

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

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.	0.61 L
		COUNT	

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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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	
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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.

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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