

Date and Time Collected	Date Entered	Date and Time Reported
06/05/13 08:48	06/05/13	06/06/13 10:18ET

Tests Ordered
CMP14+LP+TP+TSH+5AC+Fibrin+...; Thyroid Antibodies; Venipuncture; Cardiovascular Risk Assessment

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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CMP14+LP+TP+TSH+5AC+Fibrin+...

Chemistries

Glucose, Serum	84		mg/dL	65 - 99	01
Hemoglobin Alc	5.5		%	4.8 - 5.6	01

Increased risk for diabetes: 5.7 - 6.4

Diabetes: >6.4

Glycemic control for adults with diabetes: <7.0

Uric Acid, Serum	5.4		mg/dL	3.7 - 8.6	01
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Please Note: 01

Therapeutic target for gout patients: <6.0

BUN	10		mg/dL	6 - 20	01
Creatinine, Serum	0.66	Low	mg/dL	0.76 - 1.27	01
eGFR If NonAfricn Am	124		mL/min/1.73	>59	
eGFR If Africn Am	143		mL/min/1.73	>59	
Sodium, Serum	137		mmol/L	134 - 144	01
Potassium, Serum	3.9		mmol/L	3.5 - 5.2	01
Chloride, Serum	97		mmol/L	97 - 108	01
Carbon Dioxide, Total	25		mmol/L	20 - 32	01

Effective June 17, 2013, the reference interval for

Carbon Dioxide, Total will be changing to:

0 - 7 days	18 - 28
8 - 30 days	17 - 27
31 d - 5 months	15 - 26
6 m - up to 1 year	15 - 25
1 - 12 years	17 - 26
> 12 years	19 - 28

Calcium, Serum	9.0		mg/dL	8.7 - 10.2	01
Phosphorus, Serum	3.0		mg/dL	2.5 - 4.5	01
Magnesium, Serum	1.9		mg/dL	1.6 - 2.6	01
Protein, Total, Serum	7.9		g/dL	6.0 - 8.5	01
Albumin, Serum	3.8		g/dL	3.5 - 5.5	01
Globulin, Total	4.1		g/dL	1.5 - 4.5	
A/G Ratio	0.9	Low		1.1 - 2.5	
Bilirubin, Total	0.4		mg/dL	0.0 - 1.2	01

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Alkaline Phosphatase, S	54		IU/L	25 - 150	01
LDH	89		IU/L	0 - 225	01
AST (SGOT)	13		IU/L	0 - 40	01
ALT (SGPT)	8		IU/L	0 - 44	01
GGT	15		IU/L	0 - 65	01
Iron Bind.Cap. (TIBC)	233	Low	ug/dL	250 - 450	
UIBC	207		ug/dL	150 - 375	01
Iron, Serum	26	Low	ug/dL	40 - 155	01
Iron Saturation	11	Low	%	15 - 55	
Ferritin, Serum	89		ng/mL	30 - 400	01
Please note reference interval change					
Lipids					01
Cholesterol, Total	144		mg/dL	100 - 199	01
Triglycerides	52		mg/dL	0 - 149	01
HDL Cholesterol	68		mg/dL	>39	01
Comment					01
According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.					
VLDL Cholesterol Cal	10		mg/dL	5 - 40	
LDL Cholesterol Calc	66		mg/dL	0 - 99	
T. Chol/HDL Ratio	2.1		ratio units	0.0 - 5.0	
LDL/HDL Ratio	1.0		ratio units	0.0 - 3.6	
C-Reactive Protein, Cardiac	73.65	High	mg/L	0.00 - 3.00	01
Verified by repeat analysis					
Relative Risk for Future Cardiovascular Event					
Low <1.00					
Average 1.00 - 3.00					
High >3.00					
Homocyst(e)ine, Plasma	13.6		umol/L	0.0 - 15.0	01
Thyroid					01
TSH	1.680		uIU/mL	0.450 - 4.500	01
Thyroxine (T4)	9.6		ug/dL	4.5 - 12.0	01
T3 Uptake	28		%	24 - 39	01
Free Thyroxine Index	2.7			1.2 - 4.9	
Triiodothyronine (T3)	116		ng/dL	71 - 180	01
Immunoassay					01
Vitamin D, 25-Hydroxy	77.1		ng/mL	30.0 - 100.0	01
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					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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.					
Fibrinogen Activity	578	High	mg/dL	193 - 423	01
CBC, Platelet Ct, and Diff					
WBC	6.9		x10E3/uL	4.0 - 10.5	01
RBC	4.46		x10E6/uL	4.14 - 5.80	01
Hemoglobin	11.8	Low	g/dL	12.6 - 17.7	01
Hematocrit	37.4	Low	%	37.5 - 51.0	01
MCV	84		fL	79 - 97	01
MCH	26.5	Low	pg	26.6 - 33.0	01
MCHC	31.6		g/dL	31.5 - 35.7	01
RDW	14.7		%	12.3 - 15.4	01
Platelets	349		x10E3/uL	140 - 415	01
Neutrophils	76	High	%	40 - 74	01
Lymphs	12	Low	%	14 - 46	01
Monocytes	10		%	4 - 13	01
Eos	1		%	0 - 7	01
Basos	1		%	0 - 3	01
Neutrophils (Absolute)	5.3		x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	0.8		x10E3/uL	0.7 - 4.5	01
Monocytes(Absolute)	0.7		x10E3/uL	0.1 - 1.0	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		%	0 - 2	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01
Urinalysis Gross Exam					
Specific Gravity	1.020			1.005 - 1.030	01
pH	7.0			5.0 - 7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Clear			Clear	01
WBC Esterase	Negative			Negative	01
Protein	Negative			Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen, Semi-Qn	0.2		mg/dL	0.0 - 1.9	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination	Microscopic follows if indicated.				01

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Thyroid Antibodies					
Thyroid Peroxidase (TPO) Ab	9		IU/mL	0 - 34	01
Antithyroglobulin Ab	<20		IU/mL	0 - 40	01
Siemens (DPC) ICMA Methodology					
Cardiovascular Risk Assessment					
Interpretation	Note				02
For Interpretations, please refer to Litholink CDS Patient Report.					
PDF Image	.				02

01	TA	LabCorp Tampa 5610 W LaSalle Street, Tampa, FL 33607-1770	Dir: Sean Farrier, MD
02	(\$	Litholink Corporation 2255 W Harrison Street Ste B, Chicago, IL 60612-4670	Dir: Mitchell Laks, PhD
For inquiries, the physician may contact Branch: 800-762-4344 Lab: 800-877-5227			

Accessions: 15621628860

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 RISK ASSESSMENT: 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) (2001. NIH publication 01-3670), Brunzell et al (Diabetes Care. 2008;31(4):811-82), Contois et al (Clin Chem. 2009;55(3):407-19), and Davidson et al (J Clin Lipidol. 2011; 5: 338-67).

Note: Please refer to your LabCorp Report for all results as well as any test-specific and specimen-specific comments.

Cardiovascular Risk Assessment

Analysis & Treatment Suggestions

Patient Risk Assessment

Patient was not fasting, interpret assessment and treatment suggestions with caution. Therapeutic lifestyle changes are always valuable to achieve optimal blood lipid status (diet, exercise, weight management).

Nephrotic syndrome and liver disease can cause secondary dyslipidemia. Consider evaluation if clinically indicated.

Current available clinical information suggests the patient's risk category is at least LOW. If the patient has two or more major risk factors, the risk category is intermediate. If the patient has CHD or a CHD risk equivalent, the risk category is high.

Cardiac biomarker results may be used to further modify your patient's risk category. Cardiac CRP (73.65 mg/L) is markedly elevated; consider non-cardiac causes. Homocyst(e)ine is normal (13.6 umol/L) and does not confer increased cardiovascular risk.

Patient Risk Category

Select one patient risk category (based upon medical history and clinical judgment) for lipid assessment and treatment suggestions. In cardiovascular disease prevention, the intensity of risk-reduction therapy should be adjusted to the level of patient risk. Additional risk factors such as personal or family history of premature CHD, smoking, and hypertension modify a patient's goals of therapy.

▽ = PATIENT'S RESULT

ANALYTE / RESULT	Patient Risk Category (select one)		
	LOW	INTERMEDIATE	HIGH
LDL-C 66 mg/dL	▽ 	▽ 	▽
non-HDL 76 mg/dL	▽ 	▽ 	▽
Lipid Assessment	LDL-C is at goal. Non-HDL-C is at goal.	LDL-C is at goal. Non-HDL-C is at goal.	LDL-C is at goal. Non-HDL-C is at goal.
Treatment Suggestions	Lipid status is optimal.	Although patient is at goal for both LDL-C and non-HDL-C, consider measurement of LDL particle number or Apo B to adjudicate need for further LDL lowering therapy.	Although patient is at goal for both LDL-C and non-HDL-C, consider measurement of LDL particle number or Apo B to adjudicate need for further LDL lowering therapy.