§LabCorp

Patient Report

Specimen ID: 181-544-2206-0 Control ID: 60036632127

Phone: (909) 391-3423 Rte: 00 Acct #: 04562100

BLOPEZ, JUANA

518 S FERN AVE ONTARIO CA 91762 (909) 284-3206

Clinica Las Palmas 527 N Palm Ave Ste 106 **ONTARIO CA 91762**

իվ Մարև վիլահայինը ին Միրինի ին ին ին ին հայարական ին անգայա

Patient Details

DOB: 08/29/1960 Age(y/m/d): 059/10/00

Gender: F **Patient ID:** **Specimen Details**

Date collected: 06/29/2020 0821 Local

Date received: 06/29/2020 **Date entered:** 06/29/2020

Date reported: 06/30/2020 1035 ET

Physician Details Ordering: | LOPEZ

Referring: ID:

NPI: 1538240908

General Comments & Additional Information

Total Volume: Not Provided

Fasting: No

Ordered Items

CBC With Differential/Platelet; Comp. Metabolic Panel (14); Urinalysis, Routine; Lipid Panel; TSH; Venipuncture

TESTS	RESULT	FLAG UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Plate	let			
WBC	7.2	x10E3/u	ıL 3.4-10.8	01
RBC	4.94	x10E6/u	ıL 3.77-5.28	01
Hemoglobin	14.0	${ t g/dL}$	11.1-15.9	01
Hematocrit	42.5	양	34.0-46.6	01
MCV	86	fL	79-97	01
MCH	28.3	pg	26.6-33.0	01
MCHC	32.9	${ t g/dL}$	31.5-35.7	01
RDW	13.8	양	11.7-15.4	01
Platelets	249	x10E3/u	ıL 150-450	01
Neutrophils	61	ે	Not Estab.	01
Lymphs	29	%	Not Estab.	01
Monocytes	7	ું જ	Not Estab.	01
Eos	2	양	Not Estab.	01
Basos	1	ે	Not Estab.	01
Neutrophils (Absolute)	4.5	x10E3/u	ıL 1.4-7.0	01
Lymphs (Absolute)	2.1	x10E3/u	ıL 0.7-3.1	01
Monocytes (Absolute)	0.5	x10E3/u	ıL 0.1-0.9	01
Eos (Absolute)	0.1	x10E3/u	ıL 0.0-0.4	01
Baso (Absolute)	0.0	x10E3/u	ıL 0.0-0.2	01
Immature Granulocytes	0	양	Not Estab.	01
Immature Grans (Abs)	0.0	x10E3/u	ıL 0.0-0.1	01
Comp. Metabolic Panel (14)				
Glucose	94	mg/dL	65-99	01
BUN	12	mg/dL	6 - 24	01
Creatinine	0.62	mg/dL	0.57-1.00	01
eGFR If NonAfricn Am	99	mL/min/1	.73 >59	
eGFR If Africn Am	114	mL/min/1	.73 >59	
BUN/Creatinine Ratio	19		9-23	
Sodium	140	mmol/I	134-144	01

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Patient Report

Patient: B LOPEZ, JUANA DOB: 08/29/1960

Patient ID: Control ID: 60036632127

Specimen ID: 181-544-2206-0 **Date collected:** 06/29/2020 0821 Local

TESTS	RESULT	FLAG	UNITS R	EFERENCE INTERVAL	LAB
Potassium	4.6		${\tt mmol/L}$	3.5-5.2	01
Chloride	102		${\tt mmol/L}$	96-106	01
Carbon Dioxide, Total	25		${\tt mmol/L}$	20-29	01
Calcium	9.4		mg/dL	8.7-10.2	01
Protein, Total	6.6		g/dL	6.0-8.5	01
Albumin	4.2		g/dL	3.8-4.9	01
Globulin, Total	2.4		g/dL	1.5-4.5	
A/G Ratio	1.8			1.2-2.2	
Bilirubin, Total	0.4		mg/dL	0.0-1.2	01
Alkaline Phosphatase	108		IU/L	39-117	01
AST (SGOT)	24		IU/L	0 - 40	01
ALT (SGPT)	37	High	IU/L	0-32	01
Urinalysis, Routine					
Urinalysis Gross Exam					01
Specific Gravity	1.019			1.005-1.030	01
рН	6.0			5.0-7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Clear			Clear	01
WBC Esterase	Negative			Negative	01
Protein	Negative			Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen,Semi-Qn	0.2		${ m mg/dL}$	0.2-1.0	01
Nitrite, Urine Microscopic Examination	Negative			Negative	01
Microscopic follows if	indicated.				01
Lipid Panel					
Cholesterol, Total	233	High	mg/dL	100-199	01
Triglycerides	166	High	mg/dL	0-149	01
HDL Cholesterol	52		mg/dL	>39	01
VLDL Cholesterol Cal	33		${ m mg/dL}$	5 - 40	
LDL Cholesterol Calc	148	High	mg/dL	0-99	
TSH	5.530	High	uIU/mL	0.450-4.500	01
01 SO LabCorp San Diego			Dir: Jenny G	dalloway, MD	

For inquiries, the physician may contact Branch: 800-859-6046 Lab: 858-668-3700

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92128-4108

Patient Report

Rte: 00

§LabCorp Specimen ID: 181-544-6352-0 Acct #: 04562100 Control ID: 60089646343

HERNANDEZ, MARY 17610 OWEN CORT FONTANA CA 92335 (909) 491-7299

Clinica Las Palmas 527 N Palm Ave Ste 106 **ONTARIO CA 91762**

Phone: (909) 391-3423

Patient Details DOB: 11/21/1942 Age(y/m/d): 077/07/08 Gender: F

Specimen Details Date collected: 06/29/2020 0948 Local

Date received: 06/29/2020 **Date entered:** 06/29/2020 Date reported: 06/30/2020 1035 ET **Physician Details** Ordering: | LOPEZ Referring: ID:

NPI: 1538240908

General Comments & Additional Information

Total Volume: Not Provided Fasting: Yes

Ordered Items

Patient ID:

Comp. Metabolic Panel (14); CBC, Platelet, No Differential; Lipid Panel; Hemoglobin A1c; Vitamin D, 25-Hydroxy; Venipuncture

TESTS	RESULT	FLAG	UNITS F	REFERENCE INTERVAL	LAB
Comp. Metabolic Panel (14)					
Glucose	73		${ m mg/dL}$	65-99	01
BUN	15		${ m mg/dL}$	8 - 27	01
Creatinine	0.87		${ m mg/dL}$	0.57-1.00	01
eGFR If NonAfricn Am	64		$\mathtt{mL}/\mathtt{min}/1.7$	'3	
eGFR If Africn Am	74		mL/min/1.7	'3	
BUN/Creatinine Ratio	17			12-28	
Sodium	141		${ t mmol/L}$	134-144	01
Potassium	3.9		${\tt mmol/L}$	3.5-5.2	01
Chloride	102		${ t mmol/L}$	96-106	01
Carbon Dioxide, Total	24		${ t mmol/L}$	20-29	01
Calcium	8.8		mg/dL	8.7-10.3	01
Protein, Total	6.7		g/dL	6.0-8.5	01
Albumin	4.1		g/dL	3.7-4.7	01
Globulin, Total	2.6		g/dL	1.5-4.5	
A/G Ratio	1.6			1.2-2.2	
Bilirubin, Total	0.4		mg/dL	0.0-1.2	01
Alkaline Phosphatase	90		IU/L	39-117	01
AST (SGOT)	15		IU/L	0 - 40	01
ALT (SGPT)	9		IU/L	0-32	01
CBC, Platelet, No Different	ial				
WBC	8.2		x10E3/uL	3.4-10.8	01
RBC	3.98		x10E6/uL	3.77-5.28	01
Hemoglobin	11.2		g/dL	11.1-15.9	01
Hematocrit	35.6		%	34.0-46.6	01
MCV	89		fL	79-97	01
MCH	28.1		þà	26.6-33.0	01
MCHC	31.5		g/dL	31.5-35.7	01
RDW	15.7	High	%	11.7-15.4	01
Platelets	340		x10E3/uL	150-450	01

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Patient Report

Patient: HERNANDEZ, MARY DOB: 11/21/1942

Patient ID: Control ID: 60089646343

Specimen ID: 181-544-6352-0 **Date collected:** 06/29/2020 0948 Local

	RESULT	FLAG	UNITS R	EFERENCE INTERVAL	LAB
Lipid Panel					
Cholesterol, Total	101		mg/dL	100-199	01
Triglycerides	161	High	mg/dL	0-149	01
HDL Cholesterol	41		mg/dL	>39	01
VLDL Cholesterol Cal	32		mg/dL	5 - 40	
LDL Cholesterol Calc	28		mg/dL	0-99	
Hemoglobin Alc					
Hemoglobin Alc	6.0	High	%	4.8-5.6	01
Please Note:					01
Glycemic control Vitamin D, 25-Hydroxy Vitamin D deficiency has Medicine and an Endocrin level of serum 25-OH vit The Endocrine Society we insufficiency as a level 1. IOM (Institute of Medical	36.5 s been define Society planin D lessent on to fill between 20 licine). 20	ned by th practice s than 20 urther de l and 29 10. Dieta	ng/mL e Institute guideline a ng/mL (1,2 fine vitami: ng/mL (2). ry reference	30.0-100.0 of s a). n D	01

For inquiries, the physician may contact Branch: 800-859-6046 Lab: 858-668-3700

92128-4108