



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: EN943964U Requisition: 0001996 Collected: 05/12/2025 / 08:00 PDT Received: 05/12/2025 / 22:37 PDT Reported: 05/16/2025 / 14:55 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
EXTRA LAVENDER-TOP TUBE				EN
AN EXTRA SPECIMEN WAS RECEIVED WITH NO TEST REQUESTED. THE SPECIMEN WILL BE MAINTAINED IN STORAGE IN CASE ADDITIONAL TESTING IS NEEDED. PLEASE CALL THE CLIENT SERVICE DEPARTMENT FOR FURTHER ASSISTANCE.				



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Cardio IQ®

Test Name	Current		Risk/Reference Interval				Historical
	Result & Risk		Optimal	Moderate	High	Units	Result & Risk
	Optimal	Non-Optimal					04/08/2025
LIPID PANEL							
CHOLESTEROL, TOTAL		206	<200	N/A	>=200	mg/dL	290
HDL CHOLESTEROL	101		>=40	N/A	<40	mg/dL	98
TRIGLYCERIDES	61		<150	150-199	>=200	mg/dL	119
LDL-CHOLESTEROL	90		<100	100-129	>129	mg/dL (calc)	167
CHOL/HDLC RATIO	2.0		<=3.5	3.6-5.0	>5.0	calc	3.0
NON-HDL CHOLESTEROL	105		<130	130-189	>=190	mg/dL (calc)	192
APOLIPOPROTEINS							
APOLIPOPROTEIN B	76		<90	90-129	>=130	mg/dL	125
LIPOPROTEIN (a)	17		<75	75-125	>125	nmol/L	18
INFLAMMATION							
HS CRP		>20.0	<1.0	1.0-3.0	>3.0	mg/L	-
LP PLA2 ACTIVITY	116		<=123	N/A	>123	nmol/ min/mL	168
METABOLIC MARKERS							
TMAO (Trimethylamine N-oxide)		11.1	<6.2	6.2-9.9	>=10.0	uM	6.3

For details on reference ranges please refer to the reference range/comment section of the report.

Medical Information For Healthcare Providers: If you have questions about any of the tests in our Cardio IQ offering, please call Client Services at our Quest Diagnostics-Cleveland HeartLab Cardiometabolic Center of Excellence. They can be reached at 866.358.9828, option 1 to arrange a consult with our clinical education team.

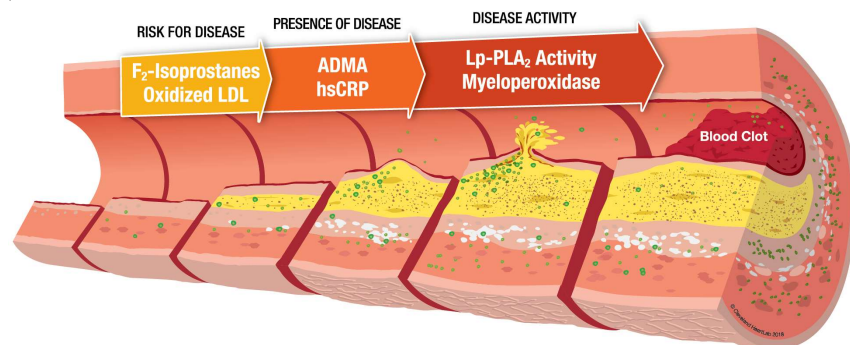


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INFLAMMATION SUMMARY

Your medical provider has gone beyond standard testing to examine your inflammation levels so you can Know Your Risk® for heart attack and stroke!

Lowering blood pressure, blood sugar and cholesterol reduces risk, but 50% of heart attack or stroke victims have normal cholesterol levels. Measuring inflammation levels can help identify hidden risk so your provider can catch the beginning or treat advanced stages of vascular disease. Always review your results and treatment considerations with your medical provider.



Disclaimer: The information provided here is for educational purposes only, and the results provided should be reviewed and interpreted by the treating physician.
This Inflammation Summary is generated when two or more of the inflammation tests listed below are ordered, or for repeat tests due to a sample problem.

Risk for Disease		Presence of Disease		Disease Activity	
Test	Result	Test	Result	Test	Result
F2-Isoprostanes/Creatinine	TNO	ADMA/SDMA	TNO	Lp-PLA2 Activity nmol/min/mL	116 L
<p><i>This urine test was not ordered.</i></p> <p>Your body needs F2-Isoprostanes for basic functions like making muscle. In excess, F2-Isops caused by inactivity, smoking and processed foods increase oxidation and blood vessel damage.</p>		<p><i>This blood test was not ordered.</i></p> <p>ADMA is a chemical in your blood that reduces nitric oxide, a molecule needed to keep a healthy endothelium (the cells that line your blood vessels). High levels of ADMA indicate unhealthy cells in the blood vessel and may identify risk of cardiovascular disease.</p>		<p>Your result is in the desirable range suggesting that you may have limited active cholesterol build-up.</p> <p>Lp-PLA2 Activity measures vascular-specific inflammation. When cholesterol enters and gets trapped in the vessel wall, inflammation occurs. Lp-PLA2 Activity may identify active cholesterol build-up inside the vessel wall and the progression of cardiovascular disease.</p>	
Oxidized LDL	TNO	hsCRP mg/L	>20.0 H	Myeloperoxidase (MPO)	TNP
<p><i>This blood test was not ordered.</i></p> <p>OxLDL measures oxidized damage to LDL cholesterol (bad cholesterol). High levels trigger inflammation, increasing your risk of developing metabolic syndrome and your future risk of plaque build-up.</p>		<p>You have very high levels of hsCRP suggesting you may have a substantial amount of general inflammation. Your provider may order a repeat test and/or other tests to determine the cause.</p> <p>hsCRP measures inflammation in the body. Increases of hsCRP are seen with recent illness, injury, a virus, periodontal (gum) disease and with cardiovascular disease.</p>		<p>This blood test was not performed due to an issue with transport, extreme weather or sample prep. Your provider may order a repeat test.</p> <p>MPO identifies vulnerable plaque due to the breakdown of cells lining the blood vessel. This breakdown leads to white blood cells attacking the vessel wall and marks the progression of cardiovascular disease.</p>	
Your Lifestyle Considerations					
<ul style="list-style-type: none">Limit your intake of processed foods, exercise regularly and if you smoke, quit.Eat foods rich in anti-oxidants and high in fiber, and consider a heart healthy Mediterranean-style diet.Limit foods high in sugar and salt (sodium) to reduce the damage to your endothelium (vessel lining).Strive for optimal oral health to reduce inflammation associated with periodontal disease.					

"L" or Low Risk
UND = Undetectable

"M" or Moderate Risk

"H" or High Risk

TNO = Test Not Ordered
TNP = Test Not Performed
INC = Incomputable



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PATIENT PROGRESS SUMMARY

Optimal
Moderate
High

Test Name	05/12/2025 (Current)	04/08/2025
LIPID PANEL		
TRIGLYCERIDES	61	119
CHOLESTEROL, TOTAL	206	290
HDL CHOLESTEROL	101	98
LDL-CHOLESTEROL	90	167
CHOL/HDLC RATIO	2.0	3.0
NON-HDL CHOLESTEROL	105	192
LIPOPROTEIN FRACTIONATION, ION MO		
LDL PARTICLE NUMBER	-	2281
LDL SMALL	-	308
LDL MEDIUM	-	387
HDL LARGE	-	10447
APOLIPOPROTEINS		
LIPOPROTEIN (a)	17	18
APOLIPOPROTEIN B	76	125
INFLAMMATION		
HS CRP	>20.0	-
FIBRINOGEN ANTIGEN	-	-
MYELOPEROXIDASE	-	-
LP PLA2 ACTIVITY	116	168
OxLDL	-	68



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Optimal Moderate High

Test Name	05/12/2025 (Current)	04/08/2025
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METABOLIC MARKERS

TMAO (Trimethylamine N-oxide)	11.1	6.3
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LIPOPROTEIN FRACTIONATION, ION MO

LDL PEAK SIZE	-	225.5
LDL PATTERN	-	A



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Reference Range/Comments

Analyte Name	In Range	Out Range	Reference Range	Lab
CHOLESTEROL, TOTAL		206	<200 mg/dL	Z4M
HS CRP		>20.0	<1.0 mg/L	Z4M

Reference Range: Optimal <1.0 mg/L, according to Jellinger PS et al. Endocr Pract.2017;23(Suppl 2):1-87. The AHA/CDC Guidelines recommend hs-CRP ranges for identifying Relative Cardiovascular Risk in patients ages >17 years: <1.0 mg/L Lower Relative Cardiovascular Risk; 1.0-3.0 mg/L Average Relative Cardiovascular Risk; 3.1-10.0 mg/L Higher Relative Cardiovascular Risk. If result is between 3.1 and 10.0 mg/L, consider retesting in 1-2 weeks to exclude a benign transient elevation secondary to infection or inflammation from the baseline CRP value. Persistent elevations of >10.0 mg/L upon retesting may be associated with infection and inflammation. The AHA/CDC recommendations are based on 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.

TMAO (TRIMETHYLAMINE N OXIDE)		11.1	<6.2 uM	Z4M
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This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Cardiometabolic Center of Excellence at Cleveland HeartLab. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes. Based on a population (N=4007) defined as ambulatory stable patients without acute coronary syndrome who underwent elective diagnostic coronary angiography (1) and a reference range study of apparently healthy donors (N=180), we have defined the following cut-offs for TMAO to assess relative risk of a cardiovascular event: A cut-off of <6.2 uM defines a population at optimal relative risk for a cardiovascular event relative to those above this level. 6.2-9.9 uM defines a population at moderate relative risk for a cardiovascular event (two-fold increased risk of MACE at 3 years) relative to those with TMAO <6.2 uM (1). Given the dose-dependent relationship between TMAO and cardiovascular event risk demonstrated across multiple clinical subgroups (2), those above the upper limit of the Cleveland HeartLab 95% population interval (>=10.0 uM) are defined as high relative risk for a cardiovascular event relative to those with TMAO <6.2 uM. (References: 1-Tang et al. N Engl J Med. 2013; 368:1575-1584. 2-Heianza Y, et al. J Am Heart Assoc. 2017;6(7)).

APOLIPOPROTEIN B	76		<90 mg/dL	Z4M
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Reference Range <90

Risk Category:

Optimal <90
Moderate 90-129
High > or = 130

A desirable treatment target may be <80 mg/dL or lower depending on the risk category of the patient including patients on lipid lowering therapies, patients with ASCVD, diabetes with >1 risk factors, Stage 3 or greater CKD with albuminuria, or heterozygous familial hypercholesterolemia. ApoB relative risk category cut points are based on AACE/ACE and ACC/AHA recommendations (Grundy SM, et al. 2019. doi:10.1016/j.jacc.2018.11.002; Handelsman Y, et al. 2020. doi:10.4158/CS-2020-0490).

CHOL/HDLC RATIO	2.0		<5.0 calc	Z4M
HDL CHOLESTEROL	101		>39 mg/dL	Z4M
LDL-CHOLESTEROL	90		<100 mg/dL (calc)	Z4M

Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with >= 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>)



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Reference Range/Comments

Analyte Name	In Range	Out Range	Reference Range	Lab
LIPOPROTEIN (a)	17		<75 nmol/L	Z4M
Risk: Optimal <75 nmol/L; Moderate 75-125 nmol/L; High >125 nmol/L. Cardiovascular event risk category cut points (optimal, moderate, high) are based on Tsimika S. JACC 2017;69:692-711.				
LP PLA2 ACTIVITY	116		<124 nmol/min/mL	Z4M
Relative Risk: Optimal <=123 nmol/min/mL; High >123 nmol/min/mL. This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.				
NON HDL CHOLESTEROL	105		<130 mg/dL (calc)	Z4M
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.				
TRIGLYCERIDES	61		<150 mg/dL	Z4M

Test Not Performed:

CARDIO IQ(R) MYELOPEROXIDASE (MPO)	See Note 1
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Note 1 TEST NOT PERFORMED
No suitable specimen received. Please review the test requirements at testdirectory.questdiagnostics.com

PENDING TESTS:

LIPOPROTEIN FRACTIONATION ION MOBILITY	OxLDL
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PERFORMING SITE:

EN QUEST DIAGNOSTICS-WEST HILLS, 8401 FALLBROOK AVENUE, WEST HILLS, CA 91304-3226 Laboratory Director: THOMAS MCDONALD, MD, CLIA: 05D0642827
Z4M CLEVELAND HEARTLAB INC, 6701 CARNEGIE AVENUE SUITE 500, CLEVELAND, OH 44103-4623 Laboratory Director: M. QASIM ANSARI, MD , CLIA: 36D1032987