

Patient Information	Specimen Information	Client Information
<b>EPSTEIN, JEFFREY</b>  <b>DOB: 01/20/1953    AGE: 65</b> Gender: M Phone: <span style="background-color: black; color: black;">XXXXXXXXXX</span> Patient ID: 19530120MJE Health ID: 8573003290851249	Specimen: MR495703L Requisition: 0006136  Collected: 08/30/2018 Received: 08/31/2018 / 15:51 EDT Reported: 08/31/2018 / 23:33 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				
<b>CHOLESTEROL, TOTAL</b>		<b>219 H</b>	<200 mg/dL	MI
<b>HDL CHOLESTEROL</b>		<b>29 L</b>	>40 mg/dL	MI
<b>TRIGLYCERIDES</b>		<b>475 H</b>	<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>

<b>CHOL/HDL-C RATIO</b>		<b>7.6 H</b>	<5.0 (calc)	MI
<b>NON HDL CHOLESTEROL</b>		<b>190 H</b>	<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	0.9		mg/L	TP
--------	-----	--	------	----

Lower 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.

<b>HOMOCYSTEINE</b>		<b>11.6 H</b>	<11.4 umol/L	MI
---------------------	--	---------------	--------------	----

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.

Patient Information	Specimen Information	Client Information
<b>EPSTEIN, JEFFREY</b>  <b>DOB: 01/20/1953    AGE: 65</b> Gender: M Patient ID: 19530120MJE Health ID: 8573003290851249	Specimen: MR495703L Collected: 08/30/2018 Received: 08/31/2018 / 15:51 EDT Reported: 08/31/2018 / 23:33 EDT	Client #: 78300020 MOSKOWITZ, BRUCE W

Test Name	In Range	Out Of Range	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL				MI
<b>GLUCOSE</b>		<b>105 H</b>	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)	19		7-25 mg/dL
CREATININE	0.98		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	81		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	93		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	141		135-146 mmol/L	
POTASSIUM	4.5		3.5-5.3 mmol/L	
CHLORIDE	108		98-110 mmol/L	
CARBON DIOXIDE	23		20-32 mmol/L	
CALCIUM	9.4		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.0		6.1-8.1 g/dL	
ALBUMIN	4.1		3.6-5.1 g/dL	
GLOBULIN	2.9		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.4		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.8		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	59		40-115 U/L	
AST	25		10-35 U/L	
ALT	36		9-46 U/L	
HEMOGLOBIN Alc				MI

**See Endnote 1**

PHOSPHATE (AS PHOSPHORUS)	3.4		2.1-4.3 mg/dL	MI
<b>URIC ACID</b>		<b>8.1 H</b>	4.0-8.0 mg/dL	MI

Therapeutic target for gout patients: <6.0 mg/dL

TSH	2.03		0.40-4.50 mIU/L	MI
T4 (THYROXINE), TOTAL	8.0		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 WESTEREGREN	9		< OR = 20 mm/h	MI
CBC (INCLUDES DIFF/PLT)				MI
WHITE BLOOD CELL COUNT	5.7		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.11		4.20-5.80 Million/uL	
HEMOGLOBIN	15.5		13.2-17.1 g/dL	
HEMATOCRIT	44.6		38.5-50.0 %	
MCV	87.3		80.0-100.0 fL	
MCH	30.3		27.0-33.0 pg	
MCHC	34.8		32.0-36.0 g/dL	
RDW	13.8		11.0-15.0 %	
PLATELET COUNT	271		140-400 Thousand/uL	

Patient Information	Specimen Information	Client Information
<b>EPSTEIN, JEFFREY</b>  <b>DOB: 01/20/1953 AGE: 65</b> Gender: M Patient ID: 19530120MJE Health ID: 8573003290851249	Specimen: MR495703L Collected: 08/30/2018 Received: 08/31/2018 / 15:51 EDT Reported: 08/31/2018 / 23:33 EDT	Client #: 78300020 MOSKOWITZ, BRUCE W

Test Name	In Range	Out Of Range	Reference Range	Lab
MPV	9.7		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	2582		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2177		850-3900 cells/uL	
ABSOLUTE MONOCYTES	502		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	371		15-500 cells/uL	
ABSOLUTE BASOPHILS	68		0-200 cells/uL	
NEUTROPHILS	45.3		%	
LYMPHOCYTES	38.2		%	
MONOCYTES	8.8		%	
EOSINOPHILS	6.5		%	
BASOPHILS	1.2		%	

URINALYSIS, COMPLETE MI  
**See Endnote 2**

VITAMIN B12 MI

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.

C-REACTIVE PROTEIN MI  
 TESTOSTERONE, TOTAL MI

MALES (ADULT), IA  
**TESTOSTERONE, TOTAL, MALES (ADULT), IA** 122 L MI

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 red-top tube with no gel.

PSA, TOTAL MI

The total PSA value from this assay system is standardized against the WHO standard. The test result will be approximately 20% lower when compared to the equimolar-standardized total PSA (Beckman Coulter). Comparison of serial PSA results should be interpreted with this fact in mind.

This test was performed using the Siemens chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

**Endnote 1**  
 \*\*\*\*\*  
 \* Test not performed. \*  
 \* Quantity not sufficient. \*  
 \*\*\*\*\*

**Endnote 2**  
 \*\*\*\*\*  
 \* Test not performed. \*  
 \* No specimen received. \*  
 \*\*\*\*\*

Patient Information	Specimen Information	Client Information
<b>EPSTEIN, JEFFREY</b>  <b>DOB: 01/20/1953    AGE: 65</b> Gender: M Patient ID: 19530120MJE Health ID: 8573003290851249	Specimen: MR495703L Collected: 08/30/2018 Received: 08/31/2018 / 15:51 EDT Reported: 08/31/2018 / 23:33 EDT	Client #: 78300020 MOSKOWITZ, BRUCE W

Patient Information	Specimen Information	Client Information
<b>EPSTEIN, JEFFREY</b>  <b>DOB: 01/20/1953    AGE: 65</b> Gender: M Patient ID: 19530120MJE Health ID: 8573003290851249	Specimen: MR495703L Collected: 08/30/2018 Received: 08/31/2018 / 15:51 EDT Reported: 08/31/2018 / 23:33 EDT	Client #: 78300020 MOSKOWITZ, BRUCE W

**Endocrinology**

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	30	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: <a href="http://education.questdiagnostics.com/faq/FAQ163">http://education.questdiagnostics.com/faq/FAQ163</a> (This link is being provided for informational/educational purposes only.)			
Physician Comments:			

**PENDING TESTS:**

LIPOPROTEIN (a)	MERCURY, BLOOD
-----------------	----------------

**PERFORMING SITE:**

MI    QUEST DIAGNOSTICS-MIAMI, 10200 COMMERCE PARKWAY, MIRAMAR, FL 33025-3938 Laboratory Director: GLEN L. HORTIN MD PHD, CLIA: 10D0277334  
 TP    QUEST DIAGNOSTICS-TAMPA, 4225 E. FOWLER AVE, TAMPA, FL 33617-2026 Laboratory Director: GLEN L. HORTIN,MD,PHD, CLIA: 10D0291120