

DOB: [REDACTED]  
 Sex: M  
 Phone: [REDACTED]  
 Patient: [REDACTED]

Age: 71  
 Fasting: Y

Specimen: [REDACTED]  
 Requisition: [REDACTED]  
 Lab Reference ID: [REDACTED]  
 Report Status: FINAL / SEE REPORT

Collected: 03/05/2025 06:07  
 Received: 03/05/2025 06:08  
 Reported: 03/14/2025 14:06

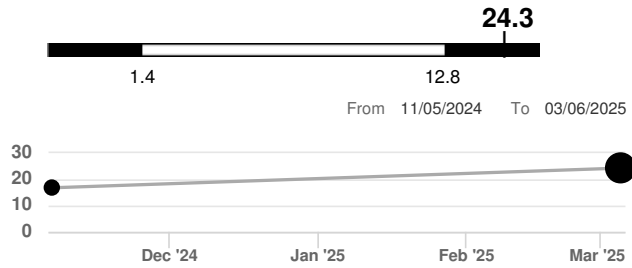
Client #: [REDACTED]  
 DAMASCO, LEO  
 JASONHEALTH.COM  
 1887 WHITNEY MESA DR # 3040  
 HENDERSON, NV 89014-2069  
 Phone: (702) 935-0035

FASTING: YES

**▲ FSH AND LH**

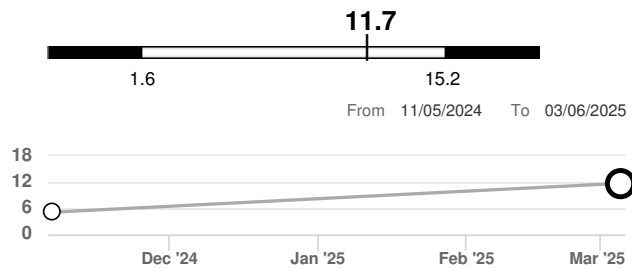
**▲ FSH**

Reference Range: 1.4-12.8  
 mIU/mL



**LH**

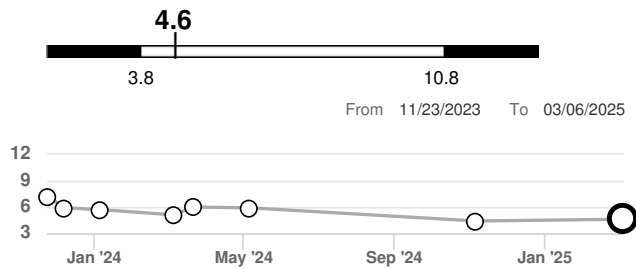
Reference Range: 1.6-15.2  
 mIU/mL



**▲ CBC (INCLUDES DIFF/PLT)**

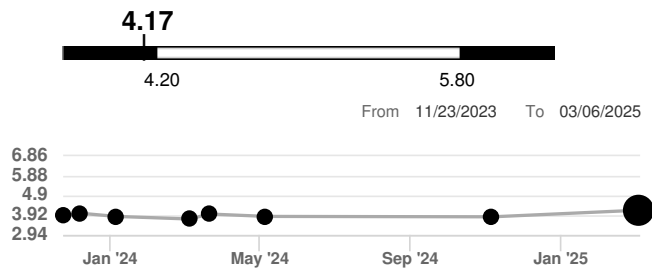
**WHITE BLOOD CELL COUNT**

Reference Range: 3.8-10.8 Thousand/uL



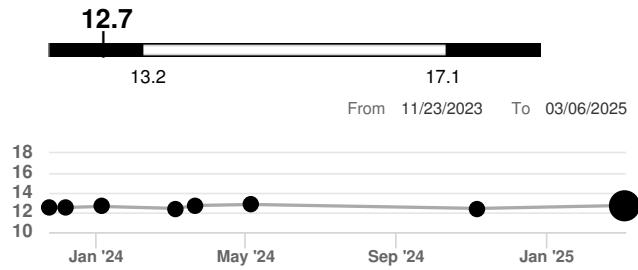
**▲ RED BLOOD CELL COUNT**

Reference Range: 4.20-5.80 Million/uL



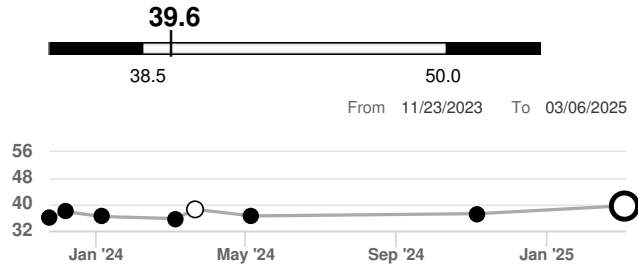
### ▲ HEMOGLOBIN

Reference Range: 13.2-17.1 g/dL



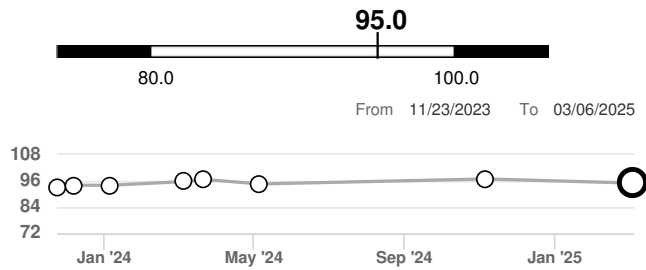
### HEMATOCRIT

Reference Range: 38.5-50.0 %



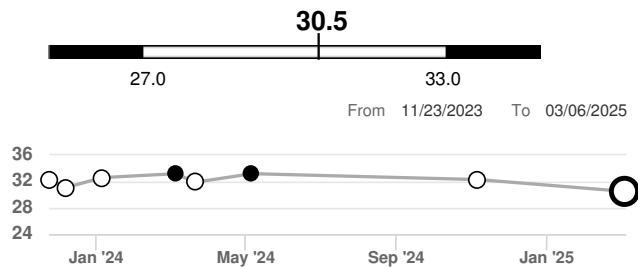
### MCV

Reference Range: 80.0-100.0 fL



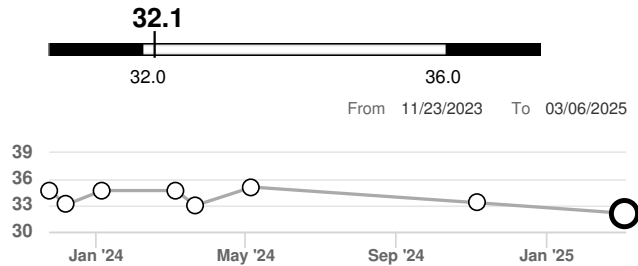
### MCH

Reference Range: 27.0-33.0 pg



### MCHC

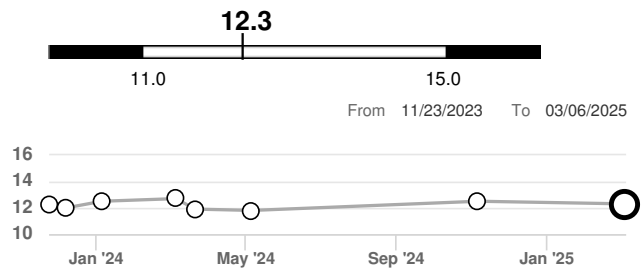
Reference Range: 32.0-36.0 g/dL



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.

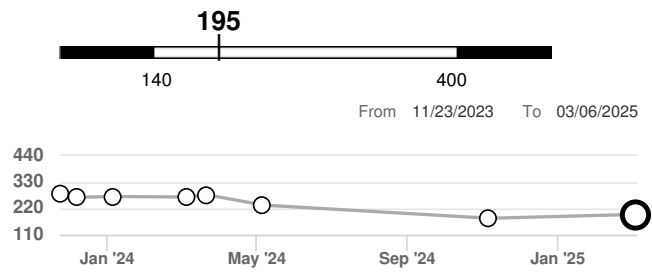
RDW

Reference Range: 11.0-15.0 %



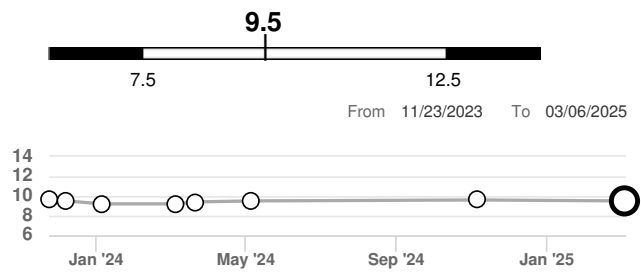
PLATELET COUNT

Reference Range: 140-400 Thousand/uL



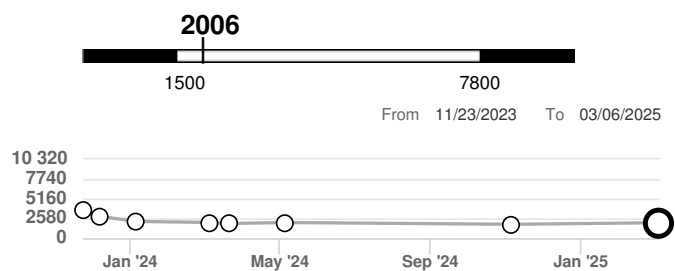
MPV

Reference Range: 7.5-12.5 fL



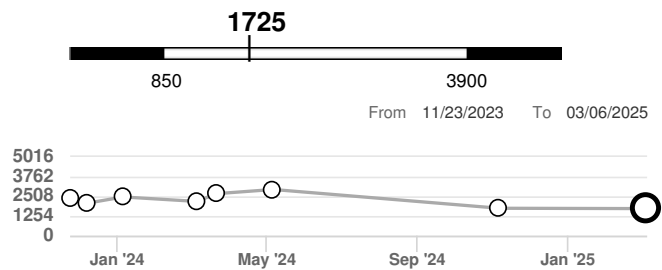
ABSOLUTE NEUTROPHILS

Reference Range: 1500-7800 cells/uL



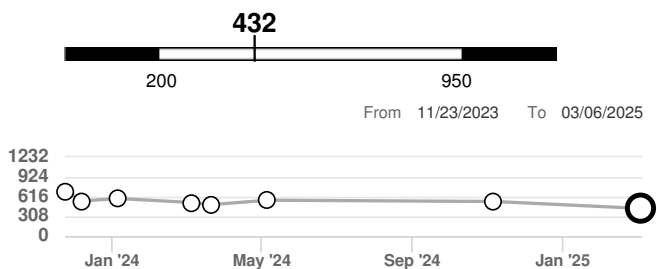
ABSOLUTE LYMPHOCYTES

Reference Range: 850-3900 cells/uL



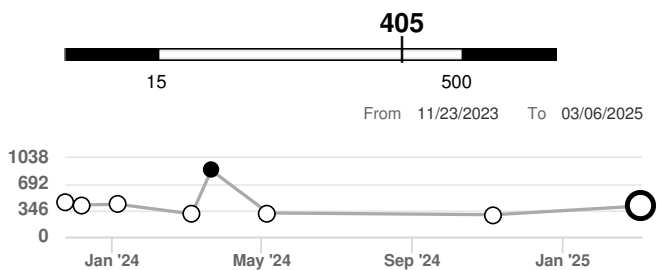
**ABSOLUTE MONOCYTES**

Reference Range: 200-950 cells/uL



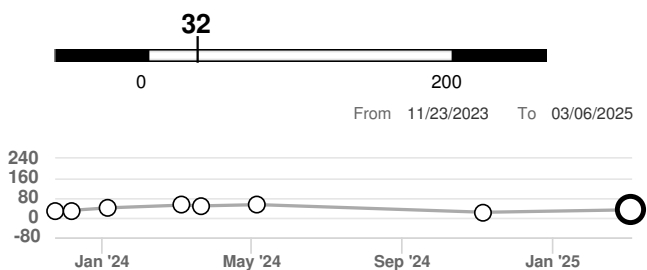
**ABSOLUTE EOSINOPHILS**

Reference Range: 15-500 cells/uL



**ABSOLUTE BASOPHILS**

Reference Range: 0-200 cells/uL

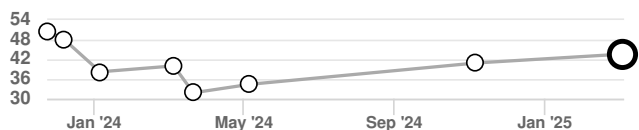


**NEUTROPHILS**

%

**43.6**

From 11/23/2023 To 03/06/2025



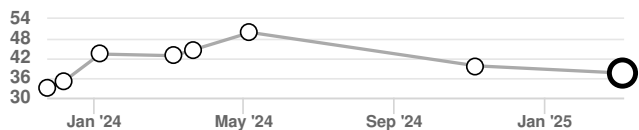
Reference range varies across results

**LYMPHOCYTES**

%

**37.5**

From 11/23/2023 To 03/06/2025



Reference range varies across results

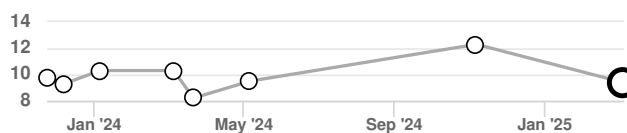
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**MONOCYTES**

%

**9.4**

From 11/23/2023 To 03/06/2025

*Reference range varies across results*

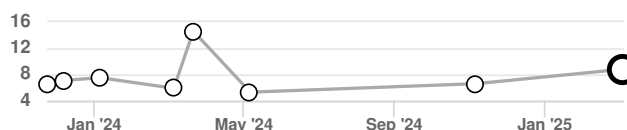
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**EOSINOPHILS**

%

**8.8**

From 11/23/2023 To 03/06/2025

*Reference range varies across results*

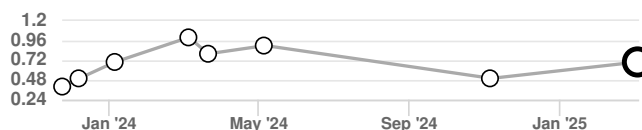
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**BASOPHILS**

%

**0.7**

From 11/23/2023 To 03/06/2025

*Reference range varies across results*

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**▲ CANDIDA ALBICANS AB (IGG,IGA,IGM)**

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**▲ C.ALBICANS IGG****1.2 H***No Historical Data*

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**▲ C.ALBICANS IGA****2.2 H***No Historical Data*

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**C.ALBICANS IGM****0.6***No Historical Data*

REFERENCE RANGE: &lt;1.0

## INTERPRETIVE CRITERIA:

<1.0 Antibody Not Detected  
> or = 1.0 Antibody Detected

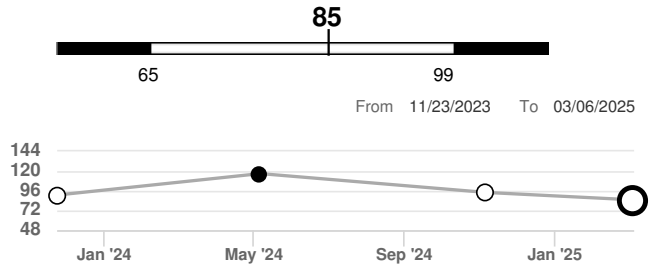
Systemic candidiasis is often characterized by markedly elevated levels of IgG, IgA, and IgM recognizing Candida. However, interpretation of Candida antibody results is complicated by antibody detection in approximately 40% of healthy individuals and up to 70% of patients positive for other fungal antibodies. Further, antibody responses may be blunted in immunocompromised patients at risk for systemic candidiasis. Candida antibody levels should be considered within the context of clinical findings and results from other relevant laboratory tests, such as Candida antigen detection and/or culture.

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

## GLUCOSE

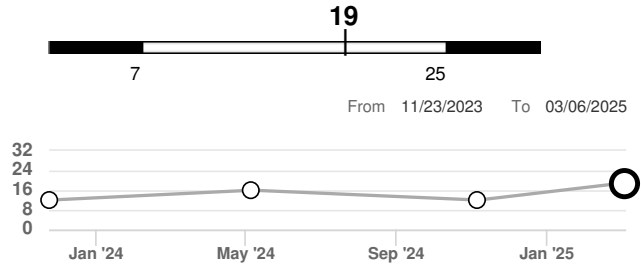
Reference Range: 65-99 mg/dL



Fasting reference interval

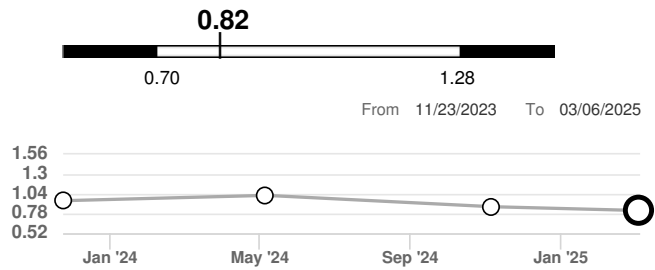
## UREA NITROGEN (BUN)

Reference Range: 7-25 mg/dL



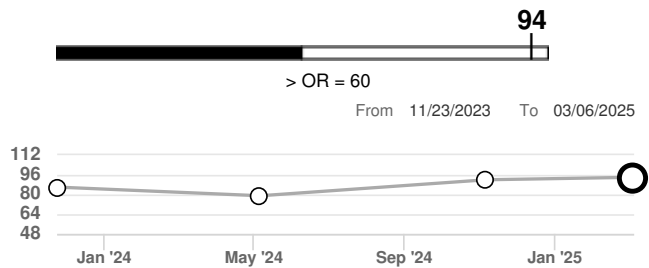
## CREATININE

Reference Range: 0.70-1.28 mg/dL



## EGFR

Reference Range: > OR = 60 mL/min/1.73m<sup>2</sup>



## BUN/CREATININE RATIO

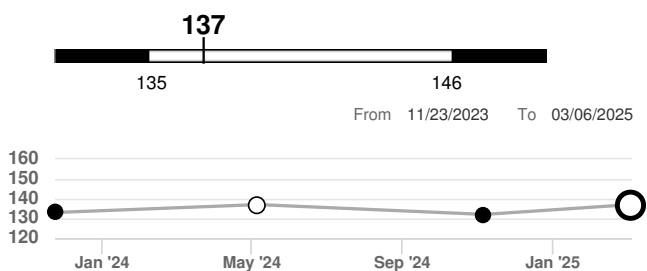
Reference Range: 6-22 (calc)

Not Reported: BUN and Creatinine are within reference range.

SEE NOTE:

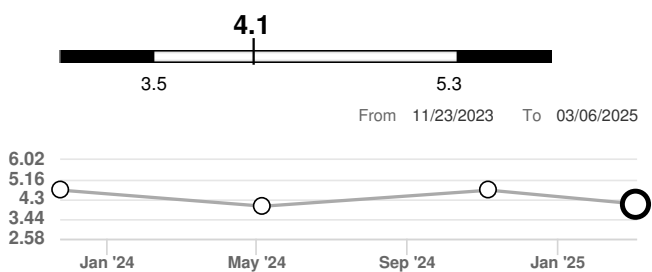
**SODIUM**

Reference Range: 135-146 mmol/L



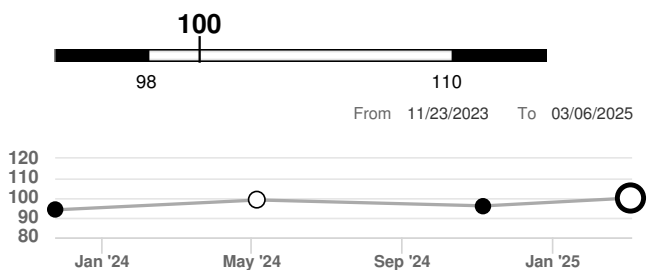
**POTASSIUM**

Reference Range: 3.5-5.3 mmol/L



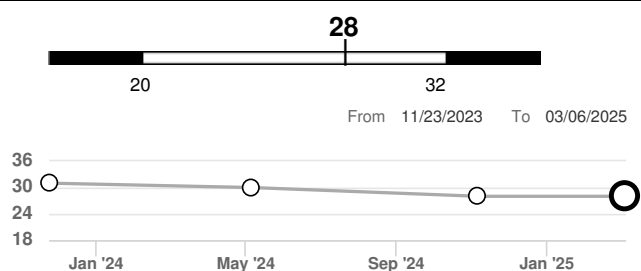
**CHLORIDE**

Reference Range: 98-110 mmol/L



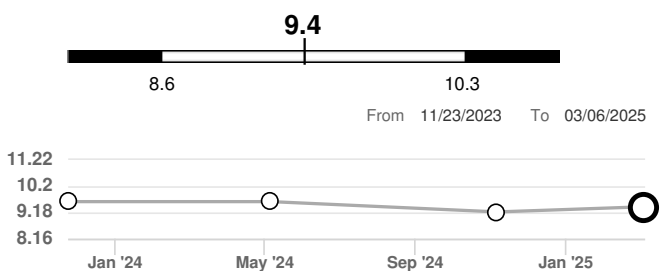
**CARBON DIOXIDE**

Reference Range: 20-32 mmol/L



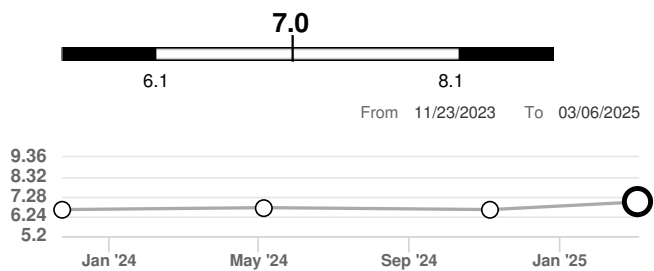
**CALCIUM**

Reference Range: 8.6-10.3 mg/dL



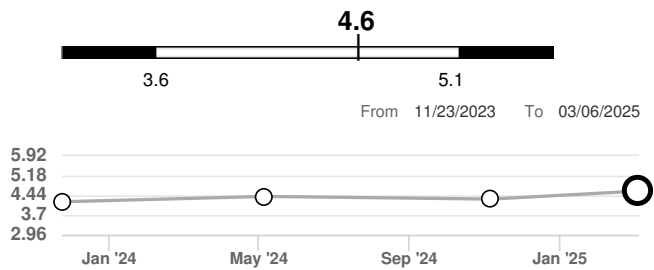
**PROTEIN, TOTAL**

Reference Range: 6.1-8.1 g/dL



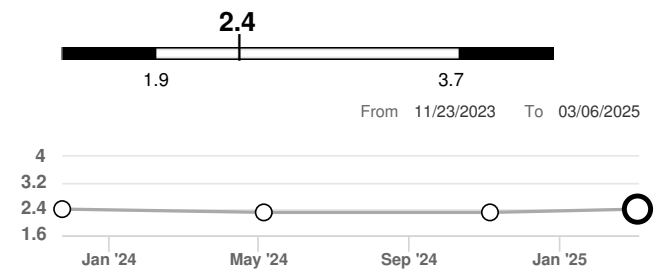
**ALBUMIN**

Reference Range: 3.6-5.1 g/dL



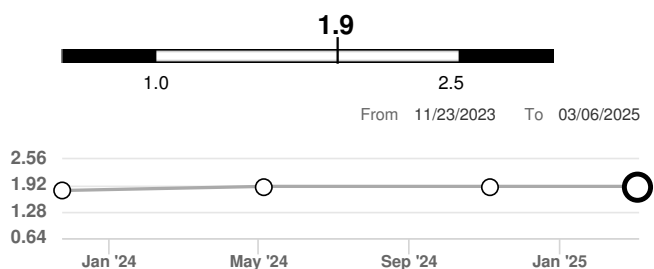
**GLOBULIN**

Reference Range: 1.9-3.7 g/dL (calc)



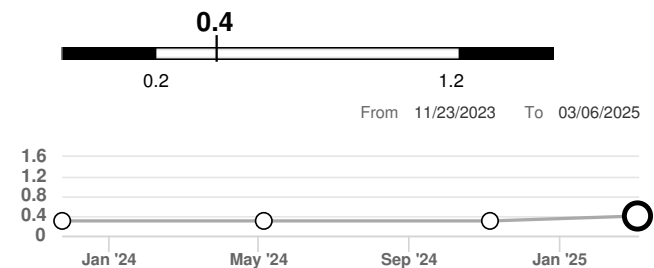
**ALBUMIN/GLOBULIN RATIO**

Reference Range: 1.0-2.5 (calc)



**BILIRUBIN, TOTAL**

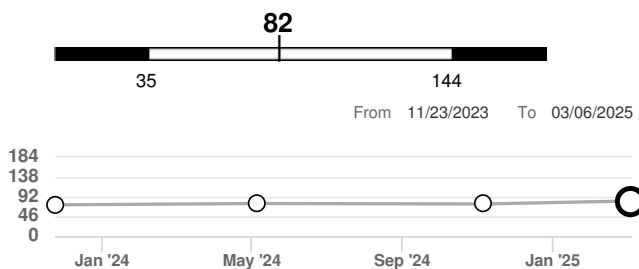
Reference Range: 0.2-1.2 mg/dL





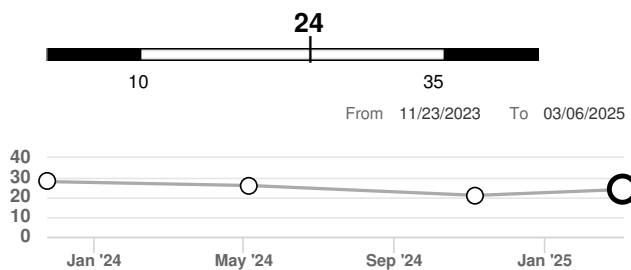
ALKALINE PHOSPHATASE

Reference Range: 35-144 U/L



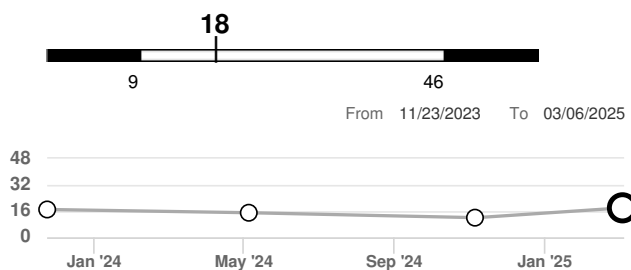
AST

Reference Range: 10-35 U/L



ALT

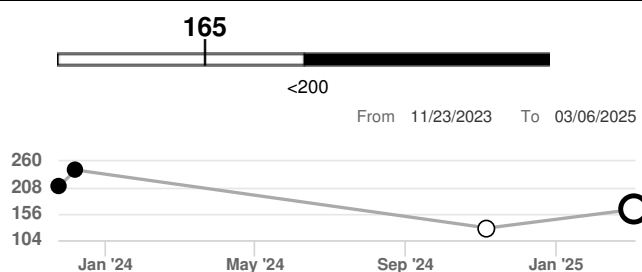
Reference Range: 9-46 U/L



LIPID PANEL, STANDARD

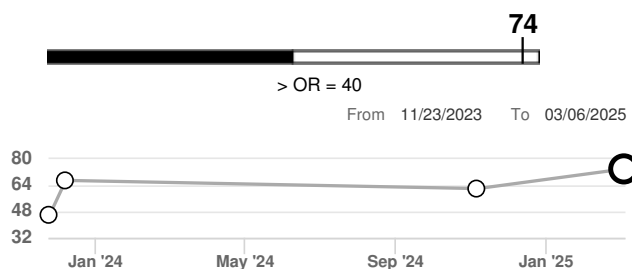
CHOLESTEROL, TOTAL

Reference Range: <200 mg/dL



HDL CHOLESTEROL

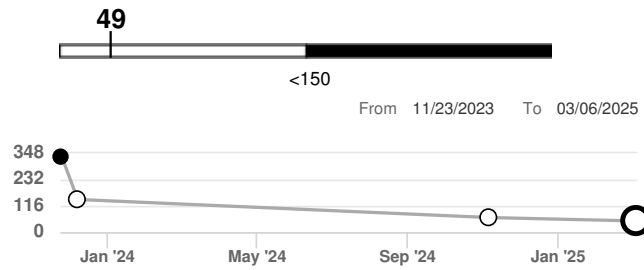
Reference Range: > OR = 40 mg/dL



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### TRIGLYCERIDES

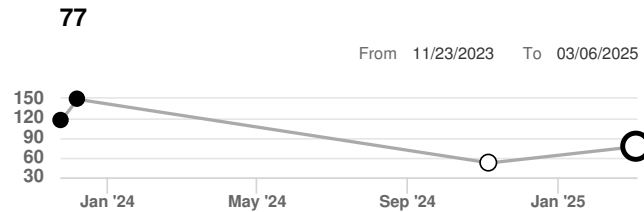
Reference Range: <150  
mg/dL



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### LDL-CHOLESTEROL

mg/dL (calc)



Reference range varies across results

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.

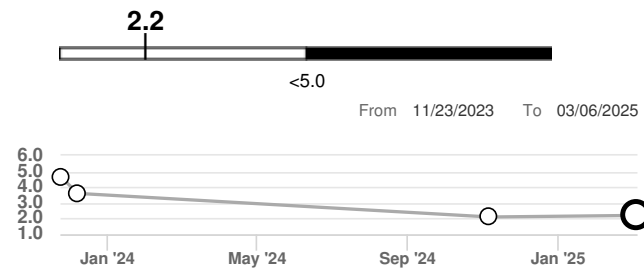
LDL-C is now calculated using the Martin-Hopkins  
calculation, which is a validated novel method providing  
better accuracy than the Friedewald equation in the  
estimation of LDL-C.

Martin SS et al. JAMA. 2013;310(19): 2061-2068  
(<http://education.QuestDiagnostics.com/faq/FAQ164>)

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### CHOL/HDLRATIO

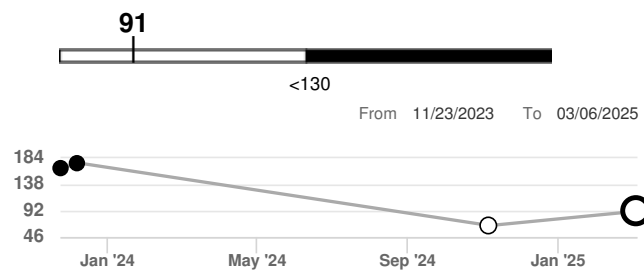
Reference Range: <5.0 (calc)



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### NON HDL CHOLESTEROL

Reference Range: <130  
mg/dL (calc)



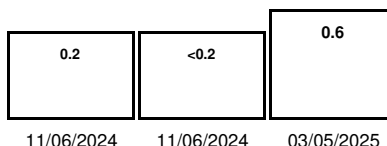
For patients with diabetes plus 1 major ASCVD risk  
factor, treating to a non-HDL-C goal of <100 mg/dL  
(LDL-C of <70 mg/dL) is considered a therapeutic  
option.

### HS CRP



HS CRP  
mg/L

0.6



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.

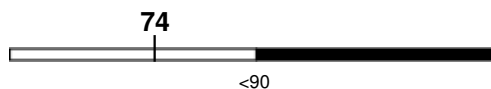
>10.0 Persistent elevation, upon retesting, may be associated with infection and inflammation.

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.

## APOLIPOPROTEIN B

APOLIPOPROTEIN B

Reference Range: <90 mg/dL



No Historical Data

Reference Range: <90

Risk Category:

Optimal < 90

Moderate 90 - 119

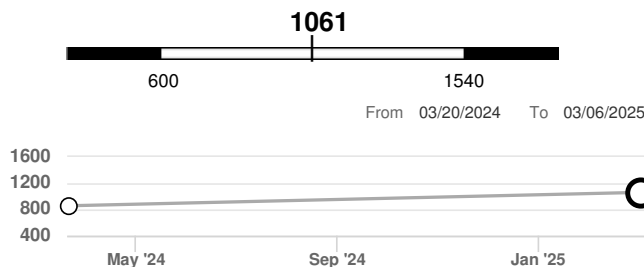
High > or = 120

Cardiovascular event risk category cut points (optimal, moderate, high) are based on National Lipid Association recommendations-Jacobson TA et al. J Clin Lipid. 2015;9:129-169 and Jellinger PS et al. Endocr Pract. 2017;23(Suppl 2):1-87.

## IMMUNOGLOBULIN G

IMMUNOGLOBULIN G

Reference Range: 600-1540 mg/dL

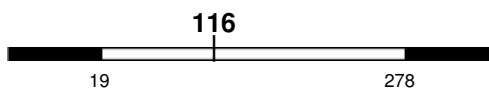


## CREATINE KINASE, TOTAL

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**CREATINE KINASE, TOTAL**

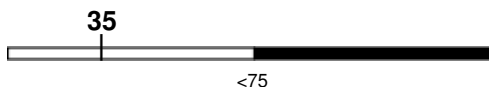
Reference Range: 19-278 U/L

*No Historical Data*

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**LIPOPROTEIN (a)****LIPOPROTEIN (a)**

Reference Range: &lt;75 nmol/L

*No Historical Data*

## Risk Category

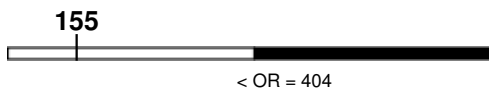
Optimal	< 75 nmol/L
Moderate	75 - 125 nmol/L
High	> 125 nmol/L

Cardiovascular event risk category cut points (optimal, moderate, high) are based on Tsimika S. JACC 2017;69:692-711.

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**ESTROGENS, TOTAL, IA****ESTROGENS, TOTAL, IA**

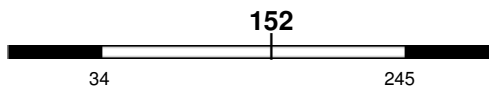
Reference Range: &lt; OR = 404 pg/mL

*No Historical Data*

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**IGF 1, LC/MS****IGF 1, LC/MS**

Reference Range: 34-245 ng/mL

*No Historical Data*

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**Z SCORE (MALE)**

Reference Range: -2.0 - +2.0 SD

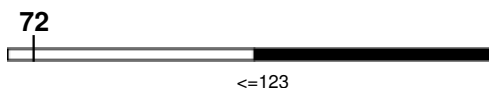
**0.8***No Historical Data*

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.

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**LP PLA2 ACTIVITY****LP PLA2 ACTIVITY**

Reference Range: &lt;=123 nmol/min/mL

*No Historical Data*

Risk: Optimal <=123 nmol/min/mL; High >123 nmol/min/mL.

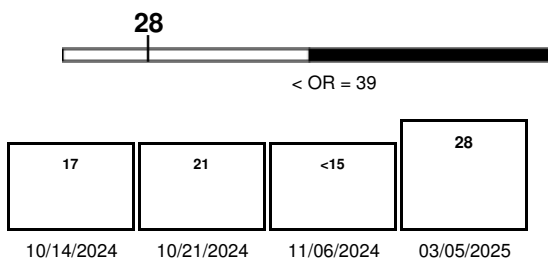
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

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**ESTRADIOL**

**ESTRADIOL**

Reference Range: < OR = 39 pg/mL



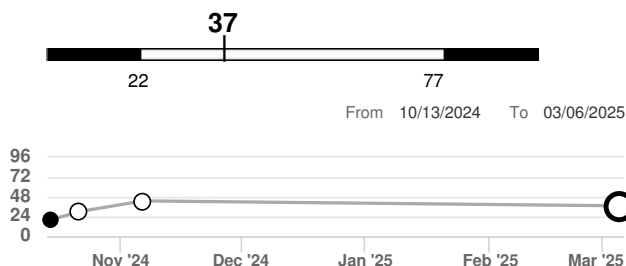
Reference range established on post-pubertal patient population. No pre-pubertal reference range established using this assay. For any patients for whom low Estradiol levels are anticipated (e.g. males, pre-pubertal children and hypogonadal/post-menopausal females), the Quest Diagnostics Nichols Institute 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.

**SEX HORMONE BINDING GLOBULIN**

**SEX HORMONE BINDING GLOBULIN**

Reference Range: 22-77 nmol/L

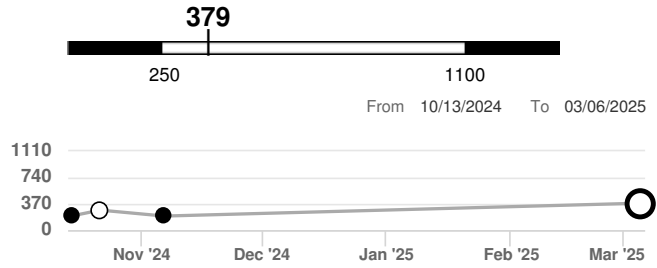


**TESTOSTERONE, FREE (DIALYSIS) AND TOTAL,MS**



TESTOSTERONE, TOTAL, MS

Reference Range: 250-1100 ng/dL



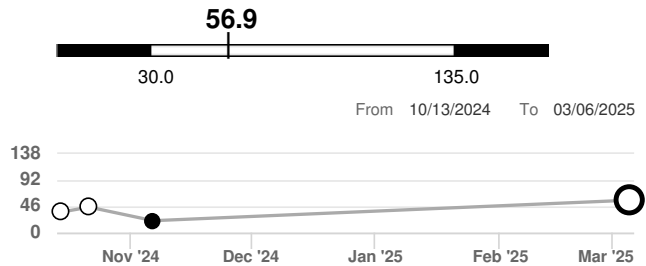
Men with clinically significant hypogonadal symptoms and testosterone values repeatedly in the range of the 200-300 ng/dL or less, may benefit from testosterone treatment after adequate risk and benefits counseling.

For additional information, please refer to <http://education.questdiagnostics.com/faq/TotalTestosteroneLCMSMSFAQ165> (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 Chantilly, VA. 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.

TESTOSTERONE, FREE

Reference Range: 30.0-135.0 pg/mL



This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Chantilly, VA. 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.

Performing Sites

AMD Quest Diagnostics/Nichols Chantilly-Chantilly VA, 14225 Newbrook Dr, Chantilly, VA 20151-2228 Laboratory Director: Patrick W Mason M.D.,PhD

EZ Quest Diagnostics/Nichols SJC-San Juan Capistrano., 33608 Ortega Hwy, San Juan Capistrano, CA 92675-2042 Laboratory Director: Irina Maramica MD,PhD,MBA

TP Quest Diagnostics-Tampa, 4225 E Fowler Ave, Tampa, FL 33617-2026 Laboratory Director: Weston H Rothrock MD

Key

Priority Out of Range Out of Range

Note: Data displayed only for results that meet strict identification matching. Historical result view may vary based on corrected or updated patient demographics. The reference range displayed may vary due to potential changes in laboratory testing methods. Please refer to the published reference range on each lab report.

These results have been sent to the person who ordered the tests. Your receipt of these results should not be viewed as medical advice and is not meant to replace discussion with your doctor or other healthcare professional.

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