PULIDO, Maria DEL CARMEN DEL CARMEN (id #213147, dob: 11/15/1978)

UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY • 1790 E Manning Ave, REEDLEY CA 93654-2346

PULIDO, Maria DEL CARMEN DEL CARMEN (id #213147, dob: 11/15/1978)

# **Referral Order**

03/14/2025

To Provider	From Provider
CALIFORNIA UROLOGY	JUANITA TOLEDO, FNP Reedley-1790Manning
782 MEDICAL CENTER DRIVE E., SUITE 311 CLOVIS, CA 93611	1790 E Manning Ave REEDLEY, CA 93654-2346
Phone:	Phone: (800) 492-4227
Phone: (559) 472-4600	Fax: (844) 742-3430
Fax:	
Fax: (559) 472-4601	

### **Referral Order Information**

Diagnosis	Cystocele     ICD-10: N81.10: Cystocele, unspecified
Order Name	Orders included: 1  Cystocele ICD-10: N81.10: Cystocele, unspecified  • UROGYNECOLOGIST REFERRAL Schedule Within: provider's discretion
Notes	

### **Patient Information**

Patient Name	PULIDO, MARIA DEL CARMEN DEL CARMEN
SSN	603388363
Sex - DOB - Age	F 11/15/1978 46yo
Address	1535 PARK BLVD APT 1012 ORANGE COVE, CA 93646
Phone	H: (559) 800-4951 M: (559) 800-4951
Primary Insurance	NeueHealth - United Physicians Network - Health Net (Medicaid Replacement - HMO) ID: 94177186D Policy Holder: PULIDO, MARIA DEL CARME DEL CARMEN
Secondary Insurance	None recorded.

Electronically Signed by: JUANITA TOLEDO, FNP

Electronically Signed by: OMAR SANDOVAL, MD







Name MARIA DEL CARME PULIDO CIN# 94177186D

Physician Group and PCP UNITED PHYSICIANS NETWORK UPN - UNITED HEALTH CENTERS - PARLIER MANNING 429 E MANNING AVENUE PARLIER CA 93648 - 2668 PCP PHONE: 1-800-492-4227

Effective date with PCP: 12/01/23

Office Copay: \$0

Issue Date 10/23/23 Enrollment Date 10/01/15

CalViva Health only covers medical and hospital services provided or authorized by your Participating Physician Group (PPG).

To change your PPG or Primary Care Provider (PCP), call CalViva Health Member Services at 1-888-893-1569 / TTY: 711 or visit www.calvivahealth.org

BIN 022659 Rx PCN 6334225 CalViva Health Member Services is available 24 Hours & Cay, 7 Cays C ....... Rx BIN 022659

Member Services & Mental Health Benefits Nurse Advice Line Website

1-888-893-1569 (TTY: 711) 1-888-893-1569 (TTY: 711) www.calvivahealth.org

# If you think you have a medical or psychiatric emergency, call 911 or go to the nearest hospital.

See your PCP for non-emergency health needs like colds, minor infections or illnesses, or treatment for ongoing health needs. Do not go to the emergency room for routine health care.

Providers Call for Eligibility and Authorization: 1-888-893-1569 Option 2 for eligibility verification. Non-contracted hospitals requesting prior authorization for post-stabilization care: 1-800-995-7890, option 2 Medi-Cal RX Help Line: 1-800-977-2273 Out of area/Emergency Providers Call 1-888-893-1569 for authorization.

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### **Encounters and Procedures**

Clinical Encounter Summaries Encounter Date: 03/14/2025

Patient

Name PULIDO, MARIA (46yo, F) ID# 213147 Appt. Date/Time 03/14/2025 02:00PM DOB 11/15/1978 Service Dept. Reedley-1790Manning

**Provider** JUANITA TOLEDO, FNP

Insurance Med Primary: NEUEHEALTH - UNITED PHYSICIANS NETWORK - HEALTH NET (MEDICAID

> **REPLACEMENT - HMO)** Insurance #: 94177186D

Med Secondary: MEDI-CAL (MEDICAID)

Insurance # : 94177186D

Med Tertiary: HEALTH NET-CA - DOS ON OR AFTER 1/1/18 - CALVIVA (MEDICAID REPLACEMENT -

HMO)

Insurance #: 94177186D

Med: MEDI-CAL - INSTITUTIONAL (MEDICAID)

Insurance #: 94177186D

Med: MEDI-CAL - INSTITUTIONAL - WRAP CLAIMS (MEDICAID)

Insurance #: 94177186D

Med Contracts: ATHENAONE DENTAL PLACEHOLDER (MOVED TO HOLD)

Insurance #: 94177186D

Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify

coverage and all member demographic information. details

### Chief Complaint

pap smear

pt is here for a pap smear

#### Patient's Care Team

Care Manager: MAYRA MONTOYA, LCM Primary Care Provider: JUANITA TOLEDO, FNP Care Manager: NATALIE HERNANDEZ, CHW Care Manager: GUADALUPE RAMIREZ GARCIA, RN

Patient's Pharmacies

CVS/PHARMACY #9377 (ERX): 1065 W MANNING, REEDLEY, CA 93654, Ph (559) 638-0467, Fax (559) 638-0457

Vitals

**Ht:** 5 ft 1 in (154.94 cm) Wt: 195 lbs 6.37 oz BMI: 36.9 03/14/2025 01:24

pm

pm

**Pain Scale:** 0 03/14/2025 01:24 pm

03/14/2025 01:23 pm (88.63 kg) 03/14/2025

01:24 pm

pm

**T**: 98.1 F° (36.72 C) **BP:** 115/69 03/14/2025 **O2Sat:** 97% 03/14/2025 01:24

03/14/2025 01:24 pm 01:24 pm

RR: 20 03/14/2025 01:24

01:24 pm

Allergies

Allergies not reviewed (last reviewed 01/28/2025)

**Pulse:** 87 bpm 03/14/2025

Some allergies listed in Documents: #64030960, #64034162 could not be added to this patient's chart. Please review these documents and add these allergies to the patient's chart manually as needed.

Medications

Medications not reviewed (last reviewed 01/28/2025)

11/13/23 filled acetaminophen 325 mg tablet

TOME DOS TABLETAS POR V A ORAL CADA SEIS HORAS CUANDO SEA NECESARIO

12/15/24 filled atorvastatin 40 mg tablet

TOME 1 TABLETA POR V A ORAL TODOS LOS D AS

cholecalciferol (vitamin D3) 50 mcg (2,000 unit) capsule 10/01/24 filled TOME 1 C PSULA POR V A ORAL TODOS LOS D AS

ciprofloxacin 500 mg tablet TOME 1 TABLETA POR V A ORAL CADA 12 HORAS	10/01/24	filled
citalopram 20 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	04/07/21	filled
ergocalciferol (vitamin D2) 1,250 mcg (50,000 unit) capsule TAKE 1 CAPSULE EVERY WEEK BY ORAL ROUTE.	05/22/23	filled
fenofibrate 160 mg tablet TOME 1 TABLETA POR V A ORAL TODOS LOS D AS	10/01/24	filled
fluconazole 150 mg tablet Take 1 tablet(s) every day by oral route for 1 day.	03/14/25	prescribed
fluconazole 200 mg tablet Take 1 tablet(s) every day by oral route for 3 days.	05/09/22	filled
FreeStyle Lancets 28 gauge USE TO CHECK BLOOD SUGAR ONCE DAILY	10/01/24	filled
FreeStyle Lite Meter kit USE TO CHECK BLOOD SUGAR ONCE DAILY	02/27/25	filled
FreeStyle Lite Strips USE TO CHECK BLOOD SUGAR ONCE DAILY	02/22/25	filled
HYDROcodone 5 mg-acetaminophen 325 mg tablet	06/19/22	filled
HYDROcodone 7.5 mg-acetaminophen 325 mg tablet TAKE 1 TABLET TWICE A DAY BY ORAL ROUTE AS NEEDED.	01/28/25	filled
hydrOXYzine HCL 25 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	04/07/21	filled
ibuprofen 600 mg tablet Take 1 tablet(s) 3 times a day by oral route.	08/28/20	filled
Jardiance 25 mg tablet TOME 1 TABLETA POR V A ORAL TODOS LOS D AS	11/11/24	filled
lisinopriL 5 mg tablet TOME UNA TABLETA TODOS LOS D AS	01/04/24	filled
Ioratadine 10 mg tablet TOME UNA TABLETA TODOS LOS DIAS	10/18/23	renewed
metFORMIN 1,000 mg tablet TOME 1 TABLETA POR V A ORAL DOS VECES AL D A	02/01/25	filled
miconazole nitrate 2 % topical cream APPLY TO VULVA BY TOPICAL ROUTE 2 TIMES PER DAY IN THEMORNING AND EVENING	10/01/24	filled
Miconazole-7 2 % vaginal cream Insert 1 applicator(s)ful every day by vaginal route for 7 days.	08/25/20	filled
neomycin-polymyxin-hydrocort 3.5 mg-10,000 unit/mL-1 % ear drops,susp INSTILL 4 DROPS INTO AFFECTED EAR(S) BY OTIC ROUTE 3 TIMES PER DAY	08/28/20	filled

phenazopyridine 200 mg tablet
phenazopyridine 200 mg tablet
TOME UNA TABLETA TRES VECES AL D A POR 2 D AS

sulfamethoxazole 800 mg-trimethoprim 160 mg tablet
TOME UNA TABLETA DOS VECES AL D A POR 10 D AS

terbinafine HCL 250 mg tablet
TOME UNA TABLETA TODOS LOS D AS

tiZANidine 2 mg capsule
TAKE 1-2 CAPSULES BY MOUTH EVERY DAY AT BEDTIME AS NEEDED

### Vaccines

Vaccines not reviewed (last reviewed 01/28/2025)										
Vaccine Type	Date	Amt.	Route	Site	NDC	Lot#	Mfr.	Exp. Date	VIS Given	Vaccinator
COVID-19										
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	04/19/21	1	Intramuscular			043B21A	Moderna US, Inc.			
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	03/19/21					011A21A				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	03/18/21	1	Intramuscular			011A21A	Moderna US, Inc.			
Diphtheria, Tetanus, Pertussis										
Tdap	12/15/17	0.5 mL	Intramuscular	Shoulder, Left		U5864AA	Sanofi Pasteur	01/30/20	12/15/17	Gonzalez, RMA, Esmeralda
Influenza										
influenza, injectable, quadrivalent, preservative free	10/04/21	1	Intramuscular			P100356876	Seqirus			
influenza, injectable, quadrivalent	12/15/17		Intramuscular	Shoulder, Left		H272H	ID Biomedical	05/31/18	12/15/17	Gonzalez, RMA, Esmeralda
Pneumococcal										
Pneumococcal conjugate PCV20, polysaccharide CRM197 conjugate, adjuvant, PF	05/28/23	1	Intramuscular			GN1898	Pfizer, Inc			

### **Problems**

### Reviewed Problems

- Onychomycosis Onset: 06/14/2018 persistent|Recorded Elsewhere: No|Location: UHC Reedley MED|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 11:00:00 AM
- Vitamin D deficiency Onset: 12/15/2017 Recorded Elsewhere: No|Location: UHC Reedley MED|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 03:30:00 PM
- Obesity Onset: 06/14/2018 stable|Recorded Elsewhere: No|Location: UHC Reedley MED|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 11:00:00 AM
- Urinary tract infectious disease Onset: 12/27/2017 Recorded Elsewhere: No|Location: UHC Reedley MED|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 04:30:00 PM
- Blood in urine Onset: 12/27/2017 Recorded Elsewhere: No|Location: UHC Reedley MED|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 04:30:00 PM
- Dysphagia Onset: 06/14/2018 persistent|Recorded Elsewhere: No|Location: UHC Reedley MED|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 11:00:00 AM
- Candida infection of genital region Onset: 01/10/2018 Recorded Elsewhere: No|Location: UHC Reedley MED|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 04:30:00 PM
- Exposure to SARS-CoV-2 Onset: 04/28/2021

No problems per patient, provider reviewed Dental - Reported Problems 2025-01-14 Diabetes mellitus type 2 (disorder)

#### **GYN History**

GYN History not reviewed (last reviewed 01/28/2025)

#### Obstetric History

Obstetric History not reviewed (last reviewed 01/28/2025)

### Family History

Family History not reviewed (last reviewed 01/28/2025)

Father - No current problems or disability

Mother - No current problems or disability

Social History

Reviewed Social History

**Substance Use** 

Do you or have you ever smoked tobacco?: Never smoker

How much tobacco do you smoke?: None

Do you or have you ever used any other forms of tobacco or nicotine?: No What was the date of your most recent tobacco screening?: 03/14/2025

Has tobacco cessation counseling been provided?: Yes

On what date was tobacco cessation counseling provided?: 03/14/2025 (Notes: Isolache answered No to the Tobacco cessation

counseling provided question on 07/12/2019.) What is your level of alcohol consumption?: None

If you are pregnant, what was your level of alcohol consumption prior to pregnancy?: None

Do you use any illicit or recreational drugs?: No

What is your level of caffeine consumption?: Occasional

**Covid-19 Questions** 

Cough: No Fatigue: No Fever or chills: No Headache: No

Muscle or body aches: No Loss of taste or smell: No Shortness of breath: No

Sore throat: No

Congestion/Runny nose: No

Diarrhea: No

Nausea or vomiting: No

**Gender Identity and LGBTQ Identity** Gender identity: Identifies as Female Assigned sex at birth: Female

Pronouns: she/her

Sexual orientation: Something else, please describe

#### Surgical History

Surgical History not reviewed (last reviewed 01/28/2025)

### Past Medical History

Past Medical History not reviewed (last reviewed 01/28/2025)

#### Screening

Name Score	Notes
PHQ-2/PHQ-9 0 (for the PHQ-2), Finding: Negative	
AUDIT-C 0	
DAST 0	

### HPI

#### **Annual GYN**

Reported by patient.

History: no gynecologic complaints Menstrual cycle: Normal menses

Urinary symptoms: No hematuria; No incontinence

Vulva: No genital lesion

Vagina: White; Vaginal itching

Breast: No breast pain; No breast lump; No nipple discharge

Current Contraception: Not sexually active

Sexual complaints: No sexual complaints; No pain during intercourse; Normal libido Menopausal Symptoms: No menopausal symptoms; Normal vaginal lubrication

Psychological symptoms: No depression; No anxiety; No PMDD

Preventive measures: Encourage self breast examination; Encourage regular exercise; Encourage no tobacco use; Encourage regular mammograms starting age 40; Needs to schedule mammogram

Here for gyn exam. Denies complaints.

Denies h/o breast problem.
Denies h/o abnormal pap.
Denies f/h of breast cancer

Mammogram: never

Additionally reports:

TB RISK ASSESSMENT

One or more signs and symptoms of TB?Prolonged cough \_\_\_\_ Coughing up blood \_\_\_\_ Fever \_\_\_ Night sweats \_\_\_\_ Weight loss \_\_\_\_ Excessive fatigue \_\_\_\_

Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB.

Close contact with someone with infectious TB disease? No

Foreign-born person? (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe) No

Traveler to high TB-prevalence country for more than 1 month?(Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe) No

Current or former resident or employee of correctional facility, long-term care facility, hospital or homeless shelter?No

Physical Exam

Constitutional: General Appearance: healthy-appearing, well-developed, and obese.

Psychiatric: Orientation: to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

Skin: Appearance: no rashes or lesions.

Neck: Neck: FROM and trachea midline.

**Lungs:** Respiratory Effort: no intercostal retractions or accessory muscle usage.

**Abdomen:** Auscultation/Inspection/Palpation: no tenderness, hepatomegaly, splenomegaly, or CVA tenderness and soft, non-distended, normal bowel sounds, and **mass**; **right lower abdomen mass - firm**. Hernia: **umbilical**.

Breast: Inspection/Palpation: no tenderness, skin changes, abnormal secretions, or distinct masses and nipple appearance normal.

**Female Genitalia:** Vulva: no masses, atrophy, or lesions. Vagina: no tenderness, erythema, rectocele, abnormal vaginal discharge, or vesicle(s) or ulcers and normal atrophy and **cystocele**. Cervix: no discharge or cervical motion tenderness and grossly normal and sample taken for a Pap smear. Bladder/Urethra: no urethral discharge or mass and normal meatus and bladder non distended. Adnexa/Parametria: no parametrial tenderness or mass and no adnexal tenderness or ovarian mass. Mesh no mesh visualized/palpated.

Lymph Nodes: Palpation: non tender submandibular nodes, axillary nodes, or inguinal nodes.

Rectal Exam: Rectum: normal perianal skin and sphincter tone and no hemorrhoids or masses.

Assessment / Plan

Abdominal mass and hernia being followed by Dr. Kaveh.

#### 1. Screening for malignant neoplasm of cervix-

Pap smear conducted. Cystocele noted. Referral placed.

Noted thick, cottage cheese-like discharge. Pt w/ c/o abnormal d/c and vaginal itching. Rx for candidiases provided. RTC for results and if sx not improving.

Z12.4: Encounter for screening for malignant neoplasm of cervix

IGP,CTNGTV,APT HPV

#### 2. Cystocele

N81.10: Cystocele, unspecified

• UROGYNECOLOGIST REFERRAL - Schedule Within: provider's discretion

#### 3. Screening mammography -

Edcuation on mammogram recommendations - annual.

Patient advised to perform self-breast exams and report any changes.

Z12.31: Encounter for screening mammogram for malignant neoplasm of breast

MG--3D TOMO SCREENING (77067, 77063)

#### 4. Vaginal discharge -

Reviewed the various causes of vaginal discharge and vaginitis symptoms, including both infectious (STD's, BV, yeast, others) and noninfectious (physiologic d/c, irritants/allergens, DIV, others) causes. Reviewed good vulvar/vaginal hygiene and ways to reduce symptoms. Advised to call if treatment is not helpful or if symptoms persist or recur.

N89.8: Other specified noninflammatory disorders of vagina

- NUSWAB VAGINITIS PLUS (VG+)
- fluconazole 150 mg tablet Take 1 tablet(s) every day by oral route for 1 day. Qty: (1) tablet Refills: 0 Pharmacy: CVS/PHARMACY #9377

#### 5. Obesity

E66.9: Obesity, unspecified

- EATING HEALTHY FOODS: CARE INSTRUCTIONS
- CÓMO COMER ALIMENTOS SALUDABLES: INSTRUCCIONES DE CUIDADO [EATING HEALTHY FOODS: CARE INSTRUCTIONS]

#### Return to Office

- Mayra Montoya, LCM for TELE ECM FOLLOW-UP at Care Management on 03/20/2025 at 11:00 AM
- Morgan Cordoza, DDS for Dental 45 at Reedley-Manning Dental on 04/03/2025 at 02:45 PM
- Juanita Toledo, FNP for EP FOLLOW UP at Reedley-1790Manning on 04/11/2025 at 01:15 PM
- INVIEW MAMMOGRAM for INVIEW MAMMOGRAM at Fresno-Minnewawa on 06/19/2025 at 08:30 AM

#### **Encounter Sign-Off**

Encounter signed-off by Juanita Toledo, FNP, 03/14/2025.

Encounter performed and documented by Juanita Toledo, FNP Encounter reviewed & signed by Juanita Toledo, FNP on 03/14/2025 at 04:49 PM Oversight: Encounter reviewed by Omar Sandoval, MD on 03/17/2025 at 11:06am

### Lab Results

### HIV AB/P24 AG WITH REFLEX 09/21/2024 (#60038482, Final, 09/17/2024 11:03am)

Ordering Provider	CINDY TANG, MD	Performing Lab	LAE EAF 131 SAN	BCORP SAN I BCORP SAN I RLE COLLUM 12 EVENING N DIEGO, CA	DIEGO , JR CREI 9212	O`´ EK DR SO STE	200				
Specimen/Accession ID	10591622CE17661	Specimen Source		<u> </u>							
Specimen Coll. Date	09/17/2024 11:03	Result Status	Fina	Final							
Specimen Rec. Date	09/17/2024 00:00	Report Status									
Specimen Reported Date	09/21/2024 20:07										
Report	Result	Ref. Range		Units	$\triangle$	Status	Lab	Date			
HIV AB/P24 AG SCREEN	Non Reactive	NON REACTIVE				Final	01				
		utibodies and HIV-1 p24 antigen were NOT detected.									
RESULT NOTE	FASTING YES										

# VITAMIN D, 25-HYDROXY-081950-P 09/21/2024 (#60038481, Final, 09/17/2024 11:03am)

Ordering Provider	CIN	DY TANG, M	D	Perforn	ning Lab		LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DI SAN DIEGO, CA 921284108 Account ID: 04352405	, R SO STE 20	0				
Specimen/Accession ID	105	91622CE176	61	Specim	en Source								
Specimen Coll. Date	09/	17/2024 11:03	1	Result Status Final									
Specimen Rec. Date	09/	17/2024 00:00	2024 00:00 Report Status										
Specimen Reported Date	09/2	21/2024 20:07	07										
Report		Result	Ref. Range		Units			Status	Lab	Date			
VITAMIN D, 25-HYDROXY		17.4	30.0-100.0		ng/mL	Belo	w Low Normal	Final	01				
VITAMIN D, 25-HYDROXY  17.4  Vitamin D deficience Medicine and an Enc level of serum 25-0 The Endocrine Societ insufficiency as a 1. IOM (Institute of intakes for calc National Academi 2. Holick MF, Binkl Evaluation, tree deficiency: an E guideline. JCEM.					Society promin D less ton to fur between 21 cine). 2010 d D. Washings.  Bischoff-land prevence Society	racti than rther and 0. Di ngton Ferra ntion clin	ce guideline as a 20 ng/mL (1,2). define vitamin D 29 ng/mL (2). etary reference DC: The ri HA, et al. of vitamin D ical practice						

# RPR, RFX QN RPR/CONFIRM TP 09/21/2024 (#60038480, Final, 09/17/2024 11:03am)

NON REACTIVE

**FASTING YES** 

RESULT NOTE

**RPR** 

**RESULT NOTE** 

Non Reactive

**FASTING YES** 

Ordering Provider		CINDY TANG, MD		Performing Lab	LABCOI EARLE 13112 E SAN DII	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04352405			TE 200		
Specimen/Accession	ID	10591622CE17661		Specimen Source							
Specimen Coll. Date		09/17/2024 11:	03	Result Status	Final	Final					
Specimen Rec. Date		09/17/2024 00:	00	Report Status							
Specimen Reported [	Date	09/21/2024 20:	07		-						
Report	Result		Ref. Range		Units	nits Status Lab Date					

01

Final

# HEMOGLOBIN A1C-001453-P 09/21/2024 (#60038479, Final, 09/17/2024 11:03am)

Specimen/Accession ID  Specimen Coll. Date  Specimen Rec. Date  Specimen Reported Date	10591622C 09/17/2024 09/17/2024 09/21/2024	11:03	Result Status Report Status	rce	Final					
Report	Result	Ref. Range	Units	$\triangle$		Status	Lab	Date		
HEMOGLOBIN A1C	12.7	4.8-5.6	%	Above Hig	ıh Normal	Final	01			

0.00

0.01

0.00

>10.00

Negative

**FASTING YES** 

QUANTIFERON TB1 AG VALUE

QUANTIFERON TB2 AG VALUE

QUANTIFERON MITOGEN VALUE

QUANTIFERON-TB GOLD PLUS

QUANTIFERON NIL VALUE

**RESULT NOTE** 

### QUANTIFERON-TB GOLD PLUS-182879-P 09/21/2024 (#60038478, Final, 09/17/2024 11:03am)

Ordering Provider	CINDY TANG, MD		Performing Lab	0	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04352405							
Specimen/Accession ID	105916	22CE17661	Specimen Sou	rce								
Specimen Coll. Date	09/17/2024 11:03		Result Status		Final							
Specimen Rec. Date	09/17/2	024 00:00	Report Status									
Specimen Reported Date	09/21/2	024 20:07										
Report		Result		Ref. Range		Units	$\triangle$	Status	Lab	Date		
QUANTIFERON INCUBATION		Incubation performed	l.					Final	01			
QUANTIFERON CRITERIA		Comment						Final	01			
	Sold Plus is infection (in with risk assevaluations.	ncluding d sessment,	isease) radiog: iFERON-	and is ir caphy, and -TB Gold Pl	ntend othe us r	ed for use r medical	2					

IU/mL

IU/mL

IU/mL

IU/mL

**NEGATIVE** 

No response to M tuberculosis antigens detected.

Chemiluminescence immunoassay methodology

Infection with M tuberculosis is unlikely, but high risk individuals should be considered for additional testing (ATS/IDSA/CDC Clinical Practice Guidelines, 2017). The reference range is an Antigen minus Nil result of <0.35 IU/mL.

Final

Final

Final

Final

Final

01

01

01

01

01

# VITAMIN B12 AND FOLATE 09/21/2024 (#60038477, Final, 09/17/2024 11:03am)

Ordering Provider	CINDY TANG, MD	Performing Lab	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04352405
Specimen/Accession ID	10591622CE17661	Specimen Source	
Specimen Coll. Date	09/17/2024 11:03	Result Status	Final
Specimen Rec. Date	09/17/2024 00:00	Report Status	
Specimen Reported Date	09/21/2024 20:07		

Report	Result	Ref. Range	Units	$\triangle$	Status	Lab	Date
VITAMIN B12	565	232-1245	pg/mL	Normal	Final	01	
FOLATE (FOLIC ACID), SERUM	>20.0	>3.0	ng/mL		Final	01	
		A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency.					
RESULT NOTE	FASTING YES						

# CHLAMYDIA/GC AMPLIFICATION-183194-P 09/21/2024 (#60038476, Final, 09/17/2024 11:03am)

Ordering Provider	CINDY TANG, MD	Performing Lab	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04352405
Specimen/Accession ID	10591622CE17661	Specimen Source	UR
Specimen Coll. Date	09/17/2024 11:03	Result Status	Final
Specimen Rec. Date	09/17/2024 00:00	Report Status	
Specimen Reported Date	09/21/2024 20:07		

Report	Result	Ref. Range	Units	<u> </u>	Status	Lab	Date
CHLAMYDIA TRACHOMATIS, NAA	Negative	NEGATIVE			Final	01	
NEISSERIA GONORRHOEAE, NAA	Negative	NEGATIVE			Final	01	
RESULT NOTE	FASTING YES						

# ALBUMIN/CREAT RATIO, RANDOM UR 09/21/2024 (#60038475, Final, 09/17/2024 11:03am)

Ordering Provider		CIND	Y TANG, MD	Performing Lab			LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04352405				
Specimen/Accession ID		10591	622CE17661	Specimen Source							
Specimen Coll. Date		09/17/	2024 11:03	Result Status	Result Status						
Specimen Rec. Date		09/17/	2024 00:00	Report Status	Report Status						
Specimen Reported Date		09/21/	2024 20:07								
Report	Resu	lt	Ref. Range	Units	$\triangle$		Status	Lab	Date		
CREATININE, URINE	43.2		NOT ESTAB.	mg/dL	Norm	al	Final	01			
ALBUMIN, URINE	24.0		NOT ESTAB.	ug/mL			Final	01			
ALB/CREAT RATIO	56		0-29	mg/g creat	Abov	re High Normal	Final	01			
		Normal: 0 - 29 Moderately increased: 30 - 300 Severely increased: >300									
RESULT NOTE	FAST	FASTING YES									

### ACUTE HEPATITIS 09/21/2024 (#60038474, Final, 09/17/2024 11:03am)

Ordering Provider	CINDY TANG, MD	Performing Lab	LABCORP SAN EARLE COLLUI 13112 EVENING SAN DIEGO, CA	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04352405				
Specimen/Accession ID	10591622CE17661	Specimen Source						
Specimen Coll. Date	09/17/2024 11:03	Result Status	Final					
Specimen Rec. Date	09/17/2024 00:00	Report Status						
Specimen Reported Date	09/21/2024 20:07							
Report	Result	Ref. Range	Units	<u> </u>	Status	Lab	Date	
HEP A AB, IGM	Negative	NEGATIVE			Final	01		
	A negative anti-HAV I HAV infection.	gM result suggests no re	ecent or curre	ent				
HBSAG SCREEN	Negative	NEGATIVE			Final	01		
HEP B CORE AB, IGM	Negative	NEGATIVE			Final	01		
HCV AB	Non Reactive	NON REACTIVE			Final	01		
INTERPRETATION:	Comment				Final	01		
	suspected (which may	t infected with HCV unless early or acute infection is spected (which may be delayed in an immunocompromised dividual), or other evidence exists to indicate HCV infection.						
RESULT NOTE	FASTING YES							

# LIPID PANEL-303756-P 09/21/2024 (#60038473, Final, 09/17/2024 11:03am)

CHOLESTEROL, TOTAL	206	100-199		mg/dL	Above	High Normal	Final	01	
Report	Result	Ref. Range	Э	Units	$\triangle$		Status	Lab	Date
Specimen Reported Date	09/21/2024 20:07	,							
Specimen Rec. Date	09/17/2024 00:00	)	Repor	t Status					
Specimen Coll. Date	09/17/2024 11:03	3	Result	t Status		Final			
Specimen/Accession ID	10591622CE176	17661		Specimen Source					
Ordering Provider	CINDY TANG, M	D				LABCORP SAN DIEGO ( LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK SAN DIEGO, CA 921284 Account ID: 04352405	DR SO STE 200		

Report	Result	Ref. Range	Units	$\triangle$	Status	Lab	Date
CHOLESTEROL, TOTAL	206	100-199	mg/dL	Above High Normal	Final	01	
TRIGLYCERIDES	530	0-149	mg/dL	Above High Normal	Final	01	
HDL CHOLESTEROL	34	>39	mg/dL	Below Low Normal	Final	01	
VLDL CHOLESTEROL CAL	86	5-40	mg/dL	Above High Normal	Final	01	
LDL CHOL CALC (NIH)	86	0-99	mg/dL		Final	01	
LDL CALC COMMENT:	NP				Cancelled	01	
RESULT NOTE	FASTING Y	'ES					

# UA/M W/RFLX CULTURE, ROUTINE 09/21/2024 (#60038472, Final, 09/17/2024 11:03am)

Ordering Provider	CINDY TANG, MD	F	Performing Lab	LABCO EARLE 13112 I SAN DI	RP SAN DIEGO (01) RP SAN DIEGO COLLUM, JR EVENING CREEK DR SO EGO, CA 921284108 t ID: 04352405	STE 200		
Specimen/Accession ID	10591622CE17661	S	Specimen Source					
Specimen Coll. Date	09/17/2024 11:03	F	Result Status	Final				
Specimen Rec. Date	09/17/2024 00:00	F	Report Status					
Specimen Reported Date	09/21/2024 20:07							
Report	Result		Ref. Range	Units	Δ	Status	Lab	Date
SPECIFIC GRAVITY	>1.030		1.005-1.030		Above High Normal	Final	01	

Report	Result	Ref. Range	Units	$\triangle$	Status	Lab	Date
SPECIFIC GRAVITY	>1.030	1.005-1.030		Above High Normal	Final	01	
PH	6.5	5.0-7.5		Normal	Final	01	
URINE-COLOR	Yellow	YELLOW			Final	01	
APPEARANCE	Cloudy	CLEAR		Abnormal	Final	01	
WBC ESTERASE	1+	NEGATIVE		Abnormal	Final	01	
PROTEIN	Trace	NEGATIVE/TRACE			Final	01	
GLUCOSE	3+	NEGATIVE		Abnormal	Final	01	
KETONES	Trace	NEGATIVE		Abnormal	Final	01	
OCCULT BLOOD	Negative	NEGATIVE			Final	01	
BILIRUBIN	Negative	NEGATIVE			Final	01	
UROBILINOGEN,SEMI-QN	0.2	0.2-1.0	mg/dL	Normal	Final	01	
NITRITE, URINE	Negative	NEGATIVE			Final	01	

**FASTING YES** 

**RESULT NOTE** 

UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY • 1790 E Manning Ave, REEDLEY CA 93654-2346 PULIDO, Maria DEL CARMEN DEL CARMEN (id #213147, dob: 11/15/1978) MICROSCOPIC EXAMINATION See below: Final 01 Microscopic was indicated and was performed. Final 01 **WBC** 11-30 0 - 5 /hpf **Abnormal RBC** None seen 0 - 2/hpf Final 01 **EPITHELIAL CELLS (NON RENAL)** 0-10 0 - 10/hpf Final 01 **EPITHELIAL CELLS (RENAL)** NP Cancelled 01 **CASTS** None seen NONE SEEN /lpf Final 01 **CAST TYPE** NP Cancelled 01 **CRYSTALS** NP 01 Cancelled **CRYSTAL TYPE** NP Cancelled 01 **MUCUS THREADS** NP Cancelled 01 **BACTERIA** NONE SEEN/FEW Final 01 Many **Abnormal** YEAST NP Cancelled 01 **TRICHOMONAS** NP Cancelled 01 COMMENT NP Cancelled 01 MICROSCOPIC EXAMINATION NP Cancelled 01 URINALYSIS REFLEX Comment Final 01 This specimen has reflexed to a Urine Culture. **URINE CULTURE, ROUTINE Final** 01 Final report **Abnormal RESULT 1** Final 01 Klebsiella pneumoniae **Abnormal** Greater than 100,000 colony forming units per mL Cefazolin <=4 ug/mL Cefazolin with an MIC <=16 predicts susceptibility to the oral agents cefaclor, cefdinir, cefpodoxime, cefprozil, cefuroxime, cephalexin, and loracarbef when used for therapy of uncomplicated urinary tract infections due to E. coli, Klebsiella pneumoniae, and Proteus mirabilis. ANTIMICROBIAL SUSCEPTIBILITY Comment Final 01 \*\* S = Susceptible; I = Intermediate; R = Resistant \*\* P = Positive; N = Negative MICS are expressed in micrograms per mL RSLT#2 RSLT#3 Antibiotic RSLT#1 RSLT#4 Amoxicillin/Clavulanic Acid S Ampicillin Cefepime Ceftriaxone S Cefuroxime S Ciprofloxacin S Ertapenem S Gentamicin S Tmipenem Levofloxacin Meropenem S Nitrofurantoin Piperacillin/Tazobactam S S Tetracycline Tobramvcin S Trimethoprim/Sulfa S

# COMP. METABOLIC PANEL (14)-322000-P 09/21/2024 (#60038471, Final, 09/17/2024 11:03am)

Ordering Provider	CIND	OY TANG, M	ID .	Perfo	orming Lab	LABO EAR 1311 SAN	CORP SAN DIEGO (CORP SAN DIEGO (CORP SAN DIEGO LE COLLUM, JR 12 EVENING CREEK DIEGO, CA 9212841	DR S	SO STE 200		
Specimen/Accession ID	1059	1622CE176	61	Spec	cimen Source						
Specimen Coll. Date	09/17	7/2024 11:0	3	Resu	ılt Status	Fina	I				
Specimen Rec. Date	09/17	7/2024 00:0	0	Repo	ort Status						
Specimen Reported Date	09/21	1/2024 20:0	7			_					
Report	1	Result	Ref. Range		Units	$\wedge$			Status	Lab	Date

Report	Result	Ref. Range	Units	$\triangle$	Status	Lab	Date
GLUCOSE	314	70-99	mg/dL	Above High Normal	Final	01	
BUN	8	6-24	mg/dL	Normal	Final	01	
CREATININE	0.39	0.57-1.00	mg/dL	Below Low Normal	Final	01	
EGFR	125	>59	mL/min/1.73	Normal	Final	01	
BUN/CREATININE RATIO	21	9-23		Normal	Final	01	
SODIUM	135	134-144	mmol/L	Normal	Final	01	
POTASSIUM	4.3	3.5-5.2	mmol/L	Normal	Final	01	
CHLORIDE	93	96-106	mmol/L	Below Low Normal	Final	01	
CARBON DIOXIDE, TOTAL	28	20-29	mmol/L	Normal	Final	01	
CALCIUM	9.9	8.7-10.2	mg/dL	Normal	Final	01	
PROTEIN, TOTAL	7.4	6.0-8.5	g/dL	Normal	Final	01	
ALBUMIN	4.0	3.9-4.9	g/dL	Normal	Final	01	
GLOBULIN, TOTAL	3.4	1.5-4.5	g/dL		Final	01	
BILIRUBIN, TOTAL	0.7	0.0-1.2	mg/dL	Normal	Final	01	
ALKALINE PHOSPHATASE	80	44-121	IU/L	Normal	Final	01	
AST (SGOT)	19	0-40	IU/L	Normal	Final	01	
ALT (SGPT)	46	0-32	IU/L	Above High Normal	Final	01	
RESULT NOTE FASTING YES							

# CBC WITH DIFFERENTIAL/PLATELET 09/21/2024 (#60038470, Final, 09/17/2024 11:03am)

Ordering Provider	CINDY TANG, MD	Performing Lab	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04352405
Specimen/Accession ID	10591622CE17661	Specimen Source	
Specimen Coll. Date	09/17/2024 11:03	Result Status	Final
Specimen Rec. Date	09/17/2024 00:00	Report Status	
Specimen Reported Date	09/21/2024 20:07		

	- In "	D ( D	11. %		0.1	1	l
Report	Result	Ref. Range	Units	$\triangle$	Status	Lab	Date
WBC	7.9	3.4-10.8	x10E3/uL	Normal	Final	01	
RBC	5.32	3.77-5.28	x10E6/uL	Above High Normal	Final	01	
HEMOGLOBIN	14.4	11.1-15.9	g/dL	Normal	Final	01	
HEMATOCRIT	45.4	34.0-46.6	%	Normal	Final	01	
MCV	85	79-97	fL	Normal	Final	01	
MCH	27.1	26.6-33.0	pg	Normal	Final	01	
мснс	31.7	31.5-35.7	g/dL	Normal	Final	01	
RDW	13.6	11.7-15.4	%		Final	01	
PLATELETS	315	150-450	x10E3/uL	Normal	Final	01	
NEUTROPHILS	60	NOT ESTAB.	%	Normal	Final	01	
LYMPHS	34	NOT ESTAB.	%	Normal	Final	01	
MONOCYTES	5	NOT ESTAB.	%	Normal	Final	01	
EOS	1	NOT ESTAB.	%	Normal	Final	01	
BASOS	0	NOT ESTAB.	%	Normal	Final	01	
IMMATURE CELLS	NP				Cancelled	01	
NEUTROPHILS (ABSOLUTE)	4.7	1.4-7.0	x10E3/uL	Normal	Final	01	
LYMPHS (ABSOLUTE)	2.7	0.7-3.1	x10E3/uL	Normal	Final	01	
MONOCYTES(ABSOLUTE)	0.4	0.1-0.9	x10E3/uL	Normal	Final	01	
EOS (ABSOLUTE)	0.0	0.0-0.4	x10E3/uL	Normal	Final	01	
BASO (ABSOLUTE)	0.0	0.0-0.2	x10E3/uL	Normal	Final	01	
IMMATURE GRANULOCYTES	0	NOT ESTAB.	%		Final	01	
IMMATURE GRANS (ABS)	0.0	0.0-0.1	x10E3/uL		Final	01	
NRBC	NP				Cancelled	01	
HEMATOLOGY COMMENTS:	NP				Cancelled	01	
RESULT NOTE	FASTING	YES					

# TSH+FREE T4-224576-P 09/21/2024 (#60038469, Final, 09/17/2024 11:03am)

Ordering Provider CINDY TANG		CINDY TANG, MD	Performing Lab		LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04352405				
Specimen/Accession ID 10591622CE17661		10591622CE17661	Specimen Source						
Specimen Coll. Date		09/17/2024 11:03	Result Status		Final				
Specimen Rec. Date		09/17/2024 00:00	Report Status						
Specimen Reported Date		09/21/2024 20:07							
Report	Result	Ref. Range	Units	$\triangle$		Status	Lab	Date	
TSH	0.937	0.450-4.500	uIU/mL	Normal		Final	01		
T4,FREE(DIRECT)	1.49	0.82-1.77	ng/dL	Normal		Final	01		
RESULT NOTE	FASTING YES SRC:UR								

# URINALYSIS, DIPSTICK 11/13/2023 (#47956667, 11/13/2023 1:07pm)

Report	Result	Ref. Range	Units	$\triangle$	Status	Lab	Date
Leukocytes	Trace						
Nitrite	negative						
Urobilinogen	0.2						
Protein	++100						
рН	5.5						
Blood	Negative						
Specific Gravity	1.025						
Ketone	Negative						
Bilirubin	Negative						
Glucose	1000						
Appearance	Clear						
Color	Yellow						