

Laboratory Service Report

1-800-533-1710

| Patient Name TESTINGRNV,ACYLGABN | Patient ID SA00050147 | Age 9M | Gender M | Order # SA00050147 | |
|-------------------------------------|--------------------------|--|-------------|--------------------------|--|
| Ordering Phys | | · | | DOB 01/09/2012 | |
| Client Order # SA00050147 | Account Information | | | Report Notes | |
| Collected 10/29/2012 | | C7028846-DLMP ROCHESTER 3050 SUPERIOR DRIVE | | | |
| Printed 12/14/2012 11:03 | ROCHESTER,MN 559 | 901 | | | |

| Test | Flag | Results | Unit | Reference Value | Perform Site* |
|--------------------------|------|---------|--------------|--------------------|------------------|
| Acylglycines, QN, U | | | REPORTED 10, | /31/2012 10:19 | |
| Ethylmalonic Acid | H | 156.20 | mg/g Cr | 0.5-20.2 | MCR |
| 2-Methylsuccinic acid | | 12.30 | mg/g Cr | 0.4-13.8 | MCR |
| Glutaric acid | | 7.80 | mg/g Cr | 0.6-15.2 | MCR |
| Isobutyrylglycine | | 9.90 | mg/g Cr | 0.00-11.0 | MCR |
| n-Butyrylglycine | | 1.85 | mg/g Cr | 0.10-2.10 | MCR |
| 2-Methylbutyrylglycine | | 5.66 | mg/g Cr | 0.3-7.5 | MCR |
| Isovalerylglycine | | 12.30 | mg/g Cr | 0.3-14.3 | MCR |
| n-Hexanoylglycine | | 1.55 | mg/g Cr | 0.20-1.90 | MCR |
| n-Octanoylglycine | | 2.00 | mg/g Cr | 0.1-2.1 | MCR |
| 3-Phenylpropionylglycine | | 0.99 | mg/g Cr | 0.00-1.10 | MCR |
| Suberylglycine | | 10.10 | mg/g Cr | 0.00-11.0 | MCR |
| trans-Cinnamoylglycine | | 12.30 | mg/g Cr | 0.2-14.7 | MCR |
| Dodecanedioic acid | | 0.55 | mg/g Cr | 0.00-1.10 | MCR |
| Tetradecanedioic acid | | 0.22 | mg/g Cr | 0.00-1.00 | MCR |
| Hexadecanedioic acid | | 0.33 | mg/g Cr | 0.00-1.00 | MCR |
| Interpretation | | | | | MCR |
| | | | | | |

In this sample, the excretion of ethylmalonic acid (EMA) was elevated. The differential diagnosis of EMA aciduria includes short-chain acyl-CoA dehydrogenase (SCAD) deficiency, polymorphic variants of the SCAD gene, and mitochondrial respiratory chain defects. SCAD deficiency is a condition of uncertain clinical significance and has been diagnosed in some patients during the first weeks of life with muscle tone abnormalities, hypoglycemia and vomiting. More frequently, however, EMA aciduria is identified in early childhood in patients presenting with muscle hypotonia and developmental delay. If clinically indicated consider plasma acylcarnitines, lactate, pyruvate, and molecular genetic analysis of the ACADS gene.

Gas Chromatography-Mass Spectrometry (GC-MS) Stable Isotope Dilution Analysis

Reviewed By JANICE HELGESON MCR

* Performing Site:

| Patient Name TESTINGRNV,ACYLGABN | Collection Date and Time 10/29/2012 | Report Status Final |
|-------------------------------------|--|------------------------|
| Page 1 of 1 | | ** End of Report ** |

^{*} Report times for Mayo performed tests are CST/CDT