

Common Lab Tests Ordered by Rheumatologists*

BLOOD TESTS:

Complete Blood Count (CBC):

includes white blood cell count, hematocrit, and platelets; can be abnormal in certain rheumatologic conditions or because of medication toxicity

Creatinine (Cr):

measures kidney function

Liver Function Tests (ALT/AST):

measures liver function; can be elevated due to medication toxicity

Erythrocyte Sedimentation Rate (“sed rate” or ESR):

measures how quickly red blood cells fall to the bottom of a test tube; elevated in inflammatory conditions such as infection or rheumatologic diseases

C Reactive Protein (CRP):

a protein that can also be elevated in inflammation

Anti-nuclear Antibody (ANA):

measures blood levels of antibodies that can be seen in patients with rheumatologic diseases including lupus, scleroderma, rheumatoid arthritis, dermatomyositis, mixed connective tissue disease, and Sjögren’s syndrome

ANA panel:

further tests that may be performed in patients with a positive ANA that may help to narrow down the diagnosis; includes anti-smith, dsDNA, SSA/SSB, RNP and centromere antibodies.

Rheumatoid Factor (RF):

antibody found in 70–80% of patients with rheumatoid arthritis

Cyclic Citrillunated Peptide (CCP):

a more specific test for rheumatoid arthritis

Creatine Phosphokinase (CPK or CK):

muscle enzyme that can be elevated in autoimmune diseases that affect the muscles such as polymyositis or due to medication toxicity (such as from statins used to treat high cholesterol)

Uric Acid or Urate:

increased levels can be seen in gout

Complement (e.g. C3, C4):

measures a group of proteins important to the body’s response to infections; levels can be low in lupus

(over)

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2730 University Blvd. West
Suite 310
Wheaton, MD 20902

14955 Shady Grove Road
Suite 230
Rockville, MD 20850

5454 Wisconsin Avenue
Suite 600
Chevy Chase, MD 20815

2021 K Street, NW
Suite 300
Washington, DC 20006

* Positive results can also be seen in other conditions (such as infections) and can even be seen in healthy people. They are not necessarily specific for autoimmune disease and must, therefore, be interpreted in the context of the history and physical exam performed by your physician. (Source: Kaiser, October 2012) [??]

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BLOOD TESTS, continued:

Serum Protein Electrophoresis (SPEP):

separates proteins into albumin and globulins which form important components of the immune system; can be abnormal in certain blood diseases such as multiple myeloma.

HLA-B27:

a genetic marker that can be seen in a group of rheumatic diseases called the “spondyloarthritides” such as ankylosing spondylitis.

Anticardiolipin Antibodies (aCL), lupus anticoagulant (LAC), Beta-2-Glycoprotein-1 (B2GP1):

tests for certain antibodies that can be seen in patients who have blood clots

Anti-Neutrophil Cytoplasmic Antibody (ANCA):

antibodies that can be seen in rare rheumatic diseases such as vasculitis

Angiotensin Converting Enzyme (ACE):

an enzyme found in lung and kidney cells; can be helpful in following disease activity in patients with sarcoidosis.

URINE TEST:

Urinalysis:

looks for protein and blood in the urine which can be seen when rheumatic diseases such as lupus and vasculitis affect the kidneys

TUBERCULOSIS TESTS:

Tuberculin Skin Test (TST):

a forearm skin injection of tuberculin material (purified protein derivative or “PPD”); must be read by a health care professional 48-72 hours after placement; can be falsely positive in patients who have been vaccinated for tuberculosis with the BCG vaccine

Interferon gamma release assays (IGRA) (e.g. Quantiferon Gold):

a blood test for tuberculosis exposure that is not affected by BCG vaccination status

BLOOD TESTS PERTINENT TO TREATMENT OF OSTEOPENIA AND OSTEOPOROSIS:

Calcium:

measures levels of calcium, important to bone health; can be affected by certain treatments for osteoporosis

Vitamin D:

normal levels are also important in the treatment of osteoporosis

Collagen type 1 cross-linked C-telopeptide (CTX):

a measure of bone turnover that may be helpful in guiding osteoporosis treatment

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ASSOCIATES, P.C.

Board Certified Rheumatologists

Herbert S.B. Baraf
MD FACP MACR

Robert L. Rosenberg
MD FACP CCD

Evan L. Siegel
MD FACP

Emma DiIorio
MD FACP

David G. Borenstein
MD MACP FACP

Robert J. Lloyd
MD MACR

Alan K. Matsumoto
MD FACP FACP

David P. Wolfe
MD FACP

Paul J. DeMarco
MD FACP FACP

Shari B. Diamond
MD FACP FACP

Ashley D. Beall
MD FACP

Angus B. Worthing
MD FACP

Guada Respicio
MD MS FACP

Justin Peng
MD FACP

Rachel Kaiser
MD MPH FACP FACP