Report Status FINAL
Route 1573 Ordered by:
CMG Foothills
5605 E River Rd
Suite 219
Tucson, AZ 85750

MYLANIE FACELO

Sonora Quest Laboratories™
A Subsidiary of Laboratory Sciences of Arizona

Patient Information:
PARSONS, REBECCA

[redacted]

Collected: 04/23/2025 08:12 AM
Received: 04/23/2025 06:39 PM
Reported: 05/11/2025 01:54 PM

[redacted]

TEST	RESULTS	REFERENCE RANGES	UNITS	PL
HEMATOLOGY				
CBC w/ Differential, w/ Platelet				
WBC	5.0	4.0 - 11.0	k/mm3	TC
RBC	4.05	3.70 - 5.40	m/mm3	TC
Hemoglobin	12.4	12.0 - 16.0	g/dL	TC
Hematocrit	39.1	35.0 - 48.0	%	TC
MCV	96.5	78.0 - 100.0	fL	TC
MCH	30.6	27.0 - 34.0	pg	TC
MCHC	31.7	31.0 - 37.0	g/dL	TC
Platelet Count	179	130 - 450	k/mm3	TC
RDW(sd)	43.1	38.0 - 49.0	fL	TC
RDW(cv)	12.0	11.0 - 15.0	%	TC
MPV	11.9	9.0 - 12.0	fL	TC
Segmented Neutrophils	40.1*		%	TC
Lymphocytes	43.7		%	TC
Monocytes	9.2		%	TC
Eosinophils	5.8		%	TC
Basophils	1.0		%	TC
Absolute Neutrophil	2.0	1.5 - 7.8	k/uL	TC
Absolute Lymphocyte	2.2	0.9 - 3.9	k/uL	TC
Absolute Monocyte	0.5	0.2 - 1.0	k/uL	TC
Absolute Eosinophil	0.3	0.0 - 0.6	k/uL	TC
Absolute Basophil	0.1	0.0 - 0.2	k/uL	TC
Immature Granulocytes	0.2		%	TC
Absolute Immature Granulocytes	0.0	0.0 - 0.1	k/uL	TC
NRBC RE, Nucleated Red Blood Cell Percent	0.0	0.0 - 1.0	%	TC

*Segmented Neutrophils: Automated Diff

CHEMISTRY				
Uric Acid	3.5	2.5 - 6.2	mg/dL	TC
T3 Free Non-Dialysis	2.8	2.0 - 4.8	pg/mL	TC
Ferritin	129	14 - 313	ng/mL	TC
Insulin, Fasting	3	2 - 25	uIU/mL	
Vitamin D, 25-Hydroxy, Total	56.40	≥20.00	ng/mL	

Vitamin D, 25-OH, Total:

<10 ng/mL	Severe Deficiency
10 - 19 ng/mL	Mild/Moderate Deficiency
20 - 50 ng/mL	Optimum
51 - 150 ng/mL	Increased Risk of Hypercalciuria
>150 ng/mL	Possible Toxicity

Reference intervals apply to males and females, all ages.

Clinical decision values based on 2011 report by the Institute of Medicine (US).

Vitamin A (Retinol)	49	38-98	mcg/dL	SL

[redacted]

ote)
**Clin Chem Vol. 34.No.8. pp1625-1628. 1998
Vitamin supplementation within 24 hours prior to blood draw may affect the accuracy of results.
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.
MDF
med fusion
2501 South State Highway 121,Suite 1100
Lewisville TX 75067
972-966-7300
Ithiel James L. Frame, MD, PhD

Iron and TIBC

Iron	87*	35 - 175	ug/dL	TC
TIBC	260	250 - 400	ug/dL	TC
% Saturation	33	15 - 45	%	TC

*Iron: The normal range is based on fasting specimens drawn before 10:00 AM. Iron levels have a diurnal fluctuation of up to 30%, peaking in the morning hours.

Comprehensive Metabolic Panel

Glucose	**101 H ***	70 - 99	mg/dL	TC
Urea Nitrogen (BUN)	14	7 - 28	mg/dL	TC
Creatinine	1.03	0.51 - 1.08	mg/dL	TC
eGFRcr CKD-EPI	64*	≥60	mL/min/1.73m2	TC
BUN/Creatinine Ratio	13.6	10.0 - 28.0		TC
Sodium	138	135 - 145	mmol/L	TC
Potassium	4.0	3.6 - 5.3	mmol/L	TC
Chloride	103	98 - 108	mmol/L	TC
Carbon Dioxide (CO2)	26	20 - 31	mmol/L	TC
Anion Gap	10	4 - 18		TC
Protein, Total	6.9	6.0 - 7.7	g/dL	TC
Albumin	4.5	3.8 - 5.1	g/dL	TC
Globulin	2.4	1.7 - 3.3	g/dL	TC
Albumin/Globulin Ratio	1.8	1.3 - 2.7		TC
Calcium	9.4	8.7 - 10.4	mg/dL	TC
Alkaline Phosphatase	48	42 - 146	IU/L	TC
Alanine Aminotransferase	15	5 - 46	IU/L	TC
Aspartate Aminotransferase	20	11 - 40	IU/L	TC
Bilirubin, Total	0.5	≤1.0	mg/dL	TC

*Glucose: Glucose reference range reflects fasting state.
*eGFRcr CKD-EPI: eGFRcr calculated using the CKD-EPI 2021 equation

Lipid Panel

Cholesterol	**247 H**	≤199	mg/dL	TC
Triglycerides	75	≤149	mg/dL	TC
Cholesterol/HDL Ratio	2.9	≤4.4		TC
HDL Cholesterol	86	≥50	mg/dL	TC

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on- o estero	**161 H**			
LDL Cholesterol, Calculated	**144 H ***	≤99	mg/dL	TC
VLDL Cholesterol	17	≤29	mg/dL	TC

*LDL Cholesterol, Calculated: LDL-C is calculated by using the Martin-Hopkins equation. (JAMA. 2013;310(19):2061-2068)

For moderately high risk and high risk cardiac patients, reference levels of <100 mg/dL and <70 mg/dL, respectively, should be considered. Circulation 2004; 110:227-239.

Hemoglobin A1c With eAG*

Hemoglobin A1c	5.3*	≤5.6	%	TC
Estimated Average Glucose (eAG)	105	Not Established		TC

*Hemoglobin A1c: The American Diabetes Association (ADA) guidelines for interpreting Hemoglobin A1c are as follows:

Non-Diabetic patient:	<=5.6%
Increased risk for future Diabetes:	5.7-6.4%
ADA diagnostic criteria for Diabetes:	>=6.5%

For most patients, a reasonable goal for therapy is <7%. For patients with limited life expectancy or where the harms of treatment are greater than the benefits, a goal of <8% may be more appropriate. In pregnant patients, a more stringent goal of <6% may be appropriate or <7% if there is a risk of hypoglycemia. Diabetes Care. 2023; 46(Suppl 1):S254-S266.

*Hemoglobin A1c With eAG: If the presence of a hemoglobin variant is suspected, do not use % HbA1c results for diagnosis of diabetes mellitus.

In uncontrolled diabetics, high levels of Hemoglobin F (Hb F) may be present. Presence of Hb F greater than 7% of total may result in lower than expected % HbA1c.

Any cause that shortens erythrocyte survival or decreases mean erythrocyte age may reduce expected % HbA1c values even in the presence of elevated average blood glucose. Causes may include hemolytic disease, homozygous sickle cell trait, pregnancy, and recent significant/chronic blood loss. In addition, recent blood transfusions can alter expected % HbA1c values.

Vitamin B12 and Folate

Vitamin B12	1123	232 - 1245	pg/mL	TC
Folate	>20.0*	≥4.0	ng/mL	TC

*Folate: Serum for folate determinations should be collected as a fasting test.

TEST	RESULTS	REFERENCE RANGES	UNITS	RELATIVE RISK	PL
CARDIOVASCULAR TESTING					
Cardio IQ OmegaCheck					
OmegaCheck(Whole Blood: EPA+DPA+DHA)	6.6*	>5.4	% by wt	Optimal	CN
Arachidonic Acid/EPA Ratio	7.0	3.7-40.7			CN
Omega-6/Omega-3 Ratio	6.3	3.7-14.4			CN
Omega-3 total	6.6		% by wt		CN
EPA	1.4	0.2-2.3	% by wt		CN
DPA	1.2	0.8-1.8	% by wt		CN
DHA	3.9	1.4-5.1	% by wt		CN
Omega-6 total	41.7*		% by wt		CN
Arachidonic Acid	10.1	8.6-15.6	% by wt		CN

[redacted]

Linoleic Acid	**29.8 H**	18.6-29.5	% by wt	CN

*OmegaCheck(Whole Blood: EPA+DPA+DHA)

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 relative risk categories were established for OmegaCheck: A cut-off of >=5.5% by wt defines a population at optimal relative risk, 3.8-5.4% by wt defines a population at moderate relative risk, and <=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).This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Cardiometabolic Center of Excellence at Cleveland HeartLab. 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.

*Omega-6 total:

Cleveland HeartLab measures a number of omega-6 fatty acids with AA and LA being the two most abundant forms reported.

AALP Apolipoprotein A1

AALP Apolipoprotein A1	322.38	215.01-421.06	nmol/L	CN

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TEST	RESULTS	REF RANGE/CUTOFF	UNITS	PL
TOXICOLOGY				
Copper, Serum/Plasma	89	70 - 175	mcg/dL	

This test was developed and its performance characteristics determined by Sonora Quest Laboratories. It has not been cleared or approved by the FDA. The laboratory is regulated under 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.

Zinc, Serum/Plasma	73	60 - 130	mcg/dL	

This test was developed and its performance characteristics determined by Sonora Quest Laboratories. It has not been cleared or approved by the FDA. The laboratory is regulated under 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.

Tests Ordered: Lipid Panel; AALP Apolipoprotein A1; Cardio IQ OmegaCheck; Comprehensive Metabolic Panel; CBC w/ Differential, w/ Platelet; Ferritin; Iron and TIBC; Zinc, Serum/Plasma; Uric Acid; Vitamin D, 25-Hydroxy, Total; Vitamin B12 and Folate; Hemoglobin A1c With eAG; Copper, Serum/Plasma; Insulin, Fasting; Vitamin A (Retinol); T3 Free Non-Dialysis

Values Outside of Reference Range

TEST	RESULTS	REFERENCE RANGES	UNITS
Glucose	**101 H**	70 - 99	mg/dL
Cholesterol	**247 H**	≤199	mg/dL
Non-HDL Cholesterol	**161 H**	≤129	mg/dL
LDL Cholesterol, Calculated	**144 H**	≤99	mg/dL
Linoleic Acid	**29.8 H**	18.6-29.5	% by wt

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Values listed above may not include all results considered abnormal for this patient (e.g., - , pathology/cytology specimens, and results for analytes without established reference ranges will not appear). Always review the entire patient report and correlate all results with the patient's clinical condition.

Unless otherwise noted, testing performed by: Sonora Quest Laboratories, 424 S 56th St, Phoenix, AZ 85034 800.766.6721
Testing noted as TC performed by: Sonora Quest Laboratories of Tucson, 630 N Alvernon Way, Tucson, AZ 85711 800.266.8101
Testing noted as SL performed by: Quest Diagnostics Nichols Institute (Valencia), 8407 Fallbrook Ave Suite 100, West Hills, CA 91304 800.421.4449
Testing noted as CN performed by: Cleveland HeartLab, Inc, 6701 Carnegie Avenue, Cleveland, OH 44103 866.358.9828

End of Report

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