[redacted]
Patient ID:
Specimen ID: **164-174-1721-0**

DOB [redacted]
Age: **56**
Sex: **Male**

Patient Report

Account Number [redacted]
Ordering Physician: [redacted]

labcorp

Date Collected: **06/13/2023** Date Received: **06/13/2023** Date Reported: **06/16/2023** 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; Luteinizing Hormone(LH); Prostate-Specific Ag; IGF-1; Estradiol, Sensitive; Sex Horm Binding Glob, Serum; Drawing Fee; Cardiovascular Report**

Date Collected: **06/13/2023**

CBC With Differential/Platelet

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
WBC [01]	6.6	8.5	02/08/2019	x10E3/uL	3.4-10.8
RBC [01]	5.15			x10E6/uL	4.14-5.80
Hemoglobin [01]	16.0	16.5	02/08/2019	g/dL	13.0-17.7
Hematocrit [01]	46.9	48.8	02/08/2019	%	37.5-51.0
MCV [01]	91			fL	79-97
MCH [01]	31.1			pg	26.6-33.0
MCHC [01]	34.1			g/dL	31.5-35.7
RDW [01]	12.8			%	11.6-15.4
Platelets [01]	284	271*	02/08/2019	x10E3/uL	150-450
Neutrophils [01]	52			%	Not Estab.
Lymphs [01]	34			%	Not Estab.
Monocytes [01]	10			%	Not Estab.
Eos [01]	3			%	Not Estab.
Basos [01]	1			%	Not Estab.
Neutrophils (Absolute) [01]	3.5			x10E3/uL	1.4-7.0
Lymphs (Absolute) [01]	2.2			x10E3/uL	0.7-3.1
Monocytes(Absolute) [01]	0.6			x10E3/uL	0.1-0.9
Eos (Absolute) [01]	0.2			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

* Previous Reference Interval: (Platelets: 150-379 x10E3/uL)

Comp. Metabolic Panel (14)

Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
▲ **Glucose** [01]	**105**	**High**			mg/dL	70-99
BUN [01]	9				mg/dL	6-24
Creatinine [01]	1.07		1.18	02/08/2019	mg/dL	0.76-1.27
eGFR	81				mL/min/1.73	>59
▼ **BUN/Creatinine Ratio**	**8**	**Low**				9-20
Sodium [01]	139				mmol/L	134-144
Potassium [01]	4.1				mmol/L	3.5-5.2
Chloride [01]	102				mmol/L	96-106
Carbon Dioxide, Total [01]	21				mmol/L	20-29
Calcium [01]	9.5				mg/dL	8.7-10.2
Protein, Total [01]	6.8				g/dL	6.0-8.5

Date Collected: **06/13/2023**

Comp. Metabolic Panel (14) (Cont.)

Albumin [01]	4.6				g/dL	3.8-4.9
Globulin, Total	2.2				g/dL	1.5-4.5
A/G Ratio	2.1					1.2-2.2
Bilirubin, Total [01]	0.6				mg/dL	0.0-1.2
Alkaline Phosphatase [01]	105		71*	02/08/2019	IU/L	44-121
AST (SGOT) [01]	27		24	02/08/2019	IU/L	0-40
ALT (SGPT) [01]	26		22	02/08/2019	IU/L	0-44

* Previous Reference Interval: (Alkaline Phosphatase: 39-117 IU/L)

Lipid Panel w/ Chol/HDL Ratio

	Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
	Cholesterol, Total [01]	182		175	02/08/2019	mg/dL	100-199
	Triglycerides [01]	95		**152**	02/08/2019	mg/dL	0-149
▼	**HDL Cholesterol** [01]	**37**	**Low**	**33**	02/08/2019	mg/dL	>39
	VLDL Cholesterol Cal	18				mg/dL	5-40
▲	**LDL Chol Calc (NIH)**	**127**	**High**			mg/dL	0-99
	T. Chol/HDL Ratio	4.9				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

Testosterone,Free and Total

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Testosterone [01]	654		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]	13.1		pg/mL	7.2-24.0

DHEA-Sulfate

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
DHEA-Sulfate [01]	99.4		ug/dL	48.9-344.2

TSH

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
TSH [01]	3.570		uIU/mL	0.450-4.500

Luteinizing Hormone(LH)

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
LH [01]	6.4		mIU/mL	1.7-8.6

Date Collected: **06/13/2023**

Prostate-Specific Ag

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Prostate Specific Ag [01]	0.4		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** [01]	**253 High**		ng/mL	68-247

Estradiol, Sensitive

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Estradiol, Sensitive [A, 01]	26.7		pg/mL	8.0-35.0

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]	45.8		nmol/L	19.3-76.4

Cardiovascular Report

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Interpretation [02]	Note			

Medical Director's Note: Test(s) 070380-Estradiol, Sensitive was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.
Supplemental report is available.

PDF [02]	.			

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

Comments
A: This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.

[redacted]
Patient ID:
Specimen ID: **164-174-1721-0**

DOB: [redacted]
Age: **56**
Sex: **Male**

Patient Report

Account Number: [redacted]
Ordering Physician: [redacted]

labcorp

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
[redacted]

Phone: [redacted]
Date of Birth: [redacted]
Age: **56**
Sex: **Male**
Patient ID:
Alternate Patient ID:

Physician Details
[redacted]

Phone: [redacted]
Account Number: [redacted]
Physician ID:
NP[redacted]

Specimen Details
Specimen ID: **164-174-1721-0**
Control ID: **L2303924851**
Alternate Control Number: **L2303924851**
Date Collected: **06/13/2023 0758 Local**
Date Received: **06/13/2023 0000 ET**
Date Entered: **06/13/2023 1254 ET**
Date Reported: **06/16/2023 1610 ET**

PATIENT [redacted] | DATE OF BIRTH [redacted] | GENDER M | DATE OF SERVICE 06/13/2023 | PHYSICIAN [redacted]
LabCorp Account #: [redacted]

Accessions: [redacted]

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
06/13/2023		Test(s) 070380-Estradiol, Sensitive was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.
06/13/2023	**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

John Asplin, MD - Laboratory Director

Current Laboratory Results

Blood Draw Date: 06/13/2023 **Date Received:** 06/13/2023 **Date Completed:** 06/14/2023 **Fasting:** YES

Comp. Metabolic Panel (14)

ANALYTE	REF. INTERVAL	LOW	HIGH	RESULT
Glucose mg/dL	70-99			**105 H**
BUN mg/dL	6-24			9
Creatinine mg/dL	0.76-1.27			1.07
Sodium mmol/L	134-144			139
Potassium mmol/L	3.5-5.2			4.1
Chloride mmol/L	96-106			102
Carbon Dioxide mmol/L	20-29			21
Calcium mg/dL	8.7-10.2			9.5
Protein, Total, Serum g/dL	6.0-8.5			6.8
Albumin g/dL	3.8-4.9			4.6
Globulin, Total g/dL	1.5-4.5			2.2
A/G Ratio	1.2-2.2			2.1
Bilirubin, Total mg/dL	0.0-1.2			0.6
Alkaline Phosphatase, S IU/L	44-121			105
AST IU/L	0-40			27
ALT IU/L	0-44			26
BUN: Creatinine Ratio	9-20			**8 L**
Anion Gap mmol/L	10 - 18			16
estimated GFR mL/min/1.73mE2	> 59			81

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			3.570

Lipid Panel with Chol/HDL Ratio

ANALYTE	REF. INTERVAL	LOW	HIGH	RESULT
Total Cholesterol mg/dL	100-199			182
Triglyceride mg/dL	0-149			95
HDL-C mg/dL	>39			**37 L**
VLDL mg/dL	5-40			18
LDL(calc) mg/dL	0-99			**127 H**
non-HDL cholesterol mg/dL	0 - 129			**145 H**
Total Chol:HDL Ratio ratio units	0.0-5			* 4.9

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 **127 mg/dL**	▽ 160	▽ 100 130	▽ 70 100
non-HDL **145 mg/dL**	▽ 190	▽ 130 160	▽ 100 130
Lipid Assessment	LDL-C is acceptable, 127 mg/dL. Non-HDL Cholesterol is acceptable, 145 mg/dL.	LDL-C is acceptable, 127 mg/dL. Non-HDL Cholesterol is acceptable, 145 mg/dL.	LDL-C is borderline high, 127 mg/dL. Non-HDL Cholesterol is borderline high, 145 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. 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

☐ 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 **127 mg/dL**	▽ 160	▽ 100 130	▽ 70 100
non-HDL **145 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. 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