

PATIENT INFORMATION:

Graham Scanlon

Phone (H): (833) 753-1851

DOB: 05/22/1999

Gender: Male Age: 25

Patient ID: 36531480

STATUS: Final

Source: Quest
 Time Reported: 11/29/2024 07:55 PM UTC
 Received: 11/29/2024 07:57 PM UTC
 Accession Number: IZ813486B
 Lab Ref #: 799029

ORDERING PHYSICIAN:

Joshua A Emdur, D.O.

600 Congress Avenue
 Floor 14
 Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab
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FASTING: YES

FASTING: YES

IRON, TIBC AND FERRITIN PANEL Collected: 11/19/2024 03:38 PM UTC Received: 11/19/2024 03:38 PM UTC				
IRON, TOTAL	131		50-195 mcg/dL	KS
IRON BINDING CAPACITY	310		250-425 mcg/dL (calc)	KS
% SATURATION	42		20-48 % (calc)	KS
FERRITIN		33 L	38-380 ng/mL	KS

URIC ACID Collected: 11/19/2024 03:38 PM UTC Received: 11/19/2024 03:38 PM UTC				
URIC ACID		3.9 L	4.0-8.0 mg/dL	KS
Therapeutic target for gout patients: <6.0 mg/dL				

COMPREHENSIVE METABOLIC PANEL Collected: 11/19/2024 03:38 PM UTC Received: 11/19/2024 03:38 PM UTC				
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GLUCOSE		101 H	65-99 mg/dL	KS
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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	KS
CREATININE	0.95		0.60-1.24 mg/dL	KS
EGFR	114		> OR = 60 mL/min/1.73m2	KS
BUN/CREATININE RATIO	SEE NOTE:		6-22 (calc)	KS

Not Reported: BUN and Creatinine are within reference range.

SODIUM	137		135-146 mmol/L	KS
POTASSIUM	4.5		3.5-5.3 mmol/L	KS
CHLORIDE	100		98-110 mmol/L	KS
CARBON DIOXIDE	28		20-32 mmol/L	KS
CALCIUM	9.6		8.6-10.3 mg/dL	KS
PROTEIN, TOTAL	6.9		6.1-8.1 g/dL	KS
ALBUMIN	4.9		3.6-5.1 g/dL	KS
GLOBULIN	2.0		1.9-3.7 g/dL (calc)	KS
ALBUMIN/GLOBULIN RATIO	2.5		1.0-2.5 (calc)	KS
BILIRUBIN, TOTAL	0.7		0.2-1.2 mg/dL	KS
ALKALINE PHOSPHATASE	61		36-130 U/L	KS



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Test	In Range	Out Of Range	Reference Range	Lab
AST	20		10-40 U/L	KS
ALT	18		9-46 U/L	KS

LIPOPROTEIN (a) Collected: 11/19/2024 03:38 PM UTC Received: 11/19/2024 03:38 PM UTC

LIPOPROTEIN (a)	<10		nmol/L	CB
Reference Range	<75			

Risk:

Optimal <75
 Moderate 75-125
 High >125

Cardiovascular event risk category
 cut points (optimal, moderate, high)
 are based on Tsimika S. JACC
 2017;69:692-711.

ALBUMIN, RANDOM URINE W/O CREATININE Collected: 11/19/2024 03:38 PM UTC Received: 11/19/2024 03:38 PM UTC

ALBUMIN, URINE	0.5		See Note: mg/dL	KS
Reference Range:				

Reference Range
 Not established

RAM

KS

The ADA defines abnormalities in albumin
 excretion as follows:

Albuminuria Category	Result (mg/g creatinine)
Normal to Mildly increased	<30
Moderately increased	30-299
Severely increased	> OR = 300

The ADA recommends that at least two of three
 specimens collected within a 3-6 month period be
 abnormal before considering a patient to be
 within a diagnostic category.

APOLIPOPROTEIN B Collected: 11/19/2024 03:38 PM UTC Received: 11/19/2024 03:38 PM UTC

APOLIPOPROTEIN B	84		mg/dL	EZ
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Reference Range: <90

Risk Category:
 Optimal <90



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Test	In Range	Out Of Range	Reference Range	Lab
Moderate	90-119			
High	> or = 120			

Cardiovascular event risk category cut points (optimal, moderate, high) are based on National Lipid Association recommendations - Jacobson TA et al. J of Clin Lipid. 2015;9:129-169 and Jellinger PS et al. Endocr Pract. 2017;23(Suppl 2):1-87.

URINALYSIS, COMPLETE Collected: 11/19/2024 03:38 PM UTC Received: 11/19/2024 03:38 PM UTC

COLOR	YELLOW	YELLOW	KS
APPEARANCE	CLEAR	CLEAR	KS
SPECIFIC GRAVITY	1.004	1.001-1.035	KS
PH	6.5	5.0-8.0	KS
GLUCOSE	NEGATIVE	NEGATIVE	KS
BILIRUBIN	NEGATIVE	NEGATIVE	KS
KETONES	NEGATIVE	NEGATIVE	KS
OCCULT BLOOD	NEGATIVE	NEGATIVE	KS
PROTEIN	NEGATIVE	NEGATIVE	KS
NITRITE	NEGATIVE	NEGATIVE	KS
LEUKOCYTE ESTERASE	NEGATIVE	NEGATIVE	KS
WBC	NONE SEEN	< OR = 5 /HPF	KS
RBC	NONE SEEN	< OR = 2 /HPF	KS
SQUAMOUS EPITHELIAL CELLS	NONE SEEN	< OR = 5 /HPF	KS
BACTERIA	NONE SEEN	NONE SEEN /HPF	KS
HYALINE CAST	NONE SEEN	NONE SEEN /LPF	KS

CBC (INCLUDES DIFF/PLT) Collected: 11/19/2024 03:38 PM UTC Received: 11/19/2024 03:38 PM UTC

WHITE BLOOD CELL COUNT	4.6	3.8-10.8 Thousand /uL	KS
RED BLOOD CELL COUNT	4.72	4.20-5.80 Million/uL	KS
HEMOGLOBIN	14.9	13.2-17.1 g/dL	KS
HEMATOCRIT	44.8	38.5-50.0 %	KS
MCV	94.9	80.0-100.0 fL	KS
MCH	31.6	27.0-33.0 pg	KS
MCHC	33.3	32.0-36.0 g/dL	KS

For adults, a slight decrease in the calculated MCHC value (in the range of 30 to 32 g/dL) is most likely not clinically significant; however, it should be interpreted with caution in correlation with other red cell parameters and the patient's clinical condition.

RDW	11.8	11.0-15.0 %	KS
PLATELET COUNT	154	140-400 Thousand /uL	KS
MPV	10.9	7.5-12.5 fL	KS



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Test	In Range	Out Of Range	Reference Range	Lab
ABSOLUTE NEUTROPHILS	2245		1500-7800 cells/uL	KS
ABSOLUTE LYMPHOCYTES	1909		850-3900 cells/uL	KS
ABSOLUTE MONOCYTES	299		200-950 cells/uL	KS
ABSOLUTE EOSINOPHILS	129		15-500 cells/uL	KS
ABSOLUTE BASOPHILS	18		0-200 cells/uL	KS
NEUTROPHILS	48.8		%	KS
LYMPHOCYTES	41.5		%	KS
MONOCYTES	6.5		%	KS
EOSINOPHILS	2.8		%	KS
BASOPHILS	0.4		%	KS

HS CRP Collected: 11/19/2024 03:38 PM UTC Received: 11/19/2024 03:38 PM UTC

HS CRP <0.2 mg/L KS

Reference Range

Optimal <1.0

Jellinger PS et al. Endocr Pract.2017;23(Suppl 2):1-87.

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.

Pearson TA, Mensah GA, Alexander RW, et al. Markers
 of inflammation and cardiovascular disease:
 application to clinical and public health practice:
 A statement for healthcare professionals from the
 Centers for Disease Control and Prevention and the
 American Heart Association. Circulation 2003; 107(3):
 499-511.

CORTISOL, TOTAL, LC/MS Collected: 11/19/2024 03:38 PM UTC Received: 11/19/2024 03:38 PM UTC

CORTISOL, TOTAL, LC/MS 17.8 mcg/dL EZ

Adult Reference Ranges for Cortisol, Total:

8-10 AM 4.6-20.6 mcg/dL

4-6 PM 1.8-13.6 mcg/dL

Cortisol Response to ACTH

Peak >20.0 mcg/dL



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Test	In Range	Out Of Range	Reference Range	Lab
Peak >16.0 mcg/dL after IM injection				

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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.

INSULIN		Collected: 11/19/2024 03:38 PM UTC		Received: 11/19/2024 03:38 PM UTC	
INSULIN		8.2		uIU/mL	
Reference Range		< or = 18.4			
Risk:					
Optimal		< or = 18.4			
Moderate		NA			
High		>18.4			
Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on Insulin Reference Interval studies performed at Quest Diagnostics in 2022.					

T4, FREE	Collected: 11/19/2024 03:38 PM UTC	Received: 11/19/2024 03:38 PM UTC		
T4, FREE	1.2		0.8-1.8 ng/dL	KS
TSH	Collected: 11/19/2024 03:38 PM UTC	Received: 11/19/2024 03:38 PM UTC		
TSH	2.17		0.40-4.50 mIU/L	KS
T3, FREE	Collected: 11/19/2024 03:38 PM UTC	Received: 11/19/2024 03:38 PM UTC		
T3, FREE	3.4		2.3-4.2 pg/mL	KS
VITAMIN D,25-OH,TOTAL,IA	Collected: 11/19/2024 03:38 PM UTC	Received: 11/19/2024 03:38 PM UTC		
VITAMIN D,25-OH,TOTAL,IA	61		30-100 ng/mL	KS
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				



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 Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab
code 92888 (patients >2yrs).				

See Note 1

HEMOGLOBIN A1c Collected: 11/19/2024 03:38 PM UTC Received: 11/19/2024 03:38 PM UTC

HEMOGLOBIN A1c	5.0	<5.7 % of total Hgb	SL
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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).

MERCURY, BLOOD Collected: 11/19/2024 03:38 PM UTC Received: 11/19/2024 03:38 PM UTC

MERCURY, BLOOD	<5	<OR=10 mcg/L	CB
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See Note 2

Note 1

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

Note 2

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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.

ABO GROUP AND RH TYPE Collected: 11/19/2024 03:38 PM UTC Received: 11/19/2024 03:38 PM UTC

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Test	In Range	Out Of Range	Reference Range	Lab
ABO GROUP	B			KS
RH TYPE	RH(D) POSITIVE			KS

For additional information, please refer to
<http://education.QuestDiagnostics.com/faq/FAQ111>
 (This link is being provided for informational/
 educational purposes only.)

MAGNESIUM, RBC Collected: 11/19/2024 03:38 PM UTC Received: 11/19/2024 03:38 PM UTC

MAGNESIUM, RBC (Note)	4.5		4.0-6.4 mg/dL	Z3E
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MDF
 med fusion
 2501 South State Highway 121, Suite 1100
 Lewisville TX 75067
 972-966-7300
 Ithiel James L. Frame, MD, PhD

LIPOPROTEIN FRACTIONATION ION MOBILITY Collected: 11/19/2024 03:38 PM UTC Received: 11/19/2024 03:38 PM UTC

LDL PARTICLE NUMBER	1744 H	<1138 nmol/L	Z4M
Relative Risk: Optimal <1138; Moderate 1138-1409; High >1409. Male and Female Reference Range: 1016 to 2185 nmol/L.			
LDL SMALL	418 H	<142 nmol/L	Z4M
Relative Risk: Optimal <142; Moderate 142-219; High >219. Male Reference Range: 123 to 441 nmol/L; Female Reference Range: 115 to 386 nmol/L.			
LDL MEDIUM	432 H	<215 nmol/L	Z4M
Relative Risk: Optimal <215; Moderate 215-301; High >301. Male Reference Range: 167 to 485 nmol/L; Female Reference Range: 121 to 397 nmol/L.			
HDL LARGE	4844 L	>6729 nmol/L	Z4M
Relative Risk: Optimal >6729; Moderate 6729-5353; High <5353. Male Reference Range: 4334 to 10815 nmol/L; Female Reference Range: 5038 to 17886 nmol/L.			
LDL PATTERN	B A	A Pattern	Z4M
Relative Risk: Optimal Pattern A; High Pattern B. Reference Range: Pattern A.			
LDL PEAK SIZE	215.0 L	>222.9 Angstrom	Z4M
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics			



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Cardiometabolic Center of Excellence at Cleveland HeartLab. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes. Relative Risk: Optimal >222.9; Moderate 222.9-217.4; High <217.4. Male and Female Reference Range: 216 to 234.3 Angstrom. Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on an adult U.S. reference population plus two large cohort study populations. Association between lipoprotein subfractions and cardiovascular events is based on Musunuru et al. ATVB.2009;29:1975. For additional information, please refer to <http://education.QuestDiagnostics.com/faq/FAQ134> (This link is being provided for informational/educational purposes only.)

CARDIO IQ(R) LIPID PANEL Collected: 11/19/2024 03:38 PM UTC Received: 11/19/2024 03:38 PM UTC

CHOLESTEROL, TOTAL	192		<200 mg/dL	Z4M
HDL CHOLESTEROL	57		>39 mg/dL	Z4M
TRIGLYCERIDES		152 H	<150 mg/dL	Z4M
LDL-CHOLESTEROL		108 H	<100 mg/dL (calc)	Z4M

Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with >= 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>)
 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	3.4		<5.0 calc	Z4M
NON HDL CHOLESTEROL		135 H	<130 mg/dL (calc)	Z4M

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.

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.

Enhanced PDF Report IZ813486B-1 Collected: 11/19/2024 03:38 PM UTC Received: 11/19/2024 03:38 PM UTC

Enhanced PDF Report IZ813486B-1 Enhanced PDF Report IZ813486B-1.pdf [See Appendix 1 for details]



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KS	Quest Diagnostics-Lenexa. 10101 Renner Blvd, Lenexa, KS 66219-9752		Dir: Thuy-Lieu T Vo MD	
CB	Quest Diagnostics-Wood Dale. 1355 Mittel Blvd, Wood Dale, IL 60191-1024		Dir: Anthony V Thomas	
EZ	Quest Diagnostics/Nichols SJC-San Juan Capistrano., 33608 Ortega Hwy, San Juan Capistrano, CA 92675-2042		Dir: Irina Maramica MD,PhD,MBA	
SL	Quest Diagnostics-St Louis. 11636 Administration Dr, Maryland Heights, MO 63146-3534		Dir: Thuy-Lieu Thi Vo	
Z3E	MedFusion-MedFusion. 2501 South State Highway 121, Suite 1100, Lewisville, TX 75067-8188		Dir: Ithiel James L Frame MD,PhD	
Z4M	Cleveland HeartLab Inc.-Cleveland HeartLab Inc.. 6701 Carnegie Ave, Suite 500, Cleveland, OH 44103-4623		Dir: Sami Albeiroti PhD,DABCC	

Range Flags Legend: L - Below low normal; H - Above high normal; A - Abnormal;



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Report Status: Final
SCANLON, GRAHAM

Patient Information	Specimen Information	Client Information
SCANLON, GRAHAM DOB: 05/22/1999 AGE: 25 Gender: M Fasting: Y Phone: 833.753.1851 Patient ID: 36531480 Health ID: 8573035735562064	Specimen: IZ813486B Requisition: 0030835 Lab Ref #: 799029 Collected: 11/19/2024 / 09:38 CST Received: 11/19/2024 / 21:35 CST Reported: 11/29/2024 / 13:55 CST	Client #: 73917267 MAIL992 EMDUR, JOSHUA FUNCTION HEALTH INC 600 CONGRESS AVE FL 14 AUSTIN, TX 78701-3263

COMMENTS: FASTING: YES

Test Name	In Range	Out Of Range	Reference Range	Lab
IRON, TIBC AND FERRITIN PANEL				KS
IRON AND TOTAL IRON				KS
BINDING CAPACITY				
IRON, TOTAL	131		50-195 mcg/dL	
IRON BINDING CAPACITY	310		250-425 mcg/dL (calc)	
% SATURATION	42		20-48 % (calc)	
FERRITIN		33 L	38-380 ng/mL	KS
LIPOPROTEIN (a)	<10		nmol/L	CB
		Reference Range	<75	
		Risk:		
		Optimal	<75	
		Moderate	75-125	
		High	>125	
		Cardiovascular event risk category		
		cut points (optimal, moderate, high)		
		are based on Tsimika S. JACC		
		2017;69:692-711.		
ALBUMIN, RANDOM URINE				KS
W/O CREATININE				
ALBUMIN, URINE	0.5		mg/dL	
	Reference Range			
	Not established			

The ADA defines abnormalities in albumin excretion as follows:

Albuminuria Category	Result (mg/g creatinine)
Normal to Mildly increased	<30
Moderately increased	30-299
Severely increased	> OR = 300

The ADA recommends that at least two of three specimens collected within a 3-6 month period be abnormal before considering a patient to be within a diagnostic category.

HS CRP	<0.2	mg/L	KS
Reference Range			
Optimal	<1.0		
Jellinger PS et al. Endocr Pract.2017;23(Suppl 2):1-87.			
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,		



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Test Name	In Range	Out Of Range	Reference Range	Lab
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may be associated with infection and inflammation.

Pearson TA, Mensah GA, Alexander RW, et al. Markers of inflammation and cardiovascular disease: application to clinical and public health practice: A statement for healthcare professionals from the Centers for Disease Control and Prevention and the American Heart Association. Circulation 2003; 107(3): 499-511.

APOLIPOPROTEIN B	84	mg/dL	EZ
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Reference Range: <90

Risk Category:

Optimal <90

Moderate 90-119

High > or = 120

Cardiovascular event risk category cut points (optimal, moderate, high) are based on National Lipid Association recommendations - Jacobson TA et al. J of Clin Lipid. 2015;9:129-169 and Jellinger PS et al. Endocr Pract. 2017;23(Suppl 2):1-87.

COMPREHENSIVE METABOLIC PANEL			KS
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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	0.95	0.60-1.24 mg/dL	
EGFR	114	> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	SEE NOTE:	6-22 (calc)	
	Not Reported: BUN and Creatinine are within reference range.		

SODIUM	137	135-146 mmol/L	
POTASSIUM	4.5	3.5-5.3 mmol/L	
CHLORIDE	100	98-110 mmol/L	
CARBON DIOXIDE	28	20-32 mmol/L	
CALCIUM	9.6	8.6-10.3 mg/dL	
PROTEIN, TOTAL	6.9	6.1-8.1 g/dL	
ALBUMIN	4.9	3.6-5.1 g/dL	
GLOBULIN	2.0	1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	2.5	1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.7	0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	61	36-130 U/L	
AST	20	10-40 U/L	
ALT	18	9-46 U/L	
HEMOGLOBIN A1c	5.0	<5.7 % of total Hgb	SL



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Test Name	In Range	Out Of Range	Reference Range	Lab
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).				

URIC ACID	3.9 L	4.0-8.0 mg/dL	KS
Therapeutic target for gout patients: <6.0 mg/dL			
TSH	2.17	0.40-4.50 mIU/L	KS
T4, FREE	1.2	0.8-1.8 ng/dL	KS
T3, FREE	3.4	2.3-4.2 pg/mL	KS
CBC (INCLUDES DIFF/PLT)			KS
WHITE BLOOD CELL COUNT	4.6	3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.72	4.20-5.80 Million/uL	
HEMOGLOBIN	14.9	13.2-17.1 g/dL	
HEMATOCRIT	44.8	38.5-50.0 %	
MCV	94.9	80.0-100.0 fL	
MCH	31.6	27.0-33.0 pg	
MCHC	33.3	32.0-36.0 g/dL	
For adults, a slight decrease in the calculated MCHC value (in the range of 30 to 32 g/dL) is most likely not clinically significant; however, it should be interpreted with caution in correlation with other red cell parameters and the patient's clinical condition.			
RDW	11.8	11.0-15.0 %	
PLATELET COUNT	154	140-400 Thousand/uL	
MPV	10.9	7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	2245	1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	1909	850-3900 cells/uL	
ABSOLUTE MONOCYTES	299	200-950 cells/uL	
ABSOLUTE EOSINOPHILS	129	15-500 cells/uL	
ABSOLUTE BASOPHILS	18	0-200 cells/uL	
NEUTROPHILS	48.8	%	
LYMPHOCYTES	41.5	%	
MONOCYTES	6.5	%	
EOSINOPHILS	2.8	%	
BASOPHILS	0.4	%	
URINALYSIS, COMPLETE			KS
COLOR	YELLOW	YELLOW	
APPEARANCE	CLEAR	CLEAR	



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Test Name	In Range	Out Of Range	Reference Range	Lab
SPECIFIC GRAVITY	1.004		1.001-1.035	
PH	6.5		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
OCCULT BLOOD	NEGATIVE		NEGATIVE	
PROTEIN	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE	
WBC	NONE SEEN		< OR = 5 /HPF	
RBC	NONE SEEN		< OR = 2 /HPF	
SQUAMOUS EPITHELIAL CELLS	NONE SEEN		< OR = 5 /HPF	
BACTERIA	NONE SEEN		NONE SEEN /HPF	
HYALINE CAST	NONE SEEN		NONE SEEN /LPF	
CORTISOL, TOTAL, LC/MS	17.8		mcg/dL	EZ

Adult Reference Ranges for Cortisol, Total:

8-10 AM 4.6-20.6 mcg/dL
4-6 PM 1.8-13.6 mcg/dL

Cortisol Response to ACTH
Peak >20.0 mcg/dL
Peak >16.0 mcg/dL after IM injection

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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.

INSULIN	8.2	uIU/mL	KS
	Reference Range	< or = 18.4	
	Risk:		
	Optimal	< or = 18.4	
	Moderate	NA	
	High	>18.4	
	Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on Insulin Reference Interval studies performed at Quest Diagnostics in 2022.		
MERCURY, BLOOD	<5	<OR=10 mcg/L	CB
See Endnote 1			
ABO GROUP AND RH TYPE			KS
ABO GROUP	B		
RH TYPE	RH(D) POSITIVE		

For additional information, please refer to
<http://education.QuestDiagnostics.com/faq/FAQ111>
(This link is being provided for informational/educational purposes only.)



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Test Name	In Range	Out Of Range	Reference Range	Lab
MAGNESIUM, RBC (Note) This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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. MDF med fusion 2501 South State Highway 121,Suite 1100 Lewisville TX 75067 972-966-7300 Ithiel James L. Frame, MD, PhD	4.5		4.0-6.4 mg/dL	Z3E
Endnote 1	This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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.			



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Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	61	30-100 ng/mL	KS
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 additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ199 (This link is being provided for informational/ educational purposes only.)			
Physician Comments:			



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Cardio IQ®

Test Name	Current		Risk/Reference Interval				Historical
	Result & Risk		Optimal	Moderate	High	Units	Result & Risk
	Optimal	Non-Optimal					
LIPID PANEL							
CHOLESTEROL, TOTAL	192		<200	N/A	>=200	mg/dL	
HDL CHOLESTEROL	57		>=40	N/A	<40	mg/dL	
TRIGLYCERIDES		152	<150	150-199	>=200	mg/dL	
LDL-CHOLESTEROL		108	<100	100-129	>129	mg/dL (calc)	
CHOL/HDLRATIO	3.4		<=3.5	3.6-5.0	>5.0	calc	
NON-HDL CHOLESTEROL		135	<130	130-189	>=190	mg/dL (calc)	
LIPOPROTEIN FRACTIONATION, ION MOBILITY							
LDL PARTICLE NUMBER		1744	<1138	1138-1409	>1409	nmol/L	
LDL SMALL		418	<142	142-219	>219	nmol/L	
LDL MEDIUM		432	<215	215-301	>301	nmol/L	
HDL LARGE		4844	>6729	6729-5353	<5353	nmol/L	
LDL PATTERN		B	A	N/A	B	Pattern	
LDL PEAK SIZE		215.0	>222.9	222.9-217.4	<217.4	Angstrom	

For details on reference ranges please refer to the reference range/comment section of the report.

Medical Information For Healthcare Providers: If you have questions about any of the tests in our Cardio IQ offering, please call Client Services at our Quest Diagnostics-Cleveland HeartLab Cardiometabolic Center of Excellence. They can be reached at 866.358.9828, option 1 to arrange a consult with our clinical education team.



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Reference Range/Comments

Analyte Name	In Range	Out Range	Reference Range	Lab
HDL LARGE		4844	>6729 nmol/L	Z4M
Relative Risk: Optimal >6729; Moderate 6729-5353; High <5353. Male Reference Range: 4334 to 10815 nmol/L; Female Reference Range: 5038 to 17886 nmol/L.				
LDL MEDIUM		432	<215 nmol/L	Z4M
Relative Risk: Optimal <215; Moderate 215-301; High >301. Male Reference Range: 167 to 485 nmol/L; Female Reference Range: 121 to 397 nmol/L.				
LDL PARTICLE NUMBER		1744	<1138 nmol/L	Z4M
Relative Risk: Optimal <1138; Moderate 1138-1409; High >1409. Male and Female Reference Range: 1016 to 2185 nmol/L.				
LDL PATTERN		B	A Pattern	Z4M
Relative Risk: Optimal Pattern A; High Pattern B. Reference Range: Pattern A.				
LDL PEAK SIZE		215.0	>222.9 Angstrom	Z4M
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Cardiometabolic Center of Excellence at Cleveland HeartLab. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes. Relative Risk: Optimal >222.9; Moderate 222.9-217.4; High <217.4. Male and Female Reference Range: 216 to 234.3 Angstrom. Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on an adult U.S. reference population plus two large cohort study populations. Association between lipoprotein subfractions and cardiovascular events is based on Musunuru et al. ATVB.2009;29:1975. For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ134 (This link is being provided for informational/educational purposes only.)				
LDL SMALL		418	<142 nmol/L	Z4M
Relative Risk: Optimal <142; Moderate 142-219; High >219. Male Reference Range: 123 to 441 nmol/L; Female Reference Range: 115 to 386 nmol/L.				
LDL-CHOLESTEROL		108	<100 mg/dL (calc)	Z4M
Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with ≥ 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)				
NON HDL CHOLESTEROL		135	<130 mg/dL (calc)	Z4M
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.				
TRIGLYCERIDES		152	<150 mg/dL	Z4M
CHOL/HDLC RATIO	3.4		<5.0 calc	Z4M
CHOLESTEROL, TOTAL	192		<200 mg/dL	Z4M
HDL CHOLESTEROL	57		>39 mg/dL	Z4M

PERFORMING SITE:

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