Specimen KZ407327E Requisition 1254331

Lab Ref No

Collected Date 06/20/2025 07:21 Received Date 06/20/2025 07:21 Fisher, Naomi

Gender: Female

Reported 06/23/2025 03:46 DOB: 05/25/1981 Age: 44 Report Status Complete Ordering Physician Bauer, Michael

Ulta Lab Tests, LLC 9237 E Via de Ventura, Suite 220 Scottsdale, AZ 85258 UltaLabTests.com

Legend **Result Value Colors** Normal Result is within the clinical reference range Result Value Labels Above High Normal

Result	Value	Reference Range	Lab

Cardiovascular Health

Cholesterol & Triglycerides

VLDL Cholesterol

Triglycerides

TRIGLYCERIDES	90 01/21/25	<150 mg/dL	KS
Result Trending 90 01/21/25			

Lipid Panel

Cholesterol, Total

CHOLESTEROL, TOTAL	212 H 01/21/25	<200 mg/dL	KS
CHOL/HDLC RATIO	4.2 01/21/25	<5.0 (calc)	KS
NON HDL CHOLESTEROL	161 H 01/21/25	<130 mg/dL (calc)	KS

We advise having your results reviewed by a licensed medical healthcare professional for proper interpretation of your results.

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Value	Reference Range	Lab
factor, treating to	a non-HDL-C goal of <100 mg/ $$	dL
51 01/21/25	> OR = 50 mg/dL	KS
141 H 01/21/25	mg/dL (calc)	KS
Reference range: <10	00	
<70 mg/dL for patien	nts with CHD or diabetic pati	
calculation, which is better accuracy than estimation of LDL-C Martin SS et al. JAN	is a validated novel method pointh the Friedewald equation in . MA. 2013;310(19): 2061-2068	roviding the
(neep-//education.g	uestriagnosties.com/taq/FAQI6	J ± /
0.8 06/23/25	mg/L	KS
Reference Range		
	For patients with diffactor, treating to (LDL-C of <70 mg/dL) option. 141 H	For patients with diabetes plus 1 major ASCVD rifactor, treating to a non-HDL-C goal of <100 mg/(LDL-C of <70 mg/dL) is considered a therapeutic option. OR = 50 mg/dL

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Optimal <1.0

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Result	Value	Reference Range	Lab
	Jellinger P	S et al. Endocr Pract.2017;23(Suppl 2)	:1-87.
	For ages >1	7 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. Marke	rs
	of inflamma	tion and cardiovascular disease:	
	application	to clinical and public health practic	e:
	A statement	for healthcare professionals from the	
	Centers for	Disease Control and Prevention and th	e
	American He	art Association. Circulation 2003; 107	(3):
	499-511.		

Metabolic & Endocrine Health

Diabetes & Insulin Resistance

Glucose

GLUCOSE	85 01/21/25	65-99 mg/dL	KS
Comments	Fasting reference interval		

Insulin

INSULIN 6.0 06/23/25	uIU/mL	KS
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Comments Reference Range < or = 18.4

Risk:

< or = 18.4Optimal

Moderate NA Hiqh >18.4

Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on Insulin Reference Interval

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Value Result Reference Range Lab studies performed at Quest Diagnostics

Metabolic Hormones

Cortisol, A.M.

CORTISOL, A.M.	19.8 06/23/25	mcg/dL	KS
Comments	Reference Range 8 a.m. (7-9 a.m.) Specimen: 4	.0-22.0	

Reproductive Hormones

Prolactin

PROLACTIN	22.1 06/23/25	ng/mL	KS
Comments	Reference Range Females		
	Non-pregnant	3.0-30.0	
	Pregnant	10.0-209.0	
	Postmenopausal	2.0-20.0	

Vitamins, Minerals & Dietary Fatty Acids

Minerals

Iodine, Random Urine

IODINE, RANDOM URINE	196 11/17/24	34-523 mcg/L	AMD
Comments	characteristics hav Diagnostics Nichols not been cleared or Administration. Thi	coped and its analytical performed by Quest in Institute Chantilly, VA. It is approved by the U.S. Food and is assay has been validated puttions and is used for clinical	has d Drug ursuant

Immune System Health

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Value Result Reference Range Lab

Autoimmune Disease

ANA Screen, IFA with Reflex to Titer and Pattern, IFA

ANA SCREEN, IFA	NEGATIVE 06/23/25	NEGATIVE	KS
Comments	presence of up to approvarious autoimmune disesuggests an ANA-associate present at this time, is high clinical suspicatesting for anti-SS-A/FAnti-Jo-1 antibody show	ANA IFA is a first line screen for detecting the presence of up to approximately 150 autoantibodies in various autoimmune diseases. A negative ANA IFA result suggests an ANA-associated autoimmune disease is not present at this time, but is not definitive. If there is high clinical suspicion for Sjogren's syndrome, testing for anti-SS-A/Ro antibody should be considered. Anti-Jo-1 antibody should be considered for clinically suspected inflammatory myopathies.	
	AC-0: Negative		
	International Consensus (https://doi.org/10.15		
	<u> </u>	Diagnostics.com/faq/FAQ17 ovided for informational/	7

Other

Other

VLDL Cholesterol

VIdI-Calculation

18 CHOLESTEROL, VERY LOW DENSITY LIPOPROTEIN <30 mg/dL (calc) KS 01/21/25

Performing Laboratory Information

KS Quest Diagnostics-Lenexa

10101 Renner Blvd Lenexa, Kansas 66219-9752 Thuy-Lieu T Vo MD

AMD Quest Diagnostics/Nichols Chantilly-Chantilly VA

14225 Newbrook Dr Chantilly, Virginia 20151-2228 Patrick W Mason M.D.,PhD

NOTE: Only measurable biomarkers will be reported. Certain biomarkers do not appear in healthy individuals.

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