



Patient Information	Specimen Information	Client Information
CHRISTENSON, ALAN DOB: 07/21/1936 AGE: 83 Gender: M Fasting: U Phone: 408.219.2454 Patient ID: NG	Specimen: SA664342Q Requisition: 1710403 Collected: 09/27/2019 / 15:00 PDT Received: 09/28/2019 / 03:18 PDT Reported: 09/30/2019 / 13:11 PDT	Client #: 70276097 MAIL001 ANDO, YUMI CARAS HEALTH 130 PORTOLA RD STE C PORTOLA VALLEY, CA 94028-7825

Test Name	In Range	Out Of Range	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL				UL
GLUCOSE	98		65-99 mg/dL	
			Fasting reference interval	
UREA NITROGEN (BUN)	17		7-25 mg/dL	
CREATININE	0.82		0.70-1.11 mg/dL	
			For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.	
eGFR NON-AFR. AMERICAN	82		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	95		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	144		135-146 mmol/L	
POTASSIUM	4.5		3.5-5.3 mmol/L	
CHLORIDE	110		98-110 mmol/L	
CARBON DIOXIDE	25		20-32 mmol/L	
CALCIUM	9.5		8.6-10.3 mg/dL	
PROTEIN, TOTAL	6.8		6.1-8.1 g/dL	
ALBUMIN	3.9		3.6-5.1 g/dL	
GLOBULIN	2.9		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.3		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.4		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE		116 H	40-115 U/L	
AST	21		10-35 U/L	
ALT	26		9-46 U/L	
TSH	0.55		0.40-4.50 mIU/L	UL
T4, FREE	1.1		0.8-1.8 ng/dL	UL
CBC (INCLUDES DIFF/PLT)				UL
WITH SMEAR REVIEW				
WHITE BLOOD CELL COUNT	8.2		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.43		4.20-5.80 Million/uL	
HEMOGLOBIN		12.0 L	13.2-17.1 g/dL	
HEMATOCRIT		37.2 L	38.5-50.0 %	
MCV	84.0		80.0-100.0 fL	
MCH	27.1		27.0-33.0 pg	
MCHC	32.3		32.0-36.0 g/dL	
RDW		15.9 H	11.0-15.0 %	
PLATELET COUNT	283		140-400 Thousand/uL	
MPV	11.0		7.5-12.5 fL	
DIFFERENTIAL, MANUAL				UL
ABSOLUTE NEUTROPHILS	6314		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	1066		850-3900 cells/uL	
ABSOLUTE MONOCYTES	820		200-950 cells/uL	
ABSOLUTE EOSINOPHILS		0 L	15-500 cells/uL	
ABSOLUTE BASOPHILS	0		0-200 cells/uL	
NEUTROPHILS	77		%	
LYMPHOCYTES	13		%	
MONOCYTES	10		%	
EOSINOPHILS	0		%	
BASOPHILS	0		%	



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COMMENT(S)				

The smear has been manually reviewed and the manual differential has been reported.

URINALYSIS, COMPLETE				UL
W/REFLEX TO CULTURE				
COLOR	YELLOW		YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.028		1.001-1.035	
PH	6.0		5.0-8.0	
GLUCOSE		TRACE	NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
OCCULT BLOOD	NEGATIVE		NEGATIVE	
PROTEIN		TRACE	NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE	
WBC	NONE SEEN		< OR = 5 /HPF	
RBC	0-2		< OR = 2 /HPF	
SQUAMOUS EPITHELIAL CELLS	NONE SEEN		< OR = 5 /HPF	
BACTERIA	NONE SEEN		NONE SEEN /HPF	
HYALINE CAST	NONE SEEN		NONE SEEN /LPF	
REFLEXIVE URINE CULTURE	NO CULTURE INDICATED			UL
IRON AND TOTAL IRON				UL
BINDING CAPACITY				
IRON, TOTAL		15 L	50-180 mcg/dL	
IRON BINDING CAPACITY	311		250-425 mcg/dL (calc)	
% SATURATION		5 L	20-48 % (calc)	
FERRITIN	143		24-380 ng/mL	UL

PERFORMING SITE:

UL QUEST DIAGNOSTICS SACRAMENTO, 3714 NORTHGATE BLVD, SACRAMENTO, CA 95834-1617 Laboratory Director: M. ROSE AKIN, M.D., FCAP, CLIA: 05D0644209