



Ordering Provider: TRANG M. TRAN, MD		Patient Name: CHAMBERS, KEVIN M			
		Patient ID (MRN): AAAI8992		Client PT ID (MRN): CK361257	
		Date of Birth: 9/14/1993		Sex: M Age: 31Y	
Location: 24206;1		Patient Phone #: (505) 967-8903		Portal Patient ID: 65359239	
Requisition#: 334474801	Report Status: Preliminary	Collection Date/Time: 07/02/2025 08:04		Receive Date/Time: 07/02/2025 10:03	
Test Name	Flag	Result	Ref Range	Units	Lab
Free T3	H	4.7	2.0-4.4	pg/mL	{TC}
TSH		1.710	0.270-4.200	uIU/mL	{TC}
Comp Metabolic Panel					
Sodium		139	135-145	mmol/L	{TC}
Potassium		4.2	3.5-5.2	mmol/L	{TC}
Chloride		103	98-107	mmol/L	{TC}
CO2		22	19-29	mmol/L	{TC}
Anion Gap		14	<18	mmol/L	{TC}
Glucose		99	60-100	mg/dL	{TC}
BUN		15	7-25	mg/dL	{TC}
Creatinine		0.83	0.70-1.35	mg/dL	{TC}
Calculated eGFR		120	>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	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. {TC}				
Calcium		9.3	8.5-10.2	mg/dL	{TC}
Total Protein		7.3	6.1-8.2	gm/dL	{TC}
Albumin		3.9	3.3-5.2	gm/dL	{TC}
Globulin		3.4	2.4-4.2	gm/dL	{TC}
Bilirubin, total		0.6	0.0-1.2	mg/dL	{TC}
Alk Phos		76	40-129	U/L	{TC}
AST(SGOT)		29	10-50	U/L	{TC}
ALT(SGPT)		50	10-55	U/L	{TC}
Lipid Panel					
Triglyceride		87	<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		169	<200	mg/dL	{TC}
HDL	L	37	>40	mg/dL	{TC}
LDL(calc)	H	114	<100	mg/dL	{TC}

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

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<p>Total Cholesterol <200 mg/dL (Desirable) 200-239 mg/dL (Borderline High) >239 mg/dL (High)</p> <p>Triglycerides <150 mg/dL (Normal) 150-199 mg/dL (Borderline High) 200-499 mg/dL (High) >499 mg/dL (Very High)</p> <p>HDL Cholesterol Males: >39 mg/dL (Desirable) Females: >49 mg/dL (Desirable)</p> <p>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)</p>					
Phosphorus		3.7	2.3-5.6	mg/dL	{TC}
Testo,Free and Total					
Sex Horm Bind Glob		18	17-56	nmol/L	{TC}
Total Testosterone		420	300-1080	ng/dL	{TC}
Testo Free,calc.		90.7	47.0-244.0	pg/mL	{TC}
FT4		1.3	0.9-1.7	ng/dL	{TC}
Anti-TPO-Ab		<15	<35	IU/mL	{TC}
Vitamin D,25-Hydroxy					
Vitamin D Scrn	L	28	30-100	ng/mL	{TC}
Vitamin D Status		Insufficient			{TC}
Insulin		19.9	2.6-24.9	uIU/mL	{TC}
<p>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.</p>					
{TC} = Performed at TriCore Reference Laboratories, 1001 Woodward PL NE, Albuquerque, NM 87102. CLIA 32D0534957 Melissa Budelier, PhD					

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