

Patient Information	Specimen Information	Client Information
ADAMS, HEATHER DOB: 11/05/1987 AGE: 32 Gender: F Fasting: Y Phone: NG Patient ID: NG	Specimen: AL871900P Requisition: 6028668 Collected: 05/06/2020 / 08:55 CDT Received: 05/07/2020 / 00:35 CDT Reported: 05/09/2020 / 22:43 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	113		<200 mg/dL	AT
HDL CHOLESTEROL		48 L	> OR = 50 mg/dL	AT
TRIGLYCERIDES	89		<150 mg/dL	AT
LDL-CHOLESTEROL	48		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	2.4		<5.0 (calc)	AT
NON HDL CHOLESTEROL	65		<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	93		65-99 mg/dL	

Fasting reference interval

UREA NITROGEN (BUN)		6 L	7-25 mg/dL	
CREATININE	0.59		0.50-1.10 mg/dL	
eGFR NON-AFR. AMERICAN	121		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	141		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	10		6-22 (calc)	
SODIUM	139		135-146 mmol/L	
POTASSIUM	4.3		3.5-5.3 mmol/L	
CHLORIDE	105		98-110 mmol/L	
CARBON DIOXIDE	21		20-32 mmol/L	
CALCIUM	9.4		8.6-10.2 mg/dL	
PROTEIN, TOTAL	6.8		6.1-8.1 g/dL	
ALBUMIN	4.1		3.6-5.1 g/dL	
GLOBULIN	2.7		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.5		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.3		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	73		31-125 U/L	
AST	15		10-30 U/L	
ALT	25		6-29 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

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(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	1.35		mIU/L Reference Range	AT
			> or = 20 Years 0.40-4.50	

			Pregnancy Ranges	
			First trimester 0.26-2.66	
			Second trimester 0.55-2.73	
			Third trimester 0.43-2.91	

CBC (INCLUDES DIFF/PLT)				AT
WHITE BLOOD CELL COUNT	8.0		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.74		3.80-5.10 Million/uL	
HEMOGLOBIN	13.2		11.7-15.5 g/dL	
HEMATOCRIT	40.2		35.0-45.0 %	
MCV	84.8		80.0-100.0 fL	
MCH	27.8		27.0-33.0 pg	
MCHC	32.8		32.0-36.0 g/dL	
RDW	12.7		11.0-15.0 %	
PLATELET COUNT	359		140-400 Thousand/uL	
MPV	10.8		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	5040		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2328		850-3900 cells/uL	
ABSOLUTE MONOCYTES	472		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	88		15-500 cells/uL	
ABSOLUTE BASOPHILS	72		0-200 cells/uL	
NEUTROPHILS	63		%	
LYMPHOCYTES	29.1		%	
MONOCYTES	5.9		%	
EOSINOPHILS	1.1		%	
BASOPHILS	0.9		%	

VITAMIN B12/FOLATE, SERUM PANEL				AT
VITAMIN B12	716		200-1100 pg/mL	
FOLATE, SERUM	22.0		ng/mL	
			Reference Range	
			Low: <3.4	
			Borderline: 3.4-5.4	
			Normal: >5.4	

RHEUMATOID FACTOR	<14		<14 IU/mL	AT
FSH	2.7		mIU/mL	AT

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	Reference Range			

Follicular Phase	2.5-10.2
Mid-cycle Peak	3.1-17.7
Luteal Phase	1.5- 9.1
Postmenopausal	23.0-116.3

INSULIN	8.9	uIU/mL	AT
	Reference Range	< or = 19.6	

Risk:

Optimal	< or = 19.6
Moderate	NA
High	>19.6

Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on Quest Diagnostics population data from 12/2011.

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

CORTISOL, A.M.	8.7	mcg/dL	AT
Reference Range			
8 a.m. (7-9 a.m.) Specimen:	4.0-22.0		

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AT

CULTURE, URINE, ROUTINE

Micro Number:	00451292
Test Status:	Final
Specimen Source:	URINE
Specimen Quality:	Adequate
Result:	Multiple organisms present, each less than 10,000 CFU/mL. These organisms, commonly found on external and internal genitalia, are considered to be colonizers. No further testing performed.

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Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D, 1,25 DIHYDROXY			AMD
VITAMIN D, 1,25 (OH) ₂ , TOTAL	48	18-72 pg/mL	
VITAMIN D3, 1,25 (OH) ₂	48	pg/mL	
VITAMIN D2, 1,25 (OH) ₂	<8	pg/mL	

Vitamin D3, 1,25(OH)₂ indicates both endogenous production and supplementation. Vitamin D2, 1,25(OH)₂ is an indicator of exogenous sources, such as diet or supplementation. Interpretation and therapy are based on measurement of Vitamin D, 1,25(OH)₂, Total.

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute, Chantilly, VA. 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.

Physician Comments:

Immunology

Test Name	Result	Reference Range	Lab
ANA SCREEN, IFA, W/REFL TITER AND PATTERN			AT
ANA SCREEN, IFA	POSITIVE	NEGATIVE	
ANA TITER	1:80 H	titer	

ANA IFA is a first line screen for detecting the presence of up to approximately 150 autoantibodies in various autoimmune diseases. A positive ANA IFA result is suggestive of autoimmune disease and reflexes to titer and pattern. Further laboratory testing may be considered if clinically indicated.

For additional information, please refer to <http://education.QuestDiagnostics.com/faq/FAQ177> (This link is being provided for informational/educational purposes only.)

ANTINUCLEAR ANTIBODIES TITER AND PATTERN

A low level ANA titer may be present in pre-clinical autoimmune diseases and normal individuals.

Reference Range

<1:40	Negative
1:40-1:80	Low Antibody Level
>1:80	Elevated Antibody Level

ANA PATTERN	Nuclear, Speckled
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Speckled pattern is associated with mixed connective tissue disease (MCTD), systemic lupus erythematosus (SLE), Sjogren's syndrome, dermatomyositis, and systemic sclerosis/polymyositis overlap.

AC-2,4,5,29: Speckled

International Consensus on ANA Patterns (<https://doi.org/10.1515/ccim-2018-0052>)

Physician Comments:

PERFORMING SITE:

AMD QUEST DIAGNOSTICS/NICHOLS CHANTILLY, 14225 NEWBROOK DRIVE, CHANTILLY, VA 20151-2228 Laboratory Director: PATRICK W. MASON, MD, PHD, CLIA: 49D0221801
AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N. YOUNG, MD, PHD, CLIA: 11D0255931

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LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

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