



Date of Service: 04/13/2018  
Specimen: KS225798F

**COMMENTS:** 0; 0; 0; 0; 0; 0; 0; 0; 0; 0; 0; 0; 0  
FASTING: YES

Test Name	Results	Reference Range	Lab
LIPID PANEL			
CHOLESTEROL, TOTAL	292 H	<200 mg/dL	KS
HDL CHOLESTEROL	41	>40 mg/dL	KS
TRIGLYCERIDES	272 H	<150 mg/dL	KS
LDL-CHOLESTEROL	202 H	99 mg/dL (calc)	KS
<p>LDL-C levels &gt; or = 190 mg/dL may indicate familial hypercholesterolemia (FH). Clinical assessment and measurement of blood lipid levels should be considered for all first degree relatives of patients with an FH diagnosis. Jacobson T, et al. J National Lipid Association Recommendations for Patient-Centered Management of Dyslipidemia: Part 1 Journal of Clinical Lipidology 2015;9(2), 129-169.</p> <p>Reference range: &lt;100</p> <p>Desirable range &lt;100 mg/dL for primary prevention; &lt;70 mg/dL for patients with CHD or diabetic patients with &gt; or = 2 CHD risk factors.</p> <p>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.</p> <p>Martin SS et al. JAMA. 2013;310(19): 2061-2068 (<a href="http://education.QuestDiagnostics.com/faq/FAQ164">http://education.QuestDiagnostics.com/faq/FAQ164</a>)</p>			
CHOL/HDL-C RATIO	7.1 H	<5.0 (calc)	KS
NON HDL CHOLESTEROL	251 H	<130 mg/dL (calc)	KS
<p>Non-HDL level &gt; or = 220 is very high and may indicate genetic familial hypercholesterolemia (FH). Clinical assessment and measurement of blood lipid levels should be considered for all first-degree relatives of patients with an FH diagnosis.</p> <p>For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of &lt;100 mg/dL (LDL-C of &lt;70 mg/dL) is considered a therapeutic option.</p>			
MAGNESIUM	2.1	1.5-2.5 mg/dL	KS
COMPREHENSIVE METABOLIC PANEL			KS
GLUCOSE	83	65-99 mg/dL	
Fasting reference interval			
UREA NITROGEN (BUN)	11	7-25 mg/dL	
CREATININE	0.90	0.60-1.35 mg/dL	
eGFR NON-AFR. AMERICAN	100	> OR = 60 mL/min/1.73m <sup>2</sup>	
eGFR AFRICAN AMERICAN	116	> OR = 60 mL/min/1.73m <sup>2</sup>	



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Test Name	Results	Reference Range	Lab
BUN/CREATININE RATIO	NOT APPLICABLE	6-22 (calc)	
SODIUM	136	135-146 mmol/L	
POTASSIUM	4.8	3.5-5.3 mmol/L	
CHLORIDE	101	98-110 mmol/L	
CARBON DIOXIDE	22	20-31 mmol/L	
CALCIUM	9.6	8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.1	6.1-8.1 g/dL	
ALBUMIN	4.6	3.6-5.1 g/dL	
GLOBULIN	2.5	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	19 L	40-115 U/L	
AST	50 H	10-40 U/L	
ALT	66 H	9-46 U/L	
CBC (INCLUDES DIFF/PLT)			KS
WHITE BLOOD CELL COUNT	4.9	3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.59	4.20-5.80 Million/uL	
HEMOGLOBIN	17.2 H	13.2-17.1 g/dL	
HEMATOCRIT	50.6 H	38.5-50.0 %	
MCV	90.5	80.0-100.0 fL	
MCH	30.8	27.0-33.0 pg	
MCHC	34.0	32.0-36.0 g/dL	
RDW	12.8	11.0-15.0 %	
PLATELET COUNT	226	140-400 Thousand/uL	
MPV	10.3	7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	2876	1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	1299	850-3900 cells/uL	
ABSOLUTE MONOCYTES	495	200-950 cells/uL	
ABSOLUTE EOSINOPHILS	172	15-500 cells/uL	
ABSOLUTE BASOPHILS	59	0-200 cells/uL	
NEUTROPHILS	58.7	%	
LYMPHOCYTES	26.5	%	
MONOCYTES	10.1	%	
EOSINOPHILS	3.5	%	
BASOPHILS	1.2	%	
HEMOGLOBIN A1c	5.2	<5.7 % of total Hgb	KS



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<p>For the purpose of screening for the presence of diabetes:</p> <p>&lt;5.7%      Consistent with the absence of diabetes 5.7-6.4%    Consistent with increased risk for diabetes (prediabetes) &gt; or =6.5%   Consistent with diabetes</p> <p>This assay result is consistent with a decreased risk of diabetes.</p> <p>Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.</p> <p>According to American Diabetes Association (ADA) guidelines, hemoglobin A1c &lt;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).</p>			
DHEA SULFATE	136	70-495 mcg/dL	KS
<p>DHEA-S values fall with advancing age. For reference, the reference intervals for 31-40 year old patients are:</p> <p>Male:    106-464 mcg/dL Female:   23-266 mcg/dL</p>			
FERRITIN	75	20-380 ng/mL	KS
T4, FREE	1.5	0.8-1.8 ng/dL	KS
PSA, TOTAL	1.2	< OR = 4.0 ng/mL	KS
<p>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.</p> <p>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.</p>			
T3, FREE	3.4	2.3-4.2 pg/mL	KS
TESTOSTERONE, FREE,BIO AND TOTAL, LC/MS/MS			SLI
TESTOSTERONE, TOTAL, LC/MS/MS	938	250-1100 ng/dL	
TESTOSTERONE, FREE	215.0	46.0-224.0 pg/mL	
TESTOSTERONE,BIOAVAILABLE	470.2	110.0-575.0 ng/dL	
SEX HORMONE BINDING GLOBULIN	19	10-50 nmol/L	
ALBUMIN,SERUM	4.8	3.6-5.1 g/dL	



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Test Name	Results	Reference Range	Lab
ESTRADIOL, ULTRASENSITIVE LC/MS/MS	62 H	< 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.			
ESTRADIOL, FREE, LC/MS/MS			EZ
ESTRADIOL, FREE	2.13 H	pg/mL	
Reference Range: ADULTS: < OR = 0.45			
ESTRADIOL	88 H	pg/mL	
Reference Range: ADULTS: < OR = 29  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.			

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