



5151 CORPORATE WAY  
JUPITER, FL 33458-3101  
(866)720-8386

Client: **ARCPPOINT OF DOWNTOWN GREE, 764d** 22630 Patient: **HANSEN, CHRIS**  
101 North Main Street Phone: 5625876144 DOB: 09/05/1985 Age:37 Sex:M  
301 Address 1: 20 Essex Street Fasting: N  
GREENVILLE, SC 29601 Address 2:  
Phys: ARES, ANGEL L (864) 436-0018 City: Wenham State: MA Zip: 01984 Page:1

Acc# 004230243 Coll. Date: 08/18/23 Recv. Date: 08/19/23 Print Date: 02/28/25  
Chart# 1034514 Coll. Time: 08:00 AM Recv. Time: 01:19 PM Print Time: 19:05  
First reported on: 08/19/23 16:14 Final report date: 08/30/23

Report Status: FINAL

Test Name	Results	Reference Range	Units
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\*\*\*\*\*OUT OF RANGE SUMMARY\*\*\*\*\*

GLOBULIN	2.0 L	2.1 - 3.6	g/dl
Albumin/Globulin Ratio	2.4 H	0.8 - 2.0	
TSH	9.313 H	0.550 - 4.780	uIU/ml
Vitamin D,25-OH,Total	29 L	30 - 100	ng/ml

Notes:

Therapy is based on the measurement of Total Vitamin D (25-OH).  
Most experts agree that Vitamin D deficiency should be = or < 20 ng/ml.  
Vitamin D insufficiency is recognized as 21 - 29 ng/ml.  
The preferred level for Vitamin D (25-OH) is recommended to be 30 - 100 ng/ml.  
Vitamin D > 150 ng/ml is considered potentially toxic.

OmegaCheck(TM)

4.7 L reported: 08/27/23 08:07  
>5.4 % by wt \*I

Relative Risk: MOD

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 CHL reference population, the following risk categories were established for OmegaCheck: A cut-off of  $\geq 5.5\%$  by wt defines a population at low relative risk,  $3.8-5.4\%$  by wt defines a population at moderate relative risk, and  $\leq 3.7\%$  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).

COMPLETE BLOOD COUNT

WHITE BLOOD CELL	8.2	3.9 - 11.4	K/ul
RED BLOOD CELL	5.01	4.20 - 6.00	M/ul
HEMOGLOBIN	15.1	13.2 - 18.0	g/dl
HEMATOCRIT	48.2	43.0 - 60.0	%
MCV	96	83 - 103	fl

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<b>COMPLETE BLOOD COUNT (Continued)</b>			
MCH	30.1	26.0 - 34.0	pg
MCHC	31.3	29.5 - 35.5	g/dl
RDW	13.8	11.0 - 15.5	%
PLATELET COUNT	208	140 - 400	k/ul
MPV	10.7	7.5 - 11.6	fl

The reference range reflects change to Siemens Advia 2120i instrumentation.

#### **AUTOMATED DIFFERENTIAL**

##### **DIFFERENTIAL**

Neutrophil %	62.3	38.0 - 75.0	%
Lymphocyte %	27.7	15.0 - 49.0	%
Monocyte %	6.5	2.0 - 13.0	%
Eosinophil %	2.0	0.0 - 8.0	%
Basophil %	1.4	0.0 - 2.0	%
Neutrophil #	5.1	1.6 - 8.4	K/ul
Lymphocyte #	2.3	1.0 - 3.6	K/ul
Monocyte #	0.5	0.0 - 0.9	K/ul
Eosinophil #	0.2	0.0 - 0.6	K/ul
Basophil #	0.1	0.0 - 0.2	K/ul

#### **URINALYSIS GROSS EXAMINATION**

COLOR	.	YELLOW
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Wrong tube type. Unable to perform testing.

#### **GENERAL CHEMISTRY**

GLUCOSE	76	65 - 100	mg/dl
BUN	18	6 - 20	mg/dl
CREATININE, SERUM	1.0	0.7 - 1.3	mg/dl
BUN/CREAT RATIO	N/A	7.3 - 21.7	
SODIUM	144	136 - 145	mmol/L
POTASSIUM	3.9	3.5 - 5.1	mmol/L
CHLORIDE	105	100 - 110	mmol/L
CO2	27	20 - 31	mmol/L
CALCIUM	9.2	8.3 - 10.6	mg/dl
TOTAL PROTEIN	6.7	5.7 - 8.2	g/dl
ALBUMIN	4.7	3.2 - 4.8	g/dl

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<b>GENERAL CHEMISTRY (Continued)</b>			
GLOBULIN	<b>2.0 L</b>	2.1 - 3.6	g/dl
BILIRUBIN, TOTAL	0.6	0.3 - 1.2	mg/dl
ALKALINE PHOSPHATASE	49	45 - 115	U/L
ALT	13	0 - 48	U/L
AST	16	0 - 38	U/L
Albumin/Globulin Ratio	<b>2.4 H</b>	0.8 - 2.0	
GFR, estimated	89		ml/min

If African-American, result is: >60

Calculation of estimated GFR is based on the MDRD Study prediction equation

\*\*\*\*Five Stages of Chronic Kidney Disease\*\*\*\*

*Stage*	*GFR Level*	*Description*
Stage 1	90 ml/min or more	Healthy Kidneys or Kidney damage with normal or high GFR
Stage 2	60 to 89 ml/min	Kidney damage and mild decrease in GFR
Stage 3	30 to 59 ml/min	Moderate decrease in GFR
Stage 4	15 to 29 ml/min	Severe decrease in GFR
Stage 5	< 15 ml/min	Kidney failure, or on dialysis

## DIABETES EVALUATION

HEMOGLOBIN A1C	5.4	< 5.7	%
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\*\*\*Diagnosis\*\*\*

\*\*\*HbA1c Level\*\*\*

Normal	< 5.7	%
Prediabetes	5.7 - 6.4	%
Diabetes	= or > 6.5	%

Having prediabetes is a Risk Factor for getting type 2 diabetes. Within the prediabetes range(5.7-6.4), the higher the HbA1c, the greater the risk of diabetes. HbA1c target for diabetics depend on their history and health.

## IRON/ANEMIA EVALUATION

IRON	94	65 - 175	ug/dl
TOTAL IRON-BIND. CAPACITY	297	250 - 425	ug/dl
% IRON SATURATION	32	15 - 50	%

## CORONARY RISK

TRIGLYCERIDES	89	<150	mg/dl
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<b>CORONARY RISK (Continued)</b>			
CHOLESTEROL, TOTAL	185	<200	mg/dl
HDL CHOLESTEROL	76	>40	mg/dl
LDL CHOLESTEROL, calc..	93	<100	mg/dl
 CHOL/HDL RATIO	 2.4	 <5.0	
The higher the Ratio, the higher CHD risk.			
CRP, HS (Cardio)	0.6	<3	mg/L
**Risk of Cardiovascular Disease**			
Low Risk	CRP < 1.0	mg/L	
Medium Risk	CRP 1.0 - 3.0	mg/L	
High Risk	CRP > 3.0	mg/L	
 LIPOPROTEIN (a)	 <10.0	 <30	 mg/dl
<b>THYROID TESTING</b>			
T3, FREE	3.1	2.3 - 4.2	pg/ml
T4, FREE	0.92	0.89 - 1.76	ng/dl
TSH	<b>9.313 H</b>	0.550 - 4.780	uIU/ml
<b>TUMOR MARKERS</b>			
<b>PSA, FREE AND TOTAL</b>			
PSA, TOTAL	0.270	0.000 - 4.000	ng/ml
The above test is performed by Siemens Atellica IA. Patient results performed by different assay methods may not be comparable.			
PSA, FREE	0.077		ng/ml
The above test is performed by Siemens Immulite IA. Patient results performed by different assay methods may not be comparable.			
% FREE PSA	N/A	>25	%
Based on % Free PSA: the percent probability of finding prostate cancer on a needle biopsy by age in years:			
(Continued on Next Page)			



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<b>TUMOR MARKERS (Continued)</b>			
% Free PSA	50-59 years	60-69 years	= or > 70 years
< or = 10	49.2%	57.5%	64.5%
11 - 18	26.9%	33.9%	40.8%
19 - 25	18.3%	23.9%	29.7%
= or > 25	9.1%	12.2%	15.8%

## ENDOCRINE EVALUATION

TESTOSTERONE, TOTAL	426	280 - 1100	ng/dl
SEX HORMONE BIND GLOBULIN	21	15 - 95	nmol/L
TESTOSTERONE, FREE	10.4	4.3 - 24.0	ng/dl

## OTHER TESTS

### VITAMIN D 25-HYDROXY

Vitamin D,25-OH,Total	<b>29 L</b>	30 - 100	ng/ml
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#### Notes:

Therapy is based on the measurement of Total Vitamin D (25-OH).  
Most experts agree that Vitamin D deficiency should be = or < 20 ng/ml.  
Vitamin D insufficiency is recognized as 21 - 29 ng/ml.  
The preferred level for Vitamin D (25-OH) is recommended to be 30 - 100 ng/ml.  
Vitamin D > 150 ng/ml is considered potentially toxic.

## SPECIALTY TESTS

### CALCITRIOL 1,25 DIHYDROXYVITAMIN D

reported: 08/26/23 16:31

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### SPECIALTY TESTS (Continued)

VITAMIN D, 1,25 (OH)2, TOTAL	38	18 - 72	pg/mL *2
See Note 1			
VITAMIN D3, 1,25 (OH)2	38		pg/mL *2
See Note 1			
VITAMIN D2, 1,25 (OH)2	<8		pg/mL *2

Vitamin D3, 1,25(OH)2 indicates both endogenous production and supplementation. Vitamin D2, 1,25(OH)2 is an indicator of exogenous sources, such as diet or supplementation. Interpretation and therapy are based on measurement of Vitamin D, 1,25 (OH)2, Total.

See Note 1

See Note 2

Note 1

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Note 2

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

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reported: 08/27/23 08:07

### OmegaCheck(TM) (EPA+DPA+DHA)

OmegaCheck(TM) 4.7 L >5.4 % by wt \*1

Relative Risk: MOD

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 CHL reference population, the following risk categories were established for OmegaCheck: (Continued on Next Page)

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A cut-off of $\geq 5.5\%$ by wt defines a population at low relative risk, $3.8-5.4\%$ by wt defines a population at moderate relative risk, and $\leq 3.7\%$ 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).			
Arachidonic Acid/EPA Ratio	13.7	3.7 - 40.7	*I
Omega-6/Omega-3 Ratio	8.9	3.7 - 14.4	*I
Omega-3 total	4.7		% by wt *I
EPA	0.9	0.2 - 2.3	% by wt *I
DPA	1.2	0.8 - 1.8	% by wt *I
DHA	2.7	1.4 - 5.1	% by wt *I
Omega-6 total	41.6		% by wt *I
Cleveland HeartLab measures a number of omega-6 fatty acids with AA and LA being the two most abundant forms reported.			
Arachidonic Acid	11.9	8.6 - 15.6	% by wt *I
Linoleic Acid	26.5	18.6 - 29.5	% by wt *I
This test is performed by a Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS) method. This test was developed and its performance characteristics determined by the Cleveland HeartLab, Inc. It has not been cleared or approved by the U.S. FDA. The Cleveland HeartLab is regulated under Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.			

**COMMENTS:**

\_\_\_\_\_ END OF REPORT \_\_\_\_\_

\*1) Unless otherwise noted, Tests Performed at :

LABCORP, 5610 WEST LA SALLE STREET, TAMPA, FL 33607

\*2) Unless otherwise noted, Tests Performed at :

Quest Diagnostics-Nichols Valencia, 27027 Tourney Rd, Valencia, CA 91355-5386

Director : Thomas McDonald M.D.