

Report for WORTHY, MARISE (MRN: 0002113718)

TEST: METABOLIC PANEL, BASIC

Collected Date & Time: 11/15/13 04:05

Result Name	Results	Units	Reference Range
Calcium	6.8 L	mg/dl	8.9-10.3
Glucose	140 H	mg/dl	65-99
BUN	5 L	mg/dl	8-20
Creatinine	0.34 L	mg/dl	0.4-1.0
The eGFR formula is calculated for patients between the ages of 18-70 years.			
Sodium	136	mmol/L	136-144
Potassium	3.1 L	mmol/L	3.6-5.0
Chloride	103	mmol/L	101-111
CO2	26	mmol/L	22-32

TEST: CBC, AUTOMATED (PLATELET & DIFF)

Collected Date & Time: 11/15/13 04:05

Result Name	Results	Units	Reference Range
WBC	17.5 H	x(10)3/uL	4.5-10.0
RBC	3.59 L	x(10)6/uL	4.20-5.40
Hemoglobin	10.5 L	gram/dL	12.0-16.0
Hematocrit	31.0 L	%	36.0-48.0
MCV	86.4	fL	81.0-99.0
MCH	29.3	pg	27.0-31.0
RDW	16.2 H	%	11.5-14.5
PLT	333.0	x(10)3/uL	140-440
Neutrophil	81.0 H	%	50-70
Lymphocyte	9.5 L	%	20-40
Monocyte	8.3	%	.0-11.0
Eosinophil	0.9	%	0-6
Basophil	0.2	%	0-3
Neutrophil Abs.	14.21 H	x(10)3/uL	2.25-7.00
Lymp Absolute	1.70	x(10)3/uL	0.90-4.00
Monocyte Abs.	1.46 H	x(10)3/uL	0.00-1.10
Anisocytosis	+		
HDW	4.0	gram/dL	0.0-4.5
MCHC	33.9	gram/dL	32.0-36.0

TEST: URINALYSIS/CUL IF INDICATED

Collected Date & Time: 11/14/13 13:28

Result Name	Results	Units	Reference Range
Disposition	Urine sent(..)		
Urine sent to Microbiology for culture			
Color	YELLOW		STRAW,COLORLESS,YELLOW
Clarity	CLOUDY A		CLEAR
Sp. Gravity	1.011		1.007-1.026
Blood	TRACE A		NEGATIVE
pH	5.0		5.0-8.0
Nitrite	POSITIVE A		NEGATIVE

Esterase	LARGE A		NEGATIVE
Bacteria	MOD A		NONE
Bilirubin	NEGATIVE	mg/dl	NEGATIVE
Glucose	NEGATIVE	mg/dl	NEGATIVE
Ketone	NEGATIVE	mg/dl	NEGATIVE
Mucus	MANY A	/HPF	RARE,OCC,FEW
Protein.	30 A	mg/dl	NEGATIVE
RBC's	22 A	/HPF	0,< 1,1,2,3,<1
Squamous Epithel	<1	/HPF	< 1,1,2,3,4,5,<1
Urobilinogen	<2	mg/dl	NORMAL,<2.0,<2
WBC's	95 A	/HPF	0,< 1,1,2,3,4,0-1,<1

TEST: URINE CULTURE

Collected Date & Time: 11/14/13 13:28

Result Name	Results	Units	Reference Range
CULTURE, URINE	Specimen:(..)		
Specimen: URINE, CATHETER			
Collected: 11/14/2013 13:28			

Status: Preliminary Last Updated: 11/15/2013 07:49

ISOLATE 1 (Prelim)

>100,000 Cfu/Ml

Gram Negative Bacilli Isolated (Lactose fermenter)

TEST: MAGNESIUM

Collected Date & Time: 11/14/13 04:14

Result Name	Results	Units	Reference Range
Magnesium	2.2	mg/dl	1.8-2.5

TEST: METABOLIC PANEL, BASIC

Collected Date & Time: 11/14/13 04:14

Result Name	Results	Units	Reference Range
Calcium	7.1 L	mg/dl	8.9-10.3
Glucose	132 H	mg/dl	65-99
BUN	6 L	mg/dl	8-20
Creatinine	0.41	mg/dl	0.4-1.0
The eGFR formula is calculated for patients between the ages of 18-70 years.			
Sodium	135 L	mmol/L	136-144
Potassium	3.7	mmol/L	3.6-5.0
Chloride	105	mmol/L	101-111
CO2	23	mmol/L	22-32

TEST: CBC, AUTOMATED (PLATELET & DIFF)

Collected Date & Time: 11/14/13 04:14

Result Name	Results	Units	Reference Range
WBC	16.6 H	x(10)3/uL	4.5-10.0
RBC	3.94 L	x(10)6/uL	4.20-5.40
Hemoglobin	11.5 L	gram/dL	12.0-16.0
Hematocrit	34.7 L	%	36.0-48.0
MCV	88.1	fL	81.0-99.0
MCH	29.3	pg	27.0-31.0
RDW	16.5 H	%	11.5-14.5
PLT	294.0	x(10)3/uL	140-440
Neutrophil	78.8 H	%	50-70
Lymphocyte	11.4 L	%	20-40
Monocyte	8.7	%	.0-11.0
Eosinophil	0.6	%	0-6
Basophil	0.5	%	0-3
Neutrophil Abs.	13.11 H	x(10)3/uL	2.25-7.00
Lymp Absolute	1.90	x(10)3/uL	0.90-4.00
Monocyte Abs.	1.44 H	x(10)3/uL	0.00-1.10
Hypochromia	+		
Anisocytosis	+		
HDW	4.2	gram/dL	0.0-4.5
MCHC	33.3	gram/dL	32.0-36.0

TEST: CT BRAIN W/O CONTRAST

Collected Date & Time: 11/13/13 14:05

Result Name	Results	Units	Reference Range
CT BRAIN W/O CONTRAST	CT HEAD WI(..)		
CT HEAD WITHOUT IV CONTRAST			

COMPARISON

None.

INDICATION

Stroke. Fall.

TECHNIQUE

Without intravenous contrast.

FINDINGS

There is no acute intracranial hemorrhage, mass effect, or edema. No midline shift is present. There is multifocal hypoattenuation within the supratentorial white matter. There is intracranial atherosclerosis involving the dural vertebral arteries and carotid siphons. There is mild ex vacuo enlargement of the ventricles.

The patient is status post bilateral cataract surgery. There is mild mucosal thickening of the right maxillary sinus. There is cerumen in the bilateral external auditory canals. The mastoid air cells are clear. No calvarial fracture is seen.

IMPRESSION

1. No acute intracranial abnormality. No acute intracranial hemorrhage, territorial area of edema, or fracture.
2. Chronic small-vessel ischemic change.

DD: 11/13/2013 14:15 - Job#: 3903922
 DT: 11/13/2013 17:00 - slc
 Doc# - 67763224

cc: Gregory Gargiulo, MD;

READ BY: STEVEN WISE, MD
 SIGNED BY: STEVEN WISE, MD
 SIGNED DATE/TIME: 11/13/2013 05:47 PM

TEST: METABOLIC PANEL, BASIC
 Collected Date & Time: 11/13/13 05:10

Result Name	Results	Units	Reference Range
Calcium	7.1 L	mg/dl	8.9-10.3
Glucose	127 H	mg/dl	65-99
BUN	5 L	mg/dl	8-20
Creatinine	0.34 L	mg/dl	0.4-1.0
The eGFR formula is calculated for patients between the ages of 18-70 years.			
Sodium	138	mmol/L	136-144
Potassium	3.6	mmol/L	3.6-5.0
Chloride	109	mmol/L	101-111
CO2	23	mmol/L	22-32

TEST: IONIZED CALCIUM
 Collected Date & Time: 11/12/13 14:40

Result Name	Results	Units	Reference Range
Ionized Calcium.	1.04 L	mmol/L	1.12-1.32

TEST: PTT
 Collected Date & Time: 11/12/13 14:40

Result Name	Results	Units	Reference Range
PTT	30.6	seconds	22.0-35.0

Therapeutic range is 60-100 seconds
 Neurology heparin protocol: 50-70 seconds
 Cardiology heparin protocol: 50-75 seconds
 VTE treatment heparin protocol: 60-100 seconds

TEST: PLATELET COUNT.
 Collected Date & Time: 11/12/13 14:40

Result Name	Results	Units	Reference Range
PLT	330.0	x(10) ³ /uL	140-440

TEST: HGB & HCT
 Collected Date & Time: 11/12/13 14:40

Result Name	Results	Units	Reference Range
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Hematocrit	31.0 L	%	36.0-48.0
Hemoglobin	11.1 L	gram/dL	12.0-16.0

TEST: POTASSIUM, PLASMA

Collected Date & Time: 11/12/13 14:40

Result Name	Results	Units	Reference Range
Potassium	3.4 L	mmol/L	3.6-5.0

TEST: MAGNESIUM

Collected Date & Time: 11/12/13 14:40

Result Name	Results	Units	Reference Range
Magnesium	2.5	mg/dl	1.8-2.5

TEST: PTT

Collected Date & Time: 11/12/13 08:51

TEST: PLATELET COUNT.

Collected Date & Time: 11/12/13 08:50

TEST: IONIZED CALCIUM

Collected Date & Time: 11/12/13 08:49

TEST: HGB & HCT

Collected Date & Time: 11/12/13 08:49

TEST: MAGNESIUM

Collected Date & Time: 11/12/13 03:47

Result Name	Results	Units	Reference Range
Magnesium	1.6 L	mg/dl	1.8-2.5

TEST: HEPATIC FUNCTION PANEL

Collected Date & Time: 11/12/13 03:47

TEST: TROPONIN-I.

Collected Date & Time: 11/12/13 02:10

Result Name	Results	Units	Reference Range
Troponin-I	0.88 HH	ng/ml	0.01-0.04
Troponin-I Interpretation:			
0.01 - 0.04 ng/ml	Negative		

0.05 - 0.49 ng/ml Indeterminate
 0.50 ng/ml and above Positive (cutoff)
 Critical Value called to and read back by: ANNA RN @ 0311
 Order/Accession Comment: NC

TEST: CBC,AUTOMATED (PLATELET, NO DIFF)

Collected Date & Time: 11/12/13 02:10

Result Name	Results	Units	Reference Range
WBC	14.6 H	x(10)3/uL	4.5-10.0
RBC	3.70 L	x(10)6/uL	4.20-5.40
Hemoglobin	10.9 L	gram/dL	12.0-16.0
Hematocrit	31.4 L	%	36.0-48.0
MCV	84.9	fL	81.0-99.0
MCH	29.3	pg	27.0-31.0
RDW	16.3 H	%	11.5-14.5
PLT	316.0	x(10)3/uL	140-440
MCHC	34.5	gram/dL	32.0-36.0
HDW	4.9 H	gram/dL	0.0-4.5

TEST: PTT

Collected Date & Time: 11/12/13 02:10

Result Name	Results	Units	Reference Range
PTT	30.9	seconds	22.0-35.0

Therapeutic range is 60-100 seconds

Neurology heparin protocol: 50-70 seconds

Cardiology heparin protocol: 50-75 seconds

VTE treatment heparin protocol: 60-100 seconds

TEST: PHOSPHORUS, SERUM

Collected Date & Time: 11/12/13 02:10

Result Name	Results	Units	Reference Range
Phosphorus	1.9 L	mg/dl	2.4-4.7

High doses of liposomal Amphotericin B therapy may cause falsely elevated results for phosphorus.

TEST: CPK MB QUANTATIVE

Collected Date & Time: 11/12/13 02:10

Result Name	Results	Units	Reference Range
CK	114	IU/L	38-234
CK-MB	4.8	ng/ml	0.0-6.3

TEST: PLATELET COUNT.

Collected Date & Time: 11/12/13 02:10

TEST: HGB & HCT

Collected Date & Time: 11/12/13 02:10

TEST: METABOLIC PANEL, COMPREHEN.

Collected Date & Time: 11/12/13 02:10

Result Name	Results	Units	Reference Range
Calcium	7.1 L	mg/dl	8.9-10.3
Glucose	110 H	mg/dl	65-99
T. Bilirubin	0.7	mg/dl	0.4-2.0
Naproxen has been shown to cause spurious elevations in Total Bilirubin levels.			
BUN	8	mg/dl	8-20
Creatinine	0.52	mg/dl	0.4-1.0
The eGFR formula is calculated for patients between the ages of 18-70 years.			
Sodium	136	mmol/L	136-144
Potassium	2.8 LL	mmol/L	3.6-5.0
Critical Value called to and read back by: ANNA RN @ 0311			
Chloride	108	mmol/L	101-111
CO2	22	mmol/L	22-32
Alkaline Phospha	69	IU/L	38-126
Protein	4.6 L	gram/dL	6.1-7.9
Albumin	2.3 L	gram/dL	3.5-5.0
ALT (SGPT)	22	IU/L	14-54
AST (SGOT)	27	IU/L	15-41
Order/Accession Comment: NC			

TEST: METABOLIC PANEL, BASIC

Collected Date & Time: 11/12/13 02:10

TEST: IONIZED CALCIUM

Collected Date & Time: 11/12/13 02:10

Result Name	Results	Units	Reference Range
Ionized Calcium.	1.02 L	mmol/L	1.12-1.32

TEST: LIPID PROFILE.

Collected Date & Time: 11/12/13 02:10

Result Name	Results	Units	Reference Range
Cholesterol	85	mg/dl	
Cholesterol (mg/dl)			
Pediatric (< 19 years):			
<170	Desirable		
170-199	Borderline		
> 200	Higher Risk		
Adult:			
<200	Desirable		
200-239	Borderline		
>240	Higher Risk		

Triglycerides	111	mg/dl	
Triglyceride (mg/dl)			
Pediatric Age:		Male	Female
Birth-9 years		30-104	33-115
10-14 years		33-129	38-135
15-19 years		38-152	40-136
Adult:			
<150	Normal		
150-199	Borderline High		
200-499	High		
>500	Higher Risk		
HDL	34	mg/dl	
HDL (mg/dL)			
Pediatric Age:		Male	Female
Birth-4 years			Not Available
5-14 years		38-76	37-75
15-19 years		31-65	36-76
Adult:			
>60	Desirable		
<40	Higher Risk		
VLDL	22	mg/dl	0-34
VLDL (mg/dl)			
Desirable <35 (Adult & Pediatric)			
LDL	29	mg/dl	
LDL (mg/dl)			
Pediatric (2-20 years):			
<110	Desirable		
110-129	Borderline		
>130	Higher Risk		
Adult:			
<100	Desirable		
100-129	Near Optimal/Above Optimal		
130-159	Borderline High		
160-189	High		
>190	Very High		
Total Chol/HDL(r	3		
Cholesterol/HDL Ratio			
Pediatric and Adult:			
Goal: <5.1:1 Ratio			
Optimum: 3.5:1 Ratio			

TEST: PTT

Collected Date & Time: 11/11/13 20:51

TEST: PLATELET COUNT.

Collected Date & Time: 11/11/13 20:50

TEST: IONIZED CALCIUM

Collected Date & Time: 11/11/13 20:49

TEST: HGB & HCT

Collected Date & Time: 11/11/13 20:49

TEST: PTT

Collected Date & Time: 11/11/13 19:00

Result Name	Results	Units	Reference Range
PTT	27.4	seconds	22.0-35.0
Therapeutic range is 60-100 seconds			
Neurology heparin protocol: 50-70 seconds			
Cardiology heparin protocol: 50-75 seconds			
VTE treatment heparin protocol: 60-100 seconds			

TEST: PLATELET COUNT.

Collected Date & Time: 11/11/13 19:00

Result Name	Results	Units	Reference Range
PLT	336.0	x(10) ³ /uL	140-440

TEST: HGB & HCT

Collected Date & Time: 11/11/13 19:00

Result Name	Results	Units	Reference Range
Hematocrit	34.8 L	%	36.0-48.0
Hemoglobin	11.8 L	gram/dL	12.0-16.0

TEST: TROPONIN-I.

Collected Date & Time: 11/11/13 19:00

Result Name	Results	Units	Reference Range
Troponin-I	1.31 HH	ng/ml	0.01-0.04
Troponin-I Interpretation:			
0.01 - 0.04 ng/ml Negative			
0.05 - 0.49 ng/ml Indeterminate			
0.50 ng/ml and above Positive (cutoff)			
Critical Value called to and read back by:			
ANNA AT 2008			

TEST: IONIZED CALCIUM

Collected Date & Time: 11/11/13 19:00

Result Name	Results	Units	Reference Range
Ionized Calcium.	1.05 L	mmol/L	1.12-1.32

TEST: CPK MB QUANTATIVE

Collected Date & Time: 11/11/13 19:00

Result Name	Results	Units	Reference Range
CK	149	IU/L	38-234
CK-MB	9.4 H	ng/ml	0.0-6.3

TEST: HAND 2 VIEW LT.

Collected Date & Time: 11/11/13 15:30

Result Name	Results	Units	Reference Range
HAND 2 VIEW LT.	FINDINGS(..)		

FINDINGS

AP and lateral views were obtained of the left hand and demonstrate severe arthritic changes of the left hand. There is osteopenia. Erosions are seen at the DIP and PIP joints. There is also extensive calcification demonstrated about the carpal joints and radiocarpal joint. Widening noted of the scapholunate distance with partial collapse of the proximal carpal row. Subchondral sclerosis and cyst formation demonstrated. Soft tissue swelling demonstrated.

No evidence of acute fracture or dislocation.

IMPRESSION

Findings in keeping with an inflammatory arthritis such as rheumatoid arthritis or psoriatic arthritis.

DD: 11/11/2013 15:40 - Job#: 3900619

DT: 11/11/2013 22:38 - sld

Doc# - 67760204

cc: Gregory Gargiulo, MD;

READ BY: MARK J JORGENSEN, MD

SIGNED BY: MARK J JORGENSEN, MD

SIGNED DATE/TIME: 11/12/2013 08:37 AM

TEST: PTT

Collected Date & Time: 11/11/13 08:51

TEST: HGB & HCT

Collected Date & Time: 11/11/13 08:38

Result Name	Results	Units	Reference Range
Hematocrit	32.4 L	%	36.0-48.0
Hemoglobin	11.4 L	gram/dL	12.0-16.0

TEST: RETIC COUNT

Collected Date & Time: 11/11/13 08:38

Result Name	Results	Units	Reference Range
Retic Count	2.8 H	%	.0-1.9

TEST: IONIZED CALCIUM

Collected Date & Time: 11/11/13 08:38

Result Name	Results	Units	Reference Range
Ionized Calcium.	1.09 L	mmol/L	1.12-1.32

Order/Accession Comment: NURSE COLLECT

TEST: PLATELET COUNT.

Collected Date & Time: 11/11/13 08:38

Result Name	Results	Units	Reference Range
PLT	300.0	x(10) ³ /uL	140-440

TEST: VITAMIN B-12 LEVEL

Collected Date & Time: 11/11/13 08:30

Result Name	Results	Units	Reference Range
Vitamin B12	546	pg/ml	
Normal Range		180-914 pg/ml	
Indeterminate	145-180 pg/ml		
Deficient		< or = 145	

TEST: FERRITIN

Collected Date & Time: 11/11/13 08:30

Result Name	Results	Units	Reference Range
Ferritin	21.3	ng/ml	11.0-306.8

TEST: POTASSIUM, PLASMA

Collected Date & Time: 11/11/13 08:30

Result Name	Results	Units	Reference Range
Potassium	3.8	mmol/L	3.6-5.0

TEST: TROPONIN-I.

Collected Date & Time: 11/11/13 08:30

Result Name	Results	Units	Reference Range
Troponin-I	2.08 HH	ng/ml	0.01-0.04

Troponin-I Interpretation:
 0.01 - 0.04 ng/ml Negative
 0.05 - 0.49 ng/ml Indeterminate
 0.50 ng/ml and above Positive (cutoff)
 Critical Value called to and read back by:
 STEPHANIE RN AT 1110

TEST: IRON AND IRON BINDING CAPACITY

Collected Date & Time: 11/11/13 08:30

Result Name	Results	Units	Reference Range
% Saturation	85 H	%	9-55
Iron	260 H	ug/dl	28-170
TIBC	307	mcg/dl	250-450

TEST: MAGNESIUM

Collected Date & Time: 11/11/13 04:00

TEST: METABOLIC PANEL, COMPREHEN.

Collected Date & Time: 11/11/13 01:50

Result Name	Results	Units	Reference Range
Calcium	7.5 L	mg/dl	8.9-10.3
Glucose	109 H	mg/dl	65-99
T. Bilirubin	1.2	mg/dl	0.4-2.0
Naproxen has been shown to cause spurious elevations in Total Bilirubin levels.			
BUN	26 H	mg/dl	8-20
Creatinine	0.51	mg/dl	0.4-1.0
The eGFR formula is calculated for patients between the ages of 18-70 years.			
Sodium	135 L	mmol/L	136-144
Potassium	2.9 LL	mmol/L	3.6-5.0
Critical Value called to and read back by: DARLENE, RN @0250			
Chloride	108	mmol/L	101-111
CO2	19 L	mmol/L	22-32
Alkaline Phospha	66	IU/L	38-126
Protein	4.7 L	gram/dL	6.1-7.9
Albumin	2.4 L	gram/dL	3.5-5.0
ALT (SGPT)	28	IU/L	14-54
AST (SGOT)	52 H	IU/L	15-41

TEST: MAGNESIUM

Collected Date & Time: 11/11/13 01:50

Result Name	Results	Units	Reference Range
Magnesium	1.9	mg/dl	1.8-2.5

TEST: IONIZED CALCIUM

Collected Date & Time: 11/11/13 01:50

Result Name	Results	Units	Reference Range
Ionized Calcium.	1.05 L	mmol/L	1.12-1.32

TEST: FREE T 4

Collected Date & Time: 11/11/13 01:50

Result Name	Results	Units	Reference Range
Free T4	1.32 H	ng/dl	0.61-1.12
Pregnant women:			
1st Trimester: 0.52-1.08 ng/dL			
2nd Timester: 0.45-0.99 ng/dL			
3rd Trimester: 0.48-0.95 ng/dL			

TEST: CORTISOL,A.M.

Collected Date & Time: 11/11/13 01:50

Result Name	Results	Units	Reference Range
Cortisol AM	13.6	ug/dl	6.7-22.4

TEST: HELICOBACTER PYLORI, IGG AB
Collected Date & Time: 11/11/13 01:50

Result Name	Results	Units	Reference Range
H. pylori IgG Ab	Negative		

TEST: SENSITIVE TSH
Collected Date & Time: 11/11/13 01:50

Result Name	Results	Units	Reference Range
STSH	0.370	uIU/ml	0.340-5.600

TEST: HGB & HCT
Collected Date & Time: 11/11/13 01:50

Result Name	Results	Units	Reference Range
Hematocrit	29.5 L	%	36.0-48.0
Hemoglobin	10.8 L	gram/dL	12.0-16.0

TEST: PLATELET COUNT.
Collected Date & Time: 11/11/13 01:50

Result Name	Results	Units	Reference Range
PLT	321.0	x(10) ³ /uL	140-440

TEST: PROTHROMBIN TIME
Collected Date & Time: 11/11/13 01:50

Result Name	Results	Units	Reference Range
PT	14.7	seconds	12.0-15.0
Suggested INR ranges (for stable oral anticoagulation only):			
Prevention of venous thrombosis and pulmonary embolism			
2.0 - 3.0			
Prevention of arterial thrombo-embolism inc.mech.valve			
patients 2.5 - 3.5			
INR	1.13		0.88-1.16

TEST: PTT
Collected Date & Time: 11/11/13 01:50

Result Name	Results	Units	Reference Range
PTT	31.4	seconds	22.0-35.0
Therapeutic range is 60-100 seconds			
Neurology heparin protocol: 50-70 seconds			
Cardiology heparin protocol: 50-75 seconds			
VTE treatment heparin protocol: 60-100 seconds			

TEST: URINALYSIS/CUL IF INDICATED
Collected Date & Time: 11/11/13 01:50

Result Name	Results	Units	Reference Range
Disposition	Culture No(..)		
Culture Not Indicated			
Color	YELLOW		STRAW,COLORLESS,YELLOW
Clarity	CLEAR		CLEAR
Sp. Gravity	1.023		1.007-1.026
Blood	NEGATIVE		NEGATIVE
pH	5.5		5.0-8.0
Nitrite	NEGATIVE		NEGATIVE
Esterase	NEGATIVE		NEGATIVE
Bilirubin	NEGATIVE	mg/dl	NEGATIVE
Glucose	NEGATIVE	mg/dl	NEGATIVE
Ketone	10 A	mg/dl	NEGATIVE
Mucus	RARE	/HPF	RARE,OCC,FEW
Protein.	10 A	mg/dl	NEGATIVE
RBC's	2	/HPF	0,< 1,1,2,3,<1
Squamous Epithel	1	/HPF	< 1,1,2,3,4,5,<1
Urobilinogen	<2	mg/dl	NORMAL,<2.0,<2
WBC's	1	/HPF	0,< 1,1,2,3,4,0-1,<1

TEST: PTT
Collected Date & Time: 11/10/13 20:51

TEST: PLATELET COUNT.
Collected Date & Time: 11/10/13 20:50

TEST: PTT
Collected Date & Time: 11/10/13 20:50

TEST: PLATELET COUNT.
Collected Date & Time: 11/10/13 20:50

TEST: HGB & HCT
Collected Date & Time: 11/10/13 20:49

TEST: HGB & HCT
Collected Date & Time: 11/10/13 20:49

TEST: IONIZED CALCIUM
Collected Date & Time: 11/10/13 20:49

TEST: IONIZED CALCIUM

Collected Date & Time: 11/10/13 20:49

TEST: BLOOD GASES-VENOUS

Collected Date & Time: 11/10/13 19:55

Result Name	Results	Units	Reference Range
pH	7.332		7.310-7.410
pCO2	28.4 L	mm Hg	41.0-51.0
PO2	23 L	mm Hg	35-40
O2 Saturation	38 L	%	70-75
Allen Test	N/A		
Base Excess	-11.0 L	mmol/L	-2.0-3.0
HCO3	15.1 L	mmol/L	23.0-28.0

Point of Care Test

Refer to patient Medical Record for Ordering Physician.

Liter Flow	6	LPM
------------	---	-----

O2 Device	NC
-----------	----

Site Drawn	Line
------------	------

TCO2	16 L	mmol/L	24-29
------	------	--------	-------

Order/Accession Comment: COMMENT: Meter: CriticalProtocol Followed

TEST: CHEST PORTABLE

Collected Date & Time: 11/10/13 19:50

Result Name	Results	Units	Reference Range
CHEST PORTABLE	PORTABLE C(..)		
PORTABLE CHEST	11/10/2013		

HISTORY:

Check line placement.

FINDINGS:

Since the CT of the chest performed earlier this evening, a left subclavian central line has been placed. The tip is in good position over the superior vena cava at the level of the aortic knob. Heart size and pulmonary vascularity are within upper limits of normal for a portable film. Lungs are clear except for a few minor scars. There is no effusion or pneumothorax. Atherosclerosis and senescent ectasia of the aorta are again seen. Upper abdomen is unremarkable. Bony structures show considerable degenerative changes, especially at the shoulders where there is bilateral acromiohumeral impaction suggesting rotator cuff derangement.

IMPRESSION:

Senescent changes as noted. No acute cardiopulmonary abnormality. Life support line placement is satisfactory.

DD: 11/10/2013 19:53 - Job#: 3899410

DT: 11/11/2013 11:39 - bs

Doc# - 67759376

cc: John Green, MD;

READ BY: CHRISTOPHER C MAY, MD

SIGNED BY: CHRISTOPHER C MAY, MD

SIGNED DATE/TIME: 11/11/2013 05:40 PM

TEST: PACKED RBCS

Collected Date & Time: 11/10/13 19:09

Result Name	Results	Units	Reference Range
Quantitiy of Units	RBC4U		

TEST: PACKED RBC 4 UNITS

Collected Date & Time: 11/10/13 19:08

Result Name	Results	Units	Reference Range
01 - Blood Type	O Neg		
01 - Cross Match	Compatible		
01 - Product Code	E4533V00		
01 - Status Info	Canceled C		
01 - Unit Number	W041013141(..)		
W041013141678			
01 - Product ID	Red Blood(..)		
Red Blood Cells			
02 - Blood Type	O Neg		
02 - Cross Match	Compatible		
02 - Product Code	E0336V00		
02 - Status Info	Canceled C		
02 - Unit Number	W041013152(..)		
W041013152780			
02 - Product ID	Red Blood(..)		
Red Blood Cells			
03 - Blood Type	O Neg		
03 - Cross Match	Compatible		
03 - Product Code	E0336V00		
03 - Status Info	Canceled C		
03 - Unit Number	W041013165(..)		
W041013165223			
03 - Product ID	Red Blood(..)		
Red Blood Cells			
04 - Blood Type	O Neg		
04 - Cross Match	Compatible		
04 - Product Code	E4532V00		
04 - Status Info	Canceled C		
04 - Unit Number	W041013161(..)		
W041013161428			
04 - Product ID	Red Blood(..)		
Red Blood Cells			

TEST: PACKED RBC 4 UNITS

Collected Date & Time: 11/10/13 19:08

TEST: PACKED RBCS

Collected Date & Time: 11/10/13 19:08

Result Name	Results	Units	Reference Range
Quantitiy of Units	RBC4U		

TEST: ISTAT PANEL 7

Collected Date & Time: 11/10/13 18:30

Result Name	Results	Units	Reference Range
Creatinine	0.6	mg/dl	0.4-1.0
Point of Care Test			
Refer to patient Medical Record for Ordering Physician.			
Sodium	131 L	mmol/L	136-144
Potassium	2.8 LL	mmol/L	3.6-5.0
Chloride	101	mmol/L	101-111
BUN	39 H	mg/dl	8-20
Hematocrit	13 LL	%	36-48
Hemoglobin	4.4 LL	gram/dL	12.0-16.0
Ionized Calcium.	1.06 L	mmol/L	1.12-1.32
Anion Gap	18	mmol/L	10-20
Glucose	100 H	mg/dl	65-99
TCO2	17 L	mmol/L	24-29

TEST: ISTAT TROPONIN-I

Collected Date & Time: 11/10/13 18:28

Result Name	Results	Units	Reference Range
Troponin I	0.02	ng/ml	0.00-0.04
0.01-0.04 ng/mL=Negative			
0.05-0.49 ng/mL=Indeterminate, Patient is at High Risk			
0.50 ng/mL and above=Positive (cutoff)			
Point of Care Test			
Refer to patient Medical Record for Ordering Physician			

TEST: ISTAT CK-MB

Collected Date & Time: 11/10/13 18:28

Result Name	Results	Units	Reference Range
CKMB	5.4	ng/ml	0.0-6.3
Point of Care Test			
Refer to patient Medical Record for Ordering Physician.			

TEST: CBC, AUTOMATED (PLATELET & DIFF)

Collected Date & Time: 11/10/13 18:23

Result Name	Results	Units	Reference Range
WBC	12.2 H	x(10)3/uL	4.5-10.0
RBC	1.77 L	x(10)6/uL	4.20-5.40
Hemoglobin	4.7 LL	gram/dL	12.0-16.0

All critical values were called to and read back by: LAURA RN@1829

Hematocrit	15.0 LL	%	36.0-48.0
MCV	84.5	fL	81.0-99.0
MCH	26.2 L	pg	27.0-31.0
RDW	16.6 H	%	11.5-14.5
PLT	416.0	x(10) ³ /uL	140-440
Neutrophil	73.7 H	%	50-70
Lymphocyte	19.9 L	%	20-40
Monocyte	5.4	%	.0-11.0
Eosinophil	0.7	%	0-6
Basophil	0.3	%	0-3
Neutrophil Abs.	8.96 H	x(10) ³ /uL	2.25-7.00
Lymp Absolute	2.40	x(10) ³ /uL	0.90-4.00
Monocyte Abs.	0.65	x(10) ³ /uL	0.00-1.10
HDW	3.3	gram/dL	0.0-4.5
MCHC	31.0 L	gram/dL	32.0-36.0

Order/Accession Comment: This order is a replacement of the rejected order with accession number 1113042537

TEST: DIFFERENTIAL.

Collected Date & Time: 11/10/13 18:23

Result Name	Results	Units	Reference Range
Anisocytosis	Present		
Platelet Estim	Normal		Normal
Ovalocytes	1+		
Polychromasia	1+		
Hypochromic	1+		

TEST: CTA CHEST, ABD, PELVIS W & W/O

Collected Date & Time: 11/10/13 18:13

Result Name	Results	Units	Reference Range
CTA CHEST, ABD, PELVIS W & W/O	CT ANGIOGR(..)		
CT ANGIOGRAM OF CHEST/ABDOMEN/PELVIS 11/10/2013			

HISTORY:

Weakness, with a fall two days ago. Right chest pain. Rule out dissection.

TECHNIQUE:

IV contrast was administered. Helical CTA images of chest, abdomen and pelvis were acquired according to our aortic protocol, before and after IV contrast.

FINDINGS:

In the chest, there is no evidence for dissection or extravasation. Modest atherosclerotic calcification is seen at the aorta, as well as the coronary arteries, and there is also some aortic and mitral valve calcification. There is no mediastinal mass or hematoma. Lung windows are clear except for a few minor scars or subsegmental atelectatic densities. There is no effusion or pneumothorax. Bony structures show multilevel degenerative changes. There is a compression deformity at T7 of

indeterminate chronicity. This is of moderately severe appearance. There is a milder compression deformity at the T12 vertebra, also of indeterminate chronicity. No rib fracture is seen.

In the abdomen, the liver is normal. Spleen shows some heterogeneity attributable to the arterial phase of the contrast bolus. The stomach, pancreas, and adrenal glands appear normal. Gallbladder contains several densely calcified gallstones. Kidneys are well perfused and unremarkable. The aorta shows atherosclerosis and senescent ectasia, but no dissection, extravasation or aneurysmal dilatation. The bowel and mesentery are unremarkable. There is a modest L4 compression fracture, probably old, as well as extensive degenerative change.

In the pelvis, the iliac arteries and other major vascular structures appear normal. The bladder and other pelvic viscera are grossly normal. There is no pelvic fracture. The patient appears to have had a hysterectomy.

IMPRESSION:

1. Aorta shows atherosclerosis and senescent ectasia, but there is no dissection, extravasation or aneurysmal dilatation shown on this exam.
2. Cholelithiasis.
3. Multilevel osteoporotic insufficiency fractures. Chronicity is indeterminate.
4. No rib fracture.
5. No visceral injury, pneumothorax or other emergency.

NOTE:

Findings were discussed with Dr. Green on the day of service at about 1830 hours.

DD: 11/10/2013 19:01 - Job#: 3899375

DT: 11/11/2013 11:17 - bs

Doc# - 67759356

cc: John Green, MD;

READ BY: CHRISTOPHER C MAY, MD

SIGNED BY: CHRISTOPHER C MAY, MD

SIGNED DATE/TIME: 11/11/2013 05:40 PM

TEST: PACKED RBCS

Collected Date & Time: 11/10/13 17:27

Result Name	Results	Units	Reference Range
Quantity of Units	RBC2U		

TEST: PACKED RBC 2 UNITS

Collected Date & Time: 11/10/13 17:27

Result Name	Results	Units	Reference Range
01 - Blood Type	O Neg		
01 - Cross Match	Compatible		

01 - Product Code E0382V00
 01 - Status Info Transfused
 01 - Unit Number W042513055(..)
 W042513055345
 01 - Product ID Red Blood(..)
 Red Blood Cells
 02 - Blood Type O Neg
 02 - Cross Match Compatible
 02 - Product Code E4533V00
 02 - Status Info Transfused
 02 - Unit Number W041013152(..)
 W041013152881
 02 - Product ID Red Blood(..)
 Red Blood Cells

TEST: ISTAT LACTATE

Collected Date & Time: 11/10/13 17:15

Result Name	Results	Units	Reference Range
Lactate	1.7	mmol/L	0.5-2.2
Point of Care Test			
Refer to patient Medical Record for Ordering Physician.			

TEST: ISTAT PANEL 7

Collected Date & Time: 11/10/13 17:15

Result Name	Results	Units	Reference Range
Creatinine	0.8	mg/dl	0.4-1.0
Point of Care Test			
Refer to patient Medical Record for Ordering Physician.			
Sodium	132 L	mmol/L	136-144
Potassium	3.1 L	mmol/L	3.6-5.0
Chloride	98 L	mmol/L	101-111
BUN	42 H	mg/dl	8-20
Hematocrit	17 LL	%	36-48
Hemoglobin	5.8 LL	gram/dL	12.0-16.0
Ionized Calcium.	1.09 L	mmol/L	1.12-1.32
Anion Gap	19	mmol/L	10-20
Glucose	122 H	mg/dl	65-99
TCO2	19 L	mmol/L	24-29

TEST: ISTAT TROPONIN-I

Collected Date & Time: 11/10/13 17:13

Result Name	Results	Units	Reference Range
Troponin I	0.01(..)	ng/ml	0.00-0.04
0.01-0.04 ng/mL=Negative			
0.05-0.49 ng/mL=Indeterminate, Patient is at High Risk			
0.50 ng/mL and above=Positive (cutoff)			
Point of Care Test			
Refer to patient Medical Record for Ordering Physician			

TEST: ISTAT CK-MB

Collected Date & Time: 11/10/13 17:13

Result Name	Results	Units	Reference Range
CKMB	5.3	ng/ml	0.0-6.3

Point of Care Test
Refer to patient Medical Record for Ordering Physician.

TEST: PTT

Collected Date & Time: 11/10/13 17:11

Result Name	Results	Units	Reference Range
PTT	30.9	seconds	22.0-35.0

Therapeutic range is 60-100 seconds
Neurology heparin protocol: 50-70 seconds
Cardiology heparin protocol: 50-75 seconds
VTE treatment heparin protocol: 60-100 seconds
Therapy UNKNOWNEDO(..)
UNKNOWNEDONLY

TEST: CBC, AUTOMATED (PLATELET & DIFF)

Collected Date & Time: 11/10/13 17:10

TEST: TYPE & ANTIBODY SCREEN

Collected Date & Time: 11/10/13 17:10

Result Name	Results	Units	Reference Range
ABO/Rh	O Rh NEG		
Antibody Screen Gel	NEGATIVE		

Additional Information

TEST: PROTHROMBIN TIME

Collected Date & Time: 11/10/13 17:10

Result Name	Results	Units	Reference Range
PT	15.2 H	seconds	12.0-15.0

Suggested INR ranges (for stable oral anticoagulation only):
Prevention of venous thrombosis and pulmonary embolism
2.0 - 3.0
Prevention of arterial thrombo-embolism inc.mech.valve
patients 2.5 - 3.5
INR 1.18 H 0.88-1.16
Therapy UNKNOWNEDO(..)
UNKNOWNEDONLY

TEST: PACKED RBCS

Collected Date & Time: 11/10/13 17:04

Result Name	Results	Units	Reference Range
Quantitiy of Units	RBC2U		

TEST: PACKED RBC 2 UNITS

Collected Date & Time: 11/10/13 17:04

Result Name	Results	Units	Reference Range
01 - Blood Type	O Neg		
01 - Cross Match	Compatible		
01 - Product Code	E4545V00		
01 - Status Info	Transfused		
01 - Unit Number	W041013151(..)		
W041013151502			
01 - Product ID	Red Blood(..)		
Red Blood Cells			
02 - Blood Type	O Neg		
02 - Cross Match	Compatible		
02 - Product Code	E0382V00		
02 - Status Info	Transfused		
02 - Unit Number	W042513060(..)		
W042513060059			
02 - Product ID	Red Blood(..)		
Red Blood Cells			

SCOTTSDALE HEALTHCARE SHEA

--ADMISSION INFORMATION--

Acct #:1331420087 MR #:0002113718 Admission Date/Time:11/10/13 1920
Patient Type: IP *INPATIENT REGULAR Admit Clerk: RG Room/Bed:3128-1
Arv Mode:RELATIVE Adm Srce:1 Adm Type:1 Prev Admit: ACCOM Code:F
OCC Code: Cond Code: Svc:MED Patient Class:*NONE
Staff Alert:
Admitting Physician:GARGIULO,GREGORY F Attending Physician:GARGIULO,GREGORY F
Referring Physician: Pri Care MD:PCP,NO PCP
Pri Care ph#: Pri Care fax#:
Admit Dx:GI BLEED HYPOVOLEMIC SHOCK Proc:
Medical Comment:

--PATIENT INFORMATION--

Name:WORTHY,MARISE DOB:11/22/26 Age:86Y Sex:F SSN:XXX-XX-6579
Race:1 Marital Status:W Fin Class:MC Religion:NON Language:ENGLISH
Address:7907 E HORSESHOE LANE SCOTTSDALE AZ 85250
Home Phone:810 335-4801
Employer:RETIRED RETIRED 11/01/1991

--GUARANTOR INFORMATION--

Name:WORTHY,MARISE DOB:11/22/26 Rel:SELF SSN:XXX-XX-6579
Address:7907 E HORSESHOE LANE Home Phone:810 335-4801
SCOTTSDALE AZ 85250
Employer:RETIRED RETIRED 11/0

--RELATIVE INFORMATION--

Name:WORTHY,GARY DOB: Relation:SON
Home Phone:480 540-8053 Work Phone:
Address:
Employer:

--RELATIVE TWO INFORMATION--

Name: Home#: Rel: Work#:

--PRIMARY INSURANCE INFORMATION--

Insured: WORTHY,MARISE Sex: F Relation: 1
Emp Status: 5 Policy #: 494226579A Group #:
100100 NAS MEDICARE PO BOX 6730 FARGO ND 58108
MEDICARE Apprv #: NN Ins ph#:(866)497-7857 Ext:

--SECONDARY INSURANCE INFORMATION--

Insured: WORTHY,MARISE Sex: F Relation: 1
Emp Status: 5 Policy #: DPU922255470 Group #: 9101003777
150604 BLUE CROSS PO BOX 2924 PHOENIX AZ 85062
BCBS SUPPLEMENTARY Apprv #: NN Ins ph#:(602)864-4320 Ext:

--ALTERNATE ADDRESS--

Printed: 11/15/13 1119