



## Alan Christenson

Patient Health Summary, generated on Apr. 20, 2021

### Patient Demographics - Male; born Jul. 21, 1936

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
307 MARTIN DRIVE APTO, CA 95003	408-219-2454 (Home) 408-219-2454 (Mobile) Chrisav@prodigy.net	English (Preferred)	White / Unknown	Widowed

### Note from Sutter Health Affiliates and Community Connect Practices

This document contains information that was shared with Alan Christenson. It may not contain the entire record from Sutter Health Affiliates and Community Connect Practices.

### Allergies

**Tetracycline** (Rash, non-urticarial) - Low Severity

### Medications

**fluticasone/salmeterol (ADVAIR HFA) 115mcg/21mcg Oral Inhaler** (Started 2/14/2016)

**atorvastatin (LIPITOR) 10mg Tab**

Take by mouth

**ivermectin (SOOLANTRA) 1% Cream**

To affected area(s)

**oxyCODONE ER (OXYCONTIN) 30mg 12Hr-Tab** (Started 12/20/2016)

Take by mouth

**umeclidinium (INCRUSE ELLIPTA) 62.5mcg Oral Inhaler**

Take as an inhalation daily

**tamsulosin (FLOMAX) 0.4mg Cap**

Take 0.4 mg by mouth daily

**diltiazem 24Hr-ER coated beads (CARDIZEM CD) 240mg 24Hr-Cap** (Started 12/12/2020)

Take one capsule by mouth one time daily

**XARELTO 15 MG Tab** (Started 4/19/2021)

Take one tablet by mouth one time daily

### Active Problems

**Essential hypertension** (Noted 9/28/2019)

**Malignant neoplasm metastatic to right lung** (Noted 3/17/2018)

**Pacemaker** (Noted 9/28/2019)

**Paroxysmal atrial fibrillation** (Noted 9/28/2019)

**Squamous cell lung cancer, right** (Noted 3/17/2018)

### Immunizations

**Hepatitis A** (Given 2/15/2007, 8/1/2006)

**Influenza Virus Vaccine, NOS** (Given 9/12/2017, 9/14/2016, 9/10/2015)

**Moderna COVID-19 Vaccine INJ** (Given 2/24/2021, 1/27/2021)

**Pneumovax-23 2+ Yrs** (Given 1/25/2008, 1/10/2008)

**Tdap (Adacel) 10-64 YRS** (Given 5/24/2018, 11/25/2008)

**Typhoid Inj** (Given 3/20/2011)

**Zoster Vaccine, Live** (Given 11/15/2006)

### Procedures

**PULSE OXIMETRY (OXYGEN LEVEL)** (Performed 4/13/2021)

Performed for Squamous cell lung cancer, right, S/P lobectomy of lung

**DIFFUSING CAPACITY (CO, MEMBRAN** (Performed 4/13/2021)

Performed for Squamous cell lung cancer, right, S/P lobectomy of lung

**SPIROMETRY PRE/POST BRONCHODILATOR ADMIN** (Performed 4/13/2021)

Performed for Squamous cell lung cancer, right, S/P lobectomy of lung

**PLETHYSMOGRAPHY LUNG VOL & AIRW** (Performed 4/13/2021)

Performed for Squamous cell lung cancer, right, S/P lobectomy of lung

**PULMONARY FUNCTION TEST - COMP** (Performed 4/13/2021)

Performed for Squamous cell lung cancer, right, S/P lobectomy of lung

**PACEMAKER INTERROGATION** (Performed 4/11/2021)

Performed for Pacemaker

**CORONAVIRUS 2019 NAA(COVID-19,SARS2)** (Performed 4/10/2021)

Performed for Encounter for preprocedural laboratory examination

**COMPLETE BLOOD CELL COUNT** (Performed 4/10/2021)

Performed for Malignant neoplasm metastatic to right lung

**BASIC METABOLIC PANEL** (Performed 4/10/2021)

Performed for Malignant neoplasm metastatic to right lung

**CHEST X-RAY, 2 VIEWS** (Performed 2/11/2021)

Performed for Squamous cell lung cancer, right

**MERCURY, SERUM** (Performed 2/8/2021)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung, Chronic tension-type headache, not intractable, Unspecified asthma, uncomplicated

**APOLIPOPROTEIN B** (Performed 2/8/2021)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung, Chronic tension-type headache, not intractable, Unspecified asthma, uncomplicated

**VITAMIN D LEVEL** (Performed 2/8/2021)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung, Chronic tension-type headache, not intractable, Unspecified asthma, uncomplicated

**C REACTIVE PROTEIN, CARDIO** (Performed 2/8/2021)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung, Chronic tension-type headache, not intractable, Unspecified asthma, uncomplicated

**COMPLETE BLOOD CELL COUNT** (Performed 2/8/2021)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung, Chronic tension-type headache, not intractable, Unspecified asthma, uncomplicated

**VITAMIN B12 LEVEL** (Performed 2/8/2021)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung, Chronic tension-type headache, not intractable

**FERRITIN (IRON TEST)** (Performed 2/8/2021)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung, Chronic tension-type headache, not intractable

**THYROID FUNCTION (TSH)** (Performed 2/8/2021)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung, Chronic tension-type headache, not intractable, Unspecified asthma, uncomplicated

**THYROID FUNCTION (FREE T4)** (Performed 2/8/2021)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung, Chronic tension-type headache, not intractable, Unspecified asthma, uncomplicated

**LIPID PROFILE** (Performed 2/8/2021)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung, Chronic tension-type headache, not intractable, Unspecified asthma, uncomplicated

**GLYCOHEMOGLOBIN A1C (3 MONTH AVERAGE SUGAR)** (Performed 2/8/2021)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung, Chronic tension-type headache, not intractable, Unspecified asthma, uncomplicated

**IRON LEVELS** (Performed 2/8/2021)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung, Chronic tension-type headache, not intractable, Unspecified asthma, uncomplicated

**COMPREHENSIVE METABOLIC PANEL** (Performed 2/8/2021)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung, Chronic tension-type headache, not intractable, Unspecified asthma, uncomplicated

**COMPREHENSIVE METABOLIC PANEL** (Performed 11/2/2020)

Performed for Essential hypertension, Mixed hyperlipidemia

**LIPID PROFILE** (Performed 11/2/2020)

Performed for Essential hypertension, Mixed hyperlipidemia

**CHEST X-RAY, 2 VIEWS** (Performed 11/2/2020)

Performed for Malignant neoplasm metastatic to right lung

**PACEMAKER INTERROGATION** (Performed 10/11/2020)

Performed for Pacemaker

**PACEMAKER INTERROGATION** (Performed 7/13/2020)

Performed for Pacemaker

**PACEMAKER INTERROGATION** (Performed 5/18/2020)

Performed for Pacemaker

**PET SKULL BASE MID THIGH W ATTENU CT** (Performed 2/19/2020)

Performed for Malignant neoplasm metastatic to right lung, Squamous cell lung cancer, right

**PACEMAKER INTERROGATION** (Performed 2/18/2020)

Performed for Cardiac pacemaker in situ

**COMPLETE BLOOD CELL COUNT** (Performed 2/3/2020)

Performed for Malignant neoplasm metastatic to right lung

**THYROID FUNCTION (FREE T4)** (Performed 2/3/2020)

Performed for Fatigue, unspecified type

**COMPREHENSIVE METABOLIC PANEL** (Performed 2/3/2020)

Performed for Malignant neoplasm metastatic to right lung

**THYROID FUNCTION (TSH)** (Performed 2/3/2020)

Performed for Fatigue, unspecified type

**CHEST X-RAY, 2 VIEWS** (Performed 1/31/2020)

Performed for Malignant neoplasm metastatic to right lung

**FOLIC ACID LEVEL** (Performed 1/3/2020)

Performed for Anemia, unspecified, Other specified abnormal findings of blood chemistry

**VITAMIN D LEVEL** (Performed 1/3/2020)

Performed for Anemia, unspecified, Other specified abnormal findings of blood chemistry

**IRON LEVELS** (Performed 1/3/2020)

Performed for Anemia, unspecified, Other specified abnormal findings of blood chemistry

**FERRITIN (IRON TEST)** (Performed 1/3/2020)

Performed for Anemia, unspecified, Other specified abnormal findings of blood chemistry

**VITAMIN B12 LEVEL** (Performed 1/3/2020)

Performed for Anemia, unspecified, Other specified abnormal findings of blood chemistry

**ELECTROCARDIOGRAM (EKG)** (Performed 11/19/2019)

Performed for Pacemaker, Paroxysmal atrial fibrillation

**PM DEV PROG EVAL & ADJ DUAL LEAD** (Performed 11/19/2019)

Performed for Pacemaker, Paroxysmal atrial fibrillation

**PACEMAKER INTERROGATION** (Performed 11/11/2019)

Performed for Cardiac pacemaker in situ

**COMPLETE BLOOD CELL COUNT** (Performed 11/4/2019)

Performed for Malignant neoplasm metastatic to right lung

**COMPREHENSIVE METABOLIC PANEL** (Performed 11/4/2019)

Performed for Malignant neoplasm metastatic to right lung

**CHEST X-RAY, 2 VIEWS** (Performed 11/1/2019)

Performed for Malignant neoplasm metastatic to right lung, Squamous cell lung cancer, right

**ELECTROCARDIOGRAM (EKG)** (Performed 9/16/2019)

Performed for AV block

**PM DEV PROG EVAL & ADJ DUAL LEAD** (Performed 9/16/2019)

Performed for Pacemaker

**CHEST X-RAY, 2 VIEWS** (Performed 9/9/2019)

Performed for Malignant neoplasm metastatic to right lung

**PACEMAKER INTERROGATION** (Performed 8/7/2019)

Performed for Cardiac pacemaker in situ

**PACEMAKER INTERROGATION** (Performed 8/7/2019)

Performed for Cardiac pacemaker in situ

**POTASSIUM LEVEL** (Performed 8/5/2019)

Performed for Hypokalemia

**POTASSIUM LEVEL** (Performed 7/30/2019)

Performed for Squamous cell lung cancer, right

**TRANSTHORACIC ECHO COMPLETE WITH DOPPLER** (Performed 7/26/2019)

Performed for Atrioventricular block, complete

**BRONCHOSCOPY W/BX SNGL OR MULT SITES** (Performed 7/23/2019)

Performed for Hemoptysis, Squamous cell lung cancer, right

**ELECTROCARDIOGRAM (EKG)** (Performed 7/23/2019)

Performed for Paroxysmal atrial fibrillation

**PET SKULL BASE TO MID THIGH W ATTE CT** (Performed 7/16/2019)

Performed for Malignant neoplasm of lower respiratory tract, Malignant neoplasm of lung, unspecified laterality, unspecified part of lung

**ELECTROCARDIOGRAM (EKG)** (Performed 7/1/2019)

Performed for Paroxysmal atrial fibrillation

**HOLTER MONITOR 14 DAY** (Performed 7/1/2019)

Performed for Paroxysmal atrial fibrillation

**CHEST X-RAY, 2 VIEWS** (Performed 6/20/2019)

Performed for Malignant neoplasm metastatic to right lung

**COMPLETE BLOOD CELL COUNT** (Performed 6/20/2019)

Performed for Malignant neoplasm metastatic to right lung

**COMPREHENSIVE METABOLIC PANEL** (Performed 6/20/2019)

Performed for Malignant neoplasm metastatic to right lung

**COMPLETE BLOOD CELL COUNT** (Performed 5/14/2019)

Performed for Encounter for general adult medical examination without abnormal findings

**VITAMIN D LEVEL** (Performed 5/14/2019)

Performed for Encounter for general adult medical examination without abnormal findings

**THYROID SCREEN (TSH) W/ REFLEX FREE T4** (Performed 5/14/2019)

Performed for Encounter for general adult medical examination without abnormal findings

**PSA, PROSTATE SPECIFIC ANTIGEN** (Performed 5/14/2019)

Performed for Encounter for general adult medical examination without abnormal findings

**LIPID PROFILE** (Performed 5/14/2019)

Performed for Encounter for general adult medical examination without abnormal findings

**GLYCOHEMOGLOBIN A1C (3 MONTH AVERAGE SUGAR)** (Performed 5/14/2019)

Performed for Encounter for general adult medical examination without abnormal findings

**COMPREHENSIVE METABOLIC PANEL** (Performed 5/14/2019)

Performed for Encounter for general adult medical examination without abnormal findings

**VITAMIN B12 LEVEL** (Performed 5/14/2019)

Performed for Encounter for general adult medical examination without abnormal findings

**URINALYSIS WITH CULTURE IF INDICATED** (Performed 5/14/2019)

Performed for Encounter for general adult medical examination without abnormal findings

**CT Chest Abdomen With Contrast** (Performed 3/25/2019)

Performed for Malignant neoplasm metastatic to right lung

**CREATININE LEVEL (KIDNEY FUNCTION)** (Performed 3/25/2019)

Performed for Malignant neoplasm metastatic to right lung

**CHEST X-RAY, 2 VIEWS** (Performed 1/15/2019)

Performed for Malignant neoplasm metastatic to right lung

**PULSE OXIMETRY (OXYGEN LEVEL)** (Performed 11/26/2018)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung, Uncomplicated asthma, unspecified asthma severity, unspecified whether persistent, Chronic obstructive pulmonary disease, unspecified COPD type

**DIFFUSING CAPACITY (CO, MEMBRAN** (Performed 11/26/2018)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung, Uncomplicated asthma, unspecified asthma severity, unspecified whether persistent, Chronic obstructive pulmonary disease, unspecified COPD type

**SPIROMETRY PRE/POST BRONCHODILATOR ADMIN** (Performed 11/26/2018)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung, Uncomplicated asthma, unspecified asthma severity, unspecified whether persistent, Chronic obstructive pulmonary disease, unspecified COPD type

**PLETHYSMOGRAPHY LUNG VOL & AIRW** (Performed 11/26/2018)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung, Uncomplicated asthma, unspecified asthma severity, unspecified whether persistent, Chronic obstructive pulmonary disease, unspecified COPD type

**PULMONARY FUNCTION TEST - COMP** (Performed 11/26/2018)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung, Uncomplicated asthma, unspecified asthma severity, unspecified whether persistent, Chronic obstructive pulmonary disease, unspecified COPD type

**COMPLETE BLOOD CELL COUNT** (Performed 11/26/2018)

Performed for Squamous cell lung cancer, right

**XR FOOT 3 OR MORE VIEWS RIGHT** (Performed 10/4/2018)

Performed for Pain of right foot, Malignant neoplasm of unspecified part of unspecified bronchus or lung

**XR HIP 2 TO 3 VW RT** (Performed 10/4/2018)

Performed for Pain in right hip, Malignant neoplasm of unspecified part of unspecified bronchus or lung

**CREATININE LEVEL (KIDNEY FUNCTION)** (Performed 10/4/2018)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung

**CALCIUM** (Performed 10/4/2018)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung

**ALKALINE PHOSPHATASE, BONE SPECIFIC** (Performed 10/4/2018)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung

**ALBUMIN** (Performed 10/4/2018)

Performed for Malignant neoplasm of unspecified part of unspecified bronchus or lung, Other specified disorders of bone, unspecified site

**CT Chest Abdomen With Contrast** (Performed 9/20/2018)

Performed for Squamous cell lung cancer, right, Malignant neoplasm metastatic to right lung

**COMPLETE BLOOD CELL COUNT** (Performed 9/18/2018)

Performed for Squamous cell lung cancer, right, Malignant neoplasm metastatic to right lung

**COMPREHENSIVE METABOLIC PANEL** (Performed 9/18/2018)

Performed for Squamous cell lung cancer, right, Malignant neoplasm metastatic to right lung

**CT Chest Abdomen Pelvis With Contrast** (Performed 8/13/2018)

Performed for Malignant neoplasm metastatic to right lung

**COMPLETE BLOOD CELL COUNT** (Performed 8/13/2018)

Performed for Malignant neoplasm metastatic to right lung

**COMPREHENSIVE METABOLIC PANEL** (Performed 8/13/2018)

Performed for Malignant neoplasm metastatic to right lung

**CHEST X-RAY, 2 VIEWS** (Performed 7/17/2018)

Performed for Cough, Malignant neoplasm of unspecified part of unspecified bronchus or lung

**TRANSTHORACIC ECHO COMPLETE WITH DOPPLER** (Performed 7/2/2018)

Performed for Adverse effect of chemotherapy, sequela

**ELECTROCARDIOGRAM (EKG)** (Performed 7/2/2018)

Performed for Paroxysmal atrial fibrillation

**COMPLETE BLOOD CELL COUNT** (Performed 6/30/2018)

Performed for Malignant neoplasm metastatic to right lung

**COMPREHENSIVE METABOLIC PANEL** (Performed 6/30/2018)

Performed for Malignant neoplasm metastatic to right lung

**CHEST X-RAY, 2 VIEWS** (Performed 4/2/2018)

Performed for Squamous cell lung cancer, right, Malignant neoplasm metastatic to right lung

**CT Chest With and Without Contrast** (Performed 2/7/2018)**PET CT BRAIN AMYVID** (Performed 12/13/2017)**MRI Brain With and Without Contrast** (Performed 12/13/2017)**CT Chest Without Contrast** (Performed 11/1/2017)**CT Chest Without Contrast** (Performed 7/26/2017)**CT Chest Without Contrast** (Performed 4/26/2017)**CT Chest Without Contrast** (Performed 1/26/2017)**MRI Brain With and Without Contrast** (Performed 11/22/2016)**PROCEDURE REPORT** (Performed 7/12/2012)

## Results

**PULMONARY FUNCTION TEST - COMP (PULMONARY FUNCTION TEST - COMPLETE) - Final result (04/13/2021 10:00 AM PDT)**

Specimen

**Impressions****Performed At**

Flow volume loop is deep and vertically oriented.

**Spirometry:**

FEV1 is moderately to severely reduced.

FVC is severely reduced.

The FEV1/FVC ratio is normal.

Bronchodilators were administered and there is no significant response by ATS criteria.

**Lung volumes (by plethysmography):**

Total lung capacity is moderately reduced.

Vital capacity is severely reduced.

Residual volume is normal.

**Diffusing capacity:**

Diffusing capacity corrected for hemoglobin is severely reduced.

Oxygen saturation: 99 % on room air

**SUMMARY:**

- There is no evidence of an obstructive ventilatory defect.
- There is no significant response to bronchodilators. This lack of response to inhalation of leave albuterol does not exclude reversible airway disease.
- There is a moderate restrictive ventilatory defect.
- Diffusing capacity corrected for hemoglobin is severely reduced.

Compared to the most recent study on 11/26/2018, there has been no significant change.

Eunice J. Kim, MD

Narrative

Performed At

**This result has an attachment that is not available.**

## PACEMAKER INTERROGATION - Final result (04/11/2021)

Specimen

Narrative

Performed At

**This result has an attachment that is not available.**

PAMF PA BO

Medtronic Azure XT DR MRI

AAI-DDD 60

A pacing- 0.4%/ V Pacing- 30.3%

Battery: 12.9 years

Thresholds: Good

Current rhythm: A sensed, V paced

Arrhythmias: Atrial Fibrillation episodes (burden 1.6%, longest episode 3.5 hours)

Anticoagulation: Xarelto

Next Transmission: 3 months

Dr. Engel/ka

Performing Organization	Address	City/State/Zipcode	Phone Number
PAMF PA BO	795 El Camino Real	Palo Alto, CA 94301	

## CORONAVIRUS 2019 NAA(COVID-19,SARS2) - Final result (04/10/2021 11:26 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
SARS-COV-2, NAA	<p>Not Detected</p> <p>Comment:</p> <p>Negative results do not exclude the possibility of infection. Interpretation of all results must include clinical evaluation of the patient and other diagnostic procedures.</p> <p>Performance of this test has not been evaluated for asymptomatic individuals and may be associated with false negative results.</p> <p>This test was performed by Hologic Panther Aptima Nucleic Acid Amplification (TMA) methodology.</p> <p>COVID-19 lab tests are currently reviewed by the FDA under Emergency Use Authorization (EUA).</p> <p>A Patient Fact sheet is available here: <a href="https://www.fda.gov/media/138098/download">https://www.fda.gov/media/138098/download</a></p>	Not Detected	Sutter Share Lab 925-371-3800	

Specimen

Nasal Mid-Turbinate (in transport media) - Nasal Mid-Turbinate (in transport media)

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH SHARED LABORATORY	2950 Collier Canyon Road	Livermore, CA 94551	925-371-3800
Sutter Share Lab 925-371-3800	2950 Collier Canyon Road	Livermore, CA 94551	

## COMPLETE BLOOD CELL COUNT (CBC WITH AUTOMATED DIFFERENTIAL) - Final result (04/10/2021 9:35 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
White Blood Cell Count	9.6	4.0 - 11.0 K/uL	Palo Alto Medical Foundation Santa Cruz	
Red Blood Cell Count	5.30	4.40 - 6.00 M/uL	Palo Alto Medical Foundation Santa Cruz	
Hemoglobin	14.2	13.5 - 18.0 g/dL	Palo Alto Medical Foundation Santa Cruz	
Hematocrit	47.0	40.0 - 52.0 %	Palo Alto Medical Foundation Santa Cruz	
MCV	89	80 - 100 fL	Palo Alto Medical Foundation Santa Cruz	
MCH	<b>26.8 (L)</b>	27.0 - 33.0 pg	Palo Alto Medical Foundation Santa Cruz	
MCHC	<b>30.2 (L)</b>	31.0 - 36.0 g/dL	Palo Alto Medical Foundation Santa Cruz	
RDW	16.2	<16.4 %	Palo Alto Medical Foundation Santa Cruz	
Platelet Count	212	150 - 400 K/uL	Palo Alto Medical Foundation Santa Cruz	
Differential Type	Automated		Palo Alto Medical Foundation Santa Cruz	
Neutrophil %	74	49.0 - 74.0 %	Palo Alto Medical Foundation Santa Cruz	
Lymphocyte %	<b>17 (L)</b>	26.0 - 46.0 %	Palo Alto Medical Foundation Santa Cruz	
Monocyte %	8	2.0 - 12.0 %	Palo Alto Medical Foundation Santa Cruz	
Eosinophil %	1	0.0 - 5.0 %	Palo Alto Medical Foundation Santa Cruz	
Basophil %	0	0.0 - 2.0 %	Palo Alto Medical Foundation Santa Cruz	
Abs. Neutrophil	7.0	2.0 - 8.0 K/uL	Palo Alto Medical Foundation Santa Cruz	
Abs. Lymphocyte	1.6	1.0 - 5.1 K/uL	Palo Alto Medical Foundation Santa Cruz	
Abs. Monocyte	0.7	0.0 - 0.8 K/uL	Palo Alto Medical Foundation Santa Cruz	
Abs. Eosinophil	0.1	0.0 - 0.5 K/uL	Palo Alto Medical Foundation Santa Cruz	
Abs. Basophil	0.0	0.0 - 0.2 K/uL	Palo Alto Medical	

Specimen

Blood - Blood

Narrative

Patient not fasting

Performed At

PALO ALTO MEDICAL  
FOUNDATION SANTA  
CRUZ

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	2025 Soquel Ave.	Santa Cruz, CA 95062	831-458-5802
Palo Alto Medical Foundation Santa Cruz	2025 Soquel Avenue	Santa Cruz, CA 95062	

**BASIC METABOLIC PANEL (BASIC METABOLIC PANEL W GFR) - Final result (04/10/2021 9:35 AM PDT)**

Component	Value	Ref Range	Performed At	Pathologist Signature
Sodium	144	136 - 145 mmol/L	Palo Alto Medical Foundation Santa Cruz	
Potassium	4.0	3.5 - 5.1 mmol/L	Palo Alto Medical Foundation Santa Cruz	
Chloride	108	98 - 110 mmol/L	Palo Alto Medical Foundation Santa Cruz	
CO2 (Bicarbonate)	30	21 - 32 mmol/L	Palo Alto Medical Foundation Santa Cruz	
Glucose	<b>231 (H)</b>	70 - 99 mg/dL	Palo Alto Medical Foundation Santa Cruz	
	Comment: The reference range is applicable only if the blood glucose is obtained in the fasting state. If the glucose is obtained in the non-fasting state, this reference range does NOT apply. Impaired fasting glucose, a form of pre-diabetes, is defined by the American Diabetes Association as fasting plasma glucose of 100-125 mg/dL. A fasting glucose of 126 mg/dL or greater is consistent with diabetes.			
BUN	13	6 - 25 mg/dL	Palo Alto Medical Foundation Santa Cruz	
Creatinine	0.83 Comment: IDMS-traceable method	0.50 - 1.30 mg/dL	Palo Alto Medical Foundation Santa Cruz	
GFR Est-Other	81	>60 See Cmnt	Palo Alto Medical Foundation Santa Cruz	
GFR Est-African	94	>60 See Cmnt	Palo Alto Medical	

American	Comment: Units: mL/min/1.73 m <sup>2</sup> . Estimated glomerular filtration rate values are calculated using the CKD-EPI equation	Foundation Santa Cruz
Calcium	9.1	8.2 - 10.2 mg/dL Palo Alto Medical Foundation Santa Cruz

#### Specimen

Serum - Blood

Narrative	Performed At		
Patient not fasting	PAULO ALTO MEDICAL FOUNDATION SANTA CRUZ		
Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	2025 Soquel Ave.	Santa Cruz, CA 95062	831-458-5802
Palo Alto Medical Foundation Santa Cruz	2025 Soquel Avenue	Santa Cruz, CA 95062	

#### CHEST X-RAY, 2 VIEWS (XR CHEST 2 VIEWS PA LATERAL) - Final result (02/11/2021 12:45 PM PST)

#### Specimen

Impressions	Performed At
IMPRESSION: Slowly increasing volume loss and heterogeneous opacification in the right lung suggesting disease progression.	SUTTER HEALTH RADIOLOGY
Electronically signed by: John Pestaner, MD 2/11/2021 12:52 PM	
Narrative	Performed At
REASON FOR EXAM: Cough	SUTTER HEALTH RADIOLOGY

COMPARISON: 11/2/2020, 1/31/2020, 11/1/2019, 9/9/2019 and PET/CT dated 2/19/2020

PA and lateral views of the chest were obtained. Bones and soft tissues are stable. The left cardiac margin and left subclavian transvenous cardiac pacer wire position is unchanged. The left lung is aerated and clear. The mediastinum is shifted to the right.

Compared to previous studies, aeration in the remaining portion of the right lung continues to slowly diminish. There is heterogeneous interstitial opacity throughout the periphery of the remaining right lung. Irregular soft tissue density at the right hilum is again noted, slightly more prominent on previous studies.

#### Procedure Note

##### Ifc, Ehr Amb Powerscribe Results In - 02/11/2021 12:55 PM PST

REASON FOR EXAM: Cough

COMPARISON: 11/2/2020, 1/31/2020, 11/1/2019, 9/9/2019 and PET/CT dated 2/19/2020

PA and lateral views of the chest were obtained. Bones and soft tissues are stable. The left cardiac margin and left subclavian transvenous cardiac pacer wire position is unchanged. The left lung is aerated and clear. The mediastinum is shifted to the

right.

Compared to previous studies, aeration in the remaining portion of the right lung continues to slowly diminish. There is heterogeneous interstitial opacity throughout the periphery of the remaining right lung. Irregular soft tissue density at the right hilum is again noted, slightly more prominent on previous studies.

IMPRESSION: Slowly increasing volume loss and heterogeneous opacification in the right lung suggesting disease progression.

Electronically Signed by: John Pestaner, MD 2/11/2021 12:52 PM

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH RADIOLOGY	3707 Schriever	Mather, CA 95742	916-454-8200

#### MERCURY, SERUM - Final result (02/08/2021 8:12 AM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
Mercury	None Detected Comment:  Note Reporting Limit: 1.0 mcg/L Normally: Less than 6 mcg/L. Analysis by Inductively Coupled Plasma/Mass Spectrometry (ICP/MS) Specimens for elemental testing should be collected in certified metal-free containers. Elevated results for elemental testing may be caused by environmental contamination at the time of specimen collection and should be interpreted accordingly. It is recommended that unexpected elevated results be verified by testing another specimen. This test was developed and its performance characteristics determined by NMS Labs. It has not been cleared or approved by the US Food and Drug Administration.	ug/L	National Medical Service Labs	

#### Specimen

Serum

#### Narrative

PTF FAX RESULTS TP 65043400328

Performed At

NATIONAL MED SERVICE  
LABS

Performing Organization	Address	City/State/Zipcode	Phone Number
NATIONAL MED SERVICE LABS	3701 Welsh Rd	Willow Grove, PA 19090	800-522-6671
National Medical Service Labs	200 Welsh Road	Horsham, PA 19044	

## VITAMIN D LEVEL (VITAMIN D (25 HYDROXY)) - Final result (02/08/2021 8:12 AM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
VitD,25-Hydroxy Tot	50	20 - 80 ng/mL	Sutter Share Lab 925-371-3800	

Comment:  
This Total 25-OHD assay measures the sum of 25-hydroxy vitamin D metabolites (D2 and D3). All ages: 20-50 ng/mL\*. There is no known benefit of values > 50 ng/mL. Values > 80 ng/mL may be associated with toxicity.

\*In patients with risk factors such as bone disease, values between 20-29 ng/mL may be insufficient, and values greater than 30 ng/mL may be more appropriate.

### Specimen

Serum

### Narrative

PTF FAX RESULTS TP 65043400328

Performed At

SUTTER HEALTH SHARED LABORATORY

### Performing Organization

SUTTER HEALTH SHARED LABORATORY

### Address

2950 Collier Canyon Road

### City/State/Zipcode

Livermore, CA 94551

### Phone Number

925-371-3800

Sutter Share Lab 925-371-3800

2950 Collier Canyon Road

Livermore, CA 94551

## C REACTIVE PROTEIN, CARDIO - Final result (02/08/2021 8:12 AM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
CRP, HIGHLY SENSITIVE	<b>41.3 (H)</b>	<3.0 mg/L	Sutter Share Lab 925-371-3800	

Comment:  
Reference Range for cardiovascular risk  
<1.0 Low risk per AHA/CDC guidelines  
1.0-3.0 Average risk per AHA/CDC guidelines  
>3.0-10.0 High risk per AHA/CDC guidelines  
>10.0 Persistent elevations may represent non-cardiovascular inflammation.

### Specimen

Serum

### Narrative

PTF FAX RESULTS TP 65043400328

Performed At

SUTTER HEALTH SHARED LABORATORY

### Performing Organization

### Address

### City/State/Zipcode

### Phone Number

SUTTER HEALTH SHARED  
LABORATORY

2950 Collier Canyon Road

Livermore, CA 94551

925-371-3800

Sutter Share Lab 925-371-3800

2950 Collier Canyon Road

Livermore, CA 94551

#### APOLipoprotein B - Final result (02/08/2021 8:12 AM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
APOLipoprotein B	66	55 - 140 mg/dL	Sutter Share Lab 925-371-3800	
Specimen				
Serum				
Narrative				
PTF FAX RESULTS TP 65043400328				
Performed At				
SUTTER HEALTH SHARED LABORATORY				
Performing Organization	Address	City/State/Zipcode	Phone Number	
SUTTER HEALTH SHARED LABORATORY	2950 Collier Canyon Road	Livermore, CA 94551	925-371-3800	
Sutter Share Lab 925-371-3800	2950 Collier Canyon Road	Livermore, CA 94551		

#### VITAMIN B12 LEVEL (VITAMIN B12) - Final result (02/08/2021 8:10 AM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
Vitamin B12	1,364 (H)	211 - 911 pg/mL	Palo Alto Med Fdn-Mt.View 408-739-6000	
Specimen				
Serum				
Narrative				
PNF				
Performed At				
PALO ALTO MEDICAL FOUNDATION-MT. VIEW				
Performing Organization	Address	City/State/Zipcode	Phone Number	
PALO ALTO MEDICAL FOUNDATION-MT. VIEW	701 El Camino Real	Mountain View, CA 94040	650-934-7333	
Palo Alto Med Fdn-Mt.View 408-739-6000	701 El Camino Real	Mountain View, CA 94040		

#### THYROID FUNCTION (TSH) (THYROID STIMULATING HORMONE (TSH)) - Final result (02/08/2021 8:10 AM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
TSH	1.32	0.34 - 4.82 uIU/mL	Palo Alto Medical Foundation Santa Cruz	
Specimen				
Serum				
Narrative				
PTF FAX RESULTS TP 65043400328				
Performed At				
PALO ALTO MEDICAL FOUNDATION SANTA CRUZ				
Performing Organization	Address	City/State/Zipcode	Phone Number	
PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	2025 Soquel Ave.	Santa Cruz, CA 95062	831-458-5802	
Palo Alto Medical Foundation	2025 Soquel Avenue	Santa Cruz, CA 95062		

## THYROID FUNCTION (FREE T4) (T4, FREE) - Final result (02/08/2021 8:10 AM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
Free T4	0.98	0.59 - 1.61 ng/dL	Palo Alto Medical Foundation Santa Cruz	
<b>Specimen</b>				
Serum				
<b>Narrative</b>				
PTF FAX RESULTS TP 65043400328				
Performed At PALO ALTO MEDICAL FOUNDATION SANTA CRUZ				
<b>Performing Organization</b>				
PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	Address	City/State/Zipcode	Phone Number	
Palo Alto Medical Foundation Santa Cruz	2025 Soquel Ave.	Santa Cruz, CA 95062	831-458-5802	
	2025 Soquel Avenue	Santa Cruz, CA 95062		

## LIPID PROFILE - Final result (02/08/2021 8:10 AM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
Total cholesterol	132	<200 mg/dL	Palo Alto Medical Foundation Santa Cruz	
Comment:				
Desirable:	<200 mg/dL			
Borderline:	200 to 239 mg/dL			
High:	>240 mg/dL			
Triglyceride	119	<150 mg/dL	Palo Alto Medical Foundation Santa Cruz	
Comment:				
Normal:	<150 mg/dL			
Borderline High:	150 to 199 mg/dL			
High:	200 to 499 mg/dL			
Very High:	> or = 500 mg/dL			
HDL cholesterol	48	>40 mg/dL	Palo Alto Medical Foundation Santa Cruz	
Comment:				
High:	> or = 60 mg/dL			
Low:	<40 mg/dL			
LDL Calculated	60	<130 mg/dL	Palo Alto Medical Foundation Santa Cruz	
Comment:				
Optimal:	<100 mg/dL			
Near Optimal:	100 to 129 mg/dL			
Borderline High:	130 to 159 mg/dL			
High:	160 to 189 mg/dL			
Very High:	> or = 190 mg/dL			
Cholesterol to HDL Ratio	2.8	<5.0	Palo Alto Medical Foundation Santa	

VLDL (Calculated)	24	5 - 40 mg/dL	Cruz Palo Alto Medical Foundation Santa Cruz
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## Specimen

Serum

## Narrative

PTF FAX RESULTS TP 65043400328

## Performed At

PALO ALTO MEDICAL FOUNDATION SANTA CRUZ

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	2025 Soquel Ave.	Santa Cruz, CA 95062	831-458-5802
Palo Alto Medical Foundation Santa Cruz	2025 Soquel Avenue	Santa Cruz, CA 95062	

## IRON LEVELS (IRON &amp; IRON BINDING CAPACITY) - Final result (02/08/2021 8:10 AM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
Iron	<b>30 (L)</b>	35 - 150 ug/dL	Palo Alto Medical Foundation Santa Cruz	
Iron Binding	370	250 - 450 ug/dL	Palo Alto Medical Foundation Santa Cruz	
Iron % Saturation	<b>8 (L)</b>	20 - 50 %	Palo Alto Medical Foundation Santa Cruz	

## Specimen

Serum

## Narrative

PTF FAX RESULTS TP 65043400328

## Performed At

PALO ALTO MEDICAL FOUNDATION SANTA CRUZ

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	2025 Soquel Ave.	Santa Cruz, CA 95062	831-458-5802
Palo Alto Medical Foundation Santa Cruz	2025 Soquel Avenue	Santa Cruz, CA 95062	

## GLYCOHEMOGLOBIN A1C (3 MONTH AVERAGE SUGAR) (HEMOGLOBIN A1C) - Final result (02/08/2021 8:10 AM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
Hemoglobin A1c	<b>6.4 (H)</b>	4.8 - 5.6 %	Palo Alto Medical Foundation Santa Cruz	
Average Glucose	137 Comment:  Hemoglobin A1c 5.7-6.4% Increased Risk of diabetes mellitus > or = 6.5% Consistent with diabetes mellitus	mg/dL	Palo Alto Medical Foundation Santa Cruz	

ADA Therapeutic goal

&lt;7%

HbA1c  
Additional action suggested >8%  
HbA1c  
Immediate action suggested  
>10% HbA1c

Estimated average glucose is calculated using the equation  
 $eAG = (28.7 \times \text{HbA1c}) - 46.7$

%Hb A1c Estimated Average  
Glucose(eAG)mg/dL

5	97
6	126
7	154
8	183
9	212
10	240
11	269

Method is NGSP certified

References:

1. American Diabetes Association Standards of Medical Care in Diabetes. Diabetes Care 2010 Jan 33:S11-S61
2. Nathan DM et al. Translating the A1c assay into estimated average glucose values. Diabetes Care 2008 Aug 31:1473-1478

Specimen

Blood

Narrative

PTF FAX RESULTS TP 65043400328

Performed At

PALO ALTO MEDICAL FOUNDATION SANTA CRUZ

Performing Organization

PALO ALTO MEDICAL FOUNDATION SANTA CRUZ

Address

2025 Soquel Ave.

City/State/Zipcode

Santa Cruz, CA 95062

Phone Number

831-458-5802

Palo Alto Medical Foundation  
Santa Cruz

2025 Soquel Avenue

Santa Cruz, CA 95062

FERRITIN (IRON TEST) (FERRITIN) - Final result (02/08/2021 8:10 AM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
Ferritin	46	20 - 388 ng/mL	Palo Alto Med Fdn-Mt.View 408-739-6000	

Specimen

Serum

Narrative

PTF FAX RESULTS TO 650434 0328

Performed At

PALO ALTO MEDICAL FOUNDATION-MT. VIEW

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION-MT. VIEW	701 El Camino Real	Mountain View, CA 94040	650-934-7333
Palo Alto Med Fdn-Mt.View 408- 701 El Camino Real 739-6000		Mountain View, CA 94040	

**COMPREHENSIVE METABOLIC PANEL (COMPREHENSIVE METABOLIC PANEL W GFR) - Final result (02/08/2021 8:10 AM PST)**

Component	Value	Ref Range	Performed At	Pathologist Signature
Sodium	140	136 - 145 mmol/L	Palo Alto Medical Foundation Santa Cruz	
Potassium	4.6	3.5 - 5.1 mmol/L	Palo Alto Medical Foundation Santa Cruz	
Chloride	107	98 - 110 mmol/L	Palo Alto Medical Foundation Santa Cruz	
CO2 (Bicarbonate)	29	21 - 32 mmol/L	Palo Alto Medical Foundation Santa Cruz	
Glucose	<b>113 (H)</b>  Comment:  The reference range is applicable only if the blood glucose is obtained in the fasting state. If the glucose is obtained in the non-fasting state, this reference range does NOT apply.  Impaired fasting glucose, a form of pre-diabetes, is defined by the American Diabetes Association as fasting plasma glucose of 100–125 mg/dL. A fasting glucose of 126 mg/dL or greater is consistent with diabetes.	70 - 99 mg/dL	Palo Alto Medical Foundation Santa Cruz	
BUN	14	6 - 25 mg/dL	Palo Alto Medical Foundation Santa Cruz	
Creatinine	0.74 Comment: IDMS-traceable method	0.50 - 1.30 mg/dL	Palo Alto Medical Foundation Santa Cruz	
GFR Est-Other	85	>60 See Cmnt	Palo Alto Medical Foundation Santa Cruz	
GFR Est-African American	98  Comment:  Units: mL/min/1.73 m <sup>2</sup> . Estimated glomerular filtration rate values are calculated using the CKD-EPI equation	>60 See Cmnt	Palo Alto Medical Foundation Santa Cruz	
Calcium	9.4	8.2 - 10.2 mg/dL	Palo Alto Medical Foundation Santa	

Total Protein	7.2	6.4 - 8.2 g/dL	Cruz Palo Alto Medical Foundation Santa Cruz
Albumin	3.4	3.2 - 4.7 g/dL	Palo Alto Medical Foundation Santa Cruz
Total Bilirubin	0.6	<1.1 mg/dL	Palo Alto Medical Foundation Santa Cruz
Alkaline Phosphatase	118	26 - 137 U/L	Palo Alto Medical Foundation Santa Cruz
AST	13	0 - 37 U/L	Palo Alto Medical Foundation Santa Cruz
ALT	21	0 - 60 U/L	Palo Alto Medical Foundation Santa Cruz

## Specimen

Serum

## Narrative

PTF FAX RESULTS TP 65043400328

## Performed At

PALO ALTO MEDICAL FOUNDATION SANTA CRUZ

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	2025 Soquel Ave.	Santa Cruz, CA 95062	831-458-5802
Palo Alto Medical Foundation Santa Cruz	2025 Soquel Avenue	Santa Cruz, CA 95062	

## COMPLETE BLOOD CELL COUNT (CBC WITH AUTOMATED DIFFERENTIAL) - Final result (02/08/2021 8:10 AM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
White Blood Cell Count	4.8	4.0 - 11.0 K/uL	Palo Alto Medical Foundation Santa Cruz	
Red Blood Cell Count	4.60	4.40 - 6.00 M/uL	Palo Alto Medical Foundation Santa Cruz	
Hemoglobin	<b>12.7 (L)</b>	13.5 - 18.0 g/dL	Palo Alto Medical Foundation Santa Cruz	
Hematocrit	41.3	40.0 - 52.0 %	Palo Alto Medical Foundation Santa Cruz	
MCV	90	80 - 100 fL	Palo Alto Medical Foundation Santa Cruz	
MCH	27.6	27.0 - 33.0 pg	Palo Alto Medical Foundation Santa Cruz	
MCHC	<b>30.8 (L)</b>	31.0 - 36.0 g/dL	Palo Alto Medical Foundation Santa Cruz	
RDW	15.1	<16.4 %	Palo Alto Medical Foundation Santa Cruz	

Platelet Count	227	150 - 400 K/uL	Palo Alto Medical Foundation Santa Cruz
Differential Type	Automated		Palo Alto Medical Foundation Santa Cruz
Neutrophil %	73	49.0 - 74.0 %	Palo Alto Medical Foundation Santa Cruz
Lymphocyte %	<b>16 (L)</b>	26.0 - 46.0 %	Palo Alto Medical Foundation Santa Cruz
Monocyte %	9	2.0 - 12.0 %	Palo Alto Medical Foundation Santa Cruz
Eosinophil %	2	0.0 - 5.0 %	Palo Alto Medical Foundation Santa Cruz
Basophil %	0	0.0 - 2.0 %	Palo Alto Medical Foundation Santa Cruz
Abs. Neutrophil	3.4	2.0 - 8.0 K/uL	Palo Alto Medical Foundation Santa Cruz
Abs. Lymphocyte	<b>0.8 (L)</b>	1.0 - 5.1 K/uL	Palo Alto Medical Foundation Santa Cruz
Abs. Monocyte	0.4	0.0 - 0.8 K/uL	Palo Alto Medical Foundation Santa Cruz
Abs. Eosinophil	0.1	0.0 - 0.5 K/uL	Palo Alto Medical Foundation Santa Cruz
Abs. Basophil	0.0	0.0 - 0.2 K/uL	Palo Alto Medical Foundation Santa Cruz

#### Specimen

Blood

#### Narrative

PTF FAX RESULTS TP 65043400328

Performed At

PALO ALTO MEDICAL FOUNDATION SANTA CRUZ

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	2025 Soquel Ave.	Santa Cruz, CA 95062	831-458-5802
Palo Alto Medical Foundation Santa Cruz	2025 Soquel Avenue	Santa Cruz, CA 95062	

#### LIPID PROFILE - Final result (11/02/2020 8:40 AM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
Total cholesterol	147 Comment: Desirable: <200 mg/dL Borderline: 200 to 239 mg/dL High: >240 mg/dL	<200 mg/dL	Palo Alto Medical Foundation Santa Cruz	
Triglyceride	139	<150 mg/dL	Palo Alto Medical	

Comment:		Foundation Santa Cruz
Normal:	<150 mg/dL	
Borderline High:	150 to 199 mg/dL	
High:	200 to 499 mg/dL	
Very High:	> or = 500 mg/dL	

HDL cholesterol	58 Comment: High: > or = 60 mg/dL Low: <40 mg/dL	>40 mg/dL	Palo Alto Medical Foundation Santa Cruz
LDL Calculated	61 Comment: Optimal: <100 mg/dL Near Optimal: 100 to 129 mg/dL Borderline High: 130 to 159 mg/dL High: 160 to 189 mg/dL Very High: > or = 190 mg/dL	<130 mg/dL	Palo Alto Medical Foundation Santa Cruz
Cholesterol to HDL Ratio	2.5	<5.0	Palo Alto Medical Foundation Santa Cruz
VLDL (Calculated)	28	5 - 40 mg/dL	Palo Alto Medical Foundation Santa Cruz

#### Specimen

Serum - Blood

#### Narrative

Patient fasting

Performed At

PALO ALTO MEDICAL FOUNDATION SANTA CRUZ

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	2025 Soquel Ave.	Santa Cruz, CA 95062	831-458-5802
Palo Alto Medical Foundation Santa Cruz	2025 Soquel Avenue	Santa Cruz, CA 95062	

#### COMPREHENSIVE METABOLIC PANEL (COMPREHENSIVE METABOLIC PANEL W GFR) - Final result (11/02/2020 8:40 AM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
Sodium	143	136 - 145 mmol/L	Palo Alto Medical Foundation Santa Cruz	
Potassium	4.4	3.5 - 5.1 mmol/L	Palo Alto Medical Foundation Santa Cruz	
Chloride	109	98 - 110 mmol/L	Palo Alto Medical Foundation Santa Cruz	
CO2 (Bicarbonate)	30	21 - 32 mmol/L	Palo Alto Medical	

			Foundation Santa Cruz
Glucose	<b>105 (H)</b> Comment: The reference range is applicable only if the blood glucose is obtained in the fasting state. If the glucose is obtained in the non-fasting state, this reference range does NOT apply. Impaired fasting glucose, a form of pre-diabetes, is defined by the American Diabetes Association as fasting plasma glucose of 100-125 mg/dL. A fasting glucose of 126 mg/dL or greater is consistent with diabetes.	70 - 99 mg/dL	Palo Alto Medical Foundation Santa Cruz
BUN	17	6 - 25 mg/dL	Palo Alto Medical Foundation Santa Cruz
Creatinine	0.93 Comment: IDMS-traceable method	0.50 - 1.30 mg/dL	Palo Alto Medical Foundation Santa Cruz
GFR Est-Other	75	>60 See Cmnt	Palo Alto Medical Foundation Santa Cruz
GFR Est-African American	87 Comment: Units: mL/min/1.73 m <sup>2</sup> . Estimated glomerular filtration rate values are calculated using the CKD-EPI equation	>60 See Cmnt	Palo Alto Medical Foundation Santa Cruz
Calcium	8.7	8.2 - 10.2 mg/dL	Palo Alto Medical Foundation Santa Cruz
Total Protein	7.0	6.4 - 8.2 g/dL	Palo Alto Medical Foundation Santa Cruz
Albumin	3.2	3.2 - 4.7 g/dL	Palo Alto Medical Foundation Santa Cruz
Total Bilirubin	0.5	<1.1 mg/dL	Palo Alto Medical Foundation Santa Cruz
Alkaline Phosphatase	122	26 - 137 U/L	Palo Alto Medical Foundation Santa Cruz
AST	14	0 - 37 U/L	Palo Alto Medical Foundation Santa Cruz
ALT	16	0 - 60 U/L	Palo Alto Medical Foundation Santa Cruz

Narrative	Performed At		
Patient fasting	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ		
Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	2025 Soquel Ave.	Santa Cruz, CA 95062	831-458-5802
Palo Alto Medical Foundation Santa Cruz	2025 Soquel Avenue	Santa Cruz, CA 95062	

**CHEST X-RAY, 2 VIEWS (XR CHEST 2 VIEWS PA LATERAL) - Final result (11/02/2020 8:30 AM PST)**  
**Specimen**

Impressions	Performed At
<b>IMPRESSION:</b>	<b>SUTTER HEALTH RADIOLOGY</b>
No significant interval change.	
Electronically Signed by: Scott Somers, MD 11/2/2020 9:29 AM	
Narrative	Performed At
<b>INDICATION:</b> Right lung cancer, routine evaluation, asymptomatic.	<b>SUTTER HEALTH RADIOLOGY</b>
<b>COMPARISON:</b> 1/31/2020	
FINDINGS: PA and lateral views of the chest were obtained. A left chest wall pacemaker is seen in stable position with intact leads terminating in the region of the right atrium and right ventricle. The cardiac silhouette is partially obscured but appears relatively stable. Atherosclerotic calcifications are seen in the aorta. There is stable rightward deviation of the trachea. A large right pleural effusion is unchanged. Opacification and volume loss is seen in the right mid to lower lung. Patchy atelectasis and/or scarring in the right upper lobe and left lower lobe appears stable. No new focal airspace consolidation is appreciated. No pneumothorax.	
Degenerative changes are seen throughout the spine. Bones are osteopenic. The soft tissues are normal.	

**Procedure Note**

**Ifc, Ehr Amb Powerscribe Results In - 11/02/2020 9:32 AM PST**

INDICATION: Right lung cancer, routine evaluation, asymptomatic.

COMPARISON: 1/31/2020

FINDINGS: PA and lateral views of the chest were obtained. A left chest wall pacemaker is seen in stable position with intact leads terminating in the region of the right atrium and right ventricle. The cardiac silhouette is partially obscured but appears relatively stable. Atherosclerotic calcifications are seen in the aorta. There is stable rightward deviation of the trachea. A large right pleural effusion is unchanged. Opacification and volume loss is seen in the right mid to lower lung. Patchy atelectasis and/or scarring in the right upper lobe and left lower lobe appears stable. No new focal airspace consolidation is appreciated. No pneumothorax.

Degenerative changes are seen throughout the spine. Bones are osteopenic. The soft tissues are normal.

## IMPRESSION:

No significant interval change.

Electronically Signed by: Scott Somers, MD 11/2/2020 9:29 AM

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH RADIOLOGY	3707 Schriever	Mather, CA 95742	916-454-8200

## PACE MAKER INTERROGATION - Final result (10/11/2020)

Specimen

Narrative	Performed At
<b>This result has an attachment that is not available.</b>	PAMF PA BO
Medtronic Azure XT DR MRI	
AAI-DDD 60	
A pacing- 0.8% / V Pacing- 23.1%	
Battery: 13.8 years	
Thresholds: Good	
Current rhythm: A sensed, V paced	
Arrhythmias: Atrial Fibrillation episodes (burden 2.5%)	
Anticoagulation: Xarelto	
Next Transmission: 3 months	

Dr. Engel/ka

Performing Organization	Address	City/State/Zipcode	Phone Number
PAMF PA BO	795 El Camino Real	Palo Alto, CA 94301	

## PACE MAKER INTERROGATION - Final result (07/13/2020)

Specimen

Narrative	Performed At
<b>This result has an attachment that is not available.</b>	PAMF PA BO
Medtronic Azure XT DR MRI	
AAI-DDD 60	
A pacing- 1.5% / V Pacing- 24.6%	
Battery: 13.8 years	
Thresholds: Good	
Current rhythm: Normal Sinus Rhythm	
Arrhythmias: Atrial Fibrillation episodes, longest lasting almost 5 hours (burden 0.9%)	
Anticoagulation: Xarelto	
Next Transmission: 3 months	

Dr. Engel/ka

Performing Organization	Address	City/State/Zipcode	Phone Number
PAMF PA BO	795 El Camino Real	Palo Alto, CA 94301	

## PACE MAKER INTERROGATION - Final result (05/18/2020)

Specimen

Narrative	Performed At
<b>This result has an attachment that is not available.</b>	PAMF PA BO

Medtronic Azure XT DR MRI

AAI-DDD 60

A pacing- 2.8%/ V Pacing- 24.7%

Battery: 14.2 years

Thresholds: Good

Current rhythm: Normal Sinus Rhythm

Arrhythmias: Atrial Fibrillation episodes, longest lasting 8 hours (burden 1.4%)

Anticoagulation: Xarelto

Next Transmission: 3 months

Dr. Engel/ka

Performing Organization	Address	City/State/Zipcode	Phone Number
PAMF PA BO	795 El Camino Real	Palo Alto, CA 94301	

### PET SKULL BASE MID THIGH W ATTENU CT (PET SKULL BASE MID THIGH W ATTENUATION CT SUBSQ TX) - Final result (02/19/2020 3:07 PM PST)

Specimen

Impressions	Performed At
<b>IMPRESSION:</b>	SUTTER HEALTH RADIOLOGY
1. Appearance of the right lower lobe and adjacent pleural thickening/effusion with mild metabolic activity does not appear significant change.	
2. Increase in size and activity of dominant nodularity in right upper lobe. Interim increase/development of several small additional areas of interseptal nodularity and metabolic activity in the right lung.	
3. Decrease in size and activity of a left lower lobe nodular area.	
4. Details above.	

Electronically Signed by: Harrison Wang, MD 2/19/2020 3:52 PM

Narrative	Performed At
Date of exam: 2/19/2020	SUTTER HEALTH RADIOLOGY

Procedure: Following IV injection of 18 -fluoro-2-deoxyglucose (FDG) and a standard uptake., Noncontrast CT scan followed by a PET scan was acquired along the length of the body from base of the skull to mid thighs. The noncontrast CT was used for anatomic localization and proton attenuation correction of the PET scan.

Blood glucose level (mg/dL): 123

FDG dose: 11.1 mCi (adult: 0.15 mCi per kilogram to maximum of 18 mCi; pediatric: 0.1 mCi per kilogram) injected via right intervertebral fossa.

COMPARISON:7/16/2019

INDICATION:Lung cancer

FINDINGS:

Head/neck: Evaluation of brain parenchyma limited by normal physiologic activity.

Left maxillary sinus mucous attention cyst or polyp.

Streak artifact from dental amalgam obscures oral cavity/oropharynx.

Calcification at expected region of bilateral carotid bulbs.

Physiologic activity within the salivary glands and lymphoid tissue.

Chest: Interim placement of a left subclavian approach pacemaker with leads in right atrium and right ventricle. Pacemaker pack

results in streak artifact and image degradation at the midthoracic level. Heart size stable. Calcification of aortic root, coronary arteries, mitral annulus. Atherosclerotic plaque of aortic arch involving proximal great vessels.

Evaluation lung parenchyma limited by nonbreath-hold technique. Overall decreased aeration of the right lung compared to the left.

Loculated right pleural effusion and adjacent passive atelectasis/scarring appears stable. There is persistent metabolic activity in the medial right lower lobe airspace opacity, max SUV 3.8. Persistent mild activity in the adjacent loculated pleural thickening/effusion.

Scattered areas of interlobular septal thickening in the right lung are again seen. More prominent area in the right upper lobe appears increased in extent, and continues to have metabolic activity, max SUV 2.3.

Numerous additional areas of peripheral interlobular septal thickening and nodularity are again seen throughout the right lung, particularly posteriorly. Several of these areas now exhibits metabolic activity, which is new or increased from prior. These have max SUV 2.8. Dependent atelectasis on the left. A previously seen nodule in the medial left lower lobe is not seen on today's exam. No metabolic activity is seen in that region.

Abdomen/pelvis: No suspicious metabolic activity.

Atherosclerotic plaque of abdominal aorta and major branches.

Much of the pelvis is obscured by streak artifact from total left hip arthroplasty, limiting evaluation.

Physiologic activity within the gastrointestinal and genitourinary systems.

Skeleton: Osteopenia and degenerative changes of visible spine and right hip. Total left hip arthroplasty is present, resulting in streak artifact.

#### Procedure Note

##### **Ifc, Ehr Amb Powerscribe Results In - 02/19/2020 3:55 PM PST**

Date of exam: 2/19/2020

Procedure: Following IV injection of 18 -fluoro-2-deoxyglucose (FDG) and a standard uptake., Noncontrast CT scan followed by a PET scan was acquired along the length of the body from base of the skull to mid thighs. The noncontrast CT was used for anatomic localization and proton attenuation correction of the PET scan.

Blood glucose level (mg/dL): 123

FDG dose: 11.1 mCi (adult: 0.15 mCi per kilogram to maximum of 18 mCi; pediatric: 0.1 mCi per kilogram) injected via right intervertebral fossa.

COMPARISON:7/16/2019

INDICATION:Lung cancer

FINDINGS:

Head/neck: Evaluation of brain parenchyma limited by normal physiologic activity.

Left maxillary sinus mucous attention cyst or polyp.

Streak artifact from dental amalgam obscures oral cavity/oropharynx.

Calcification at expected region of bilateral carotid bulbs.

Physiologic activity within the salivary glands and lymphoid tissue.

Chest: Interim placement of a left subclavian approach pacemaker with leads in right atrium and right ventricle. Pacemaker pack results in streak artifact and image degradation at the midthoracic level. Heart size stable. Calcification of aortic root, coronary arteries, mitral annulus. Atherosclerotic plaque of aortic arch involving proximal great vessels.

Evaluation lung parenchyma limited by nonbreath-hold technique. Overall decreased aeration of the right lung compared to the left.

Loculated right pleural effusion and adjacent passive atelectasis/scarring appears stable. There is persistent metabolic activity in the medial right lower lobe airspace opacity, max SUV 3.8. Persistent mild activity in the adjacent loculated pleural thickening/effusion.

Scattered areas of interlobular septal thickening in the right lung are again seen. More prominent area in the right upper lobe appears increased in extent, and continues to have metabolic activity, max SUV 2.3.

Numerous additional areas of peripheral interlobular septal thickening and nodularity are again seen throughout the right lung, particularly posteriorly. Several of these areas now exhibits metabolic activity, which is new or increased from prior. These have max SUV 2.8. Dependent atelectasis on the left. A previously seen nodule in the medial left lower lobe is not seen on today's exam. No metabolic activity is seen in that region.

Abdomen/pelvis: No suspicious metabolic activity.

Atherosclerotic plaque of abdominal aorta and major branches.

Much of the pelvis is obscured by streak artifact from total left hip arthroplasty, limiting evaluation.

Physiologic activity within the gastrointestinal and genitourinary systems.

Skeleton: Osteopenia and degenerative changes of visible spine and right hip. Total left hip arthroplasty is present, resulting in streak artifact.

#### IMPRESSION:

1. Appearance of the right lower lobe and adjacent pleural thickening/effusion with mild metabolic activity does not appear significant change.
2. Increase in size and activity of dominant nodularity in right upper lobe. Interim increase/development of several small additional areas of interseptal nodularity and metabolic activity in the right lung.
3. Decrease in size and activity of a left lower lobe nodular

area.

4. Details above.

Electronically Signed by: Harrison Wang, MD 2/19/2020 3:52 PM

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH RADIOLOGY	3707 Schriever	Mather, CA 95742	916-454-8200

#### PACEMAKER INTERROGATION - Final result (02/18/2020 3:07 PM PST)

Narrative

Performed At

PAMF PA BO

**This result has an attachment that is not available.**

Medtronic: Azure MRI dual PPM

AAI-DDD 60

APaced-3.5 / VPaced- 16.1

Battery: 14.5 yrs

Thresholds: stable

Rhythm: ASVS

Arrhythmias: 1 VT-NS, atrial fibrillation episodes, longest lasting 4:36 hours.

Anticoagulation: Xarelto

Next transmission- 3 months

Dr. Engel/clp

Performing Organization	Address	City/State/Zipcode	Phone Number
PAMF PA BO	795 El Camino Real	Palo Alto, CA 94301	

#### THYROID FUNCTION (TSH) (THYROID STIMULATING HORMONE (TSH)) - Final result (02/03/2020 4:30 PM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
TSH	1.03	0.34 - 4.82 uIU/mL	Palo Alto Med Fdn 650-853-4828	

Specimen

Serum - Blood

Narrative

Performed At

Patient not fasting

PALO ALTO MEDICAL  
FOUNDATION  
LABORATORY

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION LABORATORY	795 El Camino Real	Palo Alto, CA 94301	650-853-2833
Palo Alto Med Fdn 650-853-4828	795 El Camino Real	Palo Alto, CA 94301	

#### THYROID FUNCTION (FREE T4) (T4, FREE) - Final result (02/03/2020 4:30 PM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
Free T4	1.06	0.59 - 1.61 ng/dL	Palo Alto Med Fdn 650-853-4828	

Specimen

Serum - Blood

Narrative

Performed At

Patient not fasting

PALO ALTO MEDICAL  
FOUNDATION

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION LABORATORY	795 El Camino Real	Palo Alto, CA 94301	650-853-2833
Palo Alto Med Fdn 650-853-4828	795 El Camino Real	Palo Alto, CA 94301	

**COMPREHENSIVE METABOLIC PANEL (COMPREHENSIVE METABOLIC PANEL W GFR) - Final result (02/03/2020 4:30 PM PST)**

Component	Value	Ref Range	Performed At	Pathologist Signature
Sodium	138	136 - 145 mmol/L	Palo Alto Med Fdn 650-853-4828	
Potassium	4.4	3.5 - 5.1 mmol/L	Palo Alto Med Fdn 650-853-4828	
Chloride	110	98 - 110 mmol/L	Palo Alto Med Fdn 650-853-4828	
CO2 (Bicarbonate)	22	21 - 32 mmol/L	Palo Alto Med Fdn 650-853-4828	
Glucose	<b>125 (H)</b>  Comment: The reference range is applicable only if the blood glucose is obtained in the fasting state. If the glucose is obtained in the non-fasting state, this reference range does NOT apply. Impaired fasting glucose, a form of pre-diabetes, is defined by the American Diabetes Association as fasting plasma glucose of 100-125 mg/dL. A fasting glucose of 126 mg/dL or greater is consistent with diabetes.	70 - 99 mg/dL	Palo Alto Med Fdn 650-853-4828	
BUN	<b>26 (H)</b>	6 - 25 mg/dL	Palo Alto Med Fdn 650-853-4828	
Creatinine	1.00 Comment: IDMS-traceable method	0.50 - 1.30 mg/dL	Palo Alto Med Fdn 650-853-4828	
GFR Est-Other	69	>60 See Cmnt	Palo Alto Med Fdn 650-853-4828	
GFR Est-African American	80  Comment: Units: mL/min/1.73 m <sup>2</sup> . Estimated glomerular filtration rate values are calculated using the CKD-EPI equation	>60 See Cmnt	Palo Alto Med Fdn 650-853-4828	
Calcium	9.2	8.2 - 10.2 mg/dL	Palo Alto Med Fdn 650-853-4828	
Total Protein	<b>8.4 (H)</b>	6.4 - 8.2 g/dL	Palo Alto Med Fdn 650-853-4828	
Albumin	3.9	3.2 - 4.7 g/dL	Palo Alto Med Fdn 650-853-4828	
Total Bilirubin	0.4	<1.1 mg/dL	Palo Alto Med Fdn	

			650-853-4828
Alkaline Phosphatase	110	26 - 137 U/L	Palo Alto Med Fdn 650-853-4828
AST	13	0 - 37 U/L	Palo Alto Med Fdn 650-853-4828
ALT	30	0 - 60 U/L	Palo Alto Med Fdn 650-853-4828

Specimen

Serum - Blood

Narrative	Performed At		
Patient not fasting	PALO ALTO MEDICAL FOUNDATION LABORATORY		
Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION LABORATORY	795 El Camino Real	Palo Alto, CA 94301	650-853-2833
Palo Alto Med Fdn 650-853-4828	795 El Camino Real	Palo Alto, CA 94301	

COMPLETE BLOOD CELL COUNT (CBC WITH AUTOMATED DIFFERENTIAL) - Final result (02/03/2020 4:30 PM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
White Blood Cell Count	7.7	4.0 - 11.0 K/uL	Palo Alto Med Fdn 650-853-4828	
Red Blood Cell Count	5.01	4.40 - 6.00 M/uL	Palo Alto Med Fdn 650-853-4828	
Hemoglobin	14.4	13.5 - 18.0 g/dL	Palo Alto Med Fdn 650-853-4828	
Hematocrit	45.2	40.0 - 52.0 %	Palo Alto Med Fdn 650-853-4828	
MCV	90	80 - 100 fL	Palo Alto Med Fdn 650-853-4828	
MCH	28.7	27.0 - 33.0 pg	Palo Alto Med Fdn 650-853-4828	
MCHC	31.9	31.0 - 36.0 g/dL	Palo Alto Med Fdn 650-853-4828	
RDW	<b>17.0 (H)</b>	<16.4 %	Palo Alto Med Fdn 650-853-4828	
Platelet Count	238	150 - 400 K/uL	Palo Alto Med Fdn 650-853-4828	
Differential Type	Automated		Palo Alto Med Fdn 650-853-4828	
Neutrophil %	71	49.0 - 74.0 %	Palo Alto Med Fdn 650-853-4828	
Lymphocyte %	<b>18 (L)</b>	26.0 - 46.0 %	Palo Alto Med Fdn 650-853-4828	
Monocyte %	8	2.0 - 12.0 %	Palo Alto Med Fdn 650-853-4828	
Eosinophil %	2	0.0 - 5.0 %	Palo Alto Med Fdn 650-853-4828	
Basophil %	1	0.0 - 2.0 %	Palo Alto Med Fdn 650-853-4828	
Abs. Neutrophil	5.5	2.0 - 8.0 K/uL	Palo Alto Med Fdn 650-853-4828	
Abs. Lymphocyte	1.4	1.0 - 5.1 K/uL	Palo Alto Med Fdn 650-853-4828	

Abs. Monocyte	0.6	0.0 - 0.8 K/uL	Palo Alto Med Fdn 650-853-4828
Abs. Eosinophil	0.1	0.0 - 0.5 K/uL	Palo Alto Med Fdn 650-853-4828
Abs. Basophil	0.0	0.0 - 0.2 K/uL	Palo Alto Med Fdn 650-853-4828

#### Specimen

Blood - Blood

#### Narrative

Patient not fasting

Performed At

PALO ALTO MEDICAL  
FOUNDATION  
LABORATORY

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION LABORATORY	795 El Camino Real	Palo Alto, CA 94301	650-853-2833
Palo Alto Med Fdn 650-853-4828	795 El Camino Real	Palo Alto, CA 94301	

#### CHEST X-RAY, 2 VIEWS (XR CHEST 2 VIEWS PA LATERAL) - Final result (01/31/2020 12:24 PM PST)

#### Specimen

#### Impressions

IMPRESSION:

No significant interval change.

Performed At

SUTTER HEALTH  
RADIOLOGY

Electronically signed by: Albert Lu, MD 1/31/2020 12:27 PM

#### Narrative

INDICATION: Follow-up metastatic lung cancer

COMPARISON: 11/1/2019

Performed At

SUTTER HEALTH  
RADIOLOGY

FINDINGS: PA and lateral views of the chest were obtained. Grossly stable cardiac pacemaker. Partially obscured cardiac silhouette. Large right pleural effusion with right lower lobe atelectasis/consolidation, unchanged compared to prior exam. Patchy airspace opacities in right upper lung also unchanged. Mild streaky atelectasis versus scarring in left lower lobe. No evidence of pneumothorax. Degenerative changes throughout the thoracic spine.

#### Procedure Note

#### Ifc, Ehr Amb Powerscribe Results In - 01/31/2020 12:30 PM PST

INDICATION: Follow-up metastatic lung cancer

COMPARISON: 11/1/2019

FINDINGS: PA and lateral views of the chest were obtained. Grossly stable cardiac pacemaker. Partially obscured cardiac silhouette. Large right pleural effusion with right lower lobe atelectasis/consolidation, unchanged compared to prior exam. Patchy airspace opacities in right upper lung also unchanged. Mild streaky atelectasis versus scarring in left lower lobe. No evidence of pneumothorax. Degenerative changes throughout the thoracic spine.

IMPRESSION:

No significant interval change.

Electronically Signed by: Albert Lu, MD 1/31/2020 12:27 PM

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH RADIOLOGY	3707 Schriever	Mather, CA 95742	916-454-8200

#### VITAMIN D LEVEL (VITAMIN D (25 HYDROXY)) - Final result (01/03/2020 1:13 PM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
VitD,25-Hydroxy Tot	50	20 - 80 ng/mL	Sutter Share Lab 925-371-3800	

Comment:  
This Total 25-OHD assay measures the sum of 25-hydroxy vitamin D metabolites (D2 and D3). All ages: 20-50 ng/mL\*. There is no known benefit of values > 50 ng/mL. Values > 80 ng/mL may be associated with toxicity.

\*In patients with risk factors such as bone disease, values between 20-29 ng/mL may be insufficient, and values greater than 30 ng/mL may be more appropriate.

#### Specimen

Serum

#### Narrative

Patient not fasting

Performed At

SUTTER HEALTH SHARED LABORATORY

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH SHARED LABORATORY	2950 Collier Canyon Road	Livermore, CA 94551	925-371-3800
Sutter Share Lab 925-371-3800	2950 Collier Canyon Road	Livermore, CA 94551	

#### VITAMIN B12 LEVEL (VITAMIN B12) - Final result (01/03/2020 1:13 PM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
Vitamin B12	828	211 - 911 pg/mL	Palo Alto Med Fdn-Mt.View 408-739-6000	

#### Specimen

Serum

#### Narrative

Patient not fasting

Performed At

PALO ALTO MEDICAL FOUNDATION-MT. VIEW

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION-MT. VIEW	701 El Camino Real	Mountain View, CA 94040	650-934-7333
Palo Alto Med Fdn-Mt.View 408-	701 El Camino Real	Mountain View, CA 94040	

## IRON LEVELS (IRON &amp; IRON BINDING CAPACITY) - Final result (01/03/2020 1:13 PM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
Iron	<b>20 (L)</b>	35 - 150 ug/dL	Palo Alto Medical Foundation Santa Cruz	
Iron Binding	343	250 - 450 ug/dL	Palo Alto Medical Foundation Santa Cruz	
Iron % Saturation	<b>6 (L)</b>	20 - 50 %	Palo Alto Medical Foundation Santa Cruz	

Specimen

Serum

Narrative

**Patient not fasting**

Performed At

PALO ALTO MEDICAL FOUNDATION SANTA CRUZ

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	2025 Soquel Ave.	Santa Cruz, CA 95062	831-458-5802
Palo Alto Medical Foundation Santa Cruz	2025 Soquel Avenue	Santa Cruz, CA 95062	

## FOLIC ACID LEVEL (FOLATE (FOLIC ACID)) - Final result (01/03/2020 1:13 PM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
Folate	20.2	>5.4 ng/mL	Palo Alto Med Fdn-Mt.View 408-739-6000	

Specimen

Serum

Narrative

**Patient not fasting**

Performed At

PALO ALTO MEDICAL FOUNDATION-MT. VIEW

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION-MT. VIEW	701 El Camino Real	Mountain View, CA 94040	650-934-7333
Palo Alto Med Fdn-Mt.View 408- 739-6000	701 El Camino Real	Mountain View, CA 94040	

## FERRITIN (IRON TEST) (FERRITIN) - Final result (01/03/2020 1:13 PM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
Ferritin	50	20 - 388 ng/mL	Palo Alto Med Fdn-Mt.View 408-739-6000	

Specimen

Serum

Narrative

**Patient not fasting**

Performed At

PALO ALTO MEDICAL FOUNDATION-MT. VIEW

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION-MT. VIEW	701 El Camino Real	Mountain View, CA 94040	650-934-7333
Palo Alto Med Fdn-Mt.View 408- 701 El Camino Real 739-6000		Mountain View, CA 94040	

### ELECTROCARDIOGRAM (EKG) (EKG) - Final result (11/19/2019 4:16 PM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
Ventricular Rate	80	BPM	SH GE MUSE	
Atrial Rate	80	BPM	SH GE MUSE	
P-R Interval	212	ms	SH GE MUSE	
QRS Duration	124	ms	SH GE MUSE	
Q-T Interval	402	ms	SH GE MUSE	
QTc Calculation(Bezett)	463	ms	SH GE MUSE	
P Axis	76	degrees	SH GE MUSE	
R Axis	38	degrees	SH GE MUSE	
T Axis	177	degrees	SH GE MUSE	
Diagnosis	Atrial-sensed ventricular-paced rhythm with prolonged AV conduction		SH GE MUSE	
Diagnosis	Abnormal ECG		SH GE MUSE	
Diagnosis	When compared with ECG of 16-SEP-2019 14:47,		SH GE MUSE	
Diagnosis	Electronic ventricular pacemaker has replaced Sinus rhythm		SH GE MUSE	
Diagnosis	Confirmed by Engel, M.D., Gregory (1512) on 11/20/2019 9:36:46 AM		SH GE MUSE	

Specimen

Performing Organization	Address	City/State/Zipcode	Phone Number
SH GE MUSE			

### PM DEV PROG EVAL & ADJ DUAL LEAD (PR PM DEV PROG EVAL & ADJ DUAL LEAD) - Final result (11/19/2019 4:12 PM PST)

Specimen

Narrative	Performed At
<b>This result has an attachment that is not available.</b>	

Performing Organization	Address	City/State/Zipcode	Phone Number
PAMF PA BO	795 El Camino Real	Palo Alto, CA 94301	

### PACEMAKER INTERROGATION - Final result (11/11/2019 12:06 PM PST)

Narrative	Performed At
<b>This result has an attachment that is not available.</b>	PAMF PA BO

Medtronic: Azure MRI dual PPM

AAI-DDD 60

APaced-1.7% / VPaced- 10.4%

Battery: good

Thresholds: stable

Current rhythm: ASVS

Arrhythmias: 1 VT-NS, atrial fibrillation episodes, longest lasting 9:27 hours

Anticoagulation: Xarelto

Next transmission- 3 months

Dr. Engel/clp

Performing Organization	Address	City/State/Zipcode	Phone Number
PAMF PA BO	795 El Camino Real	Palo Alto, CA 94301	

COMPREHENSIVE METABOLIC PANEL (COMPREHENSIVE METABOLIC PANEL W GFR) - Final result (11/04/2019 3:52 PM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
Sodium	140	136 - 145 mmol/L	PALO ALTO MEDICAL FOUNDATION LABORATORY	
Potassium	4.7	3.5 - 5.1 mmol/L	PALO ALTO MEDICAL FOUNDATION LABORATORY	
Chloride	110	98 - 110 mmol/L	PALO ALTO MEDICAL FOUNDATION LABORATORY	
CO2 (Bicarbonate)	26	21 - 32 mmol/L	PALO ALTO MEDICAL FOUNDATION LABORATORY	
Glucose	<b>123 (H)</b> Comment: The reference range is applicable only if the blood glucose is obtained in the fasting state. If the glucose is obtained in the non-fasting state, this reference range does NOT apply. Impaired fasting glucose, a form of pre-diabetes, is defined by the American Diabetes Association as fasting plasma glucose of 100-125 mg/dL. A fasting glucose of 126 mg/dL or greater is consistent with diabetes.	70 - 99 mg/dL	PALO ALTO MEDICAL FOUNDATION LABORATORY	
BUN	18	6 - 25 mg/dL	PALO ALTO MEDICAL FOUNDATION LABORATORY	
Creatinine	0.85 Comment: IDMS-traceable method	0.50 - 1.30 mg/dL	PALO ALTO MEDICAL FOUNDATION LABORATORY	
GFR Est-Other	81	>60 See Cmnt	PALO ALTO	

			MEDICAL FOUNDATION LABORATORY
GFR Est-African American	93  Comment: Units: mL/min/1.73 m <sup>2</sup> . Estimated glomerular filtration rate values are calculated using the CKD-EPI equation	>60 See Cmnt	PALO ALTO MEDICAL FOUNDATION LABORATORY
Calcium	9.5	8.2 - 10.2 mg/dL	PALO ALTO MEDICAL FOUNDATION LABORATORY
Total Protein	7.8	6.4 - 8.2 g/dL	PALO ALTO MEDICAL FOUNDATION LABORATORY
Albumin	3.4	3.2 - 4.7 g/dL	PALO ALTO MEDICAL FOUNDATION LABORATORY
Total Bilirubin	0.3	<1.1 mg/dL	PALO ALTO MEDICAL FOUNDATION LABORATORY
Alkaline Phosphatase	119	26 - 137 U/L	PALO ALTO MEDICAL FOUNDATION LABORATORY
AST	11	0 - 37 U/L	PALO ALTO MEDICAL FOUNDATION LABORATORY
ALT	23	0 - 60 U/L	PALO ALTO MEDICAL FOUNDATION LABORATORY

Specimen

Serum - Blood

Narrative

Patient not fasting

Performed At

PALO ALTO MEDICAL  
FOUNDATION  
LABORATORY

Performing Organization

PALO ALTO MEDICAL  
FOUNDATION LABORATORY

Address

795 El Camino Real

City/State/Zipcode

Palo Alto, CA 94301

Phone Number

650-853-2833

COMPLETE BLOOD CELL COUNT (CBC WITH AUTOMATED DIFFERENTIAL) - Final result (11/04/2019 3:52 PM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
White Blood Cell Count	8.0	4.0 - 11.0 K/uL	PALO ALTO MEDICAL FOUNDATION LABORATORY	
Red Blood Cell Count	4.76	4.40 - 6.00 M/uL	PALO ALTO MEDICAL FOUNDATION	

			LABORATORY
Hemoglobin	<b>12.7 (L)</b>	13.5 - 18.0 g/dL	PALO ALTO MEDICAL FOUNDATION LABORATORY
Hematocrit	41.0	40.0 - 52.0 %	PALO ALTO MEDICAL FOUNDATION LABORATORY
MCV	86	80 - 100 fL	PALO ALTO MEDICAL FOUNDATION LABORATORY
MCH	<b>26.7 (L)</b>	27.0 - 33.0 pg	PALO ALTO MEDICAL FOUNDATION LABORATORY
MCHC	31.0	31.0 - 36.0 g/dL	PALO ALTO MEDICAL FOUNDATION LABORATORY
RDW	16.3	<16.4 %	PALO ALTO MEDICAL FOUNDATION LABORATORY
Platelet Count	298	150 - 400 K/uL	PALO ALTO MEDICAL FOUNDATION LABORATORY
Differential Type	Automated		PALO ALTO MEDICAL FOUNDATION LABORATORY
Neutrophil %	<b>76 (H)</b>	49.0 - 74.0 %	PALO ALTO MEDICAL FOUNDATION LABORATORY
Lymphocyte %	<b>14 (L)</b>	26.0 - 46.0 %	PALO ALTO MEDICAL FOUNDATION LABORATORY
Monocyte %	9	2.0 - 12.0 %	PALO ALTO MEDICAL FOUNDATION LABORATORY
Eosinophil %	1	0.0 - 5.0 %	PALO ALTO MEDICAL FOUNDATION LABORATORY
Basophil %	0	0.0 - 2.0 %	PALO ALTO MEDICAL FOUNDATION LABORATORY
Abs. Neutrophil	6.0	2.0 - 8.0 K/uL	PALO ALTO MEDICAL FOUNDATION LABORATORY
Abs. Lymphocyte	1.1	1.0 - 5.1 K/uL	PALO ALTO MEDICAL FOUNDATION LABORATORY
Abs. Monocyte	0.7	0.0 - 0.8 K/uL	PALO ALTO

			MEDICAL FOUNDATION LABORATORY
Abs. Eosinophil	0.1	0.0 - 0.5 K/uL	PALO ALTO MEDICAL FOUNDATION LABORATORY
Abs. Basophil	0.0	0.0 - 0.2 K/uL	PALO ALTO MEDICAL FOUNDATION LABORATORY

Specimen

Blood - Blood

Narrative

Patient not fasting

Performed At

PALO ALTO MEDICAL  
FOUNDATION LABORATORY

Performing Organization

PALO ALTO MEDICAL  
FOUNDATION LABORATORY

Address

795 El Camino Real

City/State/Zipcode

Palo Alto, CA 94301

Phone Number

650-853-2833

CHEST X-RAY, 2 VIEWS (XR CHEST 2 VIEWS PA LATERAL) - Final result (11/01/2019 1:39 PM PDT)

Specimen

Impressions

IMPRESSION: No significant interval change.

Performed At

SUTTER HEALTH  
RADIOLOGY

Electronically signed by: Tim Washowich, MD 11/1/2019 1:43 PM

Narrative

Indication: Metastatic lung cancer

Performed At

SUTTER HEALTH  
RADIOLOGY

PROCEDURE: 2 views of the chest was obtained.

COMPARISON: 09/09/2019

FINDINGS: Large right pleural effusion is present.. Opacities that are seen involving the right hemithorax are essentially stable. There is some volume loss towards the right. Left lung appears clear. Dual-lead pacemaker is present. Heart does not appear to be likely enlarged. Vascularity is normal. There is aortic atherosclerosis. Spine has degenerative change.

Procedure Note

Ifc, Ehr Amb Powerscribe Results In - 11/01/2019 1:46 PM PDT

Indication: Metastatic lung cancer

PROCEDURE: 2 views of the chest was obtained.

COMPARISON: 09/09/2019

FINDINGS: Large right pleural effusion is present.. Opacities that are seen involving the right hemithorax are essentially stable. There is some volume loss towards the right. Left lung appears clear. Dual-lead pacemaker is present. Heart does not appear to be likely enlarged. Vascularity is normal. There is aortic atherosclerosis. Spine has degenerative change.

IMPRESSION: No significant interval change.

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH RADIOLOGY	3707 Schriever	Mather, CA 95742	916-454-8200

## ELECTROCARDIOGRAM (EKG) (EKG) - Final result (09/16/2019 2:47 PM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Ventricular Rate	92	BPM	SH GE MUSE	
Atrial Rate	92	BPM	SH GE MUSE	
P-R Interval	288	ms	SH GE MUSE	
QRS Duration	130	ms	SH GE MUSE	
Q-T Interval	362	ms	SH GE MUSE	
QTc Calculation(Bezett)	447	ms	SH GE MUSE	
P Axis	12	degrees	SH GE MUSE	
R Axis	-33	degrees	SH GE MUSE	
T Axis	16	degrees	SH GE MUSE	
Diagnosis	Sinus rhythm with 1st degree AV block with premature atrial complexes		SH GE MUSE	
Diagnosis	Left axis deviation		SH GE MUSE	
Diagnosis	Right bundle branch block		SH GE MUSE	
Diagnosis	Abnormal ECG		SH GE MUSE	
Diagnosis	When compared with ECG of 23-JUL-2019 13:00,		SH GE MUSE	
Diagnosis	premature atrial complexes are now present		SH GE MUSE	
Diagnosis	Right bundle branch block is now present		SH GE MUSE	
Diagnosis	Confirmed by Engel, M.D., Gregory (1512) on 9/18/2019 2:36:23 PM		SH GE MUSE	
Specimen				

Performing Organization	Address	City/State/Zipcode	Phone Number
SH GE MUSE			

## PM DEV PROG EVAL &amp; ADJ DUAL LEAD (PR PM DEV PROG EVAL &amp; ADJ DUAL LEAD) - Final result (09/16/2019 2:24 PM PDT)

Specimen

Narrative	Performed At
<b>This result has an attachment that is not available.</b>	

Performing Organization	Address	City/State/Zipcode	Phone Number
PAMF PA BO	795 El Camino Real	Palo Alto, CA 94301	

## CHEST X-RAY, 2 VIEWS (XR CHEST 2 VIEWS PA LATERAL) - Final result (09/09/2019 1:50 PM PDT)

Specimen

Impressions	Performed At

IMPRESSION: No significant change in findings in right hemithorax. Interval placement of cardiac pacemaker.

SUTTER HEALTH  
RADIOLOGY

Electronically Signed by: Albert Lu, MD 9/9/2019 2:03 PM

Narrative

INDICATION: Metastatic lung cancer

COMPARISON: 6/20/2019

Performed At  
SUTTER HEALTH  
RADIOLOGY

FINDINGS: PA and lateral radiographs of the chest obtained. Interval placement of cardiac pacemaker with leads in right atrium and right ventricle. Volume loss right lung and opacification of right lower hemithorax appears unchanged. Patchy airspace opacities in right lung appears unchanged. Known lung nodules better visualized on prior CT.

No evidence of pneumothorax. Degenerative changes throughout the visualized thoracic spine.

Procedure Note

Ifc, Ehr Amb Powerscribe Results In - 09/09/2019 2:07 PM PDT

INDICATION: Metastatic lung cancer

COMPARISON: 6/20/2019

FINDINGS: PA and lateral radiographs of the chest obtained. Interval placement of cardiac pacemaker with leads in right atrium and right ventricle. Volume loss right lung and opacification of right lower hemithorax appears unchanged. Patchy airspace opacities in right lung appears unchanged. Known lung nodules better visualized on prior CT.

No evidence of pneumothorax. Degenerative changes throughout the visualized thoracic spine.

IMPRESSION: No significant change in findings in right hemithorax. Interval placement of cardiac pacemaker.

Electronically Signed by: Albert Lu, MD 9/9/2019 2:03 PM

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH RADIOLOGY	3707 Schriever	Mather, CA 95742	916-454-8200

PACEMAKER INTERROGATION - Final result (08/07/2019 5:22 PM PDT)

Narrative

**This result has an attachment that is not available.**

Performed At  
PAMF PA BO

Medtronic: Azure MRI dual ppm

AAI-DDD 60

APaced-<0.1% / VPaced-0.2%

Battery: new

Thresholds: stable

Current rhythm: ASVS

Arrhythmias: none

Next transmission- 3 months

Dr. Engel/clp

Performing Organization	Address	City/State/Zipcode	Phone Number
PAMF PA BO	795 El Camino Real	Palo Alto, CA 94301	

## PACEMAKER INTERROGATION - Final result (08/07/2019 12:58 PM PDT)

Narrative

Performed At

PAMF PA BO

**This result has an attachment that is not available.**

Medtronic: Azure MRI dual ppm

AAI-DDD 60

APaced-0.0% / VPaced-0.8%

Battery: new

Thresholds: initializing

Current rhythm: ASVS

Arrhythmias: none

Next transmission- 3 months

Dr. Engel/clp

Performing Organization	Address	City/State/Zipcode	Phone Number
PAMF PA BO	795 El Camino Real	Palo Alto, CA 94301	

## POTASSIUM LEVEL (POTASSIUM) - Final result (08/05/2019 7:38 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Potassium	4.1	3.5 - 5.1 mmol/L	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	

Specimen

Serum - Blood

Narrative	Performed At
Patient not fasting	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	2025 Soquel Ave.	Santa Cruz, CA 95062	831-458-5802

## POTASSIUM LEVEL (POTASSIUM) - Final result (07/30/2019 11:20 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Potassium	4.8	3.5 - 5.1 mmol/L	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	

Specimen

Serum - Blood

Narrative	Performed At
Patient not fasting	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	2025 Soquel Ave.	Santa Cruz, CA 95062	831-458-5802

## TRANSTHORACIC ECHO COMPLETE WITH DOPPLER - Final result (07/26/2019 9:46 AM PDT)

## Narrative

Performed At  
SUTTER HEALTH  
RADIOLOGY

Silicon Valley Cardiology  
2900 Whipple Ave. Suite 205  
Redwood City, CA 94062  
Phone (650) 363-5262

## Adult Transthoracic Echocardiogram Report

Name: CHRISTENSON, ALAN      Study Date: 07/26/2019      Height: 74 in  
MRN: 56462699      Patient Location: PMSSDIKC      Weight: 178 lb  
DOB: 07/21/1936      Gender: Male      BSA: 2.1 m<sup>2</sup>  
Age: 83 yrs      Accession #: PSK19002084832      BP: 131/66

mmHg  
Ordering Physician: ENGEL, GREGORY      Performed By: Ord, Graham

Referring Physician: Ando, Yumi E, M.D.

Reason For Study: Atrial fibrillation, paroxysmal

HR: 90

History: Atrial fibrillation, paroxysmal

## Interpretation Summary

1. Normal left ventricular size with normal systolic function (LVEF 65-70%) and mild left ventricular hypertrophy.
2. Upper limits of normal right ventricular size with normal function.
3. Mildly dilated aortic root (4.1 cm).
4. Thickened, nonstenotic aortic valve.
5. Mitral annular calcification with thickened leaflets and normal leaflet excursion.
6. Normal pulmonary artery pressure of 17 mmHg plus JVP.
7. Compared to the previous echocardiogram of 07/02/2018, there is no significant change.

Examination Performed: A complete two-dimensional resting transthoracic echocardiogram with color flow and Doppler was performed. The quality is fair. The heart rhythm was normal sinus rhythm at rate 90 bpm.

Left Ventricle: The left ventricle is normal in size. There is mild concentric LVH. Normal global systolic function. The ejection fraction estimate is 65-70%. Diastolic function is difficult to assess due to technical limitations. There are no wall motion abnormalities.

Left Atrium: The left atrium is moderately enlarged. LA Vol (biplane) - 46.9 ml/m<sup>2</sup>.

Right Atrium: The right atrium is normal in size.

Right Ventricle: The right ventricle is at the upper limits of normal to mildly enlarged. Normal systolic function.

Mitral Valve: Mitral annular calcification is noted. Mitral valve leaflets appear to be thickened. Leaflet excursion is well maintained. There is trace mitral regurgitation.

Aortic Valve: Thickened aortic valve cusps with well maintained separation. There is no appreciable regurgitation. Ao vmax = 148.0 cm/sec. LVOT vmax = 88.1 cm/sec.

Aortic Root: The aortic root is mildly dilated .

Tricuspid Valve: Normal morphology with trace regurgitation. RVSP = 16.6 mmHg + CVP.

Pulmonic Valve: The pulmonic valve is not well visualized.

Pericardium: The pericardium is normal in appearance. There is no pericardial effusion.

Inferior Vena Cava: The inferior vena cava size is not well visualized.

## MMode/2D Measurements &amp; Calculations

LV EDV Index: 37.9 ml/m<sup>2</sup>

LVIDd: 5.5 cm

Ao root diam: 4.1 cm

LV ESV Index: 12.7 ml/m<sup>2</sup>

LVIDs: 4.4 cm

LA dimension: 3.8 cm

LV EF% (Biplane): 66.4 %

IVSd: 1.0 cm

LA Vol Index: 44.0 ml/m<sup>2</sup>

IVSS: 1.7 cm

LVPWd: 0.90 cm

LVPWs: 1.5 cm

LA vol index: 46.9 ml/m<sup>2</sup>

LV-vol(ed): 78.3 ml

LV-vol(es): 26.3 ml

#### Doppler Measurements & Calculations

Ao Vmax: 148.0 cm/sec

Ao max PG: 8.8 mmHg

Ao mean PG: 6.1 mmHg

Ao V2 VTI: 29.3 cm

LVOT Vmax: 88.1 cm/sec

LV V1 max PG: 3.1 mmHg

LV V1 mean PG: 2.1 mmHg

LVOT VTI: 19.6 cm

TR max vel: 203.6 cm/sec

TR max PG: 16.6 mmHg

#### Reference Ranges

Measurement	Normal	Mild	Moderate	Severe	2D / M-Mode	
LV EDV Index (ml/m <sup>2</sup> ) 5.7cm	35-75	>75	>86	>96	LVIDd (cm)	3.7-
LV ESV Index (ml/m <sup>2</sup> ) EF% 1.1cm	12-30 >52	>30 41-51	>36 30-40	>42 <30	LVIDs (cm) IVSd (cm)	0.6-
LA volume Index (ml/m <sup>2</sup> ) 1.1cm	<34	>35	>42	>48	LVPwd (cm)	0.6-
Tricuspid Gradient (mmHg) 4.0cm	<30	>35	>45	>55	LA (cm)	2.7-
Ao Root (cm)	2.0-4.0cm					

Reading Physician: Electronically signed by: Gregory Engel, MD on 07/26/2019 04:45 PM

#### Procedure Note

#### Ifc, Ehr Amb Radiant Results In - 07/26/2019 4:46 PM PDT

Silicon Valley Cardiology  
2900 Whipple Ave. Suite 205  
Redwood City, CA 94062  
Phone (650) 363-5262

#### Adult Transthoracic Echocardiogram Report

Name: CHRISTENSON, ALAN Study Date: 07/26/2019 Height: 74 in

MRN: 56462699 Patient Location: PMSSDIKC Weight: 178 lb

DOB: 07/21/1936 Gender: Male BSA: 2.1 m<sup>2</sup>

Age: 83 yrs Accession #: PSK19002084832 BP: 131/66 mmHg

Ordering Physician: ENGEL, GREGORY Performed By: Ord, Graham

Referring Physician: Ando, Yumi E, M.D.

Reason For Study: Atrial fibrillation, paroxysmal HR: 90

History: Atrial fibrillation, paroxysmal

#### Interpretation Summary

1. Normal left ventricular size with normal systolic function (LVEF 65-70%) and mild left ventricular hypertrophy.
2. Upper limits of normal right ventricular size with normal function.
3. Mildly dilated aortic root (4.1 cm).
4. Thickened, nonstenotic aortic valve.
5. Mitral annular calcification with thickened leaflets and normal leaflet excursion.
6. Normal pulmonary artery pressure of 17 mmHg plus JVP.
7. Compared to the previous echocardiogram of 07/02/2018, there is no significant change.

Examination Performed: A complete two-dimensional resting transthoracic echocardiogram with color flow and Doppler was performed. The quality is fair. The heart rhythm was normal sinus rhythm at rate 90 bpm.

Left Ventricle: The left ventricle is normal in size. There is mild concentric LVH. Normal

global systolic function. The ejection fraction estimate is 65-70%. Diastolic function is difficult to assess due to technical limitations. There are no wall motion abnormalities.

Left Atrium: The left atrium is moderately enlarged. LA Vol (biplane) - 46.9 ml/m<sup>2</sup>.

Right Atrium: The right atrium is normal in size.

Right Ventricle: The right ventricle is at the upper limits of normal to mildly enlarged. Normal systolic function.

Mitral Valve: Mitral annular calcification is noted. Mitral valve leaflets appear to be thickened. Leaflet excursion is well maintained. There is trace mitral regurgitation.

Aortic Valve: Thickened aortic valve cusps with well maintained separation. There is no appreciable regurgitation. Ao vmax = 148.0 cm/sec. LVOT vmax = 88.1 cm/sec.

Aortic Root: The aortic root is mildly dilated .

Tricuspid Valve: Normal morphology with trace regurgitation. RVSP = 16.6 mmHg + CVP.

Pulmonic Valve: The pulmonic valve is not well visualized.

Pericardium: The pericardium is normal in appearance. There is no pericardial effusion.

Inferior Vena Cava: The inferior vena cava size is not well visualized.

#### MMode/2D Measurements & Calculations

LV EDV Index: 37.9 ml/m<sup>2</sup> LVIDd: 5.5 cm Ao root diam: 4.1 cm

LV ESV Index: 12.7 ml/m<sup>2</sup> LVIDs: 4.4 cm LA dimension: 3.8 cm

LV EF% (Biplane): 66.4 % IVSd: 1.0 cm LA Vol Index: 44.0 ml/m<sup>2</sup>

IVSs: 1.7 cm

LVPWd: 0.90 cm

LVPWs: 1.5 cm

---

LA vol index: 46.9 ml/m<sup>2</sup> LV-Vol(ed): 78.3 ml LV-Vol(es): 26.3 ml

#### Doppler Measurements & Calculations

Ao Vmax: 148.0 cm/sec LVOT Vmax: 88.1 cm/sec TR max vel: 203.6 cm/sec

Ao max PG: 8.8 mmHg LV V1 max PG: 3.1 mmHg TR max PG: 16.6 mmHg

Ao mean PG: 6.1 mmHg LV V1 mean PG: 2.1 mmHg

Ao V2 VTI: 29.3 cm LVOT VTI: 19.6 cm

#### Reference Ranges

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Measurement Normal Mild Moderate Severe 2D / M-Mode

LV EDV Index (ml/m<sup>2</sup>) 35-75 >75 >86 >96 LVIDd (cm) 3.7-5.7cm

LV ESV Index (ml/m<sup>2</sup>) 12-30 >30 >36 >42 LVIDs (cm)

EF% >52 41-51 30-40 <30 IVSd (cm) 0.6-1.1cm

LA Volume Index (ml/m<sup>2</sup>) <34 >35 >42 >48 LVPWd (cm) 0.6-1.1cm

Tricuspid Gradient (mmHg) <30 >35 >45 >55 LA (cm) 2.7-4.0cm

Ao Root (cm) 2.0-4.0cm

Reading Physician: Electronically signed by: Gregory Engel, MD on 07/26/2019 04:45 PM

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH RADIOLOGY	3707 Schriever	Mather, CA 95742	916-454-8200

## ELECTROCARDIOGRAM (EKG) (EKG) - Final result (07/23/2019 1:00 PM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Ventricular Rate	96	BPM	SH GE MUSE	
Atrial Rate	96	BPM	SH GE MUSE	
P-R Interval	192	ms	SH GE MUSE	
QRS Duration	102	ms	SH GE MUSE	
Q-T Interval	424	ms	SH GE MUSE	
QTc Calculation(Bezett)	535	ms	SH GE MUSE	
R Axis	-11	degrees	SH GE MUSE	
T Axis	22	degrees	SH GE MUSE	
Diagnosis	Normal sinus rhythm		SH GE MUSE	
Diagnosis	Nonspecific ST abnormality		SH GE MUSE	
Diagnosis	Prolonged QT		SH GE MUSE	
Diagnosis	Abnormal ECG		SH GE MUSE	
Diagnosis	When compared with ECG of 01-JUL-2019 12:59,		SH GE MUSE	
Diagnosis	QT has lengthened		SH GE MUSE	
Diagnosis	Confirmed by Engel, M.D., Gregory (1512) on 8/5/2019 11:03:29 PM		SH GE MUSE	

Specimen

Performing Organization	Address	City/State/Zipcode	Phone Number
SH GE MUSE			

## PET SKULL BASE TO MID THIGH W ATTE CT (PET SKULL BASE MID THIGH W ATTENUATION CT INIT TX) - Final result (07/16/2019 10:07 AM PDT)

Specimen

Impressions

Performed At

SUTTER HEALTH  
RADIOLOGY

## IMPRESSION:

1. Confluent postsurgical changes and soft tissue, medial right lower lobe displaying low-level metabolism. This is nonspecific and may represent postsurgical changes. Local recurrent or residual disease cannot be excluded. Of note, no appreciable change in appearance when compared to the sequence of 2 most recent CT thorax studies.
2. Interval decrease in size of reticular nodular focus in the lateral right upper lobe with maintenance of low-level metabolism.
3. Interval appearance of a reticulonodular area of hypermetabolic activity, medial left lower lobe. This has an appearance of an inflammatory/infectious process however neoplasm cannot be excluded. Interval surveillance recommended.
4. No significant change in the loculated pleural effusion, inferior medial right hemithorax.
5. No evidence for distal metastatic disease.
6. Mild cardiomegaly with coronary artery and valvular calcifications.

Total Exam Dose Length Product 677.4 mGy-cm.

Electronically signed by: John D Murao, MD 7/17/2019 5:00 PM

Narrative

Performed At

SUTTER HEALTH  
RADIOLOGY**This result has an attachment that is not available.**

CLINICAL HISTORY: Squamous cell lung cancer right lower and right middle lobes, 2016. With surgery and radiation therapy at Stanford Hospital. Tracheal nodular recurrence, November, 2017.

Now with hemoptysis. Bronchoscopy, 06/26/2019 revealed right mainstem partial stenosis with granulation and inflammation. Persistent squamous cell carcinoma.

COMPARISON STUDIES : None. Previous PET CT scans unavailable for direct comparison. Correlate with most recent CT thorax studies 03/25/2019 09/20/2018 and earlier.

TECHNIQUE: The patient's blood glucose was 121 mg/dL at the time of FDG injection. Approximately 60 minutes following the intravenous administration of 9.5 mCi of 2-(F-18) fluoro-2-deoxy-D-glucose (FDG), PET/CT images were acquired from the mid skull to proximal thighs. Low dose, unenhanced CT images were reconstructed at 3 mm slice thickness, provided for anatomic localization and attenuation-correction of the PET data.

REPORT:

Head and Neck: There is soft tissue and/or retention cysts or polyps in the anterior margin of both maxillary antra larger on the left than right but without suspicious hypermetabolic activity. There are no abnormally enlarged lymph nodes or masses. Physiologic activity in the vocal cords tongue and tonsillar pillars. Thyroid gland is diminutive with no suspicious hypermetabolic activity.

Chest: Currently, no abnormal endobronchial abnormalities detected within the tracheobronchial tree. There is essentially marked narrowing and occlusion of the bronchi to the posterior and medial subsegments of the right lower lobe featuring coarse calcifications and low-level hypermetabolic activity in the postobstructive collection of either subsegmental atelectasis collapse or fibrosis, SUV composite 3.2. There is adjacent biconvex loculated pleural fluid in the medial right lower hemithorax. There are coarse reticular opacities in the apex of the right upper lobe. The nodule in the lateral right upper lobe is decreased in conspicuity compared to March with an SUV of 2.0. Subpleural atelectasis or scar in the lateral mid lower right hemithorax again noted without suspicious hypermetabolic activity. There is a new heterogeneous mixed reticular nodular and acinar opacity in the medial left lower lobe displaying hypermetabolic activity, SUV 5.5. The left upper lobe shows no new focal parenchymal abnormality. Limited additional groundglass opacity and atelectasis in the left lung base without suspicious hypermetabolic activity. No intervening pneumothorax. No left pleural effusion. No new axillary or supraclavicular adenopathy. No conspicuous soft tissue at either side of the thoracic inlet. Scant fluid and superior recesses of the pericardium no abnormally enlarged mediastinal or hilar lymph nodes have developed. Indeed, no suspicious hypermetabolic activity above background. The heart is enlarged with valvular and coronary artery calcifications. No conspicuous new pericardial epiphrenic or cardiophrenic abnormality.

Abdomen/Pelvis: The liver features a punctate dystrophic calcification in the dome of the right lobe. No new focal abnormalities or suspicious hypermetabolic activity. The spleen is normal. No intrinsic hyperdensity in a mildly hydropic gallbladder. Adrenal glands are normal without suspicious hypermetabolic activity. The pancreas is mostly fatty replaced without suspicious hypermetabolic activity. Kidneys unremarkable with physiologic excretion into the collecting systems. There are some calcific atheromatous changes of the abdominal aorta. Single subcentimeter right retrocrural lymph node without suspicious hypermetabolic activity. No additional abnormally enlarged peritoneal adenopathy. Small fat filled indirect

inguinal hernias. No mesenteric adenopathy. No definite omental pathology. Tiny fat filled umbilical hernia. Urinary bladder is decompressed. Seminal vesicles grossly symmetric. Prostate gland mildly prominent without suspicious hypermetabolic activity. Much of the low pelvic anatomy is obscured by streak and beam hardening artifact from a left hip replacement. The gastrointestinal tract is limited by the absence of endoluminal contrast. Hiatal hernia with paraesophageal component. Stomach antrum duodenum and proximal jejunum normal. No abnormal distended segments of small bowel. Few scattered diverticula of the proximal sigmoid colon without evidence for diverticulitis. No other eccentric mural abnormalities. The ileocecal junction is normal. The appendix is normal. Physiologic activity displayed throughout the gastrointestinal tract.

Musculoskeletal: Advanced degenerative changes along the entire spine. Degenerative changes of the right hip. Status post left hip replacement. Degenerative changes of the sacroiliac joints. Scoliosis of the lumbar spine concave to the right. There is a blastic focus in the right lamina of T3 without suspicious hypermetabolic activity. There is a focus of conspicuous increased metabolism affiliated with the spinous process of 5 which shows either a remote fracture fragment or relatively recent abnormality. Correlate with patient's history.

#### Procedure Note

#### **Ifc, Ehr Amb Powerscribe Results In - 07/17/2019 5:03 PM PDT**

**CLINICAL HISTORY:** Squamous cell lung cancer right lower and right middle lobes, 2016. With surgery and radiation therapy at Stanford Hospital. Tracheal nodular recurrence, November, 2017. Now with hemoptysis. Bronchoscopy, 06/26/2019 revealed right mainstem partial stenosis with granulation and inflammation. Persistent squamous cell carcinoma.

**COMPARISON STUDIES :** None. Previous PET CT scans unavailable for direct comparison. Correlate with most recent CT thorax studies 03/25/2019 09/20/2018 and earlier.

**TECHNIQUE:** The patient's blood glucose was 121 mg/dL at the time of FDG injection. Approximately 60 minutes following the intravenous administration of 9.5 mCi of 2-(F-18) fluoro-2-deoxy-D-glucose (FDG), PET/CT images were acquired from the mid skull to proximal thighs. Low dose, unenhanced CT images were reconstructed at 3 mm slice thickness, provided for anatomic localization and attenuation-correction of the PET data.

#### REPORT:

**Head and Neck:** There is soft tissue and/or retention cysts or polyps in the anterior margin of both maxillary antra larger on the left than right but without suspicious hypermetabolic activity. There are no abnormally enlarged lymph nodes or masses. Physiologic activity in the vocal cords tongue and tonsillar pillars. Thyroid gland is diminutive with no suspicious hypermetabolic activity.

**Chest:** Currently, no abnormal endobronchial abnormalities detected within the tracheobronchial tree. There is essentially marked narrowing and occlusion of the bronchi to the posterior and medial subsegments of the right lower lobe featuring coarse calcifications and low-level hypermetabolic activity in the postobstructive collection of either subsegmental atelectasis

collapse or fibrosis, SUV composite 3.2. There is adjacent biconvex loculated pleural fluid in the medial right lower hemithorax. There are coarse reticular opacities in the apex of the right upper lobe. The nodule in the lateral right upper lobe is decreased in conspicuity compared to March with an SUV of 2.0. Subpleural atelectasis or scar in the lateral mid lower right hemithorax again noted without suspicious hypermetabolic activity. There is a new heterogeneous mixed reticular nodular and acinar opacity in the medial left lower lobe displaying hypermetabolic activity, SUV 5.5. The left upper lobe shows no new focal parenchymal abnormality. Limited additional groundglass opacity and atelectasis in the left lung base without suspicious hypermetabolic activity. No intervening pneumothorax. No left pleural effusion. No new axillary or supraclavicular adenopathy. No conspicuous soft tissue at either side of the thoracic inlet. Scant fluid and superior recesses of the pericardium no abnormally enlarged mediastinal or hilar lymph nodes have developed. Indeed, no suspicious hypermetabolic activity above background. The heart is enlarged with valvular and coronary artery calcifications. No conspicuous new pericardial epiphrenic or cardiophrenic abnormality.

**Abdomen/Pelvis:** The liver features a punctate dystrophic calcification in the dome of the right lobe. No new focal abnormalities or suspicious hypermetabolic activity. The spleen is normal. No intrinsic hyperdensity in a mildly hydropic gallbladder. Adrenal glands are normal without suspicious hypermetabolic activity. The pancreas is mostly fatty replaced without suspicious hypermetabolic activity. Kidneys unremarkable with physiologic excretion into the collecting systems. There are some calcific atheromatous changes of the abdominal aorta. Single subcentimeter right retrocrural lymph node without suspicious hypermetabolic activity. No additional abnormally enlarged peritoneal adenopathy. Small fat filled indirect inguinal hernias. No mesenteric adenopathy. No definite omental pathology. Tiny fat filled umbilical hernia. Urinary bladder is decompressed. Seminal vesicles grossly symmetric. Prostate gland mildly prominent without suspicious hypermetabolic activity. Much of the low pelvic anatomy is obscured by streak and beam hardening artifact from a left hip replacement. The gastrointestinal tract is limited by the absence of endoluminal contrast. Hiatal hernia with paraesophageal component. Stomach antrum duodenum and proximal jejunum normal. No abnormal distended segments of small bowel. Few scattered diverticula of the proximal sigmoid colon without evidence for diverticulitis. No other eccentric mural abnormalities. The ileocecal junction is normal. The appendix is normal. Physiologic activity displayed throughout the gastrointestinal tract.

**Musculoskeletal:** Advanced degenerative changes along the entire spine. Degenerative changes of the right hip. Status post left hip replacement. Degenerative changes of the sacroiliac joints. Scoliosis of the lumbar spine concave to the right. There is a blastic focus in the right lamina of T3 without suspicious hypermetabolic activity. There is a focus of conspicuous increased metabolism affiliated with the spinous process of 5 which shows either a remote fracture fragment or relatively recent abnormality. Correlate with patient's history.

#### IMPRESSION:

1. Confluent postsurgical changes and soft tissue, medial right lower lobe displaying low-level metabolism. This is nonspecific and may represent postsurgical changes. Local recurrent or residual disease cannot be excluded. Of note, no appreciable change in appearance when compared to the sequence of 2 most

recent CT thorax studies.

2. Interval decrease in size of reticular nodular focus in the lateral right upper lobe with maintenance of low-level metabolism.

3. Interval appearance of a reticulonodular area of hypermetabolic activity, medial left lower lobe. This has an appearance of an inflammatory/infectious process however neoplasm cannot be excluded. Interval surveillance recommended.

4. No significant change in the loculated pleural effusion, inferior medial right hemithorax.

5. No evidence for distal metastatic disease.

6. Mild cardiomegaly with coronary artery and valvular calcifications.

Total Exam Dose Length Product 677.4 mGy-cm.

Electronically Signed by: John D Murao, MD 7/17/2019 5:00 PM

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH RADIOLOGY	3707 Schriever	Mather, CA 95742	916-454-8200

#### ELECTROCARDIOGRAM (EKG) (EKG) - Final result (07/01/2019 12:59 PM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Ventricular Rate	91	BPM	SH GE MUSE	
Atrial Rate	91	BPM	SH GE MUSE	
P-R Interval	294	ms	SH GE MUSE	
QRS Duration	98	ms	SH GE MUSE	
Q-T Interval	352	ms	SH GE MUSE	
QTc	432	ms	SH GE MUSE	
Calculation(Bezett)				
P Axis	36	degrees	SH GE MUSE	
R Axis	-2	degrees	SH GE MUSE	
T Axis	10	degrees	SH GE MUSE	
Diagnosis	Sinus rhythm with 1st degree AV block		SH GE MUSE	
Diagnosis	Otherwise normal ECG		SH GE MUSE	
Diagnosis	When compared with ECG of 02-JUL-2018 12:14,		SH GE MUSE	
Diagnosis	fusion complexes are no longer present		SH GE MUSE	
Diagnosis	Confirmed by Engel, M.D., Gregory (1512) on 7/6/2019 9:19:25 PM		SH GE MUSE	

Specimen

Performing Organization	Address	City/State/Zipcode	Phone Number
SH GE MUSE			

#### HOLTER MONITOR 14 DAY - Final result (07/01/2019)

Specimen

Narrative

Performed At

PAMF PA BO

**This result has an attachment that is not available.**

Patient had a min HR of 32 bpm, max HR of 174 bpm, and avg HR of 91 bpm. Predominant underlying rhythm was Sinus Rhythm. First Degree AV Block was present. Bundle Branch Block/IVCD was present. 35 Supraventricular Tachycardia runs occurred, the run with the fastest interval lasting 13 beats with a max rate of

174 bpm (avg 147 bpm); the run with the fastest interval was also the longest. 3 episode(s) of AV Block (3rd<sup>o</sup>) occurred, lasting a total of 43 secs. Difficulty discerning atrial activity during AV Block making definitive diagnosis difficult to ascertain. Second Degree AV Block-Mobitz I (Wenckebach) was present. Isolated SVEs were occasional (2.3%, 41825), SVE Couplets were rare (<1.0%, 1583), and SVE Triplets were rare (<1.0%, 184). Isolated VEs were rare (<1.0%), VE Couplets were rare (<1.0%), and no VE Triplets were present. MD notification criteria for Complete Heart Block met - notified Chad on 23 July 2019 at 12:14 pm CT (Tech TB).

13 days 22 hours

Summary: 3 episodes of 3rd degree Av block including one for 30 seconds with escape rhythm in the 30s

Dr. Engel/clp

Performing Organization	Address	City/State/Zipcode	Phone Number
PAMF PA BO	795 El Camino Real	Palo Alto, CA 94301	

#### CHEST X-RAY, 2 VIEWS (XR CHEST 2 VIEWS PA LATERAL) - Final result (06/20/2019 12:37 PM PDT)

Specimen

Impressions	Performed At
<b>IMPRESSION:</b> No significant interval change.	SUTTER HEALTH RADIOLOGY

Dictated and signed by: Albert Lu, MD 6/20/2019 12:49 PM

Narrative	Performed At
<b>INDICATION:</b> Metastatic lung cancer  <b>COMPARISON:</b> 3/25/2019 CT chest, 1/15/2019 chest radiographs  <b>FINDINGS:</b> PA and lateral views of the chest were obtained. Cardiac silhouette partially obscured. Moderate right-sided pleural effusion and volume loss in right hemithorax overall unchanged. Subtle nodular opacities in right upper lobe grossly unchanged. No definite consolidation in left lung. No evidence of pneumothorax. Degenerative changes in the thoracic spine.	SUTTER HEALTH RADIOLOGY

#### Procedure Note

##### Ifc, Ehr Amb Powerscribe Results In - 06/20/2019 12:52 PM PDT

INDICATION: Metastatic lung cancer

COMPARISON: 3/25/2019 CT chest, 1/15/2019 chest radiographs

FINDINGS: PA and lateral views of the chest were obtained. Cardiac silhouette partially obscured. Moderate right-sided pleural effusion and volume loss in right hemithorax overall unchanged. Subtle nodular opacities in right upper lobe grossly unchanged. No definite consolidation in left lung. No evidence of pneumothorax. Degenerative changes in the thoracic spine.

IMPRESSION:

No significant interval change.

Dictated and signed by: Albert Lu, MD 6/20/2019 12:49 PM

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH RADIOLOGY	3707 Schriever	Mather, CA 95742	916-454-8200

## COMPREHENSIVE METABOLIC PANEL (COMPREHENSIVE METABOLIC PANEL W GFR) - Final result (06/20/2019 11:55 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Sodium	144	136 - 145 mmol/L	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Potassium	3.5	3.5 - 5.1 mmol/L	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Chloride	110	98 - 110 mmol/L	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
CO2 (Bicarbonate)	25	21 - 32 mmol/L	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Glucose	94	70 - 99 mg/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
BUN	<b>27 (H)</b>	6 - 25 mg/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Creatinine	<b>1.39 (H)</b> Comment: IDMS-traceable method	0.50 - 1.30 mg/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
GFR Est-Other	<b>47 (L)</b>	>60 See Cmnt	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
GFR Est-African American	<b>54 (L)</b> Comment: Units: mL/min/1.73 m <sup>2</sup> . Estimated glomerular filtration rate values are calculated using the CKD-EPI equation	>60 See Cmnt	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Calcium	8.8	8.2 - 10.2 mg/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Total Protein	7.1	6.4 - 8.2 g/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Albumin	3.6	3.2 - 4.7 g/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Total Bilirubin	0.5	<1.1 mg/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Alkaline Phosphatase	95	26 - 137 U/L	PALO ALTO MEDICAL	

			FOUNDATION SANTA CRUZ
AST	17	0 - 37 U/L	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
ALT	15	0 - 60 U/L	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ

Specimen

Serum - Blood

Narrative

Patient not fasting

Performed At

PALO ALTO MEDICAL  
FOUNDATION SANTA  
CRUZ

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	2025 Soquel Ave.	Santa Cruz, CA 95062	831-458-5802

COMPLETE BLOOD CELL COUNT (CBC WITH AUTOMATED DIFFERENTIAL) - Final result (06/20/2019 11:55 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
White Blood Cell Count	6.4	4.0 - 11.0 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Red Blood Cell Count	4.67	4.40 - 6.00 M/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Hemoglobin	<b>12.7 (L)</b>	13.5 - 18.0 g/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Hematocrit	40.9	40.0 - 52.0 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
MCV	88	80 - 100 fL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
MCH	27.2	27.0 - 33.0 pg	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
MCHC	31.1	31.0 - 36.0 g/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
RDW	<b>16.9 (H)</b>	<16.4 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Platelet Count	201	150 - 400 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	

Differential Type	Automated	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Neutrophil %	63	49.0 - 74.0 %
Lymphocyte %	<b>20 (L)</b>	26.0 - 46.0 %
Monocyte %	12	2.0 - 12.0 %
Eosinophil %	5	0.0 - 5.0 %
Basophil %	0	0.0 - 2.0 %
Abs. Neutrophil	4.0	2.0 - 8.0 K/uL
Abs. Lymphocyte	1.3	1.0 - 5.1 K/uL
Abs. Monocyte	0.8	0.0 - 0.8 K/uL
Abs. Eosinophil	0.3	0.0 - 0.5 K/uL
Abs. Basophil	0.0	0.0 - 0.2 K/uL

#### Specimen

Blood - Blood

#### Narrative

Patient not fasting

Performed At

PALO ALTO MEDICAL FOUNDATION SANTA CRUZ

#### Performing Organization

PALO ALTO MEDICAL FOUNDATION SANTA CRUZ

#### Address

2025 Soquel Ave.

#### City/State/Zipcode

Santa Cruz, CA 95062

#### Phone Number

831-458-5802

#### VITAMIN D LEVEL (VITAMIN D (25 HYDROXY)) - Final result (05/14/2019 11:05 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
VitD,25-Hydroxy	47	20 - 80 ng/mL	SUTTER HEALTH SHARED	
Tot	Comment:			

This Total 25-OHD assay measures the sum of 25-hydroxy vitamin D metabolites (D2 and D3). All ages: 20-50 ng/mL\*. There is no known benefit of values > 50 ng/mL. Values > 80 ng/mL may be associated with toxicity.

LABORATORY

\*In patients with risk factors such as bone disease, values between 20-29 ng/mL may be insufficient, and values greater than 30 ng/mL may be more appropriate.

Specimen

Serum

Narrative

Patient fasting

Performed At

SUTTER HEALTH SHARED LABORATORY

Performing Organization

SUTTER HEALTH SHARED LABORATORY

Address

2950 Collier Canyon Road

City/State/Zipcode

Livermore, CA 94551

Phone Number

925-371-3800

VITAMIN B12 LEVEL (VITAMIN B12) - Final result (05/14/2019 11:05 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Vitamin B12	576	211 - 911 pg/mL	PALO ALTO MEDICAL FOUNDATION-MT. VIEW	

Specimen

Serum

Narrative

Patient fasting

Performed At

PALO ALTO MEDICAL FOUNDATION-MT. VIEW

Performing Organization

PALO ALTO MEDICAL FOUNDATION-MT. VIEW

Address

701 El Camino Real

City/State/Zipcode

Mountain View, CA 94040

Phone Number

650-934-7333

THYROID SCREEN (TSH) W/ REFLEX FREE T4 - Final result (05/14/2019 11:05 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
TSH	0.64	0.34 - 4.82 uIU/mL	SUTTER HEALTH SHARED LABORATORY	

Specimen

Serum

Narrative

Patient fasting

Performed At

SUTTER HEALTH SHARED LABORATORY

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH SHARED LABORATORY	2950 Collier Canyon Road	Livermore, CA 94551	925-371-3800

### PSA, PROSTATE SPECIFIC ANTIGEN - Final result (05/14/2019 11:05 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
PSA	1.19 Comment: (Siemens/Centaur)	0.00 - 4.00 ng/mL	PALO ALTO MEDICAL FOUNDATION-MT. VIEW	

#### Specimen

Serum

#### Narrative

Patient fasting

Performed At

PALO ALTO MEDICAL FOUNDATION-MT. VIEW

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION-MT. VIEW	701 El Camino Real	Mountain View, CA 94040	650-934-7333

### LIPID PROFILE - Final result (05/14/2019 11:05 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Total cholesterol	123 Comment: Desirable: <200 mg/dL Borderline: 200 to 239 mg/dL High: >240 mg/dL	<200 mg/dL	SUTTER HEALTH SHARED LABORATORY	
Triglyceride	65 Comment: Normal: <150 mg/dL Borderline High: 150 to 199 mg/dL High: 200 to 499 mg/dL Very High: > or = 500 mg/dL	<150 mg/dL	SUTTER HEALTH SHARED LABORATORY	
HDL cholesterol	47 Comment: High: > or = 60 mg/dL Low: <40 mg/dL	>40 mg/dL	SUTTER HEALTH SHARED LABORATORY	
LDL Calculated	63 Comment: Optimal: <100 mg/dL Near Optimal: 100 to 129 mg/dL Borderline High: 130 to 159 mg/dL High: 160 to 189 mg/dL Very High: > or = 190 mg/dL	<130 mg/dL	SUTTER HEALTH SHARED LABORATORY	

Specimen

Serum

Narrative

Patient fasting

Performed At

SUTTER HEALTH SHARED  
LABORATORY

Performing Organization

SUTTER HEALTH SHARED  
LABORATORY

Address

2950 Collier Canyon Road

City/State/Zipcode

Livermore, CA 94551

Phone Number

925-371-3800

## GLYCOHEMOGLOBIN A1C (3 MONTH AVERAGE SUGAR) (HEMOGLOBIN A1C) - Final result (05/14/2019 11:05 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Hemoglobin A1c	<b>6.3 (H)</b>	4.8 - 5.6 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Average Glucose	134	mg/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
	Comment:			
	Hemoglobin A1c 5.7-6.4% Increased Risk of diabetes mellitus > or = 6.5% Consistent with diabetes mellitus			
	ADA Therapeutic goal <7%			
	HbA1c			
	Additional action suggested >8%			
	HbA1c			
	Immediate action suggested			
	>10% HbA1c			
	Estimated average glucose is calculated using the equation eAG = (28.7 x HbA1c) - 46.7			
	%Hb A1c Estimated Average Glucose(eAG)mg/dL			
	5 97			
	6 126			
	7 154			
	8 183			
	9 212			
	10 240			
	11 269			

Method is NGSP certified

## References:

1. American Diabetes Association Standards of Medical Care in Diabetes. Diabetes Care 2010 Jan 33:S11-S61
2. Nathan DM et al. Translating the A1c assay into estimated

Specimen

Blood

Narrative

Patient fasting

Performed At

PALO ALTO MEDICAL  
FOUNDATION SANTA  
CRUZ

Performing Organization

PALO ALTO MEDICAL  
FOUNDATION SANTA CRUZ

Address

2025 Soquel Ave.

City/State/Zipcode

Santa Cruz, CA 95062

Phone Number

831-458-5802

COMPREHENSIVE METABOLIC PANEL (COMPREHENSIVE METABOLIC PANEL W GFR) - Final result (05/14/2019 11:05 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Sodium	144	136 - 145 mmol/L	SUTTER HEALTH SHARED LABORATORY	
Potassium	4.1	3.5 - 5.1 mmol/L	SUTTER HEALTH SHARED LABORATORY	
Chloride	<b>112 (H)</b>	98 - 107 mmol/L	SUTTER HEALTH SHARED LABORATORY	
CO2 (Bicarbonate)	25	21 - 32 mmol/L	SUTTER HEALTH SHARED LABORATORY	
Glucose	<b>107 (H)</b>  Comment: Impaired fasting glucose, a form of pre-diabetes, is defined by the ADA as FPG of 100-125 mg/dL.	70 - 100 mg/dL	SUTTER HEALTH SHARED LABORATORY	
BUN	18	6 - 25 mg/dL	SUTTER HEALTH SHARED LABORATORY	
Creatinine	0.88  Comment: IDMS-traceable method Note New Normal Range	0.50 - 1.30 mg/dL	SUTTER HEALTH SHARED LABORATORY	
GFR Est-Other	80	>60 See Cmnt	SUTTER HEALTH SHARED LABORATORY	
GFR Est-African American	93  Comment: Units: mL/min/1.73 m <sup>2</sup> . Estimated glomerular filtration rate values are calculated using the CKD-EPI equation	>60 See Cmnt	SUTTER HEALTH SHARED LABORATORY	
Calcium	8.7	8.2 - 10.2 mg/dL	SUTTER HEALTH SHARED LABORATORY	

Total Protein	6.7	6.4 - 8.2 g/dL	SUTTER HEALTH SHARED LABORATORY
Albumin	3.5	3.2 - 4.7 g/dL	SUTTER HEALTH SHARED LABORATORY
Total Bilirubin	0.8	<1.1 mg/dL	SUTTER HEALTH SHARED LABORATORY
Alkaline Phosphatase	106	26 - 137 U/L	SUTTER HEALTH SHARED LABORATORY
AST	13	0 - 37 U/L	SUTTER HEALTH SHARED LABORATORY
ALT	17	15 - 65 U/L	SUTTER HEALTH SHARED LABORATORY

Specimen

Serum

Narrative

Patient fasting

Performed At

SUTTER HEALTH SHARED  
LABORATORY

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH SHARED LABORATORY	2950 Collier Canyon Road	Livermore, CA 94551	925-371-3800

COMPLETE BLOOD CELL COUNT (CBC WITH AUTOMATED DIFFERENTIAL) - Final result (05/14/2019 11:05 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
White Blood Cell Count	5.6	4.0 - 11.0 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Red Blood Cell Count	4.72	4.40 - 6.00 M/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Hemoglobin	<b>12.5 (L)</b>	13.5 - 18.0 g/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Hematocrit	41.0	40.0 - 52.0 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
MCV	87	80 - 100 fL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
MCH	<b>26.5 (L)</b>	27.0 - 33.0 pg	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
MCHC	<b>30.5 (L)</b>	31.0 - 36.0 g/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	

RDW	15.7	<16.4 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Platelet Count	161	150 - 400 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Differential Type	Automated		PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Neutrophil %	64	49.0 - 74.0 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Lymphocyte %	<b>18 (L)</b>	26.0 - 46.0 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Monocyte %	<b>13 (H)</b>	2.0 - 12.0 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Eosinophil %	5	0.0 - 5.0 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Basophil %	0	0.0 - 2.0 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Abs. Neutrophil	3.5	2.0 - 8.0 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Abs. Lymphocyte	1.0	1.0 - 5.1 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Abs. Monocyte	0.7	0.0 - 0.8 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Abs. Eosinophil	0.3	0.0 - 0.5 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Abs. Basophil	0.0	0.0 - 0.2 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ

Specimen

Blood

Narrative

Patient fasting

Performed At

PALO ALTO MEDICAL FOUNDATION SANTA CRUZ

Performing Organization

Address

City/State/Zipcode

Phone Number

## URINALYSIS WITH CULTURE IF INDICATED (URINALYSIS &amp; CULT IF INDICATED) - Final result (05/14/2019 10:55 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Urine Color	Yellow		PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Urine Appearance	Clear		PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Urine Specific Gravity	1.029	1.003 - 1.035	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Urine pH	5	5.0 - 8.0	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Urine Leukocyte Esterase	Neg	Neg	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Urine Nitrites	Neg	Neg	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Urine Protein	Neg	Neg	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Urine Glucose	Neg	Neg	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Urine Ketones	Neg	Neg	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Urine Urobilinogen	1+	0 - 2 EU/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Urine Bilirubin	Neg	Neg	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Urine Blood	Neg	Neg	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	

## Specimen

Urine

Performing Organization

PALO ALTO MEDICAL

Address

2025 Soquel Ave.

City/State/Zipcode

Santa Cruz, CA 95062

Phone Number

831-458-5802

**CT Chest Abdomen With Contrast (CT CHEST ABDOMEN W CONTRAST) - Final result (03/25/2019 2:25 PM PDT)**

Specimen

**Impressions****Performed At****IMPRESSION:**

1. No new findings. No evidence of progressive tumor.
2. Stable extensive postoperative findings in the right hemithorax with prominent volume loss, pleural thickening, and a mild to moderate pleural effusion.
3. Stable bilateral pulmonary nodules, right greater than left.

SUTTER HEALTH  
RADIOLOGY

Total Exam Dose Length Product 834.9 mGy-cm.

Exam CT Dose Index 15.0 mGy.

Read by: Michael J Shepard, MD 3/25/2019 2:35 PM

**Narrative****Performed At****INDICATION:** Follow-up metastatic lung carcinoma.SUTTER HEALTH  
RADIOLOGY**COMPARISON:** 09/20/2018.**TECHNIQUE:** Helically acquired 3mm axial images after oral and IV contrast (Low Osmolar Contrast 300, 150cc) from dome of the liver through the upper pelvis. Multiplanar reformations were obtained.**REPORT:**

**CHEST:** Stable stigmata of right middle and lower lobe lobectomies with volume loss, extensive pleural thickening, most evident inferiorly, and multiple surgical clips/sutures. A mild to moderate pleural effusion in the posterior gutter with loculation and surrounding pleural thickening has not discernibly changed. Prominent stranding and nodularity of the remaining right upper lobe parenchyma, particularly at the base. The stranding likely largely represents fibrosis. The largest individual nodule measures approximately 7 mm, is located in the lateral right upper lobe on image 31, and is stable.

6 mm irregular left upper lobe nodule on image 34, stable. No new or progressive pulmonary abnormalities.

Stable infiltration of the pretracheal mediastinal fat. No discrete mediastinal lymphadenopathy.

Scattered atherosclerotic arterial calcification with moderate involvement of the coronary arteries.

**ABDOMEN:** Moderate hiatal hernia, similar to before. Marked fatty replacement of the pancreatic parenchyma, presumably age related. The liver, gallbladder, kidneys, and spleen are unremarkable. No abdominal masses or lymphadenopathy.

Persistent old lateral fracture deformities of the right fifth and sixth ribs. Stable small sclerotic focus in the right lamina of T3, probably a bone island.

**Procedure Note****Ifc, Ehr Amb Powerscribe Results In - 03/25/2019 3:10 PM PDT****INDICATION:** Follow-up metastatic lung carcinoma.**COMPARISON:** 09/20/2018.**TECHNIQUE:** Helically acquired 3mm axial images after oral and IV contrast (Low Osmolar Contrast 300, 150cc) from dome of the liver through the upper pelvis. Multiplanar reformations were obtained.**REPORT:****CHEST:** Stable stigmata of right middle and lower lobe lobectomies with volume loss, extensive pleural thickening, most evident inferiorly, and multiple

surgical clips/sutures. A mild to moderate pleural effusion in the posterior gutter with loculation and surrounding pleural thickening has not discernibly changed. Prominent stranding and nodularity of the remaining right upper lobe parenchyma, particularly at the base. The stranding likely largely represents fibrosis. The largest individual nodule measures approximately 7 mm, is located in the lateral right upper lobe on image 31, and is stable.

6 mm irregular left upper lobe nodule on image 34, stable. No new or progressive pulmonary abnormalities.

Stable infiltration of the pretracheal mediastinal fat. No discrete mediastinal lymphadenopathy.

Scattered atherosclerotic arterial calcification with moderate involvement of the coronary arteries.

**ABDOMEN:** Moderate hiatal hernia, similar to before. Marked fatty replacement of the pancreatic parenchyma, presumably age related. The liver, gallbladder, kidneys, and spleen are unremarkable. No abdominal masses or lymphadenopathy.

Persistent old lateral fracture deformities of the right fifth and sixth ribs.

Stable small sclerotic focus in the right lamina of T3, probably a bone island.

**IMPRESSION:**

1. No new findings. No evidence of progressive tumor.
2. Stable extensive postoperative findings in the right hemithorax with prominent volume loss, pleural thickening, and a mild to moderate pleural effusion.
3. Stable bilateral pulmonary nodules, right greater than left.

Total Exam Dose Length Product 834.9 mGy-cm.

Exam CT Dose Index 15.0 mGy.

Read by: Michael J Shepard, MD 3/25/2019 2:35 PM

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH RADIOLOGY	3707 Schriever	Mather, CA 95742	916-454-8200

**CREATININE LEVEL (KIDNEY FUNCTION) (CREATININE) - Final result (03/25/2019 1:40 PM PDT)**

Component	Value	Ref Range	Performed At	Pathologist Signature
Creatinine	0.88 Comment: IDMS-traceable method	0.50 - 1.30 mg/dL	PALO ALTO MEDICAL FOUNDATION LABORATORY	
GFR Est-Other	80	>60 See Cmnt	PALO ALTO MEDICAL FOUNDATION LABORATORY	
GFR Est-African American	93 Comment: Units: mL/min/1.73 m <sup>2</sup> . Estimated glomerular filtration rate values are calculated using the CKD-EPI equation	>60 See Cmnt	PALO ALTO MEDICAL FOUNDATION LABORATORY	

**Specimen**

Serum - Blood

**Narrative**

Performed At

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION LABORATORY	795 El Camino Real	Palo Alto, CA 94301	650-853-2833

## CHEST X-RAY, 2 VIEWS (XR CHEST 2 VIEWS PA LATERAL) - Final result (01/15/2019 8:47 AM PST)

Specimen

## Impressions

**IMPRESSION:** There appears to be some new diffuse infiltrate in the right upper lobe; I presume that this is inflammatory

## Performed At

SUTTER HEALTH  
RADIOLOGY

No change in the large right pleural effusion with obscuration of the right lower lobe.

The mediastinum remains shifted to the right, likely due to atelectasis of the right lower lobe

No abnormality in the left lung. Multiple old left-sided rib fractures

Read by: Joseph F Walter, MD 1/15/2019 8:48 AM

## Narrative

## Performed At

SUTTER HEALTH  
RADIOLOGY

**INDICATION:** follow up lung ca

**COMPARISON:** July 17, 2018

**TECHNIQUE:** XR CHEST 2 VIEWS PA LATERAL

**REPORT/**

## Procedure Note

**Ifc, Ehr Amb Powerscribe Results In - 01/15/2019 8:56 AM PST**

**INDICATION:** follow up lung ca

**COMPARISON:** July 17, 2018

**TECHNIQUE:** XR CHEST 2 VIEWS PA LATERAL

**REPORT/**

**IMPRESSION:** There appears to be some new diffuse infiltrate in the right upper lobe; I presume that this is inflammatory

No change in the large right pleural effusion with obscuration of the right lower lobe.

The mediastinum remains shifted to the right, likely due to atelectasis of the right lower lobe

No abnormality in the left lung. Multiple old left-sided rib fractures

Read by: Joseph F Walter, MD 1/15/2019 8:48 AM

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH RADIOLOGY	3707 Schriever	Mather, CA 95742	916-454-8200

## PULMONARY FUNCTION TEST - COMP (PULMONARY FUNCTION TEST - COMPLETE) - Final result (11/26/2018 1:30 PM PST)

Specimen

## Impressions

Performed At

Flow volume loop is vertically oriented.

## Spirometry:

FEV1 is severely reduced.

FVC is severely reduced.

The FEV1/FVC ratio is normal.

Bronchodilators were administered and there is no significant response.

## Lung volumes (by plethysmography):

Total lung capacity is moderately reduced.

Vital capacity is severely reduced.

Residual volume is normal.

## Diffusing capacity:

Diffusing capacity corrected for hemoglobin is severely reduced.

Oxygen saturation: 99 % on room air

## SUMMARY:

- There is no evidence of an obstructive ventilatory defect.
- There is no significant response to bronchodilators. This lack of response to a single inhalation of levalbuterol does not exclude reversible airway disease.
- There is a moderate restrictive ventilatory defect.
- Diffusing capacity corrected for hemoglobin is severely reduced.

There are no prior studies for comparison from this laboratory.

Eunice J. Kim, MD

## Narrative

Performed At

**This result has an attachment that is not available.**

## COMPLETE BLOOD CELL COUNT (CBC WITH AUTOMATED DIFFERENTIAL) - Final result (11/26/2018 1:30 PM PST)

Component	Value	Ref Range	Performed At	Pathologist Signature
White Blood Cell Count	5.0	4.0 - 11.0 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Red Blood Cell Count	4.59	4.40 - 6.00 M/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Hemoglobin	<b>11.9 (L)</b>	13.5 - 18.0 g/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Hematocrit	<b>38.4 (L)</b>	40.0 - 52.0 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
MCV	84	80 - 100 fL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
MCH	<b>25.9 (L)</b>	27.0 - 33.0 pg	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
MCHC	31.0	31.0 - 36.0 g/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	

RDW	15.7	<16.4 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Platelet Count	188	150 - 400 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Differential Type	Automated		PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Neutrophil %	64	49.0 - 74.0 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Lymphocyte %	<b>20 (L)</b>	26.0 - 46.0 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Monocyte %	11	2.0 - 12.0 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Eosinophil %	5	0.0 - 5.0 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Basophil %	0	0.0 - 2.0 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Abs. Neutrophil	3.2	2.0 - 8.0 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Abs. Lymphocyte	1.0	1.0 - 5.1 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Abs. Monocyte	0.6	0.0 - 0.8 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Abs. Eosinophil	0.2	0.0 - 0.5 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Abs. Basophil	0.0	0.0 - 0.2 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ

#### Specimen

Blood - Blood

#### Narrative

Patient not fasting

#### Performed At

PALO ALTO MEDICAL FOUNDATION SANTA CRUZ

Performing Organization

Address

City/State/Zipcode

Phone Number

## XR HIP 2 TO 3 VW RT (XR HIP 2 TO 3 VIEWS RIGHT WO PELVIS) - Final result (10/04/2018 4:32 PM PDT)

Specimen

## Impressions

## IMPRESSION:

DJD and enthesopathic change at the right hip. No evidence of acute fracture.

Performed At  
SUTTER HEALTH  
RADIOLOGY

Dictated and signed by: Monica Harish, MD 10/4/2018 4:47 PM

## Narrative

**This result has an attachment that is not available.**

CLINICAL INDICATION: Lateral pain

Performed At  
SUTTER HEALTH  
RADIOLOGY

COMPARISON: None

## FINDINGS:

AP and frog-leg lateral views of the right hip are provided. No acute bony fracture or dislocation is seen.. Mild joint space narrowing and spurring affects the right hip compatible with DJD. Enthesophytes are noted at the greater trochanter of the proximal femur. Enthesopathic changes are also seen at the right iliac bone.

## Procedure Note

**Ifc, Ehr Amb Powerscribe Results In - 10/04/2018 4:50 PM PDT**

CLINICAL INDICATION: Lateral pain

COMPARISON: None

## FINDINGS:

AP and frog-leg lateral views of the right hip are provided. No acute bony fracture or dislocation is seen.. Mild joint space narrowing and spurring affects the right hip compatible with DJD. Enthesophytes are noted at the greater trochanter of the proximal femur. Enthesopathic changes are also seen at the right iliac bone.

## IMPRESSION:

DJD and enthesopathic change at the right hip. No evidence of acute fracture.

Dictated and signed by: Monica Harish, MD 10/4/2018 4:47 PM

Performing Organization

Address

City/State/Zipcode

Phone Number

SUTTER HEALTH RADIOLOGY

3707 Schriever

Mather, CA 95742

916-454-8200

## XR FOOT 3 OR MORE VIEWS RIGHT - Final result (10/04/2018 4:32 PM PDT)

Specimen

## Impressions

## IMPRESSION:

No evidence of acute fracture. Chronic findings, as above.

Performed At  
SUTTER HEALTH  
RADIOLOGY

Dictated and signed by: Monica Harish, MD 10/4/2018 5:23 PM

## Narrative

CLINICAL INDICATION: Pain

Performed At  
SUTTER HEALTH

COMPARISON: None

## FINDINGS:

AP oblique and lateral views of the right foot are provided. No fracture or dislocation is evident. Alignment appears anatomic. Mild degenerative changes are seen at the tibiotalar and first MTP joints. Enthesophytes are seen at the base of the fifth metatarsal bone and at the plantar aspect of the calcaneus.

## Procedure Note

**Ifc, Ehr Amb Powerscribe Results In - 10/04/2018 5:26 PM PDT**

CLINICAL INDICATION: Pain

COMPARISON: None

## FINDINGS:

AP oblique and lateral views of the right foot are provided. No fracture or dislocation is evident. Alignment appears anatomic. Mild degenerative changes are seen at the tibiotalar and first MTP joints. Enthesophytes are seen at the base of the fifth metatarsal bone and at the plantar aspect of the calcaneus.

## IMPRESSION:

No evidence of acute fracture. Chronic findings, as above.

Dictated and signed by: Monica Harish, MD 10/4/2018 5:23 PM

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH RADIOLOGY	3707 Schriever	Mather, CA 95742	916-454-8200

## CREATININE LEVEL (KIDNEY FUNCTION) (CREATININE) - Final result (10/04/2018 4:04 PM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Creatinine	0.95 Comment: IDMS-traceable method	0.50 - 1.30 mg/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
GFR Est-Other	74	>60 See Cmnt	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
GFR Est-African American	86 Comment: Units: mL/min/1.73 m <sup>2</sup> . Estimated glomerular filtration rate values are calculated using the CKD-EPI equation	>60 See Cmnt	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	

## Specimen

Serum

## Narrative

Patient not fasting

Performed At

PALO ALTO MEDICAL FOUNDATION SANTA CRUZ

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	2025 Soquel Ave.	Santa Cruz, CA 95062	831-458-5802

## CALCIUM - Final result (10/04/2018 4:04 PM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Calcium	8.8	8.2 - 10.2 mg/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Specimen				
Serum				
Narrative	Performed At			
Patient not fasting	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ			
Performing Organization	Address	City/State/Zipcode	Phone Number	
PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	2025 Soquel Ave.	Santa Cruz, CA 95062	831-458-5802	

## ALKALINE PHOSPHATASE, BONE SPECIFIC - Final result (10/04/2018 4:04 PM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Bone Specific	15.1	ug/L	QUEST DIAGNOSTICS-SAN JUAN CAPISTRANO	
Comment:				
Note				
Reference Range:				
NOT ESTABLISHED				
FOR				
THIS AGE GROUP				
Adult Male Reference Ranges for Alkaline Phosphatase, Bone Specific:				
18-29 years: 8.4-29.3 mcg/L				
30-39 years: 7.7-21.3 mcg/L				
40-49 years: 7.0-18.3 mcg/L				
50-68 years: 7.6-14.9 mcg/L				
>68 years: Not established for this age group				

## Specimen

Serum

## Narrative

Narrative	Performed At
Patient not fasting	QUEST DIAGNOSTICS-SAN JUAN CAPISTRANO
Performing Organization	Address
QUEST DIAGNOSTICS-SAN JUAN CAPISTRANO	33608 Ortega Highway
QUEST DIAGNOSTICS-SAN JUAN CAPISTRANO	33608 Ortega Highway
	San Juan Capistrano, CA 92675
	800-642-4657
	San Juan Capistrano, CA 92675
	800-446-4728

## ALBUMIN - Final result (10/04/2018 4:02 PM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Albumin	3.4	3.2 - 4.7 g/dL	PALO ALTO MEDICAL FOUNDATION	

Specimen

Serum

Narrative

Patient not fasting  
DR ANDO PH 6505302719 FX 6504340328

Performed At

PALO ALTO MEDICAL  
FOUNDATION SANTA  
CRUZ

Performing Organization

Address

City/State/Zipcode

Phone Number

PALO ALTO MEDICAL  
FOUNDATION SANTA CRUZ

Santa Cruz, CA 95062

831-458-5802

## CT Chest Abdomen With Contrast (CT CHEST ABDOMEN W CONTRAST) - Final result (09/20/2018 10:40 AM PDT)

Specimen

Narrative

INDICATION: Restaging. Metastatic lung cancer.

Performed At  
SUTTER HEALTH  
RADIOLOGY

COMPARISON: 08/13/2018

TECHNIQUE: Helically acquired 3mm axial images after oral and IV contrast (Low Osmolar Contrast 300, 150)cc through the chest and abdomen. Multiplanar reformations were obtained.

### REPORT:

CHEST: No significant change in 9 mm noncalcified spiculated nodule right upper lobe, image 31 and 98. Decrease in previously noted patchy opacities with air bronchograms residual right upper lobe. Again noted is a small pleural effusion with loculation. Scattered small nodular opacities right lung, not significantly changed. Again noted postsurgical changes right hemithorax with volume loss, rightward shift of the mediastinum, and clips in sutures along the right hilum, consistent with prior right middle and lower lobectomies. Mild left apical scarring, stable. Small nodule left upper lobe, stable, image 32. Small patchy and streaky opacity left midlung, stable.

ABDOMEN: Again is a hiatal hernia. Atherosclerotic vascular calcification noted. No hydronephrosis, bilaterally. Fatty atrophy of the pancreas, again noted. The adrenals, spleen, liver are unremarkable.

Stable small sclerotic focus right sacrum. Old right rib fractures, including the fifth and sixth ribs. Stable small sclerotic focus in the right T3 lamina. Degenerative changes of the spine.

### IMPRESSION:

1. Status post surgical changes right hemithorax.
2. Decrease in previously noted patchy opacities with air bronchograms residual right upper lobe, likely improved infection/inflammatory process.
3. 9 mm irregular nodule right upper lobe, and other smaller nodules and groundglass opacities, overall stable.

Total Exam Dose Length Product 784.3 mGy-cm.  
Exam CT Dose Index 14.35 mGy.

Read by: Brian Vu, MD 9/20/2018 11:22 AM

### Procedure Note

#### Ifc, Ehr Amb Powerscribe Results In - 09/20/2018 11:45 AM PDT

INDICATION: Restaging. Metastatic lung cancer.

COMPARISON: 08/13/2018

TECHNIQUE: Helically acquired 3mm axial images after oral and IV contrast (Low

Osmolar Contrast 300, 150)cc through the chest and abdomen. Multiplanar reformations were obtained.

REPORT:

CHEST: No significant change in 9 mm noncalcified spiculated nodule right upper lobe, image 31 and 98. Decrease in previously noted patchy opacities with air bronchograms residual right upper lobe. Again noted is a small pleural effusion with loculation. Scattered small nodular opacities right lung, not significantly changed. Again noted postsurgical changes right hemithorax with volume loss, rightward shift of the mediastinum, and clips in sutures along the right hilum, consistent with prior right middle and lower lobectomies. Mild left apical scarring, stable. Small nodule left upper lobe, stable, image 32. Small patchy and streaky opacity left midlung, stable.

ABDOMEN: Again is a hiatal hernia. Atherosclerotic vascular calcification noted. No hydronephrosis, bilaterally. Fatty atrophy of the pancreas, again noted. The adrenals, spleen, liver are unremarkable.

Stable small sclerotic focus right sacrum. Old right rib fractures, including the fifth and sixth ribs. Stable small sclerotic focus in the right T3 lamina. Degenerative changes of the spine.

IMPRESSION:

1. Status post surgical changes right hemithorax.
2. Decrease in previously noted patchy opacities with air bronchograms residual right upper lobe, likely improved infection/inflammatory process.
3. 9 mm irregular nodule right upper lobe, and other smaller nodules and groundglass opacities, overall stable.

Total Exam Dose Length Product 784.3 mGy-cm.

Exam CT Dose Index 14.35 mGy.

Read by: Brian Vu, MD 9/20/2018 11:22 AM

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH RADIOLOGY	3707 Schriever	Mather, CA 95742	916-454-8200

COMPREHENSIVE METABOLIC PANEL (COMPREHENSIVE METABOLIC PANEL W GFR) - Final result (09/18/2018 9:57 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Sodium	144	136 - 145 mmol/L	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Potassium	4.6	3.5 - 5.1 mmol/L	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Chloride	107	98 - 110 mmol/L	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
CO2 (Bicarbonate)	31	21 - 32 mmol/L	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Glucose	<b>132 (H)</b>	70 - 99 mg/dL	PALO ALTO MEDICAL	

Comment:

The reference range is applicable only if the blood glucose is obtained in the fasting state. If the glucose is obtained in the non-fasting state, this reference range does NOT apply.

Impaired fasting glucose, a form of pre-diabetes, is defined by the American Diabetes Association as fasting plasma glucose of 100-125 mg/dL. A fasting glucose of 126 mg/dL or greater is consistent with diabetes.

FOUNDATION  
SANTA CRUZ

BUN	12	6 - 25 mg/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Creatinine	0.93 Comment: IDMS-traceable method	0.50 - 1.30 mg/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
GFR Est-Other	76	>60 See Cmnt	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
GFR Est-African American	88 Comment: Units: mL/min/1.73 m <sup>2</sup> . Estimated glomerular filtration rate values are calculated using the CKD-EPI equation	>60 See Cmnt	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Calcium	9.3	8.2 - 10.2 mg/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Total Protein	7.5	6.4 - 8.2 g/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Albumin	3.3	3.2 - 4.7 g/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Total Bilirubin	0.5	<1.1 mg/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Alkaline Phosphatase	111	26 - 137 U/L	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
AST	17	0 - 37 U/L	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ

ALT	19	0 - 60 U/L	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
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## Specimen

Serum - Blood

Narrative	Performed At		
Patient fasting	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ		
Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	2025 Soquel Ave.	Santa Cruz, CA 95062	831-458-5802

## COMPLETE BLOOD CELL COUNT (CBC WITH AUTOMATED DIFFERENTIAL) - Edited Result - FINAL (09/18/2018 9:57 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
White Blood Cell Count	6.6	4.0 - 11.0 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Red Blood Cell Count	4.83	4.40 - 6.00 M/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Hemoglobin	<b>13.0 (L)</b>	13.5 - 18.0 g/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Hematocrit	41.3	40.0 - 52.0 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
MCV	86	80 - 100 fL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
MCH	<b>26.9 (L)</b>	27.0 - 33.0 pg	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
MCHC	31.5	31.0 - 36.0 g/dL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
RDW	15.1	<16.4 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Platelet Count	245	150 - 400 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Differential Type	Automated		PALO ALTO MEDICAL FOUNDATION SANTA CRUZ	
Neutrophil %	67	49.0 - 74.0 %	PALO ALTO	

			MEDICAL FOUNDATION SANTA CRUZ
Lymphocyte %	<b>22 (L)</b>	26.0 - 46.0 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Monocyte %	9	2.0 - 12.0 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Eosinophil %	2	0.0 - 5.0 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Basophil %	0	0.0 - 2.0 %	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Abs. Neutrophil	4.4	2.0 - 8.0 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Abs. Lymphocyte	1.4	1.0 - 5.1 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Abs. Monocyte	0.6	0.0 - 0.8 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Abs. Eosinophil	0.1	0.0 - 0.5 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ
Abs. Basophil	0.0	0.0 - 0.2 K/uL	PALO ALTO MEDICAL FOUNDATION SANTA CRUZ

## Specimen

Blood - Blood

## Narrative

Patient fasting

Performed At

PALO ALTO MEDICAL  
FOUNDATION SANTA  
CRUZ

## Performing Organization

PALO ALTO MEDICAL  
FOUNDATION SANTA CRUZ

## Address

2025 Soquel Ave.

## City/State/Zipcode

Santa Cruz, CA 95062

## Phone Number

831-458-5802

CT Chest Abdomen Pelvis With Contrast (CT CHEST ABDOMEN PELVIS W CONTRAST) - Final result (08/13/2018 2:36 PM PDT)

## Specimen

## Impressions

## IMPRESSION:

1. Stable postoperative changes of the right hemithorax, consistent with previous right middle and lower lobectomies.
2. Extensive patchy consolidation and alveolar opacities scattered throughout

Performed At

SUTTER HEALTH  
RADIOLOGY

the residual right upper lobe, overall new in some areas and progressive in others compared with 2/7/18, suspicious for an acute infectious (pneumonia) or inflammatory process, but interval progressive recurrent neoplastic disease is not excluded.

3. 0.9 cm slightly irregular right upper lobe lung nodule, overall similar to 2/7/18 and 11/1/17, with multiple other smaller nodules and ground-glass opacities less well demonstrated due to developing consolidation.
4. Small loculated right posteromedial pleural effusion, similar to 2/7/18, presumably a postoperative collection.
5. No evidence of intrathoracic lymphadenopathy.
6. No evidence of intra-abdominal metastatic disease.
7. Stable small hiatal hernia.
8. Mild enhancement along the left intrarenal collecting system and ureter and adjacent periureteral inflammatory stranding, with minimal ectasia of the distal ureter, of uncertain etiology, but raising the possibility of previous stone passage or infection.
9. Left colonic diverticulosis, without evidence of diverticulitis.
10. Small bilateral inguinal hernias containing fat.
11. Stable small hiatal hernia.
12. Status post left hip arthroplasty, with metallic streak artifact partially obscuring pelvic structures.
13. Thoracolumbar degenerative disc disease and degenerative changes of the right hip.
14. Stable small sclerotic densities in the right 2nd rib and T3 posterior elements, possibly bone islands.
15. Extensive thoracoabdominal aortic, coronary artery, and iliofemoral calcified atherosclerotic disease.

Total Exam Dose Length Product 960.9 mGy-cm.

Exam CT Dose Index 12.8 mGy.

Read by: David H Chin, MD 8/13/2018 2:51 PM

Narrative

INDICATION: Metastatic lung cancer. Follow-up.

COMPARISON: Outside CT scans of the chest dated 2/7/18, 11/1/17, and 7/26/17 (from "BWOP") and 4/26/17 and 1/26/17 from Stanford Health Care Blake Wilbur

Performed At  
SUTTER HEALTH  
RADIOLOGY

TECHNIQUE: Helically acquired 3mm axial images after oral and IV contrast (Low Osmolar Contrast 300 100 mL) from the apices through the pubic symphysis. Multiplanar reformations were obtained.

REPORT:

CHEST: Postsurgical changes in the right hemithorax are again noted, with volume loss, rightward shift of the heart and mediastinum, and elevation of the right hemidiaphragm. Multiple clips and sutures along the right hilum are again seen. There is a loculated right inferior posteromedial pleural effusion, similar to 2/7/18, without evidence of peripheral enhancement.

There has been interval development of patchy consolidation with some air bronchogram formation scattered throughout the residual right upper lobe (for example, images 38, 42, 45, and 52 of series 204), mostly new compared with 11/1/17. Some patchy areas of peripheral consolidation in the lower right lung are progressive in the interim. Other new active areas of alveolar opacity are also newly visualized throughout the remaining right lung (image 47, for example). Small rounded lucencies within the consolidated lung may reflect bronchiectasis or areas of cavitation.

There is a 0.9 cm noncalcified slightly spiculated nodule in the lateral aspect of the residual right upper lobe (image 30/104, series 204), which is similar in size and appearance compared to 2/7/18 and 11/1/17, allowing for differences in technique and caliper placement. The previous other right lung nodules and ground-glass opacities are less distinctly visualized on the current exam due to the developing airspace disease. No endotracheal or endobronchial lesion is appreciated.

The thoracic aorta is calcified but normal in caliber. The main pulmonary arteries and visualized remaining major branches opacify homogeneously. No pathologically enlarged axillary, supraclavicular, mediastinal, or hilar lymph nodes are appreciated. The heart is stable and normal in size. There is coronary artery calcification.

ABDOMEN AND PELVIS: A small hiatal hernia is again seen. The liver is normal in size and shows no definite focal lesion. The spleen, gallbladder, kidneys, and adrenal glands are unremarkable. The pancreas is atrophic. There is mild fusiform ectasia of the visualized distal left ureter (image 182, series 201); however, pelvic structures are partially obscured due to metallic streak artifact imparted by a left hip prosthesis. There is mild asymmetric mucosal

enhancement along the left ureter and intrarenal collecting system and adjacent periureteral inflammatory changes. No frank hydronephrosis is seen. The visualized right intrarenal collecting system and ureter are unremarkable. The urinary bladder is thick-walled, likely reflecting, at least in part, its collapsed state and is largely obscured by streak artifact.

Small bilateral inguinal hernias containing fat are visualized. Small diverticula arise from the sigmoid colon, without adjacent mesenteric stranding. The veriform appendix is unremarkable. The partially opacified small bowel shows no significant abnormality. No free or loculated fluid collections are identified. There is extensive aortic and iliofemoral atherosclerotic calcification. The abdominal aorta is within normal limits of caliber. No lymphadenopathy is appreciated.

The patient is status post left noncemented total hip arthroplasty. Heterotopic ossification about the left hip is noted. There are mild degenerative changes of the right hip. Mild S-shaped thoracolumbar scoliosis is noted. Mild degenerative disc disease and osteophytosis is present throughout the thoracic and lumbar spine. A 0.6 cm round sclerotic density in the posterolateral right 2nd rib (image 25, series 205) is stable since 2/17/18 and 11/1/17 remote right 5th and 6th rib fractures are again noted, possibly postoperative. A 0.6 cm sclerotic density in the right T3 lamina and spinous process is similar to 2/7/18 and 4/26/17. No new osseous lesion is appreciated.

#### Procedure Note

#### Ifc, Ehr Amb Powerscribe Results In - 08/13/2018 5:16 PM PDT

INDICATION: Metastatic lung cancer. Follow-up.

COMPARISON: Outside CT scans of the chest dated 2/7/18, 11/1/17, and 7/26/17 (from "BWOP") and 4/26/17 and 1/26/17 from Stanford Health Care Blake Wilbur

TECHNIQUE: Helically acquired 3mm axial images after oral and IV contrast (Low Osmolar Contrast 300 100 ml) from the apices through the pubic symphysis. Multiplanar reformations were obtained.

#### REPORT:

CHEST: Postsurgical changes in the right hemithorax are again noted, with volume loss, rightward shift of the heart and mediastinum, and elevation of the right hemidiaphragm. Multiple clips and sutures along the right hilum are again seen. There is a loculated right inferior posteromedial pleural effusion, similar to 2/7/18, without evidence of peripheral enhancement.

There has been interval development of patchy consolidation with some air bronchogram formation scattered throughout the residual right upper lobe (for example, images 38, 42, 45, and 52 of series 204), mostly new compared with 11/1/17. Some patchy areas of peripheral consolidation in the lower right lung are progressive in the interim. Other new active areas of alveolar opacity are also newly visualized throughout the remaining right lung (image 47, for example). Small rounded lucencies within the consolidated lung may reflect bronchiectasis or areas of cavitation.

There is a 0.9 cm noncalcified slightly spiculated nodule in the lateral aspect of the residual right upper lobe (image 30/104, series 204), which is similar in size and appearance compared to 2/7/18 and 11/1/17, allowing for differences in technique and caliper placement. The previous other right lung nodules and ground-glass opacities are less distinctly visualized on the current exam due to the developing airspace disease. No endotracheal or endobronchial lesion is appreciated.

The thoracic aorta is calcified but normal in caliber. The main pulmonary arteries and visualized remaining major branches opacify homogeneously. No pathologically enlarged axillary, supraclavicular, mediastinal, or hilar lymph nodes are appreciated. The heart is stable and normal in size. There is coronary artery calcification.

ABDOMEN AND PELVIS: A small hiatal hernia is again seen. The liver is normal in size and shows no definite focal lesion. The spleen, gallbladder, kidneys, and adrenal glands are unremarkable. The pancreas is atrophic. There is mild

fusiform ectasia of the visualized distal left ureter (image 182, series 201); however, pelvic structures are partially obscured due to metallic streak artifact imparted by a left hip prosthesis. There is mild asymmetric mucosal enhancement along the left ureter and intrarenal collecting system and adjacent periureteral inflammatory changes. No frank hydronephrosis is seen. The visualized right intrarenal collecting system and ureter are unremarkable. The urinary bladder is thick-walled, likely reflecting, at least in part, its collapsed state and is largely obscured by streak artifact.

Small bilateral inguinal hernias containing fat are visualized. Small diverticula arise from the sigmoid colon, without adjacent mesenteric stranding. The veriform appendix is unremarkable. The partially opacified small bowel shows no significant abnormality. No free or loculated fluid collections are identified. There is extensive aortic and iliofemoral atherosclerotic calcification. The abdominal aorta is within normal limits of caliber. No lymphadenopathy is appreciated.

The patient is status post left noncemented total hip arthroplasty. Heterotopic ossification about the left hip is noted. There are mild degenerative changes of the right hip. Mild S-shaped thoracolumbar scoliosis is noted. Mild degenerative disc disease and osteophytosis is present throughout the thoracic and lumbar spine. A 0.6 cm round sclerotic density in the posterolateral right 2nd rib (image 25, series 205) is stable since 2/17/18 and 11/1/17 remote right 5th and 6th rib fractures are again noted, possibly postoperative. A 0.6 cm sclerotic density in the right T3 lamina and spinous process is similar to 2/7/18 and 4/26/17. No new osseous lesion is appreciated.

#### IMPRESSION:

1. Stable postoperative changes of the right hemithorax, consistent with previous right middle and lower lobectomies.
2. Extensive patchy consolidation and alveolar opacities scattered throughout the residual right upper lobe, overall new in some areas and progressive in others compared with 2/7/18, suspicious for an acute infectious (pneumonia) or inflammatory process, but interval progressive recurrent neoplastic disease is not excluded.
3. 0.9 cm slightly irregular right upper lobe lung nodule, overall similar to 2/7/18 and 11/1/17, with multiple other smaller nodules and ground-glass opacities less well demonstrated due to developing consolidation.
4. Small loculated right posteromedial pleural effusion, similar to 2/7/18, presumably a postoperative collection.
5. No evidence of intrathoracic lymphadenopathy.
6. No evidence of intra-abdominal metastatic disease.
7. Stable small hiatal hernia.
8. Mild enhancement along the left intrarenal collecting system and ureter and adjacent periureteral inflammatory stranding, with minimal ectasia of the distal ureter, of uncertain etiology, but raising the possibility of previous stone passage or infection.
9. Left colonic diverticulosis, without evidence of diverticulitis.
10. Small bilateral inguinal hernias containing fat.
11. Stable small hiatal hernia.
12. Status post left hip arthroplasty, with metallic streak artifact partially obscuring pelvic structures.
13. Thoracolumbar degenerative disc disease and degenerative changes of the right hip.
14. Stable small sclerotic densities in the right 2nd rib and T3 posterior elements, possibly bone islands.
15. Extensive thoracoabdominal aortic, coronary artery, and iliofemoral calcified atherosclerotic disease.

Total Exam Dose Length Product 960.9 mGy-cm.  
Exam CT Dose Index 12.8 mGy.

Read by: David H Chin, MD 8/13/2018 2:51 PM

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH RADIOLOGY	3707 Schriever	Mather, CA 95742	916-454-8200

COMPREHENSIVE METABOLIC PANEL (COMPREHENSIVE METABOLIC PANEL W GFR) - Final result (08/13/2018 10:04 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Sodium	140	136 - 145 mmol/L	PALO ALTO MEDICAL FOUNDATION LABORATORY	
Potassium	3.8	3.5 - 5.1 mmol/L	PALO ALTO MEDICAL FOUNDATION LABORATORY	
Chloride	105	98 - 110 mmol/L	PALO ALTO MEDICAL FOUNDATION LABORATORY	
CO2 (Bicarbonate)	28	21 - 32 mmol/L	PALO ALTO MEDICAL FOUNDATION LABORATORY	
Glucose	<b>115 (H)</b> Comment: The reference range is applicable only if the blood glucose is obtained in the fasting state. If the glucose is obtained in the non-fasting state, this reference range does NOT apply. Impaired fasting glucose, a form of pre-diabetes, is defined by the American Diabetes Association as fasting plasma glucose of 100-125 mg/dL. A fasting glucose of 126 mg/dL or greater is consistent with diabetes.	70 - 99 mg/dL	PALO ALTO MEDICAL FOUNDATION LABORATORY	
BUN	12	6 - 25 mg/dL	PALO ALTO MEDICAL FOUNDATION LABORATORY	
Creatinine	0.92 Comment: IDMS-traceable method	0.50 - 1.30 mg/dL	PALO ALTO MEDICAL FOUNDATION LABORATORY	
GFR Est-Other	77	>60 See Cmnt	PALO ALTO MEDICAL FOUNDATION LABORATORY	
GFR Est-African American	89 Comment: Units: mL/min/1.73 m <sup>2</sup> . Estimated glomerular filtration rate values are calculated using the CKD-EPI equation	>60 See Cmnt	PALO ALTO MEDICAL FOUNDATION LABORATORY	

Calcium	8.9	8.2 - 10.2 mg/dL	PALO ALTO MEDICAL FOUNDATION LABORATORY
Total Protein	7.1	6.4 - 8.2 g/dL	PALO ALTO MEDICAL FOUNDATION LABORATORY
Albumin	<b>2.8 (L)</b>	3.2 - 4.7 g/dL	PALO ALTO MEDICAL FOUNDATION LABORATORY
Total Bilirubin	0.5	<1.1 mg/dL	PALO ALTO MEDICAL FOUNDATION LABORATORY
Alkaline Phosphatase	115	26 - 137 U/L	PALO ALTO MEDICAL FOUNDATION LABORATORY
AST	11	0 - 37 U/L	PALO ALTO MEDICAL FOUNDATION LABORATORY
ALT	15	0 - 60 U/L	PALO ALTO MEDICAL FOUNDATION LABORATORY

Specimen

Serum - Blood

Narrative

Patient fasting

Performed At

PALO ALTO MEDICAL FOUNDATION LABORATORY

Performing Organization	Address	City/State/Zipcode	Phone Number
PALO ALTO MEDICAL FOUNDATION LABORATORY	795 El Camino Real	Palo Alto, CA 94301	650-853-2833

COMPLETE BLOOD CELL COUNT (CBC WITH AUTOMATED DIFFERENTIAL) - Final result (08/13/2018 10:04 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
White Blood Cell Count	6.5	4.0 - 11.0 K/uL	PALO ALTO MEDICAL FOUNDATION LABORATORY	
Red Blood Cell Count	4.62	4.40 - 6.00 M/uL	PALO ALTO MEDICAL FOUNDATION LABORATORY	
Hemoglobin	<b>12.5 (L)</b>	13.5 - 18.0 g/dL	PALO ALTO MEDICAL FOUNDATION LABORATORY	
Hematocrit	40.8	40.0 - 52.0 %	PALO ALTO MEDICAL FOUNDATION LABORATORY	
MCV	88	80 - 100 fL	PALO ALTO	

			MEDICAL FOUNDATION LABORATORY
MCH	27.1	27.0 - 33.0 pg	PALO ALTO MEDICAL FOUNDATION LABORATORY
MCHC	<b>30.6 (L)</b>	31.0 - 36.0 g/dL	PALO ALTO MEDICAL FOUNDATION LABORATORY
RDW	14.5	<16.4 %	PALO ALTO MEDICAL FOUNDATION LABORATORY
Platelet Count	246	150 - 400 K/uL	PALO ALTO MEDICAL FOUNDATION LABORATORY
Differential Type	Automated		PALO ALTO MEDICAL FOUNDATION LABORATORY
Neutrophil %	<b>75 (H)</b>	49.0 - 74.0 %	PALO ALTO MEDICAL FOUNDATION LABORATORY
Lymphocyte %	<b>12 (L)</b>	26.0 - 46.0 %	PALO ALTO MEDICAL FOUNDATION LABORATORY
Monocyte %	12	2.0 - 12.0 %	PALO ALTO MEDICAL FOUNDATION LABORATORY
Eosinophil %	1	0.0 - 5.0 %	PALO ALTO MEDICAL FOUNDATION LABORATORY
Basophil %	0	0.0 - 2.0 %	PALO ALTO MEDICAL FOUNDATION LABORATORY
Abs. Neutrophil	4.9	2.0 - 8.0 K/uL	PALO ALTO MEDICAL FOUNDATION LABORATORY
Abs. Lymphocyte	<b>0.8 (L)</b>	1.0 - 5.1 K/uL	PALO ALTO MEDICAL FOUNDATION LABORATORY
Abs. Monocyte	0.8	0.0 - 0.8 K/uL	PALO ALTO MEDICAL FOUNDATION LABORATORY
Abs. Eosinophil	0.1	0.0 - 0.5 K/uL	PALO ALTO MEDICAL FOUNDATION LABORATORY
Abs. Basophil	0.0	0.0 - 0.2 K/uL	PALO ALTO MEDICAL FOUNDATION LABORATORY

## Specimen

Blood - Blood

## Narrative

Patient fasting

## Performed At

PALO ALTO MEDICAL  
FOUNDATION  
LABORATORY

## Performing Organization

PALO ALTO MEDICAL  
FOUNDATION LABORATORY

## Address

795 El Camino Real

## City/State/Zipcode

Palo Alto, CA 94301

## Phone Number

650-853-2833

## CHEST X-RAY, 2 VIEWS (XR CHEST 2 VIEWS PA LATERAL) - Final result (07/17/2018 4:30 PM PDT)

## Specimen

## Impressions

## IMPRESSION:

1. Large right pleural effusion and atelectasis/consolidation are not significant change from 4/2/2018

## Performed At

SUTTER HEALTH  
RADIOLOGY

Dictated and signed by: Harrison Wang, MD 7/17/2018 4:35 PM

## Narrative

INDICATION: Shortness of breath

COMPARISON/CORRELATION: 4/2/2018.

FINDINGS: Upright PA and lateral views.

Lung volumes: normal.

Lung parenchyma: Opacification of right middle and lower lung zones, similar to prior study. Hazy opacity of the visible portions of the right middle lung zone also appears stable.

Pleura: Large right-sided effusion again seen .

Cardiac silhouette: Partially obscured, but likely mildly enlarged.

Mediastinal contour: slight rightward deviation, stable. Atherosclerotic plaque of aorta.

Hila: unremarkable.

Bones: Diffuse osteopenia.

## Performed At

SUTTER HEALTH  
RADIOLOGY

## Procedure Note

**Ifc, Ehr Amb Powerscribe Results In - 07/17/2018 4:39 PM PDT**

INDICATION: Shortness of breath

COMPARISON/CORRELATION: 4/2/2018.

FINDINGS: Upright PA and lateral views.

Lung volumes: normal.

Lung parenchyma: Opacification of right middle and lower lung zones, similar to prior study. Hazy opacity of the visible portions of the right middle lung zone also appears stable.

Pleura: Large right-sided effusion again seen .

Cardiac silhouette: Partially obscured, but likely mildly enlarged.

Mediastinal contour: Slight rightward deviation, stable. Atherosclerotic plaque of aorta.

Hila: unremarkable.

Bones: Diffuse osteopenia.

**IMPRESSION:**

1. Large right pleural effusion and atelectasis/consolidation are not significant change from 4/2/2018

Dictated and signed by: Harrison Wang, MD 7/17/2018 4:35 PM

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH RADIOLOGY	3707 Schriever	Mather, CA 95742	916-454-8200

**TRANSTHORACIC ECHO COMPLETE WITH DOPPLER - Final result (07/02/2018 12:37 PM PDT)**

Specimen

Narrative	Performed At
	SUTTER HEALTH RADIOLOGY

Silicon Valley Cardiology  
1950 University Ave. Suite 160  
E. Palo Alto, CA 94303  
Phone (650) 617-8100

**Adult Transthoracic Echocardiogram Report**

Name: CHRISTENSON, ALAN      Study Date: 07/02/2018  
MRN: 56462699      Patient Location: PMSSDIKB  
DOB: 07/21/1936      Gender: Male  
Age: 81 yrs      Accession #: PSK18001593838  
Ordering Physician: ENGEL, GREGORY      Performed By: Gill, Gagandeep  
Referring Physician: Ando, Yumi E, MD  
Reason For Study: Arrhythmias

Height: 74 in  
Weight: 199 lb  
BSA: 2.2 m<sup>2</sup>  
BP: 129/70 mmHg

HR: 86

**Interpretation Summary**

1. Normal left ventricular size with normal systolic function (LVEF 65-70%). Mild left ventricular hypertrophy.
2. Upper limits of normal right ventricular size with normal function.
3. Mildly dilated aortic root (4.1 cm).
4. Thickened, nonstenotic aortic valve.
5. Mitral annular calcification.
6. Mild tricuspid regurgitation. Estimated pulmonary artery pressure of 27 mmHg + JVP).
7. There is no prior exam for comparison.

---

Examination Performed: A complete two-dimensional resting transthoracic echocardiogram with color flow and Doppler was performed. The heart rhythm was sinus. The quality is fair.

Left Ventricle: The left ventricle is normal in size. There is mild concentric LVH. Normal global systolic function. Calculated EF = 65.0 %. The ejection fraction estimate is 65-70%. There are no wall motion abnormalities.

Left Atrium: The left atrium is normal in size. LA Vol (biplane) - 33.6 ml/m<sup>2</sup>.

Right Atrium: The right atrium is normal in size.

Right ventricle: The right ventricle is at the upper limits of normal to mildly enlarged. Normal systolic function.

Mitral valve: Mitral annular calcification is noted. Mitral valve leaflets appear to be thickened. There is trace mitral regurgitation.

Aortic valve: Thickened aortic valve cusps with well maintained separation. There is no appreciable regurgitation. Ao vmax = 176.5 cm/sec. LVOT vmax = 106.6 cm/sec.

Aortic Root: The aortic root is mildly dilated .

Tricuspid valve: Normal morphology with mild regurgitation. RVSP = 26.6 mmHg + CVP.

Pulmonic valve: Normal pulmonic valve morphology with normal forward flows. There is trace regurgitation.

Pericardium: The pericardium is normal in appearance.

Inferior Vena Cava: The inferior vena cava size is not well visualized.

#### MMode/2D Measurements & Calculations

LV EDV Index: 45.2 ml/m <sup>2</sup>	RVDD: 3.0 cm	Ao root diam: 4.0 cm
LV ESV Index: 15.7 ml/m <sup>2</sup>	LVIDd: 4.3 cm	LA dimension: 3.7 cm
LV EF% (Biplane): 65.0 %	LVIDs: 2.6 cm	
IVSd: 1.3 cm		
IVSS: 1.8 cm		
LVPWd: 1.2 cm		
LVPWs: 1.6 cm		

LA vol index: 33.6 ml/m<sup>2</sup>

LV-vol(ed): 98.0 ml

LV-vol(es): 34.0 ml

#### Doppler Measurements & Calculations

Ao Vmax: 176.5 cm/sec	LVOT Vmax: 106.6 cm/sec	TR max vel: 257.9 cm/sec
Ao max PG: 12.5 mmHg	LV V1 max PG: 4.5 mmHg	TR max PG: 26.6 mmHg

#### Reference Ranges

Measurement	Normal	Mild	Moderate	Severe	2D / M-Mode	
LV EDV Index (ml/m <sup>2</sup> ) 5.7cm	35-75	>75	>86	>96	LVIDd (cm)	3.7-
LV ESV Index (ml/m <sup>2</sup> ) 1.1cm	12-30 >52	>30 41-51	>36 30-40	>42 <30	LVIDs (cm) IVSd (cm)	0.6-
LA Volume Index (ml/m <sup>2</sup> ) 1.1cm	<34	>35	>42	>48	LVPWd (cm)	0.6-
Tricuspid Gradient (mmHg) 4.0cm	<30	>35	>45	>55	LA (cm)	2.7-
Ao Root (cm)	2.0-4.0cm					

Reading Physician: Electronically signed by: Gregory Engel, MD on 07/02/2018 01:07 PM

#### Procedure Note

Ifc, Ehr Pc Amb Powerscribe Results In - 07/02/2018 1:08 PM PDT

Silicon Valley Cardiology  
1950 University Ave. Suite 160  
E. Palo Alto, CA 94303  
Phone (650) 617-8100

#### Adult Transthoracic Echocardiogram Report

Name: CHRISTENSON, ALAN Study Date: 07/02/2018 Height: 74 in

MRN: 56462699 Patient Location: PMSSDIKB Weight: 199 lb

DOB: 07/21/1936 Gender: Male BSA: 2.2 m<sup>2</sup>

Age: 81 yrs Accession #: PSK18001593838 BP: 129/70 mmHg

Ordering Physician: ENGEL, GREGORY Performed By: Gill, Gagandeep

Referring Physician: Ando, Yumi E, MD

Interpretation Summary

1. Normal left ventricular size with normal systolic function (LVEF 65-70%). Mild left ventricular hypertrophy.
  2. Upper limits of normal right ventricular size with normal function.
  3. Mildly dilated aortic root (4.1 cm).
  4. Thickened, nonstenotic aortic valve.
  5. Mitral annular calcification.
  6. Mild tricuspid regurgitation. Estimated pulmonary artery pressure of 27 mmHg + JVP).
  7. There is no prior exam for comparison.
- 

Examination Performed: A complete two-dimensional resting transthoracic echocardiogram with color flow and Doppler was performed. The heart rhythm was sinus. The quality is fair.

Left Ventricle: The left ventricle is normal in size. There is mild concentric LVH. Normal global systolic function. Calculated EF = 65.0 %. The ejection fraction estimate is 65-70%. There are no wall motion abnormalities.

Left Atrium: The left atrium is normal in size. LA Vol (biplane) - 33.6 ml/m<sup>2</sup>.

Right Atrium: The right atrium is normal in size.

Right Ventricle: The right ventricle is at the upper limits of normal to mildly enlarged. Normal systolic function.

Mitral Valve: Mitral annular calcification is noted. Mitral valve leaflets appear to be thickened. There is trace mitral regurgitation.

Aortic Valve: Thickened aortic valve cusps with well maintained separation. There is no appreciable regurgitation. Ao vmax = 176.5 cm/sec. LVOT vmax = 106.6 cm/sec.

Aortic Root: The aortic root is mildly dilated .

Tricuspid Valve: Normal morphology with mild regurgitation. RVSP = 26.6 mmHg + CVP.

Pulmonic Valve: Normal pulmonic valve morphology with normal forward flows. There is trace regurgitation.

Pericardium: The pericardium is normal in appearance.

Inferior Vena Cava: The inferior vena cava size is not well visualized.

MMode/2D Measurements & Calculations

LV EDV Index: 45.2 ml/m<sup>2</sup> RVDd: 3.0 cm Ao root diam: 4.0 cm

LV ESV Index: 15.7 ml/m<sup>2</sup> LVIDd: 4.3 cm LA dimension: 3.7 cm

LV EF% (Biplane): 65.0 % LVIDs: 2.6 cm

IVSd: 1.3 cm

IVSs: 1.8 cm

LVPWd: 1.2 cm

LVPWs: 1.6 cm

---

LA vol index: 33.6 ml/m<sup>2</sup> LV-Vol(ed): 98.0 ml LV-Vol(es): 34.0 ml

Doppler Measurements & Calculations

Ao Vmax: 176.5 cm/sec LVOT Vmax: 106.6 cm/sec TR max vel: 257.9 cm/sec

Ao max PG: 12.5 mmHg LV V1 max PG: 4.5 mmHg TR max PG: 26.6 mmHg

## Reference Ranges

Measurement Normal Mild Moderate Severe 2D / M-Mode  
 LV EDV Index (ml/m<sup>2</sup>) 35-75 >75 >86 >96 LVIDd (cm) 3.7-5.7cm  
 LV ESV Index (ml/m<sup>2</sup>) 12-30 >30 >36 >42 LVIDs (cm)  
 EF% >52 41-51 30-40 <30 IVSd (cm) 0.6-1.1cm  
 LA Volume Index (ml/m<sup>2</sup>) <34 >35 >42 >48 LVPWd (cm) 0.6-1.1cm  
 Tricuspid Gradient (mmHg) <30 >35 >45 >55 LA (cm) 2.7-4.0cm  
 Ao Root (cm) 2.0-4.0cm

Reading Physician: Electronically signed by: Gregory Engel, MD on 07/02/2018 01:07 PM

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH RADIOLOGY	3707 Schriever	Mather, CA 95742	916-454-8200
SUTTER HEALTH RADIOLOGY	3707 Schriever	Mather, CA 95742	

### ELECTROCARDIOGRAM (EKG) (EKG) - Final result (07/02/2018 12:14 PM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Ventricular Rate	90	BPM	SH GE MUSE	
Atrial Rate	90	BPM	SH GE MUSE	
P-R Interval	270	ms	SH GE MUSE	
QRS Duration	84	ms	SH GE MUSE	
Q-T Interval	348	ms	SH GE MUSE	
QTc	425	ms	SH GE MUSE	
Calculation(Bezett)				
P Axis	62	degrees	SH GE MUSE	
R Axis	-33	degrees	SH GE MUSE	
T Axis	26	degrees	SH GE MUSE	
Diagnosis	Sinus rhythm with 1st degree AV block with fusion complexes		SH GE MUSE	
Diagnosis	Left axis deviation		SH GE MUSE	
Diagnosis	Abnormal ECG		SH GE MUSE	
Diagnosis	No previous ECGs available		SH GE MUSE	
Diagnosis	Confirmed by Engel, M.D., Gregory (1512) on 7/2/2018 10:45:16 PM		SH GE MUSE	

### Specimen

Performing Organization	Address	City/State/Zipcode	Phone Number
SH GE MUSE			

### COMPREHENSIVE METABOLIC PANEL (COMPREHENSIVE METABOLIC PANEL W GFR) - Final result (06/30/2018 8:10 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Sodium	144	136 - 145 mmol/L	PAMF LOS GATOS LABORATORY	
Potassium	3.8	3.5 - 5.1 mmol/L	PAMF LOS GATOS LABORATORY	
Chloride	106	98 - 110 mmol/L	PAMF LOS GATOS LABORATORY	
CO2 (Bicarbonate)	31	21 - 32 mmol/L	PAMF LOS GATOS LABORATORY	

Glucose	77	70 - 99 mg/dL	PAMF LOS GATOS LABORATORY
BUN	16	6 - 25 mg/dL	PAMF LOS GATOS LABORATORY
Creatinine	0.98 Comment: IDMS-traceable method	0.50 - 1.30 mg/dL	PAMF LOS GATOS LABORATORY
GFR Est-Other	72	>60 See Cmnt	PAMF LOS GATOS LABORATORY
GFR Est-African American	83 Comment: Units: mL/min/1.73 m <sup>2</sup> . Estimated glomerular filtration rate values are calculated using the CKD-EPI equation	>60 See Cmnt	PAMF LOS GATOS LABORATORY
Calcium	9.3	8.2 - 10.2 mg/dL	PAMF LOS GATOS LABORATORY
Total Protein	7.1	6.4 - 8.2 g/dL	PAMF LOS GATOS LABORATORY
Albumin	3.4	3.2 - 4.7 g/dL	PAMF LOS GATOS LABORATORY
Total Bilirubin	0.4	<1.1 mg/dL	PAMF LOS GATOS LABORATORY
Alkaline Phosphatase	89	26 - 137 U/L	PAMF LOS GATOS LABORATORY
AST	16	0 - 37 U/L	PAMF LOS GATOS LABORATORY
ALT	21	0 - 60 U/L	PAMF LOS GATOS LABORATORY

#### Specimen

Serum - Blood

Narrative	Performed At		
Patient not fasting	PAMF LOS GATOS LABORATORY		
Performing Organization	Address	City/State/Zipcode	Phone Number
PAMF LOS GATOS LABORATORY	15400 Los Gatos Blvd	LOS GATOS, CA 95032	

#### COMPLETE BLOOD CELL COUNT (CBC WITH AUTOMATED DIFFERENTIAL) - Final result (06/30/2018 8:10 AM PDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
White Blood Cell Count	6.1	4.0 - 11.0 K/uL	PAMF LOS GATOS LABORATORY	
Red Blood Cell Count	4.87	4.40 - 6.00 M/uL	PAMF LOS GATOS LABORATORY	
Hemoglobin	13.8	13.5 - 18.0 g/dL	PAMF LOS GATOS LABORATORY	
Hematocrit	41.6	40.0 - 52.0 %	PAMF LOS GATOS LABORATORY	
MCV	85	80 - 100 fL	PAMF LOS GATOS LABORATORY	
MCH	28.3	27.0 - 33.0 pg	PAMF LOS GATOS LABORATORY	
MCHC	33.2	31.0 - 36.0 g/dL	PAMF LOS GATOS LABORATORY	
RDW	14.6	<16.4 %	PAMF LOS GATOS	

			LABORATORY
Platelet Count	194	150 - 400 K/uL	PAMF LOS GATOS LABORATORY
Differential Type	Automated		PAMF LOS GATOS LABORATORY
Neutrophil %	64	49.0 - 74.0 %	PAMF LOS GATOS LABORATORY
Lymphocyte %	<b>21 (L)</b>	26.0 - 46.0 %	PAMF LOS GATOS LABORATORY
Monocyte %	12	2.0 - 12.0 %	PAMF LOS GATOS LABORATORY
Eosinophil %	3	0.0 - 5.0 %	PAMF LOS GATOS LABORATORY
Basophil %	0	0.0 - 2.0 %	PAMF LOS GATOS LABORATORY
Abs. Neutrophil	3.9	2.0 - 8.0 K/uL	PAMF LOS GATOS LABORATORY
Abs. Lymphocyte	1.3	1.0 - 5.1 K/uL	PAMF LOS GATOS LABORATORY
Abs. Monocyte	0.7	0.0 - 0.8 K/uL	PAMF LOS GATOS LABORATORY
Abs. Eosinophil	0.2	0.0 - 0.5 K/uL	PAMF LOS GATOS LABORATORY
Abs. Basophil	0.0	0.0 - 0.2 K/uL	PAMF LOS GATOS LABORATORY

Specimen

Blood - Blood

Narrative

Patient not fasting

Performed At

PAMF LOS GATOS LABORATORY

Performing Organization

PAMF LOS GATOS LABORATORY

Address

15400 Los Gatos Blvd

City/State/Zipcode

LOS GATOS, CA 95032

Phone Number

CHEST X-RAY, 2 VIEWS (XR CHEST 2 VIEWS PA LATERAL) - Final result (04/02/2018 5:10 PM PDT)

Specimen

Impressions

IMPRESSION: Large right pleural effusion and right lung volume loss, grossly similar to the CT done on February 7

Performed At

SUTTER HEALTH RADIOLOGY

Read by: Joseph F Walter, MD 4/3/2018 6:13 AM

Narrative

INDICATION: f/u squamous cell cancer of the lung

Performed At

SUTTER HEALTH RADIOLOGY

COMPARISON: CT dated February 7, 2018

TECHNIQUE: XR CHEST 2 VIEWS PA LATERAL

REPORT/

Procedure Note

Ifc, Ehr Amb Powerscribe Results In - 04/03/2018 6:18 AM PDT

INDICATION: f/u squamous cell cancer of the lung

COMPARISON: CT dated February 7, 2018

## TECHNIQUE: XR CHEST 2 VIEWS PA LATERAL

## REPORT/

IMPRESSION: Large right pleural effusion and right lung volume loss, grossly similar to the CT done on February 7

Read by: Joseph F Walter, MD 4/3/2018 6:13 AM

Performing Organization	Address	City/State/Zipcode	Phone Number
SUTTER HEALTH RADIOLOGY	3707 Schriever	Mather, CA 95742	916-454-8200
SUTTER HEALTH RADIOLOGY	3707 Schriever	Mather, CA 95742	

CT Chest With and Without Contrast (CT CHEST WWO CONTRAST) - Final result (02/07/2018 12:00 AM PST)  
Specimen

Narrative	Performed At
This is a historical imaging order for reference images.	

PET CT BRAIN AMYVID - Final result (12/13/2017 12:00 AM PST)  
Specimen

Narrative	Performed At
This is a historical imaging order for reference images.	

MRI Brain With and Without Contrast (MRI BRAIN WWO CONTRAST) - Final result (12/13/2017 12:00 AM PST)  
Specimen

Narrative	Performed At
This is a historical imaging order for reference images.	

CT Chest Without Contrast (CT CHEST WO CONTRAST) - Final result (11/01/2017 12:00 AM PDT)  
Specimen

Narrative	Performed At
This is a historical imaging order for reference images.	

CT Chest Without Contrast (CT CHEST WO CONTRAST) - Final result (07/26/2017 12:00 AM PDT)  
Specimen

Narrative	Performed At
This is a historical imaging order for reference images.	

CT Chest Without Contrast (CT CHEST WO CONTRAST) - Final result (04/26/2017 12:00 AM PDT)  
Specimen

Narrative	Performed At
This is a historical imaging order for reference images.	

CT Chest Without Contrast (CT CHEST WO CONTRAST) - Final result (01/26/2017 12:00 AM PST)  
Specimen

Narrative

This is a historical imaging order for reference images.

Performed At

MRI Brain With and Without Contrast (MRI BRAIN WWO CONTRAST) - Final result (11/22/2016 12:00 AM PST)  
Specimen

Narrative

This is a historical imaging order for reference images.

Performed At

## Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Joy Foster	Unknown	510-334-1885 (Home) 510-334-1885 (Mobile)	Sister-in-Law, Emergency Contact

## Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
<b>Yumi E Ando MD</b> (Jun. 08, 2018 - Present) 650-530-2719 (Work) 650-434-0328 (Fax) 130 PORTOLA RD STE C PORTOLA VALLEY, CA 94028-7825 Internal Medicine	<b>Paula D Kushlan MD</b> (Physician) 650-853-2905 (Work) 650-853-2966 (Fax) 795 EL CAMINO REAL FLR A PALO ALTO, CA 94301-2302 Hematology/Oncology <b>Sutter Health Affiliates and Community Connect Practices</b> 10481 Armstrong Avenue Mather, CA 95655	Jul. 21, 1936 - Apr. 20, 2021
	<b>Natalia Colocci MD</b> (Physician) 650-853-2905 (Work) 650-853-2966 (Fax) 795 EL CAMINO REAL PALO ALTO, CA 94301-2302 Oncology <b>Sutter Health Affiliates and Community Connect Practices</b> 10481 Armstrong Avenue Mather, CA 95655	

## Custodian Organization

### Sutter Health Affiliates and Community Connect Practices

10481 Armstrong Avenue  
Mather, CA 95655



If you take your Lucy record on a thumb drive to a different doctor, he or she might be able to use his computer to read the file electronically. Your downloaded, machine-readable Personal Health Summary document is in a format called "CDA." If your doctor has a computer that understands CDA, your information is a folder on your thumb drive called **MachineReadable\_XDMFormat**. You might need to enter a password before your doctor can use this file.