LabCorp

**Patient Report** 

Rte: 00

Phone: (800) 539-6119

Specimen ID: Control ID:

Acct #: 17452095 Walk-In Lab, LLC

1645 Tiffany Lane

Mandeville L-A 7044&--- ---- --- ---

Patient Details
DOB:
Age(y/m/d):
Gender: SSN:

Specimen Details
Date collected:
Date entered:
Date reported:

Physician Details Ordering: F AN Referring: ID: 1558345843 NPI: 1558345843

## **General Comments & Additional Information**

Alternate Control Number: Total Volume: Not Provided Alternate Patient ID: Not Provided Fasting: No

## Ordered Items

Patient ID:

Anemia, Megaloblastic, Serum; Venipuncture

A STATE OF THE STA					
Anemia, Megaloblastic, Serum					
Methylmalonic Acid, Serum	277		nmol/L	0 - 378	01
2-Methylcitric Acid, Serum	243	High	nmol/L	60 - 228	01
Homocysteine, Serum	7.7		umol/L	5.1 - 13.9	01
Cystathionine, Serum	2092	High	nmol/L	44 - 342	01
Reference Ranges:					01
Vitamin Status: Normal  * High Serum Metabolite Range Values Methylmalonic 0-378 <1 Acid 2-Methylcitric 60-228 <3 Acid	n Ran 379-2 229-	eficiency % High ge Values 00,000 >95 15,000 >80	n % E s Range Val 0- 378 60- 228	High Lues K <1	
Homocysteine 5.1-13.9 <3 Cystathionine 44-342 <3	14- 343-	500 >95	14- 250 343-18,000		
_	343-	4,000 >60	343-10,000	>00	0.1
Continued: NOTE 2) Serum Methylmalonic in primary metabolic tes					01

- NOTE 2) Serum Methylmalonic Acid and Homocysteine are the primary metabolic tests for diagnosing and distinguishing between B12 and folate deficiency. They can be used in conjuction with the serum B12 which is usually low or low normal (<350 pg/mL) in B12 deficiency and the serum Folate which is usually low or low normal (<5 ng/mL) in folate deficiency.

  2-Methylcitric acid and cystathionine provide confirmatory evidence for such deficiencies. Homocysteine and especially cystathionine may also be high in B6 deficiency.
- NOTE 3) Elevated levels of serum metabolites will correct to normal after treatment with the appropriate vitamin but will not correct after treatment with the wrong vitamin, even in pharmacologic amounts.
- NOTE 4) Any of the four metabolites can be elevated due to renal insufficiency or intravascular volume depletion. This occurs most commonly in the case of 2-Methylcitric Acid and Cystathionine. Elevated metabolite levels do not correct with B12, Folate or

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	TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB	
NOTE	B6 treatment unless vitamin deficiency coexists. NOTE 5) Serum metabolite levels can be rechecked 5 to 15 days after vitamin therapy.							
NOTE	NOTE 6) Normal ranges 6 hours post oral Methionine load (100 MG L-Methionine/KG BODY WT.) are as follows: Homocysteine 16.5-45.7 mcmoles/liter and Cystathionine 424-2500 nmoles/liter. Methylmalonic Acid and 2-Methylcitric Acid do not change afer a Methionine load.							
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02 SO	LabCorp San Diego 13112 Evening Creek Dr			Dir: Jenn	y Galloway, MD			

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