

PATIENT INFORMATION:

**Paul Emmet Mederos**

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

STATUS: Final

Source: Quest  
 Collection Date: 05/06/2025 02:59 PM UTC  
 Time Reported: 06/03/2025 06:36 PM UTC  
 Received: 06/03/2025 07:14 PM UTC  
 Accession Number: TZ034780X  
 Lab Ref #: 1270886

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

IRON, TIBC AND FERRITIN PANEL		Collected: 05/06/2025 02:59 PM UTC	Received: 05/06/2025 03:00 PM UTC
IRON, TOTAL	87		50-180 mcg/dL TP
IRON BINDING CAPACITY	391		250-425 mcg/dL TP (calc)
% SATURATION	22		20-48 % (calc) TP
FERRITIN	31		24-380 ng/mL TP

ALBUMIN, RANDOM URINE W/O CREATININE		Collected: 05/06/2025 02:59 PM UTC	Received: 05/06/2025 03:00 PM UTC
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ALBUMIN, URINE 2.0 See Note: mg/dL TP

Reference Range:

Reference Range  
 Not established

RAM TP

The ADA defines abnormalities in albumin excretion as follows:

Albuminuria Category	Result (mg/g creatinine)
Normal to Mildly increased	<30
Moderately increased	30-299
Severely increased	> OR = 300

The ADA recommends that at least two of three specimens collected within a 3-6 month period be abnormal before considering a patient to be within a diagnostic category.

HS CRP		Collected: 05/06/2025 02:59 PM UTC	Received: 05/06/2025 03:00 PM UTC
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HS CRP 1.2 mg/L TP

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.



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>10.0 Consider retesting in 1 to 2 weeks to exclude a benign transient elevation in the baseline CRP value secondary to infection or inflammation. 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.

<b>APOLIPOPROTEIN B</b>	Collected: 05/06/2025 02:59 PM UTC	Received: 05/06/2025 03:00 PM UTC
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APOLIPOPROTEIN B	83	<90 mg/dL	AMD
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Reference Range: <90

Risk Category:

Optimal <90  
 Moderate 90-129  
 High > or = 130

A desirable treatment target may be <80 mg/dL or lower depending on the risk category of the patient including patients on lipid lowering therapies, patients with ASCVD, diabetes with >1 risk factors, Stage 3 or greater CKD with albuminuria, or heterozygous familial hypercholesterolemia. ApoB relative risk category cut points are based AACE/ACE and ACC/AHA recommendations. (Grundy SM, et al. 2019.doi:10.1016/j.jacc.2018.11.002; Handelsman Y, et al. 2020. doi:10.4158/CS-2020-0490).

<b>COMPREHENSIVE METABOLIC PANEL</b>	Collected: 05/06/2025 02:59 PM UTC	Received: 05/06/2025 03:00 PM UTC
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<b>GLUCOSE</b>	<b>105 H</b>	65-99 mg/dL	TP
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Fasting reference interval

For someone without known diabetes, a glucose value



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Test	In Range	Out Of Range	Reference Range	Lab
between 100 and 125 mg/dL is consistent with prediabetes and should be confirmed with a follow-up test.				
UREA NITROGEN (BUN)	20		7-25 mg/dL	TP
CREATININE	1.10		0.70-1.35 mg/dL	TP
EGFR	76		> OR = 60 mL/min/1.73m2	TP
BUN/CREATININE RATIO	SEE NOTE:		6-22 (calc)	TP
Not Reported: BUN and Creatinine are within reference range.				
SODIUM	140		135-146 mmol/L	TP
POTASSIUM	4.0		3.5-5.3 mmol/L	TP
CHLORIDE	102		98-110 mmol/L	TP
CARBON DIOXIDE	31		20-32 mmol/L	TP
CALCIUM	9.6		8.6-10.3 mg/dL	TP
PROTEIN, TOTAL	7.4		6.1-8.1 g/dL	TP
ALBUMIN	4.7		3.6-5.1 g/dL	TP
GLOBULIN	2.7		1.9-3.7 g/dL (calc)	TP
ALBUMIN/GLOBULIN RATIO	1.7		1.0-2.5 (calc)	TP
BILIRUBIN, TOTAL	0.4		0.2-1.2 mg/dL	TP
ALKALINE PHOSPHATASE	72		35-144 U/L	TP
AST	19		10-35 U/L	TP
ALT	15		9-46 U/L	TP

**HEMOGLOBIN A1c** Collected: 05/06/2025 02:59 PM UTC Received: 05/06/2025 03:00 PM UTC

**HEMOGLOBIN A1c** **5.8 H** <5.7 % TP

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.



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Test	In Range	Out Of Range	Reference Range	Lab
Currently, no consensus exists regarding use of hemoglobin Alc for diagnosis of diabetes for children.				

**VITAMIN D,25-OH,TOTAL,IA** Collected: 05/06/2025 02:59 PM UTC Received: 05/06/2025 03:00 PM UTC

VITAMIN D,25-OH,TOTAL,IA	38		30-100 ng/mL	TP
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).

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.)

**MAGNESIUM, RBC** Collected: 05/06/2025 02:59 PM UTC Received: 05/06/2025 03:00 PM UTC

MAGNESIUM, RBC	6.1		4.0-6.4 mg/dL	AMD
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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.

**URIC ACID** Collected: 05/06/2025 02:59 PM UTC Received: 05/06/2025 03:00 PM UTC

URIC ACID		<b>8.1 H</b>	4.0-8.0 mg/dL	TP
Therapeutic target for gout patients: <6.0 mg/dL				

**TSH** Collected: 05/06/2025 02:59 PM UTC Received: 05/06/2025 03:00 PM UTC



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Test	In Range	Out Of Range	Reference Range	Lab
TSH	1.50		0.40-4.50 mIU/L	TP
<b>T4, FREE</b> Collected: 05/06/2025 02:59 PM UTC Received: 05/06/2025 03:00 PM UTC				
T4, FREE	1.2		0.8-1.8 ng/dL	TP
<b>T3, FREE</b> Collected: 05/06/2025 02:59 PM UTC Received: 05/06/2025 03:00 PM UTC				
T3, FREE	3.0		2.3-4.2 pg/mL	TP
<b>MERCURY, BLOOD</b> Collected: 05/06/2025 02:59 PM UTC Received: 05/06/2025 03:00 PM UTC				
MERCURY, BLOOD	<4		<=10 mcg/L	AMD

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<b>LIPOPROTEIN (a)</b> Collected: 05/06/2025 02:59 PM UTC Received: 05/06/2025 03:00 PM UTC				
LIPOPROTEIN (a)	21		<75 nmol/L	AMD

## 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.

<b>CBC (INCLUDES DIFF/PLT)</b> Collected: 05/06/2025 02:59 PM UTC Received: 05/06/2025 03:00 PM UTC				
WHITE BLOOD CELL COUNT	5.7		3.8-10.8 Thousand /uL	TP
RED BLOOD CELL COUNT	4.49		4.20-5.80 Million/uL	TP
HEMOGLOBIN	13.2		13.2-17.1 g/dL	TP
HEMATOCRIT	39.4		38.5-50.0 %	TP
MCV	87.8		80.0-100.0 fL	TP
MCH	29.4		27.0-33.0 pg	TP
MCHC	33.5		32.0-36.0 g/dL	TP

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



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Test	In Range	Out Of Range	Reference Range	Lab
interpreted with caution in correlation with other red cell parameters and the patient's clinical condition.				
RDW	14.4		11.0-15.0 %	TP
PLATELET COUNT	180		140-400 Thousand /uL	TP
MPV	10.0		7.5-12.5 fL	TP
ABSOLUTE NEUTROPHILS	2736		1500-7800 cells/uL	TP
ABSOLUTE LYMPHOCYTES	2160		850-3900 cells/uL	TP
ABSOLUTE MONOCYTES	502		200-950 cells/uL	TP
ABSOLUTE EOSINOPHILS	251		15-500 cells/uL	TP
ABSOLUTE BASOPHILS	51		0-200 cells/uL	TP
NEUTROPHILS	48		%	TP
LYMPHOCYTES	37.9		%	TP
MONOCYTES	8.8		%	TP
EOSINOPHILS	4.4		%	TP
BASOPHILS	0.9		%	TP

URINALYSIS, COMPLETE		Collected: 05/06/2025 02:59 PM UTC	Received: 05/06/2025 03:00 PM UTC
COLOR	YELLOW		YELLOW
APPEARANCE		<b>CLOUDY A</b>	CLEAR
SPECIFIC GRAVITY	1.015		1.001-1.035
PH	6.5		5.0-8.0
GLUCOSE	NEGATIVE		NEGATIVE
BILIRUBIN	NEGATIVE		NEGATIVE
KETONES	NEGATIVE		NEGATIVE
OCCULT BLOOD	NEGATIVE		NEGATIVE
PROTEIN	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE
WBC	NONE SEEN		< OR = 5 /HPF
RBC	NONE SEEN		< OR = 2 /HPF
SQUAMOUS EPITHELIAL CELLS	NONE SEEN		< OR = 5 /HPF
BACTERIA	NONE SEEN		NONE SEEN /HPF
HYALINE CAST	NONE SEEN		NONE SEEN /LPF
NOTE	This urine was analyzed for the presence of WBC, RBC, bacteria, casts, and other formed elements. Only those elements seen were reported.		

CORTISOL, TOTAL, LC/MS		Collected: 05/06/2025 02:59 PM UTC	Received: 05/06/2025 03:00 PM UTC
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Test	In Range	Out Of Range	Reference Range	Lab
CORTISOL, TOTAL, LC/MS	6.4		mcg/dL	EZ

Adult Reference Ranges for Cortisol, Total:

8-10 AM 4.6-20.6 mcg/dL  
 4-6 PM 1.8-13.6 mcg/dL

Cortisol Response to ACTH  
 Peak >20.0 mcg/dL  
 Peak >16.0 mcg/dL after IM injection

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.

**INSULIN** Collected: 05/06/2025 02:59 PM UTC Received: 05/06/2025 03:00 PM UTC

**INSULIN** Reference Range < or = 18.4 **57.0 H** uIU/mL TP

Risk:  
 Optimal < or = 18.4  
 Moderate NA  
 High >18.4

Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on Insulin Reference Interval studies performed at Quest Diagnostics in 2022.

**ABO GROUP AND RH TYPE** Collected: 05/06/2025 02:59 PM UTC Received: 05/06/2025 03:00 PM UTC

ABO GROUP A TP  
 RH TYPE RH(D) POSITIVE TP

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

**LIPOPROTEIN FRACTIONATION ION MOBILITY** Collected: 05/06/2025 02:59 PM UTC Received: 05/06/2025 03:00 PM UTC



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Test	In Range	Out Of Range	Reference Range	Lab
<b>LDL PARTICLE NUMBER</b>		<b>1789 H</b>	<1138 nmol/L	Z4M
Relative Risk: Optimal <1138; Moderate 1138-1409; High >1409. Male and Female Reference Range: 1016 to 2185 nmol/L.				
<b>LDL SMALL</b>		<b>348 H</b>	<142 nmol/L	Z4M
Relative Risk: Optimal <142; Moderate 142-219; High >219. Male Reference Range: 123 to 441 nmol/L; Female Reference Range: 115 to 386 nmol/L.				
<b>LDL MEDIUM</b>	210		<215 nmol/L	Z4M
Relative Risk: Optimal <215; Moderate 215-301; High >301. Male Reference Range: 167 to 485 nmol/L; Female Reference Range: 121 to 397 nmol/L.				
<b>HDL LARGE</b>		<b>6211 L</b>	>6729 nmol/L	Z4M
Relative Risk: Optimal >6729; Moderate 6729-5353; High <5353. Male Reference Range: 4334 to 10815 nmol/L; Female Reference Range: 5038 to 17886 nmol/L.				
<b>LDL PATTERN</b>		<b>B A</b>	A Pattern	Z4M
Relative Risk: Optimal Pattern A; High Pattern B. Reference Range: Pattern A.				
<b>LDL PEAK SIZE</b>		<b>207.4 L</b>	>222.9 Angstrom	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. Relative Risk: Optimal >222.9; Moderate 222.9-217.4; High <217.4. Male and Female Reference Range: 216 to 234.3 Angstrom. Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on an adult U.S. reference population plus two large cohort study populations. Association between lipoprotein subfractions and cardiovascular events is based on Musunuru et al. ATVB.2009;29:1975. For additional information, please refer to <a href="http://education.QuestDiagnostics.com/faq/FAQ134">http://education.QuestDiagnostics.com/faq/FAQ134</a> (This link is being provided for informational/educational purposes only.)				

**CARDIO IQ(R) LIPID PANEL** Collected: 05/06/2025 02:59 PM UTC Received: 05/06/2025 03:00 PM UTC

<b>CHOLESTEROL, TOTAL</b>	132		<200 mg/dL	Z4M
<b>HDL CHOLESTEROL</b>		<b>26 L</b>	>39 mg/dL	Z4M
<b>TRIGLYCERIDES</b>		<b>237 H</b>	<150 mg/dL	Z4M



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Test	In Range	Out Of Range	Reference Range	Lab
If a non fasting specimen was collected, consider repeat triglyceride testing on a fasting specimen if clinically indicated. Jacobson et al. J of Clin. Lipidol. 215; 9:129-169.				
LDL-CHOLESTEROL	73		<100 mg/dL (calc)	Z4M
Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with >= 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 ( <a href="http://education.QuestDiagnostics.com/faq/FAQ164">http://education.QuestDiagnostics.com/faq/FAQ164</a> ) 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 ( <a href="http://education.QuestDiagnostics.com/faq/FAQ164">http://education.QuestDiagnostics.com/faq/FAQ164</a> )				
CHOL/HDL-C RATIO		<b>5.1 H</b>	<5.0 calc	Z4M
NON HDL CHOLESTEROL	106		<130 mg/dL (calc)	Z4M
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. 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.				

**Enhanced PDF Report TZ034780X-1** Collected: 05/06/2025 02:59 PM UTC Received: 05/06/2025 03:00 PM UTC

Enhanced PDF Report TZ034780X- **Paul Emmet Mederos - Enhanced PDF Report TZ034780X-1.pdf [See Appendix 1 for details]**

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
Z4M	Cleveland HeartLab Inc.-Cleveland HeartLab Inc.. 6701 Carnegie Ave, Suite 500, Cleveland, OH 44103-4623	Dir: Mohammad Q Ansari



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PATIENT INFORMATION:

**Paul Emmet  
Mederos**

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

STATUS: Final

Source: Quest  
Collection Date: 05/06/2025 02:59 PM UTC  
Time Reported: 06/03/2025 06:36 PM UTC  
Received: 06/03/2025 07:14 PM UTC  
Accession Number: TZ034780X  
Lab Ref #: 1270886

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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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	Specimen: TZ034780X Requisition: 0051078 Lab Ref #: 1270886 Collected: 05/06/2025 / 10:59 EDT Received: 05/06/2025 / 23:55 EDT Reported: 06/03/2025 / 14:36 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
IRON, TIBC AND FERRITIN PANEL				
IRON AND TOTAL IRON BINDING CAPACITY				TP
IRON, TOTAL	87		50-180 mcg/dL	
IRON BINDING CAPACITY	391		250-425 mcg/dL (calc)	
% SATURATION	22		20-48 % (calc)	
FERRITIN	31		24-380 ng/mL	TP
ALBUMIN, RANDOM URINE W/O CREATININE				TP
ALBUMIN, URINE	2.0		mg/dL	
	Reference Range			
	Not established			
The ADA defines abnormalities in albumin excretion as follows:				
Albuminuria Category	Result (mg/g creatinine)			
Normal to Mildly increased	<30			
Moderately increased	30-299			
Severely increased	> OR = 300			
The ADA recommends that at least two of three specimens collected within a 3-6 month period be abnormal before considering a patient to be within a diagnostic category.				
HS CRP	1.2		mg/L	TP
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	83		<90 mg/dL	AMD



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	Specimen: TZ034780X Collected: 05/06/2025 / 10:59 EDT Received: 05/06/2025 / 23:55 EDT Reported: 06/03/2025 / 14:36 EDT	Client #: 73917267 JEFFERIS, LAUREN

Test Name	In Range	Out Of Range	Reference Range	Lab
Reference Range:	<90			
Risk Category:				
Optimal	<90			
Moderate	90-129			
High	> or = 130			

A desirable treatment target may be <80 mg/dL or lower depending on the risk category of the patient including patients on lipid lowering therapies, patients with ASCVD, diabetes with >1 risk factors, Stage 3 or greater CKD with albuminuria, or heterozygous familial hypercholesterolemia. ApoB relative risk category cut points are based AACE/ACE and ACC/AHA recommendations.  
 (Grundy SM, et al. 2019.doi:10.1016/j.jacc.2018.11.002; Handelsman Y, et al. 2020. doi:10.4158/CS-2020-0490).

COMPREHENSIVE METABOLIC PANEL TP

**GLUCOSE** **105 H** 65-99 mg/dL  
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)	20	7-25 mg/dL
CREATININE	1.10	0.70-1.35 mg/dL
EGFR	76	> OR = 60 mL/min/1.73m2
BUN/CREATININE RATIO	SEE NOTE:	6-22 (calc)
	Not Reported: BUN and Creatinine are within reference range.	

SODIUM	140	135-146 mmol/L
POTASSIUM	4.0	3.5-5.3 mmol/L
CHLORIDE	102	98-110 mmol/L
CARBON DIOXIDE	31	20-32 mmol/L
CALCIUM	9.6	8.6-10.3 mg/dL
PROTEIN, TOTAL	7.4	6.1-8.1 g/dL
ALBUMIN	4.7	3.6-5.1 g/dL
GLOBULIN	2.7	1.9-3.7 g/dL (calc)
ALBUMIN/GLOBULIN RATIO	1.7	1.0-2.5 (calc)
BILIRUBIN, TOTAL	0.4	0.2-1.2 mg/dL
ALKALINE PHOSPHATASE	72	35-144 U/L
AST	19	10-35 U/L
ALT	15	9-46 U/L

**HEMOGLOBIN A1c** **5.8 H** <5.7 % TP

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%



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	Specimen: TZ034780X Collected: 05/06/2025 / 10:59 EDT Received: 05/06/2025 / 23:55 EDT Reported: 06/03/2025 / 14:36 EDT	Client #: 73917267 JEFFERIS, LAUREN

Test Name	In Range	Out Of Range	Reference Range	Lab
<p>indicates that their diabetes is well controlled. Alc targets should be individualized based on duration of diabetes, age, comorbid conditions, and other considerations.</p> <p>This assay result is consistent with an increased risk of diabetes.</p> <p>Currently, no consensus exists regarding use of hemoglobin Alc for diagnosis of diabetes for children.</p>				
MAGNESIUM, RBC	6.1		4.0-6.4 mg/dL	AMD
<p>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.</p>				
URIC ACID		8.1 H	4.0-8.0 mg/dL	TP
<p>Therapeutic target for gout patients: &lt;6.0 mg/dL</p>				
TSH	1.50		0.40-4.50 mIU/L	TP
T4, FREE	1.2		0.8-1.8 ng/dL	TP
T3, FREE	3.0		2.3-4.2 pg/mL	TP
MERCURY, BLOOD	<4		<=10 mcg/L	AMD
<p>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.</p>				
LIPOPROTEIN (a)	21		<75 nmol/L	AMD
<p>Risk Category</p> <p>Optimal      &lt; 75 nmol/L</p> <p>Moderate    75 - 125 nmol/L</p> <p>High         &gt; 125 nmol/L</p> <p>Cardiovascular event risk category cut points (optimal, moderate, high) are based on Tsimika S. JACC 2017;69:692-711.</p>				
CBC (INCLUDES DIFF/PLT)				TP
WHITE BLOOD CELL COUNT	5.7		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.49		4.20-5.80 Million/uL	
HEMOGLOBIN	13.2		13.2-17.1 g/dL	
HEMATOCRIT	39.4		38.5-50.0 %	
MCV	87.8		80.0-100.0 fL	
MCH	29.4		27.0-33.0 pg	
MCHC	33.5		32.0-36.0 g/dL	





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	Specimen: TZ034780X Collected: 05/06/2025 / 10:59 EDT Received: 05/06/2025 / 23:55 EDT Reported: 06/03/2025 / 14:36 EDT	Client #: 73917267 JEFFERIS, LAUREN

Test Name	In Range	Out Of Range	Reference Range	Lab
used for clinical purposes.				

<b>INSULIN</b>		<b>57.0 H</b>	uIU/mL	TP
		Reference Range	< or = 18.4	

Risk:  
 Optimal < or = 18.4  
 Moderate NA  
 High >18.4

Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on Insulin Reference Interval studies performed at Quest Diagnostics in 2022.

ABO GROUP AND RH TYPE				TP
ABO GROUP	A			
RH TYPE	RH(D) POSITIVE			

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



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MEDEROS, PAUL EMMITT

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### Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	38	30-100 ng/mL	TP
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).			
For additional information, please refer to <a href="http://education.QuestDiagnostics.com/faq/FAQ199">http://education.QuestDiagnostics.com/faq/FAQ199</a> (This link is being provided for informational/ educational purposes only.)			
Physician Comments:			



Report Status: Final  
MEDEROS, PAUL EMMITT

Patient Information	Specimen Information	Client Information
<b>MEDEROS, PAUL EMMITT</b>  <b>DOB: 02/14/1963</b> <b>AGE: 62</b> Gender: M    Fasting: Y Patient ID: 61386533	Specimen: TZ034780X Collected: 05/06/2025 / 10:59 EDT Received: 05/06/2025 / 23:55 EDT Reported: 06/03/2025 / 14:36 EDT	Client #: 73917267 JEFFERIS, LAUREN

### Cardio IQ®

Test Name	Current		Risk/Reference Interval			Units	Historical
	Result & Risk		Optimal	Moderate	High		Result & Risk
	Optimal	Non-Optimal					05/06/2025
<b>LIPID PANEL</b>							
CHOLESTEROL, TOTAL	132		<200	N/A	>=200	mg/dL	-
HDL CHOLESTEROL		26	>=40	N/A	<40	mg/dL	-
TRIGLYCERIDES		237	<150	150-199	>=200	mg/dL	-
LDL-CHOLESTEROL	73		<100	100-129	>129	mg/dL (calc)	-
CHOL/HDL-C RATIO		5.1	<=3.5	3.6-5.0	>5.0	calc	-
NON-HDL CHOLESTEROL	106		<130	130-189	>=190	mg/dL (calc)	-
<b>LIPOPROTEIN FRACTIONATION, ION MOBILITY</b>							
LDL PARTICLE NUMBER		1789	<1138	1138-1409	>1409	nmol/L	-
LDL SMALL		348	<142	142-219	>219	nmol/L	-
LDL MEDIUM	210		<215	215-301	>301	nmol/L	-
HDL LARGE		6211	>6729	6729-5353	<5353	nmol/L	-
LDL PATTERN		B	A	N/A	B	Pattern	-
LDL PEAK SIZE		207.4	>222.9	222.9-217.4	<217.4	Angstrom	-

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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MEDEROS, PAUL EMMITT

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#### PATIENT PROGRESS SUMMARY

**Optimal**

**Moderate**

**High**

Test Name	05/06/2025 (Current)	05/06/2025
<b>LIPID PANEL</b>		
TRIGLYCERIDES	<b>237</b>	-
CHOLESTEROL, TOTAL	<b>132</b>	-
HDL CHOLESTEROL	<b>26</b>	-
LDL-CHOLESTEROL	<b>73</b>	-
CHOL/HDLC RATIO	<b>5.1</b>	-
NON-HDL CHOLESTEROL	<b>106</b>	-
<b>LIPOPROTEIN FRACTIONATION, ION MO</b>		
LDL PARTICLE NUMBER	<b>1789</b>	-
LDL SMALL	<b>348</b>	-
LDL MEDIUM	<b>210</b>	-
HDL LARGE	<b>6211</b>	-
<b>FATTY ACIDS</b>		
OmegaCheck® Whole Blood: (EPA+DPA+DHA)	-	3.0
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



**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	Specimen: TZ034780X Collected: 05/06/2025 / 10:59 EDT Received: 05/06/2025 / 23:55 EDT Reported: 06/03/2025 / 14:36 EDT	Client #: 73917267 JEFFERIS, LAUREN

Optimal

Moderate

High

Test Name	05/06/2025 (Current)	05/06/2025
ARACHIDONIC ACID	-	9.3
LINOLEIC ACID	-	24.6
<b>LIPOPROTEIN FRACTIONATION, ION MO</b>		
LDL PEAK SIZE	<b>207.4</b>	-
LDL PATTERN	<b>B</b>	-



Report Status: Final  
MEDEROS, PAUL EMMITT

Patient Information	Specimen Information	Client Information
<b>MEDEROS, PAUL EMMITT</b>  <b>DOB: 02/14/1963</b> <b>AGE: 62</b> Gender: M            Fasting: Y Patient ID: 61386533	Specimen: TZ034780X Collected: 05/06/2025 / 10:59 EDT Received: 05/06/2025 / 23:55 EDT Reported: 06/03/2025 / 14:36 EDT	Client #: 73917267 JEFFERIS, LAUREN

#### Reference Range/Comments

Analyte Name	In Range	Out Range	Reference Range	Lab
CHOL/HDL-C RATIO		5.1	<5.0 calc	Z4M
HDL CHOLESTEROL		26	>39 mg/dL	Z4M
HDL LARGE		6211	>6729 nmol/L	Z4M
Relative Risk: Optimal >6729; Moderate 6729-5353; High <5353. Male Reference Range: 4334 to 10815 nmol/L; Female Reference Range: 5038 to 17886 nmol/L.				
LDL PARTICLE NUMBER		1789	<1138 nmol/L	Z4M
Relative Risk: Optimal <1138; Moderate 1138-1409; High >1409. Male and Female Reference Range: 1016 to 2185 nmol/L.				
LDL PATTERN		B	A Pattern	Z4M
Relative Risk: Optimal Pattern A; High Pattern B. Reference Range: Pattern A.				
LDL PEAK SIZE		207.4	>222.9 Angstrom	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. Relative Risk: Optimal >222.9; Moderate 222.9-217.4; High <217.4. Male and Female Reference Range: 216 to 234.3 Angstrom. Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on an adult U.S. reference population plus two large cohort study populations. Association between lipoprotein subfractions and cardiovascular events is based on Musunuru et al. ATVB.2009;29:1975. For additional information, please refer to <a href="http://education.questdiagnostics.com/faq/FAQ134">http://education.questdiagnostics.com/faq/FAQ134</a> (This link is being provided for informational/educational purposes only.)				
LDL SMALL		348	<142 nmol/L	Z4M
Relative Risk: Optimal <142; Moderate 142-219; High >219. Male Reference Range: 123 to 441 nmol/L; Female Reference Range: 115 to 386 nmol/L.				
TRIGLYCERIDES		237	<150 mg/dL	Z4M
If a non fasting specimen was collected, consider repeat triglyceride testing on a fasting specimen if clinically indicated. Jacobson et al. J of Clin. Lipidol. 215; 9:129-169.				
CHOLESTEROL, TOTAL	132		<200 mg/dL	Z4M
LDL MEDIUM	210		<215 nmol/L	Z4M
Relative Risk: Optimal <215; Moderate 215-301; High >301. Male Reference Range: 167 to 485 nmol/L; Female Reference Range: 121 to 397 nmol/L.				
LDL-CHOLESTEROL	73		<100 mg/dL (calc)	Z4M
Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with >= 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 ( <a href="http://education.questdiagnostics.com/faq/FAQ164">http://education.questdiagnostics.com/faq/FAQ164</a> )				
NON HDL CHOLESTEROL	106		<130 mg/dL (calc)	Z4M
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.				

#### 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  
 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