UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY • 1251 DRAPER ST, KINGSBURG CA 93631-1934

SALAZAR, Fernando (id #183893, dob: 04/09/1985)

Referral Order

03/13/2025

To Provider	From Provider
CALIFORNIA UROLOGY	SIREESHA MUDUNURI, DO
	Kingsburg-Draper
782 MEDICAL CENTER DRIVE E., SUITE 311	1251 DRAPER ST
CLOVIS, CA 93611	KINGSBURG, CA 93631-1934
Phone:	Phone: (800) 492-4227
Phone: (559) 472-4600	Fax: (844) 742-3430
Fax:	
Fax: (559) 472-4601	

Referral Order Information

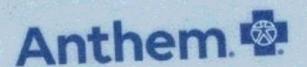
Diagnosis	Vasectomy requested ICD-10: Z30.2: Encounter for sterilization
Order Name	Orders included: 1 Vasectomy requested ICD-10: Z30.2: Encounter for sterilization • UROLOGIST REFERRAL Schedule Within: provider's discretion Reason for Referral: vasectomy
Notes	

Patient Information

Patient Name	SALAZAR, FERNANDO
SSN	99999999
Sex - DOB - Age	M 04/09/1985 39yo
Address	14073 S ZEDIKER AVE KINGSBURG, CA 93631-9727
Phone	H: (559) 305-5155 M: (559) 305-5155
Primary Insurance	NeueHealth - United Physicians Network - BCBS-CA Blue Cross of California (Medicaid Replacement - HMO) ID: XDJ99585833E Policy Holder: SALAZAR, FERNANDO
Secondary Insurance	BCBS-CA Blue Cross of California (Medicaid Replacement - HMO) ID: XDJ99585833E Policy Holder: SALAZAR, FERNANDO

Electronically Signed by: SIREESHA MUDUNURI, DO

Sust Melur



Medi-Cal Program

FERNANDO SALAZAR MEMBER ID XDJ99585833E

Group number Coverage code Plan code 1188XA SS53A 040

UHC KINGSBURG UPN/FQHC

1251 DRAPER ST KINGSBURG, CA 93631 (800)492-4227

Member effective date PCP effective date Primary language 02/01/24 02/01/2024 SPANISH

Anthem 🚭

Member: In an emergency, call 911 or go to the nearest hospital emergency room. You do not need to receive an OK ahead of time for emergency care.

Providers outside California:

Only emergency care is covered.
Submit claims to the local Blue Cross plan.
Please include the three-digit
prefix that precedes the ID card number.

Emergency services rendered to the member by noncontracting providers are reimbursable by the contractor without prior authorization.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

anthem.com/ca/medi-cal

Customer Care/elig/claims: 800-407-4627 TTY line: 711 24/7 NurseLine: 800-224-0336 TTY line: 711 Vision: 844-239-7644 Dental: 800-322-6384 Transportation: 877-931-4755 Medical drug prior auth: 866-363-4126 Medi-Cal Rx: 800-977-2273 Out of area: 800-676-2583 24/7 doctors: livehealthonline.com Hospital admissions: 1-888-831-2246

PMG claims: Anthem Blue Cross PO Box 60007

Los Angeles, CA 90060-0007

Hosp.claims: Anthem Blue Cross PO Box 60007

Los Angeles, CA 90060-0007

Clinical Encounter Summaries **Encounter Date: 03/13/2025**

Patient

Name SALAZAR, FERNANDO (39yo, M) ID# Appt. Date/Time 03/13/2025 03:30PM

183893

DOB 04/09/1985 **Service Dept.** Kingsburg-Draper

Provider SIREESHA MUDUNURI, DO

Insurance Med Primary: NEUEHEALTH - UNITED PHYSICIANS NETWORK - BCBS-CA BLUE CROSS OF

CALIFORNIA (MEDICAID REPLACEMENT - HMO)

Insurance #: XDJ99585833E

Med Secondary: BCBS-CA BLUE CROSS OF CALIFORNIA (MEDICAID REPLACEMENT - HMO)

Insurance #: XDJ99585833E Med Tertiary: *SELF PAY*

Med Contracts: SUN MAID COVID VACCINE

Insurance #: 04091985

Med Contracts: COVID19 HRSA UNINSURED TESTING AND TREATMENT FUND

Insurance #: 182133868

Prescription: MAGELLAN-CALIFORNIA MEDICAID - Member is eligible. details

Chief Complaint

Well adult male PE

Patient's Care Team

Chiropractor: RUSTE M HOUGHTON, D.C.

Patient's Pharmacies

CVS/PHARMACY #9983 (ERX): 929 SIERRA ST, KINGSBURG, CA 93631, Ph (559) 897-0290, Fax (559) 897-0378

Vitals

(175.26 cm) clothes (92.26 kg) 03/13/2025 03:33 pm 03/13/2025 03:34 pm

T: 97.9 F° temporal BP: 131/78 sitting R arm Notes: ctirado,ma 03/13/2025

03/13/2025 03:34 pm

pm

03:34 pm

03:34 pm

artery (36.61 C) 03/13/2025 03:34 pm

O2Sat: 98% Room Air at **Pulse:** 71 bpm regular **RR:** 17.98 03/13/2025

Rest 03/13/2025 03:33

03/13/2025 03:34 pm

pm

Pain Scale: 0 03/13/2025 03:34 pm

1 am ocaic. 0 00/10/2020 00:04

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

atorvastatin 20 mg tablet 08/03/22 filled

Take 1 tablet(s) every day by oral route.

OMEGA-3 1000 MG CAPS 07/19/22 filled

omega-3 fatty acids-fish oil 300 mg-1,000 mg capsule 07/18/22 prescribed

Take 1 capsule(s) every day by oral route.

valACYclovir 1 gram tablet 06/04/22 filled

Take 1 tablet(s) 3 times a day by oral route for 7 days.

VITAMIN D3 2,000 UNIT SOFTG 08/03/22 filled

Vitamin D3 50 mcg (2,000 unit) capsule 07/18/22 prescribed

Take 1 capsule(s) every day by oral route.

Vaccines

Reviewed Vaccines												
Vaccine Type	Date	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator	
COVID-19	COVID-19											
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	12/09/21	0.25 mL		Deltoid, Right	80777027310	069H21A	Moderna US, Inc.		Moderna COVID-19 Vaccine EUA 8/27/2021 Spanish	12/09/21	Denia Macias, LPN	
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	03/31/21	0.5 mL	Intramuscular	Deltoid, Left	80777027399	011A21A	Moderna US, Inc.		Moderna COVID-19 Vaccine EUA Fact Sheet 12/01/2020	03/31/21	jceballos6	
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	03/03/21	0.5 mL		Deltoid, Right	80777027399	010A21A	Moderna US, Inc.		Moderna COVID-19 Vaccine EUA Fact Sheet 12/01/2020	03/03/21	smarrett2	
Diphtheria, Tetanus, Pertussis												
Tdap	01/01/20											
Tdap	09/01/10											
Influenza												
influenza, seasonal, injectable	03/13/25	0.5 mL	Intramuscular	Deltoid, Right	49281064178	u8435AA	Sanofi Pasteur		Inactivated Influenza 08/6/2021 Spanish	03/13/25	Catherine Vasquez, LPN	

Problems

Reviewed Problems No known problems

Family History

Reviewed Family History

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

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?: 03/13/2025

Has tobacco cessation counseling been provided?: Yes

On what date was tobacco cessation counseling provided?: 03/13/2025

What is your level of alcohol consumption?: None Do you use any illicit or recreational drugs?: No What is your level of caffeine consumption?: None

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 **Home and Environment**

What type of child care do you use?: None

Do you have any pets?: No

Do you have smoke and carbon monoxide detectors in your home?: Yes

Are you passively exposed to smoke?: No Are there any guns present in your home?: No What is the fluoride status of your home?: Unknown

Do you use insect repellent routinely?: No Do you use sunscreen routinely?: No

Lifestyle

Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?: Only a little

Do you participate in social media?: No Do you wear a helmet when biking?: No

Do you use your seat belt or car seat routinely?: Yes

Marriage and Sexuality

What is your relationship status?: Married

Are you sexually active?: Yes

Do you use protection during sex?: No How many children do you have?: 4

Advance Directive

Is blood transfusion acceptable in an emergency?: Yes

Do you have a patient advocate?: No

Public Health and Travel

Have you been to an area known to be high risk for COVID-19?: No

In the 14 days before symptom onset, have you had close contact with a laboratory-confirmed COVID-19 while that case was ill?: No In the 14 days before symptom onset, have you had close contact with a person who is under investigation for COVID-19 while that person was ill?: No

Do you reside in or have you traveled to an area where Ebola virus transmission is active?: No

Have you processed blood or body fluids from an Ebola virus disease patient without appropriate PPE?: No

Have you recently or are you planning to travel to an area with Zika virus?: No

Are you currently sexually active with anyone who has traveled (within the last 12 weeks) to a Zika-affected area?: No

Education and Occupation

What is the highest grade or level of school you have completed or the highest degree you have received?: High school graduate Are you currently employed?: Yes

Diet and Exercise

What type of diet are you following?: Regular What is your exercise level?: Occasional

Activities of Daily Living

Are you able to care for yourself?: Yes

Are you blind or do you have difficulty seeing?: No

Are you deaf or do you have serious difficulty hearing? : No

Do you have difficulty concentrating, remembering or making decisions?: No

Do you have difficulty walking or climbing stairs?: No Do you have difficulty dressing or bathing?: No Do you have difficulty doing errands alone?: No Are you able to walk?: Yes: walks without restrictions

Do you have transportation difficulties?: No Which of your hands is dominant?: Right **Gender Identity and LGBTQ Identity** Gender identity: Identifies as Male

Assigned sex at birth: Male

Pronouns: he/him

Sexual orientation: Straight or heterosexual

Surgical History

Reviewed Surgical History

Appendectomy - 03/01/2022

Past Medical History

Reviewed Past Medical History

Screening

Name	Score	Notes
PHQ-2/PHQ-9	0 (for the PHQ-2), Finding: Negative	
AUDIT-C	0	
DAST	0	
PRAPARE	Not performed, Patient refused	

HPI

39M presenting today for a physical.

PMH: none

PSH: appendix 3 years

Allergies: None Meds: None

FH: no cancers, no CAD, no CVA, no DM, HTN in mom

SH: no alcohol, no tobacco use, no drug use. Works driving tractors. Has 4 kids

ROS

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

ROS as noted in the HPI

Physical Exam

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: active and alert.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: non-injected. Pupils: PERRLA. EOM: EOMI. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear, EACs clear, and TMs clear.

Neck: Neck: supple and trachea midline. Lymph Nodes: no cervical LAD. Thyroid: no enlargement or nodules and non-tender.

Lungs: Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal and CTA except as noted.

Cardiovascular: Heart Auscultation: RRR and no murmurs.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft and non-distended.

Skin: Inspection and palpation: no rash or lesions.

Assessment / Plan

1. Adult health examination -

- Screening labs today
- Flu vaccines today

Z00.00: Encounter for general adult medical examination without abnormal findings

- COMP. METABOLIC PANEL (14)-322000-P
- LIPID PANEL-303756-P
- CBC WITH DIFFERENTIAL/PLATELET
- TSH RFX ON ABNORMAL TO FREE T4
- HEMOGLOBIN A1C-001453-P

2. Vasectomy requested -

- Has 4 children
- Place referral today

Z30.2: Encounter for sterilization

• UROLOGIST REFERRAL - Schedule Within: provider's discretion

Reason for Referral: vasectomy

3. Overweight -

26.8

E66.3: Overweight

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

4. Venereal disease screening

Z11.3: Encounter for screening for infections with a predominantly sexual mode of transmission

- HIV AB/P24 AG WITH REFLEX
- RPR, RFX QN RPR/CONFIRM TP
- CHLAMYDIA/GC AMPLIFICATION-183194-P
- HCV ANTIBODY RFX TO QUANT PCR

5. Administration of influenza vaccine

Z23: Encounter for immunization

• FLUZONE TRIV 2024-2025 45 MCG (15 MCG X 3)/0.5 ML IM SUSPENSION - INJECT 0.5 MILLILITER (45 MCG) BY INTRAMUSCULAR ROUTE ONCE influenza, seasonal, injectable Site: Deltoid, Right Qty: (0.5) mL Administered on 03/13/2025 Perform Date: 03/13/2025

Return to Office

Patient will return to the office as needed.

Encounter Sign-Off

Encounter signed-off by Sireesha Mudunuri, DO, 03/13/2025.

Encounter performed and documented by Sireesha Mudunuri, DO Encounter reviewed & signed by Sireesha Mudunuri, DO on 03/13/2025 at 04:33 PM

FASTING YES

Lab Results

RESULT NOTE

TSH RFX ON ABNORMAL TO FREE T4 03/18/2025 (#67151024, Final, 03/14/2025 9:14am)

Ordering Provider	dering Provider SIREESHA MUDUNURI, DO				Performing Lab)	LABCOR LABCOR EARLE (13112 E' SAN DIE Account	1		
Specimen/Accession	cimen/Accession ID 11352812CE17661				Specimen Soul	Specimen Source				
Specimen Coll. Date	n Coll. Date 03/14/2025 09:14				Result Status		Final			
Specimen Rec. Date		03/1	14/2025 00:00		Report Status					
Specimen Reported [Date	03/1	18/2025 07:09							
Report	Result		Ref. Range	Uni	ts	\triangle		Status	Lab	Date
TSH	2.280		0.450-4.500	ulU	U/mL Norr			Final	01	
RESULT NOTE	FASTING YES									

HIV AB/P24 AG W Ordering Provider		SIREESHA MUDUNURI, DO			Performing Lab	LABCORP S LABCORP S EARLE COL 13112 EVEN SAN DIEGO	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04175620				
Specimen/Accession ID	113	352812CE17661			Specimen Source						
Specimen Coll. Date	03/	14/2025 09:14			Result Status	Final					
Specimen Rec. Date	03/	14/2025 00:00			Report Status						
Specimen Reported Date	03/	18/2025 07:09									
Report		Result	Ref	f. Ra	nge	Units	\triangle	Status	Lab	Date	
HIV AB/P24 AG SCREEN		Non Reactive	NO	N R	EACTIVE			Final	01		
HIV-1/HIV-2 antibodies and HIV-1 p24 antigen were NOT detected. There is no laboratory evidence of HIV infection. HIV Negative											

RPR, RFX QN RPR/CONFIRM TP 03/18/2025 (#67151022, Final, 03/14/2025 9:14am)

Ordering Provider	Provider SIREESHA MUDUNURI, DO		JNURI, DO	Performing Lab	rforming Lab LABCORP SAN DIEGO (0 LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK I SAN DIEGO, CA 92128410 Account ID: 04175620			SAN DIEGO Ó LLUM, JR NING CREEK DR D, CA 921284108	SO STE 200	
Specimen/Accession	ID	11352812CE1766	1	Specimen Source	e					
Specimen Coll. Date		03/14/2025 09:14		Result Status	Final					
Specimen Rec. Date		03/14/2025 00:00		Report Status						
Specimen Reported [Date	03/18/2025 07:09								
Report	Result		Ref. Range		Units		\triangle	Status	Lab	Date
RPR	Non Reactive	e	NON REACTIVE					Final	01	
RESULT NOTE	FASTING YE	ES .								

HEMOGLOBIN A1C-001453-P 03/18/2025 (#67151021, Final, 03/14/2025 9:14am)

Ordering Provider	SIREESHA MUDUNURI, DO			ming Lab	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04175620							
Specimen/Accession ID	11352812CE17661			nen Source								
Specimen Coll. Date	03/14/2025 09:14			Status	Final							
Specimen Rec. Date	03/14/2025 00	0:00	Repor	Report Status								
Specimen Reported Date	03/18/2025 07	7:09										
Report	Result	Ref. Range	Units	<u> </u>		Status	Lab	Date				
HEMOGLOBIN A1C	6.7	4.8-5.6	%	Above High No	ormal	Final	01					
		Prediabetes: 5.7 - 6.4 Diabetes: >6.4 Glycemic control for adults with diabetes: <7.0										
RESULT NOTE	FASTING YE	:S										

RESULT NOTE

HCV ANTIBODY RFX TO QUANT PCR 03/18/2025 (#67151020, Final, 03/14/2025 9:14am)

Ordering Provider	SIREESHA MUDUNURI, DO		Performing Lab		LABCORI EARLE C 13112 EV SAN DIEC	CORP SAN DIEGO (01) CORP SAN DIEGO LE COLLUM, JR 12 EVENING CREEK DR SO STE 200 I DIEGO, CA 921284108 Dunt ID: 04175620				
Specimen/Accession ID	11352812CE17661		Specimen Source							
Specimen Coll. Date	03/14/2025 09:14 F		Result Status		Final					
Specimen Rec. Date	03/14/2025 00:00	03/14/2025 00:00								
Specimen Reported Date	03/18/2025 07:09									
Report	Result	Ref. Range	ı		nits	Ŵ	Status	Lab	Date	
HCV AB	Non Reactive	NON REAC	TIVE				Final	01		
INTERPRETATION:	Comment						Final	01		
	Not infected with HCV suspected (which may be individual), or other	oe delayed	comi	ised	tion					
RESULT NOTE	FASTING YES									

CHLAMYDIA/GC AN	<u> 1PLIFICATION-1</u>	83194	-P 0	3/18/2025 (#67151019,	Fina	al, 03/14/20	25 9:14a	ım)
Ordering Provider	SIREESHA MUDUNURI, DO)	Perfo	rming Lab	LABCORP SA LABCORP SA EARLE COLLU 13112 EVENIN SAN DIEGO, O Account ID: 04				
Specimen/Accession ID	11352812CE17661		Speci	Specimen Source UR					
Specimen Coll. Date	03/14/2025 09:14		Resul	t Status	Final				
Specimen Rec. Date	03/14/2025 00:00		Repo	rt Status					
Specimen Reported Date	03/18/2025 07:09								
Report Res				Ref. Range	Units	\triangle	Status	Lab	Date
CHLAMYDIA TRACHOMATIS, NAA				NEGATIVE			Final	01	
NEISSERIA GONORRHOEAE, NA	4	Negative		NEGATIVE			Final	01	

FASTING YES

LIPID PANEL-303756-P 03/18/2025 (#67151018, Final, 03/14/2025 9:14am)

Ordering Provider	SIREESHA MUDUNU	SIREESHA MUDUNURI, DO			LABCORP SAN DIEGO LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREE SAN DIEGO, CA 92128 Account ID: 04175620	· ` ´ K DR SO S	TE 200				
Specimen/Accession ID	11352812CE17661		Specimen Sou	rce							
Specimen Coll. Date	03/14/2025 09:14		Result Status		Final						
Specimen Rec. Date	03/14/2025 00:00										
Specimen Reported Date	03/18/2025 07:09		Report Status								
Report	Result	Ref. Range	Units	\triangle		Status	Lab	Date			
CHOLESTEROL, TOTAL	266	100-199	mg/dL		igh Normal	Final	01				
TRIGLYCERIDES	1543	0-149	mg/dL	Alert Hig		Final	01				
	Results confi	rmed on									
HDL CHOLESTEROL	22	>39	mg/dL	Below Lo	ow Normal	Final	01				
VLDL CHOLESTEROL CAL	Comment	5-40	mg/dL	Abnorma	al	Final	01				
		on for the VLI level is >800		ol is no	t valid when						
LDL CHOL CALC (NIH)	Comment	0-99	mg/dL	Abnorma	al	Final	01				
	Triglyceride cholesterol e		ted is too h	igh for	an accurate LDL						
LDL CALC COMMENT:	Comment					Final	01				
	is >260 mg/dL years old, co if clinically	the absence of the LDL-c value, if the Total Cholesterol (TC) >260 mg/dL for those <16 years old or >290 for those >/=16 ars old, consider evaluating for Familial Hypercholesterolemia(FH) clinically indicated. the TC is below these limits, the probability of FH cannot be									
RESULT NOTE	FASTING YES										

FASTING YES

SALAZAR, Fernando (id #183893, dob: 04/09/1985)

RESULT NOTE

COMP. METABOLIC PANEL (14)-322000-P 03/18/2025 (#67151017, Final, 03/14/2025 9:14am)

Ordering Provider	SIREESHA MUDUNURI, DO		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: 04175620				
Specimen/Accession ID	11352812CE	7661	Specimen Source	e					
Specimen Coll. Date	03/14/2025 09):14	Result Status	Result Status Final					
Specimen Rec. Date	03/14/2025 00	0:00	Report Status	Report Status					
Specimen Reported Date	03/18/2025 03	' :09							
Report Result Ref. Range			Units	Units		Status	Lab	Date	
GLUCOSE	121	70-99	mg/dL	Above	High Normal	Final	01		
BUN	18	6-20	mg/dL	Norma	al	Final	01		
CREATININE	0.99	0.76-1.27	mg/dL	Norma	ıl	Final	01		
EGFR	99	>59	mL/min/1.73	Norma	al	Final	01		
BUN/CREATININE RATIO	18	9-20		Norma	Normal		01		
SODIUM	140	134-144	mmol/L	Norma	Normal		01		
POTASSIUM	4.4	3.5-5.2	mmol/L	Norma	Normal		01		
CHLORIDE	102	96-106	mmol/L		Normal		01		
CARBON DIOXIDE, TOTAL	24	20-29	mmol/L	Norma	Normal		01		
CALCIUM	9.1	8.7-10.2	mg/dL	Norma	Normal		01		
PROTEIN, TOTAL	6.8	6.0-8.5	g/dL	Norma	Normal		01		
ALBUMIN	4.3	4.1-5.1	g/dL	Norma	Normal		01		
GLOBULIN, TOTAL	2.5	1.5-4.5	g/dL				01		
BILIRUBIN, TOTAL	0.3	0.0-1.2	mg/dL	Norma	Normal		01		
ALKALINE PHOSPHATASE	141	44-121	IU/L	Above High Normal		Final	01		
AST (SGOT)	52	0-40	IU/L	Above	High Normal	Final	01		
	ultrac choles	The specimen was lipemic. The lipemia was cleared by ultracentrifugation before testing. However HDL, direct LDL, cholesterol and triglyceride (if ordered) were performed prior to ultracentrifugation.							
ALT (SGPT)	27	0-44	IU/L		Normal		01		
	ultrac choles	The specimen was lipemic. The lipemia was cleared by ultracentrifugation before testing. However HDL, direct LDL, cholesterol and triglyceride (if ordered) were performed prior to ultracentrifugation.							

CBC WITH DIFFERENTIAL/PLATELET 03/18/2025 (#67151016, Final, 03/14/2025 9:14am)

Ordering Provider	SIREESHA MUDUNURI, DO			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: 04175620					
Specimen/Accession ID	11352812CE17661			Specimen	Source						
Specimen Coll. Date	03/14/2025 09:14			Result Stat	us	Final					
Specimen Rec. Date	03/14/2025 00:00			Report Sta	tus						
Specimen Reported Date	03/18/2025 07:09										
Report		Result	Ref. Range)	Units		\triangle	Status	Lab	Date	

Report	Result	Ref. Range	Units	\triangle	Status	Lab	Date
WBC	6.5	3.4-10.8	x10E3/uL	Normal	Final	01	
RBC	5.12	4.14-5.80	x10E6/uL	Normal	Final	01	
HEMOGLOBIN	15.9	13.0-17.7	g/dL	Normal	Final	01	
HEMATOCRIT	45.0	37.5-51.0	%	Normal	Final	01	
MCV	88	79-97	fL	Normal	Final	01	
мсн	31.1	26.6-33.0	pg	Normal	Final	01	
MCHC	35.3	31.5-35.7	g/dL	Normal	Final	01	
RDW	13.0	11.6-15.4	%		Final	01	
PLATELETS	215	150-450	x10E3/uL	Normal	Final	01	
NEUTROPHILS	55	NOT ESTAB.	%	Normal	Final	01	
LYMPHS	38	NOT ESTAB.	%	Normal	Final	01	
MONOCYTES	6	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)	3.6	1.4-7.0	x10E3/uL	Normal	Final	01	
LYMPHS (ABSOLUTE)	2.5	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 SRC:UR							