PATIENT INFORMATION:

Jeffrey Zavaleta

Phone (H): (833) 753-1851
DOB: 12/27/1974
Gender: Male **Age:** 50
Patient ID: 80382877

STATUS: **Final**

Source: Quest
Collection Date: 12/01/2025 02:11 PM UTC
Time Reported: 12/07/2025 08:54 PM UTC
Received: 12/07/2025 09:12 PM UTC
Accession Number: DZ800411S
Lab Ref #: 2506661

ORDERING PHYSICIAN:

Joshua A Emdur, D.O.

600 Congress Avenue
Floor 14
Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab
IRON, TIBC AND FERRITIN PANEL Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
IRON, TOTAL	104		50-180 mcg/dL	IG
IRON BINDING CAPACITY		**469 H**	250-425 mcg/dL (calc)	IG
% SATURATION	22		20-48 % (calc)	IG
FERRITIN		**545 H**	38-380 ng/mL	IG
LIPID PANEL, STANDARD Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
CHOLESTEROL, TOTAL		**231 H**	<200 mg/dL	IG
HDL CHOLESTEROL	62		> OR = 40 mg/dL	IG
TRIGLYCERIDES		**226 H**	<150 mg/dL	IG
If a non-fasting specimen was collected, consider repeat triglyceride testing on a fasting specimen if clinically indicated. Jacobson et al. J. of Clin. Lipidol. 2015;9:129-169.				
LDL-CHOLESTEROL		**133 H**	mg/dL (calc)	IG
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)				
CHOL/HDLC RATIO	3.7		<5.0 (calc)	IG
NON HDL CHOLESTEROL		**169 H**	<130 mg/dL (calc)	IG
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.				
GGT Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
GGT	38		3-95 U/L	IG
URIC ACID Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
URIC ACID	6.0		4.0-8.0 mg/dL	IG

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Test	In Range	Out Of Range	Reference Range	Lab
Therapeutic target for gout patients: <6.0 mg/dL				
COMPREHENSIVE METABOLIC PANEL Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
GLUCOSE	96		65-99 mg/dL	IG
Fasting reference interval				
UREA NITROGEN (BUN)	24		7-25 mg/dL	IG
CREATININE		**1.42 H**	0.70-1.30 mg/dL	IG
EGFR	60		> OR = 60 mL/min/1.73m2	IG
BUN/CREATININE RATIO	17		6-22 (calc)	IG
SODIUM	142		135-146 mmol/L	IG
POTASSIUM	3.8		3.5-5.3 mmol/L	IG
CHLORIDE	99		98-110 mmol/L	IG
CARBON DIOXIDE	22		20-32 mmol/L	IG
CALCIUM	10.1		8.6-10.3 mg/dL	IG
PROTEIN, TOTAL	7.8		6.1-8.1 g/dL	IG
ALBUMIN	4.8		3.6-5.1 g/dL	IG
GLOBULIN	3.0		1.9-3.7 g/dL (calc)	IG
ALBUMIN/GLOBULIN RATIO	1.6		1.0-2.5 (calc)	IG
BILIRUBIN, TOTAL	0.7		0.2-1.2 mg/dL	IG
ALKALINE PHOSPHATASE	44		35-144 U/L	IG
AST		**78 H**	10-35 U/L	IG
ALT		**71 H**	9-46 U/L	IG
ALBUMIN, RANDOM URINE W/O CREATININE Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
ALBUMIN, URINE	0.6		See Note: mg/dL	IG
Reference Range:				
Reference Range Not established				
RAM				IG
The ADA defines abnormalities in albumin excretion as follows:				
Albuminuria Category — Result (mg/g creatinine)				
Normal to Mildly increased — <30				
Moderately increased — 30-299				

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Test	In Range	Out Of Range	Reference Range	Lab

```
Severely increased            > OR = 300

The ADA recommends that at least two of three
specimens collected within a 3-6 month period be
abnormal before considering a patient to be
within a diagnostic category.
```

APOLIPOPROTEIN B Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC

APOLIPOPROTEIN B		**109 H**	mg/dL	EZ

```
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).
```

LEPTIN Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC

LEPTIN	3.2		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:
```

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Test	In Range	Out Of Range	Reference Range	Lab

```
 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

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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.
```

METHYLMALONIC ACID Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC

METHYLMALONIC ACID		139	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.

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

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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.
```

URINALYSIS, COMPLETE Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC

COLOR	YELLOW	YELLOW	IG
APPEARANCE	CLEAR	CLEAR	IG
SPECIFIC GRAVITY	1.023	1.001-1.035	IG
PH	6.0	5.0-8.0	IG
GLUCOSE	NEGATIVE	NEGATIVE	IG

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Test	In Range	Out Of Range	Reference Range	Lab
BILIRUBIN	NEGATIVE		NEGATIVE	IG
KETONES	NEGATIVE		NEGATIVE	IG
OCCULT BLOOD	NEGATIVE		NEGATIVE	IG
PROTEIN	NEGATIVE		NEGATIVE	IG
NITRITE	NEGATIVE		NEGATIVE	IG
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE	IG
WBC	NONE SEEN		< OR = 5 /HPF	IG
RBC	NONE SEEN		< OR = 2 /HPF	IG
SQUAMOUS EPITHELIAL CELLS	NONE SEEN		< OR = 5 /HPF	IG
BACTERIA	NONE SEEN		NONE SEEN /HPF	IG
HYALINE CAST	NONE SEEN		NONE SEEN /LPF	IG
NOTE				IG

This urine was analyzed for the presence of WBC, RBC, bacteria, casts, and other formed elements. Only those elements seen were reported.

CBC (INCLUDES DIFF/PLT) Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC

WHITE BLOOD CELL COUNT	6.3		3.8-10.8 Thousand /uL	IG
RED BLOOD CELL COUNT	5.49		4.20-5.80 Million/uL	IG
HEMOGLOBIN	16.3		13.2-17.1 g/dL	IG
HEMATOCRIT	49.4		39.4-51.1 %	IG
MCV	90.0		81.4-101.7 fL	IG
MCH	29.7		27.0-33.0 pg	IG
MCHC	33.0		31.6-35.4 g/dL	IG

For adults, a slight decrease in the calculated MCHC value (in the range of 30 to 32 g/dL) is most likely not clinically significant; however, it should be interpreted with caution in correlation with other red cell parameters and the patient's clinical condition.

RDW	14.8		11.0-15.0 %	IG
PLATELET COUNT	161		140-400 Thousand /uL	IG
MPV	11.5		7.5-12.5 fL	IG
ABSOLUTE NEUTROPHILS	2753		1500-7800 cells/uL	IG
ABSOLUTE LYMPHOCYTES	2596		850-3900 cells/uL	IG
ABSOLUTE MONOCYTES	617		200-950 cells/uL	IG
ABSOLUTE EOSINOPHILS	296		15-500 cells/uL	IG
ABSOLUTE BASOPHILS	38		0-200 cells/uL	IG
NEUTROPHILS	43.7		%	IG

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Test	In Range	Out Of Range	Reference Range	Lab
LYMPHOCYTES	41.2		%	IG
MONOCYTES	9.8		%	IG
EOSINOPHILS	4.7		%	IG
BASOPHILS	0.6		%	IG

ANA SCREEN, IFA, W/REFL TITER AND PATTERN Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC

ANA SCREEN, IFA **POSITIVE** **A** NEGATIVE IG

ANA IFA is a first line screen for detecting the presence of up to approximately 150 autoantibodies in various autoimmune diseases. A positive ANA IFA result is suggestive of autoimmune disease and reflexes to titer and pattern. Further laboratory testing may be considered if clinically indicated.

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

ANTINUCLEAR ANTIBODIES TITER AND PATTERN Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC

ANA TITER **1:80** **H** titer IG

A low level ANA titer may be present in pre-clinical autoimmune diseases and normal individuals.

Reference Range	
<1:40	Negative
1:40-1:80	Low Antibody Level
>1:80	Elevated Antibody Level

ANA PATTERN **Nuclear, Speckled** **A** IG

Speckled pattern is associated with mixed connective tissue disease (MCTD), systemic lupus erythematosus (SLE), Sjogren's syndrome, dermatomyositis, and systemic sclerosis/polymyositis overlap.

AC-2,4,5,29: Speckled

International Consensus on ANA Patterns (https://doi.org/10.1515/cclm-2018-0052)

ANA TITER **1:40** **H** titer IG

A low level ANA titer may be present in pre-clinical autoimmune diseases and normal individuals.

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Test	In Range	Out Of Range	Reference Range	Lab

```
Reference Range
<1:40        Negative
1:40-1:80    Low Antibody Level
>1:80        Elevated Antibody Level
```

ANA PATTERN **Mitotic** **A** IG

```
The presence of mitotic fluorescence was noted on the
HEp-2 slide. Other reactivities (e.g., anti-mitotic
spindle apparatus antigens) may be responsible for this
fluorescence. The clinical significance of this finding
is uncertain. Clinical correlation is recommended.

AC-24 to AC-28: Mitotic

International Consensus on ANA Patterns
(https://doi.org/10.1515/cclm-2018-0052)
```

RHEUMATOID FACTOR Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC

RHEUMATOID FACTOR	11		<14 IU/mL	IG

HS CRP Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC

HS CRP	1.7		mg/L	IG

```
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.
```

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Test	In Range	Out Of Range	Reference Range	Lab
CORTISOL, TOTAL, LC/MS	Collected: 12/01/2025 02:11 PM UTC	Received: 12/01/2025 02:12 PM UTC		
CORTISOL, TOTAL, LC/MS	21.3		mcg/dL	EZ

```
Adult Reference Ranges for Cortisol, Total:

   8-10 AM  4.6-20.6 mcg/dL
   4-6  PM  1.8-13.6 mcg/dL

   Cortisol Response to ACTH
   Peak >20.0 mcg/dL
   Peak >16.0 mcg/dL after IM injection

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```

Test	In Range	Out Of Range	Reference Range	Lab
FOOD SPECIFIC IGG ALLERGY (ADULT) PANEL	Collected: 12/01/2025 02:11 PM UTC	Received: 12/01/2025 02:12 PM UTC		
WHEAT (F4) IGG		**15.0 H**	<2.0 mcg/mL	EZ

```
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cleared or approved by the FDA. The analytical performance
characteristics of this test have been determined by Quest
Diagnostics. This test, and any food specific allergen IgG
result, should not be used for the diagnosis of allergic or
atopic disease states (except for sensitivity to milk in
neonates and gluten sensitivity). The use of food specific
allergen IgG results should be restricted to the assessment
of response to therapeutic interventions.
```

TOMATO (F25) IGG		**6.0 H**	<2.0 mcg/mL	EZ

```
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cleared or approved by the FDA. The analytical performance
characteristics of this test have been determined by Quest
Diagnostics. This test, and any food specific allergen IgG
result, should not be used for the diagnosis of allergic or
atopic disease states (except for sensitivity to milk in
neonates and gluten sensitivity). The use of food specific
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```

EGG WHITE (F1) IGG		**29.3 H**	<2.0 mcg/mL	EZ

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CASEIN (F78) IGG		**10.7 H**	<2.0 mcg/mL	EZ
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MAIZE/CORN (F8) IGG		**8.9 H**	<2.0 mcg/mL	EZ
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YEAST (F45) IGG		**3.9 H**	<2.0 mcg/mL	EZ
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PEANUT (F13) IGG		**7.5 H**	<2.0 mcg/mL	EZ

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SOYBEAN (F14) IGG		**10.3 H**	<2.0 mcg/mL	EZ
This test was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics. This test, and any food specific allergen IgG result, should not be used for the diagnosis of allergic or atopic disease states (except for sensitivity to milk in neonates and gluten sensitivity). The use of food specific allergen IgG results should be restricted to the assessment of response to therapeutic interventions.				
CODFISH (F3) IGG	<2.0		<2.0 mcg/mL	EZ
This test was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics. This test, and any food specific allergen IgG result, should not be used for the diagnosis of allergic or atopic disease states (except for sensitivity to milk in neonates and gluten sensitivity). The use of food specific allergen IgG results should be restricted to the assessment of response to therapeutic interventions.				
CACAO (CHOCOLATE) (F93) IGG		**2.8 H**	<2.0 mcg/mL	EZ
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COFFEE (F221) IGG		**2.9 H**	<2.0 mcg/mL	EZ

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LIPOPROTEIN (a) Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC

LIPOPROTEIN (a)	<10		<75 nmol/L	EZ

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 Tsimikas S.JACC 2017;69:692-711.

THYROID PEROXIDASE AND THYROGLOBULIN ANTIBODIES Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC

THYROGLOBULIN ANTIBODIES	<1		< or = 1 IU/mL	IG
THYROID PEROXIDASE ANTIBODIES	5		<9 IU/mL	IG

HOMOCYSTEINE Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC

HOMOCYSTEINE	10.1		< or = 15.2 umol/L	IG

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: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC

DHEA SULFATE	204		61-442 mcg/dL	IG

FSH Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC

FSH	9.0		1.4-12.8 mIU/mL	IG

INSULIN Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC

INSULIN	15.4		uIU/mL	IG

PATIENT INFORMATION:

Jeffrey Zavaleta

Phone (H): (833) 753-1851
DOB: 12/27/1974
Gender: Male **Age:** 50
Patient ID: 80382877

STATUS: **Final**

Source: Quest
Collection Date: 12/01/2025 02:11 PM UTC
Time Reported: 12/07/2025 08:54 PM UTC
Received: 12/07/2025 09:12 PM UTC
Accession Number: DZ800411S
Lab Ref #: 2506661

ORDERING PHYSICIAN:

Joshua A Emdur, D.O.

600 Congress Avenue
Floor 14
Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab
Reference Range	< or = 18.4			
Risk:				
Optimal	< or = 18.4			
Moderate	NA			
High	>18.4			

Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on Insulin Reference Interval studies performed at Quest Diagnostics in 2022.

LH Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
LH	5.6		1.5-9.3 mIU/mL	IG
PROLACTIN Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
PROLACTIN	11.7		2.0-18.0 ng/mL	IG
T4, FREE Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
T4, FREE	1.6		0.8-1.8 ng/dL	IG
TSH Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
TSH	4.22		0.40-4.50 mIU/L	IG
ESTRADIOL Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
ESTRADIOL		**62 H**	< OR = 39 pg/mL	IG

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.

PATIENT INFORMATION:

Jeffrey Zavaleta

Phone (H): (833) 753-1851
DOB: 12/27/1974
Gender: Male **Age:** 50
Patient ID: 80382877

STATUS: **Final**

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Floor 14
Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab
SEX HORMONE BINDING GLOBULIN Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
SEX HORMONE BINDING GLOBULIN	50		10-50 nmol/L	IG
T3, FREE Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
T3, FREE	3.5		2.3-4.2 pg/mL	IG
VITAMIN D,25-OH,TOTAL,IA Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
VITAMIN D,25-OH,TOTAL,IA	67		30-100 ng/mL	IG

```
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).

See Note 1
```

PSA (FREE AND TOTAL) Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
PSA, TOTAL	1.3		< OR = 4.0 ng/mL	IG
PSA, FREE	0.4		ng/mL	IG
PSA, % FREE	31		>25 % (calc)	IG

```
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)
```

PATIENT INFORMATION:

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DOB: 12/27/1974
Gender: Male **Age:** 50
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Test	In Range	Out Of Range	Reference Range	Lab

(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.

AMYLASE Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC

AMYLASE		78	21-101 U/L	IG

HEMOGLOBIN A1c Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC

HEMOGLOBIN A1c		5.6	<5.7 %	IG

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 a decreased risk of diabetes.

Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.

According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal

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Test	In Range	Out Of Range	Reference Range	Lab
control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).				
LIPASE Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
LIPASE	29		7-60 U/L	IG
LEAD (VENOUS) Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
LEAD (VENOUS)	<1.0		<3.5 mcg/dL	IG
No safe blood lead level (BLL) in children has been identified. Blood lead levels above 3.5 mcg/dL have been associated with adverse health effects in all age groups. Patient management varies by age and CDC Blood Lead Level range. Refer to the CDC website regarding Lead Publications/Case Management for recommended interventions. See Note 2 Note 1 For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ199 (This link is being provided for informational/ educational purposes only.) Note 2 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.				
ABO GROUP AND RH TYPE Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
ABO GROUP	A			IG
RH TYPE	RH(D) POSITIVE			IG
For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ111 (This link is being provided for informational/ educational purposes only.)				
MAGNESIUM, RBC Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				

PATIENT INFORMATION:

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Gender: Male **Age:** 50
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ORDERING PHYSICIAN:

Joshua A Emdur, D.O.

600 Congress Avenue
Floor 14
Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab
MAGNESIUM, RBC	5.2		4.0-6.4 mg/dL	Z3E

(Note)
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.

MDF
med fusion
2501 South State Highway 121,Suite 1100
Lewisville TX 75067
972-966-7300
Ithiel James L. Frame, MD, PhD

TESTOSTERONE, FREE (DIALYSIS) AND TOTAL,MS Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC

TESTOSTERONE, TOTAL, MS	945		250-1100 ng/dL	Z3E

For additional information, please refer to
https://education.questdiagnostics.com/faq/FAQ165
(This link is being provided for informational/educational purposes only.)
(Note)

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

TESTOSTERONE, FREE		**159.9** **H**	35.0-155.0 pg/mL	Z3E

(Note)
This test was developed and its analytical performance characteristics have been determined by medfusion. 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.

MDF
med fusion
2501 South State Highway 121,Suite 1100
Lewisville TX 75067
972-966-7300
Ithiel James L. Frame, MD, PhD

PATIENT INFORMATION:

Jeffrey Zavaleta

Phone (H): (833) 753-1851
DOB: 12/27/1974
Gender: Male **Age:** 50
Patient ID: 80382877

STATUS: **Final**

Source: Quest
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Lab Ref #: 2506661

ORDERING PHYSICIAN:

Joshua A Emdur, D.O.

600 Congress Avenue
Floor 14
Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab
OMEGACHECK(R) Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
EPA+DPA+DHA	6.9		>5.4 % by wt	Z3E
Relative Risk Categories: Optimal: >=5.5 Moderate: 3.8-5.4 High: <=3.7 (Note) Increasing blood levels of long-chain n-3 fatty acids are associated with a lower risk of sudden cardiac death (1). Based on the top (75th percentile) and bottom (25th percentile) quartiles of the Quest Diagnostics reference population, the following relative risk categories were established for OmegaCheck: A cut-off of > or = 5.5% by wt defines a population at optimal relative risk, 3.8-5.4% by wt defines a population at moderate relative risk, and < or = 3.7% by wt defines a population at high relative risk of sudden cardiac death. The totality of the scientific evidence demonstrates that when consumption of fish oils is limited to 3 g/day or less of EPA and DHA, there is no significant risk for increased bleeding time beyond the normal range. A daily dosage of 1 gram of EPA and DHA lowers the circulating triglycerides by about 7-10% within 2 to 3 weeks. (Reference: 1-Albert et al. NEJM. 2002;346: 1113-1118). 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.				
ARACHIDONIC ACID/EPA RATIO	7.3		3.7-40.7	Z3E
OMEGA-6/OMEGA-3 RATIO	4.3		3.7-14.4	Z3E
OMEGA-3 TOTAL	6.9		% by wt	Z3E
EPA	1.5		0.2-2.3 % by wt	Z3E
DPA	1.3		0.8-1.8 % by wt	Z3E
DHA	4.1		1.4-5.1 % by wt	Z3E
OMEGA-6 TOTAL	29.7		% by wt	Z3E
(Note) Quest Diagnostics measures a number of omega-6 fatty acids with AA and LA being the two most abundant forms reported.				
ARACHIDONIC ACID	11		8.6-15.6 % by wt	Z3E
LINOLEIC ACID		**16.1 L**	18.6-29.5 % by wt	Z3E

PATIENT INFORMATION:

Jeffrey Zavaleta

Phone (H): (833) 753-1851
DOB: 12/27/1974
Gender: Male **Age:** 50
Patient ID: 80382877

STATUS: **Final**

Source: Quest
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Accession Number: DZ800411S
Lab Ref #: 2506661

ORDERING PHYSICIAN:

Joshua A Emdur, D.O.

600 Congress Avenue
Floor 14
Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab
MDF med fusion 2501 South State Highway 121,Suite 1100 Lewisville TX 75067 972-966-7300 Ithiel James L. Frame, MD, PhD				
MERCURY, BLOOD Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
MERCURY, BLOOD	<5		<11 mcg/L	Z3E
(Note) 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. MDF med fusion 2501 South State Highway 121,Suite 1100 Lewisville TX 75067 972-966-7300 Ithiel James L. Frame, MD, PhD				
ZINC Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
ZINC	93		60-130 mcg/dL	Z3E
(Note) 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. MDF med fusion 2501 South State Highway 121,Suite 1100 Lewisville TX 75067 972-966-7300 Ithiel James L. Frame, MD, PhD				
LIPOPROTEIN FRACTIONATION ION MOBILITY Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC				
LDL PARTICLE NUMBER		**1297 H**	<1138 nmol/L	Z4M
Relative Risk: Optimal <1138; Moderate 1138-1409; High >1409. Male and Female Reference Range: 1016 to 2185 nmol/L.				
LDL SMALL		**311 H**	<142 nmol/L	Z4M

PATIENT INFORMATION:

Jeffrey Zavaleta

Phone (H): (833) 753-1851
DOB: 12/27/1974
Gender: Male **Age:** 50
Patient ID: 80382877

STATUS: **Final**

Source: Quest
Collection Date: 12/01/2025 02:11 PM UTC
Time Reported: 12/07/2025 08:54 PM UTC
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Accession Number: DZ800411S
Lab Ref #: 2506661

ORDERING PHYSICIAN:

Joshua A Emdur, D.O.

600 Congress Avenue
Floor 14
Austin, TX, 78701

Test	In Range	Out Of Range		Reference Range	Lab
Relative Risk: Optimal <142; Moderate 142-219; High >219. Male Reference Range: 123 to 441 nmol/L; Female Reference Range: 115 to 386 nmol/L.					
LDL MEDIUM		**283**	**H**	<215 nmol/L	Z4M
Relative Risk: Optimal <215; Moderate 215-301; High >301. Male Reference Range: 167 to 485 nmol/L; Female Reference Range: 121 to 397 nmol/L.					
HDL LARGE		**5705**	**L**	>6729 nmol/L	Z4M
Relative Risk: Optimal >6729; Moderate 6729-5353; High <5353. Male Reference Range: 4334 to 10815 nmol/L; Female Reference Range: 5038 to 17886 nmol/L.					
LDL PATTERN		**B**	**A**	A Pattern	Z4M
Relative Risk: Optimal Pattern A; High Pattern B. Reference Range: Pattern A.					
LDL PEAK SIZE		**213.9**	**L**	>222.9 Angstrom	Z4M
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. Relative Risk: Optimal >222.9; Moderate 222.9-217.4; High <217.4. Male and Female Reference Range: 216 to 234.3 Angstrom. Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on an adult U.S. reference population plus two large cohort study populations. Association between lipoprotein subfractions and cardiovascular events is based on Musunuru et al. ATVB.2009;29:1975. For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ134 (This link is being provided for informational/educational purposes only.)					

Enhanced PDF Report DZ800411S-1 Collected: 12/01/2025 02:11 PM UTC Received: 12/01/2025 02:12 PM UTC

Enhanced PDF Report DZ800411S- **Enhanced PDF Report DZ800411S-1.pdf [See Appendix 1 for details]**
1

IG	Quest Diagnostics-Dallas Lab. 4770 Regent Blvd, Irving, TX 75063-2445	Dir: Clare McCormick-Baw MD, PhD
EZ	Quest Diagnostics/Nichols SJC-San Juan Capistrano,. 33608 Ortega Hwy, San Juan Capistrano, CA 92675-2042	Dir: Irina Maramica MD,PhD,MBA
Z3E	MedFusion-MedFusion.	Dir: Ithiel James L Frame MD,PhD

PATIENT INFORMATION:

Jeffrey Zavaleta

Phone (H): (833) 753-1851
DOB: 12/27/1974
Gender: Male **Age:** 50
Patient ID: 80382877

STATUS: **Final**

Source:	Quest
Collection Date:	12/01/2025 02:11 PM UTC
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Accession Number:	DZ800411S
Lab Ref #:	2506661

ORDERING PHYSICIAN:

Joshua A Emdur, D.O.

600 Congress Avenue
Floor 14
Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab
	2501 South State Highway 121, Suite 1100, Lewisville, TX 75067-8065			
Z4M	Cleveland HeartLab Inc.-Cleveland HeartLab Inc.. 6701 Carnegie Ave, Suite 500, Cleveland, OH 44103-4623		Dir: Mohammad Q Ansari	

Range Flags Legend: L - Below low normal; H - Above high normal; A - Abnormal;

Quest Diagnostics

Report Status: Final

ZAVALETA, JEFFREY

Patient Information	Specimen Information	Client Information
ZAVALETA, JEFFREY **DOB: 12/27/1974 AGE: 50** Gender: M Phone: 833.753.1851 Patient ID: 80382877 Health ID: 8573038072058282	Specimen: DZ800411S Requisition: 0154717 Lab Ref #: 2506661 Collected: 12/01/2025 / 08:11 CST Received: 12/01/2025 / 20:45 CST Reported: 12/07/2025 / 14:54 CST	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
IRON, TIBC AND FERRITIN PANEL				
IRON AND TOTAL IRON BINDING CAPACITY				IG
IRON, TOTAL	104		50-180 mcg/dL	
IRON BINDING CAPACITY		**469 H**	250-425 mcg/dL (calc)	
% SATURATION	22		20-48 % (calc)	
FERRITIN		**545 H**	38-380 ng/mL	IG
FOOD SPECIFIC IGG ALLERGY (ADULT) PANEL				
WHEAT (F4) IGG		**15.0 H**	<2.0 mcg/mL	EZ
This test was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics. This test, and any food specific allergen IgG result, should not be used for the diagnosis of allergic or atopic disease states (except for sensitivity to milk in neonates and gluten sensitivity). The use of food specific allergen IgG results should be restricted to the assessment of response to therapeutic interventions.				
TOMATO (F25) IGG		**6.0 H**	<2.0 mcg/mL	EZ
This test was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics. This test, and any food specific allergen IgG result, should not be used for the diagnosis of allergic or atopic disease states (except for sensitivity to milk in neonates and gluten sensitivity). The use of food specific allergen IgG results should be restricted to the assessment of response to therapeutic interventions.				
EGG WHITE (F1) IGG		**29.3 H**	<2.0 mcg/mL	EZ
This test was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics. This test, and any food specific allergen IgG result, should not be used for the diagnosis of allergic or atopic disease states (except for sensitivity to milk in neonates and gluten sensitivity). The use of food specific allergen IgG results should be restricted to the assessment of response to therapeutic interventions.				
CASEIN (F78) IGG		**10.7 H**	<2.0 mcg/mL	EZ
This test was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics. This test, and any food specific allergen IgG result, should not be used for the diagnosis of allergic or atopic disease states (except for sensitivity to milk in neonates and gluten sensitivity). The use of food specific allergen IgG results should be restricted to the assessment of response to therapeutic interventions.				
MAIZE/CORN (F8) IGG		**8.9 H**	<2.0 mcg/mL	EZ

Quest Diagnostics

Report Status: Final

ZAVALETA, JEFFREY

Patient Information	Specimen Information	Client Information
ZAVALETA, JEFFREY **DOB: 12/27/1974 AGE: 50** Gender: M Patient ID: 80382877 Health ID: 8573038072058282	Specimen: DZ800411S Collected: 12/01/2025 / 08:11 CST Received: 12/01/2025 / 20:45 CST Reported: 12/07/2025 / 14:54 CST	Client #: 73917267 EMDUR, JOSHUA

Test Name	In Range	Out Of Range	Reference Range	Lab
This test was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics. This test, and any food specific allergen IgG result, should not be used for the diagnosis of allergic or atopic disease states (except for sensitivity to milk in neonates and gluten sensitivity). The use of food specific allergen IgG results should be restricted to the assessment of response to therapeutic interventions.				
YEAST (F45) IGG		**3.9 H**	<2.0 mcg/mL	EZ
This test was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics. This test, and any food specific allergen IgG result, should not be used for the diagnosis of allergic or atopic disease states (except for sensitivity to milk in neonates and gluten sensitivity). The use of food specific allergen IgG results should be restricted to the assessment of response to therapeutic interventions.				
PEANUT (F13) IGG		**7.5 H**	<2.0 mcg/mL	EZ
This test was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics. This test, and any food specific allergen IgG result, should not be used for the diagnosis of allergic or atopic disease states (except for sensitivity to milk in neonates and gluten sensitivity). The use of food specific allergen IgG results should be restricted to the assessment of response to therapeutic interventions.				
SOYBEAN (F14) IGG		**10.3 H**	<2.0 mcg/mL	EZ
This test was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics. This test, and any food specific allergen IgG result, should not be used for the diagnosis of allergic or atopic disease states (except for sensitivity to milk in neonates and gluten sensitivity). The use of food specific allergen IgG results should be restricted to the assessment of response to therapeutic interventions.				
CODFISH (F3) IGG	<2.0		<2.0 mcg/mL	EZ
This test was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics. This test, and any food specific allergen IgG result, should not be used for the diagnosis of allergic or atopic disease states (except for sensitivity to milk in neonates and gluten sensitivity). The use of food specific allergen IgG results should be restricted to the assessment of response to therapeutic interventions.				
CACAO (CHOCOLATE) (F93)				EZ

Quest Diagnostics

Report Status: Final

ZAVALETA, JEFFREY

Patient Information	Specimen Information	Client Information
ZAVALETA, JEFFREY **DOB: 12/27/1974 AGE: 50** Gender: M Patient ID: 80382877 Health ID: 8573038072058282	Specimen: DZ800411S Collected: 12/01/2025 / 08:11 CST Received: 12/01/2025 / 20:45 CST Reported: 12/07/2025 / 14:54 CST	Client #: 73917267 EMDUR, JOSHUA

Test Name	In Range	Out Of Range	Reference Range	Lab
IGG		**2.8 H**	<2.0 mcg/mL	

This test was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics. This test, and any food specific allergen IgG result, should not be used for the diagnosis of allergic or atopic disease states (except for sensitivity to milk in neonates and gluten sensitivity). The use of food specific allergen IgG results should be restricted to the assessment of response to therapeutic interventions.

COFFEE (F221) IGG		**2.9 H**	<2.0 mcg/mL	EZ

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ALBUMIN, RANDOM URINE				IG
W/O CREATININE				
ALBUMIN, URINE	0.6		mg/dL	
	Reference Range			
	Not established			

The ADA defines abnormalities in albumin excretion as follows:

Albuminuria Category	Result (mg/g creatinine)
Normal to Mildly increased	<30
Moderately increased	30-299
Severely increased	> OR = 300

The ADA recommends that at least two of three specimens collected within a 3-6 month period be abnormal before considering a patient to be within a diagnostic category.

LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL		**231 H**	<200 mg/dL	IG
HDL CHOLESTEROL	62		> OR = 40 mg/dL	IG
TRIGLYCERIDES		**226 H**	<150 mg/dL	IG

If a non-fasting specimen was collected, consider repeat triglyceride testing on a fasting specimen if clinically indicated.
Jacobson et al. J. of Clin. Lipidol. 2015;9:129-169.

LDL-CHOLESTEROL		**133 H**	mg/dL (calc)	IG
Reference range: <100				

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

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Test Name	In Range	Out Of Range	Reference Range	Lab
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)				
CHOL/HDLC RATIO	3.7		<5.0 (calc)	IG
NON HDL CHOLESTEROL		**169 H**	<130 mg/dL (calc)	IG
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.				
HS CRP	1.7		mg/L	IG
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	10.1		< or = 15.2 umol/L	IG
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.				
APOLIPOPROTEIN B		**109 H**	mg/dL	EZ
Reference Range: <90 Risk Category: Optimal <90 Moderate 90-129 High > or = 130 A desirable treatment target may be <80 mg/dL or lower				

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Test Name	In Range	Out Of Range	Reference Range	Lab
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).				
COMPREHENSIVE METABOLIC PANEL				IG
GLUCOSE	96		65-99 mg/dL Fasting reference interval	
UREA NITROGEN (BUN)	24		7-25 mg/dL	
CREATININE		**1.42 H**	0.70-1.30 mg/dL	
EGFR	60		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	17		6-22 (calc)	
SODIUM	142		135-146 mmol/L	
POTASSIUM	3.8		3.5-5.3 mmol/L	
CHLORIDE	99		98-110 mmol/L	
CARBON DIOXIDE	22		20-32 mmol/L	
CALCIUM	10.1		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.8		6.1-8.1 g/dL	
ALBUMIN	4.8		3.6-5.1 g/dL	
GLOBULIN	3.0		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.6		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.7		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	44		35-144 U/L	
AST		**78 H**	10-35 U/L	
ALT		**71 H**	9-46 U/L	
HEMOGLOBIN A1c	5.6		<5.7 %	IG
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 a decreased risk of diabetes. Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children. According to American Diabetes Association (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(ADA).				
URIC ACID	6.0		4.0-8.0 mg/dL	IG
Therapeutic target for gout patients: <6.0 mg/dL				
GGT	38		3-95 U/L	IG

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Test Name	In Range	Out Of Range	Reference Range	Lab
AMYLASE	78		21-101 U/L	IG
LIPASE	29		7-60 U/L	IG
TSH	4.22		0.40-4.50 mIU/L	IG
T4, FREE	1.6		0.8-1.8 ng/dL	IG
T3, FREE	3.5		2.3-4.2 pg/mL	IG
THYROID PEROXIDASE AND THYROGLOBULIN ANTIBODIES				
THYROGLOBULIN ANTIBODIES	<1		< or = 1 IU/mL	IG
THYROID PEROXIDASE ANTIBODIES	5		<9 IU/mL	IG
LEPTIN	3.2		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

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METHYLMALONIC ACID	139		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.

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

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CBC (INCLUDES DIFF/PLT)				IG
WHITE BLOOD CELL COUNT	6.3		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.49		4.20-5.80 Million/uL	
HEMOGLOBIN	16.3		13.2-17.1 g/dL	
HEMATOCRIT	49.4		39.4-51.1 %	
MCV	90.0		81.4-101.7 fL	
MCH	29.7		27.0-33.0 pg	
MCHC	33.0		31.6-35.4 g/dL	
For adults, a slight decrease in the calculated MCHC value (in the range of 30 to 32 g/dL) is most likely not clinically significant; however, it should be interpreted with caution in correlation with other red cell parameters and the patient's clinical condition.				
RDW	14.8		11.0-15.0 %	
PLATELET COUNT	161		140-400 Thousand/uL	
MPV	11.5		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	2753		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2596		850-3900 cells/uL	
ABSOLUTE MONOCYTES	617		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	296		15-500 cells/uL	
ABSOLUTE BASOPHILS	38		0-200 cells/uL	
NEUTROPHILS	43.7		%	
LYMPHOCYTES	41.2		%	
MONOCYTES	9.8		%	
EOSINOPHILS	4.7		%	
BASOPHILS	0.6		%	
URINALYSIS, COMPLETE				IG
COLOR	YELLOW		YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.023		1.001-1.035	
PH	6.0		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
OCCULT BLOOD	NEGATIVE		NEGATIVE	
PROTEIN	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
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	
This urine was analyzed for the presence of WBC, RBC, bacteria, casts, and other formed elements. Only those elements seen were reported.				
RHEUMATOID FACTOR	11		<14 IU/mL	IG

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Test Name	In Range	Out Of Range	Reference Range	Lab
CORTISOL, TOTAL, LC/MS	21.3		mcg/dL	EZ

Adult Reference Ranges for Cortisol, Total:

8-10 AM 4.6-20.6 mcg/dL
4-6 PM 1.8-13.6 mcg/dL

Cortisol Response to ACTH
Peak >20.0 mcg/dL
Peak >16.0 mcg/dL after IM injection

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.

LIPOPROTEIN (a)	<10		<75 nmol/L	EZ

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 Tsimikas S.JACC 2017;69:692-711.

DHEA SULFATE	204		61-442 mcg/dL	IG
FSH	9.0		1.4-12.8 mIU/mL	IG
INSULIN	15.4		uIU/mL	IG

Reference Range < or = 18.4

Risk:

Optimal	< or = 18.4
Moderate	NA
High	>18.4

Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on Insulin Reference Interval studies performed at Quest Diagnostics in 2022.

LH	5.6		1.5-9.3 mIU/mL	IG
PROLACTIN	11.7		2.0-18.0 ng/mL	IG
ESTRADIOL		**62 H**	< OR = 39 pg/mL	IG

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

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Test Name	In Range	Out Of Range	Reference Range	Lab
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.				
SEX HORMONE BINDING GLOBULIN	50		10-50 nmol/L	IG
PSA (FREE AND TOTAL)				IG
PSA, TOTAL	1.3		< OR = 4.0 ng/mL	
PSA, FREE	0.4		ng/mL	
PSA, % FREE	31		>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	IG
No safe blood lead level (BLL) in children has been identified.				

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Test Name	In Range	Out Of Range	Reference Range	Lab

Blood lead levels above 3.5 mcg/dL have been associated with adverse health effects in all age groups. Patient management varies by age and CDC Blood Lead Level range. Refer to the CDC website regarding Lead Publications/Case Management for recommended interventions.

See Endnote 1

ABO GROUP AND RH TYPE — IG

ABO GROUP	A		
RH TYPE	RH(D) POSITIVE		

For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ111 (This link is being provided for informational/ educational purposes only.)

MAGNESIUM, RBC	5.2	4.0-6.4 mg/dL	Z3E

(Note)
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MDF
med fusion
2501 South State Highway 121,Suite 1100
Lewisville TX 75067
972-966-7300
Ithiel James L. Frame, MD, PhD

TESTOSTERONE, FREE (DIALYSIS) AND TOTAL,MS — Z3E

TESTOSTERONE, TOTAL, MS	945	250-1100 ng/dL	

For additional information, please refer to https://education.questdiagnostics.com/faq/FAQ165 (This link is being provided for informational/educational purposes only.)
(Note)

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

TESTOSTERONE, FREE		**159.9 H**	35.0-155.0 pg/mL

(Note)
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MDF

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Test Name	In Range	Out Of Range	Reference Range	Lab
med fusion 2501 South State Highway 121,Suite 1100 Lewisville TX 75067 972-966-7300 Ithiel James L. Frame, MD, PhD				
MERCURY, BLOOD	<5		<11 mcg/L	Z3E
(Note) 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.				
MDF med fusion 2501 South State Highway 121,Suite 1100 Lewisville TX 75067 972-966-7300 Ithiel James L. Frame, MD, PhD				
ZINC	93		60-130 mcg/dL	Z3E
(Note) 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.				
MDF med fusion 2501 South State Highway 121,Suite 1100 Lewisville TX 75067 972-966-7300 Ithiel James L. Frame, MD, PhD				

Endnote 1

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Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	67	30-100 ng/mL	IG

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

Physician Comments:

Immunology

Test Name	Result	Reference Range	Lab
ANA SCREEN, IFA, W/REFL TITER AND PATTERN			IG
ANA SCREEN, IFA	**POSITIVE**	NEGATIVE	

ANA IFA is a first line screen for detecting the presence of up to approximately 150 autoantibodies in various autoimmune diseases. A positive ANA IFA result is suggestive of autoimmune disease and reflexes to titer and pattern. Further laboratory testing may be considered if clinically indicated.

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

ANTINUCLEAR ANTIBODIES TITER AND PATTERN			IG
ANA TITER	**1:80 H**	titer	

A low level ANA titer may be present in pre-clinical autoimmune diseases and normal individuals.

```
Reference Range
<1:40         Negative
1:40-1:80     Low Antibody Level
>1:80         Elevated Antibody Level
```

ANA PATTERN	**Nuclear, Speckled**	

Speckled pattern is associated with mixed connective tissue disease (MCTD), systemic lupus erythematosus (SLE), Sjogren's syndrome, dermatomyositis, and systemic sclerosis/polymyositis overlap.

AC-2,4,5,29: Speckled

International Consensus on ANA Patterns (https://doi.org/10.1515/cclm-2018-0052)

ANA TITER	**1:40 H**	titer

A low level ANA titer may be present in pre-clinical autoimmune diseases and normal individuals.

```
Reference Range
<1:40         Negative
1:40-1:80     Low Antibody Level
>1:80         Elevated Antibody Level
```

ANA PATTERN	**Mitotic**	

The presence of mitotic fluorescence was noted on the HEp-2 slide. Other reactivities (e.g., anti-mitotic spindle apparatus antigens) may be responsible for this fluorescence. The clinical significance of this finding is uncertain. Clinical correlation is recommended.

AC-24 to AC-28: Mitotic

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Immunology

Test Name	Result	Reference Range	Lab
International Consensus on ANA Patterns (https://doi.org/10.1515/cclm-2018-0052)			
Physician Comments:			

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Cardio IQ®

Test Name	Current Result & Risk: Optimal	Current Result & Risk: Non-Optimal	Risk/Reference Interval: Optimal	Moderate	High	Units	Historical Result & Risk
LIPOPROTEIN FRACTIONATION, ION MOBILIT							
LDL PARTICLE NUMBER		1297	<1138	1138-1409	>1409	nmol/L	
LDL SMALL		311	<142	142-219	>219	nmol/L	
LDL MEDIUM		283	<215	215-301	>301	nmol/L	
HDL LARGE		5705	>6729	6729-5353	<5353	nmol/L	
LDL PATTERN		B	A	N/A	B	Pattern	
LDL PEAK SIZE		213.9	>222.9	222.9-217.4	<217.4	Angstrom	
FATTY ACIDS							
OmegaCheck® Whole Blood: (EPA+DPA+DHA)	6.9		>=5.5	3.8-5.4	<=3.7	% by wt	
ARACHIDONIC ACID/EPA RATIO	7.3			3.7-40.7			
OMEGA-6/OMEGA-3 RATIO	4.3			3.7-14.4			
OMEGA-3 TOTAL		6.9				% by wt	
EPA	1.5			0.2-2.3		% by wt	
DPA	1.3			0.8-1.8		% by wt	
DHA	4.1			1.4-5.1		% by wt	
OMEGA-6 TOTAL		29.7				% by wt	
ARACHIDONIC ACID	11			8.6-15.6		% by wt	
LINOLEIC ACID		16.1 L		18.6-29.5		% by wt	

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

ClevelandHeartLab® Know your risk. | Quest Diagnostics®

Report Status: Final

ZAVALETA, JEFFREY

Patient Information	Specimen Information	Client Information
ZAVALETA, JEFFREY **DOB: 12/27/1974 AGE: 50** Gender: M Patient ID: 80382877 Health ID: 8573038072058282	Specimen: DZ800411S Collected: 12/01/2025 / 08:11 CST Received: 12/01/2025 / 20:45 CST Reported: 12/07/2025 / 14:54 CST	Client #: 73917267 EMDUR, JOSHUA

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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ZAVALETA, JEFFREY

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Reference Range/Comments

Analyte Name	In Range	Out Range	Reference Range	Lab
HDL LARGE		**5705**	>6729 nmol/L	Z4M
Relative Risk: Optimal >6729; Moderate 6729-5353; High <5353. Male Reference Range: 4334 to 10815 nmol/L; Female Reference Range: 5038 to 17886 nmol/L.				
LDL MEDIUM		**283**	<215 nmol/L	Z4M
Relative Risk: Optimal <215; Moderate 215-301; High >301. Male Reference Range: 167 to 485 nmol/L; Female Reference Range: 121 to 397 nmol/L.				
LDL PARTICLE NUMBER		**1297**	<1138 nmol/L	Z4M
Relative Risk: Optimal <1138; Moderate 1138-1409; High >1409. Male and Female Reference Range: 1016 to 2185 nmol/L.				
LDL PATTERN		**B**	A Pattern	Z4M
Relative Risk: Optimal Pattern A; High Pattern B. Reference Range: Pattern A.				
LDL PEAK SIZE		**213.9**	>222.9 Angstrom	Z4M
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. Relative Risk: Optimal >222.9; Moderate 222.9-217.4; High <217.4. Male and Female Reference Range: 216 to 234.3 Angstrom. Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on an adult U.S. reference population plus two large cohort study populations. Association between lipoprotein subfractions and cardiovascular events is based on Musunuru et al. ATVB.2009;29:1975. For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ134 (This link is being provided for informational/educational purposes only.)				
LDL SMALL		**311**	<142 nmol/L	Z4M
Relative Risk: Optimal <142; Moderate 142-219; High >219. Male Reference Range: 123 to 441 nmol/L; Female Reference Range: 115 to 386 nmol/L.				
LINOLEIC ACID		**16.1**	18.6-29.5 % by wt	Z3E
MDF med fusion 2501 South State Highway 121,Suite 1100 Lewisville TX 75067 972-966-7300 Ithiel James L. Frame, MD, PhD				
ARACHIDONIC ACID	**11**		8.6-15.6 % by wt	Z3E
ARACHIDONIC ACID/EPA RATIO	**7.3**		3.7-40.7	Z3E
DHA	**4.1**		1.4-5.1 % by wt	Z3E
DPA	**1.3**		0.8-1.8 % by wt	Z3E
EPA	**1.5**		0.2-2.3 % by wt	Z3E
EPA+DPA+DHA	**6.9**		>5.4 % by wt	Z3E
Relative Risk Categories: Optimal: >=5.5 Moderate: 3.8-5.4 High: <=3.7 (Note) Increasing blood levels of long-chain n-3 fatty acids are associated with a lower risk of sudden cardiac death (1). Based on the top (75th percentile) and bottom (25th percentile) quartiles of the Quest Diagnostics reference population, the following relative risk categories were established for OmegaCheck: A cut-off of > or = 5.5% by wt defines a population at optimal relative risk, 3.8-5.4% by wt defines a population at moderate relative risk, and < or = 3.7% by wt defines a population at high relative risk of sudden cardiac death. The totality of the scientific evidence demonstrates that when consumption of fish oils is limited to 3 g/day or less of EPA and DHA, there is no significant risk for increased bleeding time beyond the normal range. A daily dosage of 1 gram of EPA and DHA lowers the circulating triglycerides by about 7-10% within 2 to 3 weeks. (Reference: 1-Albert et al. NEJM. 2002;346: 1113-1118). 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.				
OMEGA-3 TOTAL	**6.9**		% by wt	Z3E
OMEGA-6 TOTAL	**29.7**		% by wt	Z3E
(Note) Quest Diagnostics measures a number of omega-6 fatty acids with AA and LA being the two most abundant forms reported.				
OMEGA-6/OMEGA-3 RATIO	**4.3**		3.7-14.4	Z3E

PERFORMING SITE:

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Z4M CLEVELAND HEARTLAB INC, 6701 CARNEGIE AVENUE SUITE 500, CLEVELAND, OH 44103-4623 Laboratory Director: M. QASIM ANSARI, MD , CLIA: 36D1032987