

Patient Information	Specimen Information	Client Information
HIGDON, LEON DOB: 03/20/1966 AGE: 54 Gender: M Fasting: Y Phone: 251.622.1918 Patient ID: NG	Specimen: AL280018Q Requisition: 6028675 Collected: 05/21/2020 / 08:45 CDT Received: 05/22/2020 / 02:12 CDT Reported: 05/26/2020 / 09:24 CDT	Client #: 49100638 QATL0000 TUCK, PAMELA P AUM NURSING CARE CENTER 7461 EAST DRIVE #102 MONTGOMERY, AL 36117

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL		208 H	<200 mg/dL	AT
HDL CHOLESTEROL	55		> OR = 40 mg/dL	AT
TRIGLYCERIDES		221 H	<150 mg/dL	AT

If a non-fasting specimen was collected, consider repeat triglyceride testing on a fasting specimen if clinically indicated.
Jacobson et al. J. of Clin. Lipidol. 2015;9:129-169.

LDL-CHOLESTEROL	120 H	mg/dL (calc)	AT
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	3.8	<5.0 (calc)	AT
NON HDL CHOLESTEROL	153 H	<130 mg/dL (calc)	AT

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			AT
GLUCOSE	101 H	65-99 mg/dL	

Fasting reference interval

For someone without known diabetes, a glucose value between 100 and 125 mg/dL is consistent with prediabetes and should be confirmed with a follow-up test.

UREA NITROGEN (BUN)	12	7-25 mg/dL
CREATININE	1.08	0.70-1.33 mg/dL

For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.

eGFR NON-APR. AMERICAN	77	> OR = 60 mL/min/1.73m2
eGFR AFRICAN AMERICAN	90	> OR = 60 mL/min/1.73m2
BUN/CREATININE RATIO	NOT APPLICABLE	6-22 (calc)
SODIUM	138	135-146 mmol/L
POTASSIUM	4.3	3.5-5.3 mmol/L
CHLORIDE	102	98-110 mmol/L
CARBON DIOXIDE	25	20-32 mmol/L

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CALCIUM	9.9		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.3		6.1-8.1 g/dL	
ALBUMIN	4.6		3.6-5.1 g/dL	
GLOBULIN	2.7		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.7		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.6		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	69		35-144 U/L	
AST	20		10-35 U/L	
ALT	27		9-46 U/L	
HEMOGLOBIN A1c	5.3		<5.7 % of total Hgb	AT

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).

TSH W/REFLEX TO FT4	1.84		0.40-4.50 mIU/L	AT
CBC (INCLUDES DIFF/PLT)				AT
WHITE BLOOD CELL COUNT	5.8		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.14		4.20-5.80 Million/uL	
HEMOGLOBIN	16.4		13.2-17.1 g/dL	
HEMATOCRIT	47.2		38.5-50.0 %	
MCV	91.8		80.0-100.0 fL	
MCH	31.9		27.0-33.0 pg	
MCHC	34.7		32.0-36.0 g/dL	
RDW	12.5		11.0-15.0 %	
PLATELET COUNT	352		140-400 Thousand/uL	
MPV	9.5		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	3584		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	1357		850-3900 cells/uL	
ABSOLUTE MONOCYTES	545		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	232		15-500 cells/uL	
ABSOLUTE BASOPHILS	81		0-200 cells/uL	
NEUTROPHILS	61.8		%	
LYMPHOCYTES	23.4		%	
MONOCYTES	9.4		%	
EOSINOPHILS	4.0		%	
BASOPHILS	1.4		%	
PSA, TOTAL	0.3		< OR = 4.0 ng/mL	AT

The total PSA value from this assay system is standardized against the WHO standard. The test result will be approximately 20% lower when compared

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to the equimolar-standardized total PSA (Beckman Coulter). Comparison of serial PSA results should be interpreted with this fact in mind.				

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.

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Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	26 L	30-100 ng/mL	AT
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).			
Physician Comments:			

End Notes:

VITAMIN D,25-OH,TOTAL,IA

AT

For additional information, please refer to <http://education.QuestDiagnostics.com/faq/FAQ199> (This link is being provided for informational/ educational purposes only.)

PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG,MD,PHD, CLIA: 11D0255931

LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

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