

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

Sex: [REDACTED]

Client: [REDACTED]
 Physician: [REDACTED]

ARUP Test Code: 3003748

Collection Date: [REDACTED]
 Received in lab [REDACTED]
 Completion Date: [REDACTED]

Laboratory Test Analysis

| Test Component | Patient Test Result | Flag | Reference Interval |
|-----------------------------|---------------------|----------|---|
| S. cerevisiae Antibody, IgG | 50.0 | H | Negative ... 20.0 Units or less Equivocal ... 20.1 to 24.9 Units Positive ... 25.0 Units or greater |
| S. cerevisiae Antibody, IgA | 50.0 | H | Negative ... 20.0 Units or less Equivocal ... 20.1 to 24.9 Units Positive ... 25.0 Units or greater |
| Atypical ANCA | 1:1280 | A | <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: [REDACTED]

Inflammatory Bowel Disease Differentiation Panel

Patient: [REDACTED] | Date of Birth: [REDACTED] | Sex: [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).



Patient: [REDACTED]
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