Quest Diagnostics

Report Status: Final

[redacted]

Patient Information	Specimen Information	Client Information
[redacted] Phone: [redacted] Patient ID: [redacted] Health ID: 8573027942712772	[redacted] Requisition: [redacted] Lab Ref # [redacted] Collected: 08/13/2021 / 09:27 CDT Received: 08/14/2021 / 12:45 CDT Reported: 08/18/2021 / 17:04 CDT	[redacted]

COMMENTS: FASTING:YES

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL	179		<200 mg/dL	IG
HDL CHOLESTEROL	42		> OR = 40 mg/dL	IG
TRIGLYCERIDES	106		<150 mg/dL	IG
LDL-CHOLESTEROL		**116 H**	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/HDLC RATIO	4.3		<5.0 (calc)	IG
NON HDL CHOLESTEROL		**137 H**	<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.				
COMPREHENSIVE METABOLIC PANEL				IG
GLUCOSE	91		65-99 mg/dL Fasting reference interval	
UREA NITROGEN (BUN)	19		7-25 mg/dL	
CREATININE	0.87		0.60-1.35 mg/dL	
eGFR NON-AFR. AMERICAN	109		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	126		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	139		135-146 mmol/L	
POTASSIUM	4.3		3.5-5.3 mmol/L	
CHLORIDE	106		98-110 mmol/L	
CARBON DIOXIDE	26		20-32 mmol/L	
CALCIUM	9.4		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	0.8		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	80		36-130 U/L	
AST	36		10-40 U/L	
ALT	35		9-46 U/L	
CBC (INCLUDES DIFF/PLT)				IG
WHITE BLOOD CELL COUNT	5.7		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.71		4.20-5.80 Million/uL	
HEMOGLOBIN	14.4		13.2-17.1 g/dL	
HEMATOCRIT	42.5		38.5-50.0 %	

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Test Name	In Range	Out Of Range	Reference Range	Lab
MCV	90.2		80.0-100.0 fL	
MCH	30.6		27.0-33.0 pg	
MCHC	33.9		32.0-36.0 g/dL	
RDW	12.3		11.0-15.0 %	
PLATELET COUNT	221		140-400 Thousand/uL	
MPV	8.9		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	2713		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2223		850-3900 cells/uL	
ABSOLUTE MONOCYTES	576		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	137		15-500 cells/uL	
ABSOLUTE BASOPHILS	51		0-200 cells/uL	
NEUTROPHILS	47.6		%	
LYMPHOCYTES	39.0		%	
MONOCYTES	10.1		%	
EOSINOPHILS	2.4		%	
BASOPHILS	0.9		%	
FSH	4.6		1.6-8.0 mIU/mL	IG
LH	2.6		1.5-9.3 mIU/mL	IG
SEX HORMONE BINDING GLOBULIN	30		10-50 nmol/L	IG
PSA (FREE AND TOTAL)				IG
PSA, TOTAL	1.1		< OR = 4.0 ng/mL	
PSA, FREE	0.3		ng/mL	
PSA, % FREE	27		>25 % (calc)	

PSA(ng/mL)	Free PSA(%)	Estimated(x) Probability of Cancer(as%)
0-2.5	(*)	Approx. 1
2.6-4.0(1)	0-27(2)	24(3)
4.1-10(4)	0-10	56
	11-15	28
	16-20	20
	21-25	16
	>or =26	8
>10(+)	N/A	>50

References:(1)Catalona et al.:Urology 60: 469-474 (2002)
(2)Catalona et al.:J.Urol 168: 922-925 (2002)

Free PSA(%)	Sensitivity(%)	Specificity(%)
< or = 25	85	19
< or = 30	93	9

(3)Catalona et al.:JAMA 277: 1452-1455 (1997)
(4)Catalona et al.:JAMA 279: 1542-1547 (1998)

(x)These estimates vary with age, ethnicity, family history and DRE results.
(*)The diagnostic usefulness of % Free PSA has not been established in patients with total PSA below 2.6 ng/mL
(+)In men with PSA above 10 ng/mL, prostate cancer risk is determined by total PSA alone.

The Total PSA value from this assay system is standardized against the equimolar PSA standard. The test result will be approximately 20% higher when compared to the WHO-standardized Total PSA (Siemens assay). Comparison of serial PSA results

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should be interpreted with this fact in mind.

PSA was performed using the Beckman Coulter Immunoassay 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				Z3E
TESTOSTERONE, TOTAL, MS	425		250-1100 ng/dL	

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

This test was developed and its analytical performance characteristics have been determined by medfusion. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

TESTOSTERONE, FREE	62.1		35.0-155.0 pg/mL	

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MDF
med fusion
2501 South State Highway 121,Suite 1100
Lewisville TX 75067
972-966-7300
Michael Chaump, MD

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Endocrinology

Test Name	Result	Reference Range	Lab
ESTRADIOL,ULTRASENSITIVE, LC/MS	16	< OR = 29 pg/mL	EZ

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

Physician Comments:

PERFORMING SITE:

EZ QUEST DIAGNOSTICS/NICHOLS SJC, 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 92675-2042 Laboratory Director: IRINA MARAMICA,MD,PHD,MBA, CLIA: 05D0643352
IG QUEST DIAGNOSTICS-IRVING, 4770 REGENT BLVD., IRVING, TX 75063-2445 Laboratory Director: ROBERT L BRECKENRIDGE,MD, CLIA: 45D0697943
Z3E MEDFUSION, 2501 SOUTH STATE HIGHWAY 121 SUITE 1100, LEWISVILLE, TX 75067-8188 Laboratory Director: MICHAEL CHAUMP,MD, CLIA: 45D2004217