Quest Diagnostics

Report Status: Partial

ROSS, JERRY

Patient Information	Specimen Information	Client Information
ROSS, JERRY **DOB: 03/20/1962 AGE: 63** Gender: M Fasting: Y Phone: 818.887.2720 Patient ID: JR03201962 Health ID: 8573034045764882	Specimen: EN133605V Requisition: 0002025 Collected: 05/14/2025 / 08:00 PDT Received: 05/16/2025 / 21:46 PDT Reported: 05/19/2025 / 18:50 PDT	Client #: 78301860 MAIL992 REYES, MICHELLE E PROHEALTH LAB 6324 CANOGA AVE STE 150 WOODLAND HILLS, CA 91367-2598

COMMENTS: FASTING:YES

Test Name	In Range	Out Of Range	Reference Range	Lab
HS CRP		**>20.0 H**	mg/L	EN

Reference Range
Optimal <1.0
Jellinger PS et al. Endocr Pract.2017;23(Suppl 2):1-87.
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.

Pearson TA, Mensah GA, Alexander RW, et al. Markers of inflammation and cardiovascular disease: application to clinical and public health practice: A statement for healthcare professionals from the Centers for Disease Control and Prevention and the American Heart Association. Circulation 2003; 107(3): 499-511.

HOMOCYSTEINE	7.7		<11.4 umol/L	EN

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.
Selhub J, et al., Ann Intern Med. 1999;131(5):331-9.

COMPREHENSIVE METABOLIC PANEL				EN
GLUCOSE	90		65-99 mg/dL	
			Fasting reference interval	
UREA NITROGEN (BUN)	14		7-25 mg/dL	
CREATININE	1.19		0.70-1.35 mg/dL	
EGFR	69		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	SEE NOTE: Not Reported: BUN and Creatinine are within reference range.		6-22 (calc)	
SODIUM		**133 L**	135-146 mmol/L	
POTASSIUM	4.2		3.5-5.3 mmol/L	
CHLORIDE	99		98-110 mmol/L	
CARBON DIOXIDE		**19 L**	20-32 mmol/L	
CALCIUM	9.1		8.6-10.3 mg/dL	
PROTEIN, TOTAL	6.5		6.1-8.1 g/dL	
ALBUMIN	4.3		3.6-5.1 g/dL	

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Test Name	In Range	Out Of Range	Reference Range	Lab
GLOBULIN	2.2		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	2.0		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.3		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	66		35-144 U/L	
AST	30		10-35 U/L	
ALT	23		9-46 U/L	
HEMOGLOBIN A1c				EN
See Endnote 1				
URIC ACID		**3.5 L**	4.0-8.0 mg/dL	EN
Therapeutic target for gout patients: <6.0 mg/dL				
AMYLASE	57		21-101 U/L	EN
LIPASE	44		7-60 U/L	EN
TSH	2.41		0.40-4.50 mIU/L	EN
T4, FREE	1.3		0.8-1.8 ng/dL	EN
T3, FREE	2.8		2.3-4.2 pg/mL	EN
IRON, TOTAL	153		50-180 mcg/dL	EN
FERRITIN	211		24-380 ng/mL	EN
C-PEPTIDE	1.04		0.80-3.85 ng/mL	EN
DHEA SULFATE	158		20-217 mcg/dL	EN
ESTRADIOL	28		< OR = 39 pg/mL	EN
Reference range established on post-pubertal patient population. No pre-pubertal reference range established using this assay. For any patients for whom low Estradiol levels are anticipated (e.g. males, pre-pubertal children and hypogonadal/post-menopausal females), the Quest Diagnostics Nichols Institute Estradiol, Ultrasensitive, LCMSMS assay is recommended (order code 30289). Please note: patients being treated with the drug fulvestrant (Faslodex(R)) have demonstrated significant interference in immunoassay methods for estradiol measurement. The cross reactivity could lead to falsely elevated estradiol test results leading to an inappropriate clinical assessment of estrogen status. Quest Diagnostics order code 30289-Estradiol, Ultrasensitive LC/MS/MS demonstrates negligible cross reactivity with fulvestrant.				
PSA, TOTAL	0.39		< OR = 4.00 ng/mL	EN
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

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No suitable specimen received.
Please review the test
requirements at
testdirectory.questdiagnostics.com

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Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	54	30-100 ng/mL	EN

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Vitamin D Status          25-OH Vitamin D:

Deficiency:                     <20 ng/mL
Insufficiency:            20 - 29 ng/mL
Optimal:                  > or = 30 ng/mL
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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 additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ199 (This link is being provided for informational/ educational purposes only.)

Physician Comments:

PENDING TESTS:

TESTOSTERONE, FREE (DIALYSIS) AND TOTAL (MS)	DIHYDROTESTOSTERONE

PERFORMING SITE:

EN QUEST DIAGNOSTICS-WEST HILLS, 8401 FALLBROOK AVENUE, WEST HILLS, CA 91304-3226 Laboratory Director: THOMAS MCDONALD, MD, CLIA: 05D0642827