

PATIENT INFORMATION:

Offer Yehudai

Phone (H): (833) 753-1851

DOB: 02/11/1981

Gender: Male Age: 43

Patient ID: 35049843

STATUS: Final

Source: Quest
Time Reported: 11/20/2024 11:21 PM UTC
Received: 11/20/2024 11:23 PM UTC
Accession Number: SZ064437R
Lab Ref #: 786875

ORDERING PHYSICIAN:

**Joshua A Emdur,
D.O.**

600 Congress Avenue
Floor 14
Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab
GGT Collected: 11/13/2024 03:32 PM UTC Received: 11/13/2024 03:33 PM UTC				
GGT	12		3-95 U/L	UL
LEPTIN Collected: 11/13/2024 03:32 PM UTC Received: 11/13/2024 03:33 PM UTC				
LEPTIN	0.6		ng/mL	EZ

Reference Ranges for Leptin:

Adult Lean Subjects (18-71 years) with BMI range of 18-25:

Males: 0.3-13.4 ng/mL

Females: 4.7-23.7 ng/mL

Adult Subjects (19-60 years) with BMI range of 25-30:

Males: 1.8-19.9 ng/mL

Females: 8.0-38.9 ng/mL

Pediatric Reference Ranges for Leptin:

5-9.9 years: 0.6-16.8 ng/mL

10-13.9 years: 1.4-16.5 ng/mL

14-17.9 years: 0.6-24.9 ng/mL

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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.

METHYLMALONIC ACID Collected: 11/13/2024 03:32 PM UTC Received: 11/13/2024 03:33 PM UTC				
METHYLMALONIC ACID	83		55-335 nmol/L	EZ

Serum methylmalonic acid (MMA) levels are used to diagnose and monitor several rare inborn errors of metabolism, including methylmalonic aciduria. The enzymatic conversion of MMA to succinic acid requires vitamin B12 (adenosyl-cobalamin) as a cofactor. Serum MMA levels are also used for assessing functional vitamin B12 deficiency. Vitamin B12 is essential for fetal neurodevelopment, particularly early in pregnancy. Undiagnosed maternal vitamin B12 deficiency may be associated with adverse fetal/neonatal outcomes, such as neural tube defects and intrauterine growth restriction.



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Quest Diagnostics utilized Multi-Modal Decomposition (MMD) analysis to establish first and second trimester-specific MMA reference intervals in pregnancy, as given below:

MMA, First trimester (<13 wks gestation): 58-167 nmol/L
 MMA, Second trimester (13-23 wks gestation): 63-241 nmol/L

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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.

TESTOSTERONE, FREE (DIALYSIS) AND TOTAL (MS) Collected: 11/13/2024 03:32 PM UTC Received: 11/13/2024 03:33 PM UTC

TESTOSTERONE, TOTAL, MS	865	250-1100 ng/dL	EZ
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For additional information, please refer to <http://education.questdiagnostics.com/faq/TotalTestosteroneL> CMSMS (This link is being provided for informational/educational purposes only.)

TESTOSTERONE, FREE	95.5	35.0-155.0 pg/mL	EZ
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ANA SCREEN, IFA, W/REFL TITER AND PATTERN Collected: 11/13/2024 03:32 PM UTC Received: 11/13/2024 03:33 PM UTC

ANA SCREEN, IFA	NEGATIVE	NEGATIVE	EN
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ANA IFA is a first line screen for detecting the presence of up to approximately 150 autoantibodies in various autoimmune diseases. A negative ANA IFA result suggests an ANA-associated autoimmune disease is not present at this time, but is not definitive. If there is high clinical suspicion for Sjogren's syndrome, testing for anti-SS-A/Ro antibody should be considered. Anti-Jo-1 antibody should be considered for clinically suspected inflammatory myopathies.

AC-0: Negative

International Consensus on ANA Patterns



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(<https://doi.org/10.1515/cclm-2018-0052>)

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

RHEUMATOID FACTOR	Collected: 11/13/2024 03:32 PM UTC	Received: 11/13/2024 03:33 PM UTC	
RHEUMATOID FACTOR	<10	<14 IU/mL	UL

THYROID PEROXIDASE AND THYROGLOBULIN ANTIBODIES	Collected: 11/13/2024 03:32 PM UTC	Received: 11/13/2024 03:33 PM UTC	
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THYROGLOBULIN ANTIBODIES	3 H	< or = 1 IU/mL	EN
THYROID PEROXIDASE ANTIBODIES	225 H	<9 IU/mL	EN

HOMOCYSTEINE	Collected: 11/13/2024 03:32 PM UTC	Received: 11/13/2024 03:33 PM UTC	
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HOMOCYSTEINE	11.2	<11.4 umol/L	UL
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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.

DHEA SULFATE	Collected: 11/13/2024 03:32 PM UTC	Received: 11/13/2024 03:33 PM UTC	
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DHEA SULFATE	169	61-442 mcg/dL	EN
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SEX HORMONE BINDING GLOBULIN	Collected: 11/13/2024 03:32 PM UTC	Received: 11/13/2024 03:33 PM UTC	
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SEX HORMONE BINDING GLOBULIN	65 H	10-50 nmol/L	EN
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FSH	Collected: 11/13/2024 03:32 PM UTC	Received: 11/13/2024 03:33 PM UTC	
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FSH	6.8	1.4-12.8 mIU/mL	UL
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LH	Collected: 11/13/2024 03:32 PM UTC	Received: 11/13/2024 03:33 PM UTC	
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LH	4.0	1.5-9.3 mIU/mL	UL
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PROLACTIN	Collected: 11/13/2024 03:32 PM UTC	Received: 11/13/2024 03:33 PM UTC	
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PROLACTIN	12.8	2.0-18.0 ng/mL	UL
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ESTRADIOL	Collected: 11/13/2024 03:32 PM UTC	Received: 11/13/2024 03:33 PM UTC	
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ESTRADIOL	38	< OR = 39 pg/mL	UL
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Reference range established on post-pubertal patient population. No pre-pubertal reference range established using this assay. For any patients for



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Test	In Range	Out Of Range	Reference Range	Lab
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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 (FREE AND TOTAL) Collected: 11/13/2024 03:32 PM UTC Received: 11/13/2024 03:33 PM UTC

PSA, TOTAL	0.2	< OR = 4.0 ng/mL	EN
PSA, FREE	0.1	ng/mL	EN
PSA, % FREE	50	>25 % (calc)	EN

PSA(ng/mL)	Free PSA(%)	Estimated(x) Probability of Cancer(as%)
0-2.5	(*)	Approx. 1
2.6-4.0(1)	0-27(2)	24(3)
4.1-10(4)	0-10	56
	11-15	28
	16-20	20
	21-25	16
	>or =26	8
>10(+)	N/A	>50

References:(1)Catalona et al.:Urology 60: 469-474 (2002)
 (2)Catalona et al.:J.Urol 168: 922-925 (2002)
 Free PSA(%) Sensitivity(%) Specificity(%)
 < or = 25 85 19
 < or = 30 93 9
 (3)Catalona et al.:JAMA 277: 1452-1455 (1997)
 (4)Catalona et al.:JAMA 279: 1542-1547 (1998)

(x)These estimates vary with age, ethnicity, family history and DRE results.
 (*)The diagnostic usefulness of % Free PSA has not been established in patients with total PSA below 2.6 ng/mL
 (+)In men with PSA above 10 ng/mL, prostate cancer risk is determined by total PSA alone.



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Test	In Range	Out Of Range	Reference Range	Lab
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The Total PSA value from this assay system is standardized against the equimolar PSA standard. The test result will be approximately 20% higher when compared to the WHO-standardized Total PSA (Siemens assay). Comparison of serial PSA results should be interpreted with this fact in mind.

PSA was performed using the Beckman Coulter Immunoassay 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.

AMYLASE Collected: 11/13/2024 03:32 PM UTC Received: 11/13/2024 03:33 PM UTC				
AMYLASE	47		21-101 U/L	UL
LIPASE Collected: 11/13/2024 03:32 PM UTC Received: 11/13/2024 03:33 PM UTC				
LIPASE	27		7-60 U/L	UL
ZINC Collected: 11/13/2024 03:32 PM UTC Received: 11/13/2024 03:33 PM UTC				
ZINC	88		60-130 mcg/dL	EN

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.

LEAD (VENOUS) Collected: 11/13/2024 03:32 PM UTC Received: 11/13/2024 03:33 PM UTC				
LEAD (VENOUS)	<1.0		<3.5 mcg/dL	EN

See Note 1

Note 1

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.

Enhanced PDF Report SZ064437R-1 Collected: 11/13/2024 03:32 PM UTC Received: 11/13/2024 03:33 PM UTC				
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Enhanced PDF Report SZ064437R- Enhanced PDF Report SZ064437R-1.pdf [See Appendix 1 for details]

1



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**Joshua A Emdur,
D.O.**600 Congress Avenue
Floor 14
Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab
UL	Quest Diagnostics-Sacramento - Northgate. 3714 Northgate Blvd, Sacramento, CA 95834-1617			Dir: Shirley Y Shen
EZ	Quest Diagnostics/Nichols SJC-San Juan Capistrano,. 33608 Ortega Hwy, San Juan Capistrano, CA 92675-2042			Dir: Irina Maramica MD,PhD,MBA
EN	Quest Diagnostics-West Hills. 8401 Fallbrook Ave, West Hills, CA 91304-3226			Dir: Thomas J McDonald

Range Flags Legend: H - Above high normal;



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Report Status: Final

YEHUDAI, OFER

Patient Information	Specimen Information	Client Information
YEHUDAI, OFER DOB: 02/11/1981 AGE: 43 Gender: M Phone: 833.753.1851 Patient ID: 35049843 Health ID: 8573035612986618	Specimen: SZ064437R Requisition: 0051435 Lab Ref #: 786875 Collected: 11/13/2024 / 07:32 PST Received: 11/14/2024 / 01:31 PST Reported: 11/20/2024 / 15:21 PST	Client #: 73917267 MAIL992 EMDUR, JOSHUA FUNCTION HEALTH INC 600 CONGRESS AVE FL 14 AUSTIN, TX 78701-3263

Test Name	In Range	Out Of Range	Reference Range	Lab
TESTOSTERONE, FREE (DIALYSIS) AND TOTAL (MS)	865		250-1100 ng/dL	EZ
For additional information, please refer to http://education.questdiagnostics.com/faq/TotalTestosteroneL CMSMS (This link is being provided for informational/educational purposes only.)				
TESTOSTERONE, FREE (DIALYSIS)				EZ
TESTOSTERONE, FREE	95.5		35.0-155.0 pg/mL	
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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.				
HOMOCYSTEINE	11.2		<11.4 umol/L	UL
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.				
GGT	12		3-95 U/L	UL
AMYLASE	47		21-101 U/L	UL
LIPASE	27		7-60 U/L	UL
THYROID PEROXIDASE AND THYROGLOBULIN ANTIBODIES				
THYROGLOBULIN ANTIBODIES		3 H	< or = 1 IU/mL	EN
THYROID PEROXIDASE ANTIBODIES		225 H	<9 IU/mL	EN
LEPTIN	0.6		ng/mL	EZ

Reference Ranges for Leptin:

Adult Lean Subjects (18-71 years) with BMI range of 18-25:

Males: 0.3-13.4 ng/mL
Females: 4.7-23.7 ng/mL

Adult Subjects (19-60 years) with BMI range of 25-30:

Males: 1.8-19.9 ng/mL
Females: 8.0-38.9 ng/mL

Pediatric Reference Ranges for Leptin:

5-9.9 years: 0.6-16.8 ng/mL
10-13.9 years: 1.4-16.5 ng/mL
14-17.9 years: 0.6-24.9 ng/mL



Report Status: Final

YEHUDAI, OFER

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YEHUDAI, OFER DOB: 02/11/1981 AGE: 43 Gender: M Patient ID: 35049843 Health ID: 8573035612986618	Specimen: SZ064437R Collected: 11/13/2024 / 07:32 PST Received: 11/14/2024 / 01:31 PST Reported: 11/20/2024 / 15:21 PST	Client #: 73917267 EMDUR, JOSHUA

Test Name	In Range	Out Of Range	Reference Range	Lab
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METHYLMALONIC ACID	83		55-335 nmol/L	EZ
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Serum methylmalonic acid (MMA) levels are used to diagnose and monitor several rare inborn errors of metabolism, including methylmalonic aciduria. The enzymatic conversion of MMA to succinic acid requires vitamin B12 (adenosyl-cobalamin) as a cofactor. Serum MMA levels are also used for assessing functional vitamin B12 deficiency. Vitamin B12 is essential for fetal neurodevelopment, particularly early in pregnancy. Undiagnosed maternal vitamin B12 deficiency may be associated with adverse fetal/neonatal outcomes, such as neural tube defects and intrauterine growth restriction.

Quest Diagnostics utilized Multi-Modal Decomposition (MMD) analysis to establish first and second trimester-specific MMA reference intervals in pregnancy, as given below:

MMA, First trimester (<13 wks gestation): 58-167 nmol/L
MMA, Second trimester (13-23 wks gestation): 63-241 nmol/L

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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.

RHEUMATOID FACTOR	<10		<14 IU/mL	UL
DHEA SULFATE	169		61-442 mcg/dL	EN
SEX HORMONE BINDING GLOBULIN		65 H	10-50 nmol/L	EN
FSH	6.8		1.4-12.8 mIU/mL	UL
LH	4.0		1.5-9.3 mIU/mL	UL
PROLACTIN	12.8		2.0-18.0 ng/mL	UL
ESTRADIOL	38		< OR = 39 pg/mL	UL

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,



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Test Name	In Range	Out Of Range	Reference Range	Lab
Ultrasensitive LC/MS/MS demonstrates negligible cross reactivity with fulvestrant. PSA (FREE AND TOTAL)				EN
PSA, TOTAL	0.2		< OR = 4.0 ng/mL	
PSA, FREE	0.1		ng/mL	
PSA, % FREE	50		>25 % (calc)	

PSA(ng/mL)	Free PSA(%)	Estimated(x) Probability of Cancer(as%)
0-2.5	(*)	Approx. 1
2.6-4.0(1)	0-27(2)	24(3)
4.1-10(4)	0-10	56
	11-15	28
	16-20	20
	21-25	16
	>or =26	8
>10(+)	N/A	>50

References: (1)Catalona et al.:Urology 60: 469-474 (2002)
 (2)Catalona et al.:J.Urol 168: 922-925 (2002)
 Free PSA(%) Sensitivity(%) Specificity(%)
 < or = 25 85 19
 < or = 30 93 9
 (3)Catalona et al.:JAMA 277: 1452-1455 (1997)
 (4)Catalona et al.:JAMA 279: 1542-1547 (1998)

(x)These estimates vary with age, ethnicity, family history and DRE results.
 (*)The diagnostic usefulness of % Free PSA has not been established in patients with total PSA below 2.6 ng/mL
 (+)In men with PSA above 10 ng/mL, prostate cancer risk is determined by total PSA alone.

The Total PSA value from this assay system is standardized against the equimolar PSA standard. The test result will be approximately 20% higher when compared to the WHO-standardized Total PSA (Siemens assay). Comparison of serial PSA results should be interpreted with this fact in mind.

PSA was performed using the Beckman Coulter Immunoassay 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.

LEAD (VENOUS)	<1.0	<3.5 mcg/dL	EN
See Endnote 1			
ZINC	88	60-130 mcg/dL	EN

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



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Test Name	In Range	Out Of Range	Reference Range	Lab
regulations and is used for clinical purposes.				

Endnote 1

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Immunology

Test Name	Result	Reference Range	Lab
ANA SCREEN, IFA, W/REFL TITER AND PATTERN			EN
ANA SCREEN, IFA	NEGATIVE	NEGATIVE	
<p>ANA IFA is a first line screen for detecting the presence of up to approximately 150 autoantibodies in various autoimmune diseases. A negative ANA IFA result suggests an ANA-associated autoimmune disease is not present at this time, but is not definitive. If there is high clinical suspicion for Sjogren's syndrome, testing for anti-SS-A/Ro antibody should be considered. Anti-Jo-1 antibody should be considered for clinically suspected inflammatory myopathies.</p> <p>AC-0: Negative</p> <p>International Consensus on ANA Patterns (https://doi.org/10.1515/ccIm-2018-0052)</p> <p>For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ177 (This link is being provided for informational/ educational purposes only.)</p> <p>Physician Comments:</p>			

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