

BERRY, KARLA A

DOB: 04/10/1962 Sex: F Phone: (817) 845-4858 Patient ID: 197565573 Age: 58 Fasting: N Specimen: DL895440X Requisition: 0002012 Report Status: FINAL / SEE REPORT Collected: 06/24/2020 14:13 Received: 06/26/2020 06:30 Reported: 07/01/2020 01:23 Client #: 10175330 LUKNER, RALF B LUKNER MEDICAL CLINIC 2545 PERRYTON PKWY STE 31 32 PAMPA, TX 79065-2820 Phone: (806) 329-3050 Fax: (806) 419-1042

FASTING:NO Lab: IG A LIPID PANEL, STANDARD (FINAL) CHOLESTEROL, TOTAL (2093-3) 151 Reference Range: <200 mg/dL From 09/02/2019 To 06/25/2020 196 168 140 Apr '20 Oct '19 Jan '20 HDL CHOLESTEROL (2085-9) Reference Range: > OR = 50 mg/dL > OR = 50From 09/02/2019 To 06/25/2020 80 70 60 Oct '19 Jan '20 Apr '20 Reference range varies across results (FINAL) **▲ TRIGLYCERIDES** (2571-8) Reference Range: <150 mg/dL No Historical Data (FINAL) LDL-CHOLESTEROL (13457-7) mg/dL (calc) No Historical Data Reference range: <100

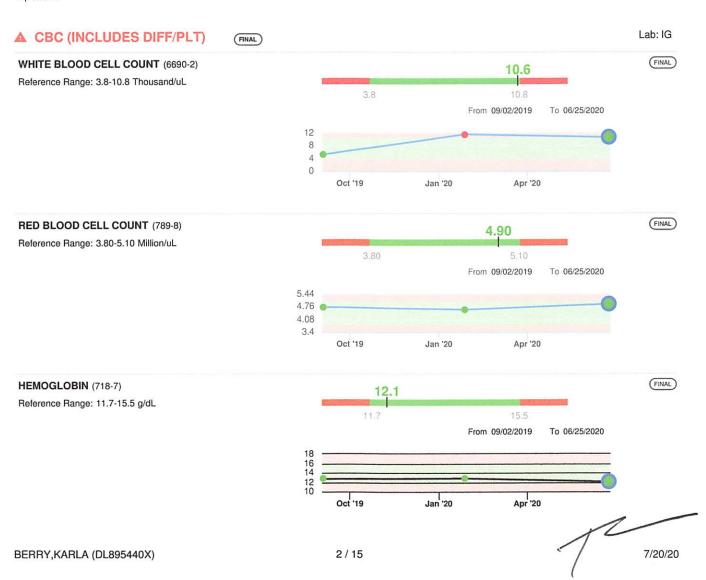
Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.

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)

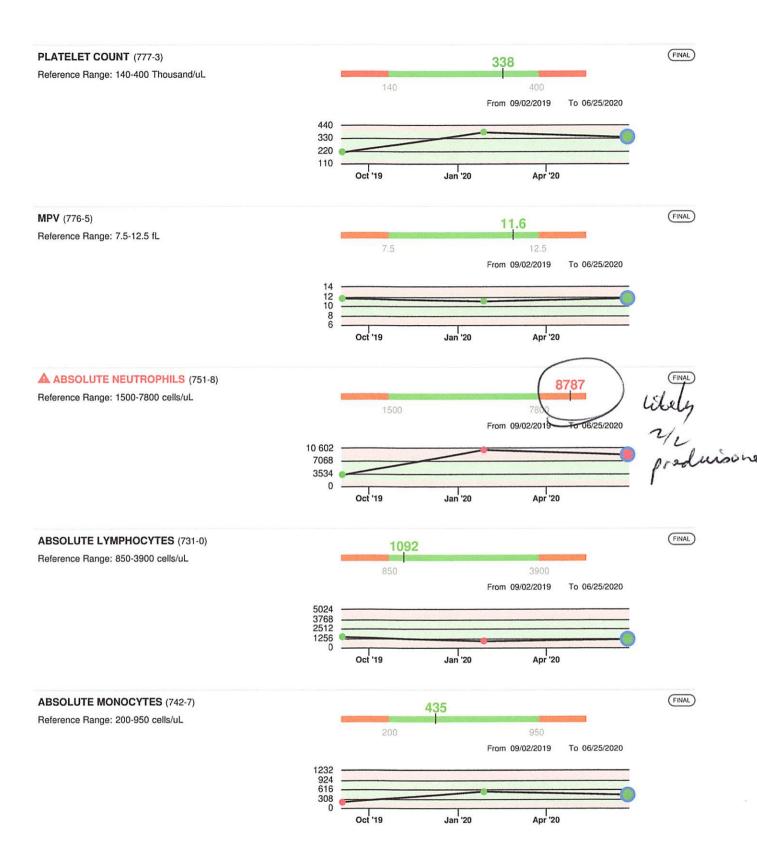
1 / mm/20 7/20/20



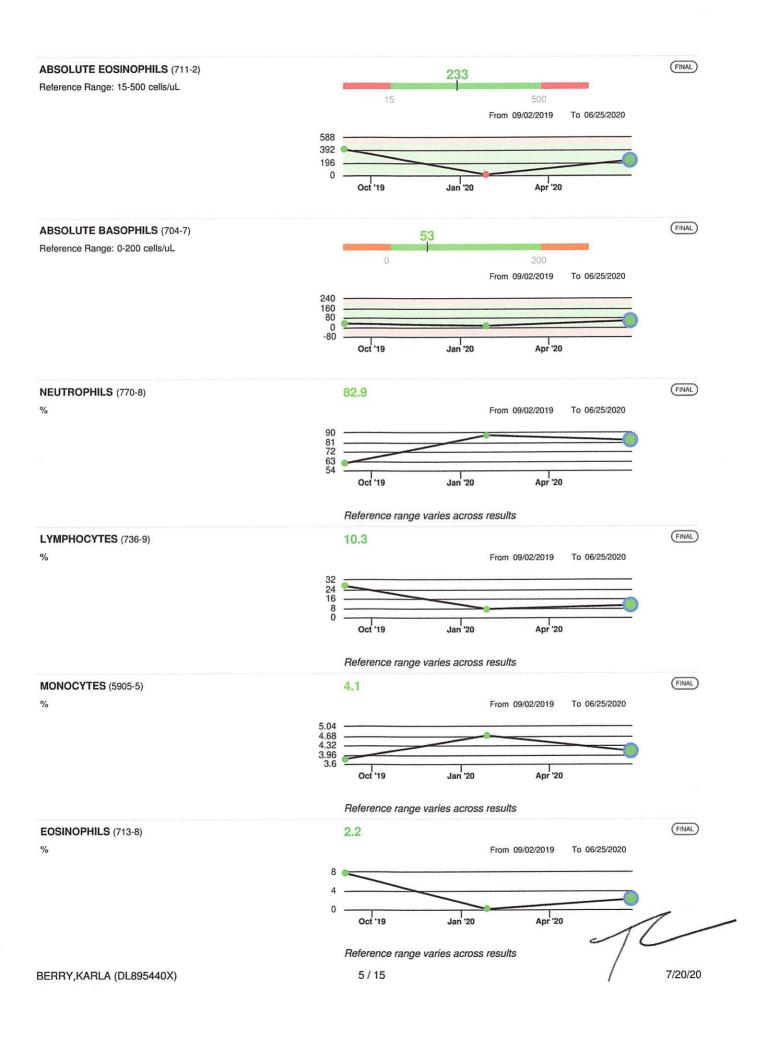
For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.





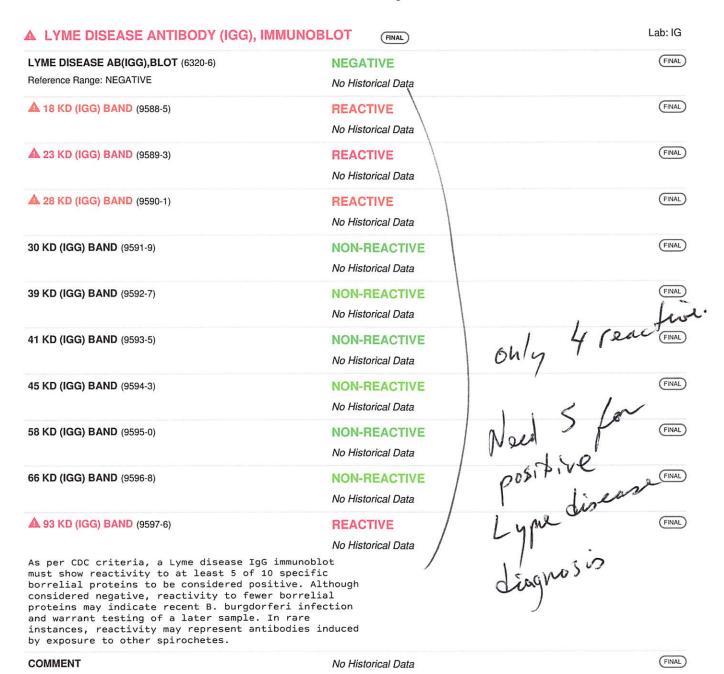


12





Reference range varies across results



Lyme immunoblot testing should only be performed on samples from patients who have had a Positive or Equivocal result in a screening assay.

▲ VITAMIN D,25-OH,TOTAL,IA

(FINAL)

A VITAMIN D,25-OH,TOTAL,IA (1989-3)

Reference Range: 30-100 ng/mL

Added V+D2 Lab: IG

From 09/02/2019 To 06/25/2020

114
76
38

Apr '20

Jan '20

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).

COMMENT No Historical Data

n

See Note 1

Note 1

For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ199 (This link is being provided for informational/educational purposes only.)

A HEMOGLOBIN A1c W/eAG WITH REFLEX TO GLYCOMARK®

A HEMOGLOBIN A1c (4548-4)

Reference Range: <5.7 % of total Hgb

5.9 From 09/02/2019 To 06/25/2020

Jan '20 Apr '20

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.

eAG (mg/dL) (27353-2)

123

6.3 6 5.7

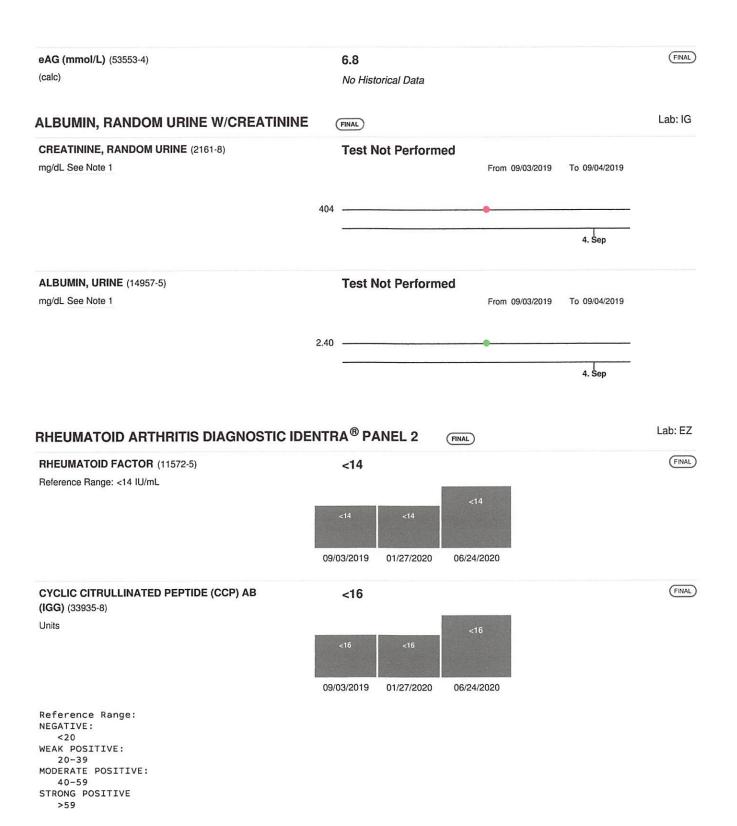
(calc)

No Historical Data

7 / 15

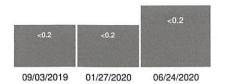
7/20/20

BERRY, KARLA (DL895440X)



< 0.2

Reference Range: <0.2 ng/mL



The 14-3-3eta protein is a marker of synovial inflammation that is released into synovial fluid and peripheral blood in rheumatoid arthritis (RA) and erosive psoriatic arthritis. One in five RF and CCP seronegative early stage RA patients is found to be positive for 14-3-3eta protein. Patients with active joint RA disease have higher values of 14-3-3eta protein than those with inactive RA or psoriasis without arthritis. 14-3-3eta protein has a 93% specificity in patients with RA. Values > or = 0.2 ng/mL are elevated and indicative of RA disease or erosive psoriatic arthritis. Values >0.50 ng/mL are associated with more aggressive RA disease and poorer outcomes. Unlike RF and CCP, 14-3-3eta protein is a therapeutically modifiable marker to monitor response to therapy. A decrease in 14-3-3eta protein in response to DMARDs (disease-modifying antirheumatic drugs) and anti-TNF (tumor necrosis factor) drugs indicates better clinical outcomes; an increase is associated with worse outcomes despite apparent clinical remission.

For further information please visit: http://www.questdiagnostics.com/testcenter/testguide.action?dc=TS-RmArthPnl

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

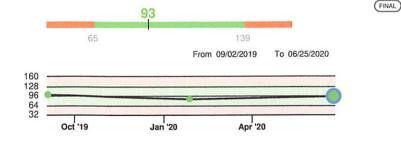
FINAL

Lab: IG

(FINAL)

GLUCOSE (2345-7)

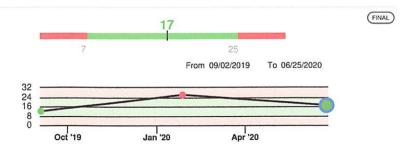
Reference Range: 65-139 mg/dL

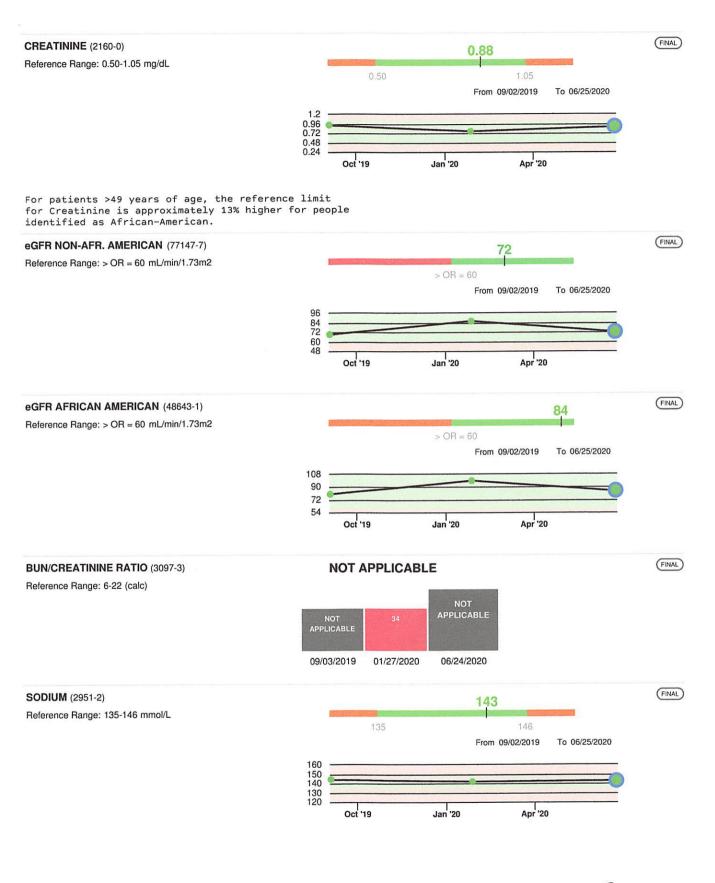


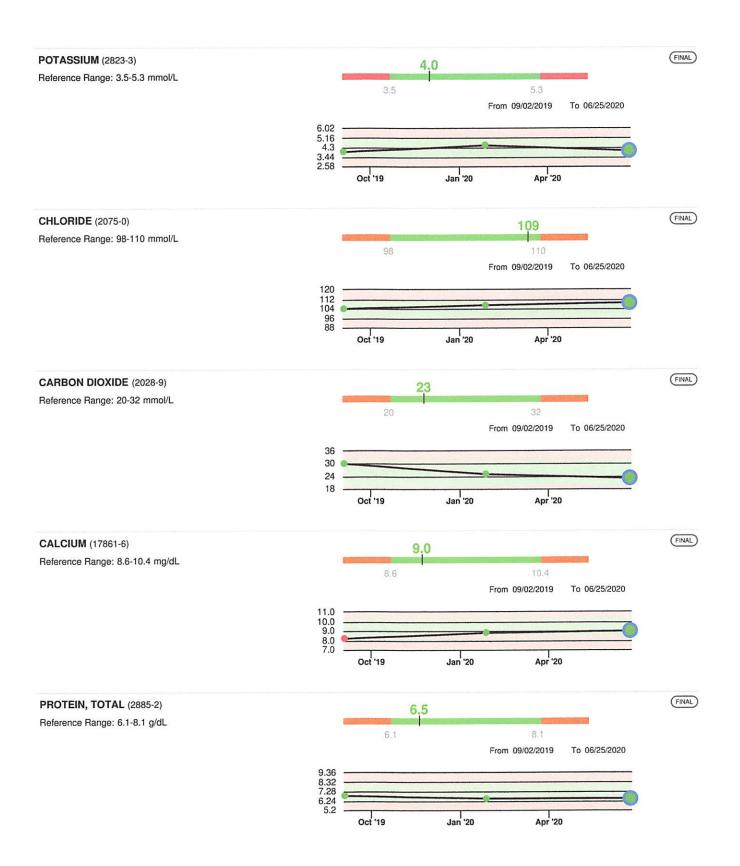
Non-fasting reference interval

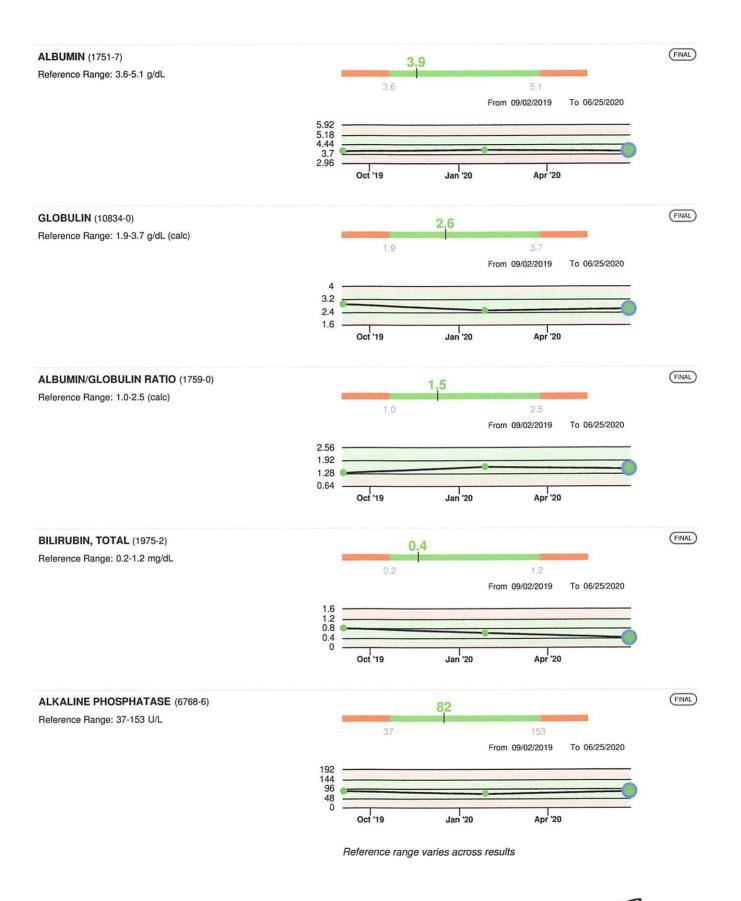
UREA NITROGEN (BUN) (3094-0)

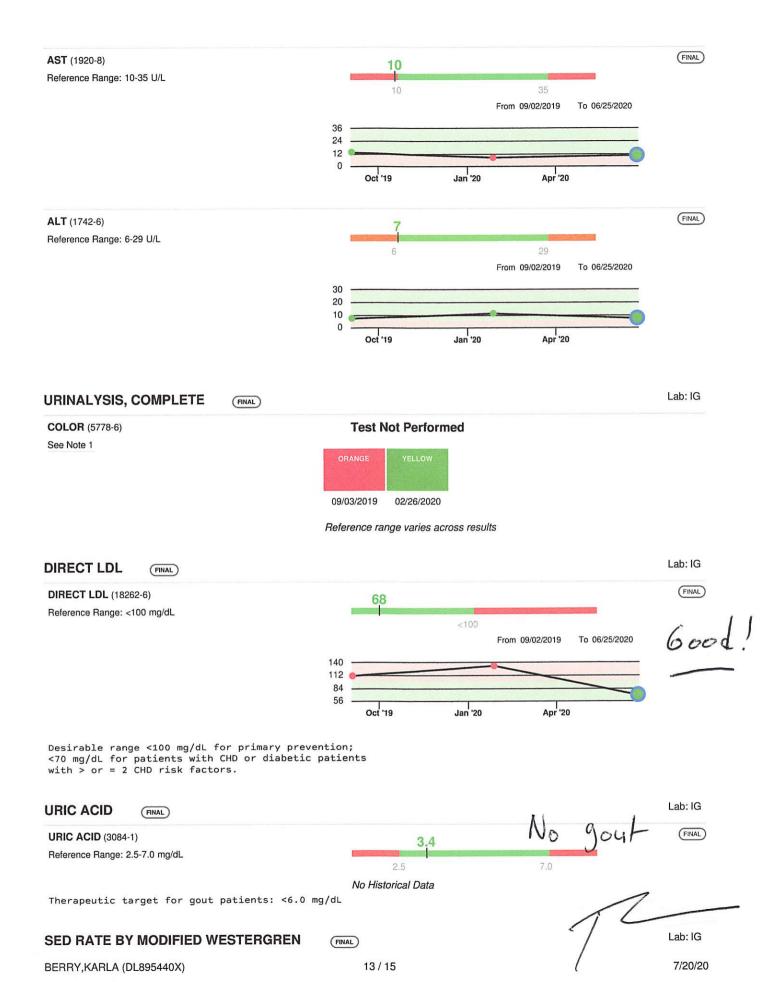
Reference Range: 7-25 mg/dL



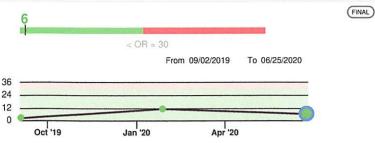








SED RATE BY MODIFIED WESTERGREN (4537-7) Reference Range: < OR = 30 mm/h



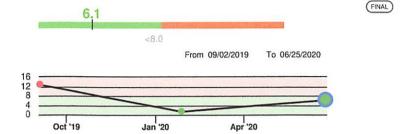


FINAL

Lab: IG

C-REACTIVE PROTEIN (1988-5)

Reference Range: <8.0 mg/L



ANA MULTIPLEX W/REFLEX 11 AB CASCADE

(FINAL)

Lab: IG

ANACHOICE® SCREEN (8061-4)

Reference Range: NEGATIVE

NEGATIVE

(FINAL)

No Historical Data

A negative ANA Multiplex, with Reflex to 11 Antibody Cascade indicates the absence of detectable antibodies to component analytes consisting of double stranded DNA (dsDNA), chromatin, ribonucleoprotein (RNP), Smith/RNP (Sm/RNP), Smith (Sm), SS-A, SS-B, Jo-1, centromere B, Scl-70 and ribosomal P.

A negative result should be interpreted in the context of the clinical and laboratory findings and does not rule out autoimmune disease characterized by other autoantibody specificities such as rheumatoid arthritis, autoimmune hepatitis, primary biliary cirrhosis, autoimmune thyroiditis, Addison's disease, pernicious anemia, autoimmune neuropathies, vasculitis, celiac disease, and bullous disease.

For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ177 (This link is being provided for informational/educational purposes only.)

T4, FREE

FINAL

Lab: IG

T4, FREE (3024-7)

Reference Range: 0.8-1.8 ng/dL

1.2

0.8

1.8

From 09/02/2019 To 06/25/2020

2.2
1.76
1.32
0.88
0.44

Oct '19

Jan '20

Apr '20

BERRY, KARLA (DL895440X)

14/15



Note 1

TEST NOT PERFORMED

No urine received.

Performing Sites

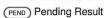
EZ Quest Diagnostics/Nichols SJC-San Juan Capistrano,, 33608 Ortega Hwy, San Juan Capistrano, CA 92675-2042 Laboratory Director: Irina Maramica MD, PhD, MBA

IG Quest Diagnostics-Dallas Lab, 4770 Regent Blvd, Irving, TX 75063-2445 Laboratory Director: Dr. Robert L Breckenridge

Key











Note: Data displayed only for results that meet strict identification matching. Historical result view may vary based on corrected or updated patient demographics. The reference range displayed may vary due to potential changes in laboratory testing methods. Please refer to the published reference range on each lab report.

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