

Patient ID:
Specimen ID: 275-174-1441-0

DOB:
Age: 56
Sex: Male

Patient Report
Account Number
Ordering Physician



Date Collected: 10/02/2023 Date Received: 10/02/2023 Date Reported: 10/08/2023 Fasting: Yes

Ordered Items: CBC With Differential/Platelet; Comp. Metabolic Panel (14); Lipid Panel w/ Chol/HDL Ratio; FSH and LH; Testosterone,Free and Total; Thyroxine (T4) Free, Direct; TSH; Estradiol; IGF-1; Triiodothyronine (T3), Free; Sex Horm Binding Glob, Serum; Drawing Fee; Cardiovascular Report

Date Collected: 10/02/2023

CBC With Differential/Platelet

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
WBC ⁰¹	6.9	6.6	06/13/2023	x10E3/uL	3.4-10.8
RBC ⁰¹	4.95	5.15	06/13/2023	x10E6/uL	4.14-5.80
Hemoglobin ⁰¹	16.1	16.0	06/13/2023	g/dL	13.0-17.7
Hematocrit ⁰¹	46.5	46.9	06/13/2023	%	37.5-51.0
MCV ⁰¹	94	91	06/13/2023	fL	79-97
MCH ⁰¹	32.5	31.1	06/13/2023	pg	26.6-33.0
MCHC ⁰¹	34.6	34.1	06/13/2023	g/dL	31.5-35.7
RDW ⁰¹	13.1	12.8	06/13/2023	%	11.6-15.4
Platelets ⁰¹	259	284	06/13/2023	x10E3/uL	150-450
Neutrophils ⁰¹	52	52	06/13/2023	%	Not Estab.
Lymphs ⁰¹	36	34	06/13/2023	%	Not Estab.
Monocytes ⁰¹	9	10	06/13/2023	%	Not Estab.
Eos ⁰¹	3	3	06/13/2023	%	Not Estab.
Basos ⁰¹	0	1	06/13/2023	%	Not Estab.
Neutrophils (Absolute) ⁰¹	3.5	3.5	06/13/2023	x10E3/uL	1.4-7.0
Lymphs (Absolute) ⁰¹	2.5	2.2	06/13/2023	x10E3/uL	0.7-3.1
Monocytes(Absolute) ⁰¹	0.6	0.6	06/13/2023	x10E3/uL	0.1-0.9
Eos (Absolute) ⁰¹	0.2	0.2	06/13/2023	x10E3/uL	0.0-0.4
Baso (Absolute) ⁰¹	0.0	0.0	06/13/2023	x10E3/uL	0.0-0.2
Immature Granulocytes ⁰¹	0	0	06/13/2023	%	Not Estab.
Immature Grans (Abs) ⁰¹	0.0	0.0	06/13/2023	x10E3/uL	0.0-0.1

Comp. Metabolic Panel (14)

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
Glucose ⁰¹	97	105	06/13/2023	mg/dL	70-99
BUN ⁰¹	10	9	06/13/2023	mg/dL	6-24
Creatinine ⁰¹	1.02	1.07	06/13/2023	mg/dL	0.76-1.27
eGFR	86	81	06/13/2023	mL/min/1.73	>59
BUN/Creatinine Ratio	10	8	06/13/2023		9-20
▲ Sodium ⁰¹	147 High	139	06/13/2023	mmol/L	134-144
Potassium ⁰¹	4.9	4.1	06/13/2023	mmol/L	3.5-5.2
▲ Chloride ⁰¹	107 High	102	06/13/2023	mmol/L	96-106
Carbon Dioxide, Total ⁰¹	23	21	06/13/2023	mmol/L	20-29
Calcium ⁰¹	9.4	9.5	06/13/2023	mg/dL	8.7-10.2
Protein, Total ⁰¹	7.3	6.8	06/13/2023	g/dL	6.0-8.5
Albumin ⁰¹	4.8	4.6	06/13/2023	g/dL	3.8-4.9



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Date Collected: 10/02/2023

Comp. Metabolic Panel (14) (Cont.)

Globulin, Total	2.5	2.2	06/13/2023	g/dL	1.5-4.5
A/G Ratio	1.9	2.1	06/13/2023		1.2-2.2
Bilirubin, Total ⁰¹	0.5	0.6	06/13/2023	mg/dL	0.0-1.2
Alkaline Phosphatase ⁰¹	89	105	06/13/2023	IU/L	44-121
▲ AST (SGOT) ⁰¹	41	High	27	06/13/2023	IU/L 0-40
ALT (SGPT) ⁰¹	23	26	06/13/2023	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	197		182	06/13/2023	mg/dL	100-199
Triglycerides ⁰¹	77		95	06/13/2023	mg/dL	0-149
HDL Cholesterol ⁰¹	41		37	06/13/2023	mg/dL	>39
VLDL Cholesterol Cal	14		18	06/13/2023	mg/dL	5-40
▲ LDL Chol Calc (NIH)	142	High	127	06/13/2023	mg/dL	0-99
T. Chol/HDL Ratio	4.8		4.9	06/13/2023	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						

FSH and LH

Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
▲ LH ⁰¹	17.4	High	6.4	06/13/2023	mIU/mL	1.7-8.6
FSH ⁰¹	9.5		4.5	02/08/2019	mIU/mL	1.5-12.4

Testosterone,Free and Total

Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
▲ Testosterone ⁰¹	1095	High	654	06/13/2023	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) ⁰¹	12.9		13.1	06/13/2023	pg/mL	7.2-24.0

Thyroxine (T4) Free, Direct

Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
T4,Free(Direct) ⁰¹	1.20		1.29	02/08/2019	ng/dL	0.82-1.77

TSH

Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
TSH ⁰¹	3.580		3.570	06/13/2023	uIU/mL	0.450-4.500

████████████████████

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DOB: ██████████6

Age: **56**
Sex: **Male**

Patient Report

Account Number: ██████████
Ordering Physician: ██████████



Date Collected: **10/02/2023**

Estradiol

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
▲ Estradiol ⁰¹	67.7 High Roche ECLIA methodology		pg/mL	7.6-42.6

IGF-1

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Insulin-Like Growth Factor I ⁰¹	148	253 06/13/2023	ng/mL	68-247

Triiodothyronine (T3), Free

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Triiodothyronine (T3), Free ⁰¹	2.7	3.1 02/08/2019	pg/mL	2.0-4.4

Sex Horm Binding Glob, Serum

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Sex Horm Binding Glob, Serum ⁰¹	72.7	45.8 06/13/2023	nmol/L	19.3-76.4

Cardiovascular Report

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Interpretation ⁰²	Note Supplemental report is available.	Note 06/13/2023		
PDF ⁰²	.	. 06/13/2023		

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: BN - Labcorp Burlington, 1447 York Court, Burlington, NC 27215-3361 Dir: Sanjai Nagendra, MD
02: LITNC - Labcorp Clinical / Digital, 10 Moore Drive, Durham, NC 27709-0009 Dir: Jennifer Ennis, MD
For Inquiries, the physician may contact Branch: 800-877-5227 Lab: 800-762-4344

Patient Details

████████████████████
████████████████████

Phone: ██████████
Date of Birth: ██████████
Age: **56**
Sex: **Male**
Patient ID:
Alternate Patient ID:

Physician Details

██████████
████████████████████
████████████████████

Phone: ██████████
Account Number: ██████████
Physician ID:
NPI: **1093940041**

Specimen Details

Specimen ID: **275-174-1441-0**
Control ID: **L2306478194**
Alternate Control Number: **L2306478194**
Date Collected: **10/02/2023 0803 Local**
Date Received: **10/02/2023 0000 ET**
Date Entered: **10/02/2023 1149 ET**
Date Reported: **10/08/2023 0206 ET**



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[REDACTED]

Patient ID:
Specimen ID: 275-174-1441-0

DOB: [REDACTED]

Age: 56
Sex: Male

Patient Report

Account Number: [REDACTED]
Ordering Physician: [REDACTED]

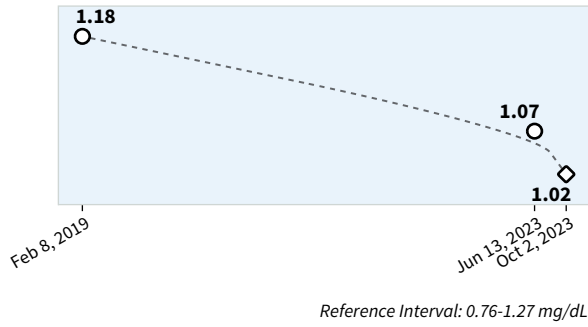


Historical Results & Insights

Labcorp offers historical lab results data with easy-to-interpret visualizations to provide a more complete picture of a patient's lab history and improve patient care.

Creatinine

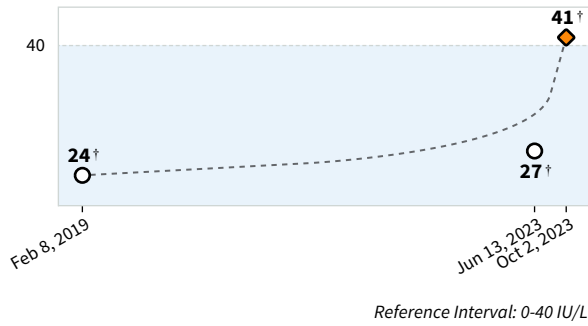
◇ Current Result: 1.02 mg/dL



AST (SGOT)

◇ Current Result: 41 IU/L

HIGH



† Fasting

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Ordering Physician: [REDACTED]



Cardiovascular Tests

Date	Total Chol.	TG	HDL-C	VLDL	LDL-C
10/02/2023†	197	77	41	14	142
06/13/2023†	182	95	37	18	127
02/08/2019†	175	152	33	30	112
Ref. Interval	100-199	0-149	>39	5-40	0-99
Units	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
† Fasting					

Accessions: 27517414410

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
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10/02/2023	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
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MD - Laboratory Director

Current Laboratory Results

Blood Draw Date:	10/02/2023	Date Received:	10/02/2023	Date Completed:	10/03/2023	Fasting:	YES
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Comp. Metabolic Panel (14)

ANALYTE	REF. INTERVAL	LOW	HIGH	RESULT
Glucose mg/dL	70-99			97
BUN mg/dL	6-24			10
Creatinine mg/dL	0.76-1.27			1.02
Sodium mmol/L	134-144			147 H
Potassium mmol/L	3.5-5.2			4.9
Chloride mmol/L	96-106			107 H
Carbon Dioxide mmol/L	20-29			23
Calcium mg/dL	8.7-10.2			9.4
Protein, Total, Serum g/dL	6.0-8.5			7.3
Albumin g/dL	3.8-4.9			4.8
Globulin, Total g/dL	1.5-4.5			2.5
A/G Ratio	1.2-2.2			1.9
Bilirubin, Total mg/dL	0.0-1.2			0.5
Alkaline Phosphatase, S IU/L	44-121			89
AST IU/L	0-40			41 H
ALT IU/L	0-44			23
BUN: Creatinine Ratio	9-20			10
Anion Gap mmol/L	10 - 18			17
estimated GFR mL/min/1.73mE2	> 59			86

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

Lipid Panel with Chol/HDL Ratio

ANALYTE	REF. INTERVAL	LOW	HIGH	RESULT
Total Cholesterol mg/dL	100-199			197
Triglyceride mg/dL	0-149			77
HDL-C mg/dL	>39			41
VLDL mg/dL	5-40			14
LDL(calc) mg/dL	0-99			142 H
non-HDL cholesterol mg/dL	0 - 129			156 H
Total Chol:HDL Ratio ratio units	0.0-5			* 4.8

Legend for Abnormal Flags:

L - Below Low Normal
H - Above High Normal

LL - Alert Low
HH - Alert High

< - Panic Low
> - Panic High

A - Abnormal (applies to non-numeric results)
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. 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/>

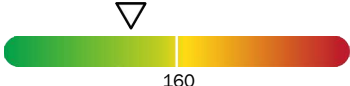


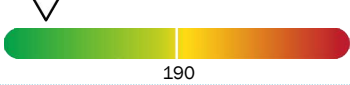
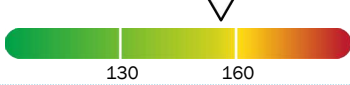

Insulin resistance, obesity, excessive alcohol use, smoking, nephrotic syndrome, liver disease, and certain medications can cause secondary dyslipidemia. Consider evaluation if clinically indicated.

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

	Patient Risk Category (select one)		
ANALYTE / RESULT	LOW	INTERMEDIATE	HIGH
LDL-C 142 mg/dL			
non-HDL 156 mg/dL			
Lipid Assessment	LDL-C is acceptable, was 127 and now is 142 mg/dL. Non-HDL Cholesterol is acceptable, was 145 and now is 156 mg/dL.	LDL-C is borderline high, was 127 and now is 142 mg/dL. Non-HDL Cholesterol is acceptable, was 145 and now is 156 mg/dL.	LDL-C is high, was 127 and now is 142 mg/dL. Non-HDL Cholesterol is borderline high, was 145 and now is 156 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 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 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.	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

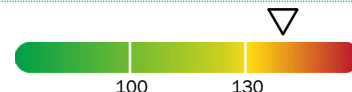
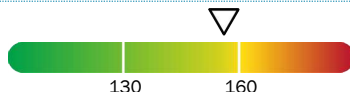
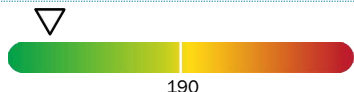
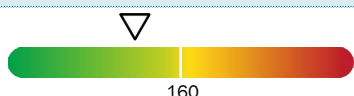
LDL-C
142 mg/dL

non-HDL
156 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