibodies, IgG/IgM

10 IV (Ref Interval: 0-50)

GD1b Antibodies, IgG/IgM

7 IV (Ref Interval: 0-50)

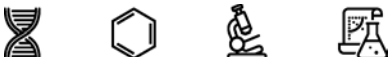
GQ1b Antibodies, IgG/IgM

7 IV (Ref Interval: 0-50)

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 antibodies 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



Patient: [REDACTED]
 ARUP Accession: 22-029-112419

Motor Neuropathy Panel

Patient: [REDACTED] | Date of Birth: [REDACTED] | Sex: [REDACTED] | Physician: [REDACTED]
Patient Identifiers: [REDACTED] | Visit Number (FIN): [REDACTED]

found in sensory ataxic neuropathy syndrome. Anti-GQ1b antibodies are seen in more than 80 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.

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Immunoglobulin G	775 mg/dL	(Ref Interval: 768-1632)
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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).

Immunoglobulin A	322 mg/dL	(Ref Interval: 68-408)
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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).

Immunoglobulin M	110 mg/dL	(Ref Interval: 35-263)
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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).

Total Protein, Serum	5.7 g/dL	L	(Ref Interval: 6.3-8.2)
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Albumin	2.35 g/dL	L	(Ref Interval: 3.75-5.01)
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Alpha 1 Globulin	0.49 g/dL	H	(Ref Interval: 0.19-0.46)
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Alpha 2 Globulin	1.40 g/dL	H	(Ref Interval: 0.48-1.05)
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Beta Globulin	0.67 g/dL		(Ref Interval: 0.48-1.10)
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Gamma	0.79 g/dL		(Ref Interval: 0.62-1.51)
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Immunofixation	IFE Done		
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SPEP/IFE Interpretation	See Note		
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Decreased albumin region. Suspicious band in the increased alpha-2 region, which may be beta-lipoprotein (LDL). Suspicious band of protein migration in the gamma region. The suspicious band accounts for 0.38 g/dL of the total 0.79 g/dL of protein in the gamma region. IFE gel shows a band in IgG kappa suggestive of an early monoclonal protein with an additional very faint band in IgM. Close clinical correlation with IFE follow-up is suggested, if clinically indicated.

Note: Electrophoresis image and Immunofixation (IFE) Gel image, as applicable, continue on following page.

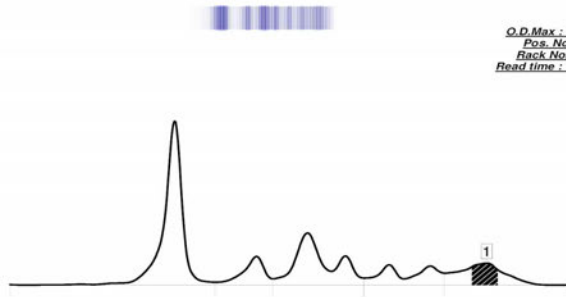


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Electrophoresis Image



Immunofixation (IFE) Gel Image



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