

Ordered Items: **CBC With Differential/Platelet; Comp. Metabolic Panel (14); Lipid Panel w/ Chol/HDL Ratio; Iron and TIBC; Testosterone,Free and Total; DHEA-Sulfate; TSH; Luteinizing Hormone(LH); Prostate-Specific Ag; IGF-1; Vitamin D, 25-Hydroxy; Estradiol, Sensitive; Ferritin; C-Reactive Protein, Quant; Sex Horm Binding Glob, Serum; Venipuncture; Cardiovascular Report**

Date Collected: 03/28/2022	Date Received: 03/28/2022	Date Reported: 04/07/2022	Fasting: Yes
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CBC With Differential/Platelet

Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
WBC ⁰¹	3.9		3.2	11/24/2021	x10E3/uL	3.4-10.8
▲ RBC ⁰¹	5.92	High	5.44	11/24/2021	x10E6/uL	4.14-5.80
▲ Hemoglobin ⁰¹	18.7	High	16.9	11/24/2021	g/dL	13.0-17.7
▲ Hematocrit ⁰¹	54.0	High	50.8	11/24/2021	%	37.5-51.0
MCV ⁰¹	91		93	11/24/2021	fL	79-97
MCH ⁰¹	31.6		31.1	11/24/2021	pg	26.6-33.0
MCHC ⁰¹	34.6		33.3	11/24/2021	g/dL	31.5-35.7
RDW ⁰¹	12.5		13.4	11/24/2021	%	11.6-15.4
Platelets ⁰¹	173		139	11/24/2021	x10E3/uL	150-450
Neutrophils ⁰¹	64		64	11/24/2021	%	Not Estab.
Lymphs ⁰¹	26		26	11/24/2021	%	Not Estab.
Monocytes ⁰¹	8		10	11/24/2021	%	Not Estab.
Eos ⁰¹	1		0	11/24/2021	%	Not Estab.
Basos ⁰¹	1		0	11/24/2021	%	Not Estab.
Neutrophils (Absolute) ⁰¹	2.5		2.0	11/24/2021	x10E3/uL	1.4-7.0
Lymphs (Absolute) ⁰¹	1.0		0.8	11/24/2021	x10E3/uL	0.7-3.1
Monocytes(Absolute) ⁰¹	0.3		0.3	11/24/2021	x10E3/uL	0.1-0.9
Eos (Absolute) ⁰¹	0.0		0.0	11/24/2021	x10E3/uL	0.0-0.4
Baso (Absolute) ⁰¹	0.0		0.0	11/24/2021	x10E3/uL	0.0-0.2
Immature Granulocytes ⁰¹	0		0	11/24/2021	%	Not Estab.
Immature Grans (Abs) ⁰¹	0.0		0.0	11/24/2021	x10E3/uL	0.0-0.1

Comp. Metabolic Panel (14)

Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
Glucose ⁰¹	87		87	11/24/2021	mg/dL	65-99
BUN ⁰¹	20		23	11/24/2021	mg/dL	6-24
Creatinine ⁰¹	1.18		1.24	11/24/2021	mg/dL	0.76-1.27
eGFR	72				mL/min/1.73	>59
BUN/Creatinine Ratio	17					9-20
Sodium ⁰¹	141		139	11/24/2021	mmol/L	134-144
Potassium ⁰¹	4.5		4.5	11/24/2021	mmol/L	3.5-5.2
Specimen received hemolyzed. Value may be increased by hemolysis. Clinical correlation indicated.						
Chloride ⁰¹	97		100	11/24/2021	mmol/L	96-106
Carbon Dioxide, Total ⁰¹	23				mmol/L	20-29
Calcium ⁰¹	9.5		9.5	11/24/2021	mg/dL	8.7-10.2
Protein, Total ⁰¹	7.5		6.9	11/24/2021	g/dL	6.0-8.5

Comp. Metabolic Panel (14) (Cont.)

Albumin ⁰¹	4.8	4.7	11/24/2021	g/dL	3.8-4.9
Globulin, Total	2.7			g/dL	1.5-4.5
A/G Ratio	1.8				1.2-2.2
Bilirubin, Total ⁰¹	0.8	0.7	11/24/2021	mg/dL	0.0-1.2
Alkaline Phosphatase ⁰¹	77	82	11/24/2021	IU/L	44-121
AST (SGOT) ⁰¹	31	28	11/24/2021	IU/L	0-40
ALT (SGPT) ⁰¹	23	20	11/24/2021	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	241	High			mg/dL	100-199
Triglycerides ⁰¹	86				mg/dL	0-149
HDL Cholesterol ⁰¹	55				mg/dL	>39
VLDL Cholesterol Cal	15				mg/dL	5-40
▲ LDL Chol Calc (NIH)	171	High			mg/dL	0-99
T. Chol/HDL Ratio	4.4				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						

Iron and TIBC

Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
Iron Bind.Cap.(TIBC)	362				ug/dL	250-450
UIBC ⁰¹	165				ug/dL	111-343
▲ Iron ⁰¹	197	High	108	11/24/2021	ug/dL	38-169
Iron Saturation	54				%	15-55

Testosterone,Free and Total

Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
Testosterone ⁰¹	677		759	11/24/2021	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	12.4		12.2	11/24/2021	pg/mL	7.2-24.0

DHEA-Sulfate

Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
DHEA-Sulfate ⁰¹	102.0		91.2	11/24/2021	ug/dL	48.9-344.2

TSH

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
TSH ⁰¹	2.890	3.16 11/24/2021	uIU/mL	0.450-4.500

Luteinizing Hormone(LH)

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
▼ LH ⁰¹	<0.3 Low	<0.3* 11/24/2021	mIU/mL	1.7-8.6

* Previous Reference Interval: (LH: 1.7-8.6)

Prostate-Specific Ag

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Prostate Specific Ag ⁰¹	0.4	0.5 11/24/2021	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	210	144 11/24/2021	ng/mL	68-247

Vitamin D, 25-Hydroxy

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Vitamin D, 25-Hydroxy ⁰¹	96.3	46.9 11/24/2021	ng/mL	30.0-100.0

Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).

1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.
2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.

Estradiol, Sensitive

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Estradiol, Sensitive ⁰²	19.6		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

Patient ID: Specimen ID: **087-305-3471-0** DOB: Age: **56** Sex: **Male** Patient Report Account Number: Ordering Physician: **L PURDY**



Estradiol, Sensitive (Cont.)

Drug Administration.

Methodology: Liquid chromatography tandem mass spectrometry (LC/MS/MS)

Ferritin

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Ferritin ⁰¹	49	46 11/24/2021	ng/mL	30-400

C-Reactive Protein, Quant

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
C-Reactive Protein, Quant ⁰¹	<1		mg/L	0-10

Sex Horm Binding Glob, Serum

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Sex Horm Binding Glob, Serum ⁰¹	34.7	44.6 11/24/2021	nmol/L	19.3-76.4

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: CB - Labcorp Dublin 6370 Wilcox Road, Dublin, OH, 43016-1269 Dir: Vincent Ricchiuti, PhD
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 may contact Branch: 800-877-5227 Lab: 800-282-7300

Patient Details

Age: **56**
Sex: **Male**
Patient ID:
Alternate Patient ID:

Physician Details

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

Phone: **813-445-7342**
Account Number: **09357925**
Physician ID:
NPI: **1093058463**

Specimen Details

Specimen ID: **087-305-3471-0**
Control ID: **L2200521483**
Alternate Control Number: **L2200521483**
Date Collected: **03/28/2022 0846 Local**
Date Received: **03/28/2022 0000 ET**
Date Entered: **03/28/2022 1909 ET**
Date Reported: **04/07/2022 2007 ET**
Rte: **0**



Accessions: 08730534710

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.

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
03/28/2022	25-Hydroxy Vitamin D	Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2). 1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press. 2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.
03/28/2022	Potassium	Specimen received hemolyzed. Value may be increased by hemolysis. Clinical correlation indicated.
03/28/2022	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:	03/28/2022	Date Received:	03/28/2022	Date Completed:	03/29/2022	Fasting:	YES
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Comp. Metabolic Panel (14)

ANALYTE	REF. INTERVAL	LOW	HIGH	RESULT
Glucose mg/dL	65-99			87
BUN mg/dL	6-24			20
Creatinine mg/dL	0.76-1.27			1.18
Sodium mmol/L	134-144			141
Potassium mmol/L	3.5-5.2			* 4.5
Chloride mmol/L	96-106			97
Carbon Dioxide mmol/L	20-29			23
Calcium mg/dL	8.7-10.2			9.5
Protein, Total, Serum g/dL	6.0-8.5			7.5
Albumin g/dL	3.8-4.9			4.8
Globulin, Total g/dL	1.5-4.5			2.7
A/G Ratio	1.2-2.2			1.8
Bilirubin, Total mg/dL	0.0-1.2			0.8
Alkaline Phosphatase, S IU/L	44-121			77
AST IU/L	0-40			31
ALT IU/L	0-44			23
BUN: Creatinine Ratio	9-20			17
Anion Gap mmol/L	10 - 18			21 H
estimated GFR mL/min/1.73mE2	> 59			72

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
H - Above High Normal HH - Alert High > - Panic High

Lipid Panel with Chol/HDL Ratio

ANALYTE	REF. INTERVAL	LOW	HIGH	RESULT
Total Cholesterol mg/dL	100-199			241 H
Triglyceride mg/dL	0-149			86
HDL-C mg/dL	>39			55
VLDL mg/dL	5-40			15
LDL (calc) mg/dL	0-99			171 H
non-HDL cholesterol mg/dL	0 - 129			186 H
Total Chol:HDL Ratio ratio units	0.0-5			* 4.4

25-Hydroxy Vitamin D

ANALYTE	REF. INTERVAL	LOW	HIGH	RESULT
25-Hydroxy Vitamin D ng/mL	30.0-100.0			* 96.3

Vitamin D testing performed using the 25 OH Vitamin D Total Assay on the DiaSorin Liaison®.

TSH

ANALYTE	REF. INTERVAL	LOW	HIGH	RESULT
TSH uIU/mL	0.450-4.500			2.890

Cardiovascular Report

Patient Assessment

Current available clinical information suggests the patient's risk is at least LOW. One major CHD risk factor is present (age over 45). 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/>

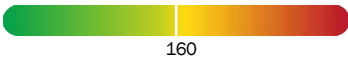


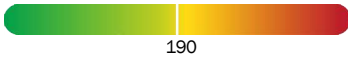


Insulin resistance, obesity, excessive alcohol use, smoking, nephrotic syndrome, liver disease, and certain medications can cause secondary dyslipidemia. Consider evaluation if clinically indicated.

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 171 mg/dL			
non-HDL 186 mg/dL			
Lipid Assessment	LDL-C is high, 171 mg/dL. Non-HDL Cholesterol is acceptable, 186 mg/dL.	LDL-C is high, 171 mg/dL. Non-HDL Cholesterol is borderline high, 186 mg/dL.	LDL-C is high, 171 mg/dL. Non-HDL Cholesterol is high, 186 mg/dL.
Treatment Suggestions	Consider statin therapy as elevated LDL-C may contribute to increased CVD risk. If statin cannot be tolerated or increased, alternatives include use of an intestinal agent (ezetimibe or bile acid sequestrant) or niacin.	Begin statin. If statin already in use, consider increasing dose. If statin cannot be tolerated or increased, alternatives include use of an intestinal agent (ezetimibe or bile acid sequestrant) or niacin.	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) 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

<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 Heart Disease Risk Category

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

Test /
Your Results

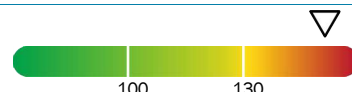
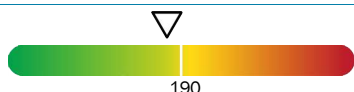
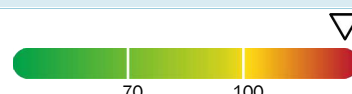
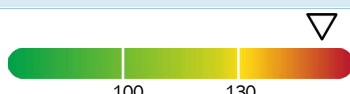
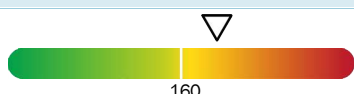
LDL-C
171 mg/dL

non-HDL
186 mg/dL

☐ Low

☐ Intermediate

☐ High



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

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. 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