

## PATIENT INFORMATION:

**Paul Emmitt**  
**Mederos**

Phone (H): (833) 753-1851  
DOB: 02/14/1963  
Gender: Male Age: 62  
Patient ID: 61386533

STATUS: Final

Source: Quest  
Collection Date: 05/05/2025 02:42 PM UTC  
Time Reported: 05/22/2025 10:03 PM UTC  
Received: 05/22/2025 10:07 PM UTC  
Accession Number: TZ005452X  
Lab Ref #: 1267688

## ORDERING PHYSICIAN:

**Lauren Jefferis,**  
**MD**

600 Congress Avenue  
Floor 14  
Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab
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FASTING: YES

FASTING: YES

Test	Collected	Received
<b>HOMOCYSTEINE</b>	05/05/2025 02:42 PM UTC	05/05/2025 02:44 PM UTC

HOMOCYSTEINE	10.8	<11.4 umol/L	TP
Homocysteine is increased by functional deficiency of folate or vitamin B12. Testing for methylmalonic acid differentiates between these deficiencies. Other causes of increased homocysteine include renal failure, folate antagonists such as methotrexate and phenytoin, and exposure to nitrous oxide. Selhub J, et al., Ann Intern Med. 1999;131(5):331-9.			

Test	Collected	Received
<b>GGT</b>	05/05/2025 02:42 PM UTC	05/05/2025 02:44 PM UTC

GGT	39	3-70 U/L	TP
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Test	Collected	Received
<b>AMYLASE</b>	05/05/2025 02:42 PM UTC	05/05/2025 02:44 PM UTC

AMYLASE	30	21-101 U/L	TP
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Test	Collected	Received
<b>LIPASE</b>	05/05/2025 02:42 PM UTC	05/05/2025 02:44 PM UTC

LIPASE	20	7-60 U/L	TP
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Test	Collected	Received
<b>ZINC</b>	05/05/2025 02:42 PM UTC	05/05/2025 02:44 PM UTC

ZINC	91	60-130 mcg/dL	AMD
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Test	Collected	Received
<b>METHYLMALONIC ACID</b>	05/05/2025 02:42 PM UTC	05/05/2025 02:44 PM UTC

METHYLMALONIC ACID	181	69-390 nmol/L	AMD
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Serum methylmalonic acid (MMA) levels are used to diagnose and monitor several rare inborn errors of metabolism, including methylmalonic aciduria. The enzymatic conversion of MMA to succinic acid requires vitamin B12 (adenosyl-cobalamin) as a cofactor. Serum MMA levels are also used for assessing functional vitamin B12 deficiency. Vitamin B12 is essential for



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MD**

600 Congress Avenue  
Floor 14  
Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab
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fetal neurodevelopment, particularly early in pregnancy. Undiagnosed maternal vitamin B12 deficiency may be associated with adverse fetal/neonatal outcomes, such as neural tube defects and intrauterine growth restriction.

Quest Diagnostics utilized Multi-Modal Decomposition (MMD) analysis to establish first and second trimester-specific MMA reference intervals in pregnancy, as given below:

MMA, First trimester (<13 wks gestation): 58-167 nmol/L  
MMA, Second trimester (13-23 wks gestation): 63-241 nmol/L

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**LEPTIN** Collected: 05/05/2025 02:42 PM UTC Received: 05/05/2025 02:44 PM UTC

LEPTIN	14.0		ng/mL	EZ
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Reference Ranges for Leptin:

Adult Lean Subjects (18-71 years) with BMI range of 18-25:

Males: 0.3-13.4 ng/mL  
Females: 4.7-23.7 ng/mL

Adult Subjects (19-60 years) with BMI range of 25-30:

Males: 1.8-19.9 ng/mL  
Females: 8.0-38.9 ng/mL

Pediatric Reference Ranges for Leptin:

5-9.9 years: 0.6-16.8 ng/mL  
10-13.9 years: 1.4-16.5 ng/mL  
14-17.9 years: 0.6-24.9 ng/mL

This test was developed and its analytical performance



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Test	In Range	Out Of Range	Reference Range	Lab
------	----------	--------------	-----------------	-----

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**RHEUMATOID FACTOR** Collected: 05/05/2025 02:42 PM UTC Received: 05/05/2025 02:44 PM UTC

RHEUMATOID FACTOR	<10		<14 IU/mL	TP
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**ANA SCREEN, IFA, W/REFL TITER AND PATTERN** Collected: 05/05/2025 02:42 PM UTC Received: 05/05/2025 02:44 PM UTC

<b>ANA SCREEN, IFA</b>	<b>POSITIVE A</b>	NEGATIVE		MI
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ANA IFA is a first line screen for detecting the presence of up to approximately 150 autoantibodies in various autoimmune diseases. A positive ANA IFA result is suggestive of autoimmune disease and reflexes to titer and pattern. Further laboratory testing may be considered if clinically indicated.

For additional information, please refer to <http://education.QuestDiagnostics.com/faq/FAQ177> (This link is being provided for informational/educational purposes only.)

**ANTINUCLEAR ANTIBODIES TITER AND PATTERN** Collected: 05/05/2025 02:42 PM UTC Received: 05/05/2025 02:44 PM UTC

<b>ANA TITER</b>	<b>1:80 H</b>	titer		MI
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A low level ANA titer may be present in pre-clinical autoimmune diseases and normal individuals.

Reference Range  
 <1:40 Negative  
 1:40-1:80 Low Antibody Level  
 >1:80 Elevated Antibody Level

<b>ANA PATTERN</b>	<b>Nuclear, A</b>			MI
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**Homogeneous**

Homogeneous pattern is associated with systemic lupus erythematosus (SLE), drug-induced lupus and juvenile idiopathic arthritis.

AC-1: Homogeneous

International Consensus on ANA Patterns  
 (<https://doi.org/10.1515/cclm-2018-0052>)

<b>ANA TITER</b>	<b>1:1280 H</b>	titer		MI
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MD**

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Test	In Range	Out Of Range	Reference Range	Lab
	Reference Range			
	<1:40	Negative		
	1:40-1:80	Low Antibody Level		
	>1:80	Elevated Antibody Level		

**ANA PATTERN****Nuclear, Nucleolar A**

MI

Nucleolar pattern is associated with systemic sclerosis (scleroderma), systemic sclerosis/polymyositis overlap and Sjogren's syndrome.

AC-8,9,10: Nucleolar

International Consensus on ANA Patterns  
(<https://doi.org/10.1515/cclm-2018-0052>)

**THYROID PEROXIDASE AND THYROGLOBULIN ANTIBODIES** Collected: 05/05/2025 02:42 PM UTC Received: 05/05/2025 02:44 PM UTC

THYROGLOBULIN ANTIBODIES	<1	< or = 1 IU/mL	TP
THYROID PEROXIDASE ANTIBODIES	<1	<9 IU/mL	TP

**DHEA SULFATE** Collected: 05/05/2025 02:42 PM UTC Received: 05/05/2025 02:44 PM UTC

<b>DHEA SULFATE</b>	<b>16 L</b>	20-217 mcg/dL	TP
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**FSH** Collected: 05/05/2025 02:42 PM UTC Received: 05/05/2025 02:44 PM UTC

<b>FSH</b>	12.8	1.4-12.8 mIU/mL	TP
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**LH** Collected: 05/05/2025 02:42 PM UTC Received: 05/05/2025 02:44 PM UTC

<b>LH</b>	5.4	1.6-15.2 mIU/mL	TP
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**PROLACTIN** Collected: 05/05/2025 02:42 PM UTC Received: 05/05/2025 02:44 PM UTC

<b>PROLACTIN</b>	5.7	2.0-18.0 ng/mL	TP
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**ESTRADIOL** Collected: 05/05/2025 02:42 PM UTC Received: 05/05/2025 02:44 PM UTC

<b>ESTRADIOL</b>	34	< OR = 39 pg/mL	TP
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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



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Test	In Range	Out Of Range	Reference Range	Lab
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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	Collected: 05/05/2025 02:42 PM UTC	Received: 05/05/2025 02:44 PM UTC
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SEX HORMONE BINDING GLOBULIN	30	22-77 nmol/L	TP
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PSA (FREE AND TOTAL)	Collected: 05/05/2025 02:42 PM UTC	Received: 05/05/2025 02:44 PM UTC
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PSA, TOTAL	0.9	< OR = 4.0 ng/mL	TP
PSA, FREE	0.3	ng/mL	TP
PSA, % FREE	33	>25 % (calc)	TP

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.



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Test	In Range	Out Of Range	Reference Range	Lab
------	----------	--------------	-----------------	-----

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.

**TESTOSTERONE, FREE (DIALYSIS) AND TOTAL,MS** Collected: 05/05/2025 02:42 PM UTC Received: 05/05/2025 02:44 PM UTC

TESTOSTERONE, TOTAL, MS	304		250-1100 ng/dL	AMD
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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	44.7		35.0-155.0 pg/mL	AMD
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 Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab
------	----------	--------------	-----------------	-----

to the CLIA regulations and is used for clinical purposes.

**LEAD (VENOUS)** Collected: 05/05/2025 02:42 PM UTC Received: 05/05/2025 02:44 PM UTC

LEAD (VENOUS)	<1.0		<3.5 mcg/dL	TP
See Note 1				

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.

**OMEGACHECK(R)** Collected: 05/05/2025 02:42 PM UTC Received: 05/05/2025 02:44 PM UTC

<b>EPA+DPA+DHA</b>		<b>3.0 L</b>	>5.4 % by wt	Z4M
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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. 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).

ARACHIDONIC ACID/EPA RATIO	24.1		3.7-40.7	Z4M
OMEGA-6/OMEGA-3 RATIO	12.5		3.7-14.4	Z4M
OMEGA-3 TOTAL	3.0		% by wt	Z4M
EPA	0.4		0.2-2.3 % by wt	Z4M



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Test	In Range	Out Of Range	Reference Range	Lab
DPA	1.0		0.8-1.8 % by wt	Z4M
DHA	1.6		1.4-5.1 % by wt	Z4M
OMEGA-6 TOTAL	38.1		% by wt	Z4M
Cleveland HeartLab measures a number of omega-6 fatty acids with AA and LA being the two most abundant forms reported.				
ARACHIDONIC ACID	9.3		8.6-15.6 % by wt	Z4M
LINOLEIC ACID	24.6		18.6-29.5 % by wt	Z4M

**Enhanced PDF Report TZ005452X-1** Collected: 05/05/2025 02:42 PM UTC Received: 05/05/2025 02:44 PM UTC

Enhanced PDF Report TZ005452X- **Enhanced PDF Report TZ005452X-1.pdf [See Appendix 1 for details]**

1

TP	Quest Diagnostics-Tampa. 4225 E Fowler Ave, Tampa, FL 33617-2026	Dir: Weston H Rothrock MD
AMD	Quest Diagnostics/Nichols Chantilly-Chantilly VA. 14225 Newbrook Dr, Chantilly, VA 20151-2228	Dir: Patrick W Mason M.D.,PhD
EZ	Quest Diagnostics/Nichols SJC-San Juan Capistrano, 33608 Ortega Hwy, San Juan Capistrano, CA 92675-2042	Dir: Irina Maramica MD,PhD,MBA
MI	Quest Diagnostics-Miami. 10200 Commerce Pkwy, Miramar, FL 33025-3938	Dir: DR. Julie L Friedman
Z4M	Cleveland HeartLab Inc.-Cleveland HeartLab Inc.. 6701 Carnegie Ave, Suite 500, Cleveland, OH 44103-4623	Dir: Mohammad Q Ansari

Range Flags Legend: L - Below low normal; H - Above high normal; A - Abnormal;



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Report Status: Final

MEDEROS, PAUL EMMITT

Patient Information	Specimen Information	Client Information
<b>MEDEROS, PAUL EMMITT</b> <b>DOB: 02/14/1963 AGE: 62</b> Gender: M Fasting: Y Phone: 833.753.1851 Patient ID: 61386533 Health ID: 8573036763494998	Specimen: TZ005452X Requisition: 0050841 Lab Ref #: 1267688 Collected: 05/05/2025 / 10:42 EDT Received: 05/06/2025 / 01:43 EDT Reported: 05/22/2025 / 18:03 EDT	Client #: 73917267 MAIL992 JEFFERIS, LAUREN FUNCTION HEALTH INC 600 CONGRESS AVE FL 14 AUSTIN, TX 78701-3263

COMMENTS: FASTING: YES

Test Name	In Range	Out Of Range	Reference Range	Lab
HOMOCYSTEINE	10.8		<11.4 umol/L	TP
<p>Homocysteine is increased by functional deficiency of folate or vitamin B12. Testing for methylmalonic acid differentiates between these deficiencies. Other causes of increased homocysteine include renal failure, folate antagonists such as methotrexate and phenytoin, and exposure to nitrous oxide.</p> <p>Selhub J, et al., Ann Intern Med. 1999;131(5):331-9.</p>				
GGT	39		3-70 U/L	TP
AMYLASE	30		21-101 U/L	TP
LIPASE	20		7-60 U/L	TP
THYROID PEROXIDASE AND THYROGLOBULIN ANTIBODIES				
THYROGLOBULIN ANTIBODIES	<1		< or = 1 IU/mL	TP
THYROID PEROXIDASE ANTIBODIES	<1		<9 IU/mL	TP
ZINC	91		60-130 mcg/dL	AMD

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.

METHYLMALONIC ACID	181		69-390 nmol/L	AMD
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Serum methylmalonic acid (MMA) levels are used to diagnose and monitor several rare inborn errors of metabolism, including methylmalonic aciduria. The enzymatic conversion of MMA to succinic acid requires vitamin B12 (adenosyl-cobalamin) as a cofactor. Serum MMA levels are also used for assessing functional vitamin B12 deficiency. Vitamin B12 is essential for fetal neurodevelopment, particularly early in pregnancy. Undiagnosed maternal vitamin B12 deficiency may be associated with adverse fetal/neonatal outcomes, such as neural tube defects and intrauterine growth restriction.

Quest Diagnostics utilized Multi-Modal Decomposition (MMD) analysis to establish first and second trimester-specific MMA reference intervals in pregnancy, as given below:  
 MMA, First trimester (<13 wks gestation): 58-167 nmol/L  
 MMA, Second trimester (13-23 wks gestation): 63-241 nmol/L

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



Report Status: Final  
MEDEROS, PAUL EMMITT

Patient Information	Specimen Information	Client Information
<b>MEDEROS, PAUL EMMITT</b>  <b>DOB: 02/14/1963    AGE: 62</b> Gender: M      Fasting: Y Patient ID: 61386533 Health ID: 8573036763494998	Specimen: TZ005452X Collected: 05/05/2025 / 10:42 EDT Received: 05/06/2025 / 01:43 EDT Reported: 05/22/2025 / 18:03 EDT	Client #: 73917267 JEFFERIS, LAUREN

Test Name	In Range	Out Of Range	Reference Range	Lab
regulations and is used for clinical purposes.				
LEPTIN	14.0		ng/mL	EZ

Reference Ranges for Leptin:

Adult Lean Subjects (18-71 years) with BMI range of 18-25:

Males: 0.3-13.4 ng/mL  
Females: 4.7-23.7 ng/mL

Adult Subjects (19-60 years) with BMI range of 25-30:

Males: 1.8-19.9 ng/mL  
Females: 8.0-38.9 ng/mL

Pediatric Reference Ranges for Leptin:

5-9.9 years: 0.6-16.8 ng/mL  
10-13.9 years: 1.4-16.5 ng/mL  
14-17.9 years: 0.6-24.9 ng/mL

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RHEUMATOID FACTOR	<10		<14 IU/mL	TP
<b>DHEA SULFATE</b>		<b>16 L</b>	20-217 mcg/dL	TP
FSH	12.8		1.4-12.8 mIU/mL	TP
LH	5.4		1.6-15.2 mIU/mL	TP
PROLACTIN	5.7		2.0-18.0 ng/mL	TP
ESTRADIOL	34		< OR = 39 pg/mL	TP

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				TP
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Test Name	In Range	Out Of Range	Reference Range	Lab
GLOBULIN	30		22-77 nmol/L	
PSA (FREE AND TOTAL)				TP
PSA, TOTAL	0.9		< OR = 4.0 ng/mL	
PSA, FREE	0.3		ng/mL	
PSA, % FREE	33		>25 % (calc)	

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.

TESTOSTERONE, FREE (DIALYSIS) AND TOTAL, MS			AMD
TESTOSTERONE, TOTAL, MS	304		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.



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Test Name	In Range	Out Of Range	Reference Range	Lab
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For additional information, please refer to  
<http://education.questdiagnostics.com/faq/TotalTestosteroneLCMSMSFAQ165>  
 (This link is being provided for informational/educational purposes only.)

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TESTOSTERONE, FREE	44.7		35.0-155.0 pg/mL	
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LEAD (VENOUS)	<1.0		<3.5 mcg/dL	TP
<b>See Endnote 1</b>				

#### Endnote 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.



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### Immunology

Test Name	Result	Reference Range	Lab
ANA SCREEN, IFA, W/REFL TITER AND PATTERN			MI
<b>ANA SCREEN, IFA</b>	<b>POSITIVE</b>	NEGATIVE	
ANA IFA is a first line screen for detecting the presence of up to approximately 150 autoantibodies in various autoimmune diseases. A positive ANA IFA result is suggestive of autoimmune disease and reflexes to titer and pattern. Further laboratory testing may be considered if clinically indicated. For additional information, please refer to <a href="http://education.QuestDiagnostics.com/faq/FAQ177">http://education.QuestDiagnostics.com/faq/FAQ177</a> (This link is being provided for informational/ educational purposes only.)			
ANTINUCLEAR ANTIBODIES TITER AND PATTERN			MI
<b>ANA TITER</b>	<b>1:80 H</b>	titer	
A low level ANA titer may be present in pre-clinical autoimmune diseases and normal individuals. Reference Range <1:40            Negative 1:40-1:80      Low Antibody Level >1:80            Elevated Antibody Level			
<b>ANA PATTERN</b>	<b>Nuclear, Homogeneous</b>		
Homogeneous pattern is associated with systemic lupus erythematosus (SLE), drug-induced lupus and juvenile idiopathic arthritis. AC-1: Homogeneous International Consensus on ANA Patterns ( <a href="https://doi.org/10.1515/cclm-2018-0052">https://doi.org/10.1515/cclm-2018-0052</a> )			
<b>ANA TITER</b>	<b>1:1280 H</b>	titer	
Reference Range <1:40            Negative 1:40-1:80      Low Antibody Level >1:80            Elevated Antibody Level			
<b>ANA PATTERN</b>	<b>Nuclear, Nucleolar</b>		
Nucleolar pattern is associated with systemic sclerosis (scleroderma), systemic sclerosis/polymyositis overlap and Sjogren's syndrome. AC-8,9,10: Nucleolar International Consensus on ANA Patterns ( <a href="https://doi.org/10.1515/cclm-2018-0052">https://doi.org/10.1515/cclm-2018-0052</a> )			
Physician Comments:			



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### Cardio IQ®

Test Name	Current		Risk/Reference Interval			Units	Historical
	Result & Risk		Optimal	Moderate	High		Result & Risk
	Optimal	Non-Optimal					05/06/2025
<b>FATTY ACIDS</b>							
OmegaCheck® Whole Blood: (EPA+DPA+DHA)		<b>3.0</b>	>=5.5	3.8-5.4	<=3.7	% by wt	-
ARACHIDONIC ACID/EPA RATIO	<b>24.1</b>			3.7-40.7			-
OMEGA-6/OMEGA-3 RATIO	<b>12.5</b>			3.7-14.4			-
OMEGA-3 TOTAL		<b>3.0</b>				% by wt	-
EPA	<b>0.4</b>			0.2-2.3		% by wt	-
DPA	<b>1.0</b>			0.8-1.8		% by wt	-
DHA	<b>1.6</b>			1.4-5.1		% by wt	-
OMEGA-6 TOTAL		<b>38.1</b>				% by wt	-
ARACHIDONIC ACID	<b>9.3</b>			8.6-15.6		% by wt	-
LINOLEIC ACID	<b>24.6</b>			18.6-29.5		% by wt	-

For details on reference ranges please refer to the reference range/comment section of the report.

**Medical Information For Healthcare Providers:** If you have questions about any of the tests in our Cardio IQ offering, please call Client Services at our Quest Diagnostics-Cleveland HeartLab Cardiometabolic Center of Excellence. They can be reached at 866.358.9828, option 1 to arrange a consult with our clinical education team.



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PATIENT PROGRESS SUMMARY

Optimal   Moderate   High

Test Name	05/06/2025	05/06/2025
<b>LIPID PANEL</b>		
TRIGLYCERIDES	237	-
CHOLESTEROL, TOTAL	132	-
HDL CHOLESTEROL	26	-
LDL-CHOLESTEROL	73	-
CHOL/HDLC RATIO	5.1	-
NON-HDL CHOLESTEROL	106	-
<b>FATTY ACIDS</b>		
OmegaCheck® Whole Blood: (EPA+DPA+DHA)	-	<b>3.0</b>
ARACHIDONIC ACID/EPA RATIO	-	24.1
OMEGA-6/OMEGA-3 RATIO	-	12.5
OMEGA-3 TOTAL	-	3.0
EPA	-	0.4
DPA	-	1.0
DHA	-	1.6
OMEGA-6 TOTAL	-	38.1
ARACHIDONIC ACID	-	9.3
LINOLEIC ACID	-	24.6



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#### Reference Range/Comments

Analyte Name	In Range	Out Range	Reference Range	Lab
EPA+DPA+DHA		<b>3.0</b>	>5.4 % by wt	Z4M
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. 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 $\geq 5.5\%$ by wt defines a population at optimal relative risk, 3.8-5.4% by wt defines a population at moderate relative risk, and $\leq 3.7\%$ 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	<b>9.3</b>		8.6-15.6 % by wt	Z4M
ARACHIDONIC ACID/EPA RATIO	<b>24.1</b>		3.7-40.7	Z4M
DHA	<b>1.6</b>		1.4-5.1 % by wt	Z4M
DPA	<b>1.0</b>		0.8-1.8 % by wt	Z4M
EPA	<b>0.4</b>		0.2-2.3 % by wt	Z4M
LINOLEIC ACID	<b>24.6</b>		18.6-29.5 % by wt	Z4M
OMEGA-3 TOTAL	<b>3.0</b>		% by wt	Z4M
OMEGA-6 TOTAL	<b>38.1</b>		% by wt	Z4M
Cleveland HeartLab measures a number of omega-6 fatty acids with AA and LA being the two most abundant forms reported.				
OMEGA-6/OMEGA-3 RATIO	<b>12.5</b>		3.7-14.4	Z4M

#### PERFORMING SITE:

AMD QUEST DIAGNOSTICS/NICHOLS CHANTILLY, 14225 NEWBROOK DRIVE, CHANTILLY, VA 20151-2228 Laboratory Director: PATRICK W. MASON,MD,PHD, CLIA: 49D0221801  
 EZ QUEST DIAGNOSTICS/NICHOLS SJC, 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 92675-2042 Laboratory Director: IRINA MARAMICA,MD,PHD,MBA, CLIA: 05D0643352  
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 TP QUEST DIAGNOSTICS-TAMPA, 4225 E. FOWLER AVE, TAMPA, FL 33617-2026 Laboratory Director: WESTON H ROTHROCK,MD, CLIA: 10D0291120  
 Z4M CLEVELAND HEARTLAB INC, 6701 CARNEGIE AVENUE SUITE 500, CLEVELAND, OH 44103-4623 Laboratory Director: M. QASIM ANSARI, MD , CLIA: 36D1032987