

ST. MARY'S CAMPUS

PT: DOE, SKIP

LOC: 1A

MR#: (95555) 22222222

PT#: 142142142142.

DOB: 12/12/1920

AGE: 88 YRS SEX: M

(262) 262-2622

ADM DR: DOE, WILLIAM W

DSCH DATE: 08/09/08

H E M A T O L O G Y

| PROCEDURE: | WBC | HGB | HCT | PLT | MPV | RBC |
|---------------|------------|-------------|-------------|-----------|------------|-------------|
| UNITS: | K/UL | GM/DL | % | K/UL | FL | M/UL |
| REF. RANGE: | [4.0-10.0] | [12.0-16.0] | [36.0-48.0] | [150-400] | [9.0-13.0] | [4.00-5.30] |
| 08/08/08 0533 | 10.2 H | 14.4 | 43.2 | 304 | 11.4 | 4.91 |
| 08/09/08 0445 | 6.5 | 12.5 | 37.7 | 247 | 11.0 | 4.14 |

INDICES DATA

| PROCEDURE: | MCV | MCH | MCHC | RDW |
|---------------|-------------|-------------|-------------|-------------|
| UNITS: | FL | PG | GM/DL | FL |
| REF. RANGE: | [79.0-99.0] | [26.0-34.0] | [32.0-36.0] | [38.0-50.0] |
| 08/08/08 0533 | 88.0 | 29.3 | 33.3 | 44.0 |
| 08/09/08 0445 | 91.1 | 30.2 | 33.2 | 44.4 |

DIFFERENTIAL (AUTOMATED)

| PROCEDURE: | NEUT | LYMPH | MONO | EOS | BASO | ABS# NEUT |
|---------------|-------------|-------------|------------|-----------|-----------|-----------|
| UNITS: | % | % | % | % | % | K/UL |
| REF. RANGE: | [42.0-76.0] | [15.0-45.0] | [4.0-12.0] | [0.0-6.0] | [0.0-2.0] | [1.6-7.6] |
| 08/08/08 0533 | 53.4 | 35.2 | 8.2 | 3.0 | 0.2 | 5.5 |
| 08/09/08 0445 | 44.3 | 43.2 | 8.5 | 3.7 | 0.3 | 2.9 |

| PROCEDURE: | ABS# LYMPH | ABS# MONO | ABS# EOS | ABS# BASO |
|---------------|------------|-----------|-----------|-----------|
| UNITS: | K/UL | K/UL | K/UL | K/UL |
| REF. RANGE: | [1.1-4.0] | [0.3-1.0] | [0.0-0.6] | [0.0-0.2] |
| 08/08/08 0533 | 3.6 | 0.8 | 0.3 | 0.0 |
| 08/09/08 0445 | 2.8 | 0.6 | 0.2 | 0.0 |

C O A G U L A T I O N

| PROCEDURE: | D-DIMER QUANT. |
|---------------|----------------|
| UNITS: | NG/ML |
| REF. RANGE: | [< 400] |
| 08/08/08 0533 | 697 Hf |

Legend:

H= HIGH, f =FOOTNOTE

D-DIMER QUANT. This D-dimer method has a high negative predictive value for the exclusion of both deep vein thrombosis (DVT) and pulmonary embolism (PE) when used in conjunction with a pre-test probability assessment in low-to-moderate probability outpatients. D-dimer testing may also aid in the diagnosis of disseminated intravascular coagulation (DIC).

DR. WILLIAM W. DOE
222 WASHINGTON

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GRAFTON

WI 53024-

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ADM DR: DOE , WILLIAM W

DSCH DATE:08/09/08

C H E M I S T R Y

| PROCEDURE: | GLUCOSE | BUN | CREATININE |
|---------------|---------|--------|------------|
| UNITS: | MG/DL | MG/DL | MG/DL |
| REF. RANGE: | [70-99] | [8-21] | [0.7-1.3] |
| 08/08/08 0533 | 134 H | 31 H | 1.0 |
| 08/09/08 0445 | 100 H | 18 | 1.0 |

| PROCEDURE: | CALCIUM | CA IONIZED | CK | CKMB | CK INDEX |
|---------------|------------|-------------|----------|---------|----------|
| UNITS: | MG/DL | MMOL/L | U/L | NG/ML | % |
| REF. RANGE: | [8.4-10.2] | [1.15-1.27] | [24-173] | [< 5.0] | |
| 08/08/08 0533 | | 1.19 | | | |
| 08/08/08 1152 | | | 85 | 2.2 | 2.6 f |
| 08/08/08 1825 | | | 82 | 2.2 | 2.7 f |
| 08/09/08 0445 | 9.0 | | | | |

| PROCEDURE: | TROPONIN I | B-NATRIURETIC P | POC CKMB | POC MYOGLOBIN |
|---------------|-------------|-----------------|----------|---------------|
| UNITS: | NG/ML | PG/ML | NG/ML | NG/ML |
| REF. RANGE: | [0.00-0.10] | [< 100] | [< 10.0] | [< 170] |
| 08/08/08 0533 | | 33 | | |
| 08/08/08 0557 | | | 2.0 | 91 |
| 08/08/08 1152 | 0.17 Hf | | | |
| 08/08/08 1825 | 0.22 Hf | | | |
| 08/09/08 1450 | 0.11 Hf | | | |

Legend:

H= HIGH, f =FOOTNOTE

TROPONIN I..... 08/08/08 1152

REFERENCE RANGE FOR TROPONIN I:

0.00 - 0.10 NG/ML = NEGATIVE

> 0.10 NG/ML INDICATES INCREASED RISK OF MORBIDITY AND MORTALITY

DIAGNOSTIC CUT-OFF FOR AMI WAS DETERMINED TO BE > 1.50 NG/ML

FOOTNOTE ADDED ON 08/08/08 AT 1237 BY LAB

TROPONIN I..... 08/08/08 1825

REFERENCE RANGE FOR TROPONIN I:

0.00 - 0.10 NG/ML = NEGATIVE

> 0.10 NG/ML INDICATES INCREASED RISK OF MORBIDITY AND MORTALITY

DIAGNOSTIC CUT-OFF FOR AMI WAS DETERMINED TO BE > 1.50 NG/ML

FOOTNOTE ADDED ON 08/08/08 AT 1910 BY LAB

TROPONIN I..... 08/08/08 1450

REFERENCE RANGE FOR TROPONIN I:

0.00 - 0.10 NG/ML = NEGATIVE

> 0.10 NG/ML INDICATES INCREASED RISK OF MORBIDITY AND MORTALITY

DIAGNOSTIC CUT-OFF FOR AMI WAS DETERMINED TO BE > 1.50 NG/ML

FOOTNOTE ADDED ON 08/08/08 AT 1543 BY LAB

CK INDEX

CK INDEX GREATER THAN 3% WITH ELEVATED TOTAL CK AND RISING OR FALLING CKMB
SUPPORTS A DIAGNOSIS OF AN MI.DR. WILLIAM W. DOE
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CHEMISTRYPAGE: 2
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ADM DR: DOE , WILLIAM W

DSCH DATE:08/09/08

C H E M I S T R Y

PROCEDURE: POC TROPONIN
UNITS: NG/ML
REF.RANGE: [0.00-0.09]
08/08/08 0557 <0.05 f

| PROCEDURE: | GFR AFRO AMER | GFR OTHER |
|---------------|---------------|-----------|
| 08/08/08 0533 | 67 | 55 f |
| 08/09/08 0445 | 67 | 55 f |

LIPID STUDIES

| PROCEDURE: | CHOLESTEROL | TRIGLYCERIDES | HDL CHOLESTEROL | LDL CHOL, CALC |
|---------------|-------------|---------------|-----------------|----------------|
| UNITS: | MG/DL | MG/DL | MG/DL | MG/DL |
| REF.RANGE: | [< 200] | [< 150] | [> 40] | [< 130] |
| 08/09/08 0445 | 183 | 163 H | 52 | 98 |

Legend:

H= HIGH, f =FOOTNOTE

POC TROPONIN REFERENCE RANGE FOR TROPONIN I:
0.00 - 0.09 NG/ML = NEGATIVE
≥ 0.10 NG/ML INDICATES INCREASED RISK OF MORBIDITY AND MORTALITY
DIAGNOSTIC CUT-OFF FOR AMI WAS DETERMINED TO BE ≥ 0.40 NG/ML

GFR OTHER The estimated GFR is based on a four parameter MDRD equation. The MDRD GFR formula is valid only for adults ages 18 years and older. Interpret the eGFR with caution on the elderly (> 70 years).
Estimated GFR units are mL/min/1.73 sqm.

| | |
|--------------------|---|
| Stage 1:GFR: ≥90 | Normal kidney function |
| Stage 2:GFR: 60-89 | Mildly reduced kidney function |
| Stage 3:GFR: 30-59 | Moderately reduced kidney function |
| Stage 4:GFR: 15-29 | Severely reduced kidney function |
| Stage 5:GFR: ≤14 | Very severe or end stage kidney failure w/o dialysis |
| Stage 6:GFR: ≤14 | Very severe or end stage kidney failure with dialysis |

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C H E M I S T R Y

LIPID STUDIES

PROCEDURE: CHOL/HDL

REF.RANGE: [< 6.0]

08/09/08 0445 3.5 f

CHOL/HDL

NCEP GUIDELINES - (2001)

| Test | Desirable | Borderline | Higher Risk |
|---|-----------|--|-------------|
| Triglyceride | <150 | 150-199 | >=200 |
| Cholesterol | <200 | 200-239 | >=240 |
| HDL-Cholesterol | >60 | | <40 |
| LDL-Cholesterol | *<130 | 130-160 | >160 |
| (*<100 if patient has Coronary Heart Disease) | | | |
| Chol/HDL Ratio | 4.0-6.0 | A ratio of >6.0 has been associated with a greater risk of Coronary Heart Disease. | |

E L E C T R O L Y T E S - B L O O D G A S E S

PROCEDURE: SODIUM

UNITS: MMOL/L

REF.RANGE: [136-145]

08/08/08 0533 143

08/08/08 1825 3.3 L

08/09/08 0445 139

POTASSIUM

MMOL/L

[3.5-5.1]

3.3 L

3.8

4.1

CHLORIDE

MMOL/L

[98-107]

107

TOTAL CO2

MMOL/L

[23-29]

24

PROCEDURE: ANION GAP

UNITS: MMOL/L

REF.RANGE: [4-14]

08/09/08 0445 8

PROCEDURE: HCO3 VENOUS

UNITS: MMOL/L

REF.RANGE: [24-28]

08/08/08 0533 27

Legend:

L= LOW, f =FOOTNOTE

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222 WASHINGTON

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CHEMISTRY

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LYTES/GASES

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E N D O C R I N O L O G Y

THYROID

PROCEDURE: TSH

UNITS: MIU/L

REF.RANGE: [0.27-4.20]

08/08/08 1152 2.86

R E F E R E N C E L A B S

ST. MARY'S CAMPUS, 2222 PORT AVE, MILWAUKEE, WI 53211

08/08/08 1152 TSH (TSH)

DR. WILLIAM W. DOE
222 WASHINGTON

GRAFTON

WI 53024-

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END OF CHART