Quest Diagnostics

SPECIMEN INFORMATION
SPECIMEN: ST928414B
REQUISITION: 36962727
Lab ref no:

COLLECTED: 2018/09/27 09:05
RECEIVED: 2018/09/27 09:06
REPORTED: 2018/10/01 18:13

PATIENT INFORMATION
Stock, Kevin
DOB: April 27, 1987
AGE: 31
GENDER: Male
FASTING: Unknown

Clinical Info:

REPORT STATUS: FINAL

ORDERING PHYSICIAN
Hood, Diane
CLIENT INFORMATION
2018-10-01 18:13:00 -0700
DirectLabs
4040 Florida St.
Ste 101
Mandeville, LA 70448

Test Name	Result	Flag	Reference Range	Lab
FASTING:YES				
FASTING: YES				
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL	313	HIGH	<200 mg/dL	01
HDL CHOLESTEROL	111	NORMAL	>40 mg/dL	01
TRIGLYCERIDES	72	NORMAL	<150 mg/dL	01
LDL-CHOLESTEROL	185	HIGH	mg/dL (calc)	01
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	2.8	NORMAL	<5.0 (calc)	01
NON HDL CHOLESTEROL	202	HIGH	<130 mg/dL (calc)	01
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.				
GGT				
GGT	11	NORMAL	3-90 U/L	01
IRON, TOTAL				
IRON, TOTAL	92	NORMAL	50-180 mcg/dL	01
LD				
LD	128	NORMAL	100-220 U/L	01
PHOSPHATE (AS PHOSPHORUS)				
PHOSPHATE (AS PHOSPHORUS)	4.2	NORMAL	2.5-4.5 mg/dL	01
URIC ACID				
URIC ACID	6.7	NORMAL	4.0-8.0 mg/dL	01
Therapeutic target for gout patients: <6.0 mg/dL				
COMPREHENSIVE METABOLIC PANEL				
GLUCOSE	89	NORMAL	65-99 mg/dL	01
Fasting reference interval				
UREA NITROGEN (BUN)	32	HIGH	7-25 mg/dL	01
CREATININE	1.01	NORMAL	0.60-1.35 mg/dL	01
eGFR NON-AFR. AMERICAN	99	NORMAL	> OR = 60 mL/min/1.73m2	01
eGFR AFRICAN AMERICAN	114	NORMAL	> OR = 60 mL/min/1.73m2	01
BUN/CREATININE RATIO	32	HIGH	6-22 (calc)	01
SODIUM	140	NORMAL	135-146 mmol/L	01
POTASSIUM	4.8	NORMAL	3.5-5.3 mmol/L	01
CHLORIDE	103	NORMAL	98-110 mmol/L	01
CARBON DIOXIDE	30	NORMAL	20-32 mmol/L	01

CALCIUM	10.0	NORMAL	8.6-10.3 mg/dL	01
PROTEIN, TOTAL	7.5	NORMAL	6.1-8.1 g/dL	01
ALBUMIN	4.7	NORMAL	3.6-5.1 g/dL	01
GLOBULIN	2.8	NORMAL	1.9-3.7 g/dL (calc)	01
ALBUMIN/GLOBULIN RATIO	1.7	NORMAL	1.0-2.5 (calc)	01
BILIRUBIN, TOTAL	1.2	NORMAL	0.2-1.2 mg/dL	01
ALKALINE PHOSPHATASE	90	NORMAL	40-115 U/L	01
AST	21	NORMAL	10-40 U/L	01
ALT	54	HIGH	9-46 U/L	01
CBC (INCLUDES DIFF/PLT)				
WHITE BLOOD CELL COUNT	4.1	NORMAL	3.8-10.8 Thousand/uL	01
RED BLOOD CELL COUNT	5.03	NORMAL	4.20-5.80 Million/uL	01
HEMOGLOBIN	14.9	NORMAL	13.2-17.1 g/dL	01
HEMATOCRIT	44.2	NORMAL	38.5-50.0 %	01
MCV	87.9	NORMAL	80.0-100.0 fL	01
MCH	29.6	NORMAL	27.0-33.0 pg	01
MCHC	33.7	NORMAL	32.0-36.0 g/dL	01
RDW	12.9	NORMAL	11.0-15.0 %	01
PLATELET COUNT	164	NORMAL	140-400 Thousand/uL	01
MPV	11.5	NORMAL	7.5-12.5 fL	01
ABSOLUTE NEUTROPHILS	2120	NORMAL	1500-7800 cells/uL	01
ABSOLUTE BAND NEUTROPHILS	DNR	NORMAL	0-750 cells/uL	01
ABSOLUTE METAMYELOCYTES	DNR	NORMAL	0 cells/uL	01
ABSOLUTE MYELOCYTES	DNR	NORMAL	0 cells/uL	01
ABSOLUTE PROMYELOCYTES	DNR	NORMAL	0 cells/uL	01
ABSOLUTE LYMPHOCYTES	1517	NORMAL	850-3900 cells/uL	01
ABSOLUTE MONOCYTES	394	NORMAL	200-950 cells/uL	01
ABSOLUTE EOSINOPHILS	49	NORMAL	15-500 cells/uL	01
ABSOLUTE BASOPHILS	21	NORMAL	0-200 cells/uL	01
ABSOLUTE BLASTS	DNR	NORMAL	0 cells/uL	01
ABSOLUTE NUCLEATED RBC	DNR	NORMAL	0 cells/uL	01
NEUTROPHILS	51.7	NORMAL	%	01
BAND NEUTROPHILS	DNR	NORMAL	%	01
METAMYELOCYTES	DNR	NORMAL	%	01
MYELOCYTES	DNR	NORMAL	%	01
PROMYELOCYTES	DNR	NORMAL	%	01
LYMPHOCYTES	37.0	NORMAL	%	01
REACTIVE LYMPHOCYTES	DNR	NORMAL	0-10 %	01
MONOCYTES	9.6	NORMAL	%	01
EOSINOPHILS	1.2	NORMAL	%	01
BASOPHILS	0.5	NORMAL	%	01
BLASTS	DNR	NORMAL	%	01
NUCLEATED RBC	DNR	NORMAL	0 /100 WBC	01
COMMENT(S)	DNR	NORMAL		01
HS CRP				
HS CRP	<0.2	NORMAL	mg/L	01

Verified by repeat analysis.

Lower relative cardiovascular risk according to
AHA/CDC guidelines.

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.

HOMOCYSTEINE

HOMOCYSTEINE	4.2	NORMAL	<11.4 umol/L	01

Homocysteine is increased by functional deficiency of folate or vitamin B12. Testing for methylmalonic acid differentiates between these deficiencies. Other causes of increased homocysteine include renal failure, folate antagonists such as methotrexate and phenytoin, and exposure to nitrous oxide.

DHEA SULFATE

DHEA SULFATE	91	LOW	106-464 mcg/dL	01

FERRITIN

FERRITIN	586	HIGH	20-345 ng/mL	01

INSULIN

INSULIN	2.3	NORMAL	2.0-19.6 uIU/mL	01

This insulin assay shows strong cross-reactivity for some insulin analogs (lispro, aspart, and glargine) and much lower cross-reactivity with others (detemir, glulisine).

PROGESTERONE

PROGESTERONE	<0.5	NORMAL	<1.4 ng/mL	01

TSH

TSH	0.73	NORMAL	0.40-4.50 mIU/L	01

ESTRADIOL

ESTRADIOL	30	NORMAL	< OR = 39 pg/mL	01

Reference range established on post-pubertal patient population. No pre-pubertal reference range established using this assay. For any patients for whom low Estradiol levels are anticipated (e.g. males, pre-pubertal children and hypogonadal/post-menopausal females), the Quest Diagnostics Nichols Institute Estradiol, Ultrasensitive, LCMSMS assay is recommended (order code 30289).

Please note: patients being treated with the drug fulvestrant (Faslodex(R)) have demonstrated significant interference in immunoassay methods for estradiol measurement. The cross reactivity could lead to falsely elevated estradiol test results leading to an inappropriate clinical assessment of estrogen status. Quest Diagnostics order code 30289-Estradiol, Ultrasensitive LC/MS/MS demonstrates negligible cross reactivity with fulvestrant.

VITAMIN D,25-OH,TOTAL,IA

VITAMIN D,25-OH,TOTAL,IA	41	NORMAL	30-100 ng/mL	01

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 more information on this test, go to:
http://education.questdiagnostics.com/faq/FAQ163
(This link is being provided for
informational/educational purposes only.)

HEMOGLOBIN A1c WITH eAG

HEMOGLOBIN A1c	4.9	NORMAL	<5.7 % of total Hgb	01

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).

eAG (mg/dL)	94	NORMAL	(calc)	01
eAG (mmol/L)	5.2	NORMAL	(calc)	01

TESTOSTERONE, FREE (DIALYSIS) AND TOTAL,MS

TESTOSTERONE, TOTAL, MS	915	NORMAL	250-1100 ng/dL	02
TESTOSTERONE, FREE	101.8	NORMAL	35.0-155.0 pg/mL	02

**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.

Performing Laboratory Information:

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