

BAGER,ARWA

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

Age: 42
Fasting: Y

Specimen: MZ083502E
Requisition: 0001537
Lab Reference ID: 44647
Report Status: FINAL / SEE REPORT

Collected: 09/25/2023 06:57
Received: 09/25/2023 06:57
Reported: 10/10/2023 13:35

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	224 H Reference Range: <200 mg/dL

▲ HDL CHOLESTEROL

Analyte	Value
▲ HDL CHOLESTEROL	48 L Reference Range: > OR = 50 mg/dL

▲ DIRECT LDL

Analyte	Value
▲ DIRECT LDL	151 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.	

▲ TRIGLYCERIDES

Analyte	Value
▲ TRIGLYCERIDES	187 H Reference Range: <150 mg/dL

▲ CARDIO IQ® HS CRP

Analyte	Value												
▲ HS CRP	6.3 H Reference Range: <1.0 mg/L												
<p>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.</p> <p>For ages >17 Years:</p> <table> <tr> <td>hs-CRP mg/L</td><td>Risk According to AHA/CDC Guidelines</td></tr> <tr> <td><1.0</td><td>Lower relative cardiovascular risk.</td></tr> <tr> <td>1.0-3.0</td><td>Average relative cardiovascular risk.</td></tr> <tr> <td>3.1-10.0</td><td>Higher relative cardiovascular risk.</td></tr> <tr> <td></td><td>Consider retesting in 1 to 2 weeks to exclude a benign transient elevation in the baseline CRP value secondary to infection or inflammation.</td></tr> <tr> <td>>10.0</td><td>Persistent elevation, upon retesting, may be associated with infection and inflammation.</td></tr> </table>		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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>10.0	Persistent elevation, upon retesting, may be associated with infection and inflammation.												

▲ LEPTIN

Analyte	Value
▲ LEPTIN	39.4 H 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.	

▲ CBC (INCLUDES DIFF/PLT)

Analyte	Value
▲ WHITE BLOOD CELL COUNT	12.6 H Reference Range: 3.8-10.8 Thousand/uL
RED BLOOD CELL COUNT	4.65 Reference Range: 3.80-5.10 Million/uL
HEMOGLOBIN	12.7 Reference Range: 11.7-15.5 g/dL
HEMATOCRIT	39.2 Reference Range: 35.0-45.0 %
MCV	84.3 Reference Range: 80.0-100.0 fL
MCH	27.3 Reference Range: 27.0-33.0 pg
MCHC	32.4 Reference Range: 32.0-36.0 g/dL
RDW	12.6 Reference Range: 11.0-15.0 %
▲ PLATELET COUNT	475 H Reference Range: 140-400 Thousand/uL
MPV	9.8 Reference Range: 7.5-12.5 fL
ABSOLUTE NEUTROPHILS	7749 Reference Range: 1500-7800 cells/uL
ABSOLUTE LYMPHOCYTES	3641 Reference Range: 850-3900 cells/uL
ABSOLUTE MONOCYTES	630 Reference Range: 200-950 cells/uL
ABSOLUTE EOSINOPHILS	466 Reference Range: 15-500 cells/uL
ABSOLUTE BASOPHILS	113 Reference Range: 0-200 cells/uL
NEUTROPHILS	61.5 %
LYMPHOCYTES	28.9 %
MONOCYTES	5.0 %
EOSINOPHILS	3.7 %
BASOPHILS	0.9 %

▲ VITAMIN B12

Analyte	Value
▲ VITAMIN B12	1409 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 See Note 1

▲ ANA PATTERN Nuclear, Speckled

Speckled pattern is associated with mixed connective tissue disease (MCTD), systemic lupus erythematosus (SLE), Sjogren's syndrome, dermatomyositis, and systemic sclerosis/polymyositis overlap.

AC-2,4,5,29: Speckled

International Consensus on ANA Patterns (<https://doi.org/10.1515/cc1m-2018-0052>)

▲ ANA TITER	1:40 H titer See Note 1
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▲ 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/cc1m-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)	1.2 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	2 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	1905 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**418 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**547 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**7485** 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**216.8 L** Reference Range: >222.9 Angstrom

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.) 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.

▲ CARDIO IQ® INSULIN**Analyte****Value****▲ INSULIN****20.5 H** Reference Range: <18.5 uIU/mL

Reference Range <=18.4. Risk: Optimal <=18.4, Moderate NA, High>18.4. Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on Insulin Reference interval studies performed at Quest Diagnostics in 2022.

COMPREHENSIVE METABOLIC PANEL**Analyte****Value****GLUCOSE****92** Reference Range: 65-99 mg/dL

Fasting reference interval

UREA NITROGEN (BUN)**9** Reference Range: 7-25 mg/dL**CREATININE****0.63** Reference Range: 0.50-0.99 mg/dL**EGFR****114** Reference Range: > OR = 60 mL/min/1.73m2**BUN/CREATININE RATIO****SEE NOTE:** Reference Range: 6-22 (calc)

Not Reported: BUN and Creatinine are within reference range.

SODIUM**138** Reference Range: 135-146 mmol/L**POTASSIUM****4.1** 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****9.5** 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	0.3	Reference Range: 0.2-1.2 mg/dL
ALKALINE PHOSPHATASE	46	Reference Range: 31-125 U/L
AST	15	Reference Range: 10-30 U/L
ALT	12	Reference Range: 6-29 U/L

VITAMIN D,25-OH,TOTAL,IA

Analyte	Value
VITAMIN D,25-OH,TOTAL,IA	48 Reference Range: 30-100 ng/mL
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

Note 1

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

CARDIO IQ® HEMOGLOBIN A1c

Analyte	Value
HEMOGLOBIN A1c	5.3 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).	

MAGNESIUM, RBC

Analyte	Value
MAGNESIUM, RBC	6.3 Reference Range: 4.0-6.4 mg/dL See Note 2

TSH

Analyte	Value
TSH	3.31 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	1.3 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	23 Reference Range: 8-25 ng/dL See Note 2

SED RATE BY MODIFIED WESTERGREN

Analyte	Value
SED RATE BY MODIFIED WESTERGREN	17 Reference Range: < OR = 20 mm/h

FERRITIN

Analyte	Value
FERRITIN	29 Reference Range: 16-232 ng/mL

FOLATE, RBC

Analyte	Value
FOLATE, RBC	659 Reference Range: >280 ng/mL RBC

CORTISOL, TOTAL

Analyte	Value
CORTISOL, TOTAL	12.6 mcg/dL
Reference Range: For 8 a.m.(7-9 a.m.) Specimen: 4.0-22.0	
Reference Range: For 4 p.m.(3-5 p.m.) Specimen: 3.0-17.0	
* Please interpret above results accordingly *	

Note 1 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



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

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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