

Blood Chemistry and CBC Analysis –
Clinical Laboratory Testing from a Functional Perspective

Quick Reference Guide

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Blood Chemistry and CBC Analysis- Clinical Laboratory Testing from a Functional Perspective Quick Reference Guide

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BLOOD CHEMISTRY AND COMPLETE BLOOD COUNT QUICK REFERENCE GUIDE

Introduction

There are few diagnostic tests that are truly diagnostic all on their own. It is important to see the trends and patterns that exist between various tests. This section is organized to provide that information, and is broken into two sections.

Section One

The first section of the Quick Reference Guide is a list of the individual components of the blood chemistry screen and complete blood count. Beside each component, organized by high or low values, is a list of the most common conditions seen with deviations from normal.

COMPONENT	HIGH	LOW
Glucose	<ul style="list-style-type: none"> • Insulin resistance • Early stage hyperglycemia/Diabetes • Syndrome X/Metabolic Syndrome • Thiamine Need • Cortisol resistance • Fatty liver • Liver congestion 	<ul style="list-style-type: none"> • Hypoglycemia- reactive • Hypoglycemia- Liver glycogen problem • Hyperinsulinism • Adrenal hypofunction
Hemoglobin A1C	<ul style="list-style-type: none"> • Diabetes mellitus • Insulin resistance 	<ul style="list-style-type: none"> • Hypoglycemia
Triglycerides	<ul style="list-style-type: none"> • Syndrome X/Metabolic Syndrome • Fatty liver • Liver congestion • Insulin resistance • Cardiovascular disease • Atherosclerosis • Poor metabolism and utilization of fats • Early stage hyperglycemia/Diabetes • Hyperlipidemia/ Hyperlipoproteinemia • Primary hypothyroidism • Adrenal cortical dysfunction • Secondary hypothyroidism- anterior pituitary dysfunction • Alcoholism 	<ul style="list-style-type: none"> • Liver/biliary dysfunction • Thyroid hyperfunction • Autoimmune processes • Adrenal hyperfunction

COMPONENT	HIGH	LOW
Cholesterol	<ul style="list-style-type: none"> • Primary hypothyroidism • Adrenal cortical dysfunction • Cardiovascular disease • Atherosclerosis • Biliary stasis • Insulin resistance • Poor metabolism and utilization of fats • Fatty liver • Early stage hyperglycemia/Diabetes • Syndrome X/Metabolic Syndrome • Hyperlipoproteinemia • Multiple sclerosis 	<ul style="list-style-type: none"> • Oxidative stress • Heavy metal body burden • Liver/biliary dysfunction • Diet- malnutrition • Thyroid hyperfunction • Autoimmune processes • Adrenal hyperfunction
LDL		<ul style="list-style-type: none"> • Diet- high in refined carbohydrates • Syndrome X/Metabolic Syndrome • Atherosclerosis • Fatty liver/Hyperlipidemia • Oxidative stress
HDL	<ul style="list-style-type: none"> • Autoimmune processes 	<ul style="list-style-type: none"> • Hyperlipidemia/Fatty Liver • Atherosclerosis • Syndrome X/Metabolic Syndrome • Oxidative stress • Heavy metals • Hyperthyroidism • Lack of exercise/sedentary lifestyle
BUN	<ul style="list-style-type: none"> • Renal disease • Renal insufficiency • Dehydration • Hypochlorhydria • Diet- excessive protein intake • Adrenal hyperfunction • Dysbiosis • Edema • Anterior pituitary dysfunction 	<ul style="list-style-type: none"> • Diet- low protein • Malabsorption • Pancreatic insufficiency • Liver dysfunction

COMPONENT	HIGH	LOW
Creatinine	<ul style="list-style-type: none"> • BPH • Urinary tract congestion • Renal disease • Renal insufficiency • Uterine hypertrophy 	<ul style="list-style-type: none"> • Muscle atrophy • Protein insufficiency or impaired digestion
Bun/Creatinine ratio	<ul style="list-style-type: none"> • Renal disease 	<ul style="list-style-type: none"> • Diet- low protein • Posterior pituitary dysfunction
Uric Acid	<ul style="list-style-type: none"> • Gout • Atherosclerosis/Oxidative stress • Arthralgias • Renal insufficiency/Renal disease • Circulatory disorders • Leaky gut syndrome 	<ul style="list-style-type: none"> • Molybdenum deficiency • Anemia- B12/folate deficiency • Copper deficiency
Potassium	<ul style="list-style-type: none"> • Adrenal hypofunction • Dehydration • Tissue destruction • Metabolic acidosis 	<ul style="list-style-type: none"> • Adrenal hyperfunction • Drug diuretics • Benign essential hypertension
Sodium	<ul style="list-style-type: none"> • Adrenal hyperfunction • Cushing's disease • Dehydration 	<ul style="list-style-type: none"> • Adrenal hypofunction • Addison's disease • Edema • Drug diuretics
Chloride	<ul style="list-style-type: none"> • Metabolic acidosis • Adrenal hyperfunction 	<ul style="list-style-type: none"> • Hypochlorhydria • Metabolic alkalosis • Adrenal hypofunction
CO2	<ul style="list-style-type: none"> • Metabolic alkalosis • Adrenal hyperfunction • Hypochlorhydria • Respiratory acidosis 	<ul style="list-style-type: none"> • Metabolic acidosis • Thiamine need • Respiratory alkalosis
Anion Gap	<ul style="list-style-type: none"> • Thiamine need • Metabolic acidosis 	
Total Protein	<ul style="list-style-type: none"> • Dehydration 	<ul style="list-style-type: none"> • Hypochlorhydria • Digestive dysfunction and/or inflammation • Liver dysfunction

COMPONENT	HIGH	LOW
Albumin	<ul style="list-style-type: none"> Dehydration 	<ul style="list-style-type: none"> Hypochlorhydria Liver dysfunction Oxidative stress Vitamin C need
Globulin	<ul style="list-style-type: none"> Hypochlorhydria Liver cell damage Oxidative stress Heavy metal toxicity 	<ul style="list-style-type: none"> Digestive dysfunction and/or inflammation Immune insufficiency
Albumin/ Globulin ratio		<ul style="list-style-type: none"> Liver dysfunction Immune activation
Calcium	<ul style="list-style-type: none"> Parathyroid hyperfunction Thyroid hypofunction Impaired membrane health 	<ul style="list-style-type: none"> Parathyroid hypofunction Calcium need Hypochlorhydria
Phosphorous	<ul style="list-style-type: none"> Parathyroid hypofunction Bone growth and/or repair Diet- excessive phosphorous consumption Renal insufficiency 	<ul style="list-style-type: none"> Parathyroid hyperfunction Hypochlorhydria Hyperinsulinism Diet- high in refined carbohydrates
Magnesium	<ul style="list-style-type: none"> Renal dysfunction Thyroid hypofunction 	<ul style="list-style-type: none"> Epilepsy Muscle spasm
Alkaline phosphatase	<ul style="list-style-type: none"> Biliary obstruction Liver cell damage Bone: loss/increased turnover or bone growth and/or repair Leaky gut syndrome Herpes zoster Metastatic carcinoma of the bone 	<ul style="list-style-type: none"> Zinc deficiency
LDH	<ul style="list-style-type: none"> Liver/biliary dysfunction Cardiovascular disease Anemia- B12/folate deficiency, hemolytic Non-specific tissue inflammation Tissue destruction Viral infection 	<ul style="list-style-type: none"> Reactive hypoglycemia

COMPONENT	HIGH	LOW
SGOT/AST	<ul style="list-style-type: none"> • Dysfunction located outside of the liver and Biliary tree • Developing Congestive Heart Failure • Acute MI • Cardiovascular dysfunction: Coronary artery insufficiency • Liver cell damage • Liver dysfunction • Excess muscle breakdown or turnover • Infectious mononucleosis, EBV, CMV 	<ul style="list-style-type: none"> • B6 deficiency • Alcoholism
SGPT/ALT	<ul style="list-style-type: none"> • Dysfunction located in the liver • Fatty liver • Liver dysfunction • Biliary tract obstruction • Excessive muscle breakdown or turnover • Cirrhosis of the liver • Liver cell damage 	<ul style="list-style-type: none"> • B6 deficiency • Fatty liver (early development) • Liver congestion • Alcoholism
GGTP	<ul style="list-style-type: none"> • Dysfunction located outside the liver and inside the biliary tree • Biliary obstruction • Biliary stasis/insufficiency • Liver cell damage • Alcoholism • Acute/chronic Pancreatitis • Pancreatic insufficiency 	<ul style="list-style-type: none"> • B6 deficiency • Magnesium need
Total Bilirubin	<ul style="list-style-type: none"> • Biliary stasis • Oxidative stress • Thymus dysfunction • Biliary tract obstruction or calculi • Liver dysfunction • RBC hemolysis • Gilbert's syndrome 	<ul style="list-style-type: none"> • Spleen insufficiency

COMPONENT	HIGH	LOW
Direct Bilirubin	<ul style="list-style-type: none"> • Biliary tract obstruction • Biliary calculi/obstruction (usually extra hepatic) 	
Indirect Bilirubin	<ul style="list-style-type: none"> • RBC hemolysis • Gilbert's syndrome 	
Serum Iron	<ul style="list-style-type: none"> • Liver dysfunction • Hemochromatosis/hemosiderosis/iron overload • Iron conversion problem • Viral infection • Excess iron consumption 	<ul style="list-style-type: none"> • Anemia- iron deficiency • Hypochlorhydria • Internal/microscopic bleeding
Ferritin	<ul style="list-style-type: none"> • Hemochromatosis/hemosiderosis/iron overload • Excess iron consumption • Inflammation/liver dysfunction/oxidative stress 	<ul style="list-style-type: none"> • Anemia- iron deficiency
TIBC	<ul style="list-style-type: none"> • Anemia- iron deficiency • Internal bleeding 	<ul style="list-style-type: none"> • Hemochromatosis/hemosiderosis/iron overload • Microscopic bleeding • Diet- protein malnutrition
% Transferrin Saturation	<ul style="list-style-type: none"> • Hemochromatosis/hemosiderosis/iron overload 	<ul style="list-style-type: none"> • Anemia- iron deficiency
TSH	<ul style="list-style-type: none"> • Primary hypothyroidism 	<ul style="list-style-type: none"> • Hyperthyroidism • Secondary hypothyroidism- anterior pituitary dysfunction • Tertiary hypothyroidism- hypothalamic dysfunction • Heavy metal body burden
T-3	<ul style="list-style-type: none"> • Hyperthyroidism • Iodine deficiency 	<ul style="list-style-type: none"> • Primary hypothyroidism • Selenium deficiency
T-4	<ul style="list-style-type: none"> • Hyperthyroidism • Thyroid hormone replacement 	<ul style="list-style-type: none"> • Primary hypothyroidism • Iodine deficiency
T-3 Uptake	<ul style="list-style-type: none"> • Hyperthyroidism • Thyroid hormone replacement 	<ul style="list-style-type: none"> • Primary hypothyroidism • Secondary hypothyroidism- anterior pituitary dysfunction • Selenium deficiency • Iodine deficiency
ESR	<ul style="list-style-type: none"> • Non-specific tissue inflammation or destruction 	

COMPLETE BLOOD COUNT

COMPONENT	HIGH/LOW	CONDITION
White Blood Cell Count	<ul style="list-style-type: none"> • Childhood diseases (Measles, Mumps, Rubella, Chicken pox etc.) • Acute bacterial infection • Acute viral infection • Stress • Diet- High in refined carbohydrates 	<ul style="list-style-type: none"> • Chronic viral infections • Chronic bacterial infections • Leukocytic auto-digestion • Systemic Lupus Erythematosus (SLE) • Decreased production from bone marrow • Diet- raw food diet
Red Blood Cell Count	<ul style="list-style-type: none"> • Respiratory distress: Asthma or emphysema • Polycythemia (relative or absolute) • Dehydration 	<ul style="list-style-type: none"> • Anemia- Iron deficiency • Anemia- B12/folate deficiency • Anemia- Copper deficiency • Internal bleeding • Vitamin C need
Hemoglobin	<ul style="list-style-type: none"> • Respiratory distress: Asthma or emphysema • Polycythemia (relative or primary) • Dehydration 	<ul style="list-style-type: none"> • Anemia- iron deficiency • Anemia- B12/folate deficiency • Anemia- B6 deficiency anemia • Anemia- Copper deficiency • Internal bleeding • Digestive inflammation • Vitamin C need
Hematocrit	<ul style="list-style-type: none"> • Respiratory distress: Asthma or emphysema • Polycythemia (relative or primary) • Spleen hyperfunction • Dehydration 	<ul style="list-style-type: none"> • Anemia • Anemia- Iron deficiency • Anemia- B12/folate deficiency • Anemia- B6 deficiency • Anemia- Copper deficiency • Internal bleeding • Digestive inflammation • Thymus hypofunction • Vitamin C need
MCV	<ul style="list-style-type: none"> • Anemia- B12/folate deficiency • Vitamin C need 	<ul style="list-style-type: none"> • Anemia- Iron deficiency • Anemia- B6 deficiency • Internal bleeding

COMPONENT	HIGH	LOW
MCH	<ul style="list-style-type: none"> Anemia- B12/folate deficiency Hypochlorhydria 	<ul style="list-style-type: none"> Anemia- Iron deficiency Anemia- B6 deficiency Internal bleeding Heavy metal body burden Vitamin C need
MCHC	<ul style="list-style-type: none"> Anemia- B12/folate deficiency Hypochlorhydria 	<ul style="list-style-type: none"> Anemia- Iron deficiency Anemia- B6 deficiency Heavy metal body burden Vitamin C need
RDW	<ul style="list-style-type: none"> Anemia- Iron deficiency Anemia- B12/folate deficiency Pernicious anemia 	<ul style="list-style-type: none"> Childhood diseases (Measles, Mumps, Rubella, Chicken pox) Acute or chronic bacterial infection Inflammation
Neutrophils		<ul style="list-style-type: none"> Blood diseases (aplastic anemia, pernicious anemia etc.) Chronic viral infection
Monocytes	<ul style="list-style-type: none"> Recovery phase of infection Liver dysfunction Intestinal parasites Benign Prostatic Hypertrophy (BPH) 	
Lymphocytes	<ul style="list-style-type: none"> Childhood diseases Acute and chronic viral infection Infectious mononucleosis Inflammation Systemic toxicity 	<ul style="list-style-type: none"> Chronic viral or bacterial infections Free radical activity Active bacterial infection Suppressed bone marrow function
Eosinophils	<ul style="list-style-type: none"> Intestinal parasites Food and environmental allergies/sensitivities Asthma 	<ul style="list-style-type: none"> Increased adrenal steroid production
Basophils	<ul style="list-style-type: none"> Tissue inflammation Intestinal parasites 	
Platelet count	<ul style="list-style-type: none"> Atherosclerosis 	<ul style="list-style-type: none"> Idiopathic thrombocytopenia Heavy metal body burden Free radical pathology

Section Two

The second section presents the common patterns arranged by conditions. Beside each condition is a list of the patterns organized by which components of the blood chemistry screen and complete blood count are high or low for any given condition. The optimal value changes are given for both the Standard US Units and Standard International Units.

CONDITION	HIGH	LOW
Adrenal hyperfunction	↑ Sodium (>142) ↑ Chloride (>106) ↑ CO ₂ (>30) ↑ BUN (>16 or 5.71 mmol/L)	↓ Potassium (<4.0) ↓ Cholesterol (<150 or 3.9mmol/L) ↓ Triglyceride (<70 or 0.79mmol/L)
Adrenal hypofunction	↑ Potassium (>4.5) ↑ Cholesterol (>220 or 5.69mmol/L) ↑ Triglycerides (>110 or 1.24 mmol/L)	↓ Sodium (<135) ↓ Chloride (<100) ↓ Blood Glucose (<80 or 4.44 mol/L)
Anemia- B12/folate deficiency	↑ MCH (>31.9) ↑ MCV (>89.9) ↑ RDW (>13) ↑ MCHC (>35) ↑ Serum iron (>100 or >17.91 μmol/L) ↑ LDH (>200)	↓ RBCs (<3.9 _♀ , <4.2 _♂) ↓ HCT (<37 or 0.37 in ♂ and <40 or 0.4 in ♂) ↓ HGB (<13.5 or 135g/L in ♀ and <14 or 140 in ♂) ↓ WBCs (<5.0) ↓ Neutrophils (<40) ↓ Uric acid (<3.5 or 208 μmol/dL)
Anemia- hemolytic	↑ LDH (>200) ↑ Reticulocytes (>1 or 00.1)	
Anemia- Iron deficiency	↑ TIBC (>350) ↑ Transferrin If hypochlorhydria is present: ↑ Globulin (>2.8 or 28 g/L)	↓ Serum iron (<50 or <8.96 μmol/L) ↓ Ferritin (<10 in ♀ and <33 in ♂) ↓ % transferrin saturation (<20%) ↓ or N RBCs (<3.9 _♀ , <4.2 _♂) ↓ HGB (<13.5 or 135 g/L in ♂ and <14 or 140 in ♂) ↓ or N HCT (<37 or 0.37 in ♂ and <40 or 0.4 in ♂) ↓ MCV MCV (<82), ↓ MCH (<28), ↓ MCHC (<32) ↓ Globulin (<2.4 or 24 g/L) ↓ Phosphorous (<3.0 or 0.97 mmol/L)
Anterior pituitary/secondary thyroid hypofunction	↑ Triglycerides (>110 or 1.24 mmol/L) ↑ Cholesterol (>220 or 5.69mmol/L) ↑ BUN (>16 or 5.71 mmol/L)	↓ TSH (<2.0) ↓ T-3 uptake (<27)

CONDITION	HIGH	LOW
Arthralgias	↑ ESR (> 10 in ♀ and > 5 in ♂) ↑ C-reactive protein ↑ or N albumin (>5.0 or 50 g/L) ↑ Globulin (>2.8 or 28 g/L) ↑ Platelet (>385)	↓ or N albumin (<4.0 or 40 g/L)
Asthma	↑ HGB (>14.5 or 145 g/L in ♂ and >15 or 150 in ♂) ↑ Eosinophils (>3%) ↑ HCT (>44 or 0.44 in ♂ and >48 or 0.48 in ♂) ↑ Neutrophils (>60%) ↑ or N Total WBC (>7.5)	↓ Lymphocytes ↓ Plasma and salivary cortisol in the chronic phase.
Atherosclerosis	↑ Triglycerides (>110 or 1.24 mmol/L) ↑ or N Cholesterol (>220 or 5.69mmol/L) ↑ LDL (>120 or 3.1 mmol/L) ↑ Uric acid (>5.9 or 351 µmol/dL) ↑ Platelet (>385) ↑ C reactive protein	↓ HDL (<55 or 1.42 mmol/L)
Autoimmune processes- tissue destruction	↑ HDL (>70 or 1.81 mmol/L) ↑ LDH (>200)	↓ Triglyceride (<70 or 0.79 mmol/L) ↓ or N Cholesterol (<150 or 3.9 mmol/L)
B6 deficiency (confirm with a serum or urinary homocysteine)	N Serum iron	↓ or N SGPT/ALT (<10) ↓ SGOT/AST (<10) ↓ GGTP (<10) ↓ MCV (<82), ↓ MCH (<28) ↓ MCHC (<32) ↓ HCT (<37 or 0.37 in ♂ and <40 or 0.4 in ♂) ↓ HGB (<13.5 or 135 g/L in ♂ and <14 or 140 in ♂)
Biliary dysfunction	↑ Alkaline phosphatase (>100) ↑ GGTP (>30) ↑ SGPT/ALT (>30) ↑ LDH (>200)	↓ Triglyceride (<70 or 0.79 mmol/L) ↓ Cholesterol (<150 or 3.9 mmol/L)
Biliary obstruction/calculi	↑ Alkaline phosphatase (>100) ↑ SGPT/ALT (>30) ↑ GGTP (>30) ↑ Bilirubin (>1.2 or 20.5 µmol/dL) ↑ Direct bilirubin (>0.2 or 3.4 µmol/dL)	

CONDITION	HIGH	LOW
Biliary stasis/insufficiency	<ul style="list-style-type: none"> ↑ Cholesterol (>220 or 5.69 mmol/L) ↑ GGTP (>30) ↑ Bilirubin (>1.2 or 20.5 μmol/dL) ↑ Alk Phos (>100) 	
BPH	<ul style="list-style-type: none"> ↑ Creatinine (>1.1 or 97.2 mmol/L) ↑ PSA (may be normal) ↑ Monocytes (>7%) 	
Cardiovascular disease	<ul style="list-style-type: none"> ↑ Triglycerides (>110 or 1.24 mmol/L) ↑ Cholesterol (>220 or 5.69mmol/L) ↑ LDL (>120 or 3.1 mmol/L) ↑ LDH (>200) ↑ SGOT/AST (>30) 	<ul style="list-style-type: none"> ↓ HDL (<55 or 1.42 mmol/L)
Childhood diseases	<ul style="list-style-type: none"> ↑ Total WBC (>7.5) ↑ Neutrophils (>60%) (early) ↑ Lymphocytes (>44%)(later) 	<ul style="list-style-type: none"> ↓ Neutrophils (<40%) (later) ↓ Lymphocytes (<24%) (early)
Copper deficiency	<ul style="list-style-type: none"> Low high MCV (>89.9) ↑ to N MCH (>31.9), 	<ul style="list-style-type: none"> ↓ Uric acid (<3.5 or 208 μmol/dL) ↓ HCT (<37 or 0.37 in ♂ and <40 or 0.4 in ♂) ↓ HGB (<13.5 or 135 g/L in ♂ and <14 or 140 in ♂) ↓ RBCs (<3.9♀, <4.2♂)
Deficient Red Blood Cell production	<ul style="list-style-type: none"> ↑ Serum iron (>100 or >17.91 μmol/L) 	<ul style="list-style-type: none"> ↓ RBCs (<3.9♀, <4.2♂) ↓ HCT (<37 or 0.37 in ♂ and <40 or 0.4 in ♂)
Dehydration	<ul style="list-style-type: none"> ↑ RBCs (>4.5 in ♂ and >4.9 in ♂) ↑ HGB (>14.5 or 145 g/L in ♂ and >15 or 150 in ♂) ↑ HCT (>44 or 0.44 in ♂ and >48 or 0.48 in ♂) ↑ Total protein (> 7.4 or 74 g/L) (Chronic) ↑ Albumin (>5.0 or 50 g/L) (Chronic) ↑ Sodium (>142) ↑ Potassium (<4.0) ↑ BUN (>16 or 5.71 mmol/L) (Chronic) 	
Diabetes/hyperglycemia	<ul style="list-style-type: none"> ↑ Blood Glucose (>100 or 5.55 mmol/L) ↑ Hemoglobin A1C (>5.7% or 0.057) ↑ Cholesterol (>220 or 5.69 mmol/L) ↑ Triglycerides (>110 or 1.24 mmol/L) ↑ BUN (>16 or 5.71 mmol/L) ↑ Creatinine (>1.1 or 97.2 μmmol/dL) 	<ul style="list-style-type: none"> ↓ HDL (<55 or 1.42 mmol/L)

CONDITION	HIGH	LOW
Diet- fat deficient		↓ Cholesterol (<150 or 3.9mmol/L) ↓ Triglyceride (<70 or 0.79mmol/L)
Diet- high in refined carbohydrates	↑ LDL (>120 or 3.1 mmol/L)	↓ Phosphorous (<3.0 or 0.97 mmol/L) ↓ Total WBC count (<5.0)
Diet- low protein		↓ BUN (<10 or 3.57 mmol/L) ↓ Total protein (< 6.9 or 69 g/L) ↓ BUN-Creatinine ratio (<13) ↓ Creatinine (<0.8 or 70.7 μmmol/dL)
Digestive dysfunction/inflammation	↑ BUN (>16 or 5.71 mmol/L) ↑ Basophils (>1%) With Ulceration or erosion: ↑ Alk Phos intestinal isoenzyme	↓ Total protein (< 6.9 or 69 g/L) ↓ Total Globulin (<2.4 or 24 g/L) ↓ Albumin (<4.0 or 40 g/L) ↓ Phosphorous (<3.0 or 0.97 mmol/L) ↓ Creatinine (<0.8 or 70.7 μmol/dL)
Edema	↑ BUN (>16 or 5.71 mmol/L)	↓ Sodium (<135) ↓ albumin (<4.0 or 40 g/L)
Emphysema	↑ HCT (>44 or 0.44 in ♂ and >48 or 0.48 in ♂) ↑ RBCs (>4.5 in ♂ and >4.9 in ♂) ↑ or N CO ₂ (>30)	↓↓ Alpha I globulin ↓ or N serum chloride (<100)
Excess consumption of iron	↑ Serum iron (>100 or >17.91 μmol/L) ↑ Ferritin (>122 in ♂ and >236 in ♂)	
Fatty Liver (steatosis)	↑ SGPT/ALT (>30) ↑ LDH (>200) ↑ Alk Phos (>100)	
Fatty liver- Early Stage	↑ Blood Glucose (>100 or 5.55 mmol/L) ↑ Triglycerides (>110 or 1.24 mmol/L) ↑ Cholesterol (>220 or 5.69mmol/L) ↑ LDL (>120 or 3.1 mmol/L)	↓ HDL (<55 or 1.42 mmol/L) ↓ SGPT/ALT (<10)
Gilbert's syndrome	↑ Bilirubin (>1.2 or 20.5 μmol/dL) ↑ Indirect bilirubin (>1.0 or 17.1 μmol/dL)	
Gout	↑↑ Uric acid (>5.9 or 351 μmol/dL) ↑ Cholesterol (>220 or 5.69mmol/L) ↑ BUN (>16 or 5.71 mmol/L) ↑ or N Creatinine (>1.1 or 97.2 μmmol/dL)	↓ Phosphorous (<3.0 or 0.97 mmol/L)

CONDITION	HIGH	LOW
Heavy metal burden (run a hair/urine analysis if this pattern comes up to rule this out)	↑ Uric acid (>5.9 or 351 µmol/dL) ↑ Total Bilirubin (>1.2 or 20.5 µmol/dL) ↑ BUN (>16 or 5.71 mmol/L) Cadmium toxicity: ↑ Calcium (>10.5 or 2.5 mmol/L)	↓ MCHC (<32) and MCH (<28) ↓ HCT (<37 or 0.37 in ♂ and <40 or 0.4 in ♀) ↓ HGB (<13.5 or 135 g/L in ♂ and <14 or 140 in ♀) ↓ RBCs (<3.9♀, <4.2♂) ↓ 5 th Isoenzyme of LDH Cadmium toxicity: ↓ Phosphorous (<3.0 or 0.97 mmol/L)
Heavy metals/chemical toxicity	↑ Total globulin (>2.8 or 28 g/L)	↓ Uric acid (<3.5 or 208 µmmol/L) ↓ Cholesterol (<150 or 3.9mmol/L) ↓ HDL (<55 or 1.42 mmol/L) ↓ MCH (<28) ↓ MCHC (<32) ↓ TSH (<2.0) ↓ Platelets (<155)
Hemochromatosis	↑ Serum iron (>100 or >17.91 µmol/L) ↑↑ Ferritin (>1000) ↑ % transferrin saturation (>35%) ↑ SGOT/AST (>30)	↓ TIBC (<250 or 44.8 µmol/dL)
Hyperinsulinemia	↑ Triglycerides (>110 or 1.24 mmol/L) ↑ Cholesterol (>220 or 5.69mmol/L)	↓ Blood Glucose (<80 or 4.44 mol/L) ↓ HDL (<55 or 1.42 mmol/L) ↓ Phosphorous (<3.0 or 0.97 mmol/L)
Hyperlipidemia	↑ Triglycerides (>110 or 1.24 mmol/L) ↑ Cholesterol (>220 or 5.69mmol/L) ↑ LDL (>120 or 3.1 mmol/L)	↓ HDL (<55 or 1.42 mmol/L)
Hyperlipoproteinemia	↑ Triglycerides (>110 or 1.24 mmol/L) ↑ Cholesterol (>220 or 5.69mmol/L)	
Hypochlorhydria	↑ BUN (>16 or 5.71 mmol/L) ↑ Total Globulin (>2.8 or 28 g/L)	↓ or N Total protein (< 6.9 or 69 g/L) ↓ or N albumin (<4.0 or 40 g/L) ↓ Phosphorous (<3.0 or 0.97 mmol/L)
Hypoglycemia- liver glycogen storage problem	↑ SGPT/ALT (>30)	↓ Blood Glucose (<80 or 4.44 mol/L) ↓ Hemoglobin A1C (<4.1% or 0.041) ↓ LDH (<140)

CONDITION	HIGH	LOW
Hypoglycemia-reactive		↓ Blood Glucose (<80 or 4.44 mol/L) ↓ Hemoglobin A1C (<4.1% or 0.041) ↓ LDH (<140)
Increased Red blood cell destruction	↑ Bilirubin (>1.2 or 20.5 µmol/dL) ↑ Indirect bilirubin (>1.0 or 17.1 µmol/dL)	↓ RBCs (<3.9 _♀ , <4.2 _♂)
Infection: active	↑ Total WBC (>7.5) ↑ Neutrophils (>60%) ↑ Bands (>5%) ↑ ESR (> 10 in ♀ and > 5 in ♂)	↓ Lymphocytes (<24%)
Infection: Acute bacterial	↑ WBCs ↑ Neutrophils (>60%) ↑ Monocytes (recovery phase) (>7%) ↑ Bands (>5%) ↑ ESR (> 10 in ♀ and > 5 in ♂)	↓ or N Lymphocytes (<24%)
Infection: Acute viral	↑ Total WBC (>7.5) ↑ Lymphocytes (>44%) ↑ Monocytes (>7%) (recovery phase) ↑ Bands (>5%) ↑ ESR (> 10 in ♀ and > 5 in ♂) ↑ LDH (>200)	↓ or N Neutrophils (<40%)
Infection: Chronic viral	↑ Serum iron (>100 or >17.91 µmol/L)	↓ Total WBC count (<5.0) ↓ Lymphocytes (<24%)
Inflammation- non-specific	↑ LDH (>200) ↑ ESR (> 10 in ♀ and > 5 in ♂) ↑ Ferritin (>122 in ♂ and >236 in ♂) ↑ Basophils (>1%)	
Insulin Resistance	↑ Blood Glucose (>100 or 5.55 mmol/L) ↑ Hemoglobin A1C (>5.7% or 0.057) ↑ Triglycerides (>110 or 1.24 mmol/L) ↑ Cholesterol (>220 or 5.69mmol/L)	
Internal bleeding	↑ Reticulocyte count (>1%) ↑ TIBC (>350 or 62.7 µmol/dL) ↑ Transferrin.	↓ or N Serum iron (<50 or <8.96 µmol/L) ↓ or N serum Ferritin (<10 in ♀ and <33 in ♂) ↓ HGB (<13.5 or 135 g/L in ♂ and <14 or 140 in ♂) ↓ or N HCT (<37 or 0.37 in ♂ and <40 or 0.4 in ♂) ↓ MCV (<89.9), ↓ MCH (<28)

CONDITION	HIGH	LOW
Internal microscopic bleeding	↑ Reticulocyte count (>1%)	↓ TIBC (<250 or 44.8 μmol/dL) ↓ Transferrin
Intestinal parasites	↑ Eosinophils (>3%) ↑ or N Basophils (>1%) ↑ or N Monocytes (>7%) ↑ IgE Stool positive for parasites or ova	↓ or N Serum iron (<50 or <8.96 μmol/L) ↓/N HGB (<13.5 or 135 g/L in ♂ & <14 or 140 in ♀) ↓ or N HCT (<37 or 0.37 in ♂ and <40 or 0.4 in ♀)
Iodine deficiency	↑ T-3 (>230 or 3.53 nmol/L)	↓ T-3 uptake (<27) ↓ T-4 (<6 or 7.2 nmol/L)
Leaky gut syndrome	↑ Uric acid (>5.9 or 351 μmol/dL) ↑ Alkaline phosphatase (>100)	
Liver cell damage	↑ Globulin (>2.8 or 28 g/L) ↑ Alkaline phosphatase (>100) ↑ SGOT/AST (>30) ↑ SGPT/ALT (>30) ↑ GGTP (>30)	
Liver dysfunction	↑ SGPT/ALT (>30) ↑ LDH (>200) ↑ SGOT/AST (>30) ↑ Bilirubin (>1.2 or 20.5 μmol/dL) ↑ Direct bilirubin (>0.2 or 3.4 μmol/dL) ↑ Serum iron (>100 or >17.91 μmol/L) ↑ Ferritin (>122 in ♂ and >236 in ♀) ↑ Monocytes (>7%)	↓ BUN (<10 or 3.57 mmol/L) ↓ Total protein (< 6.9 or 69 g/L) ↓ Albumin (<4.0 or 40 g/L) ↓ Albumin/globulin ratio ↓ Triglyceride (<70 or 0.79mmol/L) ↓ Cholesterol (<150 or 3.9mmol/L)
Malabsorption		↓ BUN (<10 or 3.57 mmol/L) ↓ GGTP (<10)
Metabolic acidosis	↑ Chloride (>106) ↑ Anion gap (>12) ↑ Potassium (>4.5)	↓ CO2 (<25)
Metabolic alkalosis	↑ CO2 (>30)	↓ Chloride (<100) ↓ Calcium (<9.2 or 2.3 mmol/L) ↓ Potassium (<4.0)
Microscopic bleeding	↑ Reticulocyte count (>1%)	↓ TIBC (<250 or 44.8 μmol/dL)

CONDITION	HIGH	LOW
Mononucleosis	↑ SGOT/AST (>30) ↑ Alkaline phosphatase (>100) ↑ LDH (>200) ↑ WBCs (2 nd week) ↑ GGTP (>30) ↑ Lymphocytes (>44%)	↓ WBCs (1 st week)
Muscle- atrophy or breakdown	↑ SGOT/AST (>30) ↑ SGPT/ALT (>30)	↓ Creatinine (<0.8 or 70.7 μmmol/dL)
Oxidative stress/Free radical activity	↑ LDL (>120 or 3.1 mmol/L) ↑ Uric acid (>5.9 or 351 μmol/dL) ↑ Total Globulin (>2.8 or 28 g/L) ↑ Bilirubin (>1.2 or 20.5 μmol/dL) ↑ Ferritin (>122 in ♂ and >236 in ♀)	↓ Lymphocytes (<24%) ↓ Cholesterol (below historical average) ↓ Albumin (<4.0 or 40 g/L) ↓ Platelets (<150)
Pancreatic insufficiency	↑ GGTP (>30)	↓ Total WBC count ↓ BUN (<10 or 3.57 mmol/L)
Parasites- intestinal	↑ Eosinophils (>3%) ↑ or N Basophils (>1%) ↑ or N Monocytes (>7%)	
Parathyroid hyperfunction	↑ Calcium (>10.5 or 2.5 mmol/L)	↓ Phosphorous (<3.0 or 0.97 mmol/L)
Parathyroid hypofunction	↑ Phosphorous (>4.0 or 1.29 mmol/L)	↓ Calcium (<9.2 or 2.3 mmol/L)
Polycythemia	↑ RBCs (>4.5 in ♂ and >4.9 in ♀) ↑ HCT (>44 or 0.44 in ♂ and >48 or 0.48 in ♀) ↑ HGB (>14.5 or 145 g/L in ♂ & >15 or 150 in ♀) ↑ Total Bilirubin (>1.2 or 20.5 μmol/dL) ↑ Uric acid (>5.9 or 351 μmol/dL) ↑ Total WBC (>7.5) ↑ Basophils (>1%) ↑ Alk phos (>100)	↓ or N MCV (<82) ↓ or N MCH (<28) ↓ or N Serum iron (<50 or <8.96 μmol/L)
Poor fat metabolism	↑ Triglycerides (>110 or 1.24 mmol/L) ↑ Cholesterol (>220 or 5.69 mmol/L)	
Posterior pituitary dysfunction		↓ BUN (<10 or 3.57 mmol/L) ↓ BUN-Creatinine ratio

CONDITION	HIGH	LOW
Pregnancy	<ul style="list-style-type: none"> ↑ Total Cholesterol (>220 or 5.69mmol/L) ↑ MCV (>89.9) and MCH (>31.9) ↑ Neutrophils (>60%) ↑ T-4 (>12 or 154.4 nmol/L) ↑ Total WBC (>7.5) (late) 	<ul style="list-style-type: none"> ↓ Calcium in late pregnancy (<9.2 or 2.3 mmol/L) ↓ Albumin (<4.0 or 40 g/L) ↓ HGB (<13.5 or 135 g/L in ♂ and <14 or 140 in ♂) ↓ HCT (<37 or 0.37 in ♂ and <40 or 0.4 in ♂) ↓ T-3 uptake (<27) ↓ Lymphocytes (<24%) (late)) ↓ Total protein (< 6.9 or 69 g/L)
Renal insufficiency	<ul style="list-style-type: none"> ↑ BUN (>16 or 5.71 mmol/L) ↑ or N Creatinine (>1.1 or 97.2 μmmol/dL) ↑ or N Uric acid (>5.9 or 351 μmol/dL) ↑ Phosphorous (>4.0 or 1.29 mmol/L) 	
Renal disease	<ul style="list-style-type: none"> ↑ Creatinine (>1.1 or 97.2 μmmol/dL) ↑ BUN-Creatinine ratio ↑ BUN (>16 or 5.71 mmol/L) ↑ Uric acid (>5.9 or 351 μmol/dL) ↑ Phosphorous (>4.0 or 1.29 mmol/L) ↑ LDH (>200) ↑ SGOT/AST (30) 	
Respiratory distress	<ul style="list-style-type: none"> ↑ RBCs (>4.5 in ♂ and >4.9 in ♂) ↑ HGB (>14.5 or 145 g/L in ♂ & >15 or 150 in ♂) ↑ HCT (>44 or 0.44 in ♂ and >48 or 0.48 in ♂) ↑ Eosinophils (>3%) 	
Selenium deficiency		<ul style="list-style-type: none"> ↓ T-3 (<100 or 1.54 nmol/L) ↓ T-3 uptake (<27)
Suppressed bone marrow production		<ul style="list-style-type: none"> ↓ in all white blood cells ↓ RBCs (<3.9♀, <4.2♂) ↓ HCT (<37 or 0.37 in ♂ and <40 or 0.4 in ♂) ↓ HGB (<13.5 or 135 g/L in ♂ and <14 or 140 in ♂)
Syndrome X/Metabolic Syndrome	<ul style="list-style-type: none"> ↑ Blood Glucose (>100 or 5.55 mmol/L) ↑ Triglycerides (>110 or 1.24 mmol/L) ↑ Cholesterol (>220 or 5.69mmol/L) ↑ LDL (>120 or 3.1 mmol/L) ↑ Hemoglobin A1C (>5.7% or 0.057) 	<ul style="list-style-type: none"> ↓ HDL (<55 or 1.42 mmol/L)
Systemic toxicity	<ul style="list-style-type: none"> ↑ Lymphocytes (>44%) 	

CONDITION	HIGH	LOW
Thiamine deficiency	↑ Blood Glucose (>100 or 5.55 mmol/L) ↑ Anion Gap (>12)	↓ CO2 (<26)
Thymus dysfunction	↑ Bilirubin (>1.2 or 20.5 μmol/dL) ↑ HGB (>14.5 or 145 g/L in ♂ and >15 or 150 in ♀) ↑ HCT (>44 or 0.44 in ♂ and >48 or 0.48 in ♀) ↑ RBCs (>4.5 in ♂ and >4.9 in ♀)	
Thyroid hormone replacement	↑ T-4 (>12 or 154.4 nmol/L) ↑ T-3 uptake (>37)	
Thyroid hyperfunction	↑ T-3 (>230 or 3.53 nmol/L) ↑ T-4 (>12 or 154.4 nmol/L) ↑ T-3 uptake (>37)	↓ Triglyceride (<70 or 0.79mmol/L) ↓ Cholesterol (<150 or 3.9mmol/L) ↓ HDL (<55 or 1.42 mmol/L) ↓ TSH (<2.0)
Thyroid hypofunction-primary	↑ TSH (>4.4) ↑ Triglycerides (>110 or 1.24 mmol/L) ↑ Cholesterol (>220 or 5.69mmol/L)	↓ T-3 (<100 or 1.54 nmol/L) ↓ T-4 (<6 or 7.2 nmol/L) ↓ T-3 uptake (<27)
Thyroid hypofunction-secondary due to anterior pituitary dysfunction	↑ Triglycerides (>110 or 1.24 mmol/L) ↑ Cholesterol (>220 or 5.69mmol/L) ↑ BUN (>16 or 5.71 mmol/L)	↓ TSH (<2.0) ↓ T-3 uptake (<27)
Tissue destruction	↑ Potassium (>4.5) ↑ LDH (>200) ↑ ESR (> 10 in ♀ and > 5 in ♂)	
Tissue inflammation/destruction (GI, tendon/bursa, phlebitis, sinusitis, musculoskeletal)	↑ ESR (> 10 in ♀ and > 5 in ♂) ↑ Potassium (>4.5) ↑ Basophils ↑ ALP increased with liver, bone or gastric inflammation (>100)	
Urinary tract congestion	↑ Creatinine (>1.1 or 97.2 μmmol/dL) ↑ Monocytes (>7%)	

CONDITION	HIGH	LOW
Vitamin B12/folate deficiency	<ul style="list-style-type: none"> ↑ MCH (>31.9) ↑ MCV (>89.9) ↑ RDW (>13) ↑ Serum iron (>100 or >17.91 μmol/L) ↑ LDH (>200) 	<ul style="list-style-type: none"> ↓ RBCs (<3.9_♀, <4.2_♂) ↓ HCT (<37 or 0.37 in ♂ and <40 or 0.4 in ♂) ↓ HGB (<13.5 or 135 g/L in ♂ and <14 or 140 in ♂) ↓ Total WBC count (<5.0) ↓ Neutrophils (<40%) ↓ Uric acid (<3.5 or 208 μmol/dL)
Vitamin C need	<ul style="list-style-type: none"> ↑ MCV (>89.9) ↑ Alk Phos (>100) ↑ Fibrinogen 	<ul style="list-style-type: none"> ↓ Albumin (<4.0 or 40 g/L) ↓ MCH (<28) ↓ MCHC (<32) ↓ HGB (<13.5 or 135 g/L in ♂ and <14 or 140 in ♂) ↓ HCT (<37 or 0.37 in ♂ and <40 or 0.4 in ♂) ↓ RBCs (<3.9_♀, <4.2_♂) ↓ Serum iron (<50 or <8.96 μmol/L)
Zinc deficiency		<ul style="list-style-type: none"> ↓ Alkaline phosphatase (<70)

Stained Red Cell Examination

Discussion



The stained film examination provides information on red blood cell variation and abnormalities in red blood cell size, shape, hemoglobin content.

When would you run this test?

1. To help diagnose blood disorders: anemia, Thalassemia, and other hemoglobin disorders will have distinctive morphological changes that can be appreciated via a stained blood cell examination
2. As a guide to therapy: if therapy is effective the abnormalities will begin to clear up.
3. Often a Complete blood count (CBC) will include a stained red cell examination if gross abnormalities are seen




















Clinical implications of abnormalities

Abnormality	Clinical Implication
Anisocytosis (abnormal variations in size)	<ul style="list-style-type: none"> * Any severe anemia (iron deficiency, megaloblastic) 🍷 Liver dysfunction
Microcytosis	<ul style="list-style-type: none"> * Iron deficiency and iron loading anemia * Thalassemia * Lead poisoning
Macrocytosis	<ul style="list-style-type: none"> 🍷 Megaloblastic anemia (Vitamin B12/folate deficiency anemia) * Liver disease
Macroovalocytosis	<ul style="list-style-type: none"> 🍷 Megaloblastic anemia
Hypochromia (↓ concentration of hemoglobin)	<ul style="list-style-type: none"> * Iron deficiency and iron loading anemia * Thalassemia * Lead poisoning
Nucleated red blood cells	<ul style="list-style-type: none"> * Hemolytic anemia * Leukemias * Myeloproliferative diseases * Multiple myeloma

Abnormality	Clinical Implication
Howell-Jolly bodies	<ul style="list-style-type: none"> * Hyposplenism * Pernicious anemia
Heinz bodies	<ul style="list-style-type: none"> * Congenital hemolytic anemias * Thalassemia
Siderocytes	<ul style="list-style-type: none"> * Iron loading anemia * Hyposplenism * Hemolytic anemia
Cabot's rings	<ul style="list-style-type: none"> * Pernicious anemia * Lead poisoning
Basophilic stippling	<ul style="list-style-type: none"> * Hemolytic anemia * Lead poisoning
Rouleaux	<ul style="list-style-type: none"> * Tissue hypoxia 🥡 Ph imbalances and dysbiosis 🥡 Poor protein metabolism 🥡 Liver dysfunction * Multiple myeloma
Poikilocytosis (abnormal variations in shape)	<ul style="list-style-type: none"> 🥡 Digestive disorders especially dysbiosis 🥡 Need for essential fatty acids 🥡 Increased free radical activity 🥡 Liver toxicity 🥡 Poor circulation * Any severe anemia

Degree of Poikilocytosis

Certain shapes are diagnostically helpful. The following are shapes seen on stained blood examination:

Abnormality	Clinical Implication
Ovalocytes	 Iron deficiency  B12/folate imbalances  Hormonal imbalance
Sickle cells	 Sickle cell disease
Target cells	 Liver disease and bile insufficiency  Dysbiosis  Iron deficiency  Thalassemia
Shistocytes	 Increased toxins  Spleen dysfunction  Uremia
Burr cells	 Hemolytic anemias  Liver disease
Acanthocytes	 Liver and spleen dysfunction  Ph and overall terrain imbalance  Vitamin E deficiency  Hypercholesterolemia
Teardrop cells	 Lack of assimilation  Liver dysfunction

NAME:

TEST	REF. RANGE	RESULT	OPTIMAL	↓/↑
Glucose	65 – 115		80 – 100	
HgB A1C	<7%		4.1 – 5.7%	
BUN	5 – 25		10 – 16	
Creatinine	0.6 – 1.5		0.8 – 1.1	
Sodium	135 – 147		135 – 142	
Potassium	3.5 – 5.3		4.0 – 4.5	
Chloride	96 – 109		100 – 106	
CO ₂	22 – 32		25 – 30	
Anion Gap	6 – 16		7 – 12	
Uric Acid	2.2 – 7.7		3.5 – 5.9 male 3.0 –5.5 female	
Total Protein	6.0 – 8.5		6.9 – 7.4	
Albumin	3.5 – 5.5		4.0 – 5.0	
Calcium	8.5 – 10.8		9.2 – 10.0	
Phosphorous	2.5 – 4.5		3.0 – 4.0	
Alk Phos	25 – 140		70 – 100	
SGOT(AST)	0 – 40		10 – 30	
SGPT(ALT)	0 – 45		10 – 30	
LDH	1 – 240		140 – 200	
total Bilirubin	0.1 – 1.2		0.1 – 1.2 (>2.6)	
direct	0 – 0.2		0 – 0.2 (>0.8)	
indirect	0.1 – 1.0		0.1 – 1.0 (>1.8)	
GGTP	1 – 70		10 – 30	
Globulin	2.0 – 3.9		2.4 – 2.8	
A/G ratio	1.0 – 2.4		1.4 – 2.1	
BUN/Creat.	7 – 18		10 – 16	
Total iron	30 – 170		50 – 100	
Cholesterol	130 – 200		150 – 220	
Triglycerides	30 – 150		70 – 110	
LDL	60 – 130		<120	
HDL	40 – 90		>55	
Chol/HDL	Ratio		<4	
Ferritin	33 - 236 10 - 122		33 – 236 male 10 – 122 female	
TIBC	250 – 350		250 – 350	
TSH	0.35 – 5.50		2.0 – 4.4	
Free T-3	2.3 – 4.2		2.3 – 4.2	
T-3	60 – 181		100 – 165	
Free T-4	0.70 – 2.4		0.70 – 1.53	
T-4 thyroxine	4.5 – 13.2		6 – 12	
COMPLETE BLOOD COUNT				
WBC	3.7 – 10.5		5.0 – 7.5	
RBC	4.1 – 5.6 3.8 – 5.1		4.2 – 4.9 male 3.9 – 4.5 fem	
Reticulocyte	0.5 – 1		0.5 – 1	
Hemoglobin	12.5 – 17.0 11.5 – 15.0		14 – 15 male 13.5 – 14.5 fem	
Hematocrit	36 – 50% 34 – 44		40 – 48 male 37 – 44 female	
MCV	80 – 98		82 – 89.9	
MCH	27 – 34		28 – 31.9	
MCHC	32 – 36		32 – 35	
Platelets	155 – 385		150 – 385 x 1000	
RDW	11.7 – 15.0		<13	
Neutrophils	40 – 74%		40 – 60%	
Lymphs	14 – 46%		24 – 44%	
Monocytes	4 – 13%		0 – 7%	
Eosinophils	0 – 7%		0 – 3%	
Basophils	0 – 3%		0 – 1%	

NOTES

CONVERSION CHART FOR CONVERTING STANDARD US UNITS INTO STANDARD INTERNATIONAL UNITS

TEST	US UNITS	CONVERSION FACTOR → Multiply ← Divide	S.I. UNITS
Glucose	mg/dL	0.05551	mmol/L
HgB A1C	%	0.01	
BUN	mg/dL	0.357	mmol/L
Creatinine	mg/dL	88.4	μmol/dL
Sodium	mEq/L	1	mmol/L
Potassium	mEq/L	1	mmol/L
Chloride	mEq/L	1	mmol/L
CO ₂	mEq/L	1	mmol/L
Anion Gap	mEq/L	1	mmol/L
Uric Acid	mg/dL	59.48	μmol/dL
Total Protein	g/dL	10	g/L
Albumin	g/dL	10	g/L
Calcium	mg/dL	0.250	mmol/L
Phosphorous	mg/dL	0.3229	mmol/L
Alk Phos	U/L	1	U/L
SGOT(AST)	U/L	1	U/L
SGPT(ALT)	U/L	1	U/L
LDH	U/L	1	U/L
Bilirubin values	mg/dL	17.1	μmol/dL
GGTP	U/L	1	U/L
Globulin	g/dL	10	g/L
A/G ratio	Ratio	1	Ratio
BUN/Creat.	Ratio	1	Ratio
Total iron	mg/dL	0.1791	μmol/dL
Cholesterol	mg/dL	0.02586	mmol/L
Triglycerides	mg/dL	0.01129	mmol/L
LDL	mg/dL	0.02586	mmol/L
HDL	mg/dL	0.02586	mmol/L
Chol/HDL	Ratio	1	Ratio
Ferritin	ng/mL	1	μg/L
TIBC	μg/dL	0.1791	μmol/dL
TSH	μIU/mL	1	mIU/L
T-3 uptake	%	0.01	%
T-3	ng/dL	0.01536	nmol/L
Free T-3	pg/dl	0.01536	pmol/L
T-4 thyroxine	μg/dL	12.87	nmol/L
Free T-4	ng/dl	12.87	pmol/L
FTI/ T-7		1	
WBC	x 10 ³ /mm ³	1	10 ⁹ /L
RBC	x 10 ⁶ /mm ³	1	10 ¹² /L
Hemoglobin	g/dL	10	g/L
Hematocrit	%	0.01	1
MCV	Microns ³	1	fL
MCH	pg	1	pg
MCHC	g/dL	1	1
Platelets	x 10 ³ /mm ³	1	10 ⁹ /L
RDW	Calculated	1	Calculated
Neutrophils	%	1	%
Lymphs	%	1	%
Monocytes	%	1	%
Eosinophils	%	1	%
Basophils	%	1	%

NAME:

TEST	REF. RANGE	RESULT	OPTIMAL	↓/↑
Glucose	3.61 – 6.38		4.44 – 5.55	
HgB A1C	<0.07		0.041 – 0.057	
BUN	1.79 – 8.93		3.57 – 5.71	
Creatinine	53.0 – 132.6		70.7 – 97.2	
Sodium	135 – 147		135 – 142	
Potassium	3.5 – 5.3		4.0 – 4.5	
Chloride	96 – 109		100 – 106	
CO ₂	22 – 32		25 – 30	
Anion Gap	6 – 16		7 – 12	
Uric Acid	131 – 458		208 – 351 male 178 – 327 female	
Total Protein	60 – 85		69 – 74	
Albumin	35 – 55		40 – 50	
Calcium	2.13 – 2.70		2.30 – 2.50	
Phosphorous	0.81 – 1.45		0.97 – 1.29	
Alk Phos	25 – 140		70 – 100	
SGOT(AST)	0 – 40		10 – 30	
SGPT(ALT)	0 – 45		10 – 30	
LDH	1 – 240		140 – 200	
total Bilirubin	1.7 – 20.5		1.7 – 20.5 (>44.5)	
direct	0 – 3.4		0 – 3.4 (>13.7)	
indirect	1.7 – 17.1		1.7 – 17.1 (>30.8)	
GGTP	1 – 70		10 – 30	
Globulin	20 – 39		24 – 28	
A/G ratio	1.1 – 2.5		1.5 – 2.0	
BUN/Creat.	7 – 14		13 – 17	
Total iron	5.37 – 30.45		8.96 – 17.91	
Cholesterol	3.36 – 5.20		3.9 – 5.69	
Triglycerides	0.34 – 1.7		0.79 – 1.24	
LDL	1.55 – 3.36		<3.1	
HDL	1.03 – 2.32		>1.42	
Chol/HDL	Ratio		<4	
Ferritin	33 - 236 10 - 122		33 – 236 male 10 – 122 female	
TIBC	44.8 – 62.7		44.8 – 62.7	
TSH	0.35 – 5.50		2.0 – 4.4	
Free T-3	3.59 – 6.56		3.59 – 6.56	
T-3	1.23 – 3.53		1.54 – 3.53	
Free T4	9.1 – 31.0		9.1 – 19.7	
T-4 thyroxine	61.8 – 169.9		77.2 – 154.4	

NOTES

WBC	3.7 – 10.5		5.0 – 7.5	
RBC	4.1 – 5.6 3.8 – 5.1		4.2 – 4.9 male 3.9 – 4.5 fem	
Reticulocyte	0.5 – 1		0.5 – 1	
Hemoglobin	125 – 170 115 – 150		140 – 150 male 135 – 145 fem	
Hematocrit	0.36 – 0.50 0.34 – 0.44		0.40 – 0.48 male 0.37 – 0.44 fem	
MCV	80 – 98		82 – 89.9	
MCH	27 – 34		28 – 31.9	
MCHC	32 – 36		32 – 35	
Platelets	155 – 385		150 – 385 x 1000	
RDW	11.7 – 15.0		<13	
Neutrophils	40 – 74%		40 – 60%	
Lymphs	14 – 46%		24 – 44%	
Monocytes	4 – 13%		0 – 7%	
Eosinophils	0 – 7%		0 – 3%	
Basophils	0 – 3%		0 – 1%	

