

Patient Information	Specimen Information	Client Information
EPSTEIN, JEFFREY DOB: 01/20/1953 AGE: 64 Gender: M Phone: 561.366.0084 Patient ID: 19530120MJE Health ID: 8573003290851249	Specimen: MR624132A Requisition: 0002759 Collected: 08/09/2017 Received: 08/14/2017 / 08:51 EDT Reported: 08/14/2017 / 08:51 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				
CHOLESTEROL, TOTAL		211 H	125-200 mg/dL	MI
HDL CHOLESTEROL		25 L	> OR = 40 mg/dL	MI
TRIGLYCERIDES		532 H	<150 mg/dL	MI
LDL-CHOLESTEROL			<130 mg/dL (calc)	MI

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

Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.

CHOL/HDL C RATIO		8.4 H	< OR = 5.0 (calc)	MI
NON HDL CHOLESTEROL		186 H	mg/dL (calc)	MI

Target for non-HDL cholesterol is 30 mg/dL higher than LDL cholesterol target.

HS CRP	0.8		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.

HOMOCYSTEINE		15.4 H	<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.

COMPREHENSIVE METABOLIC PANEL				MI
GLUCOSE	94		65-99 mg/dL	

Fasting reference interval

UREA NITROGEN (BUN)	19	7-25 mg/dL
CREATININE	1.06	0.70-1.25 mg/dL

For patients >49 years of age, the reference limit

Patient Information	Specimen Information	Client Information
EPSTEIN, JEFFREY DOB: 01/20/1953 AGE: 64 Gender: M Patient ID: 19530120MJE Health ID: 8573003290851249	Specimen: MR624132A Collected: 08/09/2017 Received: 08/14/2017 / 08:51 EDT Reported: 08/14/2017 / 08:51 EDT	Client #: 78300020 MOSKOWITZ, BRUCE W

Test Name	In Range	Out Of Range	Reference Range	Lab
for Creatinine is approximately 13% higher for people identified as African-American.				
eGFR NON-AFR. AMERICAN	74		> OR = 60 mL/min/1.73m ²	
eGFR AFRICAN AMERICAN	86		> OR = 60 mL/min/1.73m ²	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	138		135-146 mmol/L	
POTASSIUM	4.3		3.5-5.3 mmol/L	
CHLORIDE	107		98-110 mmol/L	
CARBON DIOXIDE	23		20-31 mmol/L	
CALCIUM	9.5		8.6-10.3 mg/dL	
PROTEIN, TOTAL	6.7		6.1-8.1 g/dL	
ALBUMIN	4.2		3.6-5.1 g/dL	
GLOBULIN	2.5		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.7		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.8		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	57		40-115 U/L	
AST	22		10-35 U/L	
ALT	33		9-46 U/L	
HEMOGLOBIN A1c		5.7 H	<5.7 % of total Hgb	MI
For someone without known diabetes, a hemoglobin A1c 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. A1c 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 A1c for diagnosis of diabetes for children.				
URIC ACID	6.9		4.0-8.0 mg/dL	MI
Therapeutic target for gout patients: <6.0 mg/dL				
TSH	4.17		0.40-4.50 mIU/L	MI
T4 (THYROXINE), TOTAL	7.1		4.5-12.0 mcg/dL	MI
FREE T4 INDEX (T7)	2.1		1.4-3.8	
T3 UPTAKE	30		22-35 %	MI
SED RATE BY MODIFIED WESTERGREN	9		< OR = 20 mm/h	MI
CBC (INCLUDES DIFF/PLT)				MI
WHITE BLOOD CELL COUNT	6.0		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.37		4.20-5.80 Million/uL	
HEMOGLOBIN	15.0		13.2-17.1 g/dL	
HEMATOCRIT	45.2		38.5-50.0 %	
MCV	84.2		80.0-100.0 fL	
MCH	27.9		27.0-33.0 pg	
MCHC	33.2		32.0-36.0 g/dL	
RDW	14.3		11.0-15.0 %	
PLATELET COUNT	281		140-400 Thousand/uL	

Patient Information	Specimen Information	Client Information
EPSTEIN, JEFFREY DOB: 01/20/1953 AGE: 64 Gender: M Patient ID: 19530120MJE Health ID: 8573003290851249	Specimen: MR624132A Collected: 08/09/2017 Received: 08/14/2017 / 08:51 EDT Reported: 08/14/2017 / 08:51 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	2664		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2304		850-3900 cells/uL	
ABSOLUTE MONOCYTES	510		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	450		15-500 cells/uL	
ABSOLUTE BASOPHILS	72		0-200 cells/uL	
NEUTROPHILS	44.4		%	
LYMPHOCYTES	38.4		%	
MONOCYTES	8.5		%	
EOSINOPHILS	7.5		%	
BASOPHILS	1.2		%	
URINALYSIS, COMPLETE				MI
See Endnote 1				
VITAMIN B12	439		200-1100 pg/mL	MI
C-REACTIVE PROTEIN	0.12		<0.80 mg/dL	MI
Please be advised that patients taking Carboxypenicillins may exhibit falsely decreased C-Reactive Protein levels due to an analytical interference in this assay.				
CORTISOL, TOTAL	20.2		mcg/dL	MI
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 *				
TESTOSTERONE, TOTAL				MI
MALES (ADULT), IA				
TESTOSTERONE, TOTAL, MALES (ADULT), IA	197 L		250-827 ng/dL	
Men with clinically significant hypogonadal symptoms and testosterone values repeatedly less than approximately 300 ng/dL may benefit from testosterone treatment after adequate risk and benefits counseling. 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. Two morning (8-10 a.m.) specimens obtained on different days are recommended by The Endocrine Society for screening for hypogonadism.				
PSA, TOTAL	0.5		< OR = 4.0 ng/mL	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. *

Patient Information	Specimen Information	Client Information
EPSTEIN, JEFFREY DOB: 01/20/1953 AGE: 64 Gender: M Patient ID: 19530120MJE Health ID: 8573003290851249	Specimen: MR624132A Collected: 08/09/2017 Received: 08/14/2017 / 08:51 EDT Reported: 08/14/2017 / 08:51 EDT	Client #: 78300020 MOSKOWITZ, BRUCE W

```
* No urine received.                                     *
*****
```

Patient Information	Specimen Information	Client Information
EPSTEIN, JEFFREY DOB: 01/20/1953 AGE: 64 Gender: M Patient ID: 19530120MJE Health ID: 8573003290851249	Specimen: MR624132A Collected: 08/09/2017 Received: 08/14/2017 / 08:51 EDT Reported: 08/14/2017 / 08:51 EDT	Client #: 78300020 MOSKOWITZ, BRUCE W

Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	35	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:

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