

SNP - Reference No: 668014195 Status: F

Patient: Ellen RAMOS LOBATO Linked by: Dr Jeffrey Tsai
DOB: 15/03/1987 Message: Action already taken
Address: 1/7 Morinda Way LABRADOR 4215
Ordered by: Dr Jeffrey Tsai on 05/10/2022
Copy to: Dr Saba Rouhipour
Collected: 05/10/2022 - 1:33 PM Notified by: on 00/00/0000
Reported: 07/10/2022 Message:

random spot urine; not 24 hr urine; NO URINE CULTURE please Rheumatic screen

Autoantibodies

Anti-Nuclear Abs (ANA) * Dense Fine Speckled Pattern
Anti-DNA (FEIA) <7 (<10) IU/mL
ENA DFS70
RNP

Comments on Lab Id: 668014195

This ANA pattern is now recognised as DFS-70. In the past the term homogenous was used though this has been redefined, DFS-70 antibodies do not have any autoimmune disease association and do not increase the risk for SLE.

Please note: RNP antibodies were detected by line immunoassay (LIA) but not by fluorescent enzyme immunoassay (FEIA). The significance of this is uncertain and should be correlated with clinical findings.
ENA screened for SSA/Ro60, SSB/La, RNP, Sm, Scl-70, Jo-1, PCNA, PM-Scl, ribosomal P, CENP-B, Ro52 and DFS70 by line immunoassay (LIA).

RB

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: R-U-Protein, SP-COMMON, LLA, ANA, Anti-DNA, ENA ,
Beta 2 GP abs, Cardiolipin Abs, C3.C4, Urine MCS

Tests Pending :
Sample Pending :

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Random Urine Chemistry

R-U-Creatinine	7.9	mmol/L
R-U-Protein	0.06	g/L

R-U-Protein/Creat

8 (0 - 20) g/mol

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RN

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Urine - Microscopy/Culture/Sensitivity

Specimen type	Urine
pH	6
Protein	Trace
Glucose	Nil
Specific Gravity	1.015 (1.005 - 1.030)
Leucocytes	<10 (<10) x 10 ⁶ /L
Erythrocytes	<10 (<20) x 10 ⁶ /L
Squam Epi Cells	<10 x 10 ⁶ /L
Erythrocyte Morphology	Inadequate cells present to assess
Culture	No pathogens isolated

LW

FINAL REPORT - Updated on 06/10/2022 at 14:17

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Pro-thrombotics Studies

Lupus Anticoagulant	Not Detected
PT	12 (8 - 14) s
APTT	25 (23 - 38) s

Comments on Collection 668014195

There is no evidence of a Lupus anticoagulant. The panel of assays performed is APTT, PTT-LA and dRVVT. As lupus anticoagulants are heterogeneous and levels may fluctuate, unexpected or equivocal results should be checked on a fresh specimen preferably with tests for ANA, anti-cardiolipin antibodies and anti-Beta2 glycoprotein 1 antibodies.

HA

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Complement Studies

Complement C3	1.042	(0.900 - 2.100)	g/L
Complement C4	0.264	(0.150 - 0.450)	g/L

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Possible clinical explanations for abnormal C3 and/or C4 include:
* Active SLE, severe liver damage, immune complex disease: low/low
* Acute streptococcal glomerulonephritis: low/normal
* Infections, gout, rheumatoid arthritis: high/high
* Cryoglobulinaemia, C4 or C1 inhibitor deficiency: normal/low

CA

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Autoantibodies

Beta 2 Glycoprotein IgG Abs	<1	(<7)	U/mL
Cardiolipin IgG Abs	<1	(<20)	U/mL

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Beta 2 glycoprotein 1 (B2GP1) IgG antibodies are more strongly associated with the presence of antiphospholipid syndrome (APS) than anti-cardiolipin antibodies. However the absence of B2GP1 IgG antibodies does not necessarily exclude APS. B2GP1 IgG antibody results between 7-10 U/mL are considered borderline. True positives are likely to be greater than 60 U/mL. All potential cases of APS should be discussed with an Immunologist. Dr Daman Langguth (07) 3377 8698. Testing performed by FEIA. Beta 2 Glycoprotein IgM Abs are no longer performed as their clinical significance is uncertain.

Anti-cardiolipin IgG antibodies may be associated with one or more of the following: arterial and/or venous thrombosis, recurrent pregnancy loss, low platelet counts. Some cases are associated with systemic autoimmune disease e.g. SLE. Low level antibodies (<40 IU/mL) are generally of uncertain clinical significance and may occur transiently in some infections. Other tests which may be useful include lupus anticoagulant (additional specimen required) and ANA/ENA/DNA. Test performed by FEIA.

IA

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Squam Epi Cells	<10 x 10 ⁶ /L
Erythrocyte Morphology	Inadequate cells present to assess
Culture	Culture proceeding

LT

*** The above result is provisional. Finalised report to follow. ***

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