

Comp. Metabolic Panel (14)

Glucose ^B	91		mg/dL	65-99	01
BUN ^B	20		mg/dL	6-20	01
Creatinine ^B	1.41	High	mg/dL	0.76-1.27	01
eGFR If NonAfricn Am ^B	66		mL/min/1.73	>59	
eGFR If Africn Am ^B	77		mL/min/1.73	>59	
BUN/Creatinine Ratio ^B	14			9-20	
Sodium ^B	139		mmol/L	134-144	01
Potassium ^B	5.3	High	mmol/L	3.5-5.2	01
Chloride ^B	100		mmol/L	96-106	01
Carbon Dioxide, Total ^B	24		mmol/L	20-29	01
Calcium ^B	9.8		mg/dL	8.7-10.2	01
Protein, Total ^B	7.7		g/dL	6.0-8.5	01
Albumin ^B	5.1		g/dL	4.1-5.2	01
Globulin, Total ^B	2.6		g/dL	1.5-4.5	
A/G Ratio ^B	2.0			1.2-2.2	
Bilirubin, Total ^B	0.6		mg/dL	0.0-1.2	01
Alkaline Phosphatase ^B	75		IU/L	39-117	01
AST (SGOT) ^B	32		IU/L	0-40	01
ALT (SGPT) ^B	32		IU/L	0-44	01

Lipid Panel

Cholesterol, Total ^B	190		mg/dL	100-199	01
Triglycerides ^B	96		mg/dL	0-149	01
HDL Cholesterol ^B	53		mg/dL	>39	01
VLDL Cholesterol Cal ^B	17		mg/dL	5-40	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
LDL Chol Calc (NIH) ^B	120	High	mg/dL	0-99	
PSA (Reflex To Free) (Serial)					
Prostate Specific Ag, Serum ^B Roche ECLIA methodology. According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater. Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.	0.9		ng/mL	0.0-4.0	01
Reflex Criteria ^B The percent free PSA is performed on a reflex basis only when the total PSA is between 4.0 and 10.0 ng/mL.					01
PDF ^B	.				02
Testosterone,Free+Weakly Bound					
Testosterone, Serum ^B Adult male reference interval is based on a population of healthy nonobese males (BMI <30) between 19 and 39 years old. Travison, et.al. JCEM 2017,102;1161-1173. PMID: 28324103.	806		ng/dL	264-916	01
Testost., % Free+Weakly Bound ^{A, C}	77.8	High	%	9.0-46.0	03
Results verified by repeat testing					
Testost., F+W Bound ^C	627.1	High	ng/dL	40.0-250.0	
Thyroxine (T4) Free, Direct, S					
T4,Free(Direct) ^B	1.47		ng/dL	0.82-1.77	01
TSH ^B	0.432	Low	uIU/mL	0.450-4.500	01
Luteinizing Hormone(LH), S					
LH ^B	<0.3	Low	mIU/mL	1.7-8.6	01
FSH, Serum					
FSH ^B	<0.3	Low	mIU/mL	1.5-12.4	01
Prolactin ^B	7.5		ng/mL	4.0-15.2	01
Estradiol ^B Roche ECLIA methodology	23.9		pg/mL	7.6-42.6	01
Vitamin D, 25-Hydroxy ^B	69.8		ng/mL	30.0-100.0	01
Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D					

insufficiency as a level between 21 and 29 ng/mL (2).
1. IOM (Institute of Medicine). 2010. Dietary reference
intakes for calcium and D. Washington DC: The
National Academies Press.
2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al.
Evaluation, treatment, and prevention of vitamin D
deficiency: an Endocrine Society clinical practice
guideline. JCEM. 2011 Jul; 96(7):1911-30.

T3 Uptake ^B	31		%	24-39	01
Sex Horm Binding Glob, Serum ^B	9.2	Low	nmol/L	16.5-55.9	01