MyQuest™

BAGER,ARWA

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

Age: 41
Fasting: N

Specimen: MZ784541A
Requisition: 0000774
Lab Reference ID: 25896
Report Status: FINAL / SEE REPORT

Collected: 06/27/2022 08:22
Received: 06/27/2022 08:24
Reported: 07/05/2022 15:54

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

FASTING:NO ; MULTIPLE COLLECTION TIMES FOR SAME TEST TYPE.

⚠ CHOLESTEROL, TOTAL

Analyte	Value	
⚠ CHOLESTEROL, TOTAL	261 H	Reference Range: <200 mg/dL

⚠ DIRECT LDL

Analyte	Value	
⚠ DIRECT LDL	193 H	Reference Range: <100 mg/dL

LDL-C levels > or = 190 mg/dL may indicate familial hypercholesterolemia (FH). Clinical assessment and measurement of blood lipid levels should be considered for all first degree relatives of patients with an FH diagnosis.
For questions about testing for familial hypercholesterolemia, please call Quest Genomics Client Services at 1.866.GENE.INFO.
Jacobson T, et al. J National Lipid Association Recommendations for Patient-Centered Management of Dyslipidemia: Part 1 Journal of Clinical Lipidology 2015;9(2), 129-169.

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

⚠ TRIGLYCERIDES

Analyte	Value	
⚠ TRIGLYCERIDES	161 H	Reference Range: <150 mg/dL

⚠ CARDIO IQ® HS CRP

Analyte	Value

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

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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.
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⚠ TSH

Analyte	Value	
⚠ TSH	6.33 H	mIU/L

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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
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⚠ VITAMIN B6, PLASMA

Analyte	Value	
⚠ VITAMIN B6, PLASMA	21.9 H	Reference Range: 2.1-21.7 ng/mL See Note 1

⚠ SED RATE BY MODIFIED WESTERGREN

Analyte	Value	
⚠ SED RATE BY MODIFIED WESTERGREN	25 H	Reference Range: < OR = 20 mm/h

⚠ CBC (INCLUDES DIFF/PLT)

Analyte	Value	
WHITE BLOOD CELL COUNT	9.2	Reference Range: 3.8-10.8 Thousand/uL
RED BLOOD CELL COUNT	4.29	Reference Range: 3.80-5.10 Million/uL
HEMOGLOBIN	12.1	Reference Range: 11.7-15.5 g/dL
HEMATOCRIT	36.0	Reference Range: 35.0-45.0 %
MCV	83.9	Reference Range: 80.0-100.0 fL
MCH	28.2	Reference Range: 27.0-33.0 pg
MCHC	33.6	Reference Range: 32.0-36.0 g/dL
RDW	12.4	Reference Range: 11.0-15.0 %

⚠ PLATELET COUNT	401 H	Reference Range: 140-400 Thousand/uL
MPV	9.8	Reference Range: 7.5-12.5 fL
ABSOLUTE NEUTROPHILS	5281	Reference Range: 1500-7800 cells/uL
ABSOLUTE LYMPHOCYTES	3064	Reference Range: 850-3900 cells/uL
ABSOLUTE MONOCYTES	534	Reference Range: 200-950 cells/uL
ABSOLUTE EOSINOPHILS	239	Reference Range: 15-500 cells/uL
ABSOLUTE BASOPHILS	83	Reference Range: 0-200 cells/uL
NEUTROPHILS	57.4	%
LYMPHOCYTES	33.3	%
MONOCYTES	5.8	%
EOSINOPHILS	2.6	%
BASOPHILS	0.9	%

⚠ VITAMIN B12

Analyte	Value	
⚠ VITAMIN B12	1673 H	Reference Range: 200-1100 pg/mL

⚠ ANA SCR,IFA W/REFL TITER/ PATTERN/MPX AB CASCADE

Analyte	Value	
⚠ ANA SCREEN, IFA	POSITIVE	Reference Range: NEGATIVE

ANA IFA is a first line screen for detecting the presence of up to approximately 150 autoantibodies in various autoimmune diseases. A positive ANA IFA result is suggestive of autoimmune disease and reflexes to titer, pattern and the 3 tiered Multiplex 11 Antibody Cascade. Testing in the Cascade stops at the first positive result, and does not preclude additional positive results. Further laboratory testing may be considered if clinically indicated.

For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ177 (This link is being provided for informational/ educational purposes only.)

⚠ ANTINUCLEAR ANTIBODIES TITER AND PATTERN

Analyte	Value	
⚠ ANA TITER	1:40 H	titer

A low level ANA titer may be present in pre-clinical autoimmune diseases and normal individuals.
Reference Range
<1:40 Negative
1:40-1:80 Low Antibody Level
>1:80 Elevated Antibody Level

⚠ ANA PATTERN	Nuclear, Homogeneous

Homogeneous pattern is associated with systemic lupus erythematosus (SLE), drug-induced lupus and juvenile idiopathic arthritis.

AC-1: Homogeneous

International Consensus on ANA Patterns (https://doi.org/10.1515/cclm-2018-0052)

⚠ TIER 2

Analyte	Value	
SJOGREN'S ANTIBODY (SS-A)	<1.0 NEG	Reference Range: <1.0 NEG AI

⚠ SJOGREN'S ANTIBODY (SS-B)	1.6 POS	Reference Range: <1.0 NEG AI
SCL-70 ANTIBODY	<1.0 NEG	Reference Range: <1.0 NEG AI
JO-1 ANTIBODY	<1.0 NEG	Reference Range: <1.0 NEG AI

ANTIBODY PREVALENCE IN TIER 2
SS-A and SS-B antibodies are present in >80% Sjogren's syndrome and are considered a diagnostic indicator for this autoimmune disease. However, these antibodies are also present in other autoimmune disorders.
SS-A antibodies are seen in 33% to 52% systemic lupus erythematosus (SLE), 42% polymyositis, 23% systemic sclerosis (scleroderma) and 13% mixed connective tissue disease (MCTD).
SS-B antibody is also present in 13% to 27% SLE, 5% systemic sclerosis, <2% polymyositis and <2% MCTD.
Scl-70 antibody is present in 16% systemic sclerosis, 7% MCTD (especially those with features of systemic sclerosis), 2% to 3% SLE, <2% Sjogren's syndrome and <2% polymyositis.
Jo-1 antibody is present in 17% polymyositis, 7% MCTD (especially in those with features of muscle inflammation), and <2% SLE, Sjogren's syndrome and systemic sclerosis.
Tier 2 antibodies are present in <2% of normal blood donors.

The Cascade does not rule out autoimmune disease characterized by other autoantibody specificities such as rheumatoid arthritis, autoimmune hepatitis, primary biliary cirrhosis, autoimmune thyroiditis, Addison's disease, pernicious anemia, autoimmune neuropathies, vasculitis, celiac disease and bullous disease. Please contact your local Quest Diagnostics laboratory if you are interested in additional testing.

INTERPRETATION

Analyte	Value
INTERPRETATION	

This finding suggests Sjogren's syndrome. These antibodies may occasionally be positive early in other connective tissue diseases. A positive result at this stage of testing stops further testing, and does not preclude additional positive antibodies. Clinical correlation is required to assess the need for testing additional analytes.

TIER 1

Analyte	Value	
DNA (DS) ANTIBODY	1	IU/mL

IU/mL	Interpretation
< or = 4	Negative
5-9	Indeterminate
> or = 10	Positive

SM ANTIBODY	<1.0 NEG	Reference Range: <1.0 NEG AI
SM/RNP ANTIBODY	<1.0 NEG	Reference Range: <1.0 NEG AI
RNP ANTIBODY	<1.0 NEG	Reference Range: <1.0 NEG AI
CHROMATIN (NUCLEOSOMAL) ANTIBODY	<1.0 NEG	Reference Range: <1.0 NEG AI

⚠ LIPOPROTEIN FRACTIONATION ION MOBILITY

Analyte	Value

⚠ LDL PARTICLE NUMBER	2060 H	Reference Range: <1138 nmol/L

Relative Risk: Optimal <1138; Moderate 1138-1409; High>1409. Reference Range: <1138 nmol/L.

⚠ LDL SMALL	267 H	Reference Range: <142 nmol/L

Relative Risk: Optimal <142; Moderate 142-219; High>219. Reference Range: <142 nmol/L.

⚠ LDL MEDIUM	536 H	Reference Range: <215 nmol/L

Relative Risk: Optimal <215; Moderate 215-301; High>301. Reference Range: <215 nmol/L.

HDL LARGE	6922	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	221.7 L	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 is performed by an Ion Mobility method. This test was developed and its performance characteristics determined by The Cleveland HeartLab, Inc. It has not been cleared or approved by the U.S. FDA. The Cleveland HeartLab is regulated under Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

COMPREHENSIVE METABOLIC PANEL

Analyte	Value	
GLUCOSE Non-fasting reference interval	93	Reference Range: 65-139 mg/dL
UREA NITROGEN (BUN)	11	Reference Range: 7-25 mg/dL
CREATININE	0.70	Reference Range: 0.50-1.10 mg/dL
eGFR NON-AFR. AMERICAN	108	Reference Range: > OR = 60 mL/min/1.73m2
eGFR AFRICAN AMERICAN	125	Reference Range: > OR = 60 mL/min/1.73m2
BUN/CREATININE RATIO	NOT APPLICABLE	Reference Range: 6-22 (calc)
SODIUM	138	Reference Range: 135-146 mmol/L
POTASSIUM	4.2	Reference Range: 3.5-5.3 mmol/L
CHLORIDE	104	Reference Range: 98-110 mmol/L
CARBON DIOXIDE	24	Reference Range: 20-32 mmol/L
CALCIUM	9.8	Reference Range: 8.6-10.2 mg/dL
PROTEIN, TOTAL	7.2	Reference Range: 6.1-8.1 g/dL
ALBUMIN	4.8	Reference Range: 3.6-5.1 g/dL
GLOBULIN	2.4	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	50	Reference Range: 31-125 U/L
AST	13	Reference Range: 10-30 U/L
ALT	13	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).
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COMMENT

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See Note 1

Note 1

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

Analyte	Value	
HDL CHOLESTEROL	60	Reference Range: > OR = 50 mg/dL

CARDIO IQ® HEMOGLOBIN A1c

Analyte	Value	
HEMOGLOBIN A1c	5.4	Reference Range: <5.7 %

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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).
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HEMOGLOBIN A1c W/REFL TO GLYCOMARK®

Analyte	Value	
HEMOGLOBIN A1c	5.5	Reference Range: <5.7 % of total Hgb

```
For the purpose of screening for the presence of
diabetes:

<5.7%       Consistent with the absence of diabetes
5.7-6.4%    Consistent with increased risk for diabetes
            (prediabetes)
> or =6.5%  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).
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MAGNESIUM, RBC

Analyte	Value	
MAGNESIUM, RBC	**6.0**	Reference Range: 4.0-6.4 mg/dL See Note 2

T4, FREE

Analyte	Value	
T4, FREE	**1.4**	Reference Range: 0.8-1.8 ng/dL

T3, FREE

Analyte	Value	
T3, FREE	**3.4**	Reference Range: 2.3-4.2 pg/mL

T3 REVERSE, LC/MS/MS

Analyte	Value	
T3 REVERSE, LC/MS/MS	**17**	Reference Range: 8-25 ng/dL See Note 2

VITAMIN B1 (THIAMINE), SERUM/PLASMA, LC/MS/MS

Analyte	Value	
VITAMIN B1 (THIAMINE), SERUM/PLASMA, LC/MS/MS	**13**	Reference Range: 8-30 nmol/L See Note 1

COPPER, BLOOD

Analyte	Value	
COPPER, BLOOD	**91**	mcg/dL

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Reporting Limit: 20 mcg/dL

Normally: 80-180 mcg/dL.
Analysis by Inductively Coupled Plasma/Mass
Spectrometry (ICP/MS)
Specimens for elemental testing should be collected in
certified metal-free containers. Elevated results for
elemental testing may be caused by environmental
contamination at the time of specimen collection and
should be interpreted accordingly. It is recommended
that unexpected elevated results be verified by
testing another specimen in a trace metal free
container.
This test was developed and its performance
characteristics determined by NMS Labs.  It has not
been cleared or approved by the US Food and Drug
Administration.
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IRON, TOTAL

Analyte	Value	
IRON, TOTAL	**55**	Reference Range: 40-190 mcg/dL

FERRITIN

Analyte	Value	
FERRITIN	**60**	Reference Range: 16-232 ng/mL

FOLATE, RBC

Analyte	Value	
FOLATE, RBC	439	Reference Range: >280 ng/mL RBC

SELENIUM

Analyte	Value	
SELENIUM	114	Reference Range: 63-160 mcg/L See Note 2

VITAMIN B2 (RIBOFLAVIN), PLASMA

Analyte	Value	
VITAMIN B2 (RIBOFLAVIN), PLASMA	9.5	Reference Range: 6.2-39.0 nmol/L

Vitamin supplementation within 24 hours prior to blood draw may affect the accuracy of results.

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.

ZINC, RBC

Analyte	Value	
ZINC, RBC	10.30	Reference Range: 9.0-14.7 mg/L

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.

CARDIO IQ® LIPOPROTEIN (a)

Analyte	Value	
LIPOPROTEIN (a)	59	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.

CARDIO IQ® INSULIN

Analyte	Value	
INSULIN	16.7	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.
This insulin assay shows strong cross-reactivity for some insulin analogs (lispro, aspart, and glargine) and much lower cross-reactivity with others (detemir, glulisine).

Note 1	Vitamin supplementation within 24 hours prior to blood draw may affect the accuracy of the results. 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.
Note 2	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
MI Quest Diagnostics-Miami, 10200 Commerce Pkwy, Miramar, FL 33025-3938 Laboratory Director: Julie L Friedman, MD
SLI Quest Diagnostics-Nichols Valencia, 27027 Tourney Rd, Valencia, CA 91355-5386 Laboratory Director: Thomas McDonald M.D.
T7A NMS Labs, 200 Welsh Rd, Horsham, PA 19044-2208 Laboratory Director: Robert A Middleberg PH.D, F-ABFT
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