Quest Diagnostics

Report Status: Final

Patient Information	Specimen Information	Client Information

COMMENTS: FASTING:YES

Test Name	In Range	Out Of Range	Reference Range	Lab
THYROID PANEL WITH TSH				
THYROID PANEL				TP
T3 UPTAKE	34		22-35 %	
T4 (THYROXINE), TOTAL	6.2		4.9-10.5 mcg/dL	
FREE T4 INDEX (T7)	2.1		1.4-3.8	
TSH	1.21		0.40-4.50 mIU/L	TP
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL		**242 H**	<200 mg/dL	TP
HDL CHOLESTEROL	40		> OR = 40 mg/dL	TP
TRIGLYCERIDES		**237 H**	<150 mg/dL	TP
If a non-fasting specimen was collected, consider repeat triglyceride testing on a fasting specimen if clinically indicated. Jacobson et al. J. of Clin. Lipidol. 2015;9:129-169.				
LDL-CHOLESTEROL		**162 H**	mg/dL (calc)	TP
Reference range: <100				
Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.				
LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C. Martin SS et al. JAMA. 2013;310(19): 2061-2068 (http://education.QuestDiagnostics.com/faq/FAQ164)				
CHOL/HDLC RATIO		**6.1 H**	<5.0 (calc)	TP
NON HDL CHOLESTEROL		**202 H**	<130 mg/dL (calc)	TP
For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.				
COMPREHENSIVE METABOLIC PANEL				TP
GLUCOSE	82		65-99 mg/dL Fasting reference interval	
UREA NITROGEN (BUN)	13		7-25 mg/dL	
CREATININE	0.83		0.60-1.26 mg/dL	
EGFR	119		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	SEE NOTE: Not Reported: BUN and Creatinine are within reference range.		6-22 (calc)	
SODIUM	139		135-146 mmol/L	
POTASSIUM	4.3		3.5-5.3 mmol/L	
CHLORIDE	103		98-110 mmol/L	
CARBON DIOXIDE	25		20-32 mmol/L	

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CALCIUM	9.6		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.4		6.1-8.1 g/dL	
ALBUMIN	4.7		3.6-5.1 g/dL	
GLOBULIN	2.7		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.7		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.8		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	65		36-130 U/L	
AST	23		10-40 U/L	
ALT		**53 H**	9-46 U/L	
PHOSPHATE (AS PHOSPHORUS)		**4.8 H**	2.5-4.5 mg/dL	TP
URIC ACID	7.6		4.0-8.0 mg/dL	TP
Therapeutic target for gout patients: <6.0 mg/dL				
LD	153		100-220 U/L	TP
CREATINE KINASE, TOTAL	115		44-196 U/L	TP
GGT	28		3-90 U/L	TP
ALDOLASE	6.9		< OR = 8.1 U/L	TP
SED RATE BY MODIFIED				TP
WESTERGREN	2		< OR = 15 mm/h	
CBC (INCLUDES DIFF/PLT)				TP
WHITE BLOOD CELL COUNT	6.2		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.32		4.20-5.80 Million/uL	
HEMOGLOBIN	15.4		13.2-17.1 g/dL	
HEMATOCRIT	44.0		38.5-50.0 %	
MCV	82.7		80.0-100.0 fL	
MCH	28.9		27.0-33.0 pg	
MCHC	35.0		32.0-36.0 g/dL	
RDW	13.5		11.0-15.0 %	
PLATELET COUNT	277		140-400 Thousand/uL	
MPV	11.2		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	3503		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2021		850-3900 cells/uL	
ABSOLUTE MONOCYTES	564		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	81		15-500 cells/uL	
ABSOLUTE BASOPHILS	31		0-200 cells/uL	
NEUTROPHILS	56.5		%	
LYMPHOCYTES	32.6		%	
MONOCYTES	9.1		%	
EOSINOPHILS	1.3		%	
BASOPHILS	0.5		%	
IRON, TOTAL	92		50-180 mcg/dL	TP
RHEUMATOID FACTOR	<14		<14 IU/mL	TP
C-REACTIVE PROTEIN	5.5		<8.0 mg/L	TP
PSA, TOTAL	0.73		< OR = 4.00 ng/mL	TP

The total PSA value from this assay system is standardized against the WHO standard. The test result will be approximately 20% lower when compared to the equimolar-standardized total PSA (Beckman Coulter). Comparison of serial PSA results should be interpreted with this fact in mind.

This test was performed using the Siemens chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute

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evidence of the presence or absence of disease.

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Immunology

Test Name	Result	Reference Range	Lab
ANA SCREEN, IFA, W/REFL TITER AND PATTERN			MI
ANA SCREEN, IFA	NEGATIVE	NEGATIVE	

ANA IFA is a first line screen for detecting the presence of up to approximately 150 autoantibodies in various autoimmune diseases. A negative ANA IFA result suggests an ANA-associated autoimmune disease is not present at this time, but is not definitive. If there is high clinical suspicion for Sjogren's syndrome, testing for anti-SS-A/Ro antibody should be considered. Anti-Jo-1 antibody should be considered for clinically suspected inflammatory myopathies.

AC-0: Negative

International Consensus on ANA Patterns (https://doi.org/10.1515/cclm-2018-0052)

For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ177 (This link is being provided for informational/ educational purposes only.)

Physician Comments:

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CYCLIC CITRULLINATED PEPTIDE (CCP) AB (IGG)

RESULTS **Lab: TP**

Test	Result	Reference Range
CYCLIC CITRULLINATED PEPTIDE (CCP) AB (IGG)	<16	UNITS
Reference Range Negative: <20 Weak Positive: 20-39 Moderate Positive: 40-59 Strong Positive: >59		

No historical results currently available.

PERFORMING SITE:

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