

Pioneer Medical Group - Long Beach

2220 Clark Ave
Long Beach, CA 90815
(562) 597-4181

Patient: ROOKER, LEX W
15533 ALLINGHAM AVE
NORWALK, CA 90650

Age/DOB 61 yrs

EMRN:

Home:

Work:

Results

Lab Accession #
Ordering Provider: Lombardo, Joseph
Performing Location: Quest Diagnostics - West Hills
8401 Fallbrook Avenue
West Hills, CA 91304-3226

Collected: 8/30/2012 3:00:00PM
Resulted: 8/30/2012 3:00:00PM
Verified By: Lombardo, Joseph
Auto Verify: N

LIPID PANEL WITH REFLEX TO DIRECT LDL (Quest)

Stage: Final

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Flag</u>	<u>Reference Range</u>
CHOLESTEROL, TOTAL	205	mg/dL	H	125-200
TRIGLYCERIDES	59	mg/dL		<150
HDL CHOLESTEROL	67	mg/dL		> OR = 40
LDL-CHOLESTEROL	126	mg/dL (calc)		<130

Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.

CHOL/HDLRATIO	3.1	(calc)	< OR = 5.0
NON-HDL CHOLESTEROL	138	mg/dL (calc)	

Target for non-HDL cholesterol is 30 mg/dL higher than LDL cholesterol target.

PSA, TOTAL (Quest, LabCorp)

Stage: Final

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Flag</u>	<u>Reference Range</u>
PSA, TOTAL	3.1	ng/mL		< OR = 4.0

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.

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COMPREHENSIVE METABOLIC PANEL W/EGFR (Quest,

Stage: Final

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Flag</u>	<u>Reference Range</u>
GLUCOSE	82	mg/dL		65-99
Fasting reference interval				
UREA NITROGEN (BUN)	16	mg/dL		7-25
CREATININE	1.18	mg/dL		0.70-1.25
For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.				
EGFR NON-AFR. AMERICAN	66	mL/min/1.73m 2		> OR = 60
EGFR AFRICAN AMERICAN	77	mL/min/1.73m 2		> OR = 60
BUN/CREATININE RATIO	NOT APPLICABLE	(calc)		6-22
SODIUM	141	mmol/L		135-146
POTASSIUM	3.8	mmol/L		3.5-5.3
CHLORIDE	102	mmol/L		98-110
CARBON DIOXIDE	22	mmol/L		21-33
Verified by repeat analysis.				
CALCIUM	9.4	mg/dL		8.6-10.3
PROTEIN, TOTAL	7.2	g/dL		6.2-8.3
ALBUMIN	4.9	g/dL		3.6-5.1
GLOBULIN	2.3	g/dL (calc)		2.1-3.7
ALBUMIN/GLOBULIN RATIO	2.1	(calc)		1.0-2.1
BILIRUBIN, TOTAL	0.6	mg/dL		0.2-1.2
ALKALINE PHOSPHATASE	60	U/L		40-115
AST	29	U/L		10-35
ALT	26	U/L		9-60

C-REACTIVE PROTEIN (Quest, LabCorp)

Stage: Final

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Flag</u>	<u>Reference Range</u>
C-REACTIVE PROTEIN	<0.10	mg/dL		<0.80
Please be advised that patients taking Carboxypenicillins may exhibit falsely decreased C-Reactive Protein levels due to an analytical interference in this assay.				



Patient Information	Specimen Information	Client Information
ROOKER, LEX AGE: 61 Fasting: U	Collected: 09/05/2012 / 13:13 PDT Received: 09/06/2012 / 04:08 PDT Reported: 09/08/2012 / 04:14 PDT (* A Copy Sent To)	LOMBARDO, JOSEPH PIONEER MEDICAL GROUP Attn: PIONEER LONG BEACH 2220 CLARK AVE LONG BEACH, CA 90815-2521

Test Name	In Range	Out Of Range	Reference Range	Lab
VITAMIN D, 25-HYDROXY, LC/MS/MS				SLI
VITAMIN D, 25-OH, TOTAL	51		30-100 ng/mL	

25-OHD3 indicates both endogenous production and supplementation. 25-OHD2 is an indicator of exogenous sources, such as diet or supplementation. Therapy is based on measurement of Total 25-OHD, with levels <20 ng/mL indicative of Vitamin D deficiency, while levels between 20 ng/mL and 30 ng/mL suggest insufficiency. Optimal levels are > or = 30 ng/mL.

VITAMIN D, 25-OH, D3	51	See Below ng/mL
Reference Range: Not established		
VITAMIN D, 25-OH, D2	<4	See Below ng/mL
Reference Range: Not established		

CBC, PLATELET CT, RDW & DIFFERENTIAL (REFL)			EN
WHITE BLOOD CELL COUNT	6.3		3.8-10.8 Thousand/uL
RED BLOOD CELL COUNT	4.55		4.20-5.80 Million/uL
HEMOGLOBIN	13.8		13.2-17.1 g/dL
HEMATOCRIT	40.8		38.5-50.0 %
MCV	89.5		80.0-100.0 fL
MCH	30.2		27.0-33.0 pg
MCHC	33.8		32.0-36.0 g/dL
RDW		15.9 H	11.0-15.0 %
PLATELET COUNT	241		140-400 Thousand/uL
ABSOLUTE NEUTROPHILS	4719		1500-7800 cells/uL
ABSOLUTE LYMPHOCYTES	1103		850-3900 cells/uL
ABSOLUTE MONOCYTES	378		200-950 cells/uL
ABSOLUTE EOSINOPHILS	69		15-500 cells/uL
ABSOLUTE BASOPHILS	32		0-200 cells/uL
NEUTROPHILS	74.9		%
LYMPHOCYTES	17.5		%
MONOCYTES	6.0		%
EOSINOPHILS	1.1		%
BASOPHILS	0.5		%
REFLEX TIQ			EN

OUR RECORDS INDICATE THAT YOU HAVE ORDERED CBC ORDER CODE 32499. THIS IS A REFLEX-SPECIFIC ORDER CODE. HOWEVER, ONLY THE INITIAL TEST WAS PERFORMED, BECAUSE WE DO NOT HAVE A REFLEX TESTING AUTHORIZATION FORM ON FILE FOR YOU. TO PERFORM A REFLEX TEST WE NEED YOU TO SIGN AN AUTHORIZATION FORM SPECIFYING (A) THE REFLEXIVE TEST AND (B) THE RESULTS THAT WILL TRIGGER THE PERFORMANCE OF THE REFLEX TEST. PLEASE CONTACT THE CLIENT SERVICE REPRESENTATIVE AT QUEST DIAGNOSTICS IF YOU WOULD LIKE ADDITIONAL TESTING DONE OR CONTACT YOUR SALES REPRESENTATIVE TO OBTAIN A COPY OF THE REFLEXIVE TESTING AUTHORIZATION FORM.