# ARNESEN, LEIF



DOB: 10/26/1991 | Sex: M | Specimen: DZ790683H | Report Status: FINAL / SEE REPORT

Collected Date: 01/18/2024 14:17

## Cholesterol (Lipid) Panel (FINAL)

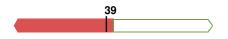
Cholesterol, Total
Desired Range: <200 mg/dL

105

No Historical Data

## ▲ HDL Cholesterol

Desired Range: > OR = 40 mg/dL



No Historical Data

## Triglycerides

Desired Range: <150 mg/dL



No Historical Data

#### LDL Cholesterol

Unit of Measure: mg/dL (calc)

Result: 55 No Historical Data

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)

#### Cholesterol Total/Cholesterol HDL Ratio

Desired Range: <5.0 (calc)



No Historical Data

#### Non HDL Cholesterol

Desired Range: <130 mg/dL (calc)



No Historical Data

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.

## VITAMIN DEFICIENCY PANEL, VEGETARIAN (FINAL)



#### Calcium

Desired Range: 8.6-10.3 mg/dL



No Historical Data

#### IODINE, SERUM/PLASMA

Desired Range: 52-109 mcg/L

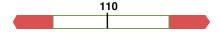


No Historical Data

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.

## Iron, Total

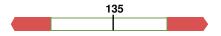
Desired Range: 50-180 mcg/dL



No Historical Data

## VITAMIN B1 (THIAMINE), BLOOD, LC/MS/MS

Desired Range: 78-185 nmol/L



No Historical Data

#### (Note)

Vitamin supplementation within 24 hours prior to blood draw may affect the accuracy of the results.

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.

MDF med fusion 2501 South State Highway 121, Suite 1100 Lewisville TX 75067 972-966-7300 Robert L. Breckenridge, MD

### VITAMIN B12

Desired Range: 200-1100 pg/mL



No Historical Data

Please Note: Although the reference range for vitamin B12 is 200-1100 pg/mL, it has been reported that between 5 and  $10\ensuremath{\,\%}$  of patients with values between 200 and 400pg/mL may experience neuropsychiatric and hematologic abnormalities due to occult B12 deficiency; less than 1% of patients with values above 400 pg/mL will have symptoms.

#### ▲ VITAMIN B6, PLASMA

Desired Range: 2.1-21.7 ng/mL



No Historical Data

(Note)

VITAMIN SUPPLEMENTATION WITHIN 24 HOURS PRIOR TO BLOOD DRAW MAY AFFECT THE ACCURACY OF RESULTS.

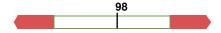
THIS TEST WAS DEVELOPED AND ITS ANALYTICAL PERFORMANCE CHARACTERISTICS HAVE BEEN DETERMINED BY MEDFUSION. IT HAS NOT BEEN CLEARED OR APPROVED BY THE FDA. THIS ASSAY HAS BEEN VALIDATED PURSUANT TO THE CLIA REGULATIONS AND IS USED FOR CLINICAL PURPOSES.

MDF med fusion 2501 South State Highway 121, Suite 1100 Lewisville TX 75067 972-966-7300

Robert L. Breckenridge, MD  $\,$ 

#### ZINC

Desired Range: 60-130 mcg/dL



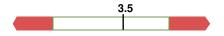
No Historical Data

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## **OMEGA 3 AND 6 FATTY ACIDS**

#### OMEGA 3 (EPA+DHA) INDEX

Desired Range: 1.4-4.9 %



No Historical Data

Risk: Optimal > 3.2%; Moderate 2.2-3.2%; High < 2.2%

Cardiovascular event risk category cut points for Omega3 index (optimal, moderate, high) are based on quartiles of adult U.S reference population. Association between Omega3 index and cardiovascular events is based on Albert et al. NEJM. 2002;346:1113.

#### RISK

Result: Low No Historical Data

The Omega-3 Index is associated with a low risk of cardiovascular disease because it is in the top population quartile. The Omega-3 Index categories are based on the top (75th percentile) and bottom (25th percentile) quartiles of the reference population. Consumption of foods high in omega-3 fatty acids (EPA and DHA) or supplements containing omega-3 fatty acids can increase the Omega-3 Index.

Index <2.2: High
Index 2.2-3.2: Moderate
Index >3.2: Optimal

## **OMEGA 6/OMEGA 3 RATIO**

Desired Range: 5.7-21.3



No Historical Data

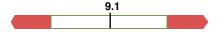
#### EPA/ARACHIDONIC ACID RATIO

Desired Range: 0.2 OR LESS

Result: 0.1 No Historical Data

## ARACHIDONIC ACID

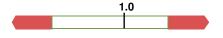
Desired Range: 5.2-12.9 %



No Historical Data

#### **EPA**

Desired Range: 0.2-1.5 %



No Historical Data

#### DHA

Desired Range: 1.2-3.9 %



No Historical Data

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## Vitamin D

#### Vitamin D,25

Desired Range: 30-100 ng/mL



No Historical Data

Vitamin D Status 25-OH Vitamin D:

Deficiency: <20 ng/mL Insufficiency: 20 - 29 ng/mL Optimal: > or = 30 ng/mL

For 25-OH Vitamin D testing on patients on D2-supplementation and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order code 92888 (patients >2yrs).

## **COMMENT**

See Note 1

Note 1

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

## Men's Hormone Panel - Expanded (FINAL)

#### Albumin

Desired Range: 3.6-5.1 g/dL



No Historical Data

#### SEX HORMONE BINDING GLOBULIN

Desired Range: 10-50 nmol/L



No Historical Data

## TESTOSTERONE, TOTAL, MS

Desired Range: 250-1100 ng/dL



No Historical Data

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.

#### **ESTRADIOL**

Desired Range: <=39 pg/mL



No Historical Data

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.

#### **PROLACTIN**

Desired Range: \*\*\* ng/mL

Result: 16.2

No Historical Data

Unable to flag abnormal result(s), please refer
to reference range(s) below:

Reference range(s):

Adult Males: 2.0 - 18.0 ng/mL
Adult Females:
- Non-pregnant: 3.0 - 30.0 ng/mL
- Pregnant: 10.0 - 209.0 ng/mL
- Post-Menopausal: 2.0 - 20.0 ng/mL

## TESTOSTERONE, FREE AND BIOAVAILABLE

## TESTOSTERONE, FREE

Desired Range: 46.0-224.0 pg/mL



No Historical Data

## TESTOSTERONE, BIOAVAILABLE

Desired Range: 110.0-575.0 ng/dL



No Historical Data

## Hemoglobin A1c (FINAL)

## Hemoglobin A1c

Desired Range: <5.7 % of total Hgb



No Historical Data

For the purpose of screening for the presence of diabetes:

> or =6.5% Consistent with diabetes

This assay result is consistent with a decreased risk of diabetes.

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

According to American Diabetes Association (ADA) guidelines, hemoglobin Alc <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes (ADA).

#### COMMENT

 ${\tt HbA1c}$  performed on Roche platform. Effective 11/27/23 a change in test platforms may have shifted  ${\tt HbA1c}$  results compared to historical results.

## Blood Type (ABO, Rh) (FINAL)

**ABO Group** 

Result: O No Historical Data

Rh

Result: RH(D) POSITIVE No Historical Data

## COMMENT

For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ111 (This link is being provided for informational/educational purposes only.)

## **Next Steps**

Still Have Questions?

Contact the PWNHealth care coordination team to schedule a session with a physician to discuss your results. Monday - Friday / 9:00am - 5:30pm EST, Phone: (855) 205-6146

## Performing Lab

SLI Quest Diagnostics-Nichols Valencia, 27027 Tourney Rd, Valencia, CA 91355-5386 Laboratory Director: Thomas McDonald M.D.

Z3E MedFusion-MedFusion, 2501 South State Highway 121, Suite 1100, Lewisville, TX 75067-8188 Laboratory Director: Robert L Breckenridge MD

IG Quest Diagnostics-Dallas Lab, 4770 Regent Blvd, Irving, TX 75063-2445 Laboratory Director: Dr. Robert L Breckenridge

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

## Ordering Physician

ABRAHAM,ANDREW PWN HEALTH, (888) 362-4321

Key:

▲ Out of Range \* Result

PEND Pending Result

(PRE) Preliminary Result

(FINAL) F

Final Result

(RE) Reissued

\* Refers to a result that is outside of the provided normal 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.

To feel fully empowered to make healthy decisions based on your test results, it is recommended that you discuss them with a health care provider. Please note, our patient service centers or laboratories do not have your full medical story to provide you with an interpretation or diagnosis.

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