

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

Client: [REDACTED]  
 Physician: [REDACTED]

ARUP Test Code: 2013270  
 Collection Date: [REDACTED]  
 Received in lab: [REDACTED]  
 Completion Date: [REDACTED]

## Laboratory Test Analysis

Test Component	Patient Test Result	Reference Interval
S. cerevisiae Antibody, IgG	<b>41.7</b> <b>H</b>	Negative ... 20.0 Units or less Equivocal ... 20.1 to 24.9 Units Positive ... 25.0 Units or greater
S. cerevisiae Antibody, IgA	<b>6.0</b>	Negative ... 20.0 Units or less Equivocal ... 20.1 to 24.9 Units Positive ... 25.0 Units or greater
Atypical ANCA	<b>1:80</b>	<1:20

## Test Profile Interpretation

- Antibody profile is **suggestive** of Inflammatory Bowel Disease (IBD)
  - Profile consistent with Crohn Disease (CD)
  - Profile consistent with Ulcerative Colitis (UC)
- Antibody profile is **equivocal** for IBD
- Antibody profile is **not suggestive** of IBD; negative results do not rule out IBD

## Additional Test Information

	IBD	CD	UC
Sensitivity	62.6%	55.0%	51.3%
Specificity	92.6%	93.0%	94.3%
Likelihood Ratio (+)	8.8	6.5	7.5
Likelihood Ratio (-)	0.4	0.5	0.5

### Notes:

- Reese GE, Constantinides VA, Simillis C, Darzi AW, Orchard TR, Fazio VW, Tekkis PP. Diagnostic precision of anti-Saccharomyces cerevisiae antibodies and perinuclear antineutrophil cytoplasmic antibodies in inflammatory bowel disease. Am J Gastroenterol. 2006;101(10):2410-22.
- Low sensitivities of ASCA and pANCA limit their use as screening tests, but their high specificities make them good adjunct tools in confirming a diagnosis of IBD.
- This report does not replace the use of clinical, imaging, and/or biopsy studies in making a final diagnosis of IBD.



Patient: [REDACTED]  
 ARUP Accession: 21-061-149764

# Inflammatory Bowel Disease Differentiation Panel

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

## Vasculitis Information

Atypical perinuclear ANCA (atypical p-ANCA) staining pattern observed. Presence of p-ANCA ruled out on formalin-fixed neutrophils. This staining pattern is associated with inflammatory bowel diseases, particularly ulcerative colitis. It may also be seen in primary sclerosis cholangitis.

## Interpretive Information

### Anti-Neutrophil Cytoplasmic Antibodies:

Neutrophil Cytoplasmic Antibodies (C-ANCA = granular cytoplasmic staining, P-ANCA = perinuclear staining) are found in the serum of over 90 percent of patients with certain necrotizing systemic vasculitides, and usually in less than 5 percent of patients with collagen vascular disease or arthritis.

### S. cerevisiae Antibody, IgA and IgG:

Saccharomyces cerevisiae IgG antibodies are found in 60-70 percent of Crohn disease (CD) patients and 10-15 percent of ulcerative colitis (UC) patients. Saccharomyces cerevisiae IgA antibodies are found in about 35 percent of CD patients but less than 1 percent of UC patients. Detection of both Saccharomyces IgG and IgA antibodies in the same serum specimen is highly specific for CD.

### Atypical p-ANCA:

Atypical p-ANCA antibodies are found in 50-70 percent of patients with ulcerative colitis (UC) and in about 20 percent of individuals with Crohn disease (CD).

