

# **BAGER,ARWA**

DOB: 03/31/1981 Sex: F Phone: (305) 788-5319 Patient ID: 10513 Age: 41 Fasting: Y Specimen: MZ532205B Requisition: 0000977 Lab Reference ID: 30056 Report Status: FINAL / SEE REPORT Collected: 10/12/2022 10:11 Received: 10/12/2022 10:13 Reported: 10/22/2022 15:31 Client #: 73916914 TOLENTINO, JACLYN PARSLEY HEALTH LA 8550 SANTA MONICA BLVD FL 2 WEST HOLLYWOOD, CA 90069-4496 Phone: (833) 447-2775

FASTING:YES; COLLECTION KIT GIVEN TO PATIENT. PATIENT ADVISED TO RETURN.

# **▲** CHOLESTEROL, TOTAL

Analyte	Value	
▲ CHOLESTEROL, TOTAL	238 H Reference Range: <200 mg/dL	

# **▲ DIRECT LDL**

Analyte	Value	
⚠ DIRECT LDL  Desirable range <100 mg/dL for primary prevention;  <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.	160 H	Reference Range: <100 mg/dL

#### **▲ HS CRP**

Analyte		Value	
A HS CRP		9.1 H	mg/L
Reference Ra Optimal <1.0 Jellinger PS	<b>-</b>		
For ages >17			
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.		

#### **A** SED RATE BY MODIFIED WESTERGREN

Analyte	Value	
▲ SED RATE BY MODIFIED WESTERGREN	22 H	Reference Range: < OR = 20 mm/h

# **▲** CBC (INCLUDES DIFF/PLT)

Analyte	Value
WHITE BLOOD CELL COUNT	9.1 Reference Range: 3.8-10.8 Thousand/uL
RED BLOOD CELL COUNT	4.45 Reference Range: 3.80-5.10 Million/uL
HEMOGLOBIN	12.5 Reference Range: 11.7-15.5 g/dL
HEMATOCRIT	37.5 Reference Range: 35.0-45.0 %
MCV	84.3 Reference Range: 80.0-100.0 fL

мсн	28.1	Reference Range: 27.0-33.0 pg
мснс	33.3	Reference Range: 32.0-36.0 g/dL
RDW	12.4	Reference Range: 11.0-15.0 %
▲ PLATELET COUNT	409 H	Reference Range: 140-400 Thousand/uL
MPV	9.8	Reference Range: 7.5-12.5 fL
ABSOLUTE NEUTROPHILS	5342	Reference Range: 1500-7800 cells/uL
ABSOLUTE LYMPHOCYTES	2976	Reference Range: 850-3900 cells/uL
ABSOLUTE MONOCYTES	501	Reference Range: 200-950 cells/uL
ABSOLUTE EOSINOPHILS	209	Reference Range: 15-500 cells/uL
ABSOLUTE BASOPHILS	73	Reference Range: 0-200 cells/uL
NEUTROPHILS	58.7	%
LYMPHOCYTES	32.7	%
MONOCYTES	5.5	%
EOSINOPHILS	2.3	%
BASOPHILS	0.8	%

# **▲ VITAMIN B12**

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

# ▲ CARDIO IQ<sup>®</sup> LIPOPROTEIN SUBFRACT, ION MOBILITY

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Analyte	Value	
TOTAL PARTICLES TOTAL, HDL	23518	Reference Range: 17063-38995 nmol/L
▲ LDL PARTICLE NUMBER	1757 H	Reference Range: <1138 nmol/L
Risk: Optimal <1138; Moderate 1138-1409; High>1409		
TOTAL, NON-HDL	2280	Reference Range: 1044-2725 nmol/L
HDL PARTICLE SUBFRACTIONS HDL, SMALL	17276	Reference Range: 12602-28643 nmol/L
▲ HDL LARGE	6242 L	Reference Range: >6729 nmol/L
Risk: Optimal >6729; Moderate 6729-5353; High <5353		
LDL PARTICLE SUBFRACTIONS LDL, VERY SMALL-d	62	Reference Range: 35-139 nmol/L
LDL, VERY SMALL-c	64	Reference Range: 40-182 nmol/L
LDL, VERY SMALL-b	42	Reference Range: 36-255 nmol/L
LDL, VERY SMALL-a	41	Reference Range: 30-238 nmol/L
▲ LDL SMALL	198 H	Reference Range: <142 nmol/L
Risk: Optimal <142; Moderate 142-219; High>219		
▲ LDL MEDIUM	428 H	Reference Range: <215 nmol/L
Risk: Optimal <215; Moderate 215-301; High>301		
▲ LDL, LARGE-b	410 H	Reference Range: 89-368 nmol/L
LDL, LARGE-a	512	Reference Range: 122-580 nmol/L
IDL PARTICLE SUBFRACTIONS IDL, SMALL	237	Reference Range: 97-370 nmol/L

IDL, LARGE	<b>136</b> Refe	rence Range: 89-280 nmol/L
VLDL PARTICLE SUBFRACTION VLDL, SMALL	62 Refe	erence Range: 35-129 nmol/L
VLDL, MEDIUM	<b>70</b> Refe	erence Range: 19-99 nmol/L
VLDL, LARGE	18 Refe	erence Range: 3-33 nmol/L
LDL PATTERN	<b>A</b> Refe	rence Range: A Pattern
Risk: Optimal Pattern A; High Pattern B		
LDL PEAK SIZE	<b>224.2</b> Refe	rence Range: >222.9 Angstrom

Risk: Optimal >222.9; Moderate 222.9-217.4; High <217.4

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.

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.

#### **COMPREHENSIVE METABOLIC PANEL**

Analyte	Value	
GLUCOSE	93	Reference Range: 65-99 mg/dL
Fasting reference interval		
UREA NITROGEN (BUN)	11	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
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	26	Reference Range: 20-32 mmol/L
CALCIUM	9.6	Reference Range: 8.6-10.2 mg/dL
PROTEIN, TOTAL	7.1	Reference Range: 6.1-8.1 g/dL
ALBUMIN	4.8	Reference Range: 3.6-5.1 g/dL
GLOBULIN	2.3	Reference Range: 1.9-3.7 g/dL (calc)
ALBUMIN/GLOBULIN RATIO	2.1	Reference Range: 1.0-2.5 (calc)
BILIRUBIN, TOTAL	0.6	Reference Range: 0.2-1.2 mg/dL
ALKALINE PHOSPHATASE	48	Reference Range: 31-125 U/L
AST	17	Reference Range: 10-30 U/L
ALT	17	Reference Range: 6-29 U/L

# **HDL CHOLESTEROL**

Analyte	Value		
HDL CHOLESTEROL	52	Reference Range: > OR = 50 mg/dL	
BAGER,ARWA (MZ532205B)	3 / 6		11/10/25

#### **TRIGLYCERIDES**

Analyte	Value
TRIGLYCERIDES	145 Reference Range: <150 mg/dL

# CARDIO IQ® HEMOGLOBIN A1c

Analyte	Value	
HEMOGLOBIN A1c	5.4	Reference Range: <5.7 %
For the purpose of screening for the presence of diabetes: consistent with the absence of diabetes; $5.7-6.4\%$ is cons		

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).

# HEMOGLOBIN A1c W/REFL TO GLYCOMARK®

Analyte		Value	
HEMOGLOBIN	N A1c	5.4	Reference Range: <5.7 % of total Hgb
For the pur diabetes:	pose of screening for the presence of		
5.7-6.4%	Consistent with the absence of diabetes Consistent with increased risk for diabetes (prediabetes) Consistent with diabetes		
This assay result is consistent with a decreased risk of diabetes.			
Currently, no consensus exists regarding use of hemoglobin Alc 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).			

# **FOLATE, RBC**

Analyte	Value	
FOLATE, RBC	778	Reference Range: >280 ng/mL RBC

#### **INSULIN**

Analyte	Value	

INSULIN 11.8 ulU/mL

Reference Range < or = 19.6

Risk:

Optimal < or = 19.6 Moderate NA High >19.6

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).

# **OMEGACHECK®**

EPA+DPA+DHA

Analyte Value

6.4

Reference Range: >5.4 % by wt

Increasing blood levels of long-chain n-3 fatty acids are associated with a lower risk of sudden cardiac death (1). Based on the top (75th percentile) and bottom (25th percentile) quartiles of the CHL reference population, the following relative risk categories were established for OmegaCheck: A cut-off of >=5.5% by wt defines a population at optimal relative risk, 3.8-5.4% by wt defines a population at moderate relative risk, and <=3.7% by wt defines a population at high relative risk of sudden cardiac death. The totality of the scientific evidence demonstrates that when consumption of fish oils is limited to 3 g/day or less of EPA and DHA, there is no significant risk for increased bleeding time beyond the normal range. A daily dosage of 1 gram of EPA and DHA lowers the circulating triglycerides by about 7-10% within 2 to 3 weeks. (Reference: 1-Albert et al. NEJM. 2002; 346: 1113-1118). This test is performed by a Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS) 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, Inc. 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.

erence Range: 3.7-40.7
erence Range: 3.7-14.4
y wt
erence Range: 0.2-2.3 % by wt
erence Range: 0.8-1.8 % by wt
erence Range: 1.4-5.1 % by wt
y wt
У

Cleveland HeartLab measures a number of omega-6 fatty acids with AA and LA being the two most abundant forms reported.

ARACHIDONIC ACID	8.9	Reference Range: 8.6-15.6 % by wt
LINOLEIC ACID	28.2	Reference Range: 18.6-29.5 % by wt

#### **OxLDL**

Analyte Value

**OxLDL** 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.)

#### **Performing Sites**

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

#### Kev

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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