

**Specimen ID:** 186-174-5704-0  
**Control ID:** 20466908332

**Acct #:** 04283370

**Phone:** (310) 452-3206

**Rte:** 00

Rand McClain, DO  
 2701 Ocean Park Ste 114  
 SANTA MONICA CA 90405



## Patient Details

**DOB:** 07/23/1991  
**Age(y/m/d):** 026/11/12  
**Gender:** M **SSN:**  
**Patient ID:**

## Specimen Details

**Date collected:** 07/05/2018 0913 Local  
**Date received:** 07/05/2018  
**Date entered:** 07/05/2018  
**Date reported:** 07/09/2018 2105 ET

## Physician Details

**Ordering:** R MCCLAIN  
**Referring:**  
**ID:**  
**NPI:** 1487804308

## General Comments & Additional Information

**Total Volume:** Not Provided

**Fasting:** Yes

## Ordered Items

CBC/Diff Ambiguous Default; Comp. Metabolic Panel (14); Lipid Panel; Testosterone, Free and Total; Dihydrotestosterone; Thyroxine (T4) Free, Direct, S; DHEA-Sulfate; DHEA, Serum; TSH; Prolactin; Estradiol; Prostate-Specific Ag, Serum; IGF-1; Vitamin D, 25-Hydroxy; GGT; Triiodothyronine (T3), Free; Magnesium, RBC; Ambig Abbrev CMP14 Default; Ambig Abbrev LP Default; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>CBC/Diff Ambiguous Default</b>					
WBC	7.1		x10E3/uL	3.4 - 10.8	01
RBC	5.37		x10E6/uL	4.14 - 5.80	01
Hemoglobin	16.3		g/dL	13.0 - 17.7	01
Hematocrit	49.0		%	37.5 - 51.0	01
MCV	91		fL	79 - 97	01
MCH	30.4		pg	26.6 - 33.0	01
MCHC	33.3		g/dL	31.5 - 35.7	01
RDW	13.2		%	12.3 - 15.4	01
Platelets	216		x10E3/uL	150 - 379	01
Neutrophils	60		%	Not Estab.	01
Lymphs	29		%	Not Estab.	01
Monocytes	10		%	Not Estab.	01
Eos	1		%	Not Estab.	01
Basos	0		%	Not Estab.	01
Neutrophils (Absolute)	4.2		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	2.0		x10E3/uL	0.7 - 3.1	01
Monocytes (Absolute)	0.7		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%	Not Estab.	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01
<b>Comp. Metabolic Panel (14)</b>					
Glucose	86		mg/dL	65 - 99	01
BUN	11		mg/dL	6 - 20	01
Creatinine	0.84		mg/dL	0.76 - 1.27	01
eGFR If NonAfricn Am	121		mL/min/1.73	>59	
eGFR If Africn Am	140		mL/min/1.73	>59	

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BUN/Creatinine Ratio	13			9 - 20	
Sodium	139		mmol/L	134 - 144	01
Potassium	4.3		mmol/L	3.5 - 5.2	01
Chloride	98		mmol/L	96 - 106	01
Carbon Dioxide, Total	26		mmol/L	20 - 29	01
<b>**Please note reference interval change**</b>					
Calcium	9.6		mg/dL	8.7 - 10.2	01
Protein, Total	7.6		g/dL	6.0 - 8.5	01
Albumin	4.8		g/dL	3.5 - 5.5	01
Globulin, Total	2.8		g/dL	1.5 - 4.5	
A/G Ratio	1.7			1.2 - 2.2	
Bilirubin, Total	0.4		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase	67		IU/L	39 - 117	01
AST (SGOT)	33		IU/L	0 - 40	01
<b>ALT (SGPT)</b>	<b>77</b>	<b>High</b>	IU/L	0 - 44	01
<b>Lipid Panel</b>					
Cholesterol, Total	165		mg/dL	100 - 199	01
Triglycerides	62		mg/dL	0 - 149	01
HDL Cholesterol	64		mg/dL	>39	01
VLDL Cholesterol Cal	12		mg/dL	5 - 40	
LDL Cholesterol Calc	89		mg/dL	0 - 99	
<b>Testosterone, Free and Total</b>					
Testosterone, Serum	472		ng/dL	264 - 916	01
Adult male reference interval is based on a population of healthy nonobese males (BMI <30) between 19 and 39 years old. Travison, et.al. JCEM 2017,102;1161-1173. PMID: 28324103.					
Free Testosterone(Direct)	11.2		pg/mL	9.3 - 26.5	01
<b>Dihydrotestosterone</b>	<b>18</b>	<b>Low</b>	ng/dL		02
<b>Reference Range:</b>					
<b>Adult Male: 30 - 85</b>					
Ignore this as the DHT was low due to being on finasteride at the time for a couple days only					
<b>Thyroxine (T4) Free, Direct, S</b>					
T4, Free(Direct)	1.16		ng/dL	0.82 - 1.77	01
<b>DHEA-Sulfate</b>	<b>236.2</b>		ug/dL	138.5 - 475.2	01
<b>DHEA, Serum</b>					
Dehydroepiandrosterone (DHEA)	377		ng/dL	31 - 701	01
Age					
1 - 5 years 0 - 67					
6 - 7 years 0 - 110					
8 - 10 years 0 - 185					

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			11 - 12 years	0 - 201		
			13 - 14 years	0 - 318		
			15 - 16 years	39 - 481		
			17 - 19 years	40 - 491		
			>19 years	31 - 701		
Disclaimer:						01
This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.						
<b>TSH</b>	2.480		uIU/mL	0.450 - 4.500		01
<b>Prolactin</b>	<b>17.7</b>	<b>High</b>	ng/mL	4.0 - 15.2		01
<b>Estradiol</b>	21.9		pg/mL	7.6 - 42.6		01
Roche ECLIA methodology						
<b>Prostate-Specific Ag, Serum</b>						
Prostate Specific Ag, Serum	0.8		ng/mL	0.0 - 4.0		01
Roche ECLIA methodology.						
According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater.						
Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.						
<b>IGF-1</b>						
Insulin-Like Growth Factor I	159		ng/mL	98 - 282		01
<b>Vitamin D, 25-Hydroxy</b>	40.7		ng/mL	30.0 - 100.0		01
Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).						
1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.						
2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.						
<b>GGT</b>	40		IU/L	0 - 65		01
<b>Triiodothyronine (T3), Free</b>	3.4		pg/mL	2.0 - 4.4		01

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Magnesium, RBC	5.1		mg/dL	4.2 - 6.8		01

**Ambig Abbrev CMP14 Default**

01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

**Ambig Abbrev LP Default**

01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

01	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	Dir: William F Hancock, MD
02	ES	Esoterix Inc 4301 Lost Hills Road, Calabasas Hills, CA 91301-5358	Dir: Samuel Pepkowitz, MD

For inquiries, the physician may contact **Branch: 800-859-6046 Lab: 800-762-4344**