

# Fax

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Regarding:

Messages:

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Patient Information	Specimen Information	Client Information
<b>EPSTEIN, JEFFREY</b> <b>DOB: 01/20/1953 AGE: 63</b> Gender: M Phone: 561.366.0084 Patient ID: 19530120MJE Health ID: 8573003290851249	Specimen: TM037241L Requisition: 0000315  Collected: 11/25/2016 Received: 11/25/2016 / 20:16 EST Reported: 11/28/2016 / 18:47 EST	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
PROTEIN, TOTAL AND PROTEIN ELECTROPHORESIS				
PROTEIN, TOTAL, SERUM				MI
PROTEIN, TOTAL	7.2		6.1-8.1 g/dL	
PROTEIN ELECTROPHORESIS				TP
ALBUMIN	4.3		3.8-4.8 g/dL	
ALPHA 1 GLOBULIN	0.3		0.2-0.3 g/dL	
ALPHA 2 GLOBULIN	0.7		0.5-0.9 g/dL	
BETA 1 GLOBULIN	0.6		0.4-0.6 g/dL	
BETA 2 GLOBULIN	0.3		0.2-0.5 g/dL	
GAMMA GLOBULIN	1.0		0.8-1.7 g/dL	
INTERPRETATION				

Normal Electrophoretic Pattern

LIPID PANEL				
CHOLESTEROL, TOTAL	143		125-200 mg/dL	MI
HDL CHOLESTEROL		30 L	> OR = 40 mg/dL	MI
TRIGLYCERIDES		197 H	<150 mg/dL	MI
LDL-CHOLESTEROL	74		<130 mg/dL (calc)	MI

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

CHOL/HDLRATIO	4.8		< OR = 5.0 (calc)	MI
NON HDL CHOLESTEROL	113		mg/dL (calc)	MI
Target for non-HDL cholesterol is 30 mg/dL higher than LDL cholesterol target.				
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.

HOMOCYSTEINE	15.2 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				

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Test Name	In Range	Out Of Range	Reference Range	Lab
exposure to nitrous oxide. COMPREHENSIVE METABOLIC PANEL GLUCOSE	99		65-99 mg/dL	MI
Fasting reference interval				
<b>UREA NITROGEN (BUN)</b> CREATININE	0.94	26 H	7-25 mg/dL 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 eGFR AFRICAN AMERICAN <b>BUN/CREATININE RATIO</b>	86 100	28 H	> OR = 60 mL/min/1.73m2 > OR = 60 mL/min/1.73m2 6-22 (calc)	
SODIUM POTASSIUM CHLORIDE CARBON DIOXIDE CALCIUM PROTEIN, TOTAL ALBUMIN GLOBULIN ALBUMIN/GLOBULIN RATIO BILIRUBIN, TOTAL ALKALINE PHOSPHATASE AST ALT	138 4.6 106 20 9.9 7.2 4.5 2.7 1.7 1.1 53 19 20		135-146 mmol/L 3.5-5.3 mmol/L 98-110 mmol/L 20-31 mmol/L 8.6-10.3 mg/dL 6.1-8.1 g/dL 3.6-5.1 g/dL 1.9-3.7 g/dL (calc) 1.0-2.5 (calc) 0.2-1.2 mg/dL 40-115 U/L 10-35 U/L 9-46 U/L	
<b>HEMOGLOBIN A1c</b>		5.9 H	<5.7 % of total Hgb	MI
According to 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-2013. Diabetes Care. 2013;36:s11-s66				
For the purpose of screening for the presence of diabetes				
<5.7% Consistent with the absence of diabetes				
5.7-6.4% Consistent with increased risk for diabetes (prediabetes)				
>or=6.5% Consistent with diabetes				
This assay result is consistent with an increased risk of diabetes.				
Currently, no consensus exists for use of hemoglobin A1c for diagnosis of diabetes for children.				
<b>URIC ACID</b>		8.7 H	4.0-8.0 mg/dL	MI
Therapeutic target for gout patients: <6.0 mg/dL				
TSH T4 (THYROXINE), TOTAL FREE T4 INDEX (T7) T3 UPTAKE PARTIAL THROMBOPLASTIN	2.33 7.4 2.4 32		0.40-4.50 mIU/L 4.5-12.0 mcg/dL 1.4-3.8 22-35 %	MI MI MI MI

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Test Name	In Range	Out Of Range	Reference Range	Lab
TIME, ACTIVATED	28		22-34 sec	

This test has not been validated for monitoring unfractionated heparin therapy. For testing that is validated for this type of therapy, please refer to the Heparin Anti-Xa assay (test code 30292).

For additional information, please refer to <http://education.QuestDiagnostics.com/faq/FAQ159> (This link is being provided for informational/educational purposes only.)

PROTHROMBIN TIME-INR				MI
INR	1.1			
Reference Range	0.9-1.1			
Moderate-intensity Warfarin Therapy	2.0-3.0			
Higher-intensity Warfarin Therapy	3.0-4.0			

PT	10.8		9.0-11.5 sec	
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For more information on this test, go to: <http://education.questdiagnostics.com/faq/FAQ104>

SED RATE BY MODIFIED WESTEREGREN	6		< OR = 20 mm/h	MI
CBC (INCLUDES DIFF/PLT)				MI
WHITE BLOOD CELL COUNT	6.4		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.10		4.20-5.80 Million/uL	
HEMOGLOBIN	14.5		13.2-17.1 g/dL	
HEMATOCRIT	44.0		38.5-50.0 %	
MCV	86.1		80.0-100.0 fL	
MCH	28.4		27.0-33.0 pg	
MCHC	33.0		32.0-36.0 g/dL	
RDW	14.0		11.0-15.0 %	
PLATELET COUNT	277		140-400 Thousand/uL	
MPV	8.0		7.5-11.5 fL	
ABSOLUTE NEUTROPHILS	3296		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2221		850-3900 cells/uL	
ABSOLUTE MONOCYTES	454		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	390		15-500 cells/uL	
ABSOLUTE BASOPHILS	38		0-200 cells/uL	
NEUTROPHILS	51.5		%	
LYMPHOCYTES	34.7		%	
MONOCYTES	7.1		%	
EOSINOPHILS	6.1		%	
BASOPHILS	0.6		%	
URINALYSIS, COMPLETE				MI
COLOR	YELLOW		YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.023		1.001-1.035	
PH	< OR = 5.0		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
OCCULT BLOOD		TRACE	NEGATIVE	
PROTEIN	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	

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Test Name	In Range	Out Of Range	Reference Range	Lab
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE	
WBC	NONE SEEN		< OR = 5 /HPF	
RBC	NONE SEEN		< OR = 2 /HPF	
SQUAMOUS EPITHELIAL CELLS	NONE SEEN		< OR = 5 /HPF	
BACTERIA	NONE SEEN		NONE SEEN /HPF	
HYALINE CAST	NONE SEEN		NONE SEEN /LPF	
VITAMIN B12	496		200-1100 pg/mL	MI
C-REACTIVE PROTEIN	<0.10		<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.				
PROLACTIN	3.0		2.0-18.0 ng/mL	MI
TESTOSTERONE, TOTAL MALES (ADULT), IA				MI
TESTOSTERONE, TOTAL, MALES (ADULT), IA		185 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
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.				

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**Endocrinology**

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	55	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:**

CALCIUM, IONIZED	MERCURY, BLOOD
IMMUNOFIXATION, SERUM	

**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



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Test Name	In Range	Out Of Range	Reference Range	Lab
PTH, INTACT AND CALCIUM				
PTH, INTACT				MI
<b>PARATHYROID HORMONE, INTACT</b>		77 H	14-64 pg/mL	
Interpretive Guide	Intact PTH	Calcium		
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Normal Parathyroid	Normal	Normal		
Hypoparathyroidism	Low or Low Normal	Low		
Hyperparathyroidism				
Primary	Normal or High	High		
Secondary	High	Normal or Low		
Tertiary	High	High		
Non-Parathyroid				
Hypercalcemia	Low or Low Normal	High		
CALCIUM	9.7		8.6-10.3 mg/dL	MI

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