

Patient Information	Specimen Information	Client Information

COMMENTS: FASTING: YES

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL	198		<200 mg/dL	EN
HDL CHOLESTEROL	44		> OR = 40 mg/dL	EN
TRIGLYCERIDES		206 H	<150 mg/dL	EN

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	122 H	mg/dL (calc)	EN
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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/HDL-C RATIO	4.5	<5.0 (calc)	EN
NON HDL CHOLESTEROL	154 H	<130 mg/dL (calc)	EN

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.

HS CRP	1.1	mg/L	EN
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Reference Range

Optimal <1.0

Jellinger PS et al. Endocr Pract. 2017;23(Suppl 2):1-87.

For ages >17 Years:

hs-CRP mg/L Risk According to AHA/CDC Guidelines
<1.0 Lower relative cardiovascular risk.
1.0-3.0 Average relative cardiovascular risk.
3.1-10.0 Higher relative cardiovascular risk.
Consider retesting in 1 to 2 weeks to exclude a benign transient elevation in the baseline CRP value secondary to infection or inflammation.
>10.0 Persistent elevation, upon retesting, may be associated with infection and inflammation.

COMPREHENSIVE METABOLIC PANEL			EN
GLUCOSE	88	65-99 mg/dL	

Fasting reference interval

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Test Name	In Range	Out Of Range	Reference Range	Lab
UREA NITROGEN (BUN)	19		7-25 mg/dL	
CREATININE	0.94		0.60-1.26 mg/dL	
EGFR	106		> OR = 60 mL/min/1.73m2	
The eGFR is based on the CKD-EPI 2021 equation. To calculate the new eGFR from a previous Creatinine or Cystatin C result, go to https://www.kidney.org/professionals/kdoqi/gfr%5Fcalculator				
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	136		135-146 mmol/L	
POTASSIUM	4.6		3.5-5.3 mmol/L	
CHLORIDE	100		98-110 mmol/L	
CARBON DIOXIDE	29		20-32 mmol/L	
CALCIUM	9.9		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.4		6.1-8.1 g/dL	
ALBUMIN	4.8		3.6-5.1 g/dL	
GLOBULIN	2.6		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.8		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.5		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	42		36-130 U/L	
AST	37		10-40 U/L	
ALT		64 H	9-46 U/L	
HEMOGLOBIN A1c	5.4		<5.7 % of total Hgb	EN
For the purpose of screening for the presence of diabetes:				
<5.7% Consistent with the absence of diabetes				
5.7-6.4% Consistent with increased risk for diabetes (prediabetes)				
> or =6.5% Consistent with diabetes				
This assay result is consistent with a decreased risk of diabetes.				
Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.				
According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).				
GGT	24		3-90 U/L	EN
TSH	1.82		0.40-4.50 mIU/L	EN
TESTOSTERONE, TOTAL, MALES (ADULT), IA	429		250-827 ng/dL	EN

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Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	23 L	30-100 ng/mL	EN
Vitamin D Status 25-OH Vitamin D: Deficiency: <20 ng/mL Insufficiency: 20 - 29 ng/mL Optimal: > or = 30 ng/mL For 25-OH Vitamin D testing on patients on D2-supplementation and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order code 92888 (patients >2yrs). For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ199 (This link is being provided for informational/ educational purposes only.) Physician Comments:			

PERFORMING SITE:

EN QUEST DIAGNOSTICS-WEST HILLS, 8401 FALLBROOK AVENUE, WEST HILLS, CA 91304-3226 Laboratory Director: TAB TOOCHINDA,MD, CLIA: 05D0642827