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labcorp

Ordered Items: **CBC With Differential/Platelet; Comp. Metabolic Panel (14); Lipid Panel w/ Chol/HDL Ratio; Testosterone,Free and Total; DHEA-Sulfate; TSH; Luteinizing Hormone(LH); Prostate-Specific Ag; IGF-1; Estradiol, Sensitive; Sex Horm Binding Glob, Serum; Blood Drawing; Cardiovascular Report**

Date Collected: **01/21/2022** Date Received: **01/21/2022** Date Reported: **01/28/2022** Fasting: **Yes**

CBC With Differential/Platelet

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
WBC [01]	4.9		x10E3/uL	3.4-10.8
RBC [01]	5.31		x10E6/uL	4.14-5.80
Hemoglobin [01]	15.4		g/dL	13.0-17.7
Hematocrit [01]	46.8		%	37.5-51.0
MCV [01]	88		fL	79-97
MCH [01]	29.0		pg	26.6-33.0
MCHC [01]	32.9		g/dL	31.5-35.7
RDW [01]	12.5		%	11.6-15.4
Platelets [01]	262		x10E3/uL	150-450
Neutrophils [01]	56		%	Not Estab.
Lymphs [01]	36		%	Not Estab.
Monocytes [01]	7		%	Not Estab.
Eos [01]	1		%	Not Estab.
Basos [01]	0		%	Not Estab.
Neutrophils (Absolute) [01]	2.7		x10E3/uL	1.4-7.0
Lymphs (Absolute) [01]	1.8		x10E3/uL	0.7-3.1
Monocytes(Absolute) [01]	0.3		x10E3/uL	0.1-0.9
Eos (Absolute) [01]	0.1		x10E3/uL	0.0-0.4
Baso (Absolute) [01]	0.0		x10E3/uL	0.0-0.2
Immature Granulocytes [01]	0		%	Not Estab.
Immature Grans (Abs) [01]	0.0		x10E3/uL	0.0-0.1

Comp. Metabolic Panel (14)

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Glucose [01]	98		mg/dL	65-99
BUN [01]	13		mg/dL	6-20
Creatinine [01]	0.90		mg/dL	0.76-1.27
eGFR If NonAfricn Am	111		mL/min/1.73	>59
eGFR If Africn Am	128		mL/min/1.73	>59
	In accordance with recommendations from the NKF-ASN Task force, Labcorp is in the process of updating its eGFR calculation to the 2021 CKD-EPI creatinine equation that estimates kidney function without a race variable.			
BUN/Creatinine Ratio	14			9-20
Sodium [01]	142		mmol/L	134-144
Potassium [01]	4.5		mmol/L	3.5-5.2
Chloride [01]	103		mmol/L	96-106
Carbon Dioxide, Total [01]	20		mmol/L	20-29

Comp. Metabolic Panel (14) (Cont.)

Calcium [01]	9.8	mg/dL	8.7-10.2
Protein, Total [01]	7.3	g/dL	6.0-8.5
Albumin [01]	5.0	g/dL	4.0-5.0
Globulin, Total	2.3	g/dL	1.5-4.5
A/G Ratio	2.2		1.2-2.2
Bilirubin, Total [01]	0.6	mg/dL	0.0-1.2
Alkaline Phosphatase [01]	51	IU/L	44-121
AST (SGOT) [01]	24	IU/L	0-40
ALT (SGPT) [01]	18	IU/L	0-44

Lipid Panel w/ Chol/HDL Ratio

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Cholesterol, Total [01]	151		mg/dL	100-199
Triglycerides [01]	55		mg/dL	0-149
HDL Cholesterol [01]	61		mg/dL	>39
VLDL Cholesterol Cal	12		mg/dL	5-40
LDL Chol Calc (NIH)	78		mg/dL	0-99
T. Chol/HDL Ratio	2.5		ratio	0.0-5.0
Please Note: [01]				

```
                T. Chol/HDL Ratio
                              Men   Women
1/2 Avg.Risk                  3.4     3.3
    Avg.Risk                  5.0     4.4
2X Avg.Risk                   9.6     7.1
3X Avg.Risk                  23.4    11.0
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Testosterone,Free and Total

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Testosterone [01]	336		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) [02]	10.8		pg/mL	8.7-25.1

DHEA-Sulfate

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
▲ **DHEA-Sulfate** [01]	**489.0 High**		ug/dL	138.5-475.2

TSH

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
TSH [01]	1.570		uIU/mL	0.450-4.500

Luteinizing Hormone(LH)

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
LH [01]	5.1		mIU/mL	1.7-8.6

[redacted]

Prostate-Specific Ag

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Prostate Specific Ag [01]	1.0		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 [02]	243		ng/mL	95-290

Estradiol, Sensitive

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Estradiol, Sensitive [02]	15.8		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)			

Sex Horm Binding Glob, Serum

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Sex Horm Binding Glob, Serum [01]	23.0		nmol/L	16.5-55.9

Cardiovascular Report

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Interpretation [03]	Note			
	Supplemental report is available.			
PDF [03]	.			

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: MB - Labcorp Birmingham 1801 First Avenue South, Birmingham, AL, 35233-1935 Dir: Brian Ragland, MD
02: BN - Labcorp Burlington 1447 York Court, Burlington, NC, 27215-3361 Dir: Sanjai Nagendra, MD
03: LITIL - Litholink Corporation 150 Spring Lake Dr Ste A, Itasca, IL, 60143-2091 Dir: John Asplin, MD
For Inquiries, the physician can contact Branch: 800-877-5227 Lab: 205-581-3500

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Accessions: 02105946320

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: Stone NJ et al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation 2014; 129 (suppl 2): S1–S45; 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.*

Laboratory Director's Notes

Laboratory test values flagged with an asterisk (*) within this report refer to the following commentary from our physicians and quality assurance staff.

COLLECTION DATE	ITEM	RELATED NOTES
01/21/2022	**EGFR (AA)**	**In accordance with recommendations from the NKF-ASN Task force,** Labcorp is in the process of updating its eGFR calculation to the 2021 CKD-EPI creatinine equation that estimates kidney function without a race variable.
01/21/2022	**Total Chol:HDL Ratio**	T. Chol/HDL Ratio Men Women 1/2 Avg.Risk 3.4 3.3 Avg.Risk 5.0 4.4 2X Avg.Risk 9.6 7.1 3X Avg.Risk 23.4 11.0

John Asplin, MD - Laboratory Director

Current Laboratory Results

Blood Draw Date: 01/21/2022 **Date Received:** 01/21/2022 **Date Completed:** 01/24/2022 **Fasting:** YES

Comp. Metabolic Panel (14)

ANALYTE	REF. INTERVAL	LOW	HIGH	RESULT
Glucose mg/dL	65-99			98
BUN mg/dL	6-20			13
Creatinine mg/dL	0.76-1.27			0.90
Sodium mmol/L	134-144			142
Potassium mmol/L	3.5-5.2			4.5
Chloride mmol/L	96-106			103
Carbon Dioxide mmol/L	20-29			20
Calcium mg/dL	8.7-10.2			9.8
Protein, Total, Serum g/dL	6.0-8.5			7.3
Albumin g/dL	4.0-5.0			5.0
Globulin, Total g/dL	1.5-4.5			2.3
A/G Ratio	1.2-2.2			2.2
Bilirubin, Total mg/dL	0.0-1.2			0.6
Alkaline Phosphatase, S IU/L	44-121			51
AST IU/L	0-40			24
ALT IU/L	0-44			18
BUN: Creatinine Ratio	9-20			14
Anion Gap mmol/L	10 - 18			**19** H
estimated GFR mL/min/1.73mE2	> 59			111

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			1.570

Lipid Panel with Chol/HDL Ratio

ANALYTE	REF. INTERVAL	LOW	HIGH	RESULT
Total Cholesterol mg/dL	100-199			151
Triglyceride mg/dL	0-149			55
HDL-C mg/dL	>39			61
VLDL mg/dL	5-40			12
LDL(calc) mg/dL	0-99			78
non-HDL cholesterol mg/dL	0 - 129			90
Total Chol:HDL Ratio ratio units	0.0-5			* 2.5

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/

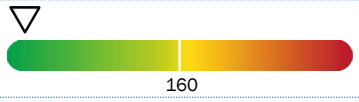
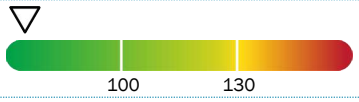
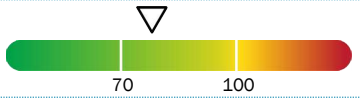
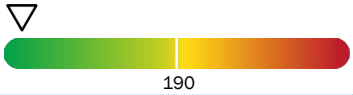
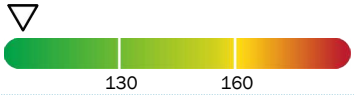
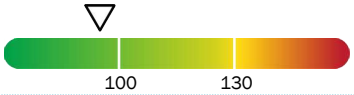
Insulin resistance, obesity, excessive alcohol use, smoking, nephrotic syndrome, liver disease, and certain medications can cause secondary dyslipidemia. Consider evaluation if clinically indicated.

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 **78 mg/dL**			
non-HDL **90 mg/dL**			
Lipid Assessment	LDL-C is optimal, 78 mg/dL. Non-HDL Cholesterol is optimal, 90 mg/dL.	LDL-C is optimal, 78 mg/dL. Non-HDL Cholesterol is optimal, 90 mg/dL.	LDL-C is normal, 78 mg/dL. Non-HDL Cholesterol is optimal, 90 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 **78 mg/dL**	▽ 160	▽ 100 130	▽ 70 100
non-HDL **90 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. Litholink does not have a doctor-patient relationship with you, nor does it have access to a complete medical history or a physical examination that would be necessary for a complete diagnosis and comprehensive treatment plan. Neither you nor your physician should rely solely on this guidance. REFERENCES: National Heart, Lung, and Blood Institute’s Third Report of the NCEP Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults (ATP III) (2002. NIH publication 02-5215); National Heart, Lung, and Blood Institute’s Your Guide to Lowering Your Cholesterol with TLC (2005. NIH publication 06-5235); Stone NJ et al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation. 2013; 00:000-000.