

Patient Information	Specimen Information	Client Information
FLANNERY, STEVEN DOB: 10/11/1983 AGE: 39 Gender: M Fasting: Y Phone: 210.799.0292 Patient ID: 114104940 Health ID: 8573031116802708	Specimen: DZ509349C Requisition: 0023780 Lab Ref #: 114104940 Collected: 10/17/2022 / 09:34 CDT Received: 10/18/2022 / 02:59 CDT Reported: 10/19/2022 / 19:08 CDT	Client #: 97515592 MAIL9925 MARKS, LIANNE WALK-IN LAB-PWN PO BOX 898 AMITE, LA 70422-0898

COMMENTS: FASTING: YES

Test Name	In Range	Out Of Range	Reference Range	Lab
VLDL CHOLESTEROL TRIGLYCERIDES	96		<150 mg/dL	IG
VLDL-CALCULATION CHOLESTEROL, VERY LOW DENSITY LIPOPROTEIN	19		<30 mg/dL (calc)	IG
LIPID PANEL, STANDARD CHOLESTEROL, TOTAL	164		<200 mg/dL	IG
HDL CHOLESTEROL	52		> OR = 40 mg/dL	IG
TRIGLYCERIDES	96		<150 mg/dL	IG
LDL-CHOLESTEROL	93		mg/dL (calc)	IG

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	3.2		<5.0 (calc)	IG
NON HDL CHOLESTEROL	112		<130 mg/dL (calc)	IG

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	<0.3		mg/L	IG
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				IG
GLUCOSE	89		65-99 mg/dL	

Fasting reference interval

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Test Name	In Range	Out Of Range	Reference Range	Lab
UREA NITROGEN (BUN)	17		7-25 mg/dL	
CREATININE	1.08		0.60-1.26 mg/dL	
EGFR	90		> OR = 60 mL/min/1.73m ²	
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	140		135-146 mmol/L	
POTASSIUM	4.1		3.5-5.3 mmol/L	
CHLORIDE	103		98-110 mmol/L	
CARBON DIOXIDE	25		20-32 mmol/L	
CALCIUM	10.0		8.6-10.3 mg/dL	
PROTEIN, TOTAL		8.2 H	6.1-8.1 g/dL	
ALBUMIN		5.2 H	3.6-5.1 g/dL	
GLOBULIN	3.0		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	77		36-130 U/L	
AST	18		10-40 U/L	
ALT	20		9-46 U/L	
HEMOGLOBIN A1c	5.0		<5.7 % of total Hgb	IG
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).				
MAGNESIUM	2.2		1.5-2.5 mg/dL	IG
HEPATIC FUNCTION PANEL				IG
PROTEIN, TOTAL		8.2 H	6.1-8.1 g/dL	
ALBUMIN		5.2 H	3.6-5.1 g/dL	
GLOBULIN	3.0		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	
BILIRUBIN, DIRECT	0.1		< OR = 0.2 mg/dL	
BILIRUBIN, INDIRECT	0.7		0.2-1.2 mg/dL (calc)	
ALKALINE PHOSPHATASE	77		36-130 U/L	
AST	18		10-40 U/L	
ALT	20		9-46 U/L	
LD	134		100-220 U/L	IG
CREATINE KINASE, TOTAL	46		44-196 U/L	IG

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Test Name	In Range	Out Of Range	Reference Range	Lab
GGT	13		3-90 U/L	IG
TSH	1.39		0.40-4.50 mIU/L	IG
PROTHROMBIN TIME-INR				IG
INR	1.0			
Reference Range		0.9-1.1		
Moderate-intensity Warfarin Therapy		2.0-3.0		
Higher-intensity Warfarin Therapy		3.0-4.0		

PT 10.5 9.0-11.5 sec

For additional information, please refer to
<http://education.questdiagnostics.com/faq/FAQ104>
 (This link is being provided for informational/
 educational purposes only.)

SED RATE BY MODIFIED WESTERGREN 2 < OR = 15 mm/h IG

CBC (INCLUDES DIFF/PLT) WHITE BLOOD CELL COUNT 5.7 3.8-10.8 Thousand/uL IG

RED BLOOD CELL COUNT 5.87 H 4.20-5.80 Million/uL

HEMOGLOBIN 17.7 H 13.2-17.1 g/dL

HEMATOCRIT 49.7 38.5-50.0 %

MCV 84.7 80.0-100.0 fL

MCH 30.2 27.0-33.0 pg

MCHC 35.6 32.0-36.0 g/dL

RDW 12.7 11.0-15.0 %

PLATELET COUNT 195 140-400 Thousand/uL

MPV 10.1 7.5-12.5 fL

ABSOLUTE NEUTROPHILS 3574 1500-7800 cells/uL

ABSOLUTE LYMPHOCYTES 1550 850-3900 cells/uL

ABSOLUTE MONOCYTES 433 200-950 cells/uL

ABSOLUTE EOSINOPHILS 120 15-500 cells/uL

ABSOLUTE BASOPHILS 23 0-200 cells/uL

NEUTROPHILS 62.7 %

LYMPHOCYTES 27.2 %

MONOCYTES 7.6 %

EOSINOPHILS 2.1 %

BASOPHILS 0.4 %

URINALYSIS, COMPLETE URINALYSIS, COMPLETE IG

COLOR YELLOW YELLOW

APPEARANCE CLEAR CLEAR

SPECIFIC GRAVITY 1.007 1.001-1.035

PH 7.5 5.0-8.0

GLUCOSE NEGATIVE NEGATIVE

BILIRUBIN NEGATIVE NEGATIVE

KETONES NEGATIVE 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 /HPF

HYALINE CAST NONE SEEN /LPF

This urine was analyzed for the presence of WBC,
 RBC, bacteria, casts, and other formed elements.
 Only those elements seen were reported.

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Test Name	In Range	Out Of Range	Reference Range	Lab
IRON AND TOTAL IRON BINDING CAPACITY				IG
IRON, TOTAL	97		50-180 mcg/dL	
IRON BINDING CAPACITY	300		250-425 mcg/dL (calc)	
% SATURATION	32		20-48 % (calc)	
FERRITIN	250		38-380 ng/mL	IG
VITAMIN B12	481		200-1100 pg/mL	IG
EBV EARLY ANTIGEN D AB (IGG)		25.50 H	U/mL	IG
			U/mL	Interpretation
			-----	-----
			<9.00	Negative
			9.00-10.99	Equivocal
			>10.99	Positive

The potential exists for cross-reactivity with HIV (Human Immunodeficiency Virus) which could cause a false positive EBV-EA result.

ALPHA FETOPROTEIN, TUMOR MARKER	2.1	<6.1 ng/mL	IG
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This test was performed using the Beckman Coulter chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. AFP levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

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Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	35	30-100 ng/mL	IG
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:			

Immunology

Test Name	Result	Reference Range	Lab
ANA SCREEN, IFA, W/REFL TITER AND PATTERN			IG
ANA SCREEN, IFA	POSITIVE	NEGATIVE	
ANA IFA is a first line screen for detecting the presence of up to approximately 150 autoantibodies in various autoimmune diseases. A positive ANA IFA result is suggestive of autoimmune disease and reflexes to titer and pattern. Further laboratory testing may be considered if clinically indicated. For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ177 (This link is being provided for informational/ educational purposes only.)			
ANTINUCLEAR ANTIBODIES TITER AND PATTERN			IG
ANA TITER	1:40 H	titer	
A low level ANA titer may be present in pre-clinical autoimmune diseases and normal individuals. Reference Range <1:40 Negative 1:40-1:80 Low Antibody Level >1:80 Elevated Antibody Level			
ANA PATTERN	Cytoplasmic		
The presence of cytoplasmic fluorescence was noted on the HEp-2 slide. Other reactivities (e.g., anti- mitochondrial antibodies or anti-smooth muscle antibodies) may be responsible for this fluorescence. The clinical significance of this finding is uncertain. Clinical correlation is recommended. AC-15 to AC-23: Cytoplasmic International Consensus on ANA Patterns (https://doi.org/10.1515/cclm-2018-0052)			
ANA TITER	1:40 H	titer	
A low level ANA titer may be present in pre-clinical autoimmune diseases and normal individuals. Reference Range <1:40 Negative 1:40-1:80 Low Antibody Level >1:80 Elevated Antibody Level			
ANA PATTERN	Nuclear, Speckled		
Speckled pattern is associated with mixed connective tissue disease (MCTD), systemic lupus erythematosus (SLE), Sjogren's syndrome, dermatomyositis, and systemic sclerosis/polymyositis overlap. AC-2,4,5,29: Speckled			

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Immunology

Test Name	Result	Reference Range	Lab
International Consensus on ANA Patterns (https://doi.org/10.1515/cclm-2018-0052)			
Physician Comments:			

PERFORMING SITE:

IG QUEST DIAGNOSTICS-IRVING, 4770 REGENT BLVD., IRVING, TX 75063-2445 Laboratory Director: ROBERT L BRECKENRIDGE,MD, CLIA: 45D0697943