

PATIENT INFORMATION:

**Alexandru
Turca**

Phone (H):

DOB:

Gender: Male Age: 24

Patient ID: 82617501

STATUS: Final

Source: Quest
Collection Date: 05/28/2026 04:37 PM UTC
Time Reported: 06/01/2026 11:46 PM UTC
Received: 06/02/2026 01:07 AM UTC
Accession Number: SZ987635Y
Lab Ref #: 3610604

ORDERING PHYSICIAN:

**Joshua A Emdur,
D.O.**

600 Congress Avenue
Floor 14
Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Previous Result	Date	Lab
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FASTING: YES

FASTING: YES

IRON, TIBC AND FERRITIN PANEL Collected: 05/28/2026 04:37 PM UTC Received: 05/28/2026 04:38 PM UTC						
IRON, TOTAL	104		50-195 mcg/dL	180.0	12/18/2025	UL
IRON BINDING CAPACITY	347		250-425 mcg/dL (calc)	386.0	12/18/2025	UL
% SATURATION	30		20-48 % (calc)	47.0	12/18/2025	UL
FERRITIN		35 L	38-380 ng/mL	30.0 L	12/18/2025	UL
LIPID PANEL, STANDARD Collected: 05/28/2026 04:37 PM UTC Received: 05/28/2026 04:38 PM UTC						
CHOLESTEROL, TOTAL	151		<200 mg/dL	154.0	12/18/2025	UL
HDL CHOLESTEROL	57		> OR = 40 mg/dL	66.0	12/18/2025	UL
TRIGLYCERIDES	66		<150 mg/dL	54.0	12/18/2025	UL
LDL-CHOLESTEROL	79		mg/dL (calc)	75.0	12/18/2025	UL

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	2.6	<5.0 (calc)	2.3	12/18/2025	UL
NON HDL CHOLESTEROL	94	<130 mg/dL (calc)	88.0	12/18/2025	UL

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.

COMPREHENSIVE METABOLIC PANEL Collected: 05/28/2026 04:37 PM UTC Received: 05/28/2026 04:38 PM UTC						
GLUCOSE	92		65-99 mg/dL	93.0	12/18/2025	UL
Fasting reference interval						
UREA NITROGEN	15		7-25 mg/dL	13.0	12/18/2025	UL



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(BUN)						
CREATININE	0.98		0.60-1.24 mg/dL	0.93	12/18/2025	UL
EGFR	110		> OR = 60 mL/min /1.73m2	118.0	12/18/2025	UL
BUN/CREATININE RATIO	15		6-22 (calc)	14.0	12/18/2025	UL
SODIUM	141		135-146 mmol/L	139.0	12/18/2025	UL
POTASSIUM	4.3		3.5-5.3 mmol/L	4.3	12/18/2025	UL
CHLORIDE	102		98-110 mmol/L	101.0	12/18/2025	UL
CARBON DIOXIDE	30		20-32 mmol/L	28.0	12/18/2025	UL
CALCIUM	9.7		8.6-10.3 mg/dL	9.9	12/18/2025	UL
PROTEIN, TOTAL	7.2		6.1-8.1 g/dL	7.4	12/18/2025	UL
ALBUMIN	4.9		3.6-5.1 g/dL	5.0	12/18/2025	UL
GLOBULIN	2.3		1.9-3.7 g/dL (calc)	2.4	12/18/2025	UL
ALBUMIN/GLOBULIN RATIO	2.1		1.0-2.5 (calc)	2.1	12/18/2025	UL
BILIRUBIN, TOTAL	0.7		0.2-1.2 mg/dL	1.0	12/18/2025	UL
ALKALINE PHOSPHATASE	46		36-130 U/L	49.0	12/18/2025	UL
AST	24		10-40 U/L	41.0 H	12/18/2025	UL
ALT	19		9-46 U/L	68.0 H	12/18/2025	UL

URINALYSIS, COMPLETE Collected: 05/28/2026 04:37 PM UTC Received: 05/28/2026 04:38 PM UTC

COLOR	DARK		YELLOW			UL
APPEARANCE	YELLOW					
	CLEAR		CLEAR			UL
SPECIFIC GRAVITY		1.037 H	1.001-1.035	1.006	12/18/2025	UL
PH	5.5		5.0-8.0	7.5	12/18/2025	UL
GLUCOSE	NEGATIVE		NEGATIVE			UL
BILIRUBIN	NEGATIVE		NEGATIVE			UL
KETONES	NEGATIVE		NEGATIVE			UL
OCCULT BLOOD	NEGATIVE		NEGATIVE			UL
PROTEIN	NEGATIVE		NEGATIVE			UL
NITRITE	NEGATIVE		NEGATIVE			UL
LEUKOCYTE	NEGATIVE		NEGATIVE			UL
ESTERASE						
WBC	NONE SEEN		< OR = 5 /HPF			UL
RBC	NONE SEEN		< OR = 2 /HPF			UL
SQUAMOUS	NONE SEEN		< OR = 5 /HPF			UL
EPITHELIAL CELLS						
BACTERIA	NONE SEEN		NONE SEEN /HPF			UL
HYALINE CAST	NONE SEEN		NONE SEEN /LPF			UL
NOTE						UL



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Test	In Range	Out Of Range	Reference Range	Previous Result	Date	Lab
This urine was analyzed for the presence of WBC, RBC, bacteria, casts, and other formed elements. Only those elements seen were reported.						

CBC (INCLUDES DIFF/PLT) Collected: 05/28/2026 04:37 PM UTC Received: 05/28/2026 04:38 PM UTC						
WHITE BLOOD CELL COUNT	5.0		3.8-10.8 Thousand /uL	4.1	12/18/2025	UL
RED BLOOD CELL COUNT	5.13		4.20-5.80 Million/uL	5.19	12/18/2025	UL
HEMOGLOBIN	15.3		13.2-17.1 g/dL	15.4	12/18/2025	UL
HEMATOCRIT	46.4		39.4-51.1 %	46.5	12/18/2025	UL
MCV	90.4		81.4-101.7 fL	89.6	12/18/2025	UL
MCH	29.8		27.0-33.0 pg	29.7	12/18/2025	UL
MCHC	33.0		31.6-35.4 g/dL	33.1	12/18/2025	UL
RDW	12.7		11.0-15.0 %	12.7	12/18/2025	UL
PLATELET COUNT	329		140-400 Thousand /uL	305.0	12/18/2025	UL
MPV	11.5		7.5-12.5 fL	11.7	12/18/2025	UL
ABSOLUTE NEUTROPHILS	2560		1500-7800 cells/uL	2009.0	12/18/2025	UL
ABSOLUTE LYMPHOCYTES	1905		850-3900 cells/uL	1640.0	12/18/2025	UL
ABSOLUTE MONOCYTES	415		200-950 cells/uL	373.0	12/18/2025	UL
ABSOLUTE EOSINOPHILS	70		15-500 cells/uL	29.0	12/18/2025	UL
ABSOLUTE BASOPHILS	50		0-200 cells/uL	49.0	12/18/2025	UL
NEUTROPHILS	51.2		%	49.0	12/18/2025	UL
LYMPHOCYTES	38.1		%	40.0	12/18/2025	UL
MONOCYTES	8.3		%	9.1	12/18/2025	UL
EOSINOPHILS	1.4		%	0.7	12/18/2025	UL
BASOPHILS	1.0		%	1.2	12/18/2025	UL

HS CRP Collected: 05/28/2026 04:37 PM UTC Received: 05/28/2026 04:38 PM UTC						
HS CRP	0.2		mg/L	0.2	12/18/2025	UL
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.						



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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.

HOMOCYSTEINE Collected: 05/28/2026 04:37 PM UTC Received: 05/28/2026 04:38 PM UTC

HOMOCYSTEINE	8.5	< or = 12.9 umol/L	14.3 H	12/18/2025	UL
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.					

INSULIN Collected: 05/28/2026 04:37 PM UTC Received: 05/28/2026 04:38 PM UTC

INSULIN	6.9	uIU/mL	5.8	12/18/2025	EN
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.

HEMOGLOBIN A1c Collected: 05/28/2026 04:37 PM UTC Received: 05/28/2026 04:38 PM UTC

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Test	In Range	Out Of Range	Reference Range	Previous Result	Date	Lab
HEMOGLOBIN A1c	5.4		<5.7 %	5.3	12/18/2025	UL

For the purpose of screening for the presence of diabetes:

<5.7% Consistent with the absence of diabetes
5.7-6.4% Consistent with increased risk for diabetes (prediabetes)
> or =6.5% Consistent with diabetes

This assay result is consistent with a decreased risk of diabetes.

Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.

According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).

UL	Quest Diagnostics-Sacramento - Northgate. 3714 Northgate Blvd, Sacramento, CA 95834-1617	Dir: Lorne L Holland
EN	Quest Diagnostics-West Hills. 8401 Fallbrook Ave, West Hills, CA 91304-3226	Dir: Thomas J McDonald

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



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