Lab Results for deGoma, Rolando (Male, 01/27/1948)

practice fusion

Laboratory

Collection: 10/21/2019 08:58 am
Order #:   NE564853J
Accession #: NE564853J

Name: Quest Diagnostics (QDRT)

Patient information

Patient ID: Rd822342
Mobile: 609-432-7863
Address: 416 Bellevue Avenue
              Trenton, NJ 08618

Requesting Provider

Name: Rolando deGoma

Attachments

attachment1
attachment1
attachment1
attachment1
attachment1
attachment1

Vendor note: COLLECTION KIT GIVEN TO PATIENT. PATIENT ADVISED TO RETURN.

ADVANCED LIPID PNL W/INFLAMMATION, CARDIO IQ(R)

Observations	Result	Reference / UoM	Date/Status
CHOLESTEROL, TOTAL [1]	97	<200 mg/dL	10/30/2019 02:28 pm

ADVANCED LIPID PNL W/INFLAMMATION, CARDIO IQ(R)

Observations	Result	Reference / UoM	Date/Status
HDL CHOLESTEROL [1]	49	> OR = 40 mg/dL	10/30/2019 02:28 pm

ADVANCED LIPID PNL W/INFLAMMATION, CARDIO IQ(R)

Observations	Result	Reference / UoM	Date/Status
TRIGLYCERIDES [1]	90	<150 mg/dL	10/30/2019 02:28 pm

ADVANCED LIPID PNL W/INFLAMMATION, CARDIO IQ(R)

Observations	Result	Reference / UoM	Date/Status
LDL-CHOLESTEROL [1]	31	<100 mg/dL (calc)	10/30/2019 02:28 pm

Observations	Result	Reference / UoM	Date/Status
Vendor note: 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 For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ164 (http://education.QuestDiagnostics.com/faq/FAQ164) (This link is being provided for informational/educational purposes only.)			
CHOL/HDLC RATIO [1]	2.0	<5.0 calc	10/30/2019 02:28 pm
NON HDL CHOLESTEROL [1]	48	<130 mg/dL (calc)	10/30/2019 02:28 pm
Vendor note: 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.			

ADVANCED LIPID PNL W/INFLAMMATION, CARDIO IQ(R)

Observations	Result	Reference / UoM	Date/Status
LDL PARTICLE NUMBER [1]	● 596	732-2035 nmol/L Below low normal	10/30/2019 02:28 pm
Vendor note: Risk: Optimal <1138; Moderate 1138-1409; High >1409			
LDL SMALL [1]	103	85-473 nmol/L	10/30/2019 02:28 pm
Vendor note: Risk: Optimal <142; Moderate 142-219; High >219			
LDL MEDIUM [1]	● 104	122-498 nmol/L Below low normal	10/30/2019 02:28 pm
Vendor note: Risk: Optimal <215; Moderate 215-301; High >301			
HDL LARGE [1]	5449	3382-9376 nmol/L	10/30/2019 02:28 pm
Vendor note: Risk: Optimal >6729; Moderate 6729-5353; High <5353			
LDL PATTERN [1]	● B	A Pattern Abnormal (applies to non-numeric results)	10/30/2019 02:28 pm

Observations	Result	Reference / UoM	Date/Status
Vendor note:			
Risk: Optimal Pattern A; High Pattern B			
LDL PEAK SIZE [1]	● 210.9	> OR = 217.4 Angstrom Below low normal	10/30/2019 02:28 pm
Vendor note:			
Risk: Optimal >222.9; Moderate 222.9-217.4; High <217.4 Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on adult U.S. reference population. 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 (http://education.QuestDiagnostics.com/faq/FAQ134) (This link is being provided for informational/educational purposes only.) This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.			

ADVANCED LIPID PNL W/INFLAMMATION, CARDIO IQ(R)

Observations	Result	Reference / UoM	Date/Status
APOLIPOPROTEIN B [1]	43	mg/dL	10/30/2019 02:28 pm
Vendor note:			
Reference Range: <90 Risk Category: Optimal <90 Moderate 90-119 High > or = 120 Cardiovascular event risk category cut points (optimal, moderate, high) are based on National Lipid Association recommendations - Jacobson TA et al. J of Clin Lipid. 2015;9:129-169 and Jellinger PS et al. Endocr Pract. 2017;23(Suppl 2):1-87.			

ADVANCED LIPID PNL W/INFLAMMATION, CARDIO IQ(R)

Observations	Result	Reference / UoM	Date/Status
LIPOPROTEIN (a) [1]	● 121	<75 nmol/L Above high normal	10/30/2019 02:28 pm
Vendor note:			

> 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 Marcovina et al. Clin Chem. 2003;49:1785 and Nordestgaard et al. European Heart J. 2010;31:2844 (results of meta-analysis and expert panel recommendations).

ADVANCED LIPID PNL W/INFLAMMATION, CARDIO IQ(R)

Observations	Result	Reference / UoM	Date/Status
HS CRP [1]	<0.3	mg/L	10/30/2019 02:28 pm
Vendor note:			

> 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 elevations upon retesting,
>   may be associated with infection and
>   inflammation.

ADVANCED LIPID PNL W/INFLAMMATION, CARDIO IQ(R)

Observations	Result	Reference / UoM	Date/Status
LP PLA2 ACTIVITY [1]	● 53	70-153 nmol/min/mL Below low normal	10/30/2019 02:28 pm

Observations	Result	Reference / UoM	Date/Status
Vendor note:			
Risk: Optimal <=123 nmol/min/mL; High >123 nmol/min/mL. The Lp-PLA2 Activity test measures the function of the Lp-PLA2 enzyme versus the concentration (mass) of the enzyme. As a result of the differences in reporting ranges, patient test results from the Lp-PLA2 (PLAC(R)) mass assay cannot be used for direct comparison to the results of the Cardio IQ Lp-PLA2 Activity assay, but for your reference the risk cut points for the discontinued Lp-PLA2 Mass test were Optimal <200 ng/mL; Moderate 200-235 ng/mL; High >235 ng/mL. This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.			

COMPREHENSIVE METABOLIC PANEL

Observations	Result	Reference / UoM	Date/Status
GLUCOSE [2]	● 113	65-99 mg/dL Above high normal	10/30/2019 02:28 pm
Vendor note: Fasting reference interval For someone without known diabetes, a glucose value between 100 and 125 mg/dL is consistent with prediabetes and should be confirmed with a follow-up test.			
UREA NITROGEN (BUN) [2]	13	7-25 mg/dL	10/30/2019 02:28 pm
CREATININE [2]	0.85	0.70-1.18 mg/dL	10/30/2019 02:28 pm
Vendor note: 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 [2]	88	> OR = 60 mL/min/1.73m2	10/30/2019 02:28 pm
eGFR AFRICAN AMERICAN [2]	102	> OR = 60 mL/min/1.73m2	10/30/2019 02:28 pm
BUN/CREATININE RATIO [2]	NOT APPLICABLE	6-22 (calc)	10/30/2019 02:28 pm
SODIUM [2]	141	135-146 mmol/L	10/30/2019 02:28 pm
POTASSIUM [2]	3.7	3.5-5.3 mmol/L	10/30/2019 02:28 pm
CHLORIDE [2]	103	98-110 mmol/L	10/30/2019 02:28 pm

Observations	Result	Reference / UoM	Date/Status
CARBON DIOXIDE [2]	31	20-32 mmol/L	10/30/2019 02:28 pm
CALCIUM [2]	9.4	8.6-10.3 mg/dL	10/30/2019 02:28 pm
PROTEIN, TOTAL [2]	6.7	6.1-8.1 g/dL	10/30/2019 02:28 pm
ALBUMIN [2]	4.3	3.6-5.1 g/dL	10/30/2019 02:28 pm
GLOBULIN [2]	2.4	1.9-3.7 g/dL (calc)	10/30/2019 02:28 pm
ALBUMIN/GLOBULIN RATIO [2]	1.8	1.0-2.5 (calc)	10/30/2019 02:28 pm
BILIRUBIN, TOTAL [2]	0.8	0.2-1.2 mg/dL	10/30/2019 02:28 pm
ALKALINE PHOSPHATASE [2]	48	40-115 U/L	10/30/2019 02:28 pm
AST [2]	16	10-35 U/L	10/30/2019 02:28 pm
ALT [2]	18	9-46 U/L	10/30/2019 02:28 pm

HEMOGLOBIN A1c

Observations	Result	Reference / UoM	Date/Status
HEMOGLOBIN A1c [2]	● 5.9	<5.7 % of total Hgb Above high normal	10/30/2019 02:28 pm

Vendor note: For someone without known diabetes, a hemoglobin A1c value between 5.7% and 6.4% is consistent with prediabetes and should be confirmed with a follow-up test.

For someone with known diabetes, a value <7% indicates that their diabetes is well controlled. A1c targets should be individualized based on duration of diabetes, age, comorbid conditions, and other considerations.

This assay result is consistent with an increased risk of diabetes.

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

CARDIO IQ(R) VITAMIN D, 25 HYDROXY

Observations	Result	Reference / UoM	Date/Status
VITAMIN D, 25-OH, TOTAL [3]	40	30-100 ng/mL	10/30/2019 02:28 pm

Observations	Result	Reference / UoM	Date/Status
Vendor note: 25-OHD3 indicates both endogenous production and supplementation. 25-OHD2 is an indicator of exogenous sources, such as diet or supplementation. Therapy is based on measurement of Total 25-OHD, with levels <20 ng/mL indicative of Vitamin D deficiency, while levels between 20 ng/mL and 30 ng/mL suggest insufficiency. Optimal levels are > or = 30 ng/mL.			
VITAMIN D, 25-OH, D3 [3]	40	See Note: ng/mL	10/30/2019 02:28 pm
Vendor note: Reference Range: Reference Range Not established 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.			
VITAMIN D, 25-OH, D2 [3]	<4	See Note: ng/mL	10/30/2019 02:28 pm
Vendor note: Reference Range: Reference Range Not established 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.			

TSH W/REFLEX TO FT4

Observations	Result	Reference / UoM	Date/Status
TSH W/REFLEX TO FT4 [2]	1.09	0.40-4.50 mIU/L	10/30/2019 02:28 pm

CBC (INCLUDES DIFF/PLT)

Observations	Result	Reference / UoM	Date/Status
WHITE BLOOD CELL COUNT [2]	3.8	3.8-10.8 Thousand/uL	10/30/2019 02:28 pm
RED BLOOD CELL COUNT [2]	5.03	4.20-5.80 Million/uL	10/30/2019 02:28 pm
HEMOGLOBIN [2]	14.5	13.2-17.1 g/dL	10/30/2019 02:28 pm
HEMATOCRIT [2]	43.3	38.5-50.0 %	10/30/2019 02:28 pm

Observations	Result	Reference / UoM	Date/Status
MCV [2]	86.1	80.0-100.0 fL	10/30/2019 02:28 pm
MCH [2]	28.8	27.0-33.0 pg	10/30/2019 02:28 pm
MCHC [2]	33.5	32.0-36.0 g/dL	10/30/2019 02:28 pm
RDW [2]	13.0	11.0-15.0 %	10/30/2019 02:28 pm
PLATELET COUNT [2]	233	140-400 Thousand/uL	10/30/2019 02:28 pm
MPV [2]	8.4	7.5-12.5 fL	10/30/2019 02:28 pm
ABSOLUTE NEUTROPHILS [2]	2044	1500-7800 cells/uL	10/30/2019 02:28 pm
ABSOLUTE LYMPHOCYTES [2]	1296	850-3900 cells/uL	10/30/2019 02:28 pm
ABSOLUTE MONOCYTES [2]	300	200-950 cells/uL	10/30/2019 02:28 pm
ABSOLUTE EOSINOPHILS [2]	129	15-500 cells/uL	10/30/2019 02:28 pm
ABSOLUTE BASOPHILS [2]	30	0-200 cells/uL	10/30/2019 02:28 pm
NEUTROPHILS [2]	53.8	%	10/30/2019 02:28 pm
LYMPHOCYTES [2]	34.1	%	10/30/2019 02:28 pm
MONOCYTES [2]	7.9	%	10/30/2019 02:28 pm
EOSINOPHILS [2]	3.4	%	10/30/2019 02:28 pm
BASOPHILS [2]	0.8	%	10/30/2019 02:28 pm

PSA (FREE AND TOTAL)

Observations	Result	Reference / UoM	Date/Status
PSA, TOTAL [2]	● 4.4	< OR = 4.0 ng/mL Above high normal	10/30/2019 02:28 pm
PSA, FREE [2]	1.2	ng/mL	10/30/2019 02:28 pm
PSA, % FREE [2]	27	>25 % (calc)	10/30/2019 02:28 pm

Observations	Result	Reference / UoM	Date/Status
Vendor note:			

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.

OxLDL

Observations	Result	Reference / UoM	Date/Status
OxLDL [4]	17	<60 U/L	10/30/2019 02:28 pm
Vendor note: Based on a recent study of an 'apparently healthy' and non-metabolic syndrome population(1), the following cut-offs have been defined for OxLDL: A cut-off of <60 U/L defines a population with a low relative risk of developing metabolic syndrome, a range of 60 to 69 U/L defines a population with a moderate relative risk (2.8 fold) and >=70 U/L defines a population with a high relative risk (3.5-fold). (Reference: 1-Holvoet et al. JAMA. 2008; 299: 2287-2293.)			

PDF Report1

Observations	Result	Reference / UoM	Date/Status
See Attachment			10/21/2019 08:58 am

Performing Laboratory
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