

Run Date: 06/13/23
Run Time: 0030

Phone: Medical Director:

PATIENT	SEX	AGE	DATE OF BIRTH	LOCATION	DATE PRINTED
Miller, Nataliya Z	F	41	02/20/1982	SLCLAB	06/13/23
MED REC # / ACCT #	ADMIT DATE	DISCH DATE	SUBMITTING DOCTOR		
SL30034718 / RQ0010041200	06/09/23		Alma A Harb, MD		

Hematology

Date	06/09/2023	Reference	Units
Time	0959		
WBC	4.39(*a)	(4.0-10.4)	x10 ³ /
RBC	4.91(*a)	(4.02-5.07)	x10 ⁶ /
HGB	14.2(*a)	(12.1-17.1)	g/dL
HCT	44.0(*a)	(35.7-46.6)	%
MCV	89.6(*a)	(80.0-100.1)	fL
MCH	28.9(*a)	(27.2-34.0)	pg
MCHC	32.3(*a)	(31.8-35.8)	g/dL
RDW	12.4(*a)	(10.8-15.3)	%
Plt	218(*a)	(138-373)	x10 ³ /
MPV	11.5(*a)	(8.2-11.6)	fL
Im Gran% (Auto)	0.2(*a)	(0.0-0.6)	%
Neut % (Auto)	43.1(*a)	(41.1-75.5)	%
Lymph % (Auto)	44.9(*a)	(15.5-46.5)	%
Mono % (Auto)	7.7(*a)	(3.6-11.4)	%
EOS % (Auto)	3.0(*a)	(0.0-5.8)	%
Baso % (Auto)	1.1(*a)	(0.0-1.2)	%
Im Gran# (Auto)	0.01(A)	(0.00-0.31)	x10 ³ /

(A) See (B), (*a)

(B) The IG (immature granulocytes) is the total instrument count of combined metamyelocytes, myelocytes and promyelocytes

Neut # (Auto)	1.89(*a)	(1.30-7.60)	x10 ³ /
Lymph # (Auto)	1.97(*a)	(1.10-3.50)	x10 ³ /
Mono # (Auto)	0.34(*a)	(0.20-0.90)	x10 ³ /
EOS # (Auto)	0.13(*a)	(0.00-0.50)	x10 ³ /
Baso# (Auto)	0.05(*a)	(0.00-0.10)	x10 ³ /
nRBC Abs	0.0000(*a)	(0.0000-0.0)	x10 ³ /
ESR-AUTO	4(*a)	(0-20)	mm/hr
NRBC%	0.0(*a)	(0.0-0.2)	%

NOTES: (*a) Salt Lake Regional Lab
Salt Lake Regional Medical Center Laboratory, 1050 E S Temple
Salt Lake City, UT 84102
Richard Iverson, DO

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Chemistry

Date	06/09/2023		
Time	0959	Reference	Units

Glu	93(C)	(65-109)	mg/dL
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(C) See (D), (*b)

(D) Fasting Glucose Result Interpretation:

<100 mg/dL is within the Normal Range

100 - 125 mg/dL is Impaired

>126 mg/dL is a Provisional Diagnosis of Diabetes and
must be confirmed by repeat testing on a different day

FE	91(*b)	(65-175)	mcg/dL
TIBC Calc	351(*b)	(250-450)	mcg/dL
% FE Sat	26(*b)	(12-50)	%
Transferrin	251.0(*b)	(200.0-360)	mg/dL
Ferritin	38.4(*b)	(8.0-388.0)	ng/mL
Total Bili	1.3(*b) H	(0.2-1.0)	mg/dL
Direct Bili	0.30(*b) H	(0.00-0.20)	mg/dL
Indirect Bili	1.0(*b) H	(0.1-0.3)	mg/dL
AST	26(*b)	(15-37)	U/L
Alt	34(*b)	(13-56)	U/L

NOTES: (*b) Salt Lake Regional Lab
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Chemistry (Cont.)

Date	06/09/2023	Reference	Units
Time	0959		

CRP	(E) H	(0.00-3.00)	mg/L
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(E) > 190.00 H

See also (F), (*c)

(F) CRP is a non-specific marker for inflammatory reactions and should not be used to diagnose specific disease.

Values above 10.0 mg/L may be indicative of inflammatory response but severity of disease cannot be determined by CRP levels. Serial measurement of CRP values may be useful in monitoring treatment but should not be used as the only indicator.

Patients with chronic high CRP levels may be at greater risk for stroke, myocardial infarction, and severe peripheral vascular disease.

When used as a risk marker, CRP results are used to assign risk as follows:

<1 mg/L	Lowest risk
1-3 mg/L	Average risk
>3 mg/L	Highest risk

TP	7.6(*c)	(6.4-8.2)	g/dL
Alb	4.0(*c)	(3.4-5.0)	g/dL
Glob	3.6(*c)	(1.4-4.8)	g/dL
A/G Ratio	1.1(*c)	(1.0-10.0)	ratio
Trig	51(G)	(40-150)	mg/dL

(G) See (H), (*c)

(H) Triglycerides (mg/dL)
<150-Normal
150-199-Borderline High
200-499-High (Bad)
>500-Very High

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Chemistry (Cont.)

Date	06/09/2023		
Time	0959	Reference	Units
Chol	186(I)		mg/dL
(I)	See (J), (*d)		
(J)	Cholesterol, Total (mg/dL)		
	<200 Desirable		
	200-240 Borderline High		
	>240 High (Bad)		
Direct LDL	116(K)		mg/dL
(K)	See (L), (*d)		
(L)	LDL (mg/dL)		
	<100-Optimal		
	100-129-Near Optimal		
	130-159-Borderline High		
	160-189-High (Bad)		
VLDL	10(*d)	(5-40)	mg/dL
HDL	60(M)		mg/dL
(M)	See (N), (*d)		
(N)	HDL (mg/dL)		
	<40-Low		
	>59-High (Good)		
LDL/HDL Ratio	2(*d)		ratio
Chol/HDL Ratio	3.1(*d)	(0.0-4.5)	ratio
Alk Phos	44(*d) L	(45-117)	U/L
B12	(O) H	(193.00-986)	pg/mL
(O)	1221.00 H		
	See also (*d)		
T4	8.1(*e)	(4.5-10.9)	mcg/dL
TSH	2.260(*d)	(0.358-3.74)	uIU/mL

NOTES: (*d) Salt Lake Regional Lab
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(*e) Davis Hospital Med Laboratory
1600 West Antelope Drive, Layton, UT 84041
Scott Steiner, MD

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Chemistry (Cont.)

Date	06/09/2023		
Time	0959	Reference	Units

FSH	7.3(*f)	(1.8-11.4)	mIU/mL
Prolactin	3.1(P)		ng/mL

(P) See (Q), (*f)
(Q) Reference Range:
Females non pregnant: 2.8 - 29.2 ng/mL
Females pregnant: 9.7 - 208.5 ng/mL
Females postmenopausal: 1.8 - 20.3 ng/mL
Males: 2.1 - 17.7 ng/mL

Cortisol, AM	9.4(*g)	(8.7-22.4)	mcg/dL
Homocyst	9.60(R)	(3.79-13.9)	umol/L

(R) See (S), (*f)
(S) If one or more of the HCY metabolic pathways are inhibited due to enzymatic defects or vitamin deficiencies, HCY accumulates, causing an increased HCY level in plasma. Homocysteinuria is a rare group of genetic diseases where a deficiency in one of the HCY regulating enzymes results in high plasma HCY levels and HCY excretion in urine. Individuals who are homozygous for these disorders can have plasma HCY levels exceeding 400 ?mol/L. Individuals who are heterozygous for one of the enzyme deficiencies will exhibit hyperhomocysteinemia and have HCY levels between 20 to 40 ?mol/L. Homocysteinemia due to enzyme deficiency has an occurrence of 1 per 100 population. Deficiencies in either folic acid, vitamin B6, or vitamin B12 can produce hyperhomocysteinemia. Other studies showed that chronic renal failure is also associated with elevated HCY levels.

Ur Creat Random	89.00(T)		mg/dL
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(T) See (U), (*g)
(U) Reference range not established for this test.

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Serology

Date	06/09/2023		
Time	0959	Reference	Units

Trep IgG/IgM Ab (V) (NonReactiv

(V) Non Reactive

See also (W). (*h)

(W) 0.90 Index Value or less: Nonreactive - No significant level of Treponema pallidum antibodies detected.

0.90 - 1.10 Index Value: Equivocal - Questionable presence of level of Treponema pallidum antibodies detected. Repeat testing in 10-14 days may be helpful.

1.20 Index Value or greater: Reactive - Presence of Treponema pallidum antibodies detected, suggestive of current or past infection.

Additional diagnostic testing may be required.

HBSAB, Quant 45.04(X) H (>= 10.00) mIU/mL

(X) See (Y). (*i)

(Y) Results greater than or equal to 10 mIU/ml implies immunity to Hepatitis B.

NOTES: (*h) Salt Lake Regional Lab
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(*i) Jordan Valley Med Cen Lab
3580 West 9000 South, West Jordan, UT 84088
D. Jacob Fjeldsted, MD

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Serology (Cont.)

Date	06/09/2023	Reference	Units
Time	0959		

Hep C Vir Ab, Q	0.09(Z)	(0.00-0.79)	Index
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(Z) See (AA), (*j)

(AA) Nonreactive: <0.8, not infected with HCV, unless recent infection is suspected or other evidence exists indicated HCV infection. Indeterminate: 0.8-10.9, in order to distinguish between true positivity and biologic false positivity for HCV antibody, the CDC recommends that all s/co ratios between 0.8 and 10.9 be done with a second HCV antibody assay approved by FDA. This laboratory will reflex the test to Labcorp for HCV Antibody Verification. Reactive: >11, Strong reactive antibody screen is consistent with past or present HCV infection; verification testing not required. CDC recommends testing for Hepatitis C RNA by PCR to rule out active infection.

HIV 1&2 Ab Rap	(AB)	(Negative)
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(AB) Negative/Non-Reactive

See also (AC), (*k)

(AC) A Negative/Non-Reactive test result indicates that HIV-1 and HIV-2 antibodies were not detected in the specimen.

A Positive/Reactive test result indicates that HIV-1 and/or HIV-2 antibodies were detected in the specimen. The test is interpreted as Presumptively Reactive for HIV-1 and/or HIV-2 antibodies and will be sent for confirmatory testing.

Test	Date	Time	Result	Reference	Units
Alb	06/09/2023	0959	4.2(*k)	(3.1-5.0)	g/dL

NOTES: (*j) Jordan Valley Med Cen Lab
3580 West 9000 South, West Jordan, UT 84088
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(*k) Salt Lake Regional Lab
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Test	Date	Time	Result	Reference	Units
Testosterone	06/09/2023	0959	26.5(AD)	(4.00-70.0)	ng/dl
(AD) See (AE), (*1)					
(AE) Testosterone, Age Normalized male:					
40-59 years: 300.00-890.00 ng/dL					
60years and over: 200.00-720.00 ng/dL					
Age					
7-9 month Tanner Stage I <30.00 ng/dL					
10-13 years Tanner Stage II <150.00 ng/dL					
14-15 years Tanner Stage III 100.00-320.00 ng/dL					
16-19 years Tanner Stage IV 200.00-970.00 ng/dL					
SHBG	06/09/2023	0959	148.42(*1) H	(18.00-24.00)	nmol/L
SHBG	06/09/2023	0959	126.91(*1) H	(18.00-24.00)	nmol/L
Free Testo	06/09/2023	0959	0.18(*1)	(0.06-0.68)	ng/dL
% Free Test	06/09/2023	0959	0.68(*1)	(0.40-2.40)	%

NOTES: (*1) Salt Lake Regional Lab
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Test	Date	Time	Result	Reference	Units
Vitamin D 25	Hy06/09/2023	0959	39.6(AF)	(30.0-80.0)	ng/mL

(AF) See (AG), (*m)

(AG) These reference ranges represent clinical decision values that apply to males and females of all ages, rather than population-based reference values. Population reference ranges for 25-OH-VitD vary widely depending on ethnic background, geographic location of the study populations, and the sampling-season. Population-based ranges correlate poorly with serum 25-OH-VitD concentrations that are associated with biologically and clinically relevant Vitamin D effects and are therefore of limited clinical value. Recent studies show that the lower limit of 30.0 ng/mL to be a threshold for optimal health.
Hollis BW.J.Nutr.2005 Feb;135 (2) : 317-22.

Additional Interpretive Data for ages 18 Years and Older:
Deficiency: Less than 20 ng/mL
Insufficiency: 20 - 29 ng/mL
Optimum (Reference Range): 30 - 80 ng/mL

Paricalcitol (Zemplar) has been found to cross-react and interfere with testing accuracy for this method. Test results for patients on this medication should be considered in conjunction with other laboratory test results and the clinical presentation of the patient.

T3, Total	06/09/2023	0959	0.9(*m)	(0.6-1.8)	ng/mL
Folate	06/09/2023	0959	43.7(*n) H	(3.1-17.5)	ng/mL

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Test	Date	Time	Result	Reference	Units
Estradiol	06/09/2023	0959	50(AH)		pg/mL
(AH) See (AI), (*o)					
(AI) "Ranges:					
Male: 0.0-52.5 pg/mL					
Female:					
Postmenopausal (not on Hormone Therapy): 0.0-58.3 pg/mL					
Non Pregnant Female:					
Follicular Phase 21.4-164.8					
Mid-Cycle Phase 49.9-367.2					
Luteal Phase: 40.2-259.0					
Insulin	06/09/2023	0959	3.9(*p)	(2.0-23.0)	munit/L
TPO Ab	06/09/2023	0959	0.4(AJ)	(0.0-9.0)	IU/mL

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

CA125	06/09/2023	0959	13.3(AK)	(0.0-38.1)	U/mL
(AK) Roche Diagnostics Electrochemiluminescence Immunoassay (ECLIA)					
Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.					
Performed at: PDLCA - Labcorp Phoenix					
5005 S 40th Street Ste 1200, Phoenix, AZ 850402969					
Lab Director: Earle Collum MD, Phone: 8007889743					

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Test	Date	Time	Result	Reference	Units
Thyroglob Ab	06/09/2023	0959	<1.0(AL)	(0.0-0.9)	IU/mL

(AL) Thyroglobulin Antibody measured by Beckman Coulter
Methodology
Performed at: PDLCA - Labcorp Phoenix
5005 S 40th Street Ste 1200, Phoenix, AZ 850402969
Lab Director: Earle Collum MD, Phone: 8007889743

HBCore Ab, Tot	06/09/2023	0959	(AM)	(Negative)
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(AM) Negative
Performed at: PDLCA - Labcorp Phoenix
5005 S 40th Street Ste 1200, Phoenix, AZ 850402969
Lab Director: Earle Collum MD, Phone: 8007889743

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