MyQuest™

BAGER,ARWA

DOB: 03/31/1981
Sex: F
Phone: (305) 788-5319
Patient ID: 10513

Age: 43
Fasting: Y

Specimen: MZ105568J
Requisition: 0002245
Lab Reference ID: 64837
Report Status: FINAL / SEE REPORT

Collected: 02/05/2025 05:42
Received: 02/05/2025 05:44
Reported: 02/17/2025 00:18

Client #: 73916914
WILLS,NAYO
PARSLEY HEALTH LA
8550 SANTA MONICA BLVD FL 2
WEST HOLLYWOOD, CA 90069-4496
Phone: (833) 447-2775

FASTING:YES

⚠ CBC (INCLUDES DIFF/PLT)

Analyte	Value	
WHITE BLOOD CELL COUNT	9.4	Reference Range: 3.8-10.8 Thousand/uL
RED BLOOD CELL COUNT	4.50	Reference Range: 3.80-5.10 Million/uL
HEMOGLOBIN	12.6	Reference Range: 11.7-15.5 g/dL
HEMATOCRIT	39.4	Reference Range: 35.0-45.0 %
MCV	87.6	Reference Range: 80.0-100.0 fL
MCH	28.0	Reference Range: 27.0-33.0 pg
MCHC For adults, a slight decrease in the calculated MCHC value (in the range of 30 to 32 g/dL) is most likely not clinically significant; however, it should be interpreted with caution in correlation with other red cell parameters and the patient's clinical condition.	32.0	Reference Range: 32.0-36.0 g/dL
RDW	12.8	Reference Range: 11.0-15.0 %
⚠ **PLATELET COUNT**	445 H	Reference Range: 140-400 Thousand/uL
MPV	9.5	Reference Range: 7.5-12.5 fL
ABSOLUTE NEUTROPHILS	5518	Reference Range: 1500-7800 cells/uL
ABSOLUTE LYMPHOCYTES	3158	Reference Range: 850-3900 cells/uL
ABSOLUTE MONOCYTES	442	Reference Range: 200-950 cells/uL
ABSOLUTE EOSINOPHILS	216	Reference Range: 15-500 cells/uL
ABSOLUTE BASOPHILS	66	Reference Range: 0-200 cells/uL
NEUTROPHILS	58.7	%
LYMPHOCYTES	33.6	%
MONOCYTES	4.7	%
EOSINOPHILS	2.3	%
BASOPHILS	0.7	%

⚠ VITAMIN B12

Analyte	Value	
⚠ **VITAMIN B12**	>2000 H	Reference Range: 200-1100 pg/mL

⚠ DHEA SULFATE

Analyte	Value

⚠ DHEA SULFATE	206 H	Reference Range: 15-205 mcg/dL

⚠ ADVANCED LIPID PNL W/INFLAMMATION, CARDIO IQ®

Analyte	Value	
⚠ CHOLESTEROL, TOTAL	228 H	Reference Range: <200 mg/dL
HDL CHOLESTEROL	53	Reference Range: >49 mg/dL
TRIGLYCERIDES	108	Reference Range: <150 mg/dL
⚠ LDL-CHOLESTEROL	153 H	Reference Range: <100 mg/dL (calc)
Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with >= 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) 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	4.3	Reference Range: <5.0 calc
⚠ NON HDL CHOLESTEROL	175 H	Reference Range: <130 mg/dL (calc)
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. 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.		
⚠ LDL PARTICLE NUMBER	2022 H	Reference Range: <1138 nmol/L
Relative Risk: Optimal <1138; Moderate 1138-1409; High >1409. Male and Female Reference Range: 1016 to 2185 nmol/L.		
⚠ LDL SMALL	429 H	Reference Range: <142 nmol/L
Relative Risk: Optimal <142; Moderate 142-219; High >219. Male Reference Range: 123 to 441 nmol/L; Female Reference Range: 115 to 386 nmol/L.		
⚠ LDL MEDIUM	564 H	Reference Range: <215 nmol/L
Relative Risk: Optimal <215; Moderate 215-301; High >301. Male Reference Range: 167 to 485 nmol/L; Female Reference Range: 121 to 397 nmol/L.		
⚠ HDL LARGE	5485 L	Reference Range: >6729 nmol/L
Relative Risk: Optimal >6729; Moderate 6729-5353; High <5353. Male Reference Range: 4334 to 10815 nmol/L; Female Reference Range: 5038 to 17886 nmol/L.		
⚠ LDL PATTERN	B	Reference Range: A Pattern
Relative Risk: Optimal Pattern A; High Pattern B. Reference Range: Pattern A.		

⚠ **LDL PEAK SIZE**	**217.2 L**	Reference Range: >222.9 Angstrom

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Cardiometabolic Center of Excellence at Cleveland HeartLab. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes. Relative Risk: Optimal >222.9; Moderate 222.9-217.4; High <217.4. Male and Female Reference Range: 216 to 234.3 Angstrom. Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on an adult U.S. reference population plus two large cohort study populations. Association between lipoprotein subfractions and cardiovascular events is based on Musunuru et al. ATVB.2009;29:1975. For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ134 (This link is being provided for informational/educational purposes only.)

⚠ **APOLIPOPROTEIN B**	**123 H**	Reference Range: <90 mg/dL

Risk: Optimal <90 mg/dL; Moderate 90-119 mg/dL; High >= 120 mg/dL; Cardiovascular event risk category cut points (optimal, moderate, high) are based on National Lipid Association recommendations- Jacobson TA et al. J of Clin Lipid. 2015; 9: 129-169 and Jellinger PS et al. Endocr Pract. 2017;23(Suppl 2):1-87.

LIPOPROTEIN (a)	**53**	Reference Range: <75 nmol/L

Risk: Optimal <75 nmol/L; Moderate 75-125 nmol/L; High >125 nmol/L. Cardiovascular event risk category cut points (optimal, moderate, high) are based on Tsimika S. JACC 2017;69:692-711.

⚠ **HS CRP**	**6.6 H**	Reference Range: <1.0 mg/L

Reference Range: Optimal <1.0 mg/L, according to Jellinger PS et al. Endocr Pract.2017;23(Suppl 2):1-87. The AHA/CDC Guidelines recommend hs-CRP ranges for identifying Relative Cardiovascular Risk in patients ages >17 years: <1.0 mg/L Lower Relative Cardiovascular Risk; 1.0-3.0 mg/L Average Relative Cardiovascular Risk; 3.1-10.0 mg/L Higher Relative Cardiovascular Risk. If result is between 3.1 and 10.0 mg/L, consider retesting in 1-2 weeks to exclude a benign transient elevation secondary to infection or inflammation from the baseline CRP value. Persistent elevations of >10.0 mg/L upon retesting may be associated with infection and inflammation. The AHA/CDC recommendations are based on Pearson TA, Mensah GA, Alexander RW, et al. Markers of inflammation and cardiovascular disease: application to clinical and public health practice: A statement for healthcare professionals from the Centers for Disease Control and Prevention and the American Heart Association. Circulation 2003; 107(3): 499-511.

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.

Pearson TA, Mensah GA, Alexander RW, et al. Markers of inflammation and cardiovascular disease: application to clinical and public health practice: A statement for healthcare professionals from the Centers for Disease Control and Prevention and the American Heart Association. Circulation 2003; 107(3): 499-511.

LP PLA2 ACTIVITY	**101**	Reference Range: <124 nmol/min/mL

Relative Risk: Optimal <=123 nmol/min/mL; High >123 nmol/min/mL.
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.
See Note 2

Note 1

For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ199 (This link is being provided for informational/ educational purposes only.)

Note 2

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

COMPREHENSIVE METABOLIC PANEL

Analyte	Value	
GLUCOSE Fasting reference interval	**97**	Reference Range: 65-99 mg/dL
UREA NITROGEN (BUN)	**13**	Reference Range: 7-25 mg/dL
CREATININE	**0.59**	Reference Range: 0.50-0.99 mg/dL
EGFR	**115**	Reference Range: > OR = 60 mL/min/1.73m2
BUN/CREATININE RATIO Not Reported: BUN and Creatinine are within reference range.	**SEE NOTE:**	Reference Range: 6-22 (calc)
SODIUM	**139**	Reference Range: 135-146 mmol/L
POTASSIUM	**4.3**	Reference Range: 3.5-5.3 mmol/L
CHLORIDE	**103**	Reference Range: 98-110 mmol/L
CARBON DIOXIDE	**24**	Reference Range: 20-32 mmol/L
CALCIUM	**9.9**	Reference Range: 8.6-10.2 mg/dL
PROTEIN, TOTAL	**7.0**	Reference Range: 6.1-8.1 g/dL
ALBUMIN	**4.6**	Reference Range: 3.6-5.1 g/dL
GLOBULIN	**2.4**	Reference Range: 1.9-3.7 g/dL (calc)
ALBUMIN/GLOBULIN RATIO	**1.9**	Reference Range: 1.0-2.5 (calc)
BILIRUBIN, TOTAL	**0.4**	Reference Range: 0.2-1.2 mg/dL
ALKALINE PHOSPHATASE	**45**	Reference Range: 31-125 U/L
AST	**13**	Reference Range: 10-30 U/L
ALT	**11**	Reference Range: 6-29 U/L

VITAMIN D,25-OH,TOTAL,IA

Analyte	Value

VITAMIN D,25-OH,TOTAL,IA	65	Reference Range: 30-100 ng/mL

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Vitamin D Status         25-OH Vitamin D:

Deficiency:                    <20 ng/mL
Insufficiency:               20 - 29 ng/mL
Optimal:                   > or = 30 ng/mL

For 25-OH Vitamin D testing on patients on
D2-supplementation and patients for whom quantitation
of D2 and D3 fractions is required, the QuestAssureD(TM)
25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order
code 92888 (patients >2yrs).
```

COMMENT

See Note 1

AWN TEST REFUSAL

Analyte	Value	
RAM1		

```
Be advised that your patient has indicated on
the advance written notice their decision
not to receive the following laboratory tests.
As a result, the tests will not be performed.
```

AWN TEST REFUSED	31789	

TESTOSTERONE, FREE (DIALYSIS), TOTAL (MS) AND SEX HORMONE BINDING GLOBULIN

Analyte	Value	
TESTOSTERONE, TOTAL, MS	35	Reference Range: 2-45 ng/dL

```
For additional information, please refer to
http://education.questdiagnostics.com/faq/
TotalTestosteroneLCMSMSFAQ165
(This link is being provided for informational/
educational purposes only.)

This test was developed and its analytical performance
characteristics have been determined by Quest
Diagnostics Nichols Institute Chantilly, VA. It has
not been cleared or approved by the U.S. Food and Drug
Administration. This assay has been validated pursuant
to the CLIA regulations and is used for clinical
purposes.
```

TESTOSTERONE, FREE	4.3	Reference Range: 0.1-6.4 pg/mL See Note 1
SEX HORMONE BINDING GLOBULIN	53	Reference Range: 17-124 nmol/L

CARDIO IQ® HEMOGLOBIN A1c

Analyte	Value

HEMOGLOBIN A1c	**5.6**	Reference Range: <5.7 %

For the purpose of screening for the presence of diabetes:
<5.7% is consistent with the absence of diabetes;
5.7-6.4% is consistent with increased risk for diabetes (prediabetes); >= 6.5% is 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).
This test was performed on the Roche cobas c503 platform. Effective 3/5/2024, a change in test platforms from the Abbott Architect to the Roche cobas c503 may have shifted HbA1c results compared to historical results. Based on laboratory validation testing conducted at Quest, the Roche platform relative to the Abbott platform had an average increase in HbA1c value of <=0.3%. This difference is within accepted variability established by the National Glycohemoglobin Standardization Program. Note that not all individuals will have had a shift in their results and direct comparisons between historical and current results for testing conducted on different platforms is not recommended.

MAGNESIUM, RBC

Analyte	Value	
MAGNESIUM, RBC	**5.8**	Reference Range: 4.0-6.4 mg/dL See Note 1

GGT

Analyte	Value	
GGT	**16**	Reference Range: 3-55 U/L

TSH

Analyte	Value	
TSH	**4.16**	mIU/L

Reference Range

> or = 20 Years 0.40-4.50

Pregnancy Ranges	
First trimester	0.26-2.66
Second trimester	0.55-2.73
Third trimester	0.43-2.91

T4, FREE

Analyte	Value	
T4, FREE	**1.7**	Reference Range: 0.8-1.8 ng/dL

T3, FREE

Analyte	Value	
T3, FREE	**3.3**	Reference Range: 2.3-4.2 pg/mL

THYROID PEROXIDASE ANTIBODIES

Analyte	Value	
THYROID PEROXIDASE ANTIBODIES	**<1**	Reference Range: <9 IU/mL

LEPTIN

Analyte	Value	
LEPTIN	**19.3**	ng/mL

```
Reference Ranges for Leptin:

Adult Lean Subjects (18-71 years) with BMI range
of 18-25:

    Males:     0.3-13.4 ng/mL
    Females:   4.7-23.7 ng/mL

Adult Subjects (19-60 years) with BMI range
of 25-30:

    Males:     1.8-19.9 ng/mL
    Females:   8.0-38.9 ng/mL

Pediatric Reference Ranges for Leptin:

    5-9.9  years:     0.6-16.8 ng/mL
   10-13.9 years:     1.4-16.5 ng/mL
   14-17.9 years:     0.6-24.9 ng/mL

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```

IRON, TOTAL

Analyte	Value	
IRON, TOTAL	**70**	Reference Range: 40-190 mcg/dL

FERRITIN

Analyte	Value	
FERRITIN	**25**	Reference Range: 16-232 ng/mL

FOLATE, RBC

Analyte	Value	
FOLATE, RBC	**656**	Reference Range: >280 ng/mL RBC

ESTRONE

Analyte	Value

Analyte	Value	
ESTRONE	**81**	pg/mL

```
Adult Female Reference Ranges for Estrone:

  Follicular Phase:      10-138  pg/mL
  Luteal Phase:          16-173  pg/mL
  Postmenopausal Phase:  < or = 65 pg/mL


Pediatric Female Reference Ranges for Estrone:

  Pre-pubertal
    (1-9 years):     < or = 34 pg/mL
  10-11 years:       < or = 72 pg/mL
  12-14 years:       < or = 75 pg/mL
  15-17 years:       < or = 188 pg/mL

This test was developed and its analytical performance
characteristics have been determined by Quest Diagnostics.
It has not been cleared or approved by FDA. This assay has
been validated pursuant to the CLIA regulations and is used
for clinical purposes.
```

PROGESTERONE

Analyte	Value	
PROGESTERONE	**5.7**	ng/mL

```
   Reference Ranges
Female
   Follicular Phase     < 1.0
   Luteal Phase      2.6-21.5
   Post menopausal      < 0.5
   Pregnancy
   1st Trimester     4.1-34.0
   2nd Trimester    24.0-76.0
   3rd Trimester   52.0-302.0
```

ESTRADIOL

Analyte	Value	
ESTRADIOL	**124**	pg/mL

```
      Reference Range
        Follicular Phase:    19-144
        Mid-Cycle:           64-357
        Luteal Phase:        56-214
        Postmenopausal:      < or = 31

Reference range established on post-pubertal patient
population. No pre-pubertal reference range
established using this assay. For any patients for
whom low Estradiol levels are anticipated (e.g. males,
pre-pubertal children and hypogonadal/post-menopausal
females), the Quest Diagnostics Nichols Institute
Estradiol, Ultrasensitive, LCMSMS assay is recommended
(order code 30289).

Please note: patients being treated with the drug
fulvestrant (Faslodex(R)) have demonstrated significant
interference in immunoassay methods for estradiol
measurement. The cross reactivity could lead to falsely
elevated estradiol test results leading to an
inappropriate clinical assessment of estrogen status.
Quest Diagnostics order code 30289-Estradiol,
Ultrasensitive LC/MS/MS demonstrates negligible cross
reactivity with fulvestrant.
```

CARDIO IQ® INSULIN

Analyte	Value	
INSULIN	**12.8**	Reference Range: <18.5 uIU/mL

Note 1	This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Performing Sites

AMD Quest Diagnostics/Nichols Chantilly-Chantilly VA, 14225 Newbrook Dr, Chantilly, VA 20151-2228 Laboratory Director: Patrick W Mason M.D.,PhD

EZ Quest Diagnostics/Nichols SJC-San Juan Capistrano,, 33608 Ortega Hwy, San Juan Capistrano, CA 92675-2042 Laboratory Director: Irina Maramica MD,PhD,MBA

MI Quest Diagnostics-Miami, 10200 Commerce Pkwy, Miramar, FL 33025-3938 Laboratory Director: Julie L Friedman, MD

TP Quest Diagnostics-Tampa, 4225 E Fowler Ave, Tampa, FL 33617-2026 Laboratory Director: Weston H Rothrock MD

Z4M Cleveland HeartLab Inc.-Cleveland HeartLab Inc., 6701 Carnegie Ave, Suite 500, Cleveland, OH 44103-4623 Laboratory Director: Mohammad Q Ansari

Key

Priority Out of Range Out of Range

These results have been sent to the person who ordered the tests. Your receipt of these results should not be viewed as medical advice and is not meant to replace discussion with your doctor or other healthcare professional.