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March 14, 2026

Anthony Sicari
6 Morley Circle
Newburgh, NY 12550

Dear Mr. Sicari:

The following are the pertinent results from your recent lab tests. Your sugar, HbA1C, kidney function, liver, blood count, iron, magnesium, B12, testosterone and thyroid are normal.
Your ANA is negative.
Your sedimentation rate and C reactive protein are normal.
You do not have Lyme disease.
Vitamin D is low so please take Vitamin D3 2000 units daily.
Your LDL cholesterol is a little high so please increase fiber in your diet.

Lab Acquired: 03/03/26

| Test Name | Result | H/L | Reference Range | Units |
|-------------------------------|---------------|-----|-----------------|-------|
| COMPREHENSIVE METABOLIC PANEL | -- Profile -- | | | |
| Sodium | 143 | | 136 - 145 | mmol/ |
| Potassium | 4.3 | | 3.5 - 5.1 | mmol/ |
| Chloride | 104 | | 98 - 107 | mmol/ |
| Carbon Dioxide | 28.5 | | 21.0 - 32.0 | mmol/ |
| Anion Gap | 15 | | 12 - 20 | mEq/L |
| Glucose | 94 | | 74 - 106 | mg/dL |
| Calcium | 9.5 | | 8.5 - 10.1 | mg/dL |
| Calculated Osmolality | 286 | | 275 - 295 | mOsm/ |
| Urea Nitrogen (BUN) | 15 | | 7 - 18 | mg/dL |
| Creatinine | 0.88 | | 0.70 - 1.30 | mg/dL |
| eGFR | 102.5 | | 60.0 - | mL/mi |
| eGFR African American | 124.0 | | 60.0 - | mL/mi |
| BUN/Creatinine Ratio | 17.0 | | 10.0 - 20.0 | |
| Total Bilirubin | 0.3 | | 0.0 - 1.0 | mg/dL |
| Total Protein | 7.9 | | 6.4 - 8.2 | g/dL |
| Albumin | 4.1 | | 3.4 - 5.0 | g/dL |
| Globulin | 3.8 | | 2.1 - 4.2 | g/dL |
| A/G Ratio | 1.1 | | 0.8 - 2.0 | |
| Alkaline Phosphatase (ALP) | 102 | | 35 - 155 | U/L |
| Alanine Aminotransferase (| 59 | | 16 - 63 | U/L |
| Aspartate Aminotransferase | 18 | | 15 - 37 | U/L |
| LIPID PANEL | -- Profile -- | | | |
| Cholesterol | 171 | | - 200 | mg/dL |

Expected Values:

Desirable: < 200 mg/dL

Borderline High: 200 - 239 mg/dL

High: \geq 240 mg/dL

| | | | | |
|----------------------------|-----|---|---------|-------|
| Triglycerides | 68 | | - 150 | mg/dL |
| HDL, Direct | 49 | | 40 - 60 | mg/dL |
| LDL, Calculated | 109 | H | - 100 | mg/dL |
| VLDL, Calculated | 14 | | - 32 | mg/dL |
| Cholesterol/HDL Ratio, Cal | 3.5 | | - 7.5 | |
| Non-HDL Cholesterol, Calcu | 122 | | - 130 | mg/dL |
| Hemoglobin A1c | 4.9 | | - 5.7 | % |
| Normal: $<$ 5.7% | | | | |
| Pre-diabetes: 5.7 - 6.4% | | | | |
| Diabetes: $>$ 6.4% | | | | |

TSH AND FREE T4

-- Profile --

| | | | | |
|---------|-------|--|---------------|-------|
| TSH | 1.383 | | 0.600 - 4.800 | uIU/m |
| Free T4 | 1.20 | | 0.75 - 1.54 | ng/dL |
| Free T3 | 2.59 | | 2.00 - 4.90 | pg/mL |

CBC AUTO DIFF

-- Profile --

Differential is performed by analyzer unless otherwise specified.

| | | | | |
|--------------------|------|---|--------------|---------|
| WBC | 5.25 | | 4.00 - 10.00 | $10^3/$ |
| RBC | 5.29 | | 4.50 - 5.50 | $10^6/$ |
| Hemoglobin | 14.9 | | 13.8 - 17.2 | g/dL |
| Hematocrit | 45.5 | | 40.0 - 52.0 | % |
| MCV | 86.0 | | 80.0 - 96.0 | fL |
| MCH | 28.2 | | 26.0 - 34.0 | pg |
| MCHC | 32.7 | | 32.0 - 36.0 | g/dL |
| RDW-CV | 12.2 | | 0.0 - 17.0 | % |
| Platelets | 171 | | 150 - 400 | $10^3/$ |
| MPV | 12.3 | H | 4.5 - 11.0 | fL |
| Neut, Percent | 59.4 | | 40.0 - 75.0 | % |
| Lymph, Percent | 31.2 | | 15.0 - 45.0 | % |
| Mono, Percent | 5.5 | | 2.0 - 13.0 | % |
| Eos, Percent | 2.5 | | 0.0 - 6.0 | % |
| Baso, Percent | 0.8 | | 0.0 - 3.0 | % |
| Imm Gran, Percent | 0.6 | H | 0.0 - 0.5 | % |
| Neut, Absolute | 3.12 | | 1.50 - 7.50 | $10^3/$ |
| Lymph, Absolute | 1.64 | | 0.60 - 4.50 | $10^3/$ |
| Mono, Absolute | 0.29 | | 0.10 - 1.30 | $10^3/$ |
| Eos, Absolute | 0.13 | | 0.00 - 0.80 | $10^3/$ |
| Baso, Absolute | 0.04 | | 0.00 - 0.40 | $10^3/$ |
| Imm Gran, Absolute | 0.03 | | 0.00 - 0.05 | $10^3/$ |

LUPUS PANEL 1 W/ANA SCRNI IFA

-- Profile --

| | | | | |
|-----------------|----------|--|----------|--|
| ANA SCREEN, IFA | NEGATIVE | | NEGATIVE | |
|-----------------|----------|--|----------|--|

ANA IFA is a first line screen for detecting the presence of up to approximately 150 autoantibodies in various autoimmune diseases. A negative ANA IFA result suggests an ANA-associated autoimmune disease is not present at this time, but is not definitive. If there is high clinical suspicion for Sjogren's syndrome, testing for anti-SS-A/Ro antibody should be considered. Anti-Jo-1 antibody should be considered for clinically suspected inflammatory myopathies.

AC-0: Negative

International Consensus on ANA Patterns
(<https://doi.org/10.1515/cclm-2018-0052>)

For additional information, please refer to
<http://education.QuestDiagnostics.com/faq/FAQ177>
(This link is being provided for informational/
educational purposes only.)

| | | | |
|-------------------------------|---------------|---|----------|
| LYME DISEASE ABS (IGG/IGM) WB | -- Profile -- | | |
| LYME DISEASE AB(IGG),BLOT | NEGATIVE | | NEGATIVE |
| 18 KD (IGG) BAND | NON-REACTIVE | | |
| 23 KD (IGG) BAND | NON-REACTIVE | | |
| 28 KD (IGG) BAND | NON-REACTIVE | | |
| 30 KD (IGG) BAND | NON-REACTIVE | | |
| 39 KD (IGG) BAND | NON-REACTIVE | | |
| 41 KD (IGG) BAND | REACTIVE | A | |
| 45 KD (IGG) BAND | NON-REACTIVE | | |
| 58 KD (IGG) BAND | REACTIVE | A | |
| 66 KD (IGG) BAND | NON-REACTIVE | | |
| 93 KD (IGG) BAND | NON-REACTIVE | | |
| LYME DISEASE AB(IGM),BLOT | NEGATIVE | | NEGATIVE |
| 23 KD (IGM) BAND | NON-REACTIVE | | |
| 39 KD (IGM) BAND | NON-REACTIVE | | |
| 41 KD (IGM) BAND | NON-REACTIVE | | |

Lyme immunoblot testing should only be performed on samples from patients who have had a Positive or Equivocal result in a screening assay.

As per CDC criteria, a Lyme disease IgG Immunoblot must show reactivity to at least 5 of 10 specific borrelial proteins to be considered positive; similarly, a positive Lyme disease IgM immunoblot requires reactivity to 2 of 3 specific borrelial proteins. Although considered negative, IgG reactivity to fewer specific borrelial proteins or IgM reactivity to only 1 protein may indicate recent *B. burgdorferi* infection and warrant testing of a later sample. A positive IgM but negative IgG result obtained more than a month after onset of symptoms likely represents a false-positive IgM result rather than acute Lyme disease. In rare instances, Lyme disease immunoblot reactivity may represent antibodies induced by exposure to other spirochetes.

| | | | |
|--------------------|---------------|-------------|-------|
| CRP+ESR (PMG) | -- Profile -- | | |
| C-Reactive Protein | 0.24 | 0.05 - 0.30 | mg/dL |
| Sed Rate | 12 | 0 - 15 | mm/hr |

Testing performed greater than 4 hours after collection. Interpret result with caution.

| | | | |
|-------------------------------|---------------|-----------|-------|
| Vitamin B12 | 545 | 193 - 986 | pg/mL |
| QUESTASSURED 25-HYDROXY+CALCI | -- Profile -- | | |
| VITAMIN D, 25-OH, TOTAL | 28 | L 30-100 | ng/mL |

Vitamin D, 25-Hydroxy reports concentrations of two common forms, 25-OHD2 and 25-OHD3. 25-OHD3 indicates both endogenous production and supplementation. 25-OHD2 is an indicator of exogenous sources such as diet or supplementation. Therapy is based on measurement of Total 25-OHD, with levels <20 ng/mL indicative of Vitamin D deficiency, while levels between 20 ng/mL and 30 ng/mL suggest insufficiency. Optimal levels are > or = 30 ng/mL.

For additional information, please refer to <http://education.QuestDiagnostics.com/faq/FAQ199>

(This link is being provided for informational/educational purposes only.)

| | | | |
|----------------------|----|--|-------|
| VITAMIN D, 25-OH, D3 | 28 | | ng/mL |
|----------------------|----|--|-------|

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

| | | | |
|----------------------|----|--|-------|
| VITAMIN D, 25-OH, D2 | <4 | | ng/mL |
|----------------------|----|--|-------|

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

| | | | |
|---|----|-------|-------|
| VITAMIN D, 1,25 (OH) ₂ , TOT | 48 | 18-72 | pg/mL |
| VITAMIN D3, 1,25 (OH) ₂ | 48 | | pg/mL |
| VITAMIN D2, 1,25 (OH) ₂ | <8 | | pg/mL |

Vitamin D3, 1,25(OH)₂ indicates both endogenous production and supplementation. Vitamin D2, 1,25(OH)₂ is an indicator of exogenous sources, such as diet or supplementation. Interpretation and therapy are based on measurement of Vitamin D, 1,25(OH)₂, Total.

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute, Chantilly, VA. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

| | | | |
|-------------------------------|---------------|----------------|-------|
| IRON, TIBC, FERRITIN | -- Profile -- | | |
| Ferritin | 113 | 26 - 388 | ng/mL |
| IRON AND TOTAL IRON BINDIN | -- Profile -- | | |
| Iron, Total | 70 | 65 - 175 | ug/dL |
| Total Iron Binding Capacit | 286 | 250 - 450 | ug/dL |
| Iron Percent Saturation | 24 | 20 - 50 | % |
| Magnesium | 2.1 | 1.8 - 2.4 | mg/dL |
| Testosterone Free/Totl PMG La | -- Profile -- | | |
| TESTOSTERONE FREE AND TOTA | -- Profile -- | | |
| Testosterone, Total | 806.7 | 199.0 - 1597.0 | ng/dL |
| Testosterone, Free | 133.6 | 32.0 - 168.0 | pg/mL |

Note: Free testosterone cannot be calculated if total testosterone is less than 10 ng/mL or greater than 2,200 ng/mL. It also cannot be calculated if SHBG levels are less than 0.2 nmol/L or greater than 250 nmol/L. Samples with high SHBG and/or total testosterone levels can be sent out to the reference lab for confirmation upon request.

| | | | |
|------|-------|---------------|-------|
| SHBG | 54.06 | 12.00 - 64.00 | nmol/ |
|------|-------|---------------|-------|

Reference Range:

Male, 21-49 years old: 12 - 64 nmol/L

Male, >= 50 years old: 18 - 99 nmol/L

Pre-menopausal Female, >= 21 years old: 19 - 131 nmol/L

Postmenopausal Female: 15 - 170 nmol/L

Sincerely,



Kathleen Mantaro, MD, FACP

Electronically signed by Mantaro, Kathleen, MD on 03/14/2026 at 5:00 pm