

BAGER,ARWA

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

Age: 42
Fasting: Y

Specimen: MZ240712D
Requisition: 0001360
Lab Reference ID: 41090
Report Status: FINAL / SEE REPORT

Collected: 06/05/2023 09:44
Received: 06/05/2023 09:46
Reported: 06/11/2023 14:20

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

FASTING: YES

▲ CHOLESTEROL, TOTAL

Analyte	Value
▲ CHOLESTEROL, TOTAL	209 H Reference Range: <200 mg/dL

▲ DIRECT LDL

Analyte	Value
▲ DIRECT LDL	137 H Reference Range: <100 mg/dL

Desirable range <100 mg/dL for primary prevention;
<70 mg/dL for patients with CHD or diabetic patients
with > or = 2 CHD risk factors.

▲ CARDIO IQ® HS CRP

Analyte	Value
▲ HS CRP	>10.0 H Reference Range: <1.0 mg/L

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. For patients with higher cardiovascular risk, 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 et al. Circulation. 2003;107:499-511.

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.

▲ APOLIPOPROTEIN B

Analyte	Value
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▲ APOLIPOPROTEIN B**102 H** Reference Range: <90 mg/dL

Reference Range: <90

Risk Category:

Optimal < 90

Moderate 90 - 119

High > or = 120

Cardiovascular event risk category cut points (optimal, moderate, high) are based on National Lipid Association recommendations-Jacobson TA et al. J Clin Lipid. 2015;9:129-169 and Jellinger PS et al. Endocr Pract. 2017;23(Suppl 2):1-87.

▲ COMPREHENSIVE METABOLIC PANEL

Analyte	Value	
▲ GLUCOSE	102 H	Reference Range: 65-99 mg/dL
Fasting reference interval		
For someone without known diabetes, a glucose value between 100 and 125 mg/dL is consistent with prediabetes and should be confirmed with a follow-up test.		
UREA NITROGEN (BUN)	9	Reference Range: 7-25 mg/dL
CREATININE	0.71	Reference Range: 0.50-0.99 mg/dL
EGFR	109	Reference Range: > OR = 60 mL/min/1.73m2
The eGFR is based on the CKD-EPI 2021 equation. To calculate the new eGFR from a previous Creatinine or Cystatin C result, go to https://www.kidney.org/professionals/kdoqi/gfr%5Fcalculator		
BUN/CREATININE RATIO	NOT APPLICABLE	Reference Range: 6-22 (calc)
SODIUM	138	Reference Range: 135-146 mmol/L
POTASSIUM	4.6	Reference Range: 3.5-5.3 mmol/L
CHLORIDE	103	Reference Range: 98-110 mmol/L
CARBON DIOXIDE	23	Reference Range: 20-32 mmol/L
CALCIUM	10.1	Reference Range: 8.6-10.2 mg/dL
PROTEIN, TOTAL	7.0	Reference Range: 6.1-8.1 g/dL
ALBUMIN	4.7	Reference Range: 3.6-5.1 g/dL
GLOBULIN	2.3	Reference Range: 1.9-3.7 g/dL (calc)
ALBUMIN/GLOBULIN RATIO	2.0	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	14	Reference Range: 10-30 U/L
ALT	11	Reference Range: 6-29 U/L

▲ SED RATE BY MODIFIED WESTERGREN

Analyte	Value	
▲ SED RATE BY MODIFIED WESTERGREN	31 H	Reference Range: < OR = 20 mm/h

▲ CBC (INCLUDES DIFF/PLT)

Analyte	Value	
WHITE BLOOD CELL COUNT	8.0	Reference Range: 3.8-10.8 Thousand/uL
RED BLOOD CELL COUNT	4.80	Reference Range: 3.80-5.10 Million/uL
HEMOGLOBIN	13.3	Reference Range: 11.7-15.5 g/dL
HEMATOCRIT	39.7	Reference Range: 35.0-45.0 %
MCV	82.7	Reference Range: 80.0-100.0 fL
MCH	27.7	Reference Range: 27.0-33.0 pg
MCHC	33.5	Reference Range: 32.0-36.0 g/dL
RDW	12.5	Reference Range: 11.0-15.0 %
▲ PLATELET COUNT	468 H	Reference Range: 140-400 Thousand/uL
MPV	9.8	Reference Range: 7.5-12.5 fL
ABSOLUTE NEUTROPHILS	4888	Reference Range: 1500-7800 cells/uL
ABSOLUTE LYMPHOCYTES	2440	Reference Range: 850-3900 cells/uL
ABSOLUTE MONOCYTES	456	Reference Range: 200-950 cells/uL
ABSOLUTE EOSINOPHILS	168	Reference Range: 15-500 cells/uL
ABSOLUTE BASOPHILS	48	Reference Range: 0-200 cells/uL
NEUTROPHILS	61.1	%
LYMPHOCYTES	30.5	%
MONOCYTES	5.7	%
EOSINOPHILS	2.1	%
BASOPHILS	0.6	%

▲ VITAMIN B12

Analyte	Value	
▲ VITAMIN B12	1780 H	Reference Range: 200-1100 pg/mL

▲ LIPOPROTEIN FRACTIONATION ION MOBILITY

Analyte	Value	
▲ LDL PARTICLE NUMBER	1606 H	Reference Range: <1138 nmol/L Relative Risk: Optimal <1138; Moderate 1138-1409; High>1409. Reference Range: <1138 nmol/L.
▲ LDL SMALL	243 H	Reference Range: <142 nmol/L Relative Risk: Optimal <142; Moderate 142-219; High>219. Reference Range: <142 nmol/L.
▲ LDL MEDIUM	344 H	Reference Range: <215 nmol/L Relative Risk: Optimal <215; Moderate 215-301; High>301. Reference Range: <215 nmol/L.
▲ HDL LARGE	5466 L	Reference Range: >6729 nmol/L Relative Risk: Optimal >6729; Moderate 6729-5353; High <5353. Reference Range: >6729 nmol/L.
LDL PATTERN	A	Reference Range: A Pattern Relative Risk: Optimal Pattern A; High Pattern B. Reference Range: Pattern A.

LDL PEAK SIZE**223.0**

Reference Range: >222.9 Angstrom

Relative Risk: Optimal >222.9; Moderate 222.9-217.4; High <217.4. Reference Range:>222.9 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.) 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.

PTH, INTACT (ICMA) AND IONIZED CALCIUM

Analyte			Value	
PARATHYROID HORMONE, INTACT			19	Reference Range: 16-77 pg/mL
Interpretive Guide	Intact PTH	Calcium		
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Normal Parathyroid	Normal	Normal		
Hypoparathyroidism	Low or Low Normal	Low		
Hyperparathyroidism				
Primary	Normal or High	High		
Secondary	High	Normal or Low		
Tertiary	High	High		
Non-Parathyroid				
Hypercalcemia	Low or Low Normal	High		
CALCIUM			10.1	Reference Range: 8.6-10.2 mg/dL
CALCIUM, IONIZED			5.4	Reference Range: 4.7-5.5 mg/dL

HDL CHOLESTEROL

Analyte	Value	
HDL CHOLESTEROL	59	Reference Range: > OR = 50 mg/dL

TRIGLYCERIDES

Analyte	Value	
TRIGLYCERIDES	111	Reference Range: <150 mg/dL

CARDIO IQ® HEMOGLOBIN A1c

Analyte	Value	
HEMOGLOBIN A1c	5.2	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).		

TSH

Analyte	Value
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TSH	0.42	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	1.5 Reference Range: 0.8-1.8 ng/dL

T3, FREE

Analyte	Value
T3, FREE	3.5 Reference Range: 2.3-4.2 pg/mL

T3 REVERSE, LC/MS/MS

Analyte	Value
T3 REVERSE, LC/MS/MS	21 Reference Range: 8-25 ng/dL
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.	

LEPTIN

Analyte	Value
LEPTIN	24.9 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
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. 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.	

FERRITIN

Analyte	Value
FERRITIN	40 Reference Range: 16-232 ng/mL

FOLATE, RBC

Analyte	Value
FOLATE, RBC	709 Reference Range: >280 ng/mL RBC

CARDIO IQ® INSULIN

Analyte	Value
INSULIN	15.1 Reference Range: <19.7 uIU/mL
Risk: Optimal <=19.6, Moderate NA, High>19.6. This insulin assay shows strong cross-reactivity for some insulin analogs (lispro, aspart, and glargine) and much lower cross-reactivity with others (detemir, glulisine). Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on Quest Diagnostics population data from 12/2011.	

OxLDL

Analyte	Value
OxLDL	45 Reference Range: <60 U/L
Based on a recent study of an 'apparently healthy' and non-metabolic syndrome population(1), the following cut-offs have been defined for OxLDL: A cut-off of <60 U/L defines a population with a low relative risk of developing metabolic syndrome, a range of 60 to 69 U/L defines a population with a moderate relative risk (2.8 fold) and >=70 U/L defines a population with a high relative risk (3.5-fold). (Reference: 1-Holvoet et al. JAMA. 2008; 299: 2287-2293.)	

CARDIO IQ® MYELOPEROXIDASE (MPO)

Analyte	Value
MYELOPEROXIDASE	346 Reference Range: <470 pmol/L
Based on a high risk sub-population (N=920) defined as ambulatory stable patients without acute coronary syndrome who underwent elective diagnostic coronary angiography (1) and a reference range study of apparently healthy donors, we have defined the following cut-offs for MPO: A cut-off of <470 pmol/L defines an 'apparently healthy' population at optimal relative risk for a cardiovascular event, 470-539 pmol/L defines a population at moderate relative risk for a cardiovascular event (2-fold increased risk of MACE at 3 years), and >= 540 pmol/L defines a population with a high relative risk for a cardiovascular event. (Reference: 1. Tang et al. Am J Cardiol. 2013; 111:465-470 and personal communication with Tang et al). 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.	

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.

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