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Parra,Melissa, CNP
3901 Georgia St NE Ste F
Albuquerque NM 87110

Client #
24679

PRINTED DATE/TIME: 9/12/2022 11:10

PATIENT NAME	PATIENT ID	REQ NUMBER	CLIENT	COPIES
CASPARI, JENNIFER	AAQH4212	321644337	Parra,Melissa, CNP	1

Distribution: #EMAIL_jenharsh@gmail.com#

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Ordering Provider:
MELISSA PARRA, CNP

Location: ONS;1

Patient Name: **CASPARI, JENNIFER**

Patient ID (MRN): **AAQH4212** **Client PT ID (MRN):** **:**

Date of Birth: **3/30/1983** **Sex:** **F** **Age:** **39Y**

Patient Phone #: **(808) 778-7253**

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321644337	**FINAL**	**09/05/2022 08:46**	**09/05/2022 14:45**

Test Name	Flag	Result	Ref Range	Units	Lab
CBC					
WBC		**4.5**	4.0-11.0	x10E3/uL	{TC}
RBC		**4.37**	4.01-5.47	x10E6/uL	{TC}
Hgb		**13.3**	12.0-16.0	gm/dL	{TC}
Hct		**40**	36-48	%	{TC}
MCV		**92**	81-101	fL	{TC}
MCHC		**32.9**	31.1-35.5	gm/dL	{TC}
RDW		**12.0**	11.0-14.5	%	{TC}
Platelets		**272**	150-400	x10E3/uL	{TC}
DIFFERENTIAL					
Diff Type		**Auto Diff**			{TC}
Neutrophils		**53**		%	{TC}
Lymphocytes		**37**		%	{TC}
Monocytes		**9**		%	{TC}
Eosinophils		**0**		%	{TC}
Basophils		**1**		%	{TC}
Abs. Neutrophil		**2.3**	1.8-7.0	x10E3/uL	{TC}
Abs. Lymphocyte		**1.7**	1.0-3.4	x10E3/uL	{TC}
Abs. Monocyte		**0.4**	0.2-0.8	x10E3/uL	{TC}
Abs. Eosinophil		**0.0**	0.0-0.3	x10E3/uL	{TC}
Abs. Basophil		**0.1**	0.0-0.1	x10E3/uL	{TC}
DHEA-Sulfate		**111**	61-337	ug/dL	{TC}

New method and reference range effective 07/18/2022.

Celiac Disease Panel					
IgA		**Sufficient**			{TC}
Gliadin IgA Ab		**<0.2**	0.0-14.9	U/mL	{TC}
Tis.Transglut.Ab IgA		**<0.5**	0.0-14.9	U/mL	{TC}

The tissue transglutaminase (tTG) IgA test is the recommended screening test for celiac disease. The deamidated gliadin peptide (DGP) IgA test can increase the sensitivity of tTG IgA with a slight decrease in specificity. Patients must be on a gluten-containing diet when undergoing serologic testing for celiac disease.

Homocysteine		**7.9**	0.0-15.0	umol/L	{TC}

Elevated homocysteine concentrations are informative in patients evaluated for suspected nutritional deficiencies (vitamin B12, folate) and inborn errors of metabolism.
Measurement of methylmalonic acid (MMA) distinguishes between vitamin B12 and folate deficiencies, as MMA is only elevated in vitamin B12 deficiency. Treatment response can be evaluated by monitoring plasma homocysteine concentrations over time.

New method and reference range effective 07/18/2022.

Legend: H= High, L= Low, @= Abnormal, *= Critical Value

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CRP High Sensitivity		**0.9**	0.0-3.0	mg/L	{TC}

The AHA/CDC Scientific Statement provides the following risk assessment guidelines:

Risk	hsCRP (mg/L)
Low	<1.0
Average	1.0-3.0
High	>3.0

Optimally, the average of two hsCRP results obtained at least two weeks apart should be used for risk assessment.

Test Name	Flag	Result	Ref Range	Units	Lab
Lipid Panel					
Triglyceride		**91**	<150	mg/dL	{TC}

Lipid targets are based on desirable concentration cutoffs determined from fasting individuals. In nonfasting individuals, a non HDL cholesterol concentration greater than or equal to 200 mg/dL could indicate genetic hypercholesterolemia that requires further evaluation for a secondary etiology.
If the nonfasting triglyceride concentration is greater than or equal to 500 mg/dL, a fasting lipid panel is strongly recommended.

Cholesterol		**172**	<200	mg/dL	{TC}
HDL		**59**	>40	mg/dL	{TC}
LDL(calc)		**95**	<100	mg/dL	{TC}

Total Cholesterol
<200 mg/dL (Desirable)
200-239 mg/dL (Borderline High)
>239 mg/dL (High)

Triglycerides
<150 mg/dL (Normal)
150-159 mg/dL (Borderline High)
200-499 mg/dL (High)
>499 mg/dL (Very High)

HDL Cholesterol
Males: >39 mg/dL (Desirable)
Females: >49 mg/dL (Desirable)

LDL Cholesterol
<100 mg/dL (Desirable)
100-129 mg/dL (Above Desirable)
130-159 mg/dL (Borderline High)
160-189 mg/dL (High)
>189 mg/dL (Very High)

Comp Metabolic Panel					
Sodium		**140**	136-145	mmol/L	{TC}
Potassium		**3.8**	3.5-5.1	mmol/L	{TC}
Chloride		**106**	98-107	mmol/L	{TC}
CO2		**24**	19-29	mmol/L	{TC}

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Test Name	Flag	Result	Ref Range	Units	Lab
Anion Gap		**10**	<18	mmol/L	{TC}
Glucose		**84**	60-100	mg/dL	{TC}
BUN	L	**5**	7-20	mg/dL	{TC}
Creatinine		**0.56**	0.50-0.90	mg/dL	{TC}
eGFR non-African Am		**119**	>60	mL/min/1.73m2	{TC}
The eGFR is calculated using the 2021 CKD-EPI creatinine equation that does not use a race coefficient.					
GFR Comment					{TC}
An eGFR based on creatinine concentration is only useful when renal function is stable. It is not suitable for individuals with unstable creatinine concentrations or extremes in muscle mass or diet.					
Calcium		**9.0**	8.6-10.0	mg/dL	{TC}
Total Protein		**6.3**	6.1-8.2	gm/dL	{TC}
Albumin		**3.6**	3.5-5.2	gm/dL	{TC}
Globulin		**2.7**	2.4-4.2	gm/dL	{TC}
Bilirubin, total		**0.4**	0.0-1.2	mg/dL	{TC}
Alk Phos		**64**	35-104	U/L	{TC}
AST(SGOT)		**22**	10-35	U/L	{TC}
ALT(SGPT)		**17**	10-35	U/L	{TC}
C-Reactive Protein		**<0.3**	<0.5	mg/dL	{TC}
Iron and TIBC					
Iron		**108**	37-145	ug/dL	{TC}
UIBC		**217**		ug/dL	{TC}
TIBC		**325**	250-450	ug/dL	{TC}
Iron Sat.		**33**	20-55	%	{TC}
Ferritin		**16**	12-160	ng/mL	{TC}
FSH		**10.1**		mIU/mL	{TC}
Female Reference Interval: Follicular phase: 3.4-12.5 mIU/mL Ovulation: 4.7-21.5 mIU/mL Luteal phase: 1.7-7.7 mIU/mL Postmenopausal: 25.8-134.8 mIU/mL New method and reference range effective 07/18/2022.					
Vitamin B12/S.Folate					
Vitamin B12		**382**	232-1245	pg/mL	{TC}
New method and reference range effective 07/18/2022.					
Serum Folate		**31.7**	4.6-34.8	ng/mL	{TC}
New method and reference range effective 07/18/2022.					

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Test Name	Flag	Result	Ref Range	Units	Lab
Vitamin D,25-Hydroxy					
Vitamin D Scrn		**30**	30-100	ng/mL	{TC}
Vitamin D Status		**Sufficient**			{TC}
Cortisol		**9.6**		ug/dL	{TC}
Cortisol Reference Interval: Morning (6am-10am): 6.0-18.4 ug/dL Afternoon (4pm-10pm): 2.7-10.5 ug/dL Test performed by Roche Cortisol electrochemiluminescent immunoassay. New method and reference range effective 07/18/2022.					
ANA Screen		**Negative**	Negative		{TC}
CA 125		**16**	<39	U/mL	{TC}
Testing performed by Roche CA 125 II electrochemiluminescent immunoassay. Results obtained with different test methods or kits cannot be used interchangeably. CA 125 is used as an aid in monitoring response to therapy for patients with epithelial ovarian cancer. Serial testing should be used in conjunction with other clinical methods for monitoring ovarian cancer. Patients with confirmed ovarian carcinoma may have pretreatment CA 125 values in the same range as healthy individuals. Elevations may be observed in patients with nonmalignant disease. Therefore, a CA 125 value should not be interpreted as absolute evidence of the presence or absence of malignant disease. New method and reference range effective 07/18/2022.					
Insulin		**4.1**	2.6-24.9	uIU/mL	{TC}
Reference interval is based on samples obtained in the fasting state. In non-fasting samples, insulin values will vary as a function of the glucose concentration. There is no cross-reactivity with the analogues insulin aspart, insulin glulisine, insulin lispro, and insulin detemir. There is approximately 900% cross-reactivity with insulin glargine. Ref: Ann. Clin. Biochem. 2015: 52(3): 321-318. New method and reference range effective 07/18/2022.					
Free T3		**3.4**	2.0-4.4	pg/mL	{TC}
New method and reference range effective 07/18/2022.					
Anti-TPO-Ab		**<15**	<35	IU/mL	{TC}
FT4		**1.4**	0.9-1.7	ng/dL	{TC}
New method and reference range effective 07/18/2022.					
TSH		**1.330**	0.270-4.200	uIU/mL	{TC}
New method and reference range effective 07/18/2022.					
Prolactin		**15.8**	4.8-23.3	ng/mL	{TC}

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Test Name	Flag	Result	Ref Range	Units	Lab
Reference interval is for non-pregnant females. Pregnancy, lactation, and the administration of oral contraceptives can increase prolactin concentrations. New method and reference range effective 07/18/2022.					
Hemoglobin A1C					
Hgb A1C		**5.0**	4.4-5.6	%	{TC}
Est. Avg. Glucose		**97**	79.6-114.0	mg/dL	{TC}
Zinc Serum		**80.8**	60.0-120.0	ug/dL	{AR}
(NOTE) INTERPRETIVE INFORMATION: Zinc, Serum or Plasma Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of serum/plasma zinc, confirmation with a second specimen collected in a certified metal-free tube is recommended. Circulating zinc concentrations are dependent on albumin status and are depressed with malnutrition. Zinc may also be lowered with infection, inflammation, stress, oral contraceptives, and pregnancy. Zinc may be elevated with zinc supplementation or fasting. Elevated zinc concentrations may interfere with copper absorption. This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes. Performed By: ARUP Laboratories 500 Chipeta Way Salt Lake City, UT 84108 Laboratory Director: Jonathan R. Genzen, MD, PhD					
RBC Magnesium		**5.7**	3.6-7.5	mg/dL	{AR}
(NOTE) INTERPRETIVE INFORMATION: MG RBC RBC magnesium results reflect the intracellular stores and general homeostasis of magnesium. Results may be falsely low if RBCs in the submitted specimen are lysed or not promptly separated from plasma. RBC magnesium concentration is reported as milligrams per deciliter (mg/dL). To convert concentration to millimoles per liter (mmol/L), divide the result by 2.43. This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes. Performed By: ARUP Laboratories 500 Chipeta Way Salt Lake City, UT 84108 Laboratory Director: Jonathan R. Genzen, MD, PhD					
Histamine, Plasma					

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Histamine, Plasma	H	**13**	0-8	nmol/L	{AR}

(NOTE)
INTERPRETIVE INFORMATION: Histamine, Plasma
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Performed By: ARUP Laboratories
500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PhD

{TC} = Performed at TriCore Reference Laboratories, 1001 Woodward PL NE, Albuquerque, NM 87102. CLIA 32D0534957 David Grenache, PhD

{AR} = Performed at ARUP Laboratories, Inc 500 Chipeta Way, Salt Lake City, UT 84108. CLIA 46D0523979

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End of Report