





Specimen   
 Requisition   
 Lab Ref No

**Collected Date** 06/14/2022 10:53  
**Received Date** 06/14/2022 10:55

 Ultra Lab Tests, LLC  
 9237 E Via de Ventura, Suite 220  
 Scottsdale, AZ 85258  
[UltraLabTests.com](http://UltraLabTests.com)
 **Above Normal**  
 **Below Normal**

Result	Value	Reference Range	Lab
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## Cardiovascular Health

### Cholesterol & Triglycerides

CHOL/HDLC RATIO	<b>2.5</b> Jun/2022	<5.0 (calc)	TP
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CHOLESTEROL, TOTAL	<b>176</b> Jun/2022	<200 mg/dL	TP
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LDL/HDL RATIO	<b>1.3</b> Jun/2022	(calc)	TP
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Comments

Below Average Risk:	<2.28
Average Risk:	2.29-4.90
Moderate Risk:	4.91-7.12
High Risk:	>7.13

NON HDL CHOLESTEROL	<b>105</b> Jun/2022	<130 mg/dL (calc)	TP
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Comments

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.

TRIGLYCERIDES	<b>43</b> Jun/2022	<150 mg/dL	TP
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### HDL Particles

HDL CHOLESTEROL	<b>71</b> Jun/2022	> OR = 40 mg/dL	TP
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### LDL Particles

LDL-CHOLESTEROL	<b>92</b> Jun/2022	mg/dL (calc)	TP
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Comments

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.



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	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> )		

## Metabolic & Endocrine Health

### Thyroid

FREE T4 INDEX (T7)	<b>2.3</b> Jun/2022	1.4-3.8	TP
T3 UPTAKE	<b>35</b> Jun/2022	22-35 %	TP
T4 (THYROXINE), TOTAL	<b>6.7</b> Jun/2022	4.9-10.5 mcg/dL	TP

### Diabetes & Insulin Resistance

GLUCOSE	<b>84</b> Jun/2022	65-99 mg/dL	TP
Comments	Fasting reference interval		

### Reproductive Hormones

ESTRADIOL,ULTRASENSITIVE, LC/MS	<b>26</b> Jun/2022	< OR = 29 pg/mL	EZ
Comments	This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. 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.		

TESTOSTERONE, FREE	<b>125.6</b> Jun/2022	35.0-155.0 pg/mL	AMD
Comments	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.		

Result	Value	Reference Range	Lab
FSH	<b>2.4</b> Jun/2022	1.6-8.0 mIU/mL	TP
LH	<b>4.9</b> Jun/2022	1.5-9.3 mIU/mL	TP
SEX HORMONE BINDING GLOBULIN	<b>Pending</b> Jun/2022		AMD
TESTOSTERONE, TOTAL, MS	<b>690</b> Jun/2022	250-1100 ng/dL	AMD

**Comments**

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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## Hormones

DIHYDROTESTOSTERONE, LC/MS/MS	<b>39</b> Jun/2022	12-65 ng/dL	EZ
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**Comments**

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## Liver Health

### Liver Enzymes and Function Tests

ALBUMIN	<b>4.5</b> Jun/2022	3.6-5.1 g/dL	TP
ALBUMIN/GLOBULIN RATIO	<b>2.0</b> Jun/2022	1.0-2.5 (calc)	TP
ALKALINE PHOSPHATASE	<b>57</b> Jun/2022	36-130 U/L	TP

Result	Value	Reference Range	Lab
ALT	<b>34</b> Jun/2022	9-46 U/L	TP
AST	<b>31</b> Jun/2022	10-40 U/L	TP
BILIRUBIN, TOTAL	<b>0.9</b> Jun/2022	0.2-1.2 mg/dL	TP
GLOBULIN	<b>2.3</b> Jun/2022	1.9-3.7 g/dL (calc)	TP
PROTEIN, TOTAL	<b>6.8</b> Jun/2022	6.1-8.1 g/dL	TP

## Kidney & Urinary Health

### Kidney Function Metabolic

BUN/CREATININE RATIO	<b>NOT APPLICABLE</b> Jun/2022	6-22 (calc)	TP
CALCIUM	<b>9.4</b> Jun/2022	8.6-10.3 mg/dL	TP
CREATININE	<b>1.10</b> Jun/2022	0.60-1.35 mg/dL	TP
eGFR AFRICAN AMERICAN	<b>100</b> Jun/2022	> OR = 60 mL/min/1.73m2	TP
eGFR NON-AFR. AMERICAN	<b>87</b> Jun/2022	> OR = 60 mL/min/1.73m2	TP
UREA NITROGEN (BUN)	<b>23</b> Jun/2022	7-25 mg/dL	TP

## Electrolytes

### Electrolytes

CARBON DIOXIDE	<b>26</b> Jun/2022	20-32 mmol/L	TP
CHLORIDE	<b>106</b> Jun/2022	98-110 mmol/L	TP
POTASSIUM	<b>4.6</b> Jun/2022	3.5-5.3 mmol/L	TP

Result	Value	Reference Range	Lab
SODIUM	<b>141</b> Jun/2022	135-146 mmol/L	TP

## Blood Health

### Platelets

PLATELET COUNT	<b>160</b> Jun/2022	140-400 Thousand/uL	TP
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### Red Blood Cells

ABSOLUTE NUCLEATED RBC	<b>N/A</b> Jun/2022		TP
HEMATOCRIT	<b>45.7</b> Jun/2022	38.5-50.0 %	TP
HEMOGLOBIN	<b>15.7</b> Jun/2022	13.2-17.1 g/dL	TP
MCH	<b>31.0</b> Jun/2022	27.0-33.0 pg	TP
MCHC	<b>34.4</b> Jun/2022	32.0-36.0 g/dL	TP
MCV	<b>90.1</b> Jun/2022	80.0-100.0 fL	TP
MPV	<b>11.9</b> Jun/2022	7.5-12.5 fL	TP
NUCLEATED RBC	<b>N/A</b> Jun/2022		TP
RDW	<b>12.9</b> Jun/2022	11.0-15.0 %	TP
RED BLOOD CELL COUNT	<b>5.07</b> Jun/2022	4.20-5.80 Million/uL	TP

### White Blood Cells

ABSOLUTE BAND NEUTROPHILS	<b>N/A</b> Jun/2022		TP
ABSOLUTE BASOPHILS	<b>19</b> Jun/2022	0-200 cells/uL	TP
ABSOLUTE BLASTS	<b>N/A</b> Jun/2022		TP

Result	Value	Reference Range	Lab
ABSOLUTE EOSINOPHILS	<b>80</b> Jun/2022	15-500 cells/uL	TP
ABSOLUTE LYMPHOCYTES	<b>1491</b> Jun/2022	850-3900 cells/uL	TP
ABSOLUTE METAMYELOCYTES	<b>N/A</b> Jun/2022		TP
ABSOLUTE MONOCYTES	<b>378</b> Jun/2022	200-950 cells/uL	TP
ABSOLUTE MYELOCYTES	<b>N/A</b> Jun/2022		TP
ABSOLUTE NEUTROPHILS	<b>1232 ↓</b> Jun/2022	1500-7800 cells/uL	TP
ABSOLUTE PROMYELOCYTES	<b>N/A</b> Jun/2022		TP
BAND NEUTROPHILS	<b>N/A</b> Jun/2022		TP
BASOPHILS	<b>0.6</b> Jun/2022	%	TP
BLASTS	<b>N/A</b> Jun/2022		TP
EOSINOPHILS	<b>2.5</b> Jun/2022	%	TP
LYMPHOCYTES	<b>46.6</b> Jun/2022	%	TP
METAMYELOCYTES	<b>N/A</b> Jun/2022		TP
MONOCYTES	<b>11.8</b> Jun/2022	%	TP
MYELOCYTES	<b>N/A</b> Jun/2022		TP
NEUTROPHILS	<b>38.5</b> Jun/2022	%	TP
PROMYELOCYTES	<b>N/A</b> Jun/2022		TP
REACTIVE LYMPHOCYTES	<b>N/A</b> Jun/2022		TP
WHITE BLOOD CELL COUNT	<b>3.2 ↓</b> Jun/2022	3.8-10.8 Thousand/uL	TP

Result	Value	Reference Range	Lab
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## Tumor Markers

### Tumor Indicators

PSA, TOTAL	<b>0.53</b> Jun/2022	< OR = 4.00 ng/mL	TP
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**Comments**

The total PSA value from this assay system is standardized against the WHO standard. The test result will be approximately 20% lower when compared to the equimolar-standardized total PSA (Beckman Coulter). Comparison of serial PSA results should be interpreted with this fact in mind.

This test was performed using the Siemens chemiluminescent 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.

## Other

### Other

COMMENT(S)	<b>N/A</b> Jun/2022		TP
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### Performing Laboratory Information

- TP Quest Diagnostics-Tampa  
4225 E Fowler Ave Tampa, Florida 33617-2026 Glen L Hortin
- EZ Quest Diagnostics/Nichols SJC-San Juan Capistrano,  
33608 Ortega Hwy San Juan Capistrano, California 92675-2042 Irina Maramica MD,PhD,MBA
- AMD Quest Diagnostics/Nichols Chantilly-Chantilly VA  
14225 Newbrook Dr Chantilly, Virginia 20151-2228 Patrick W Mason M.D.,PhD