Astera Cancer Care
Monroe
9 Centre Drive, Suite 100
Monroe Township NJ 08831
P: (609) 395-5577
F: (609) 395-7955

Patient Name: **Malagrino, James**
Patient Number: **443449**

Date: **8/28/2025**
Date Of Birth: **6/9/1942**

CHIEF COMPLAINT
Evaluation and management of:

1. History of stage IIIA squamous cell lung cancer right lung 2018
2. New diagnosis of extensive stage small cell lung cancer 2025

DISEASE HISTORY
1. Right-sided thoracotomy, RUL apicoposterior segmentectomy, RLL extended superior segmentectomy for two synchronous lung primary squamous cell cancers of the right lung (pT4N1M0; stage IIIA) with right lower lobe lesion with evidence of malignancy at the bronchial margin in the adventitial soft tissue adjacent to the bronchus. 6/13/2018
2. Adjuvant cisplatin and vinorelbine; changed cisplatin to carboplatin due to nausea and fatigue for cycles 3, 4. 7/13/2018 through 11/07/18.
3. Adjuvant radiation therapy completed 4/24/2019.
4. Routine PET scan 6/19/25 reveals new RLL mass like density with multiple new large FDG avid LN mets, osseos mets.
5. Right supraclavicular LN biospy 7/31/25 positive for malignant cells consistent with small cell carcinoma

INTERIM HISTORY
08/28/25: James presents for follow-up to discuss treatment options for his newly diagnosed extensive stage small cell lung cancer. He underwent evaluation for the clinical trial Ideate Lung 03 clinical trial but has decided he wants to proceed with standard of care treatment.

PRIMARY DIAGNOSIS:

Date	Type	ICD-9	ICD-10	Description	Disease Status	Status Date
7/8/2019	Primary	162.3	C34.11	Non-Small Cell Lung Cancer (Thorax) - Pathologic Stage IIIA (AJCC v8) TNM: pT1c, pN2, cM0	No Evidence of Disease/Remission	8/23/2019
9/28/2021	Secondary	280.9	D50.9	Iron deficiency anemia, unspecified		
5/6/2022	Secondary	785.6	R59.0	Localized enlarged lymph nodes		
7/31/2025	Primary	162.5	C34.31	Small Cell Lung Cancer (Thorax) - Clinical Stage IVB (AJCC v9) TNM: cT2, cN3, cM1c1	Initial Diagnosis	8/7/2025

Active Problems Assessed
- C34.11 - Malignant neoplasm of upper lobe, right bronchus or lung

SECONDARY DIAGNOSIS/COMORBIDITIES

PAST MEDICAL HISTORY
Hypertension
Hyperlipidemia
Hypothyroidism
Arthritis
Anxiety

PAST SURGICAL HISTORY
Partial gastrectomy
Cholecystectomy
Lithotripsy

SOCIAL HISTORY
Former Smoker. Patient discontinued use in 50 years ago. Patient has a pack year history of:5. Patient smoked/smokes: also cigars, long term, 1 per day Denies any prior alcohol use. Denies any illicit drug use.

FAMILY HISTORY

Mother: no history of hematologic or oncologic illness. Father: no history of hematologic or oncologic illness.
Patient has a family history of Father - cardiac disease..

ALLERGIES

Allergy	Reaction (Severity)
Sulfa (Sulfonamide Antibiotics)	

MEDICATIONS
Continued medications: alprazolam 0.5 mg tablet, amlodipine 5 mg tablet, aspirin 81 mg tabletdelayed release, Bystolic 10 mg tablet, clonidine HCl 0.1 mg tablet, Imfinzi 50 mg/mL intravenous solution, Nexium 40 mg capsuledelayed release, Plavix 75 mg tablet, Trelegy Ellipta 100 mcg-62.5 mcg-25 mcg powder for inhalation, Udenyca Autoinjector 6 mg/0.6 mL subcutaneous auto-injector.

REVIEW OF SYSTEMS
No fevers, chills or night sweats.
No chest pain or palpitations.
No mouth sores or trouble swallowing.
No nausea, vomiting, diarrhea or constipation.
No cough or shortness of breath.
Rest of a 10 point review of systems is negative except as per HPI.

Patient Reported Level of Pain
Pain Scale 0 No Pain

Treatment Recommendations for Pain

Reassess at next visit

Depression Screening

Name	07/17/25	02/13/25	06/27/24	10/30/23	04/08/23
PHQ-9	<5	<5	<5	<5	<5

Treatment Recommendations for Depression
Score <10, No Action Needed

Vitals
Vitals on 8/28/2025 3:40:00 PM: Height=65in, Weight=133.2lb, Temp=98.1f, Pulse=88, Resp=18, SystolicBP=110, DiastolicBP=69, O2 Sat=91%

PHYSICAL EXAM
Gen: Well developed well nourished. HEENT:PERRLA,EOMI, sclera anicteric, oropharynx clear. Nodes: No peripheral adenopathy. Chest: Clear bilaterally. Heart: S1 S2 no murmurs, regular heartbeat. Abd: Soft, +BS, non tender and non distended, no masses, no organomegaly. Ext: No edema.
ECOG Performance: 0: Fully active, able to carry on all pre-disease performance without restriction

LABS
Lab results on 8/18/2025: WBC=6.95 x10(3)/uL, RBC=4.57 x10(6)/uL, Hgb=14.2 g/dL, HCT=43.6 %, MCV=95.4 fL, MCH=31.1 pg, MCHC=32.6 g/dL, RDW Ratio=13.0 %, Plat=217 x10(3)/uL, MPV=9.6 fL, Lymph#=**0.65** x10(3)/uL, MONO#=0.74 x10(3)/uL, BASO#=0.06 x10(3)/uL, EOS#=0.35 x10(3)/uL, Lymph%=**9.4** %, MONO%=10.6 %, BASO%=0.9 %, EOS%=5.0 %, Segs=73.4 %, Segs#=5.10 x10(3)/uL, Sodium=139 mmol/L, Potassium=4.3 mmol/L, Chloride=103 mmol/L, CO2=23 mmol/L, Glucose=87 mg/dL, BUN=13 mg/dL, Creat=0.80 mg/dL, BUN Creat Ratio=16.3 Ratio, Calcium=9.0 mg/dL, Magnesium=2.2 mg/dL, Total Protein=6.8 g/dL, Albumin=4.2 g/dL, A/G=1.6 Ratio, Globulin=2.6 g/dL, Total Bili=0.3 mg/dL, Alk Phos=91 U/L, AST=20 U/L, ALT=15 U/L, T3=111 ng/dL, T4=8.5 ug/dL, T3 Uptake=31.2 %, TSH=2.030 u[IU]/mL, TSH=2.010 u[IU]/mL, Hep B Surface Ab=Non-Reactive

Other Lab studies:
Specimen A Interpretation
A. LYMPH NODE, SUPRACLAVICULAR, RIGHT, US-GUIDED CORE BIOPSIES WITH TOUCHPREP:

POSITIVE FOR MALIGNANCY

CONSISTENT WITH SMALL CELL CARCINOMA. SEE NOTE.

Note: The specimen is cellular and consists of poorly cohesive atypical cells with high nuclear/cytoplasmic ratio, granular chromatin, nuclear molding and crush artifact, in a background of necrotic debris. Immunohistochemical stains were performed on the cell block with adequate positive and negative controls. The malignant cells are positive for AE1/AE3 (dot like), CD56, TTF-1, CK7 (focal) and synaptophysin (weak). The malignant cells are negative for chromogranin, CK20, CD45 and Sox-10. Ki-67 proliferation index is approximately 80%. The findings are consistent with small cell carcinoma. Clinical pathological correlation is recommended.

Dr. S. Desai notified of the findings on 8/5/2025 via epic chat at 10:24 AM.

IMAGING RESULTS
EXAM: PET/CT FDG SKULL BASE TO MID THIGH INITIAL STAGING 7/15/2025

CLINICAL INDICATION: C34.90; Malignant neoplasm of unspecified part of unspecified bronchus or lung (CMS/HCC);

Prior Studies: PET/CT on November 27, 2023

Protocol:
Patient's data:
83-year-old man
height: 5 ft and 8 in
weight: 135 lb.

After overnight fast the patient was administered intravenously in the right wrist with 12.48 mCi of F18-fluorodeoxyglucose (FDG). The patient's blood sugar was 98 mg/dL. After one hour uptake phase, the patient underwent PET/non contrast CT with PET/CT scanner. Images were acquired at 4 minutes per bed from the base of the skull to the mid thigh. Iterative reconstruction (2i8S) and attenuation correction were applied and the images were display in multiple formats and projection. CT is primarily for anatomic correlation rather than a diagnostic procedure. Standardized uptake value (SUV) will be reported as maximum value.

FDG administration time: 8:08 AM
Imaging time: 9:08 AM

Findings:

Quality of the images is satisfactory for interpretation.

Reference SUVs (weight and height corrected):
Mediastinal blood pool SUV 2.1;
Liver SUV 2.6.

Head/Neck:

There are no abnormal foci of altered metabolic activity or discrete mass in the visualized brain parenchyma. The ventricles and sulci appear within normal limits for the patient's age.

The orbits are grossly unremarkable.

The visualized tympanomastoid cavities are free of mucosal abnormality.

Paranasal sinuses are clear.

There is physiologic distribution of radiotracer in the salivary glands.

There is physiologic distribution of radiotracer in the nasopharyngeal, oropharyngeal, and laryngeal structures.

The thyroid gland is unremarkable.

There are new clusters of the right supraclavicular lymph nodes with intense uptake, the largest measuring about 2.0 cm with SUV 13.5. Findings are consistent with new nodal metastasis.

Chest:

There is no axillary lymphadenopathy.

There are multiple new bilateral mediastinal and hilar lymph nodes with intense uptake, the largest measuring about 2.0 cm with SUV 10.4 in the right paratracheal region. Findings are consistent with new nodal metastases as well.

There is new masslike subpleural nodular density with moderate uptake (SUV 5.4) in the posterior right lower lobe, representing either recurrent neoplasm or inflammatory/infectious process.

There is another 1.0 cm subpleural pulmonary nodule with moderate uptake (SUV 3.1) in the posterolateral left lower lobe, suspicious for neoplasm or metastatic disease as well.

There are multiple additional subpleural nodular densities or opacities with mild uptake in the right lung, likely inflammatory.

There is marked atelectasis in the right lower lobe. There is diffuse emphysema.

Postsurgical changes with multiple clips in the right lung and mediastinum.

There are multiple right retropleural nodules with moderate uptake on the right sided lower thoracic and upper lumbar spine, the largest measuring about 1.3 cm with SUV 6.5. Findings are consistent with retropleural metastases as well.

There is no pericardial effusion.

The heart size is normal. There is physiologic uptake in the left ventricular myocardium.

A small hiatal hernia.

Abdomen and pelvis:

There is no ascites.

Patient is status post partial gastrectomy with gastrojejunostomy.

Uptake of the liver is heterogeneous without focal abnormality. There is no discrete hepatic lesion.

Post cholecystectomy.

The spleen, pancreas, and adrenal glands appear unremarkable.

The kidneys are symmetric with no hydronephrosis.

There is physiologic bowel uptake. There is colonic diverticulosis.

The abdominal aorta is normal in caliber.

Prostate markedly enlarged without suspicious uptake.

The urinary bladder is unremarkable.

There are new retroperitoneal lymph nodes with intense uptake in the retrocrural, periportal and aortocaval regions, the largest measuring about 1.8 cm with SUV 12.8. Findings are consistent with retroperitoneal nodal metastasis.

Prominent inguinal lymph nodes with mild uptake are nonspecific.

Musculoskeletal system:

The current images demonstrate new vague sclerotic lesions with moderate to intense uptake in the left anterolateral fifth rib, L1, L5, right posterior ilium and greater trochanter of the left proximal femur. Findings are consistent with osseous metastases.

IMPRESSION:

1. Multiple new large FDG avid lymphadenopathy consistent with nodal metastases in the right supraclavicular, bilateral mediastinal/hilar and retroperitoneal regions as described above.

2. Multiple new right retropleural nodules with moderate uptake on the right sided lower thoracic and upper lumbar spine, consistent with retropleural metastases as well.

3. Multiple new osseous metastases as described above.

4. New masslike subpleural nodular density with moderate uptake (SUV 5.4) in the posterior right lower lobe, representing either recurrent neoplasm or inflammatory/infectious process. Another 1.0 cm subpleural pulmonary nodule with moderate uptake (SUV 3.1) in the posterolateral left lower lobe, suspicious for neoplasm or metastatic disease as well.

5. Multiple additional subpleural nodular densities or opacities with mild uptake in the right lung, likely inflammatory.

Electronically Signed By: Yiyan Liu, on 7/15/2025 10:05 AM
Workstation:CHRRAVDIC22

ASSESSMENT
1. Squamous cell carcinoma of the lung, stage IIIA 2018: Status post-surgery, chemotherapy, and radiotherapy.
2. New diagnosis of small cell lung cancer with bone metastasis: Biopsy confirmed small cell histology. Given bone mets, extensive stage. Long discussion about treatment plan with combination chemotherapy (carboplatin/etoposide) and immunotherapy with durvalumab. He declines at clinical trial at this time.
3. History of partial gastrectomy for ulcer disease.

Demographic ACP
No Living Will, No Durable Power of Attorney, No DNR, Last verified 12/7/2023

PLAN

1. Schedule Mediport placement.
2. Initiate chemotherapy immunotherapy in the near future.
3. He has undergone chemotherapy teaching. Side effects reviewed in detail.
4. Call prior to next visit with any interim questions or concerns
5. Discussed potential side effects of chemotherapy and supportive care measures.

Patient has given prior verbal consent to have the conversation recorded and summarized by the Knowtex software.

Signed 

Sameer Desai, MD, NPI: 1487776373
This document was electronically signed on 8/28/2025 at 5:16 PM

GenPath® ONCOLOGY

Final Report

PHYSICIAN	PATIENT	SAMPLE
DESAI, SAMEER ASTERA CANCER CARE - ROBBINSVILLE 1 Washington Blvd, Suite 9 Robbinsville, NJ 08691 Acct#: **(JN036-2) NJ114** Tel: (732) 390-7750	**MALAGRINO, JAMES** **DOB:** 06/09/1942 **Age:** 82 Y **Sex:** F **ID:** 443449 **Address:** 316 SILVER CT TRENTON, NJ 08690 **Tel:** (609) 838-2528	**Specimen ID:** **108534051** **Date Of Report:** 02/14/2025 **Time Of Report:** 03:24 **Date Collected:** 02/13/2025 **Time Collected:** 09:40 **Date Received:** 02/14/2025 **Time Received:** 00:25 North America Eastern Time

CLINICAL REPORT

CLINICAL ABNORMALITIES SUMMARY:

(May not contain all abnormal results: narrative results may not have abnormal flags. Please review entire report.)

LYMPHS	12.8 L	LYMPHS, ABS. COUNT	0.73 L	MONOS	12.2 H
EOS	5.6 H				

Initial Receipt Date: 02/14/2025

NON FASTING

CHEMISTRY

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
Total Protein	6.1		5.9-8.4	g/dL	02/14/25	6.7	06/28/24
Albumin	3.9		3.5-5.2	g/dL	02/14/25	4.2	06/28/24
Globulin	2.2		1.7-3.7	g/dL	02/14/25	2.5	06/28/24
A/G Ratio	1.8		1.1-2.9	Ratio	02/14/25	1.7	06/28/24
Glucose	77		70-99	mg/dL	02/14/25	*100 H*	06/28/24
Sodium	140		135-147	mmol/L	02/14/25	140	06/28/24
Potassium	4.5		3.5-5.5	mmol/L	02/14/25	4.6	06/28/24
Chloride	104		96-108	mmol/L	02/14/25	102	06/28/24
CO2	24		19-29	mmol/L	02/14/25	22	06/28/24
BUN	12		8-23	mg/dL	02/14/25	16	06/28/24
Creatinine	0.87		0.49-1.02	mg/dL	02/14/25	*1.04 H*	06/28/24
e-GFR	66		>or=60	mL/min	02/14/25	*54 L*	06/28/24

GFR categories in CKD

Category	GFR ml/min/1.73 m2	Terms
G1	>or=90	Normal or high
G2	60-89	Mildly decreased*
G3a	45-59	Mildly to moderately decreased
G3b	30-44	Moderately to severely decreased
G4	15-29	Severely decreased
G5	<15	Kidney failure

Abbreviations: CKD, chronic kidney disease; GFR, glomerular filtration rate.
*Relative to young adult level.
In the absence of evidence of kidney damage, neither GFR category G1 nor G2 fulfill the criteria for CKD.

NOTE: The National Kidney Foundation recommends using the CKD-EPI Creatinine Equation (2021) to estimate GFR in adults. The new CKD-EPI equation is in use 3/6/2023.

BUN/Creat Ratio	13.8	10.0-28.0	Ratio	02/14/25	15.4	06/28/24
Calcium	8.9	8.6-10.4	mg/dL	02/14/25	8.9	06/28/24
Bilirubin, Total	0.5	<1.2	mg/dL	02/14/25	0.6	06/28/24
Alk Phos	82	40-156	U/L	02/14/25	82	06/28/24
AST	14	<32	U/L	02/14/25	21	06/28/24

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CLINICAL REPORT

CHEMISTRY

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
ALT	13		<33	U/L	02/14/25	16	06/28/24

HEMATOLOGY

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
WBC	5.72		4.00-10.10	x10(3)/uL	02/14/25	8.63	06/28/24
RBC	4.49		3.58-5.19	x10(6)/uL	02/14/25	4.33	06/28/24
HGB	13.6		11.0-15.5	g/dL	02/14/25	13.3	06/28/24
HCT	42.5		31.5-44.8	%	02/14/25	40.9	06/28/24
MCV	94.7		78.0-98.0	fL	02/14/25	94.5	06/28/24
MCH	30.3		25.2-32.6	pg	02/14/25	30.7	06/28/24
MCHC	32.0		31.0-34.7	g/dL	02/14/25	32.5	06/28/24
RDW	12.4		12.0-15.5	%	02/14/25	12.6	06/28/24
POLYS	68.2		37.1-78.1	%	02/14/25	75.4	06/28/24
POLYS, ABS. COUNT	3.90		1.30-7.00	x10(3)/uL	02/14/25		
LYMPHS		*12.8 L*	13.7-50.9	%	02/14/25	*10.2 L*	06/28/24
LYMPHS, ABS. COUNT		*0.73 L*	0.80-3.00	x10(3)/uL	02/14/25		
MONOS		*12.2 H*	3.0-11.9	%	02/14/25	9.2	06/28/24
MONOS, ABS. COUNT	0.70		0.00-1.00	x10(3)/uL	02/14/25		
EOS		*5.6 H*	0.0-5.0	%	02/14/25	4.4	06/28/24
EOS, ABS. COUNT	0.32		0.00-0.40	x10(3)/uL	02/14/25		
BASOS	1.0		0.0-1.0	%	02/14/25	0.5	06/28/24
BASOS, ABS. COUNT	0.06		0.00-0.10	x10(3)/uL	02/14/25		
IMMATURE GRANULOCYTES	0.2		0.0-1.0	%	02/14/25	0.3	06/28/24
IG, ABS. COUNT	0.01		0.00-0.09	x10(3)/uL	02/14/25		
PLATELET COUNT	207		140-425	x10(3)/uL	02/14/25	204	06/28/24
MPV	9.8		8.6-12.1	fL	02/14/25	9.4	06/28/24

MISCELLANEOUS

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
CEA	1.8		See Below	ng/mL	02/14/25	1.8	06/28/24

CEA INTERPRETATION

	Range (ng/mL)
Non-Smoker	< or=3.8
Smokers	< or=5.5

NOTE: The CEA assay should not be used as a cancer screening test.
CEA results should not be interpreted as absolute evidence for the presence or absence of malignant disease.
NOTE: Values obtained with different assay methods or kits cannot be used interchangeably.

ASSAY INFORMATION: Method Electrochemiluminescence Immunoassay (Roche Diagnostics).

Final Report

GenPath® ONCOLOGY

Final Report

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CLINICAL REPORT

CLINICAL ABNORMALITIES SUMMARY:

(May not contain all abnormal results: narrative results may not have abnormal flags. Please review entire report.)

LYMPHS	12.1 L	LYMPHS, ABS. COUNT	0.61 L

Initial Receipt Date: 07/18/2025

NON FASTING

CHEMISTRY

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
Total Protein	7.0		5.9-8.4	g/dL	07/18/25	6.1	02/14/25
Albumin	4.2		3.5-5.2	g/dL	07/18/25	3.9	02/14/25
Globulin	2.8		1.7-3.7	g/dL	07/18/25	2.2	02/14/25
A/G Ratio	1.5		1.1-2.9	Ratio	07/18/25	1.8	02/14/25
Glucose	86		70-99	mg/dL	07/18/25	77	02/14/25
Sodium	141		135-147	mmol/L	07/18/25	140	02/14/25
Potassium	4.4		3.5-5.5	mmol/L	07/18/25	4.5	02/14/25
Chloride	104		96-108	mmol/L	07/18/25	104	02/14/25
CO2	24		19-29	mmol/L	07/18/25	24	02/14/25
BUN	10		8-23	mg/dL	07/18/25	12	02/14/25
Creatinine	0.92		0.49-1.02	mg/dL	07/18/25	0.87	02/14/25
e-GFR	62		>or=60	mL/min	07/18/25	66	02/14/25

GFR categories in CKD

Category	GFR ml/min/1.73 m2	Terms
G1	>or=90	Normal or high
G2	60-89	Mildly decreased*
G3a	45-59	Mildly to moderately decreased
G3b	30-44	Moderately to severely decreased
G4	15-29	Severely decreased
G5	<15	Kidney failure

Abbreviations: CKD, chronic kidney disease; GFR, glomerular filtration rate.
*Relative to young adult level.
In the absence of evidence of kidney damage, neither GFR category G1 nor G2 fulfill the criteria for CKD.

NOTE: The National Kidney Foundation recommends using the CKD-EPI Creatinine Equation (2021) to estimate GFR in adults. The new CKD-EPI equation is in use 3/6/2023.

BUN/Creat Ratio	10.9		10.0-28.0	Ratio	07/18/25	13.8	02/14/25
Calcium	9.1		8.6-10.4	mg/dL	07/18/25	8.9	02/14/25
Bilirubin, Total	0.8		<1.2	mg/dL	07/18/25	0.5	02/14/25
Alk Phos	81		40-156	U/L	07/18/25	82	02/14/25
AST	20		<32	U/L	07/18/25	14	02/14/25
ALT	12		<33	U/L	07/18/25	13	02/14/25

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CLINICAL REPORT

HEMATOLOGY

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
WBC	5.06		4.00-10.10	x10(3)/uL	07/18/25	5.72	02/14/25
RBC	4.57		3.58-5.19	x10(6)/uL	07/18/25	4.49	02/14/25
HGB	13.7		11.0-15.5	g/dL	07/18/25	13.6	02/14/25
HCT	43.7		31.5-44.8	%	07/18/25	42.5	02/14/25
MCV	95.6		78.0-98.0	fL	07/18/25	94.7	02/14/25
MCH	30.0		25.2-32.6	pg	07/18/25	30.3	02/14/25
MCHC	31.4		31.0-34.7	g/dL	07/18/25	32.0	02/14/25
RDW	13.2		12.0-15.5	%	07/18/25	12.4	02/14/25
POLYS	73.2		37.1-78.1	%	07/18/25	68.2	02/14/25
POLYS, ABS. COUNT	3.71		1.30-7.00	x10(3)/uL	07/18/25	3.90	02/14/25
LYMPHS		*12.1 L*	13.7-50.9	%	07/18/25	*12.8 L*	02/14/25
LYMPHS, ABS. COUNT		*0.61 L*	0.80-3.00	x10(3)/uL	07/18/25	*0.73 L*	02/14/25
MONOS	10.3		3.0-11.9	%	07/18/25	*12.2 H*	02/14/25
MONOS, ABS. COUNT	0.52		0.00-1.00	x10(3)/uL	07/18/25	0.70	02/14/25
EOS	3.4		0.0-5.0	%	07/18/25	*5.6 H*	02/14/25
EOS, ABS. COUNT	0.17		0.00-0.40	x10(3)/uL	07/18/25	0.32	02/14/25
BASOS	0.8		0.0-1.0	%	07/18/25	1.0	02/14/25
BASOS, ABS. COUNT	0.04		0.00-0.10	x10(3)/uL	07/18/25	0.06	02/14/25
IMMATURE GRANULOCYTES	0.2		0.0-1.0	%	07/18/25	0.2	02/14/25
IG, ABS. COUNT	0.01		0.00-0.09	x10(3)/uL	07/18/25	0.01	02/14/25
PLATELET COUNT	238		140-425	x10(3)/uL	07/18/25	207	02/14/25
MPV	9.0		8.6-12.1	fL	07/18/25	9.8	02/14/25

NOTE: One or more parameters of the CBC reported for this accession require a MANUAL peripheral smear differential review and/or cell count. This has been performed as per our protocol and commented on the report, if necessary. This review also included RBC morphology and platelet estimation.

PT	10.8		10.0-12.5	sec	07/18/25		
INR	1.0		0.9-1.1		07/18/25		

Suggested INR therapeutic ranges for patients on warfarin:

Moderate intensity therapeutic range: 2.0-3.0
(Prophylaxis and Thrombosis)

High intensity therapeutic range: 2.5-3.5
(Mechanical Prosthetic Valves)

PTT	28.9		23.3-36.2	sec	07/18/25		

NOTE: The modified activated Partial Thromboplastin Time (APTT) is a screening procedure for assessment of secondary coagulation, e.g. whether sufficient fibrinogen and plasma factors are present in amounts for adequate hemostasis. The extension of the stability to 24 hours for the APTT is only valid in its use as an initial screening assay of non-hospitalized patient population.

PHYSICIAN	PATIENT	SAMPLE
DESAI, SAMEER ASTERA CANCER CARE - ROBBINSVILLE 1 Washington Blvd, Suite 9 Robbinsville, NJ 08691 Acct#: **(JN036-2) NJ114** Tel: (732) 390-7750	**MALAGRINO, JAMES** **DOB:** 06/09/1942 **Age:** 83 Y **Sex:** F **ID:** 443449 **Address:** 316 SILVER CT TRENTON, NJ 08690 **Tel:** (609) 838-2528	**Specimen ID:** **102045154** **Date Of Report:** 07/18/2025 **Time Of Report:** 13:26 **Date Collected:** 07/17/2025 **Time Collected:** 11:33 **Date Received:** 07/18/2025 **Time Received:** 03:55 North America Eastern Time

CLINICAL REPORT

HEMATOLOGY

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
Assessment of factor assays, unfractionated heparin monitoring, mixing studies, and evaluation for antiphospholipid-associated APTT abnormalities ("Lupus anticoagulant") requires strict frozen plasma.							

MISCELLANEOUS

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
CEA	2.0		See Below	ng/mL	07/18/25	1.8	02/14/25

CEA INTERPRETATION

	Range (ng/mL)
Non-Smoker	< or=3.8
Smokers	< or=5.5

NOTE: The CEA assay should not be used as a cancer screening test. CEA results should not be interpreted as absolute evidence for the presence or absence of malignant disease.

NOTE: Values obtained with different assay methods or kits cannot be used interchangeably.

ASSAY INFORMATION: Method Electrochemiluminescence Immunoassay (Roche Diagnostics).

Final Report

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Final Report

PHYSICIAN	PATIENT	SAMPLE
DESAI, SAMEER ASTERA CANCER CARE - ROBBINSVILLE 1 Washington Blvd, Suite 9 Robbinsville, NJ 08691 Acct#: **(JN036-2) NJ114** Tel: (732) 390-7750	**MALAGRINO, JAMES** **DOB:** 06/09/1942 **Age:** 83 Y **Sex:** F **ID:** 443449 **Address:** 316 SILVER CT TRENTON, NJ 08690	**Specimen ID:** **102470598** **Date Of Report:** 08/15/2025 **Time Of Report:** 03:59 **Date Collected:** 08/14/2025 **Time Collected:** 15:08 **Date Received:** 08/15/2025 **Time Received:** 00:24 North America Eastern Time

CLINICAL REPORT

CLINICAL ABNORMALITIES SUMMARY:

(May not contain all abnormal results: narrative results may not have abnormal flags. Please review entire report.)

EOS 5.4 H

Initial Receipt Date: 08/15/2025

NON FASTING

CHEMISTRY

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
Total Protein	6.7		5.9-8.4	g/dL	08/15/25	7.0	07/18/25
Albumin	4.4		3.5-5.2	g/dL	08/15/25	4.2	07/18/25
Globulin	2.3		1.7-3.7	g/dL	08/15/25	2.8	07/18/25
A/G Ratio	1.9		1.1-2.9	Ratio	08/15/25	1.5	07/18/25
Glucose	85		70-99	mg/dL	08/15/25	86	07/18/25
Sodium	139		135-147	mmol/L	08/15/25	141	07/18/25
Potassium	4.3		3.5-5.5	mmol/L	08/15/25	4.4	07/18/25
Chloride	102		96-108	mmol/L	08/15/25	104	07/18/25
CO2	21		19-29	mmol/L	08/15/25	24	07/18/25
BUN	12		8-23	mg/dL	08/15/25	10	07/18/25
Creatinine	0.85		0.49-1.02	mg/dL	08/15/25	0.92	07/18/25
e-GFR	68		>or=60	mL/min	08/15/25	62	07/18/25

GFR categories in CKD

Category	GFR ml/min/1.73 m2	Terms
G1	>or=90	Normal or high
G2	60-89	Mildly decreased*
G3a	45-59	Mildly to moderately decreased
G3b	30-44	Moderately to severely decreased
G4	15-29	Severely decreased
G5	<15	Kidney failure

Abbreviations: CKD, chronic kidney disease; GFR, glomerular filtration rate.
*Relative to young adult level.
In the absence of evidence of kidney damage, neither GFR category G1 nor G2 fulfill the criteria for CKD.

NOTE: The National Kidney Foundation recommends using the CKD-EPI Creatinine Equation (2021) to estimate GFR in adults. The new CKD-EPI equation is in use 3/6/2023.

BUN/Creat Ratio	14.1	10.0-28.0	Ratio	08/15/25	10.9	07/18/25
Calcium	9.4	8.6-10.4	mg/dL	08/15/25	9.1	07/18/25
Bilirubin, Total	0.4	<1.2	mg/dL	08/15/25	0.8	07/18/25
Alk Phos	84	40-156	U/L	08/15/25	81	07/18/25
AST	20	<32	U/L	08/15/25	20	07/18/25
ALT	11	<33	U/L	08/15/25	12	07/18/25

PHYSICIAN	PATIENT	SAMPLE
DESAI, SAMEER ASTERA CANCER CARE - ROBBINSVILLE 1 Washington Blvd, Suite 9 Robbinsville, NJ 08691 Acct#: **(JN036-2) NJ114** Tel: (732) 390-7750	**MALAGRINO, JAMES** **DOB:** 06/09/1942 **Age:** 83 Y **Sex:** F **ID:** 443449 **Address:** 316 SILVER CT TRENTON, NJ 08690	**Specimen ID:** **102470598** **Date Of Report:** 08/15/2025 **Time Of Report:** 03:59 **Date Collected:** 08/14/2025 **Time Collected:** 15:08 **Date Received:** 08/15/2025 **Time Received:** 00:24 North America Eastern Time

CLINICAL REPORT

HEMATOLOGY

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
WBC	5.94		4.00-10.10	x10(3)/uL	08/15/25	5.06	07/18/25
RBC	4.32		3.58-5.19	x10(6)/uL	08/15/25	4.57	07/18/25
HGB	13.2		11.0-15.5	g/dL	08/15/25	13.7	07/18/25
HCT	41.3		31.5-44.8	%	08/15/25	43.7	07/18/25
MCV	95.6		78.0-98.0	fL	08/15/25	95.6	07/18/25
MCH	30.6		25.2-32.6	pg	08/15/25	30.0	07/18/25
MCHC	32.0		31.0-34.7	g/dL	08/15/25	31.4	07/18/25
RDW	12.8		12.0-15.5	%	08/15/25	13.2	07/18/25
POLYS	68.1		37.1-78.1	%	08/15/25	73.2	07/18/25
POLYS, ABS. COUNT	4.05		1.30-7.00	x10(3)/uL	08/15/25	3.71	07/18/25
LYMPHS	15.0		13.7-50.9	%	08/15/25	*12.1 L*	07/18/25
LYMPHS, ABS. COUNT	0.89		0.80-3.00	x10(3)/uL	08/15/25	*0.61 L*	07/18/25
MONOS	10.3		3.0-11.9	%	08/15/25	10.3	07/18/25
MONOS, ABS. COUNT	0.61		0.00-1.00	x10(3)/uL	08/15/25	0.52	07/18/25
EOS		*5.4 H*	0.0-5.0	%	08/15/25	3.4	07/18/25
EOS, ABS. COUNT	0.32		0.00-0.40	x10(3)/uL	08/15/25	0.17	07/18/25
BASOS	0.7		0.0-1.0	%	08/15/25	0.8	07/18/25
BASOS, ABS. COUNT	0.04		0.00-0.10	x10(3)/uL	08/15/25	0.04	07/18/25
IMMATURE GRANULOCYTES	0.5		0.0-1.0	%	08/15/25	0.2	07/18/25
IG, ABS. COUNT	0.03		0.00-0.09	x10(3)/uL	08/15/25	0.01	07/18/25
PLATELET COUNT	218		140-425	x10(3)/uL	08/15/25	238	07/18/25
MPV	9.6		8.6-12.1	fL	08/15/25	9.0	07/18/25
PT	10.6		10.0-12.5	sec	08/15/25	10.8	07/18/25
INR	1.0		0.9-1.1		08/15/25	1.0	07/18/25

Suggested INR therapeutic ranges for patients on warfarin:

Moderate intensity therapeutic range: 2.0-3.0
(Prophylaxis and Thrombosis)

High intensity therapeutic range: 2.5-3.5
(Mechanical Prosthetic Valves)

PTT	29.6		23.3-36.2	sec	08/15/25	28.9	07/18/25

NOTE: The modified activated Partial Thromboplastin Time (APTT) is a screening procedure for assessment of secondary coagulation, e.g. whether sufficient fibrinogen and plasma factors are present in amounts for adequate hemostasis. The extension of the stability to 24 hours for the APTT is only valid in its use as an initial screening assay of non-hospitalized patient population. Assessment of factor assays, unfractionated heparin monitoring, mixing studies, and evaluation for antiphospholipid-associated APTT abnormalities ("Lupus anticoagulant") requires strict frozen plasma.

PHYSICIAN	PATIENT	SAMPLE
DESAI, SAMEER ASTERA CANCER CARE - ROBBINSVILLE 1 Washington Blvd, Suite 9 Robbinsville, NJ 08691 Acct#: **(JN036-2) NJ114** Tel: (732) 390-7750	**MALAGRINO, JAMES** **DOB:** 06/09/1942 **Age:** 83 Y **Sex:** F **ID:** 443449 **Address:** 316 SILVER CT TRENTON, NJ 08690	**Specimen ID:** **102470598** **Date Of Report:** 08/15/2025 **Time Of Report:** 03:59 **Date Collected:** 08/14/2025 **Time Collected:** 15:08 **Date Received:** 08/15/2025 **Time Received:** 00:24 North America Eastern Time

CLINICAL REPORT

MISCELLANEOUS

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
CEA	1.9		See Below	ng/mL	08/15/25	2.0	07/18/25

CEA INTERPRETATION

	Range (ng/mL)
Non-Smoker	< or=3.8
Smokers	< or=5.5

NOTE: The CEA assay should not be used as a cancer screening test.
CEA results should not be interpreted as absolute evidence for the presence or absence of malignant disease.
NOTE: Values obtained with different assay methods or kits cannot be used interchangeably.

ASSAY INFORMATION: Method Electrochemiluminescence Immunoassay (Roche Diagnostics).

Final Report

GenPath® ONCOLOGY

Final Report

PHYSICIAN	PATIENT	SAMPLE
DESAI, SAMEER ASTERA CANCER CARE - CLINICAL RESEARCH 30 Rehill Ave Somerville, NJ 08876 Acct#: **(JJ479-8)** **MO** Tel: (908) 927-8705	**MALAGRINO, JAMES** **DOB:** 06/09/1942 **Age:** 83 Y **Sex:** M **ID:** 443449 **Address:** 316 SILVER CT HAMILTON SQUARE, NJ 08690 **Tel:** (609) 838-2528	**Specimen ID:** **102524093** **Date Of Report:** 08/21/2025 **Time Of Report:** 01:02 **Date Collected:** 08/18/2025 **Time Collected:** 15:25 **Date Received:** 08/19/2025 **Time Received:** 05:18 North America Eastern Time

CLINICAL REPORT

Initial Receipt Date: 08/19/2025

NON FASTING

MISCELLANEOUS

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
TSH	2.010		0.270-4.200	u[IU]/mL	08/19/25		
Thyroxine(T4)	8.5		4.9-10.6	ug/dL	08/19/25		
T3 Uptake(T3U)	31.2		24.3-39.0	%	08/19/25		
THYROXINE, FREE(FT4)	1.26		0.92-1.68	ng/dL	08/19/25		
FREE T4 INDEX	2.7		1.5-3.8		08/19/25		
T3(THYRONINE), TOTAL	111		69-154	ng/dL	08/19/25		
HEP. B CORE Ab. TOTAL	Non-Reactive		Non-Reactive		08/19/25		
HEP. B SURF. Ab.	Non-Reactive		Non-Reactive		08/19/25		
HEP. B SURF. Ag	Non-Reactive		Non-Reactive		08/19/25		
HIV Ag/Ab	Non-Reactive		Non-Reactive		08/19/25		
HIV-1 p24 Ag	Non-Reactive		Non-Reactive		08/19/25		
HIV 1+2 Ab	Non-Reactive		Non-Reactive		08/19/25		

Assay Information: Assay for the detection of HIV-1 p24 antigen and antibodies to Human Immunodeficiency Virus, HIV-1 (groups M and O) and HIV-2
Method: Electrochemiluminescence Elecsys Duo

NOTE: The HIV Ag/Ab test is a screening test, if reactive it requires further confirmatory testing with an HIV-1/HIV-2 antibody differentiation test.

HEP. C Ab.	Non-Reactive		Non-Reactive		08/21/25		

Hepatitis B Result Interpretation
(for reference use only)

Marker	LI/EA*	Acute	Past	Chronic	HBV Vacc.
HBsAg	+	+	-	+	-
HBeAg	+	+	-	+/-	-
HEP.B.CORE AB,IgM	-	+	-	-	-
HEP.B.CORE AB.	-	+	+	+	-
HBeAb	-	-	+/-	+/-	-
HBsAb	-	-	+/-	-	+

*Late Incubation/Early Acute

NOTE: In remote past infection, HBsAb level may be Negative or Non-Reactive in some patients.

Final Report

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Final Report

PHYSICIAN	PATIENT	SAMPLE
DESAI, SAMEER ASTERA CANCER CARE - ROBBINSVILLE 1 Washington Blvd, Suite 9 Robbinsville, NJ 08691 Acct#: **(JN036-2) NJ114** Tel: (732) 390-7750	**MALAGRINO, JAMES** **DOB:** 06/09/1942 **Age:** 83 Y **Sex:** F **ID:** 443449 **Address:** 316 SILVER CT TRENTON, NJ 08690	**Specimen ID:** **102470598** **Date Of Report:** 08/15/2025 **Time Of Report:** 03:59 **Date Collected:** 08/14/2025 **Time Collected:** 15:08 **Date Received:** 08/15/2025 **Time Received:** 00:24 North America Eastern Time

CLINICAL REPORT

CLINICAL ABNORMALITIES SUMMARY:

(May not contain all abnormal results: narrative results may not have abnormal flags. Please review entire report.)

EOS 5.4 H

Initial Receipt Date: 08/15/2025

NON FASTING

CHEMISTRY

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
Total Protein	6.7		5.9-8.4	g/dL	08/15/25	7.0	07/18/25
Albumin	4.4		3.5-5.2	g/dL	08/15/25	4.2	07/18/25
Globulin	2.3		1.7-3.7	g/dL	08/15/25	2.8	07/18/25
A/G Ratio	1.9		1.1-2.9	Ratio	08/15/25	1.5	07/18/25
Glucose	85		70-99	mg/dL	08/15/25	86	07/18/25
Sodium	139		135-147	mmol/L	08/15/25	141	07/18/25
Potassium	4.3		3.5-5.5	mmol/L	08/15/25	4.4	07/18/25
Chloride	102		96-108	mmol/L	08/15/25	104	07/18/25
CO2	21		19-29	mmol/L	08/15/25	24	07/18/25
BUN	12		8-23	mg/dL	08/15/25	10	07/18/25
Creatinine	0.85		0.49-1.02	mg/dL	08/15/25	0.92	07/18/25
e-GFR	68		>or=60	mL/min	08/15/25	62	07/18/25

GFR categories in CKD

Category	GFR ml/min/1.73 m2	Terms
G1	>or=90	Normal or high
G2	60-89	Mildly decreased*
G3a	45-59	Mildly to moderately decreased
G3b	30-44	Moderately to severely decreased
G4	15-29	Severely decreased
G5	<15	Kidney failure

Abbreviations: CKD, chronic kidney disease; GFR, glomerular filtration rate.
*Relative to young adult level.
In the absence of evidence of kidney damage, neither GFR category G1 nor G2 fulfill the criteria for CKD.

NOTE: The National Kidney Foundation recommends using the CKD-EPI Creatinine Equation (2021) to estimate GFR in adults. The new CKD-EPI equation is in use 3/6/2023.

BUN/Creat Ratio	14.1	10.0-28.0	Ratio	08/15/25	10.9	07/18/25
Calcium	9.4	8.6-10.4	mg/dL	08/15/25	9.1	07/18/25
Bilirubin, Total	0.4	<1.2	mg/dL	08/15/25	0.8	07/18/25
Alk Phos	84	40-156	U/L	08/15/25	81	07/18/25
AST	20	<32	U/L	08/15/25	20	07/18/25
ALT	11	<33	U/L	08/15/25	12	07/18/25

PHYSICIAN	PATIENT	SAMPLE
DESAI, SAMEER ASTERA CANCER CARE - ROBBINSVILLE 1 Washington Blvd, Suite 9 Robbinsville, NJ 08691 Acct#: **(JN036-2) NJ114** Tel: (732) 390-7750	**MALAGRINO, JAMES** **DOB:** 06/09/1942 **Age:** 83 Y **Sex:** F **ID:** 443449 **Address:** 316 SILVER CT TRENTON, NJ 08690	**Specimen ID:** **102470598** **Date Of Report:** 08/15/2025 **Time Of Report:** 03:59 **Date Collected:** 08/14/2025 **Time Collected:** 15:08 **Date Received:** 08/15/2025 **Time Received:** 00:24 North America Eastern Time

CLINICAL REPORT

HEMATOLOGY

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
WBC	5.94		4.00-10.10	x10(3)/uL	08/15/25	5.06	07/18/25
RBC	4.32		3.58-5.19	x10(6)/uL	08/15/25	4.57	07/18/25
HGB	13.2		11.0-15.5	g/dL	08/15/25	13.7	07/18/25
HCT	41.3		31.5-44.8	%	08/15/25	43.7	07/18/25
MCV	95.6		78.0-98.0	fL	08/15/25	95.6	07/18/25
MCH	30.6		25.2-32.6	pg	08/15/25	30.0	07/18/25
MCHC	32.0		31.0-34.7	g/dL	08/15/25	31.4	07/18/25
RDW	12.8		12.0-15.5	%	08/15/25	13.2	07/18/25
POLYS	68.1		37.1-78.1	%	08/15/25	73.2	07/18/25
POLYS, ABS. COUNT	4.05		1.30-7.00	x10(3)/uL	08/15/25	3.71	07/18/25
LYMPHS	15.0		13.7-50.9	%	08/15/25	*12.1 L*	07/18/25
LYMPHS, ABS. COUNT	0.89		0.80-3.00	x10(3)/uL	08/15/25	*0.61 L*	07/18/25
MONOS	10.3		3.0-11.9	%	08/15/25	10.3	07/18/25
MONOS, ABS. COUNT	0.61		0.00-1.00	x10(3)/uL	08/15/25	0.52	07/18/25
EOS		*5.4 H*	0.0-5.0	%	08/15/25	3.4	07/18/25
EOS, ABS. COUNT	0.32		0.00-0.40	x10(3)/uL	08/15/25	0.17	07/18/25
BASOS	0.7		0.0-1.0	%	08/15/25	0.8	07/18/25
BASOS, ABS. COUNT	0.04		0.00-0.10	x10(3)/uL	08/15/25	0.04	07/18/25
IMMATURE GRANULOCYTES	0.5		0.0-1.0	%	08/15/25	0.2	07/18/25
IG, ABS. COUNT	0.03		0.00-0.09	x10(3)/uL	08/15/25	0.01	07/18/25
PLATELET COUNT	218		140-425	x10(3)/uL	08/15/25	238	07/18/25
MPV	9.6		8.6-12.1	fL	08/15/25	9.0	07/18/25
PT	10.6		10.0-12.5	sec	08/15/25	10.8	07/18/25
INR	1.0		0.9-1.1		08/15/25	1.0	07/18/25

Suggested INR therapeutic ranges for patients on warfarin:

Moderate intensity therapeutic range: 2.0-3.0
(Prophylaxis and Thrombosis)

High intensity therapeutic range: 2.5-3.5
(Mechanical Prosthetic Valves)

PTT	29.6		23.3-36.2	sec	08/15/25	28.9	07/18/25

NOTE: The modified activated Partial Thromboplastin Time (APTT) is a screening procedure for assessment of secondary coagulation, e.g. whether sufficient fibrinogen and plasma factors are present in amounts for adequate hemostasis. The extension of the stability to 24 hours for the APTT is only valid in its use as an initial screening assay of non-hospitalized patient population. Assessment of factor assays, unfractionated heparin monitoring, mixing studies, and evaluation for antiphospholipid-associated APTT abnormalities ("Lupus anticoagulant") requires strict frozen plasma.

PHYSICIAN	PATIENT	SAMPLE
DESAI, SAMEER ASTERA CANCER CARE - ROBBINSVILLE 1 Washington Blvd, Suite 9 Robbinsville, NJ 08691 Acct#: **(JN036-2) NJ114** Tel: (732) 390-7750	**MALAGRINO, JAMES** **DOB:** 06/09/1942 **Age:** 83 Y **Sex:** F **ID:** 443449 **Address:** 316 SILVER CT TRENTON, NJ 08690	**Specimen ID:** **102470598** **Date Of Report:** 08/15/2025 **Time Of Report:** 03:59 **Date Collected:** 08/14/2025 **Time Collected:** 15:08 **Date Received:** 08/15/2025 **Time Received:** 00:24 North America Eastern Time

CLINICAL REPORT

MISCELLANEOUS

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
CEA	1.9		See Below	ng/mL	08/15/25	2.0	07/18/25

CEA INTERPRETATION

	Range (ng/mL)
Non-Smoker	< or=3.8
Smokers	< or=5.5

NOTE: The CEA assay should not be used as a cancer screening test.
CEA results should not be interpreted as absolute evidence for the presence or absence of malignant disease.
NOTE: Values obtained with different assay methods or kits cannot be used interchangeably.

ASSAY INFORMATION: Method Electrochemiluminescence Immunoassay (Roche Diagnostics).

Final Report

GenPath® ONCOLOGY

Final Report

PHYSICIAN	PATIENT	SAMPLE
DESAI, SAMEER ASTERA CANCER CARE - CLINICAL RESEARCH 30 Rehill Ave Somerville, NJ 08876 Acct#: **(JJ479-8)** **MO** Tel: (908) 927-8705	**MALAGRINO, JAMES** **DOB:** 06/09/1942 **Age:** 83 Y **Sex:** M **ID:** 443449 **Address:** 316 SILVER CT HAMILTON SQUARE, NJ 08690 **Tel:** (609) 838-2528	**Specimen ID:** **102524093** **Date Of Report:** 08/21/2025 **Time Of Report:** 01:02 **Date Collected:** 08/18/2025 **Time Collected:** 15:25 **Date Received:** 08/19/2025 **Time Received:** 05:18 North America Eastern Time

CLINICAL REPORT

Initial Receipt Date: 08/19/2025

NON FASTING

MISCELLANEOUS

Test	Result	Abnormal	Reference	Units	Rpt Date	Prior Result	Date
TSH	2.010		0.270-4.200	u[IU]/mL	08/19/25		
Thyroxine(T4)	8.5		4.9-10.6	ug/dL	08/19/25		
T3 Uptake(T3U)	31.2		24.3-39.0	%	08/19/25		
THYROXINE, FREE(FT4)	1.26		0.92-1.68	ng/dL	08/19/25		
FREE T4 INDEX	2.7		1.5-3.8		08/19/25		
T3(THYRONINE), TOTAL	111		69-154	ng/dL	08/19/25		
HEP. B CORE Ab. TOTAL	Non-Reactive		Non-Reactive		08/19/25		
HEP. B SURF. Ab.	Non-Reactive		Non-Reactive		08/19/25		
HEP. B SURF. Ag	Non-Reactive		Non-Reactive		08/19/25		
HIV Ag/Ab	Non-Reactive		Non-Reactive		08/19/25		
HIV-1 p24 Ag	Non-Reactive		Non-Reactive		08/19/25		
HIV 1+2 Ab	Non-Reactive		Non-Reactive		08/19/25		

Assay Information: Assay for the detection of HIV-1 p24 antigen and antibodies to Human Immunodeficiency Virus, HIV-1 (groups M and O) and HIV-2
Method: Electrochemiluminescence Elecsys Duo

NOTE: The HIV Ag/Ab test is a screening test, if reactive it requires further confirmatory testing with an HIV-1/HIV-2 antibody differentiation test.

HEP. C Ab.	Non-Reactive		Non-Reactive		08/21/25		

Hepatitis B Result Interpretation
(for reference use only)

Marker	LI/EA*	Acute	Past	Chronic	HBV Vacc.
HBsAg	+	+	-	+	-
HBeAg	+	+	-	+/-	-
HEP.B.CORE AB,IgM	-	+	-	-	-
HEP.B.CORE AB.	-	+	+	+	-
HBeAb	-	-	+/-	+/-	-
HBsAb	-	-	+/-	-	+

*Late Incubation/Early Acute

NOTE: In remote past infection, HBsAb level may be Negative or Non-Reactive in some patients.

Final Report

RWJBarnabas HEALTH

DEPARTMENT OF PATHOLOGY & LABORATORY MEDICINE
RWJ UNIVERSITY HOSPITAL HAMILTON
1 Hamilton Health Place, Hamilton, NJ 08690-3542
TEL: 609-584-6564 FAX: 609-249-7515
Director: Nirag Jhala, MD

Malagrino, James
MRN: 04480551
Sex: M, Age: 83, DOB: 6/9/1942
Encounter #: 10278721690

Report for: Mohiuddin, Amena, MD
1 WASHINGTON BLVD
SUite 9
ROBBINSVILLE NJ 08691
Fax #: 609-934-4140

Inpatient Information

Admit Date: 9/8/2025
Disch Date: 9/17/2025

Pending Tests

Respiratory Culture

Glucose 6-Phosphate Dehydrogenase (G6PD), Quantitative, Whole Blood and Red Blood Cell Count (RBC) (Final result)

	Value	Range
RBC	4.28	4.14-5.80 x10E6/uL
G-6-PD, Quantitative	261	127-427 U/10E12 RBC

When decreased, G-6-PD, Quant. values are associated with acute hemolytic anemia when deficient individuals are exposed to oxidative stress, such as with certain medications (e.g., primaquine), infection, or ingestion of fava beans.
Caution: In patients with acute hemolysis (e.g., abnormally low RBC values), testing for G-6-PD may be falsely normal because older erythrocytes with a higher enzyme deficiency have been hemolyzed. Young erythrocytes and reticulocytes have normal or near-normal enzyme activity. Normal values of G-6-PD may be measured for several weeks following a hemolytic event.

Comments:
Performed at: 01 - Labcorp Raritan
69 First Avenue, Raritan, NJ 088691800
Lab Director: Liza Jodry MD, Phone: 8006315250

Blood specimen 25LBC-259L0074 from Blood, Venous Venipuncture. Ordered by Mohiuddin, Amena, MD. Authorized by Mohiuddin, Amena, MD. Collected: 9/16/2025 8:19 AM Received: 8:30 AM. Verified: 9/17/2025 4:06 PM. Resulted by LabCorp.

Resulting Labs

LabCorp LABCORP (BEAKER), 69 First Avenue, RARITAN NJ 08869