Quest Diagnostics

Report Status: Final

Patient Information	Specimen Information	Client Information
DOB: **AGE:** Gender: Phone: Patient ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

COMMENTS: FASTING:YES

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL	150		<200 mg/dL	
HDL CHOLESTEROL		**38 L**	>40 mg/dL	
TRIGLYCERIDES		**184 H**	<150 mg/dL	
LDL-CHOLESTEROL	84		mg/dL (calc)	
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	3.9		<5.0 (calc)	
NON HDL CHOLESTEROL	112		<130 mg/dL (calc)	
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				
GLUCOSE		**102 H**	65-99 mg/dL	
			Fasting reference interval	
For someone without known diabetes, a glucose value between 100 and 125 mg/dL is consistent with prediabetes and should be confirmed with a follow-up test.				
UREA NITROGEN (BUN)	15		7-25 mg/dL	
CREATININE	0.91		0.60-1.35 mg/dL	
eGFR NON-AFR. AMERICAN	111		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	129		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	140		135-146 mmol/L	
POTASSIUM	4.2		3.5-5.3 mmol/L	
CHLORIDE	105		98-110 mmol/L	
CARBON DIOXIDE	26		20-32 mmol/L	
CALCIUM	9.6		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.2		6.1-8.1 g/dL	
ALBUMIN	4.8		3.6-5.1 g/dL	
GLOBULIN	2.4		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	2.0		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.4		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	86		40-115 U/L	
AST	20		10-40 U/L	
ALT	31		9-46 U/L	

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CBC (INCLUDES DIFF/PLT)				
WHITE BLOOD CELL COUNT	6.4		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.98		4.20-5.80 Million/uL	
HEMOGLOBIN	15.0		13.2-17.1 g/dL	
HEMATOCRIT	42.1		38.5-50.0 %	
MCV	84.5		80.0-100.0 fL	
MCH	30.1		27.0-33.0 pg	
MCHC	35.6		32.0-36.0 g/dL	
RDW	12.3		11.0-15.0 %	
PLATELET COUNT	272		140-400 Thousand/uL	
MPV	9.8		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	4410		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	1408		850-3900 cells/uL	
ABSOLUTE MONOCYTES	358		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	173		15-500 cells/uL	
ABSOLUTE BASOPHILS	51		0-200 cells/uL	
NEUTROPHILS	68.9		%	
LYMPHOCYTES	22.0		%	
MONOCYTES	5.6		%	
EOSINOPHILS	2.7		%	
BASOPHILS	0.8		%	
URINALYSIS, COMPLETE				
COLOR	YELLOW		YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.011		1.001-1.035	
PH	6.0		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES		**TRACE**	NEGATIVE	
OCCULT BLOOD	NEGATIVE		NEGATIVE	
PROTEIN	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE	
WBC	NONE SEEN		< OR = 5 /HPF	
RBC	NONE SEEN		< OR = 2 /HPF	
SQUAMOUS EPITHELIAL CELLS	NONE SEEN		< OR = 5 /HPF	
BACTERIA	NONE SEEN		NONE SEEN /HPF	
HYALINE CAST	NONE SEEN		NONE SEEN /LPF	
DHEA SULFATE	457		106-464 mcg/dL	
PSA, TOTAL	1.1		< OR = 4.0 ng/mL	
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 evidence of the presence or absence of disease.				
TESTOSTERONE, FREE (DIALYSIS) AND TOTAL,MS				
TESTOSTERONE, TOTAL, MS		**245 L**	250-1100 ng/dL	

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TESTOSTERONE, FREE	59.7		35.0-155.0 pg/mL	

**Data from J Clin Invest 1974:53:819-828 and J Clin Endocrinol Metab 1973;36:1132-1142. Men with clinically significant hypogonadal symptoms and testosterone values repeatedly in the range of the 200-300 ng/dL or less, may benefit from testosterone treatment after adequate risk and benefits counseling.

For additional information, please refer to http://education.questdiagnostics.com/faq/FAQ165 (This link is being provided for informational/ educational purposes only.)

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Valencia. It has not been cleared or approved by the US Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

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Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	22 L	30-100 ng/mL	

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Vitamin D Status          25-OH Vitamin D:

Deficiency:                     <20 ng/mL
Insufficiency:            20 - 29 ng/mL
Optimal:                  > or = 30 ng/mL
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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 more information on this test, go to: http://education.questdiagnostics.com/faq/FAQ163 (This link is being provided for informational/ educational purposes only.)

Physician Comments:

PERFORMING SITE: