

METROPOLITAN DIAGNOSTICS LABORATORY

1200 Medical Center Drive, Suite 400 | Chicago, IL 60611 | Tel: (312) 555-0192
CLIA #: 14D0123456 | CAP Accredited

PATIENT INFORMATION

Patient Name:	Sarah M. Johnson
Date of Birth:	03/14/1985 (Age: 39)
Patient ID:	PT-2024-087432
Ordering Physician:	Dr. Kevin Patel, MD — Rheumatology
Collection Date:	February 18, 2025 09:14 AM
Report Date:	February 19, 2025
Specimen Type:	Venous Blood / Serum

Clinical Indication: Patient presents with 14-month history of progressive joint pain (bilateral wrists, MCPs, PIPs), fatigue, intermittent facial rash worsened by sun exposure, and documented hair loss. Rule out systemic lupus erythematosus (SLE) vs. rheumatoid arthritis vs. mixed connective tissue disease.

AUTOIMMUNE / CONNECTIVE TISSUE PANEL

TEST	RESULT	UNITS	REFERENCE RANGE	FLAG
ANA (Antinuclear Antibody)	POSITIVE		Negative	↑ HIGH
ANA Titer	1:640	titer	< 1:80	↑↑ HIGH
ANA Pattern	Homogeneous			
Anti-dsDNA Antibody	285	IU/mL	< 30 IU/mL	↑↑ HIGH
Anti-Smith (Sm) Antibody	POSITIVE		Negative	↑ HIGH
Anti-Ro/SSA Antibody	142	U/mL	< 20 U/mL	↑↑ HIGH
Anti-La/SSB Antibody	38	U/mL	< 20 U/mL	↑ HIGH
Anti-Histone Antibody	12	U/mL	< 20 U/mL	
Rheumatoid Factor (RF)	48	IU/mL	< 14 IU/mL	↑ HIGH
Anti-CCP Antibody	22	U/mL	< 20 U/mL	↑ HIGH
Anti-Phospholipid IgG	18	GPL units	< 15 GPL	↑ HIGH
Anti-Phospholipid IgM	8	MPL units	< 12.5 MPL	

INFLAMMATORY MARKERS

TEST	RESULT	UNITS	REFERENCE RANGE	FLAG
C-Reactive Protein (CRP), High-Sens.	18.4	mg/L	< 3.0 mg/L	↑↑ HIGH
Erythrocyte Sedimentation Rate (ESR)	72	mm/hr	0-20 mm/hr	↑↑ HIGH
Interleukin-6 (IL-6)	28.3	pg/mL	< 7.0 pg/mL	↑↑ HIGH
Ferritin	312	ng/mL	12-150 ng/mL	↑↑ HIGH
Fibrinogen	520	mg/dL	200-400 mg/dL	↑ HIGH

COMPLEMENT PANEL

TEST	RESULT	UNITS	REFERENCE RANGE	FLAG
Complement C3	62	mg/dL	90-180 mg/dL	↓ LOW
Complement C4	8	mg/dL	16-47 mg/dL	↓↓ LOW
CH50 (Total Hemolytic Complement)	18	U/mL	31-60 U/mL	↓ LOW

COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL

TEST	RESULT	UNITS	REFERENCE RANGE	FLAG
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White Blood Cell Count (WBC)	3.2	$\times 10^3/\mu\text{L}$	4.5-11.0	↓ LOW
Neutrophils	48	%	50-70%	↓ LOW
Lymphocytes	38	%	20-40%	
Monocytes	10	%	2-8%	↑ HIGH
Red Blood Cell Count (RBC)	3.8	$\times 10^6/\mu\text{L}$	3.9-5.0	↓ LOW
Hemoglobin	10.9	g/dL	12.0-16.0	↓ LOW
Hematocrit	33.2	%	36.0-46.0	↓ LOW
MCV	82	fL	80-100 fL	
Platelets	142	$\times 10^3/\mu\text{L}$	150-400	↓ LOW

COMPREHENSIVE METABOLIC PANEL (CMP)

TEST	RESULT	UNITS	REFERENCE RANGE	FLAG
Sodium	138	mEq/L	136-145	
Potassium	4.1	mEq/L	3.5-5.1	
Creatinine	1.28	mg/dL	0.57-1.00	↑ HIGH
BUN (Blood Urea Nitrogen)	22	mg/dL	7-20 mg/dL	↑ HIGH
eGFR	58	mL/min/1.73m ²	> 60	↓ LOW
ALT (Alanine Aminotransferase)	42	U/L	7-35 U/L	↑ HIGH
AST (Aspartate Aminotransferase)	38	U/L	10-35 U/L	↑ HIGH
Glucose (fasting)	92	mg/dL	70-99 mg/dL	
Total Protein	6.8	g/dL	6.4-8.3 g/dL	
Albumin	3.2	g/dL	3.5-5.0 g/dL	↓ LOW

LABORATORY INTERPRETATION NOTE

Serological profile is highly suggestive of Systemic Lupus Erythematosus (SLE). High-titer ANA (1:640, homogeneous), markedly elevated anti-dsDNA (285 IU/mL), positive anti-Sm, anti-Ro/SSA, and anti-La/SSB antibodies with concurrent hypocomplementemia (low C3, C4, CH50) represent a classic SLE signature. Mild normocytic anemia, thrombocytopenia, and leukopenia (lymphopenia) further support immune-mediated cytopenias. Mildly elevated creatinine with reduced eGFR (58) warrants evaluation for lupus nephritis. Correlation with clinical findings and urinalysis recommended. Rheumatology follow-up advised.

Reviewed and Authorized by:

Dr. Angela Torres, MD, PhD — Clinical Pathology

Board Certified — American Board of Pathology | Electronically signed 02/19/2025 14:32 CST

Specimen Integrity:

Hemolysis: None | Lipemia: None | Icterus: None