[redacted]
Patient ID:
Specimen ID: **234 544 5944 0**

DOB: **08/31/1989**
Age: **32**
Sex: **Male**

Patient Report
Account Number: [redacted]
Ordering Physician: **J SAYA**

labcorp

Ordered Items: **CBC With Differential/Platelet; Comp. Metabolic Panel (14); Lipid Panel; 25-Hydroxyvitamin D LCMS D2+D3; FSH and LH; Testosterone,Free and Total; DHEA-Sulfate; TSH; Prostate-Specific Ag; IGF-1; Estradiol, Sensitive; Vitamin B12; Sex Horm Binding Glob, Serum; Venipuncture; Non LCA Req; Handwritten Order; Cardiovascular Report**

Date Collected: **08/22/2022** Date Received: **08/22/2022** Date Reported: **08/26/2022** Fasting: **Yes**

CBC With Differential/Platelet

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
WBC [01]	5.4	5.7	06/01/2022	x10E3/uL	3.4-10.8
RBC [01]	5.36	5.02	06/01/2022	x10E6/uL	4.14-5.80
Hemoglobin [01]	15.3	14.6	06/01/2022	g/dL	13.0-17.7
Hematocrit [01]	46.9	45.2	06/01/2022	%	37.5-51.0
MCV [01]	88	90	06/01/2022	fL	79-97
MCH [01]	28.5	29.1	06/01/2022	pg	26.6-33.0
MCHC [01]	32.6	32.3	06/01/2022	g/dL	31.5-35.7
RDW [01]	12.2	12.2	06/01/2022	%	11.6-15.4
Platelets [01]	322	302	06/01/2022	x10E3/uL	150-450
Neutrophils [01]	48	56	06/01/2022	%	Not Estab.
Lymphs [01]	41	35	06/01/2022	%	Not Estab.
Monocytes [01]	6	7	06/01/2022	%	Not Estab.
Eos [01]	3	1	06/01/2022	%	Not Estab.
Basos [01]	2	1	06/01/2022	%	Not Estab.
Neutrophils (Absolute) [01]	2.6	3.2	06/01/2022	x10E3/uL	1.4-7.0
Lymphs (Absolute) [01]	2.2	2.0	06/01/2022	x10E3/uL	0.7-3.1
Monocytes(Absolute) [01]	0.3	0.4	06/01/2022	x10E3/uL	0.1-0.9
Eos (Absolute) [01]	0.2	0.1	06/01/2022	x10E3/uL	0.0-0.4
Baso (Absolute) [01]	0.1	0.1	06/01/2022	x10E3/uL	0.0-0.2
Immature Granulocytes [01]	0	0	06/01/2022	%	Not Estab.
Immature Grans (Abs) [01]	0.0	0.0	06/01/2022	x10E3/uL	0.0-0.1

Comp. Metabolic Panel (14)

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
Glucose [01]	84	93	06/01/2022	mg/dL	65-99
BUN [01]	15	17	06/01/2022	mg/dL	6-20
Creatinine [01]	1.23	1.08	06/01/2022	mg/dL	0.76-1.27
eGFR	80	94	06/01/2022	mL/min/1.73	>59
BUN/Creatinine Ratio	12	16	06/01/2022		9-20
Sodium [01]	138	138	06/01/2022	mmol/L	134-144
Potassium [01]	4.6	4.5	06/01/2022	mmol/L	3.5-5.2
Chloride [01]	101	102	06/01/2022	mmol/L	96-106
Carbon Dioxide, Total [01]	23	23	06/01/2022	mmol/L	20-29
Calcium [01]	9.3	9.2	06/01/2022	mg/dL	8.7-10.2
Protein, Total [01]	6.8	6.7	06/01/2022	g/dL	6.0-8.5
Albumin [01]	4.6	4.4	06/01/2022	g/dL	4.0-5.0
Globulin, Total	2.2	2.3	06/01/2022	g/dL	1.5-4.5

Comp. Metabolic Panel (14) (Cont.)

A/G Ratio	2.1	1.9	06/01/2022		1.2-2.2
Bilirubin, Total [01]	0.3	0.3	06/01/2022	mg/dL	0.0-1.2
Alkaline Phosphatase [01]	48	56	06/01/2022	IU/L	44-121
AST (SGOT) [01]	19	19	06/01/2022	IU/L	0-40
ALT (SGPT) [01]	15	16	06/01/2022	IU/L	0-44

Lipid Panel

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
Cholesterol, Total [01]	136	175	06/01/2022	mg/dL	100-199
Triglycerides [01]	64	37	06/01/2022	mg/dL	0-149
HDL Cholesterol [01]	51	70	06/01/2022	mg/dL	>39
VLDL Cholesterol Cal	13	8	06/01/2022	mg/dL	5-40
LDL Chol Calc (NIH)	72	97	06/01/2022	mg/dL	0-99

25-Hydroxyvitamin D LCMS D2+D3

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
25-Hydroxy, Vitamin D [02]	42		ng/mL	
	Reference Range: All Ages: Target levels 30 - 100			
25-Hydroxy, Vitamin D-2 [02]	<1.0		ng/mL	
	This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.			
25-Hydroxy, Vitamin D-3 [02]	42		ng/mL	
	This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.			

FSH and LH

	Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
▲	**LH** [01]	**10.2**	**High**	**11.8**	06/01/2022	mIU/mL	1.7-8.6
	FSH [01]	4.4		5.1	06/01/2022	mIU/mL	1.5-12.4

Testosterone,Free and Total

	Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
▲	**Testosterone** [01]	**1121**	**High**	**1476**	06/01/2022	ng/dL	264-916
	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.						
	Free Testosterone(Direct) [03]	21.1		22.9	06/01/2022	pg/mL	8.7-25.1

DHEA-Sulfate

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
DHEA-Sulfate [01]	288.0	364.0	06/01/2022	ug/dL	138.5-475.2

TSH

Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
▼ **TSH** [01]	**0.448**	**Low**	1.15	06/01/2022	uIU/mL	0.450-4.500

Prostate-Specific Ag

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
Prostate Specific Ag [01]	0.7	1.0	06/01/2022	ng/mL	0.0-4.0

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.

IGF-1

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
Insulin-Like Growth Factor I [03]	143	115	06/01/2022	ng/mL	95-290

Estradiol, Sensitive

Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
▲ **Estradiol, Sensitive** [03]	**37.7**	**High**	**74.9**	06/01/2022	pg/mL	8.0-35.0

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared by the Food and Drug Administration.
Methodology: Liquid chromatography tandem mass spectrometry(LC/MS/MS)

Vitamin B12

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
Vitamin B12 [01]	501			pg/mL	232-1245

Sex Horm Binding Glob, Serum

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
Sex Horm Binding Glob, Serum [01]	45.1	47.5	06/01/2022	nmol/L	16.5-55.9

Cardiovascular Report

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
Interpretation [04]	Note	Note	06/01/2022		

Supplemental report is available.

PDF [04]	.	.	06/01/2022		

[redacted]
Patient ID:
Specimen ID: **234 544 5944 0**

DOB: **08/31/1989**
Age: **32**
Sex: **Male**

Patient Report
Account Number: [redacted]
Ordering Physician: **J SAYA**

labcorp

Disclaimer
The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

Icon Legend
▲ Out of Reference Range ■ Critical or Alert

Performing Labs
01: SO - Labcorp San Diego 13112 Evening Creek Dr So Ste 200, San Diego, CA, 92128-4108 Dir: Jenny Galloway, MD
02: ES - Esoterix Inc 4301 Lost Hills Road, Calabasas Hills, CA, 91301-5358 Dir: Brian Poirier, MD
03: BN - Labcorp Burlington 1447 York Court, Burlington, NC, 27215-3361 Dir: Sanjai Nagendra, MD
04: LITIL - Litholink Corporation 150 Spring Lake Dr Ste A, Itasca, IL, 60143-2091 Dir: Pawan Vohra, PhD
For Inquiries, the physician may contact Branch: 800-877-5227 Lab: 858-668-3700

Patient Details
[redacted]

Phone: [redacted]
Date of Birth: **08/31/1989**
Age: **32**
Sex: **Male**
Patient ID:
Alternate Patient ID:

Physician Details
J SAYA
Defy Medical, LLC
4809 N Armenia Ave Ste 220, Tampa, FL, 33603

Phone: **813-445-7342**
Account Number: [redacted]
Physician ID:
NPI: **1093940041**

Specimen Details
Specimen ID: **234-544-5944-0**
Control ID: **60086548610**
Alternate Control Number:
Date Collected: **08/22/2022 0851 Local**
Date Received: **08/22/2022 0000 ET**
Date Entered: **08/22/2022 1129 ET**
Date Reported: **08/26/2022 2007 ET**
Rte: **00**

PATIENT	DATE OF BIRTH	GENDER	DATE OF SERVICE	PHYSICIAN
[redacted]	08/31/1989	M	08/22/2022	SAYA, JUSTIN MICHAE [redacted]

Accessions: 23454459440

DISCLAIMER: *These assessments and treatment suggestions are provided as a convenience in support of the physician-patient relationship and are not intended to replace the physician's clinical judgment. They are derived from national guidelines in addition to other evidence and expert opinion. The clinician should consider this information within the context of clinical opinion and the individual patient.*
SEE GUIDANCE FOR CARDIOVASCULAR REPORT: Grundy SM et al. 2018 Multisociety guideline on the management of blood cholesterol: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol 2019; 73: e285-350; Contois et al. Clin Chem 2009; 55(3):407-419; Brunzell et al. Diabetes Care 2008; 31(4):811-82.

Note: *Please refer to your LabCorp Report for all results as well as any test-specific and specimen-specific comments.*

Current Laboratory Results

Blood Draw Date: 08/22/2022 **Date Received:** 08/22/2022 **Date Completed:** 08/23/2022 **Fasting:** YES

Comp. Metabolic Panel (14)

ANALYTE	REF. INTERVAL	LOW	HIGH	RESULT
Glucose mg/dL	65-99			84
BUN mg/dL	6-20			15
Creatinine mg/dL	0.76-1.27			1.23
Sodium mmol/L	134-144			138
Potassium mmol/L	3.5-5.2			4.6
Chloride mmol/L	96-106			101
Carbon Dioxide mmol/L	20-29			23
Calcium mg/dL	8.7-10.2			9.3
Protein, Total, Serum g/dL	6.0-8.5			6.8
Albumin g/dL	4.0-5.0			4.6
Globulin, Total g/dL	1.5-4.5			2.2
A/G Ratio	1.2-2.2			2.1
Bilirubin, Total mg/dL	0.0-1.2			0.3
Alkaline Phosphatase, S IU/L	44-121			48
AST IU/L	0-40			19
ALT IU/L	0-44			15
BUN: Creatinine Ratio	9-20			12
Anion Gap mmol/L	10 - 18			14
estimated GFR mL/min/1.73mE2	> 59			80

Albumin testing performed on the Roche Modular using the ALB PLUS assay.

Lipid Panel

ANALYTE	REF. INTERVAL	LOW	HIGH	RESULT
Glucose mg/dL	65-99			84
BUN mg/dL	6-20			15
Total Cholesterol mg/dL	100-199			136
Triglyceride mg/dL	0-149			64
Creatinine mg/dL	0.76-1.27			1.23
HDL-C mg/dL	>39			51
VLDL mg/dL	5-40			13
LDL(calc) mg/dL	0-99			72
non-HDL cholesterol mg/dL	0 - 129			85
BUN: Creatinine Ratio	9-20			12
Sodium mmol/L	134-144			138
Anion Gap mmol/L	10 - 18			14
Potassium mmol/L	3.5-5.2			4.6
Chloride mmol/L	96-106			101
Carbon Dioxide mmol/L	20-29			23
Calcium mg/dL	8.7-10.2			9.3
Protein, Total, Serum g/dL	6.0-8.5			6.8
Albumin g/dL	4.0-5.0			4.6
Globulin, Total g/dL	1.5-4.5			2.2
A/G Ratio	1.2-2.2			2.1
Bilirubin, Total mg/dL	0.0-1.2			0.3
Alkaline Phosphatase, S IU/L	44-121			48
AST IU/L	0-40			19
ALT IU/L	0-44			15

Albumin testing performed on the Roche Modular using the ALB PLUS assay.

TSH

ANALYTE	REF. INTERVAL	LOW	HIGH	RESULT
TSH uIU/mL	0.450-4.500			**0.448 L**

Legend for Abnormal Flags:

L - Below Low Normal	LL - Alert Low	< - Panic Low	A - Abnormal (applies to non-numeric results)
H - Above High Normal	HH - Alert High	> - Panic High	AA - Critical Abnormal (applies to non-numeric results)

Cardiovascular Report

Patient Assessment

Current available clinical information suggests the patient's risk is at least LOW. If the patient has two or more major risk factors, the risk category is intermediate. If the patient has CHD or a CHD risk equivalent, the risk category is high. If patient does not have CHD or a CHD risk equivalent, consider use of the Pooled Cohort Equations to estimate 10-year CVD risk, as individuals with greater than 7.5% risk may warrant more intensive therapy. The calculator can be found at: http://tools.cardiosource.org/ASCVD-Risk-Estimator/

TSH is low; thyroid abnormalities may contribute to dyslipidemia. Insulin resistance, obesity, excessive alcohol use, smoking, nephrotic syndrome, liver disease, and certain medications can cause secondary dyslipidemia. Consider evaluation if clinically indicated.

Therapeutic lifestyle changes are always valuable to achieve optimal blood lipid status (diet, exercise, weight management).

Lipid Management

Select one patient risk category based upon medical history and clinical judgment. Additional risk factors such as personal or family history of premature CHD, smoking, and hypertension modify a patient's goals of therapy. In CVD prevention, the intensity of therapy should be adjusted to the level of patient risk. MODERATE intensity statin therapy generally results in an average LDL-C reduction of 30% to less than 50% from the untreated baseline. Examples include (daily doses): atorvastatin 10-20 mg, rosuvastatin 5-10 mg, simvastatin 20-40 mg, pravastatin 40-80 mg, lovastatin 40 mg. HIGH intensity statin therapy generally results in an average LDL-C reduction of 50% or more from the untreated baseline. Examples include (daily doses): atorvastatin 40-80 mg and rosuvastatin 20 mg.

▽ = PATIENT'S RESULT

ANALYTE / RESULT	Patient Risk Category (select one) LOW	INTERMEDIATE	HIGH
LDL-C **72 mg/dL**	▽ 160	▽ 100 130	▽ 70 100
non-HDL **85 mg/dL**	▽ 190	▽ 130 160	▽ 100 130
Lipid Assessment	LDL-C is optimal, was 97 and now is 72 mg/dL. Non-HDL Cholesterol is optimal, was 105 and now is 85 mg/dL.	LDL-C is optimal, was 97 and now is 72 mg/dL. Non-HDL Cholesterol is optimal, was 105 and now is 85 mg/dL.	LDL-C is normal, was 97 and now is 72 mg/dL. Non-HDL Cholesterol is optimal, was 105 and now is 85 mg/dL.
Treatment Suggestions	Considerations for use of statin therapy include family history of premature atherosclerotic disease, elevated coronary artery calcium score, ankle-brachial index < 0.9, elevated CRP, or elevated lifetime CVD risk.	Consider measurement of LDL particle number or Apo B to adjudicate need for further LDL lowering therapy. Factors that may influence statin use include family history of premature atherosclerotic disease, elevated coronary artery calcium score, ankle-brachial index < 0.9, elevated CRP, or elevated lifetime CVD risk. If statin cannot be tolerated or increased, alternatives include use of an intestinal agent (ezetimibe or bile acid sequestrant) or niacin.	If at least a 50% LDL reduction from baseline has not been achieved, begin or increase statin. Consider measurement of LDL particle number or Apo B to adjudicate need for further LDL lowering therapy. If statin cannot be tolerated or increased, alternatives include use of an intestinal agent (ezetimibe or bile acid sequestrant) or niacin.

DISCLAIMER: *These assessments and treatment suggestions are provided as a convenience and are neither comprehensive nor intended to replace the physician's clinical judgment. They do not include information such as family history, personal history, or physical findings as would be obtained by the clinician during patient evaluation because LabCorp does not have access to the complete patient medical record.*

Patient Results Summary

Cholesterol comes in different forms and has varying effects on your heart health. Some cholesterol is "good" and not known to cause disease, this is HDL. The rest of cholesterol causes disease by clogging your arteries, this is non-HDL. LDL cholesterol is the largest component of the non-HDL cholesterol. Lowering your levels of "bad" cholesterol will lower your risk for disease.

- **LDL cholesterol (LDL-C)** is the largest component of the non-HDL cholesterol ("bad" cholesterol).
- **non-HDL** is composed of many different types of cholesterol (not just LDL-C) and high levels cause disease.

The level to which your LDL must be lowered depends on the risk for developing heart disease or having a heart attack. The higher your risk for heart disease, the lower your LDL goal.

Contributing Risk Factors For Heart Disease

☐ Heart and/or vascular disease	☐ Cigarette (tobacco) smoking
☐ High blood pressure	☐ Low HDL (men less than 40 mg/dL, women less than 50 mg/dL)
☐ Diabetes	☐ Family history of early onset heart disease
☐ Chronic kidney disease	☐ Man over 45 years or woman over 55 years
☐ Obesity	☐ Familial Hypercholesterolemia

Your Heart Disease Risk Category

Selected by your physician based upon your risk factors and clinical judgement.

Test / Your Results	☐ Low	☐ Intermediate	☐ High
LDL-C **72 mg/dL**	▽ 160	▽ 100 130	▽ 70 100
non-HDL **85 mg/dL**	▽ 190	▽ 130 160	▽ 100 130

▽ = Your Result: Left (Green) = Optimal, Center = Acceptable, Right (Red) = High Risk

Your Care Plan (as selected by your physician)

☐ Eat less trans fats and saturated fats, red meat, and sugary foods/drinks	☐ Control any other medical conditions: such as diabetes, high blood pressure
☐ Eat more vegetables, fruits, whole grains, low-fat dairy products, poultry, fish, and nuts	☐ Visit your doctor as scheduled and obtain all follow-up tests/treatments recommended
☐ Exercise	☐ Take all of your medications your doctor(s) have prescribed
☐ Lose weight	☐

Disclaimer: You should discuss this information with your physician. Labcorp does not have a doctor-patient relationship with you, nor does it have access to a complete medical history or physical examination conducted by a physician that would be necessary for a complete diagnosis and comprehensive treatment plan. Neither you nor your physician should rely solely on this guidance. Bolded result descriptions in "Comments" consider either the reference range or target range for the test result. Reference range refers to the Labcorp reference interval. Target range refers to the guideline-suggested goal. REFERENCES: National Kidney Foundation Kidney Disease Outcomes Quality Initiative (KDOQI) at www.kidney.org and Kidney Disease Improve Global Outcomes (KDIGO) at http://kdigo.org. Adapted from: https://www.niddk.nih.gov/-/media/Files/Health-Information/Health-Professionals/Kidney-Disease/Your_Kidney_Test_Results_EN.pdf