

**Report Status FINAL**

Route 1573 Ordered by:

**Southwest Kidney Institute Swan**1645 N Swan Rd  
Tucson, AZ 85712**Sonora Quest  
Laboratories™**

A Subsidiary of Laboratory Sciences of Arizona

**Teh-Li Huo, MD****Patient Information:****TOPAL, THOMAS****Order #: 7209207 / NL111887517****DOB: 10/03/1979** Age: 45Y-6M-8D

Sex: M Fasting: No

Patient Phone: 520-333-6491

Account: 10427

**ID/MR#:**

Patient Lab ID:

64af3d4f838e87650c0b6f3d

Collected: 04/11/2025 03:39 PM

Received: 04/11/2025 07:35 PM

Reported: 04/13/2025 10:21 AM

TEST	RESULTS	REFERENCE RANGES	UNITS	PL
<b>HEMATOLOGY</b>				
<b>CBC w/ Differential, w/ Platelet</b>				
WBC	6.1	4.0 - 11.0	k/mm3	TC
RBC	5.51	4.30 - 6.00	m/mm3	TC
Hemoglobin	15.9	13.5 - 17.0	g/dL	TC
Hematocrit	48.5	40.0 - 53.0	%	TC
MCV	88.0	78.0 - 100.0	fL	TC
MCH	28.9	27.0 - 34.0	pg	TC
MCHC	32.8	31.0 - 37.0	g/dL	TC
Platelet Count	348	130 - 450	k/mm3	TC
RDW(sd)	39.5	38.0 - 49.0	fL	TC
RDW(cv)	12.1	11.0 - 15.0	%	TC
MPV	10.5	9.0 - 12.0	fL	TC
Segmented Neutrophils	49.1*		%	TC
Lymphocytes	34.0		%	TC
Monocytes	6.3		%	TC
Eosinophils	9.4		%	TC
Basophils	1.0		%	TC
Absolute Neutrophil	3.0	1.5 - 7.8	k/uL	TC
Absolute Lymphocyte	2.1	0.9 - 3.9	k/uL	TC
Absolute Monocyte	0.4	0.2 - 1.0	k/uL	TC
Absolute Eosinophil	0.6	0.0 - 0.6	k/uL	TC
Absolute Basophil	0.1	0.0 - 0.2	k/uL	TC
Immature Granulocytes	0.2		%	TC
Absolute Immature Granulocytes	0.0	0.0 - 0.1	k/uL	TC
NRBC RE, Nucleated Red Blood Cell	0.0	0.0 - 1.0	%	TC
Percent				

\*Segmented

Automated Diff

Neutrophils:

**Erythrocyte Sedimentation Rate**

Erythrocyte Sedimentation Rate	5	≤15	mm/hr	TC
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Erythrocyte Sedimentation Rate (ESR) specimens are stable for 4-6 hours at room temperature, and 24 hours if refrigerated. ESR results trend lower with increased specimen age. Consider use of C-reactive protein (CRP) to assess acute phase responses.

**CHEMISTRY**

Uric Acid	4.8	3.7 - 7.7	mg/dL	TC
Magnesium	2.1	1.5 - 2.5	mg/dL	TC
B-Type Natriuretic Peptide	10	≤99	pg/mL	
	100-200 pg/mL	Possible compensated CHF		
	201-400 pg/mL	Possible moderate CHF		
	401-999 pg/mL	Likely moderate to severe CHF		
	> 999 pg/mL	CHF highly likely		

Values between 100 and 400 pg/mL can be due to CHF, asymptomatic left ventricular dysfunction, chronic pulmonary hypertension, myocardial ischemia, atrial fibrillation, pulmonary embolism, left ventricular hypertrophy, lung cancer, renal failure, sepsis and age.

**TOPAL, THOMAS Order #: 7209207 / NL111887517 - FINAL Report**

L=Low, H=High, C=Critical Abnormal, CL=Critical Low, CH=Critical High, \*=Comment

Distribution #: 794883912-794883912



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**Cystatin C w/ eGFR****Cystatin C****1.00 H**

0.56 - 0.99

mg/L

eGFR 82 ≥60 mL/min/1.73m<sup>2</sup>**Comprehensive Metabolic Panel**

Glucose	84*	70 - 99	mg/dL	TC
Urea Nitrogen (BUN)	18	7 - 21	mg/dL	TC
<b>Creatinine</b>	<b>1.47 H</b>	0.68 - 1.37	mg/dL	TC
<b>eGFRcr CKD-EPI</b>	<b>59 L *</b>	≥60	mL/min/1.73m <sup>2</sup>	TC
BUN/Creatinine Ratio	12.2	10.0 - 28.0		TC
Sodium	139	135 - 145	mmol/L	TC
Potassium	4.2	3.6 - 5.3	mmol/L	TC
Chloride	103	98 - 108	mmol/L	TC
Carbon Dioxide (CO <sub>2</sub> )	25	20 - 31	mmol/L	TC
Anion Gap	11	4 - 18		TC
Protein, Total	7.7	6.3 - 8.0	g/dL	TC
Albumin	4.9	3.8 - 5.1	g/dL	TC
Globulin	2.8	1.7 - 3.3	g/dL	TC
Albumin/Globulin Ratio	1.8	1.3 - 2.7		TC
Calcium	9.8	8.7 - 10.4	mg/dL	TC
Alkaline Phosphatase	82	40 - 140	IU/L	TC
Alanine Aminotransferase	16	5 - 60	IU/L	TC
Aspartate Aminotransferase	26	12 - 47	IU/L	TC
Bilirubin, Total	0.6	≤1.2	mg/dL	TC

\*Glucose: Glucose reference range reflects fasting state.

\*eGFRcr CKD-EPI: eGFRcr calculated using the CKD-EPI 2021 equation

NKF KDOQI and KDIGO guidelines recommend confirming any eGFRcr of 45-59 mL/min/1.73m<sup>2</sup> accompanied by a urine albumin-creatinine ratio of < 30 mg/g using an eGFR calculated using cystatin C and creatinine.

**Urine Albumin, Random\*****Creatinine, Urine, Random****11 L**

19 - 280

mg/dL

TC

Urine Albumin, Random &lt;5 Not Established mg/L TC

Urine Albumin/Urine Creatinine Ratio &lt; 45\* See Note mg/g creat TC

\*Urine Albumin/Urine Creatinine Ratio: Note: Due to a result below analytical limits, the Urine Albumin/Creatinine Ratio was estimated using a fixed urine albumin of 5 mg/L.

\*Urine Albumin, Random:

Albuminuria Categories in Chronic Kidney Disease

Urine Albumin/Urine Creatinine Ratio (mg/g Creatinine):

Normal/Mild Increase: &lt;30 mg/g Creatinine

Moderately Increased: 30-300 mg/g Creatinine

Severely Increased: &gt;300 mg/g Creatinine

Urine albumin and creatinine have high biological variation and may be affected by other pathological and/or physiological events, to include age, sex, race, exercise, upright posture, UTI, and septicemia. Patients with values between 30 and 300 mg/g should undergo additional tests within 2 months to confirm albuminuria. Collect these additional samples 1-2 weeks apart, ideally as a first morning specimen. The elevation of 2 out of 3 of these specimens is indicative of prolonged albuminuria.

Kidney Inter Supp. 2013;3:1-150

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**ANA Screen w/Reflex to Titer**

ANA Screen

Negative

Negative

Antinuclear antibody detection performed by the BioPlex 2200 ANA Screen multiplex immunoassay.

**ANCA Vasculitides (MPO, PR3 Antibodies)**

Myeloperoxidase Antibody

&lt;0.2

≤0.9

AI

Myeloperoxidase Antibody Result

Negative

Negative

Proteinase-3 Antibody

&lt;0.2

≤0.9

AI

Proteinase-3 Antibody Result

Negative

Negative

**C3+C4 Complement Group**

C3 Complement Component

111

90 - 180

mg/dL

C4 Complement Component

30

16 - 47

mg/dL

**INFECTIOUS DISEASE****Hepatitis B Surface Antigen w/Rflx Confirmation**

Hepatitis B Surface Antigen

Nonreactive

Nonreactive

**Hepatitis C Ab w/Reflex HCV RNA, Quant, RT-PCR**

Hepatitis C Antibody Scrn Interpretation

Nonreactive

Nonreactive

Performance characteristics of this assay have not been established for children under 18 months of age.

In cases where HCV is highly suspected and serologies are negative, Hepatitis C PCR may be useful to ascertain status.

**Tests Ordered: Cystatin C w/ eGFR; Comprehensive Metabolic Panel; Magnesium; ANA Screen w/Reflex to Titer; ANCA Vasculitides (MPO, PR3 Antibodies); Erythrocyte Sedimentation Rate; C3+C4 Complement Group; CBC w/ Differential, w/ Platelet; Urine Albumin, Random; Hepatitis B Surface Antigen w/Rflx Confirmation; Hepatitis C Ab w/Reflex HCV RNA, Quant, RT-PCR; B-Type Natriuretic Peptide; Uric Acid****Values Outside of Reference Range**

TEST	RESULTS	REFERENCE RANGES	UNITS
<b>Cystatin C</b>	<b>1.00 H</b>	0.56 - 0.99	mg/L
<b>Creatinine</b>	<b>1.47 H</b>	0.68 - 1.37	mg/dL
<b>eGFRcr CKD-EPI</b>	<b>59 L</b>	≥60	mL/min/1.73m2
<b>Creatinine, Urine, Random</b>	<b>11 L</b>	19 - 280	mg/dL

Values listed above may not include all results considered abnormal for this patient (e.g., text-only results, such as those for some pathology/cytology specimens, and results for analytes without established reference ranges will not appear). Always review the entire patient report and correlate all results with the patient's clinical condition.

Unless otherwise noted, testing performed by: Sonora Quest Laboratories, 424 S 56th St, Phoenix, AZ 85034 800.766.6721

Testing noted as TC performed by: Sonora Quest Laboratories of Tucson, 630 N Alvernon Way, Tucson, AZ 85711 800.266.8101

**End of Report****TOPAL, THOMAS Order #: 7209207 / NL111887517 - FINAL Report**

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