

10/09/2024 - Office Visit in Shreveport-Provenance Primary Care

Diagnoses

|   | Codes  | Comments |
|---|--|----------|
| Hyperlipidemia, unspecified hyperlipidemia type - Primary   | ICD-10-CM: E78.5<br>ICD-9-CM: 272.4                    |          |
| Type 2 diabetes mellitus with diabetic microalbuminuria, without long-term current use of insulin | ICD-10-CM: E11.29,<br>R80.9<br>ICD-9-CM: 250.40, 791.0 |          |

Problem List as of 10/9/2024 Date Reviewed: 4/9/2024

|  | Codes   | Priority | Class | Noted - Resolved     |
|--|---|----------|-------|----------------------|
| History of herpes zoster   | ICD-10-CM: Z86.19<br>ICD-9-CM: V12.09         |          |       | 12/31/1977 - Present |
| Type 2 diabetes mellitus   | ICD-10-CM: E11.9<br>ICD-9-CM: 250.00          |          |       | 1/1/1999 - Present   |
| History of colonic polyps  | ICD-10-CM: Z86.0100<br>ICD-9-CM: V12.72       |          |       | 12/31/2013 - Present |
| Overview Signed 7/3/2023 8:12 AM by Callegan-Poche, Amanda L., MD<br>Removal Reason: removed                           |   |          |       |                      |
| Lipoma of forearm  | ICD-10-CM: D17.20<br>ICD-9-CM: 214.1          |          |       | 10/1/2016 - Present  |
| Overview Signed 7/3/2023 8:12 AM by Callegan-Poche, Amanda L., MD<br>surgical removal Removal Reason: surgical removal |   |          |       |                      |
| Contracture of skin of hand  | ICD-10-CM: L98.8<br>ICD-9-CM: 709.8           |          |       | 11/30/2016 - Present |
| Overview Signed 7/3/2023 8:12 AM by Callegan-Poche, Amanda L., MD<br>Depuytren's left hand                             |   |          |       |                      |
| Nephropathy due to secondary diabetes mellitus   | ICD-10-CM: E13.21<br>ICD-9-CM: 249.40, 583.81 |          |       | 6/7/2021 - Present   |
| Ophthalmic herpes simplex  | ICD-10-CM: B00.50<br>ICD-9-CM: 054.40         |          |       | 10/27/2021 - Present |
| Overview Signed 7/3/2023 8:12 AM by Callegan-Poche, Amanda L., MD<br>(10/2021) right eye                               |   |          |       |                      |
| Diverticular disease   | ICD-10-CM: K57.90<br>ICD-9-CM: 562.10         |          |       | 8/17/2022 - Present  |
| Hyperlipidemia   | ICD-10-CM: E78.5<br>ICD-9-CM: 272.4           |          |       | 8/17/2022 - Present  |
| Hypertensive disorder  | ICD-10-CM: I10<br>ICD-9-CM: 401.9             |          |       | 8/17/2022 - Present  |
| Ulcerative proctocolitis   | ICD-10-CM: K51.30<br>ICD-9-CM: 556.2          |          |       | 8/17/2022 - Present  |
| RESOLVED: Bilateral tinnitus   | ICD-10-CM: H93.13<br>ICD-9-CM: 388.30         |          |       | 1/1/2003 - 8/17/2022 |

Patient as-of Visit

|   |  |
|---|--|
| Allergies as of 10/9/2024   |  |
| Allergies last reviewed by Callegan-Poche, Amanda L., MD on 4/9/2024 1041<br>No Known Allergies |  |

| Immunizations as of 10/9/2024 |      |
|-------------------------------|------|
| Immunization                  | Date |

**10/09/2024 - Office Visit in Shreveport-Provenance Primary Care (continued)**

**Patient as-of Visit (continued)**

|  |                        |
|--|------------------------|
| COVID-19, vector-nr, rS-Ad26, PF (Janssen)                           | 03/20/2021, 12/24/2021 |
| Influenza (FLUAD) - Quadrivalent - Adjuvanted - PF *Preferred* (65+) | 10/24/2022, 11/16/2023 |
| Influenza - Trivalent - Afluria, Fluzone MDV                         | 09/13/2018             |
| Pneumococcal Conjugate - 20 Valent                                   | 11/29/2022             |
| Tdap   | 01/01/2016             |

**Outpatient Medications at Start of Encounter as of 10/9/2024**

|  | Disp           | Refills | Start     | End       |
|--|----------------|---------|-----------|-----------|
| <b>aspirin 81 MG Chew (Taking)</b><br>Sig - Route: Take 2 tablets by mouth once daily. - Oral<br>Class: Historical Med   | —              | —       |           | —         |
| <b>cetirizine (ZYRTEC) 10 MG tablet (Taking)</b><br>Sig - Route: Take 1 tablet (10 mg total) by mouth once daily. - Oral   | 90 tablet      | 1       | 4/8/2024  | —         |
| <b>empagliflozin (JARDIANCE) 25 mg tablet (Taking)</b><br>Sig - Route: Take 1 tablet (25 mg total) by mouth once daily. - Oral<br>Notes to Pharmacy: DX Code E11.9 | 90 tablet      | 1       | 4/8/2024  | —         |
| <b>ezetimibe (ZETIA) 10 mg tablet (Taking)</b><br>Sig - Route: TAKE 1 TABLET BY MOUTH EVERY DAY - Oral   | 90 tablet      | 0       | 8/16/2024 | —         |
| <b>fosinopril (MONOPRIL) 20 MG tablet (Taking)</b><br>Sig - Route: Take 1 tablet (20 mg total) by mouth once daily. - Oral   | 90 tablet      | 3       | 4/8/2024  | —         |
| <b>gabapentin (NEURONTIN) 300 MG capsule (Taking)</b><br>Sig - Route: Take 1 capsule (300 mg total) by mouth 3 (three) times daily. - Oral                         | 90 capsule     | 0       | 6/29/2023 | —         |
| <b>glipizide (GLUCOTROL) 10 MG TR24 (Taking)</b><br>Sig - Route: Take 1 tablet (10 mg total) by mouth 2 (two) times daily with meals. - Oral                       | 180 tablet     | 1       | 4/9/2024  | —         |
| <b>mesalamine (CANASA) 1000 MG Supp (Taking)</b><br>Sig - Route: Place 1 suppository (1,000 mg total) rectally nightly. - Rectal                                   | 90 suppository | 1       | 4/8/2024  | —         |
| <b>rosuvastatin (CRESTOR) 40 MG Tab (Taking)</b><br>Sig - Route: Take 1 tablet (40 mg total) by mouth once daily. - Oral   | 90 tablet      | 1       | 4/8/2024  | —         |
| <b>SITagliptan-metformin (JANUMET) 50-1,000 mg per tablet (Taking)</b><br>Sig - Route: Take 1 tablet by mouth 2 (two) times daily with meals. - Oral               | 180 tablet     | 3       | 4/16/2024 | 4/16/2025 |

**Medications the Patient Reported Taking**

|  | Disp       | Refills | Start     | End |
|--|------------|---------|-----------|-----|
| <b>aspirin 81 MG Chew (Taking)</b><br>Sig: Take 2 tablets by mouth once daily.<br>Class: Historical Med<br>Route: Oral   | —          | —       |           | —   |
| <b>cetirizine (ZYRTEC) 10 MG tablet (Taking)</b><br>Sig: Take 1 tablet (10 mg total) by mouth once daily.<br>Route: Oral   | 90 tablet  | 1       | 4/8/2024  | —   |
| <b>empagliflozin (JARDIANCE) 25 mg tablet (Taking)</b><br>Sig: Take 1 tablet (25 mg total) by mouth once daily.<br>Notes to Pharmacy: DX Code E11.9<br>Route: Oral | 90 tablet  | 1       | 4/8/2024  | —   |
| <b>ezetimibe (ZETIA) 10 mg tablet (Taking)</b><br>Sig: TAKE 1 TABLET BY MOUTH EVERY DAY<br>Route: Oral   | 90 tablet  | 0       | 8/16/2024 | —   |
| <b>fosinopril (MONOPRIL) 20 MG tablet (Taking)</b><br>Sig: Take 1 tablet (20 mg total) by mouth once daily.<br>Route: Oral   | 90 tablet  | 3       | 4/8/2024  | —   |
| <b>gabapentin (NEURONTIN) 300 MG capsule (Taking)</b><br>Sig: Take 1 capsule (300 mg total) by mouth 3 (three) times daily.<br>Route: Oral                         | 90 capsule | 0       | 6/29/2023 | —   |
| <b>glipizide (GLUCOTROL) 10 MG TR24 (Taking)</b><br>Sig: Take 1 tablet (10 mg total) by mouth 2 (two) times daily with meals.<br>Route: Oral                       | 180 tablet | 1       | 4/9/2024  | —   |

10/09/2024 - Office Visit in Shreveport-Provenance Primary Care (continued)

Medications the Patient Reported Taking (continued)

|  | Disp           | Refills | Start     | End       |
|--|----------------|---------|-----------|-----------|
| <b>mesalamine (CANASA) 1000 MG Supp (Taking)</b><br>Sig: Place 1 suppository (1,000 mg total) rectally nightly.<br>Route: Rectal                     | 90 suppository | 1       | 4/8/2024  | —         |
| <b>rosuvastatin (CRESTOR) 40 MG Tab (Taking)</b><br>Sig: Take 1 tablet (40 mg total) by mouth once daily.<br>Route: Oral                             | 90 tablet      | 1       | 4/8/2024  | —         |
| <b>SITagliptan-metformin (JANUMET) 50-1,000 mg per tablet (Taking)</b><br>Sig: Take 1 tablet by mouth 2 (two) times daily with meals.<br>Route: Oral | 180 tablet     | 3       | 4/16/2024 | 4/16/2025 |

Progress Notes

Progress Notes by Callegan-Poche, Amanda L., MD at 10/9/2024 8:15 AM

|                                       |   |                                  |
|---------------------------------------|---|----------------------------------|
| Author: Callegan-Poche, Amanda L., MD | Service: —  | Author Type: Physician           |
| Filed: 10/9/2024 1:17 PM              | Encounter Date: 10/9/2024                         | Creation Time: 10/9/2024 8:31 AM |
| Status: Sign when Signing Visit       | Editor: Callegan-Poche, Amanda L., MD (Physician) |                                  |

Ochsner-LSU Health | Provenance Primary Care - Amanda Callegan-Poche', MD

**Legal Name:** William F Melvin  
**Preferred Name:** William F Melvin  
**DOB:** 9/24/1948  
**MRN:** 14458325  
**Date:** 10/9/24

No chief complaint on file.

History of Present Illness

William F Melvin is a 76 y.o. White male who presents today for follow-up of chronic medical conditions. He denies any acute concerns or recent illnesses. The patient reports compliance with his medications. He denies any medication side effects.

Janumet -  
Jardiance -

Walmart Eye Exam maybe 4 months ago

The patient presents today with no specific chief complaint. He denies any concerns or problems with his medications.

He reports checking his blood pressure at home and is mainly focused on his A1c levels. The patient admits to not checking his blood sugars regularly.

He mentions walking two miles daily for the past six to eight months.

The patient declines a flu shot and has not seen an eye doctor this year. He experiences occasional dizziness, particularly after consuming sugary foods like cake, but denies any trouble breathing, new rashes, skin lesions, or vision changes.

Progress Notes (continued)

Progress Notes by Callegan-Poche, Amanda L., MD at 10/9/2024 8:15 AM (continued)

The patient confirms that he is still taking all of his prescribed medications and discusses concerns about medication refills and insurance caps for the upcoming year.

He believes he had a retinopathy screen done at an eye exam approximately four months ago but is unsure if the results were sent to the clinic.

Review of Systems

Review of Systems  
Constitutional: Negative for chills and fever.  
Eyes: Negative for visual disturbance.  
Respiratory: Negative for shortness of breath and stridor.  
Cardiovascular: Negative for chest pain and leg swelling.  
Gastrointestinal: Negative for constipation, diarrhea, nausea and vomiting.  
Musculoskeletal: Negative for gait problem.  
Skin: Negative for rash.  
Neurological: Positive for dizziness (when eating increased sugar). Negative for syncope and light-headedness.

Medical / Social / Family History

Past Medical History:

| Diagnosis                   | Date |
|-----------------------------|------|
| • Diabetes mellitus, type 2 |      |
| • Hyperlipidemia            |      |
| • Hypertension              |      |

No past surgical history on file.

Social History

| Tobacco Use          |       |
|----------------------|-------|
| • Smoking status:    | Never |
| • Passive exposure:  | Never |
| • Smokeless tobacco: | Never |
| Substance Use Topics |       |
| • Alcohol use:       | Yes   |
| • Comment: social    |       |
| • Drug use:          | Never |

No family history on file.

Medications and Allergies

Current Outpatient Medications

| Medication           | Sig                                 | Dispense | Refill |
|----------------------|-------------------------------------|----------|--------|
| • aspirin 81 MG Chew | Take 2 tablets by mouth once daily. |          |        |

Progress Notes (continued)

Progress Notes by Callegan-Poche, Amanda L., MD at 10/9/2024 8:15 AM (continued)

|  |  |                |   |
|--|--|----------------|---|
| • cetirizine (ZYRTEC) 10 MG tablet                       | Take 1 tablet (10 mg total) by mouth once daily.                     | 90 tablet      | 1 |
| • empagliflozin (JARDIANCE) 25 mg tablet                 | Take 1 tablet (25 mg total) by mouth once daily.                     | 90 tablet      | 1 |
| • ezetimibe (ZETIA) 10 mg tablet                         | TAKE 1 TABLET BY MOUTH EVERY DAY                                     | 90 tablet      | 0 |
| • fosinopriL (MONOPRIL) 20 MG tablet                     | Take 1 tablet (20 mg total) by mouth once daily.                     | 90 tablet      | 3 |
| • gabapentin (NEURONTIN) 300 MG capsule                  | Take 1 capsule (300 mg total) by mouth 3 (three) times daily.        | 90 capsule     | 0 |
| • glipiZIDE (GLUCOTROL) 10 MG TR24                       | Take 1 tablet (10 mg total) by mouth 2 (two) times daily with meals. | 180 tablet     | 1 |
| • mesalamine (CANASA) 1000 MG Supp                       | Place 1 suppository (1,000 mg total) rectally nightly.               | 90 suppository | 1 |
| • rosuvastatin (CRESTOR) 40 MG Tab                       | Take 1 tablet (40 mg total) by mouth once daily.                     | 90 tablet      | 1 |
| • SITagliptan-metformin (JANUMET) 50-1,000 mg per tablet | Take 1 tablet by mouth 2 (two) times daily with meals.               | 180 tablet     | 3 |

No current facility-administered medications for this visit.

Review of patient's allergies indicates:  
No Known Allergies

Physical Examination

|         |                         |
|---------|-------------------------|
| Vitals: | 10/09/24 0823           |
| BP:     | 133/63                  |
| Pulse:  | 62                      |
| Resp:   | 16                      |
| SpO2:   | (!) 94%                 |
| Weight: | 84.6 kg (186 lb 9.6 oz) |

Body mass index is 27.56 kg/m².

Physical Exam

Health Maintenance / Imaging / Labs

Progress Notes (continued)

Progress Notes by Callegan-Poche, Amanda L., MD at 10/9/2024 8:15 AM (continued)

Health Maintenance

|   | Date Due   | Completion Date |
|---|------------|-----------------|
| Eye Exam  | Never done | ---             |
| Shingles Vaccine (1 of 2)   | Never done | ---             |
| RSV Vaccine (Age 60+ and Pregnant patients) (1 - 1-dose 75+ series) | Never done | ---             |
| Diabetes Urine Screening  | 07/03/2024 | 7/3/2023        |
| Lipid Panel   | 07/03/2024 | 7/3/2023        |
| Hemoglobin A1c  | 07/08/2024 | 4/8/2024        |
| Influenza Vaccine (1)   | 09/01/2024 | 11/16/2023      |
| COVID-19 Vaccine (3 - 2024-25 season)                               | 09/01/2024 | 12/24/2021      |
| TETANUS VACCINE   | 01/01/2026 | 1/1/2016        |

Lab Results

| Component | Value   | Date       |
|-----------|---------|------------|
| HGBA1C    | 8.1 (H) | 04/08/2024 |
| HGBA1C    | 7.9 (H) | 10/04/2023 |

Lab Results

| Component   | Value    | Date       |
|-------------|----------|------------|
| MICALBCREAT | 31.0 (H) | 07/03/2023 |

No results found for: "LIPIDTOTCHOL", "LIPIDLDLCHOL", "LIPIDHDLCHOL", "LIPIDTRIG"

No results found for: "VITAMIND25HY"

Lab Results

| Component  | Value | Date       |
|------------|-------|------------|
| BUN        | 18    | 04/08/2024 |
| CREATININE | 0.8   | 04/08/2024 |
| AST        | 28    | 04/08/2024 |
| ALT        | 36    | 04/08/2024 |

Assessment

William F Melvin is a 76 y.o. White male seen at Ochsner LSU Health Provenance Primary Care outpatient clinic for  
\*\*\*

Plan

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OLSC PRV PRIMARY CARE  
1541 Kings Hwy  
SHREVEPORT LA 71103-4228

Melvin, William F  
MRN: 14458325, DOB: 9/24/1948, Legal Sex: M  
Acct #: 28009157410  
Enc. Date 10/9/2024

Progress Notes (continued)

Progress Notes by Callegan-Poche, Amanda L., MD at 10/9/2024 8:15 AM (continued)

inappropriate information in the report.

No future appointments.

Amanda Callegan-Poche', MD  
Internal Medicine-Pediatrics  
Ochsner LSU Health Provenance Primary Care  
10/9/24

Labs

Hemoglobin A1C [1096741731] (Final result)

Electronically signed by: Callegan-Poche, Amanda L., MD on 10/09/24 0834 Status: Completed  
Ordering user: Callegan-Poche, Amanda L., MD 10/09/24 0834 Authorized by: Callegan-Poche, Amanda L., MD  
Ordering mode: Standard  
Frequency: Routine 10/09/24 - Class: Clinic Collect  
Quantity: 1 Lab status: Final result  
Diagnoses  
Type 2 diabetes mellitus with diabetic microalbuminuria, without long-term current use of insulin [E11.29, R80.9]

Specimen Information

| ID              | Type  | Draw Type    | Source | Collected By                           |
|-----------------|-------|--------------|--------|--|
| 24OLSH-283C0337 | Blood | Venipuncture | Blood  | Brown, Shaquerra, CMA<br>10/09/24 0846 |

Hemoglobin A1C [1096741731] (Abnormal)

Resulted: 10/09/24 2003, Result status: Final result

Order status: Completed Filed by: Lab, Background User 10/09/24 2003  
Collected by: Brown, Shaquerra, CMA 10/09/24 0846 Resulting lab: OCHSNER LSU HEALTH SHREVEPORT

Components

| Component  | Value | Reference Range | Flag | Lab   |
|--|-------|-----------------|------|-------|
| Hemoglobin A1c   | 7.6   | 4.0 - 5.6 %     | H ^  | SHVRT |
| Comment:<br>ADA Screening Guidelines:<br>5.7-6.4% Consistent with prediabetes<br>>=6.5% Consistent with diabetes<br><br>High levels of fetal hemoglobin interfere with the HbA1C assay. Heterozygous hemoglobin variants (HbS, HgC, etc)do not significantly interfere with this assay.<br>However, presence of multiple variants may affect accuracy. |       |                 |      |       |
| Estimated Average Glucose  | 171   | 68 - 131 mg/dL  | H ^  | SHVRT |

Testing Performed By

| Lab - Abbreviation | Name                          | Director | Address                            | Valid Date Range        |
|--------------------|-------------------------------|----------|------------------------------------|-------------------------|
| 650 - SHVRT        | OCHSNER LSU HEALTH SHREVEPORT | Unknown  | 1541 Kings Hwy SHREVEPORT LA 71103 | 04/27/23 0824 - Present |

Indications

Type 2 diabetes mellitus with diabetic microalbuminuria, without long-term current use of insulin [E11.29, R80.9 (ICD-10-CM)]

**Labs (continued)**

**Lipid Panel [1096741732] (Final result)**

Electronically signed by: **Callegan-Poche, Amanda L., MD on 10/09/24 0834** Status: **Completed**

Ordering user: Callegan-Poche, Amanda L., MD 10/09/24 0834

Authorized by: Callegan-Poche, Amanda L., MD

Ordering mode: Standard

Frequency: Routine 10/09/24 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Type 2 diabetes mellitus with diabetic microalbuminuria, without long-term current use of insulin [E11.29, R80.9]

**Specimen Information**

| ID                  | Type  | Draw Type    | Source | Collected By                           |
|---------------------|-------|--------------|--------|--|
| 24OLSH-<br>283C0336 | Blood | Venipuncture | Blood  | Brown, Shaquerra, CMA<br>10/09/24 0846 |

**Lipid Panel [1096741732] (Abnormal)**

Resulted: 10/09/24 1956, Result status: Final result

Order status: Completed

Filed by: Lab, Background User 10/09/24 1956

Collected by: Brown, Shaquerra, CMA 10/09/24 0846

Resulting lab: OCHSNER LSU HEALTH SHREVEPORT

**Components**

| Component  | Value | Reference Range    | Flag | Lab   |
|--|-------|--------------------|------|-------|
| Cholesterol Total  | 100   | 120 - 199 mg/dL    | L ▼  | SHVRT |
| Comment:<br>The National Cholesterol Education Program (NCEP) has set the following guidelines (reference ranges) for Cholesterol:<br>Optimal.....<200 mg/dL<br>Borderline High.....200-239 mg/dL<br>High.....> or = 240 mg/dL   |       |                    |      |       |
| Triglyceride   | 262   | 30 - 150 mg/dL     | H ^  | SHVRT |
| Comment:<br>The National Cholesterol Education Program (NCEP) has set the following guidelines (reference values) for triglycerides:<br>Normal.....<150 mg/dL<br>Borderline High.....150-199 mg/dL<br>High.....200-499 mg/dL   |       |                    |      |       |
| HDL Cholesterol  | 25    | 40 - 75 mg/dL      | L ▼  | SHVRT |
| Comment:<br>The National Cholesterol Education Program (NCEP) has set the following guidelines (reference values) for HDL Cholesterol:<br>Low.....<40 mg/dL<br>Optimal.....>60 mg/dL   |       |                    |      |       |
| LDL Cholesterol Direct   | 50.0  | 63.0 - 159.0 mg/dL | L ▼  | SHVRT |
| Comment:<br>The National Cholesterol Education Program (NCEP) has set the following guidelines (reference values) for LDL Cholesterol:<br>Optimal.....<130 mg/dL<br>Borderline High.....130-159 mg/dL<br>High.....160-189 mg/dL<br>Very High.....>190 mg/dL  |       |                    |      |       |
| HDL/Cholesterol Ratio  | 25.0  | 20.0 - 50.0 %      | —    | SHVRT |
| Cholesterol/HDL Ratio  | 4.0   | 2.0 - 5.0          | —    | SHVRT |
| Non HDL Cholesterol  | 75    | mg/dL              | —    | SHVRT |
| Comment:<br>Risk category and Non-HDL cholesterol goals:<br>Coronary heart disease (CHD) or equivalent (10-year risk of CHD >20%):<br>Non-HDL cholesterol goal <130 mg/dL<br>Two or more CHD risk factors and 10-year risk of CHD <= 20%:<br>Non-HDL cholesterol goal <160 mg/dL<br>0 to 1 CHD risk factor:<br>Non-HDL cholesterol goal <190 mg/dL |       |                    |      |       |



**Labs (continued)**

**Testing Performed By**

| Lab - Abbreviation | Name                                | Director | Address                                  | Valid Date Range        |
|--------------------|-------------------------------------|----------|--|-------------------------|
| 650 - SHVRT        | OCHSNER LSU<br>HEALTH<br>SHREVEPORT | Unknown  | 1541 Kings Hwy<br>SHREVEPORT LA<br>71103 | 04/27/23 0824 - Present |

**Indications**

Type 2 diabetes mellitus with diabetic microalbuminuria, without long-term current use of insulin [E11.29, R80.9 (ICD-10-CM)]

**CBC Auto Differential [1096741733] (Final result)**

Electronically signed by: **Callegan-Poche, Amanda L., MD on 10/09/24 0834**

Status: **Completed**

Ordering user: Callegan-Poche, Amanda L., MD 10/09/24 0834

Authorized by: Callegan-Poche, Amanda L., MD

Ordering mode: Standard

Frequency: Routine 10/09/24 -

Quantity: 1

Class: Clinic Collect

Lab status: Final result

Diagnoses

Type 2 diabetes mellitus with diabetic microalbuminuria, without long-term current use of insulin [E11.29, R80.9]

**Specimen Information**

| ID                  | Type  | Source | Collected By  |
|---------------------|-------|--------|---------------|
| 24OLSH-<br>283H0221 | Blood | Blood  | 10/09/24 0846 |

**CBC Auto Differential [1096741733]**

**CBC with Differential [1180377578] (Abnormal)**

Resulted: 10/09/24 1926, Result status: Final result

Order status: Completed

Filed by: Lab, Background User 10/09/24 1926

Collected by: Brown, Shaquerra, CMA 10/09/24 0846

Resulting lab: OCHSNER LSU HEALTH SHREVEPORT

**Components**

| Component                      | Value | Reference Range   | Flag | Lab   |
|--------------------------------|-------|-------------------|------|-------|
| WBC                            | 8.12  | 3.90 - 12.70 K/uL | —    | SHVRT |
| RBC                            | 5.07  | 4.60 - 6.20 M/uL  | —    | SHVRT |
| HGB                            | 14.2  | 12.5 - 16.3 gm/dL | —    | SHVRT |
| HCT                            | 45.1  | 36.7 - 47.1 %     | —    | SHVRT |
| MCV                            | 89    | 82 - 98 fL        | —    | SHVRT |
| MCH                            | 28.0  | 27.0 - 50.0 pg    | —    | SHVRT |
| MCHC                           | 31.5  | 31.0 - 37.0 g/dL  | —    | SHVRT |
| RDW                            | 14.6  | 11.5 - 14.5 %     | H ^  | SHVRT |
| RDW-SD                         | 47.6  | 37.5 - 49.0 fL    | —    | SHVRT |
| Platelet Count                 | 151   | 150 - 450 K/uL    | —    | SHVRT |
| MPV                            | 11.7  | 9.2 - 12.9 fL     | —    | SHVRT |
| Nucleated RBC                  | 0     | <=0 /100 WBC      | —    | SHVRT |
| Neut %                         | 62.6  | 38 - 73 %         | —    | SHVRT |
| Lymph %                        | 22.5  | 18 - 48 %         | —    | SHVRT |
| Mono %                         | 8.6   | 4 - 15 %          | —    | SHVRT |
| Eos %                          | 4.1   | <=8 %             | —    | SHVRT |
| Basophil %                     | 1.6   | <=1.9 %           | —    | SHVRT |
| Relative Immature Granulocytes | 0.6   | 0.0 - 0.5 %       | H ^  | SHVRT |
| Neut #                         | 5.08  | 1.8 - 7.7 K/uL    | —    | SHVRT |
| Lymph #                        | 1.83  | 1 - 4.8 K/uL      | —    | SHVRT |
| Mono #                         | 0.70  | 0.3 - 1 K/uL      | —    | SHVRT |
| Eos #                          | 0.33  | <=0.5 K/uL        | —    | SHVRT |
| Baso #                         | 0.13  | <=0.2 K/uL        | —    | SHVRT |
| Absolute Immature Granulocytes | 0.05  | 0.00 - 0.04 K/uL  | H ^  | SHVRT |

Comment:

Mild elevation in immature granulocytes is non specific and can be seen in a variety of conditions including stress response, acute inflammation, trauma and pregnancy. Correlation with other laboratory and clinical findings is essential.

Labs (continued)

Testing Performed By

| Lab - Abbreviation | Name                                | Director | Address                                  | Valid Date Range        |
|--------------------|-------------------------------------|----------|--|-------------------------|
| 650 - SHVRT        | OCHSNER LSU<br>HEALTH<br>SHREVEPORT | Unknown  | 1541 Kings Hwy<br>SHREVEPORT LA<br>71103 | 04/27/23 0824 - Present |

Indications

Type 2 diabetes mellitus with diabetic microalbuminuria, without long-term current use of insulin [E11.29, R80.9 (ICD-10-CM)]

Microalbumin/creatinine urine ratio [1180377570] (Final result)

Electronically signed by: **Callegan-Poche, Amanda L., MD on 10/09/24 0834** Status: **Completed**  
Ordering user: Callegan-Poche, Amanda L., MD 10/09/24 0834 Authorized by: Callegan-Poche, Amanda L., MD  
Ordering mode: Standard  
Frequency: Routine 10/09/24 - Class: Clinic Collect  
Quantity: 1 Lab status: Final result  
Diagnoses  
Type 2 diabetes mellitus with diabetic microalbuminuria, without long-term current use of insulin [E11.29, R80.9]

Questionnaire

| Question  | Answer |
|---|--------|
| Specimen Source   | Urine  |
| Send normal result to authorizing provider's In Basket if patient is active on MyChart: | Yes    |

Order comments:

Specimen Information

| ID              | Type  | Source             | Collected By                           |
|-----------------|-------|--------------------|--|
| 24OLSH-283C0338 | Urine | Urine, Clean Catch | Brown, Shaquerra, CMA<br>10/09/24 0846 |

Microalbumin/creatinine urine ratio [1180377570] (Abnormal)

Resulted: 10/09/24 1952, Result status: Final result

Order status: Completed  
Collected by: Brown, Shaquerra, CMA 10/09/24 0846  
Filed by: Lab, Background User 10/09/24 1952  
Resulting lab: OCHSNER LSU HEALTH SHREVEPORT

Components

| Component                           | Value | Reference Range       | Flag | Lab   |
|-------------------------------------|-------|-----------------------|------|-------|
| Urine Microalbumin                  | 10.0  | ug/mL                 | —    | SHVRT |
| Urine Creatinine                    | 33.0  | 23.0 - 375.0<br>mg/dL | —    | SHVRT |
| Microalbumin/Creatinine Ratio Urine | 30.3  | <=30.0 ug/mg          | H ^  | SHVRT |

Testing Performed By

| Lab - Abbreviation | Name                                | Director | Address                                  | Valid Date Range        |
|--------------------|-------------------------------------|----------|--|-------------------------|
| 650 - SHVRT        | OCHSNER LSU<br>HEALTH<br>SHREVEPORT | Unknown  | 1541 Kings Hwy<br>SHREVEPORT LA<br>71103 | 04/27/23 0824 - Present |

Indications

Type 2 diabetes mellitus with diabetic microalbuminuria, without long-term current use of insulin [E11.29, R80.9 (ICD-10-CM)]

CBC with Differential [1180377578] (Final result)

**Labs (continued)**

Status: **Completed**

Order placed as a reflex to CBC Auto Differential [1096741733] ordered on 10/09/24 at 0834

Ordering user: Callegan-Poche, Amanda L., MD 10/09/24 0834

Authorized by: Callegan-Poche, Amanda L., MD

Ordering mode: Standard

Frequency: Routine 10/09/24 -

Class: Clinic Collect

Quantity: 1

Lab status: Final result

Diagnoses

Type 2 diabetes mellitus with diabetic microalbuminuria, without long-term current use of insulin [E11.29, R80.9]

**Specimen Information**

| ID                  | Type  | Draw Type    | Source | Collected By                           |
|---------------------|-------|--------------|--------|--|
| 24OLSH-<br>283H0221 | Blood | Venipuncture | Blood  | Brown, Shaquerra, CMA<br>10/09/24 0846 |

**CBC with Differential [1180377578] (Abnormal)**

Resulted: 10/09/24 1926, Result status: Final result

Order status: Completed

Filed by: Lab, Background User 10/09/24 1926

Collected by: Brown, Shaquerra, CMA 10/09/24 0846

Resulting lab: OCHSNER LSU HEALTH SHREVEPORT

**Components**

| Component                      | Value | Reference Range   | Flag | Lab   |
|--------------------------------|-------|-------------------|------|-------|
| WBC                            | 8.12  | 3.90 - 12.70 K/uL | —    | SHVRT |
| RBC                            | 5.07  | 4.60 - 6.20 M/uL  | —    | SHVRT |
| HGB                            | 14.2  | 12.5 - 16.3 gm/dL | —    | SHVRT |
| HCT                            | 45.1  | 36.7 - 47.1 %     | —    | SHVRT |
| MCV                            | 89    | 82 - 98 fL        | —    | SHVRT |
| MCH                            | 28.0  | 27.0 - 50.0 pg    | —    | SHVRT |
| MCHC                           | 31.5  | 31.0 - 37.0 g/dL  | —    | SHVRT |
| RDW                            | 14.6  | 11.5 - 14.5 %     | H^   | SHVRT |
| RDW-SD                         | 47.6  | 37.5 - 49.0 fL    | —    | SHVRT |
| Platelet Count                 | 151   | 150 - 450 K/uL    | —    | SHVRT |
| MPV                            | 11.7  | 9.2 - 12.9 fL     | —    | SHVRT |
| Nucleated RBC                  | 0     | <=0 /100 WBC      | —    | SHVRT |
| Neut %                         | 62.6  | 38 - 73 %         | —    | SHVRT |
| Lymph %                        | 22.5  | 18 - 48 %         | —    | SHVRT |
| Mono %                         | 8.6   | 4 - 15 %          | —    | SHVRT |
| Eos %                          | 4.1   | <=8 %             | —    | SHVRT |
| Basophil %                     | 1.6   | <=1.9 %           | —    | SHVRT |
| Relative Immature Granulocytes | 0.6   | 0.0 - 0.5 %       | H^   | SHVRT |
| Neut #                         | 5.08  | 1.8 - 7.7 K/uL    | —    | SHVRT |
| Lymph #                        | 1.83  | 1 - 4.8 K/uL      | —    | SHVRT |
| Mono #                         | 0.70  | 0.3 - 1 K/uL      | —    | SHVRT |
| Eos #                          | 0.33  | <=0.5 K/uL        | —    | SHVRT |
| Baso #                         | 0.13  | <=0.2 K/uL        | —    | SHVRT |
| Absolute Immature Granulocytes | 0.05  | 0.00 - 0.04 K/uL  | H^   | SHVRT |

Comment:

Mild elevation in immature granulocytes is non specific and can be seen in a variety of conditions including stress response, acute inflammation, trauma and pregnancy. Correlation with other laboratory and clinical findings is essential.

**Testing Performed By**

| Lab - Abbreviation | Name                                | Director | Address                                  | Valid Date Range        |
|--------------------|-------------------------------------|----------|--|-------------------------|
| 650 - SHVRT        | OCHSNER LSU<br>HEALTH<br>SHREVEPORT | Unknown  | 1541 Kings Hwy<br>SHREVEPORT LA<br>71103 | 04/27/23 0824 - Present |

**Indications**

Type 2 diabetes mellitus with diabetic microalbuminuria, without long-term current use of insulin [E11.29, R80.9 (ICD-10-CM)]

OLSC PRV PRIMARY CARE  
1541 Kings Hwy  
SHREVEPORT LA 71103-4228

Melvin, William F  
MRN: 14458325, DOB: 9/24/1948, Legal Sex: M  
Acct #: 28009157410  
Enc. Date 10/9/2024

**Labs (continued)**

**Follow-up and Disposition History**

10/09/2024 0843 - Amanda L. Callegan-Poche, MD  
Dispositions: 

- Follow up in about 6 months (around 4/9/2025).

**Follow-up Information**

None

**Follow Up Call**

No data filed

END OF REPORT