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PATIENT REPORT

Patient Age/Sex: 57 years Female

Specimen Collected: 20-Dec-23 12:01

Motor Neuropathy Panel |**Received: 20-Dec-23 12:01** **Report/Verified: 20-Dec-23 12:10**

Procedure	Result	Units	Reference Interval
MAG Antibody,IgM Elisa	**2000** H i1	TU	[0-999]
SGPG Antibody,IgM	**4.99** H i2	IV	[0.00-0.99]
Asialo-GM1 Antibodies,IgG/IgM	**500** H	IV	[0-50]
GM1 Antibodies,IgG/IgM	**250** H	IV	[0-50]
GD1a Antibodies,IgG/IgM	**300** H	IV	[0-50]
GD1b Antibodies,IgG/IgM	**300** H	IV	[0-50]
GQ1b Antibodies,IgG/IgM	**300** H i3	IV	[0-50]
Immunoglobulin G	**4000** H	mg/dL	[768-1632]
Immunoglobulin A	**20** L	mg/dL	[68-408]
Immunoglobulin M	**10** L	mg/dL	[35-263]
Total Protein,Serum	**8.6** H	g/dL	[6.3-8.2]
Albumin	**3.50** L	g/dL	[3.75-5.01]
Alpha 1 Globulin	**0.18** L	g/dL	[0.19-0.46]
Alpha 2 Globulin	**0.47** L	g/dL	[0.48-1.05]
Beta Globulin	**0.39** L	g/dL	[0.48-1.10]
Gamma	**4.06** H	g/dL	[0.62-1.51]
Monoclonal Protein	**4.06** H	g/dL	[<=0.00]
Immunofixation	IFE Done		
SPEP/IFE Interpretation	See Note f1		
EER Motor Neuropathy Panel	See Note		

Result Footnote

f1: SPEP/IFE Interpretation
Monoclonal spike in the gamma region. IFE gel pattern shows an IgG type kappa monoclonal protein.

Test Information

i1: MAG Antibody, IgM Elisa
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.

i2: SGPG Antibody, IgM
INTERPRETIVE INFORMATION: SGPG Antibody, IgM

*=Abnormal, #=Corrected, C=Critical, f=Result Footnote, H-High, i-Test Information, L-Low, t-Interpretive Text, @=Performing lab

Test Information

i2: 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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i3: GQ1b Antibodies, IgG/IgM

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 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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