

Client: Example Client ABC123
123 Test Drive
Salt Lake City, UT 84108
UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example

DOB: 9/14/2012
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Mucopolysaccharides Screen - Electrophoresis and Quantitation, Urine

ARUP test code 0081352

Mucopolysaccharides mg/mmol CRT

26.2 H (Ref Interval: 2.4-10.2)

REFERENCE INTERVAL: Mucopolysaccharides mg/mmol CRT

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

MPS Electrophoresis

See Note

ABNORMAL. Elevated urinary excretion of glycosaminoglycans. The electrophoresis shows marked excess of heparan sulfate. This is most consistent with mucopolysaccharidosis type III (Sanfilippo syndrome). There are four different enzyme deficiencies involved in this lysosomal storage disorder: 1) heparan N-sulfatase deficiency (Sanfilippo type A); 2) alpha-N-acetylglucosaminidase deficiency (Sanfilippo type B); 3) acetyl-CoA:alpha-D-glucosaminide-N-acetyl transferase deficiency (Sanfilippo type C); 4) N-acetyl-alpha-D-glucosaminide-6-sulfatase deficiency (Sanfilippo type D). The clinical features of the four types of Sanfilippo disease are similar, however, differences in the severity of the disease may be observed. DNA analysis or evaluation of enzyme activities in white blood cells, serum, or cultured dermal fibroblasts is necessary to identify the specific type. Genetic evaluation is recommended.

INTERPRETIVE DATA: MPS Screen, Urine

Mucopolysaccharides (Glycosaminoglycans) include: Keratan Sulfate, Heparan Sulfate, Dermatan Sulfate, and Chondroitin Sulfates 4 and 6. The excretion of Heparan Sulfate is variable. A normal mucopolysaccharides screen does not exclude Sanfilippo Syndrome (Mucopolysaccharidosis Type III).

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

H=High, L=Low, *=Abnormal, C=Critical

VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Mucopolysaccharides mg/mmol CRT	20-266-116096	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MPS Electrophoresis	20-266-116096	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

H=High, L=Low, *=Abnormal, C=Critical

Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Tracy I. George, MD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 20-266-116096
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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