

PHYSICIAN	PATIENT	SAMPLE
<p>DESAI, SAMEER ASTERA CANCER CARE - ROBBINSVILLE 1 Washington Blvd, Suite 9 Robbinsville, NJ 08691 Acct#: (JN036-2) NJ114 Tel: (732) 390-7750</p>	<p>MALAGRINO, JAMES DOB: 06/09/1942 Age: 82 Y Sex: F ID: 443449 Address: 316 SILVER CT TRENTON, NJ 08690 Tel: (609) 838-2528</p>	<p>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</p>

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	LYMPS, 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 m ²	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