

Comp. Metabolic Panel (14)

Glucose ^B	94		mg/dL	65-99	01
BUN ^B	21	High	mg/dL	6-20	01
Creatinine ^B	1.33	High	mg/dL	0.76-1.27	01
eGFR If NonAfricn Am ^B	71		mL/min/1.73	>59	
eGFR If Africn Am ^B	82		mL/min/1.73	>59	
BUN/Creatinine Ratio ^B	16			9-20	
Sodium ^B	139		mmol/L	134-144	01
Potassium ^B	5.2		mmol/L	3.5-5.2	01
Chloride ^B	99		mmol/L	96-106	01
Carbon Dioxide, Total ^B	25		mmol/L	20-29	01
Calcium ^B	10.4	High	mg/dL	8.7-10.2	01
Protein, Total ^B	8.3		g/dL	6.0-8.5	01
Albumin ^B	5.4	High	g/dL	4.1-5.2	01
Globulin, Total ^B	2.9		g/dL	1.5-4.5	
A/G Ratio ^B	1.9			1.2-2.2	
Bilirubin, Total ^B	0.6		mg/dL	0.0-1.2	01
Alkaline Phosphatase ^B	80		IU/L	39-117	01
AST (SGOT) ^B	20		IU/L	0-40	01
ALT (SGPT) ^B	12		IU/L	0-44	01

Lipid Panel

Cholesterol, Total ^B	222	High	mg/dL	100-199	01
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Triglycerides ^B	159	High	mg/dL	0-149	01
HDL Cholesterol ^B	63		mg/dL	>39	01
VLDL Cholesterol Calc ^B	28		mg/dL	5-40	
LDL Chol Calc (NIH) ^B	131	High	mg/dL	0-99	
PSA (Reflex To Free) (Serial)					
Prostate Specific Ag, Serum ^B	0.8		ng/mL	0.0-4.0	01
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.					
Reflex Criteria ^C					01
The percent free PSA is performed on a reflex basis only when the total PSA is between 4.0 and 10.0 ng/mL.					
PDF ^B	.				02
Testosterone, Free+Weakly Bound					
Testosterone, Serum ^B	229	Low	ng/dL	264-916	01
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.					
Testost., % Free+Weakly Bound ^{A, D}	46.0		%	9.0-46.0	03
Testost., F+W Bound ^D	105.3		ng/dL	40.0-250.0	
Thyroxine (T4) Free, Direct, S					
T4, Free(Direct) ^B	1.37		ng/dL	0.82-1.77	01
TSH ^B	0.470		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	0.9	Low	mIU/mL	1.5-12.4	01
Prolactin ^B	4.3		ng/mL	4.0-15.2	01
Estradiol ^B	<5.0	Low	pg/mL	7.6-42.6	01
Roche ECLIA methodology					
Vitamin D, 25-Hydroxy ^B	34.8		ng/mL	30.0-100.0	01
Vitamin D deficiency has been defined by the Institute of					



TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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	29		%	24-39	01
Sex Horm Binding Glob, Serum ^B	11.4	Low	nmol/L	16.5-55.9	01

