

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

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** 8/31/1952  
**Gender:** Male  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Autoimmune Liver Disease Reflexive Panel**

ARUP test code 3002479

Soluble Liver Antigen Antibody, IgG

1.4 U (Ref Interval: 0.0-24.9)  
REFERENCE INTERVAL: Soluble Liver Antigen Antibody, IgG

0.0 - 20.0 U ..... Negative  
20.1 - 24.9 U ..... Equivocal  
25.0 U or greater ..... Positive

The presence of SLA antibodies has almost 100% specificity for autoimmune hepatitis, although only 12-30% have these antibodies. Thus, a negative SLA IgG test does not rule out autoimmune hepatitis.

F-Actin (Smooth Muscle) Ab, IgG by ELISA

6 Units (Ref Interval: 0-19)  
REFERENCE INTERVAL: F-Actin (Smooth Muscle) Antibody, IgG by ELISA

19 Units or less ..... Negative  
20 - 30 Units ..... Weak Positive-Suggest repeat testing in two to three weeks with fresh specimen.  
31 Units or greater..... Positive-Suggestive of autoimmune hepatitis type 1 or chronic active hepatitis.

F-actin IgG antibodies have been shown to have increased sensitivity for autoimmune hepatitis (AIH) but lower specificity than smooth muscle antibodies (SMA). F-actin IgG antibodies can also be seen in SMA-negative disease controls (non-AIH), especially in patients with primary biliary cirrhosis and chronic hepatitis C infections. Some patients with AIH may be SMA-positive but negative for F-actin IgG. Consider testing for SMA by IFA if suspicion for AIH is strong.

Liver-Kid Microsome-1 Ab, IgG by ELISA

1.0 U (Ref Interval: 0.0-24.9)  
REFERENCE INTERVAL: Liver-Kidney Microsome-1 Antibody, IgG by ELISA

0.0 - 20.0 U ..... Negative  
20.1 - 24.9 U ..... Equivocal  
25.0 U or Greater ..... Positive

A positive result indicates the presence of IgG antibodies to recombinant human P450 2D6 and suggests the possibility of autoimmune hepatitis, type 2. A negative LKM-1 does not rule out the presence of autoimmune hepatitis, type 2.

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

Mitochondrial (M2) Antibody, IgG

3.1 Units (Ref Interval: 0.0-24.9)

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.

Antinuclear Antibody (ANA), HEp-2, IgG

<1:80

(Ref Interval: <1:80)

ANA Interpretive Comment

See Note

Antinuclear antibodies by IFA negative for homogeneous, speckled, nucleolar, centromere, and nuclear dots patterns.

Cytoplasmic antibodies by IFA negative for reticular/AMA, discrete/GW body-like, polar/golgi-like, rods and rings, and cytoplasmic speckled patterns.

INTERPRETIVE INFORMATION: ANA Interpretive Comment

Presence of antinuclear antibodies (ANA) is a hallmark feature of systemic autoimmune rheumatic diseases (SARD). However, 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. ANA (cytoplasmic reactivity) positive patterns reported include reticular/AMA, discrete/GW body-like, polar/golgi-like, cytoplasmic speckled or rods and rings. All positive 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. Mitotic staining patterns not reported. Negative results do not necessarily rule out SARD.

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

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Soluble Liver Antigen Antibody, IgG	24-138-120034	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
F-Actin (Smooth Muscle) Ab, IgG by ELISA	24-138-120034	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Liver-Kid Microsome-1 Ab, IgG by ELISA	24-138-120034	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Mitochondrial (M2) Antibody, IgG	24-138-120034	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Antinuclear Antibody (ANA), HEp-2, IgG	24-138-120034	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
ANA Interpretive Comment	24-138-120034	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  
Jonathan R. Genzen, MD, PhD, Laboratory Director

Patient: Patient, Example  
ARUP Accession: 24-138-120034  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
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