Quest Diagnostics

PricePlow Mike

Patient Information	Specimen Information	Client Information
PricePlow Mike AGE: 37 Gender: M Fasting: Y	Lab Ref #: Collected: 07/05/2019 Received: 07/07/2019 / 13:08 CDT Reported: 07/11/2019 / 12:58 CDT	REQUEST A TEST - PWN HEALTH

COMMENTS: FASTING:YES

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL	193		<200 mg/dL	IG
HDL CHOLESTEROL	56		>40 mg/dL	IG
TRIGLYCERIDES	41		<150 mg/dL	IG
LDL-CHOLESTEROL		**125 H**	mg/dL (calc)	IG
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	3.4		<5.0 (calc)	IG
NON HDL CHOLESTEROL		**137 H**	<130 mg/dL (calc)	IG
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.				
HS CRP	0.9		mg/L	IG
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.				
COMPREHENSIVE METABOLIC PANEL				IG
GLUCOSE	88		65-99 mg/dL Fasting reference interval	
UREA NITROGEN (BUN)	20		7-25 mg/dL	
CREATININE	1.05		0.60-1.35 mg/dL	
eGFR NON-AFR. AMERICAN	90		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	105		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	

CLIENT SERVICES: 866.697.8378

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Test Name	In Range	Out Of Range	Reference Range	Lab
SODIUM	140		135-146 mmol/L	
POTASSIUM	4.8		3.5-5.3 mmol/L	
CHLORIDE	105		98-110 mmol/L	
CARBON DIOXIDE	26		20-32 mmol/L	
CALCIUM	9.1		8.6-10.3 mg/dL	
PROTEIN, TOTAL	6.9		6.1-8.1 g/dL	
ALBUMIN	4.2		3.6-5.1 g/dL	
GLOBULIN	2.7		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.6		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.7		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	53		40-115 U/L	
AST	20		10-40 U/L	
ALT	25		9-46 U/L	
HEMOGLOBIN A1c WITH eAG				IG
HEMOGLOBIN A1c	5.2		<5.7 % of total Hgb	

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)	103		(calc)	
eAG (mmol/L)	5.7		(calc)	
INSULIN	2.2		2.0-19.6 uIU/mL	IG

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

TESTOSTERONE, TOTAL,				IG
MALES (ADULT), IA	791		250-827 ng/dL	
TESTOSTERONE, FREE	66.1		46.0-224.0 pg/mL	SLI

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.