



Patient Information	Specimen Information	Client Information
SIMA, BEN DOB: 07/21/1992 AGE: 33 Gender: M Fasting: Y Phone: 330.316.2173 Patient ID: RP1336563 Health ID: 8573037096706041	Specimen: PZ139600N Requisition: 0002541 Lab Ref #: RPUG5GPX3W Collected: 03/10/2026 / 07:55 EDT Received: 03/10/2026 / 20:36 EDT Reported: 03/11/2026 / 17:28 EDT	Client #: 73930247 MAIL992 ROBERTS, KIRK FULLSCRIPT-DR 1750 ELM ST FL 12 MANCHESTER, NH 03104-2907

COMMENTS: FASTING: YES

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL		259 H	<200 mg/dL	QPT
HDL CHOLESTEROL		39 L	> OR = 40 mg/dL	QPT
TRIGLYCERIDES	143		<150 mg/dL	QPT
LDL-CHOLESTEROL		190 H	mg/dL (calc)	QPT

LDL-C levels > or = 190 mg/dL may indicate familial hypercholesterolemia (FH). Clinical assessment and measurement of blood lipid levels should be considered for all first degree relatives of patients with an FH diagnosis. LDL Cholesterol (LDL-C) levels > or = 300 mg/dL may indicate homozygous familial hypercholesterolemia (HoFH). Untreated, these extremely high LDL-C levels can result in premature CV events and mortality. Patients should be identified early and provided appropriate interventions to reduce the cumulative LDL-C burden from birth.

For questions about testing for familial hypercholesterolemia, please call Quest Genomics Client Services at 1.866.GENE.INFO.

Jacobson T, et al. J National Lipid Association Recommendations for Patient-Centered Management of Dyslipidemia: Part 1 Journal of Clinical Lipidology 2015;9(2), 129-169.
 Cuchel, M. et al. (2014). Homozygous familial hypercholesterolaemia: new insights and guidance for clinicians to improve detection and clinical management. European Heart Journal, 35(32), 2146-2157.

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>)

CHOL/HDL C RATIO		6.6 H	<5.0 (calc)	QPT
NON HDL CHOLESTEROL		220 H	<130 mg/dL (calc)	QPT

Non-HDL level > or = 220 is very high and may indicate genetic familial hypercholesterolemia (FH). Clinical assessment and measurement of blood lipid levels should be considered for all first-degree relatives of patients with an FH diagnosis.

For patients with diabetes plus 1 major ASCVD risk



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factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option. COMP METABOLIC PANEL W/ADJ CALCIUM, PLASMA GLUCOSE		110 H	65-99 mg/dL	QPT
			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)	9		7-25 mg/dL	
CREATININE		1.29 H	0.60-1.26 mg/dL	
EGFR	75		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	7		6-22 (calc)	
SODIUM	139		135-146 mmol/L	
POTASSIUM	3.8		3.4-4.8 mmol/L	
CHLORIDE	104		98-110 mmol/L	
CARBON DIOXIDE	25		20-32 mmol/L	
CALCIUM	9.6		8.6-10.3 mg/dL	
CALCIUM (ADJUSTED FOR ALBUMIN)	9.4		8.6-10.2 mg/dL (calc)	
PROTEIN, TOTAL	7.5		6.4-8.4 g/dL	
ALBUMIN	4.7		3.6-5.1 g/dL	
GLOBULIN	2.8		2.2-4.0 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.7		0.9-2.3 (calc)	
BILIRUBIN, TOTAL	0.7		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	44		36-130 U/L	
AST	28		10-40 U/L	
ALT	39		9-46 U/L	
HEMOGLOBIN Alc WITH eAG				QPT
HEMOGLOBIN Alc		5.8 H	<5.7 %	

For someone without known diabetes, a hemoglobin Alc 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. Alc 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.

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

eAG (mg/dL)	120		mg/dL	
eAG (mmol/L)	6.6		mmol/L	
URIC ACID	7.0		4.0-8.0 mg/dL	QPT
Therapeutic target for gout patients: <6.0 mg/dL				



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FERRITIN	152		38-380 ng/mL	QPT
CYSTATIN C WITH eGFR				QPT
CYSTATIN C	1.02		0.52-1.31 mg/L	
eGFR	84		> OR = 60 mL/min/1.73m2	
C-PEPTIDE	2.93		0.80-3.85 ng/mL	QPT
INSULIN		25.4 H	uIU/mL	QPT
		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.

PERFORMING SITE:

QPT QUEST DIAGNOSTICS-PITTSBURGH, 875 GREENTREE ROAD 4 PARKWAY CENTER, PITTSBURGH, PA 15220-3508 Laboratory Director: KAMBIZ MERATI,MD, CLIA: 39D0656976