LabCorp
Laboratory Corporation of America

Patient Report

Specimen ID: (
Control ID:

Acct #: (

Phone: (813) 445-7342 **Rte:** 00

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

Patient Details

Specimen Details
Date collected: 03/09/2017 0733 Local
Date entered: 03/09/2017
Date reported: 03/13/2017 0808 ET

Physician Details
Ordering: J SAYA
Referring:

General Comments & Additional Information

Alternate Control Number: B0054968583
Total Volume: Not Provided
Alternate Patient ID: Not Provided
Fasting: Yes

Ordered Items

CBC With Differential/Platelet; Comp. Metabolic Panel (14); Lipid Panel w/ Chol/HDL Ratio; Testosterone,Free and Total; DHEA-Sulfate; TSH; Prostate-Specific Ag, Serum; Estradiol, Sensitive; Sex Horm Binding Glob, Serum; Venipuncture; Cardiovascular Report

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	4.9		x10E3/uL	3.4 - 10.8	01
RBC	5.58		x10E6/uL	4.14 - 5.80	01
Hemoglobin	16.6		g/dL	12.6 - 17.7	01
Hematocrit	49.4		%	37.5 - 51.0	01
MCV	89		fL	79 - 97	01
MCH	29.7		pg	26.6 - 33.0	01
MCHC	33.6		g/dL	31.5 - 35.7	01
RDW	13.4		%	12.3 - 15.4	01
Platelets	193		x10E3/uL	150 - 379	01
Neutrophils	59		%		01
Lymphs	29		%		01
Monocytes	10		%		01
Eos	2		%		01
Basos	0		%		01
Neutrophils (Absolute)	2.9		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	1.4		x10E3/uL	0.7 - 3.1	01
Monocytes(Absolute)	0.5		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%		01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01
Comp. Metabolic Panel (14)					
Glucose, Serum	96		mg/dL	65 - 99	01
BUN	16		mg/dL	6 - 24	01
Creatinine, Serum	0.93		mg/dL	0.76 - 1.27	01
eGFR If NonAfricn Am	93		mL/min/1.73	>59	
eGFR If Africn Am	108		mL/min/1.73	>59	

Patient:
DOB:
Patient ID:
Control ID:
Specimen ID:
Date collected:

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
BUN/Creatinine Ratio	17			9 - 20	
Sodium, Serum	141		mmol/L	134 - 144	01
Potassium, Serum	4.3		mmol/L	3.5 - 5.2	01
Chloride, Serum	97		mmol/L	96 - 106	01
Carbon Dioxide, Total	26		mmol/L	18 - 29	01
Calcium, Serum	8.9		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	6.5		g/dL	6.0 - 8.5	01
Albumin, Serum	4.3		g/dL	3.5 - 5.5	01
Globulin, Total	2.2		g/dL	1.5 - 4.5	
A/G Ratio	2.0			1.1 - 2.5	
	Please note reference interval change				
Bilirubin, Total	0.7		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	54		IU/L	39 - 117	01
AST (SGOT)	17		IU/L	0 - 40	01
ALT (SGPT)	14		IU/L	0 - 44	01
Lipid Panel w/ Chol/HDL Ratio					
Cholesterol, Total	141		mg/dL	100 - 199	01
Triglycerides	108		mg/dL	0 - 149	01
HDL Cholesterol	**27**	**Low**	mg/dL	>39	01
VLDL Cholesterol Cal	22		mg/dL	5 - 40	
LDL Cholesterol Calc	92		mg/dL	0 - 99	
T. Chol/HDL Ratio	**5.2**	**High**	ratio units	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	
Testosterone,Free and Total					
Testosterone, Serum	1119		ng/dL	348 - 1197	01
Comment:					
Adult male reference interval is based on a population of lean males up to 40 years old.					
Free Testosterone(Direct)	**25.0**	**High**	pg/mL	7.2 - 24.0	01
DHEA-Sulfate	**501.2**	**High**	ug/dL	71.6 - 375.4	01
TSH	3.450		uIU/mL	0.450 - 4.500	01
Prostate-Specific Ag, Serum					
Prostate Specific Ag, Serum	1.4		ng/mL	0.0 - 4.0	01
Roche ECLIA methodology. According to the American Urological Association, Serum PSA should					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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.					
Estradiol, Sensitive	**43.3**	**High**	pg/mL	8.0 - 35.0	01
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	33.9		nmol/L	19.3 - 76.4	01
Cardiovascular Report					
Interpretation	Note				02
Supplement report is available.					
PDF Image	.				02

01	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	Dir: William F Hancock, MD
02	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: 800-762-4344**

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
03/09/2017	**A/G Ratio**	**Effective March 13, 2017 the reference interval** for A/G Ratio will be changing to: Age Male Female 0 - 7 days 1.1 - 2.3 1.1 - 2.3 8 - 30 days 1.2 - 2.8 1.2 - 2.8 1 - 6 months 1.3 - 3.6 1.3 - 3.6 7 months - 5 years 1.5 - 2.6 1.5 - 2.6 > 5 years 1.2 - 2.2 1.2 - 2.2
03/09/2017	**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

Mitchell S. Laks, PhD - Laboratory Director

Current Laboratory Results

Blood Draw Date: 03/09/2017 **Date Received:** 03/09/2017 **Date Completed:** 03/10/2017 **Fasting:** YES

Comp. Metabolic Panel (14)

ANALYTE	REF. INTERVAL	LOW	HIGH	RESULT
Glucose mg/dL	65-99			96
BUN mg/dL	6-24			16
Creatinine mg/dL	0.76-1.27			0.93
Sodium mmol/L	134-144			141
Potassium mmol/L	3.5-5.2			4.3
Chloride mmol/L	96-106			97
Carbon Dioxide mmol/L	18-29			26
Calcium mg/dL	8.7-10.2			8.9
Protein, Total, Serum g/dL	6.0-8.5			6.5
Albumin g/dL	3.5-5.5			4.3
Globulin, Total g/dL	1.5-4.5			2.2
A/G Ratio	1.1-2.5			* 2.0
Bilirubin, Total mg/dL	0.0-1.2			0.7
Alkaline Phosphatase, S IU/L	39-117			54
AST IU/L	0-40			17
ALT IU/L	0-44			14
BUN: Creatinine Ratio	9-20			17
Anion Gap mmol/L	8 - 14			**18** H
estimated GFR mL/min/1.73mE2	> 59			93

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			3.450

Lipid Panel with Chol/HDL Ratio

ANALYTE	REF. INTERVAL	LOW	HIGH	RESULT
Total Cholesterol mg/dL	100-199			141
Triglyceride mg/dL	0-149			108
HDL-C mg/dL	>39			**27 L**
VLDL mg/dL	5-40			22
LDL(calc) mg/dL	0-99			92
non-HDL cholesterol mg/dL	0 - 129			114
Total Chol:HDL Ratio ratio units	0.0-5.0			*** 5.2 H**

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 INTERMEDIATE. Two major CHD risk factors are present (age over 45 and 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/

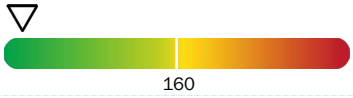
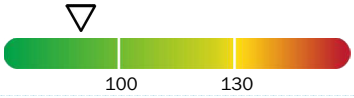
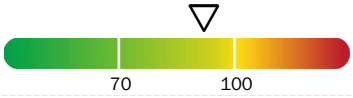
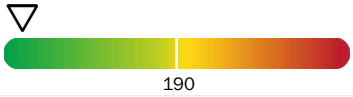
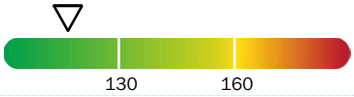
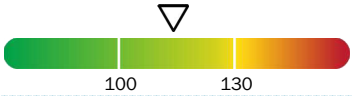
Insulin resistance, obesity, excessive alcohol use, smoking, nephrotic syndrome, liver disease, and certain medications can cause secondary dyslipidemia. Consider evaluation if clinically indicated.

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 **92 mg/dL**			
non-HDL **114 mg/dL**			
Lipid Assessment	LDL-C is optimal, was 121 and now is 92 mg/dL. Non-HDL Cholesterol is optimal, was 138 and now is 114 mg/dL.	LDL-C is optimal, was 121 and now is 92 mg/dL. Non-HDL Cholesterol is optimal, was 138 and now is 114 mg/dL.	LDL-C is normal, was 121 and now is 92 mg/dL. Non-HDL Cholesterol is normal, was 138 and now is 114 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 10-year or 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 10-year or 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 **92 mg/dL**	▽ 160	▽ 100 130	▽ 70 100
non-HDL **114 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.