



**Patient Report**

Specimen ID: 220-494-1599-0  
Control ID: 60001248001

Acct # [REDACTED] Phone: (813) 445-7342 Rte: 00

[REDACTED]  
28044 CAYMAN  
SAN JUAN CAPISTR CA 92692

Defy Medical, LLC  
4809 N. Armenia Ave. Ste 220  
Tampa FL 33603



**Patient Details**

DOB: [REDACTED]  
Age(y/m/d): [REDACTED]  
Gender: M SSN: [REDACTED]  
Patient ID: [REDACTED]

**Specimen Details**

Date collected: 08/08/2017 1119 Local  
Date received: 08/08/2017  
Date entered: 08/08/2017  
Date reported: 08/15/2017 1516 ET

**Physician Details**

Ordering: J SAYA  
Referring:  
ID:  
NPI: 1093940041

**General Comments & Additional Information**

This is a courtesy copy of a laboratory report.

Clinical Info: CC:8134457340

Total Volume: Not Provided

Fasting: Yes

**Ordered Items**

CBC/Diff Ambiguous Default; Comp. Metabolic Panel (14); Lipid Panel; Hemoglobin A1c; Testosterone, Free+Total LC/MS; Free Thyroxine + T4; Dihydrotestosterone; DHEA-Sulfate; TSH; Prostate-Specific Ag, Serum; IGF-1; Estradiol, Sensitive; Thyroglobulin Antibody; Thyroid Peroxidase (TPO) Ab; Triiodothyronine, Free, Serum; Sex Horm Binding Glob, Serum; Ambig Abbrev CMP14 Default; Ambig Abbrev LP Default; Venipuncture; Cardiovascular Report

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>CBC/Diff Ambiguous Default</b>					
WBC	6.7		x10E3/uL	3.4 - 10.8	01
RBC	5.61		x10E6/uL	4.14 - 5.80	01
Hemoglobin	16.9		g/dL	12.6 - 17.7	01
Hematocrit	48.9		%	37.5 - 51.0	01
MCV	87		fL	79 - 97	01
MCH	30.1		pg	26.6 - 33.0	01
MCHC	34.6		g/dL	31.5 - 35.7	01
RDW	14.2		%	12.3 - 15.4	01
Platelets	245		x10E3/uL	150 - 379	01
Neutrophils	54		%		01
Lymphs	31		%		01
Monocytes	8		%		01
Eos	6		%		01
Basos	0		%		01
Neutrophils (Absolute)	3.6		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	2.1		x10E3/uL	0.7 - 3.1	01
Monocytes (Absolute)	0.5		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.4		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	1		%		01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have assigned CBC with Differential/Platelet, Test Code #005009 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/



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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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Technical Services Department to clarify the test order. We appreciate your business.

**Comp. Metabolic Panel (14)**

Glucose, Serum	87		mg/dL	65 - 99	01
BUN	14		mg/dL	6 - 20	01
Creatinine, Serum	1.08		mg/dL	0.76 - 1.27	01
eGFR If NonAfrican Am	86		mL/min/1.73	>59	
eGFR If African Am	99		mL/min/1.73	>59	
BUN/Creatinine Ratio	13			9 - 20	
Sodium, Serum	142		mmol/L	134 - 144	01
Potassium, Serum	4.5		mmol/L	3.5 - 5.2	01
Chloride, Serum	97		mmol/L	96 - 106	01
Carbon Dioxide, Total	25		mmol/L	18 - 29	01
Calcium, Serum	10.1		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	7.1		g/dL	6.0 - 8.5	01
Albumin, Serum	4.8		g/dL	3.5 - 5.5	01
Globulin, Total	2.3		g/dL	1.5 - 4.5	
A/G Ratio	2.1			1.2 - 2.2	
Bilirubin, Total	0.4		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	42		IU/L	39 - 117	01
AST (SGOT)	20		IU/L	0 - 40	01
ALT (SGPT)	40		IU/L	0 - 44	01

**Lipid Panel**

Cholesterol, Total	161		mg/dL	100 - 199	01
<b>Triglycerides</b>	<b>316</b>	<b>High</b>	mg/dL	0 - 149	01
<b>HDL Cholesterol</b>	<b>22</b>	<b>Low</b>	mg/dL	>39	01
<b>VLDL Cholesterol Cal</b>	<b>63</b>	<b>High</b>	mg/dL	5 - 40	
LDL Cholesterol Calc	76		mg/dL	0 - 99	

**Hemoglobin A1c**

Hemoglobin A1c	5.9		%Hb		02
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Reference Range:

American Diabetes Association (ADA) Guidelines:

<5.7: Decreased risk for diabetes

5.7 - 6.4: Increased risk for diabetes

>6.4: Ongoing Hyperglycemia of any cause

<7.0: Glycemic control for adults with diabetes

Estimated Average Glucose	123		mg/dL		02
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**Testosterone, Free+Total LC/MS**

Testosterone, Total, LC/MS	963.5	High	ng/dL	264.0 - 916.0	03
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This LabCorp LC/MS-MS method is currently certified by the CDC

Hormone Standardization Program (HoSt). Adult male reference

interval is based on a population of healthy nonobese males



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<b>(BMI &lt;30) between 19 and 39 years old. Trivison, et.al. JCEM 2017,102;1161-1173. PMID: 28324103.</b>					
Disclaimer: 03 This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.					
<b>Free Testosterone(Direct)</b>	<b>32.5</b>	<b>High</b>	pg/mL	8.7 - 25.1	03
<b>Free Thyroxine + T4</b>					
T4,Free(Direct)	1.20		ng/dL	0.82 - 1.77	01
Thyroxine (T4)	6.4		ug/dL	4.5 - 12.0	01
<b>Dihydrotestosterone</b>	<b>111</b>	<b>High</b>	ng/dL		02
Reference Range: Adult Male: 30 - 85					
<b>DHEA-Sulfate</b>	370.2		ug/dL	102.6 - 416.3	01
<b>TSH</b>	2.300		uIU/mL	0.450 - 4.500	01
<b>Prostate-Specific Ag, Serum</b>					
Prostate Specific Ag, Serum	1.6		ng/mL	0.0 - 4.0	01
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.					
<b>IGF-1</b>					
Insulin-Like Growth Factor I	166		ng/mL	83 - 233	03
<b>Estradiol, Sensitive</b>	<b>37.4</b>	<b>High</b>	pg/mL	8.0 - 35.0	03
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)					
<b>Thyroglobulin Antibody</b>	<b>2.9</b>	<b>High</b>	IU/mL	0.0 - 0.9	01
Thyroglobulin Antibody measured by Beckman Coulter Methodology					
<b>Thyroid Peroxidase (TPO) Ab</b>	<b>305</b>	<b>High</b>	IU/mL	0 - 34	01
<b>Triiodothyronine,Free,Serum</b>	3.6		pg/mL	2.0 - 4.4	01
<b>Sex Horm Binding Glob, Serum</b>	<b>13.2</b>	<b>Low</b>	nmol/L	16.5 - 55.9	01



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**Ambig Abbrev CMP14 Default**

01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

**Ambig Abbrev LP Default**

01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

**Cardiovascular Report**

Interpretation

Note

04

Medical Director's Note: Ambig Abbrev LP Default: A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

Medical Director's Note: Ambig Abbrev CMP14 Default: A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business. Supplement report is available.

PDF Image

04

01	SO	LabCorp San Diego 13112 Evening Creek Dr So Ste 200, San Diego, CA 92128-4108	Dir: Jenny Galloway, MD
02	ES	Esoterix Endocrinology 4301 Lost Hills Road, Calabasas Hills, CA 91301-5358	Dir: Samuel Pepkowitz, MD



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03	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	Dir: William F Hancock, MD
04	LITIL	Litholink Corporation 2250 West Campbell Park Drive, Chicago, IL 60612-3502	Dir: Mitchell Laks, PhD

For inquiries, the physician may contact **Branch: 800-877-5227 Lab: 858-668-3700**

TO:

Defy Medical, LLC

PATIENT: [REDACTED] DATE OF BIRTH: [REDACTED] GENDER: [REDACTED]

DATE OF SERVICE

PHYSICIAN

08/08/2017

SAYA, JUSTIN MICHAEL

LabCorp Account #: 09357925

Accessions: 22049415990

**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 the 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: 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); Brunzell et al. Diabetes Care 2008; 31(4):811-82; Contois et al. Clin Chem 2009; 55(3):407-419; 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.

**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
08/08/2017		Ambig Abbrev LP Default: A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.
08/08/2017		Ambig Abbrev CMP14 Default: A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

Mitchell S. Laks, PhD - Laboratory Director

## Current Laboratory Results

Blood Draw Date: 08/08/2017 Date Received: 08/08/2017 Date Completed: 08/09/2017 Fasting: YES

### Comp. Metabolic Panel (14)

ANALYTE	REF. INTERVAL	LOW	✖	HIGH	RESULT
Glucose mg/dL	65-99		✖		87
BUN mg/dL	6-20		✖		14
Creatinine mg/dL	0.76-1.27		✖		1.08
Sodium mmol/L	134-144		✖		142
Potassium mmol/L	3.5-5.2		✖		4.5
Chloride mmol/L	96-106		✖		97
Carbon Dioxide mmol/L	18-29		✖		25
Calcium mg/dL	8.7-10.2		✖		10.1
Protein, Total, Serum g/dL	6.0-8.5		✖		7.1
Albumin g/dL	3.5-5.5		✖		4.8
Globulin, Total g/dL	1.5-4.5		✖		2.3
A/G Ratio	1.2-2.2		✖		2.1
Bilirubin, Total mg/dL	0.0-1.2		✖		0.4
Alkaline Phosphatase, S IU/L	39-117		✖		42
AST IU/L	0-40		✖		20
ALT IU/L	0-44		✖		40
BUN: Creatinine Ratio	9-20		✖		13
Anion Gap mmol/L	10 - 18		✖✖		20 H
estimated GFR mL/min/1.73mE2	> 59		✖		86

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

### 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)

### Lipid Panel

ANALYTE	REF. INTERVAL	LOW	✖	HIGH	RESULT
Total Cholesterol mg/dL	100-199		✖		161
Triglyceride mg/dL	0-149		✖✖✖		316 H
HDL-C mg/dL	>39		✖✖✖		22 L
VLDL mg/dL	5-40		✖✖✖		63 H
LDL(calc) mg/dL	0-99		✖		76
non-HDL cholesterol mg/dL	0 - 129		✖✖		139 H

### TSH

ANALYTE	REF. INTERVAL	LOW	✖	HIGH	RESULT
TSH uIU/mL	0.450-4.500		✖		2.300



TO:

Defy Medical, LLC

PATIENT: [REDACTED] DATE OF BIRTH: [REDACTED] GENDER: [REDACTED]

DATE OF SERVICE

08/08/2017

PHYSICIAN

SAYA, JUSTIN MICHAEL

LabCorp Account #: 09357925

# Cardiovascular Report

## Patient Assessment

Current available clinical information suggests the patient's risk is at least LOW. One major CHD risk factor is present (HDL-C less than 40). 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/>

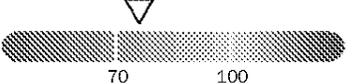
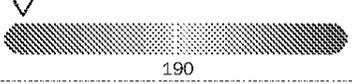
Insulin resistance, obesity, excessive alcohol use, smoking, nephrotic syndrome, liver disease, and certain medications can cause secondary dyslipidemia. Consider evaluation if clinically indicated.

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 76 mg/dL			
non-HDL 139 mg/dL			
<b>Lipid Assessment</b>	LDL-C is optimal, 76 mg/dL. Non-HDL Cholesterol is acceptable, 139 mg/dL.	LDL-C is optimal, 76 mg/dL. Non-HDL Cholesterol is acceptable, 139 mg/dL.	LDL-C is normal, 76 mg/dL. Non-HDL Cholesterol is borderline high, 139 mg/dL.
<b>Treatment Suggestions</b>	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. Elevated triglycerides may be associated with increased cardiovascular risk due to increased numbers of atherogenic lipoprotein particles. Co-morbid conditions should be evaluated and treated.	Consider measurement of LDL particle number or Apo B to adjudicate need for further LDL lowering therapy. Consider beginning or increasing statin. 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), niacin, and/or fish oil.	Begin statin. If statin already in use, consider increasing dose to achieve at least a 50% LDL reduction from baseline. Moderate or high intensity statin is preferred. If statin cannot be tolerated or increased, alternatives include use of an intestinal agent (ezetimibe or bile acid sequestrant), niacin, and/or fish oil.

**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.



Mitchell S. Lake, PhD  
Laboratory Director  
CLIA# 14D0897314

Litholink, A LabCorp Company  
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Chicago, Illinois 60612

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Version: 7.4.6.4435  
Printed: 08/09/2017  
Page: 2 of 3

TO:

Defy Medical, LLC

PATIENT

DATE OF BIRTH

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PHYSICIAN

08/08/2017

SAYA, JUSTIN MICHAEL

LabCorp Account #: 09357925

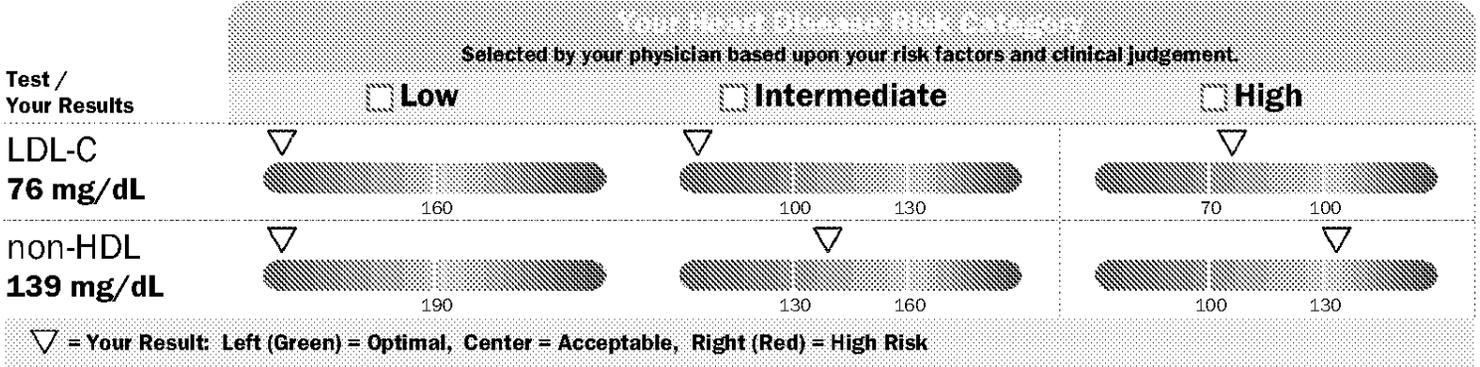
### Patient Results Summary

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



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

**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.

