

Patient Information	Specimen Information	Client Information
EPSTEIN, JEFFREY DOB: 01/20/1953 AGE: 65 Gender: M Phone: [REDACTED] Patient ID: 19530120MJE Health ID: 8573003290851249	Specimen: MR047985L Requisition: 0006030 Collected: 08/14/2018 Received: 08/15/2018 / 15:11 EDT Reported: 08/16/2018 / 14:56 EDT	Client #: 78300020 56W5265 MOSKOWITZ, BRUCE W BRUCE MOSKOWITZ, MD Attn: NATIONWIDE ACCOUNT 1411 N FLAGLER DR STE 7100 WEST PALM BEACH, FL 33401-3418

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL		233 H	<200 mg/dL	MI
HDL CHOLESTEROL		29 L	>40 mg/dL	MI
TRIGLYCERIDES		541 H	<150 mg/dL	MI
LDL-CHOLESTEROL			mg/dL (calc)	MI

LDL cholesterol not calculated. Triglyceride levels greater than 400 mg/dL invalidate calculated LDL results.

Reference range: <100

Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 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>)

CHOL/HDL-C RATIO	8.0 H	<5.0 (calc)	MI
NON HDL CHOLESTEROL	204 H	<130 mg/dL (calc)	MI

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.

HS CRP	1.3	mg/L	TP
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Average relative cardiovascular risk according to AHA/CDC guidelines.

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.

HOMOCYSTEINE	20.5 H	<11.4 umol/L	MI
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Homocysteine is increased by functional deficiency of folate or vitamin B12. Testing for methylmalonic acid differentiates between these deficiencies. Other causes of increased homocysteine include renal failure, folate antagonists such as methotrexate and phenytoin, and exposure to nitrous oxide.

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Test Name	In Range	Out Of Range	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL				MI
GLUCOSE	95		65-99 mg/dL	
			Fasting reference interval	
UREA NITROGEN (BUN)	21		7-25 mg/dL	
CREATININE	1.16		0.70-1.25 mg/dL	
			For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.	
eGFR NON-AFR. AMERICAN	66		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	76		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	139		135-146 mmol/L	
POTASSIUM	4.4		3.5-5.3 mmol/L	
CHLORIDE	105		98-110 mmol/L	
CARBON DIOXIDE	23		20-32 mmol/L	
CALCIUM	9.8		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.0		6.1-8.1 g/dL	
ALBUMIN	4.2		3.6-5.1 g/dL	
GLOBULIN	2.8		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.5		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.8		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	55		40-115 U/L	
AST	23		10-35 U/L	
ALT	35		9-46 U/L	
HEMOGLOBIN Alc		5.7 H	<5.7 % of total Hgb	MI
			For someone without known diabetes, a hemoglobin Alc value between 5.7% and 6.4% is consistent with prediabetes and should be confirmed with a follow-up test.	
			For someone with known diabetes, a value <7% indicates that their diabetes is well controlled. Alc targets should be individualized based on duration of diabetes, age, comorbid conditions, and other considerations.	
			This assay result is consistent with an increased risk of diabetes.	
			Currently, no consensus exists regarding use of hemoglobin Alc for diagnosis of diabetes for children.	
URIC ACID		8.3 H	4.0-8.0 mg/dL	MI
			Therapeutic target for gout patients: <6.0 mg/dL	
TSH	2.31		0.40-4.50 mIU/L	MI
T4 (THYROXINE), TOTAL	7.9		4.9-10.5 mcg/dL	MI
FREE T4 INDEX (T7)	2.4		1.4-3.8	
T3 UPTAKE	30		22-35 %	MI
SED RATE BY MODIFIED				MI

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Test Name	In Range	Out Of Range	Reference Range	Lab
WESTEREGREN	9		< OR = 20 mm/h	
CBC (INCLUDES DIFF/PLT)				MI
WHITE BLOOD CELL COUNT	5.9		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.12		4.20-5.80 Million/uL	
HEMOGLOBIN	15.1		13.2-17.1 g/dL	
HEMATOCRIT	44.5		38.5-50.0 %	
MCV	86.9		80.0-100.0 fL	
MCH	29.5		27.0-33.0 pg	
MCHC	33.9		32.0-36.0 g/dL	
RDW	13.8		11.0-15.0 %	
PLATELET COUNT	248		140-400 Thousand/uL	
MPV	9.7		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	2879		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2018		850-3900 cells/uL	
ABSOLUTE MONOCYTES	502		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	443		15-500 cells/uL	
ABSOLUTE BASOPHILS	59		0-200 cells/uL	
NEUTROPHILS	48.8		%	
LYMPHOCYTES	34.2		%	
MONOCYTES	8.5		%	
EOSINOPHILS	7.5		%	
BASOPHILS	1.0		%	
URINALYSIS, COMPLETE				MI
See Endnote 1				
VITAMIN B12	373		200-1100 pg/mL	MI
<p>Please Note: Although the reference range for vitamin B12 is 200-1100 pg/mL, it has been reported that between 5 and 10% of patients with values between 200 and 400 pg/mL may experience neuropsychiatric and hematologic abnormalities due to occult B12 deficiency; less than 1% of patients with values above 400 pg/mL will have symptoms.</p>				
C-REACTIVE PROTEIN	1.6		<8.0 mg/L	MI
MERCURY, BLOOD	<5		<OR=10 mcg/L	AT
<p>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.</p>				
EXTRA BLUE-TOP TUBE				MI
<p>AN EXTRA SPECIMEN WAS RECEIVED WITH NO TEST REQUESTED. THE SPECIMEN WILL BE MAINTAINED IN STORAGE IN CASE ADDITIONAL TESTING IS NEEDED. PLEASE CALL THE CLIENT SERVICE DEPARTMENT FOR FURTHER ASSISTANCE.</p>				
PROLACTIN	3.9		2.0-18.0 ng/mL	MI
TESTOSTERONE, TOTAL				MI
MALES (ADULT), IA				
TESTOSTERONE, TOTAL, MALES (ADULT), IA		150 L	250-827 ng/dL	
<p>In hypogonadal males, Testosterone, Total, LC/MS/MS, is the recommended assay due to the diminished accuracy of immunoassay at levels below 250 ng/dL. This test code (15983) must be collected in a</p>				

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Test Name	In Range	Out Of Range	Reference Range	Lab
red-top tube with no gel.				
Endnote 1	*****			
	* Test not performed. *			
	* No specimen received. *			

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Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	32	30-100 ng/mL	MI

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).

For more information on this test, go to: <http://education.questdiagnostics.com/faq/FAQ163> (This link is being provided for informational/educational purposes only.)

Physician Comments:

PERFORMING SITE:

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