Interpretation results

Date: **01.06.2026**

User: **Male, 36 y.o.**

evallume.com

Test type

Complete blood count (CBC), inflammatory marker, metabolic/biochemistry panel, iron status, hormones, vitamin D.

Summary table of results

Marker	Result	Reference (from the form)	Status
WBC	8.23 ×10³/µL	4.0–10.0	NORMAL
RBC	5.00 ×10⁶/µL	4.3–5.7	NORMAL
Hemoglobin	14.2 g/dL	13.5–17.5	NORMAL
Hematocrit	43.2%	40–52	NORMAL
MCV	92.1 fL	80–100	NORMAL
MCH	30.1 pg	27–33	NORMAL
Platelets	300 ×10³/µL	150–400	NORMAL
Neutrophils	54%	Reference not provided on form; generally accepted adult range ~40–70%	NORMAL
Lymphocytes	37%	Reference not provided on form; generally accepted adult range ~20–40%	NORMAL
Monocytes	9.7%	Reference not provided on form; generally accepted adult range ~2–10%	NORMAL / upper-normal

Marker	Result	Reference (from the form)	Status
Eosinophils	5.8%	Reference not provided on form; generally accepted adult range ~0–5%	SLIGHTLY HIGH
Basophils	0.8%	Reference not provided on form; generally accepted adult range ~0–1%	NORMAL
ESR	7 mm/h	2–15	NORMAL
C-reactive protein, CRP	1.2 mg/L	<5.0	NORMAL
Fasting glucose	70 mg/dL	74–106	LOW
ALT	30 U/L	≤50	NORMAL
AST	28 U/L	≤50	NORMAL
Serum iron	112 µg/dL	65–175	NORMAL
Ferritin	101 ng/mL	20–250	NORMAL
TSH	2.90 mIU/L	0.4–4.0	NORMAL
Cortisol, AM	8.7 µg/dL	6.2–19.4	NORMAL
Vitamin D, 25-OH	31 ng/mL	30–100	NORMAL, low-normal

Interpretation of deviations

Fasting glucose — 70 mg/dL

- **Clinical meaning:** This is below the laboratory's reference interval, but it is only mildly reduced. In many clinical contexts, 70 mg/dL is considered the lower boundary of normal fasting glucose rather than clinically significant hypoglycemia, especially if there are no symptoms.
- **Possible causes:** Prolonged fasting before the test, low carbohydrate intake the previous day, intense exercise, alcohol intake, or individual variation. If there are symptoms such as sweating, trembling, weakness, palpitations, hunger, dizziness, or fainting, it would be more clinically important.

Eosinophils — 5.8%

- **Clinical meaning:** Mild relative eosinophilia. Since the total WBC is normal, the estimated absolute eosinophil count is approximately **0.48 ×10³/µL**, which is near the upper limit of common adult ranges.

- **Possible causes:** Allergic rhinitis, asthma, eczema/atopy, recent allergic reaction, medication reaction, parasitic infection, or transient variation. In an asymptomatic routine check-up, a mild isolated increase is often not urgent but should be interpreted with history.

Combined assessment

Overall, the results are reassuring:

- **No signs of anemia:** Hemoglobin, RBC count, hematocrit, MCV, and MCH are **normal**.
- **No clear inflammatory pattern:** WBC, ESR, and CRP are **normal**.
- **Platelets are normal.**
- **Liver enzymes are normal:** ALT and AST are **within range**.
- **Iron stores are adequate:** serum iron and ferritin are **normal**.
- **Thyroid function appears normal:** TSH is within the reference interval.
- **Morning cortisol is within the reference range.**
- **Vitamin D is technically normal but close to the lower limit:** 31 ng/mL with a reference of 30–100.

The only notable findings are **mildly low fasting glucose by this laboratory's range** and **slightly increased eosinophil percentage** using generally accepted adult norms, since the form did not provide differential leukocyte reference intervals.

Recommended additional tests

If this was a routine preventive check-up and you feel well, urgent additional testing is not required. Reasonable follow-up options:

- **Repeat fasting glucose** — to confirm whether the 70 mg/dL value is persistent or just due to fasting/exercise/diet before the test.
- **HbA1c** — gives an average glucose estimate over ~2–3 months and helps assess carbohydrate metabolism more broadly.
- **Repeat CBC with differential in 1–3 months** — if eosinophils remain **elevated** or if allergic/parasitic symptoms appear.
- **Total IgE or allergy evaluation** — only if you have symptoms such as nasal allergies, asthma, eczema, itching, recurrent rashes.
- **Stool ova/parasite testing or parasite serology** — only if there is relevant travel, gastrointestinal symptoms, unexplained eosinophilia, or exposure risk.

Which doctor to consult

If you remain asymptomatic, these results can be reviewed with a **primary care physician / general practitioner** during a routine visit.

Consider targeted consultation if symptoms exist:
- **Allergist/immunologist** — if you have allergic rhinitis, asthma, eczema, itching, hives, or recurrent allergic symptoms.
- **Endocrinologist** — only if low glucose is recurrent or accompanied by symptoms of hypoglycemia.

General recommendations

- Maintain regular balanced meals, especially if fasting glucose tends to run low.
- If you exercise intensely, avoid prolonged fasting before or after workouts.
- Monitor for symptoms of low glucose: shakiness, sweating, weakness, dizziness, confusion, palpitations.
- For vitamin D, the result is normal but low-normal; maintaining sensible sunlight exposure and dietary vitamin D intake may help. Supplementation should be individualized.
- If you have seasonal allergies or skin/respiratory allergic symptoms, mention them when reviewing the mild eosinophil elevation with your doctor.

Important: This decoding is preliminary. Reference values are taken from your form where provided. For leukocyte differential percentages, reference values were not provided on the form, so generally accepted adult ranges were used. Consult a physician for diagnosis.