

Gary Gerard Gapezzani

Patient Health Summary, generated on Aug. 08, 2023

Patient Demographics - Male; born Jan. 16, 1970

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
Former (Oct. 06, 2011 - Oct. 10, 2017): 1024 EL CABALLO DR (Home) ARCADIA, CA 91006-1937	626-234-1924 (Home) 626-234-1924 626-234-1924 garygape@gmail.com	English - Spoken (Preferred) English - Written (Preferred)	Unknown / Unknown	Married
(Oct. 11, 2017 -): 1024 EL CABALLO DR (Home) ARCADIA, CA 91006-1937				

Note from Kaiser Permanente Southern California

This document contains information that was shared with Gary Gerard Gapezzani. It may not contain the entire record from Kaiser Permanente Southern California.

Allergies

No Known Drug Allergies

Medications

Acetaminophen (TYLENOL ARTHRITIS) 650 mg Oral SR Tab (Started 1/27/2021)

Take 1 tablet by mouth every 8 hours as needed for pain . Do not exceed 3 tablets in 24 hours

Etodolac (LODINE) 400 mg Oral Tab (Started 7/27/2021)

Take 1 tablet by mouth 3 times a day as needed for pain . Take with food

Active Problems

ACROMIOCLAVICULAR (SHOULDER) SEPARATION (Noted 3/15/2021)

BILATERAL ROTATOR CUFF TEAR (Noted 9/16/2021)

VITAMIN D DEFICIENCY (Noted 12/19/2019)

Resolved Problems

IMPINGEMENT SYNDROME OF BOTH SHOULDERS (Noted 6/22/2017)

IMPINGEMENT SYNDROME OF LEFT SHOULDER (Noted 9/9/2015)

IMPINGEMENT SYNDROME OF RIGHT SHOULDER (Noted 3/4/2020)

LEFT ROTATOR CUFF TEAR (Noted 3/4/2020)

Immunizations

COVID-19 mRNA LNP-S, PF (Moderna) (Given 4/13/2021, 3/16/2021)

HBV adult (Hepatitis B) (Given 3/14/2013)

INFS Pres Free 6mos-Adult (Flulaval Quadrivalent) (Influenza) (Given 1/16/2019)

INFS pres free 6mos-adult (Fluarix quadrivalent) (Given 10/21/2019)

INFs (Influenza split virus) (Given 1/14/2013)

INFs pres free 9yrs-adult (AFLURIA) (Influenza) (Given 11/21/2015)

TB-PPD, (TB skin test) (Given 10/16/2017, 10/11/2017)

Tdap (ADACEL) (Tetanus, diphtheria, acellular pertussis) (Given 11/26/2012)

Social History

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Tobacco Cessation: Counseling Given: No				
Alcohol Use	Standard Drinks/Week			
Yes	0 (1 standard drink = 0.6 oz pure alcohol)			
Substance Use	Types	Use/Week		
Not Asked				
Sex Assigned at Birth	Date Recorded			
Not on file				

Last Filed Vital Signs

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	108/68	07/27/2021 10:27 AM PDT	
Pulse	68	08/10/2021 9:32 AM PDT	
Temperature	36.2 °C (97.1 °F)	08/10/2021 9:32 AM PDT	
Respiratory Rate	18	05/23/2021 6:38 PM PDT	
Oxygen Saturation	98%	08/10/2021 9:32 AM PDT	
Inhaled Oxygen Concentration	-	-	
Weight	75.3 kg (166 lb)	09/15/2021 5:13 PM PDT	
Height	172.7 cm (5' 8")	09/15/2021 5:13 PM PDT	
Body Mass Index	25.24	09/15/2021 5:13 PM PDT	



Results

MRI SHOULDER (MRI RIGHT SHOULDER NO CONTRAST) - Final result (08/22/2021 2:18 PM PDT)

Anatomical Region	Laterality	Modality		
Shoulder, Upper Extremities	Right	Other		
Specimen (Source)	Anatomical Location / L laterality	Collection Method / Volume	Collection Time	Received Time
			08/22/2021 2:18 PM PDT	

Narrative

08/22/2021 2:18 PM PDT

DOES PT HAVE?->NONE Has the patient ever had an allergic reaction to GADOLINIUM associated with an MRI?->No Has the patient received an IRON INFUSION through a vein [e.g., ferumoxytol (FERAHEME) during dialysis] within the past 3 months?->No Has the patient worked as a METAL WORKER or WELDER?->No Is the patient CLAUSTROPHOBIC (fear of enclosed places)?->No Is the patient wearing a TRANSDERMAL PATCH?->No Result Release to patient?->Immediate

Procedure Note

08/24/2021

Formatting of this note might be different from the original.

CLINICAL HISTORY: Reason: Right shoulder impingement syndrome- MRI per patient request CR Date Value

Ref Range Status 02/26/2021

1.03 <=1.30 mg/dL Final -----

GFR Date Value Ref Range

Status 02/26/2021 84 >=60

COMPARISON: Left shoulder MRI arthrogram, 3/11/2021, bilateral shoulder x-ray, 6/22/2017

TECHNIQUE: Study performed per protocol.

FINDINGS:

Rotator cuff: There is a 10 x 6 mm full-thickness tear of the distal supraspinatus tendon at the insertion site. There is a broad-based 17 x 14 mm partial-thickness tear of the subscapularis tendon. There is underlying mild hypertrophic supraspinatus and subscapularis tendinopathy. The infraspinatus and teres minor tendons are intact. Mild edema in the rotator cuff interval is seen. The deltoid muscle is unremarkable.

Glenoid labrum and tendon: No labral tear.

AC joint: Moderate hypertrophic degenerative changes of the AC joint is seen..

Articular Cartilage: Articular cartilage is normal.

Bone: No evidence of acute fracture or marrow replacing lesion.

Subchondral cystic changes are seen in the humeral head.

Other: No effusion. Biceps tendons are intact.

IMPRESSION:

1. A 10 x 6 mm full-thickness tear of the distal supraspinatus tendon at the insertion site.
2. A broad-based 17 x 14 mm partial-thickness tear of the subscapularis tendon.
3. Moderate degenerative changes of the AC joint.

This report electronically signed by Luke Hahn, MD on 8/24/2021 1:16 PM

Authorizing Provider Result Type

JERRY L SCHILZ MD MRI

X-RAY HUMERUS (XR LEFT HUMERUS 2 OR MORE VIEWS) - Final result (05/23/2021 7:45 PM PDT)

Anatomical Region Laterality Modality

Upper Arm, Upper Extremities Left Other

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			05/23/2021 7:45 PM PDT	

Narrative

05/23/2021 7:45 PM PDT

Result Release to patient?->Immediate

Procedure Note

KENNETH DANIEL RIEMER MD - 05/24/2021 9:00 AM PDT

Formatting of this note might be different from the original.

CLINICAL HISTORY: Reason: Reason: s/p hit by car, fell on L shoulder-history of AC joint separation 3 months.

COMPARISON: No

FINDINGS/

IMPRESSION:

No acute fracture is identified. AC separation and irregularity to the articular surfaces of the clavicle and acromion noted. This appears similar to the images dated 1/27/2021. New soft tissue damage may not be visible radiographically. Humerus and elbow are otherwise unremarkable.

This report electronically signed by Kenneth Riemer, MD on 5/24/2021 8:54 AM

Authorizing Provider

Result Type

ESTEBAN SARABIA PA

GENERAL IMAGING

X-RAY SHOULDER (XR LEFT SHOULDER 2 OR MORE VIEWS) - Final result (05/23/2021 7:42 PM PDT)

Anatomical Region	Laterality	Modality		
Shoulder, Musculoskeletal	Left	Other		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			05/23/2021 7:42 PM PDT	

Narrative

05/23/2021 7:42 PM PDT

Result Release to patient?->Immediate Special view?->NONE

Procedure Note

KENNETH DANIEL RIEMER MD - 05/24/2021 9:00 AM PDT

Formatting of this note might be different from the original.

CLINICAL HISTORY: Reason: Reason: s/p hit by car, fell on L shoulder-history of AC joint separation 3 months.

COMPARISON: No

FINDINGS/

IMPRESSION:

No acute fracture is identified. AC separation and irregularity to the articular surfaces of the clavicle and acromion noted. This appears similar to the images dated 1/27/2021. New soft tissue damage may not be visible radiographically. Humerus and elbow are otherwise unremarkable.

This report electronically signed by Kenneth Riemer, MD on 5/24/2021 8:54 AM

Authorizing Provider

Result Type

ESTEBAN SARABIA PA

GENERAL IMAGING

MRI SHOULDER (MRI ARTHROGRAM LEFT SHOULDER W FLUORO GUIDED CONTRAST INJ) - Final result (03/11/2021 10:43 AM PST)

Anatomical Region	Laterality	Modality		
Shoulder, Upper Extremities		Other		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			03/11/2021 10:43 AM PST	

Narrative**03/11/2021 10:43 AM PST**

DOES PT HAVE?->NONE Has the patient ever had an allergic reaction to GADOLINIUM associated with an MRI?->No Has the patient received an IRON INFUSION through a vein [e.g., ferumoxytol (FERAHEME) during dialysis] within the past 3 months?->No Has the patient worked as a METAL WORKER or WELDER?->No Is the patient CLAUSTROPHOBIC (fear of enclosed places)?->No Is the patient wearing a TRANSDERMAL PATCH?->No Result Release to patient?->Auto release after 4 days

Procedure Note**03/11/2021**

Procedure Note

Formatting of this note might be different from the original.

TECHNIQUE:

The study is performed after injection of 0.2ml of Magnevist into the shoulder joint.

1. Coronal oblique T1 fat sat and T2 fat sat.
2. Axial T1 and axial T1 fat sat.
3. Sagittal T1 fat sat.

PROCEDURE: Written informed consent was obtained from the patient with explanation of the risks and benefits of the procedure, including the risk of bleeding, infection and medication reaction.

The patient wished to proceed with the procedure. Timeout procedure was performed with verification of patient name, birthday, side of procedure and type of procedure.

The patient was prepped and draped in the usual sterile fashion. The site was marked with a sterile pen. Under real-time fluoroscopic guidance with 5ml of 1-percent Xylocaine for local anesthesia, a 20 gauge needle was introduced into the shoulder joint from an anterior approach. Intraarticular location was confirmed with 2mL of omnipaque contrast. Then, 15mL of a mixture of normal saline with 0.25% Marcaine and 0.25mL of Magnevist was injected into the shoulder joint. The needle was removed.

The patient tolerated the procedure well without immediate complication and left the fluoroscopic suite in stable condition.

CONTRAST: 0.2mL gadavist

Comparison is made with prior study from 2/22/2020.

BONES/ARTICULAR CARTILAGE: There is no acute fracture or dislocation. Articular Cartilage is intact. Nonspecific cystic change at the humeral head.

EFFUSIONS: There is contrast in the joint. Contrast extends into the bursa. No joint body is seen.

ACROMIOCLAVICULAR JOINT: There is superior displacement of the distal clavicle in relation to the coracoid and the coracoacromial distance is 2 cm, consistent with acromioclavicular joint sprain injury. There is evidence of tear of the trapezoid ligament. Mild edema in the distal clavicle and acromion with a small joint effusion and mild degenerative change. No fracture is seen of the clavicle.

ROTATOR CUFF: Full thickness tear of the supraspinatus tendon measuring 1.9 x 1.1 cm (series 7, image 12 and series 5, image 21). Infraspinatus, teres minor and subscapularis tendons are intact without tear.

LABRUM: There is mild uptake of contrast in the posterior, superior labrum system with mild degeneration without definite tear.

BICEPS TENDON AND ANCHOR: The biceps tendon and anchor are intact.

MISCELLANEOUS: There is no muscle edema, muscle atrophy or muscle retraction.

IMPRESSION:

1. Full-thickness tear of the supraspinatus tendon.
2. Widening of the coracoclavicular space with evidence of acromioclavicular joint sprain and tear of the trapezoid ligament.
3. Small joint effusion of the acromioclavicular joint.

Authorizing Provider	Result Type
JERRY L SCHILZ MD	MRI

CREATININE - Final result (02/26/2021 1:53 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
CREATININE	1.03	<=1.30 mg/dL			KFH, LAMC HOSPITAL LABORATORY	
GLOMERULAR FILTRATION RATE	84	>=60 mL/min/BSA			KFH, LAMC HOSPITAL LABORATORY	

Comment:

GFR estimate is invalid if on dialysis or if acute kidney injury. For newly identified GFR decline, evaluate for reversible causes and order Kidney Profile (includes GFR and ACR). Go to Aura 5-year Renal Failure for CKD risk assessment and guidance.

CKD Categorization by GFR & ACR (urine Albumin/Creatinine Ratio = microalbumin/creatinine)

GFR >3 months	ACR <30(A1)	ACR 30-<300(A2)	ACR 300+(A3)		
=====	=====	=====	=====	=====	=====
>=90			CKD1 A2 or *	CKD1 A3	
60-<90			CKD2 A2 or *	CKD2 A3	
30-<59	CKD3 A1 or *	CKD3 A2		CKD3 A3	
15-<30	CKD4 A1	CKD4 A2		CKD4 A3	
<15	CKD5 A1	CKD5 A2		CKD5 A3	

*may label 'abnormal kidney function' or 'proteinuria' as appropriate

RACE	Non Black	KFH, LAMC HOSPITAL LABORATORY
Specimen (Source)	Anatomical Location / Laterality BLOOD / Unknown	Collection Method / Volume Collection Time Received Time

Narrative

KFH, LAMC HOSPITAL LABORATORY - 02/26/2021 10:12 PM PST
RMS ACCN: 694539570

Authorizing Provider	Result Type		
JERRY L SCHILZ MD	SERUM CHEMISTRY		
Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH, LAMC HOSPITAL LABORATORY	4867 Sunset Blvd.	Los Angeles, CA 90027	323-783-4961

VITAMIN D (VITAMIN D, 25-HYDROXY) - Final result (02/26/2021 1:53 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
VITAMIN D, 25-HYDROXY, D3	16	ng/mL			SHERMAN WAY REGIONAL LABORATORY	
VITAMIN D, 25-HYDROXY, D2	9	ng/mL			SHERMAN WAY REGIONAL LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
25-HYDROXYVITAMIN D 25		30 - 100 ng/mL			SHERMAN WAY REGIONAL LABORATORY	

Comment:

There is general consensus (Endocrine Society, Natl Osteoporosis FDN, KDOQI) that 25-OH Vitamin D measurements > 30 ng/mL are desirable. However, most Americans are deficient by this standard (NHANES III).

Levels <10 ng/mL are consistent with a diagnosis of Rickets/Osteomalacia.

Infants normally produce Vitamin D metabolites that falsely elevate 25-OH Vitamin D measurements. Please order D,25-Hydroxy, Neonatal [82306D] for these patients.

This test was developed and its performance characteristics determined by each applicable laboratory in the Southern California Permanente Medical Group Laboratory System where the test is performed. It has not been cleared or approved by the FDA. Each applicable laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		02/26/2021 1:53 PM PST	

Narrative

SHERMAN WAY REGIONAL LABORATORY - 03/02/2021 4:39 PM PST
RMS ACCN: 694539571

Authorizing Provider	Result Type
JERRY L SCHILZ MD	OUTSIDE TESTING

Performing Organization	Address	City/State/ZIP Code	Phone Number
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	818-503-7077

X-RAY SHOULDER (XR LEFT SHOULDER 2 OR MORE VIEWS) - Final result (01/27/2021 4:47 PM PST)

Anatomical Region	Laterality	Modality		
Shoulder, Muscskel	Left	Other		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/27/2021 4:47 PM PST	

Narrative

01/27/2021 4:47 PM PST
Result Release to patient?->Auto release after 4 days Special view?->NONE

Procedure Note

ANNE E KOSCO MD - 01/27/2021 5:01 PM PST

Procedure Note

Formatting of this note might be different from the original.

CLINICAL HISTORY: Reason: fall, left shoulder pain

COMPARISON: 6/22/2017

FINDINGS/

IMPRESSION:

There is an acromioclavicular joint separation with the joint measuring 10 mm in width and with slight superior subluxation of the clavicle with respect to the acromium, type III. Mild degenerative change of the acromioclavicular joint noted.

No acute fracture is identified. Humeral head is located within the glenoid fossa. No significant soft tissue abnormality is identified.

This report electronically signed by Anne Kosco, MD on 1/27/2021 4:56 PM

Authorizing Provider	Result Type
SYNYI JAMEELA CHEN DO	GENERAL IMAGING

SARS-COV-2 (COVID-19), MOLECULAR ASSAY, NAA/PCR (SARS-COV-2, QUALITATIVE, NAA (COVID-19), KP LAB) -

Final result (12/23/2020 4:16 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
SARS-COV-2 (COVID-19), QUALITATIVE, NAA	Not Detected	Not Detected			SHERMAN WAY REGIONAL LABORATORY	

Comment:

NAA (Nucleic Acid Amplification) assays are the primary molecular diagnostic method for SARS-CoV-2 viral RNA detection (also known as PCR or TMA).

This test is only for use under the Food and Drug Administration's Emergency Use Authorization (EUA).

Test results are for the identification of SARS-CoV-2 RNA, which may be detectable in samples submitted during the acute phase of infection.

Positive / Detected. SARS-CoV-2 RNA present.

Negative / Not Detected results for SARS-CoV-2 do not rule out COVID-19 infection and should not be used as the sole basis for patient management.

Negative / Not Detected results must be combined with other information such as patient history, clinical observations and epidemiology. Resubmit if clinically indicated.

Presumptive Positive. Not all COVID-19 targets detected. Consider the test POSITIVE if there was a high pre-test probability of COVID-19 infection. Consider repeat testing if clinically indicated.

Inconclusive. Not all COVID-19 targets detected. Consider repeat testing if clinically indicated.

For "Invalid" results a new specimen needs to be obtained for retesting.

This test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostic tests for detection of SARS-CoV-2 and/or diagnosis of COVID-19 infection.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
NASAL SWAB			12/23/2020 4:16 PM PST	

Narrative

SHERMAN WAY REGIONAL LABORATORY - 12/24/2020 9:22 PM PST
RMS ACCN: 690972744

Authorizing Provider	Result Type
PROVIDER SCAL E-VISIT	VIROLOGY MD

Performing Organization	Address	City/State/ZIP Code	Phone Number
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	818-503-7077

SARS COV-2 (COVID-19) IGG (SARS COV-2 (COVID-19) IGG, QUALITATIVE, KP LAB) - Final result (12/16/2020 1:32 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
SARS-COV-2 (COVID-19) IGG, QUALITATIVE, IA	Negative				SHERMAN WAY REGIONAL LABORATORY	

Comment:

The preferred test to diagnose acute COVID-19 is SARS-CoV-2, NAA (COVID-19), KP LAB [87635M].

Negative serology results do not exclude acute SARS-CoV-2 infection.

Serologic testing may help with persons who present at least 14 days after symptom onset, or with possible late complications of COVID-19 illness, such as multisystem inflammatory syndrome in children.

Serology should not be used to make decisions about returning persons to the workplace, school, or correctional facility, nor about the use of personal protective equipment.

http://kpnet.kp.org/scal/portal/documents/COVID19_ScalTestingGuidelines.pdf

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		12/16/2020 1:32 PM PST	

Narrative

SHERMAN WAY REGIONAL LABORATORY - 12/16/2020 8:27 PM PST
RMS ACCN: 690533331

Authorizing Provider	Result Type
PROVIDER SCAL E-VISIT	IMMUNOLOGY MD

Performing Organization	Address	City/State/ZIP Code	Phone Number
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	818-503-7077

LIPID PANEL - Final result (12/16/2020 1:32 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
CHOLESTEROL	206	<=199 mg/dL			SHERMAN WAY REGIONAL LABORATORY	
HDL	54	>=40 mg/dL			SHERMAN WAY REGIONAL LABORATORY	
LDL	144	<=99 mg/dL			SHERMAN WAY REGIONAL LABORATORY	

Comment: See LabNet for more information.

TRIGLYCERIDE, NONFASTING	133	<=149 mg/dL	SHERMAN WAY REGIONAL LABORATORY
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Comment:

Nonfasting triglycerides (TG) are affected by both recent meals and patient metabolism. No reference range is established. However, nonfasting triglycerides >170 mg/dL are significantly elevated, and measurement of fasting triglycerides may be warranted.

Note that if nonfasting TG are sufficiently high, then direct LDL (if TG>1300 mg/dL) or HDL (if TG>2000 mg/dL) measurements may not be valid.

CHOLESTEROL, NON-HDL	152	mg/dL	SHERMAN WAY REGIONAL LABORATORY
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Comment: NonHDL targets are 30 mg/dL higher than LDL targets.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		12/16/2020 1:32 PM PST	

Narrative

SHERMAN WAY REGIONAL LABORATORY - 12/16/2020 10:04 PM PST
 RMS ACCN: 690533330
 FASTING? NO

Authorizing Provider	Result Type		
JOHN DARRELL WALDRON MD	SERUM CHEMISTRY		
Performing Organization	Address	City/State/ZIP Code	Phone Number
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	818-503-7077

SARS-COV-2 (COVID-19), MOLECULAR ASSAY, NAA/PCR (SARS-COV-2, QUALITATIVE, NAA (COVID-19), KP LAB) - Final result (12/13/2020 12:39 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
SARS-COV-2 (COVID-19), QUALITATIVE, NAA	Not Detected	Not Detected			SCPMG REGIONAL REFERENCE LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS	

Test results are for the identification of SARS-CoV-2 RNA, which may be detectable in samples submitted during the acute phase of infection.

Positive / Detected. SAR- CoV-2 RNA present.

Negative / Not Detected results for SAR-CoV-2 RNA do not rule out COVID-19 infection and should not be used as the sole basis for patient management. Negative / Not Detected results must be combined with other information such as patient history, clinical observations and epidemiology. Resubmit if clinically indicated.

Presumptive Positive. Not all COVID-19 targets detected. Consider the test POSITIVE if there was a high pre-test probability of COVID-19 infection. Consider repeat testing if clinically indicated.

Inconclusive. Not all COVID-19 targets detected. Consider repeat testing if clinically indicated.

For "Invalid" results a new specimen needs to be obtained for retesting.

This test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostic tests for the detection of SARS-CoV-2 RNA and/or diagnosis of COVID-19 infection.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
NASAL SWAB			12/13/2020 12:39 PM PST	

Narrative

SCPMG REGIONAL REFERENCE LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS - 12/15/2020 9:43 AM PST
RMS ACCN: 690327983

Authorizing Provider Result Type
PROVIDER SCAL E-VISIT VIROLOGY
MD

Performing Organization	Address	City/State/ZIP Code	Phone Number
SCPMG REGIONAL REFERENCE LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS	13000 Peyton Drive	Chino Hills, CA 91709	818-503-7077

MRI SHOULDER (MRI LEFT SHOULDER NO CONTRAST) - Final result (02/22/2020 7:27 PM PST)

Anatomical Region	Laterality	Modality		
Shoulder, Upper Extremities	Left	Other		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			02/22/2020 7:27 PM PST	

Narrative

02/22/2020 7:27 PM PST

Narrative

DOES PT HAVE?->NONE Has the patient ever had an allergic reaction to GADOLINIUM associated with an MRI?->No Has the patient received an IRON INFUSION through a vein [e.g., ferumoxytol (FERAHEME) during dialysis] within the past 3 months?->No Has the patient worked as a METAL WORKER or WELDER?->No Is the patient CLAUSTROPHOBIC (fear of enclosed places)?->No Is the patient wearing a TRANSDERMAL PATCH?->No

Procedure Note

02/25/2020

Formatting of this note might be different from the original.

CLINICAL HISTORY: Reason: Persistent pain or mechanical symptoms despite management by a specialist CR Date/Time

Value Ref Range Status

08/26/2015 1025 0.93 <=1.30 mg/dL

Final ----- GFR Date/Time Value

Ref Range Status 08/26/2015 1025 88

COMPARISON: Bilateral shoulder radiographs 6/22/2017.

TECHNIQUE: Study performed per protocol.

FINDINGS:

Acromioclavicular joint: There are moderate hypertrophic changes of the acromioclavicular joint. There is a mild subacromial/subdeltoid bursitis.

Rotator cuff: There is a 1.5 cm near full thickness tear of the supraspinatus tendon at the foot print with retraction of the torn fibers approximately 1.6 cm. There is fraying and partial thickness tearing of the bursal surface fibers of the footprint of the posterior infraspinatus tendon (series 7, image 8). There is mild tendinosis of the subscapularis tendon with an 8 mm possible intrasubstance tear.

Muscles: No significant muscle atrophy.

Biceps tendon: The long head of the biceps tendon is intact.

Labrum: No displaced labral tear.

Glenohumeral joint: No joint effusion. No high grade chondral defect. There is mild edema in the rotator interval and around the inferior joint capsule/IGHL.

Bone: No suspicious bone marrow signal. No occult fracture. There are subcortical cystic changes in the posterior lateral humeral head.

IMPRESSION:

There is a near full thickness tear of the supraspinatus tendon at the foot print with retraction of the torn fibers.

There is fraying and partial thickness tearing of the bursal surface fibers of the footprint of the posterior infraspinatus tendon.

There is mild tendinosis of the subscapularis tendon with a possible intrasubstance tear.

There is mild edema in the rotator interval and around the inferior joint capsule/IGHL, which can be seen with adhesive capsulitis.

This report electronically signed by Stephanie L Coleman, MD on
2/25/2020 12:54 PM

Authorizing Provider

Result Type

DONALD GORDON

MRI

EWENS PA

HEPATITIS B VIRUS SURFACE ANTIGEN (HEPATITIS B VIRUS SURFACE ANTIGEN (HBSAG) W REFLEX TO VIRAL LOAD) -

Final result (05/30/2019 12:50 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
HEP B SURFACE AG	Nonreactive	Nonreactive			SHERMAN WAY REGIONAL LABORATORY	
Specimen (Source)	Anatomical Location / Laterality		Collection Method / Volume	Collection Time	Received Time	
	BLOOD / Unknown			05/30/2019 12:50 PM PDT		

Narrative

SHERMAN WAY REGIONAL LABORATORY - 05/30/2019 8:52 PM PDT

RMS ACCN: 660220722

Authorizing Provider	Result Type					
JOHN DARRELL WALDRON MD	IMMUNOLOGY					
Performing Organization	Address	City/State/ZIP Code	Phone Number			
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	818-503-7077			

HIV SCREEN (HIV SCREEN (HIV AG, HIV 1, 2 AB), QUALITATIVE) - Final result (05/30/2019 12:50 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
HIV 1+2 AB+HIV1P24 AG, CLA	Nonreactive	Nonreactive			SHERMAN WAY REGIONAL LABORATORY	

Comment:

Please see below for interpretive criteria:

NON-REACTIVE: HIV Antigen and antibodies not detected; the patient remains susceptible - patients at behavioral risk should receive counseling. If early infection is suspected, consider repeat testing in 6-8 weeks.

REACTIVE: HIV-1/2 Confirmatory Test to Follow. The HIV-1/2 confirmatory test result is needed in order to determine whether or not the patient is truly positive for HIV-1 or HIV-2.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		05/30/2019 12:50 PM PDT	

Narrative

SHERMAN WAY REGIONAL LABORATORY - 05/30/2019 9:02 PM PDT

RMS ACCN: 660220722

Authorizing Provider	Result Type					
JOHN DARRELL WALDRON MD	IMMUNOLOGY					
Performing Organization	Address	City/State/ZIP Code	Phone Number			
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	818-503-7077			

TREPONEMA PALLIDUM ANTIBODY SCREEN (SYPHILIS ANTIBODY SCREEN, IMMUNOASSAY) - Final result
(05/30/2019 12:50 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
TREPONEMA PALLIDUM AB, EIA	Nonreactive	Nonreactive			SHERMAN WAY REGIONAL LABORATORY	
Specimen (Source)	Anatomical Location / L laterality	Collection Method / Volume		Collection Time	Received Time	
	BLOOD / Unknown			05/30/2019 12:50 PM PDT		

Narrative

SHERMAN WAY REGIONAL LABORATORY - 05/31/2019 10:41 AM PDT
RMS ACCN: 660220722

Authorizing Provider	Result Type		
JOHN DARRELL WALDRON MD	IMMUNOLOGY		
Performing Organization	Address	City/State/ZIP Code	Phone Number
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	818-503-7077

VITAMIN D (VITAMIN D, 25-HYDROXY) - Final result (05/30/2019 12:50 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
VITAMIN D, 25-HYDROXY, D3	19	ng/mL			SHERMAN WAY REGIONAL LABORATORY	
VITAMIN D, 25-HYDROXY, D2	<4	ng/mL			SHERMAN WAY REGIONAL LABORATORY	
25-HYDROXYVITAMIN D	19	30 - 100 ng/mL			SHERMAN WAY REGIONAL LABORATORY	

Comment:

There is general consensus (Endocrine Society, Natl Osteoporosis FDN, KDOQI) that 25-OH Vitamin D measurements > 30 ng/mL are desirable. However, most Americans are deficient by this standard (NHANES III).

Levels <10 ng/mL are consistent with a diagnosis of Rickets/Osteomalacia.

Infants normally produce Vitamin D metabolites that falsely elevate 25-OH Vitamin D measurements. Please order D,25-Hydroxy, Neonatal [82306D] for these patients.

This test was developed and its performance characteristics determined by each applicable laboratory in the Southern California Permanente Medical Group Laboratory System where the test is performed. It has not been cleared or approved by the FDA. Each applicable laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		05/30/2019 12:50 PM PDT	

Narrative

SHERMAN WAY REGIONAL LABORATORY - 06/02/2019 4:20 PM PDT
RMS ACCN: 660220723

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	OUTSIDE TESTING
Performing Organization	Address
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way

HEPATITIS C VIRUS ANTIBODY (HEPATITIS C VIRUS ANTIBODY (HCVAB)) - Final result (05/30/2019 12:50 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
HEPATITIS C VIRUS AB,SER,QL	Nonreactive	Nonreactive			SHERMAN WAY REGIONAL LABORATORY	

Comment:

Please see below for interpretive criteria:

NON-REACTIVE: Antibodies to HCV not detected; if recent exposure to Hepatitis C suspected within the last month consider ordering HCV Viral Load with Reflex to Genotype [87522N]

EQUIVOCAL: Antibodies to HCV may or may not be present; another specimen should be obtained from the patient for further testing

REACTIVE: Presumptive evidence of antibodies to HCV; order HCV Viral Load Screen with Reflex to Genotype [87522N]

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		05/30/2019 12:50 PM PDT	

Narrative

SHERMAN WAY REGIONAL LABORATORY - 05/30/2019 11:36 PM PDT
RMS ACCN: 660220722

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	IMMUNOLOGY
Performing Organization	Address
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way

URINE CHLAMYDIA TRACHOMATIS AND NEISSERIA GONORRHOEAE DETECTION (CHLAMYDIA + GC, URINE, AMPLIFIED PROBE) - Final result (05/24/2019 3:15 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
CHLAMYDIA TRACHOMATIS RNA, URINE, AMPLIFIED PROBE, QUAL	Negative	Negative			SHERMAN WAY REGIONAL LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
NEISSERIA GONORRHOEAE RNA, URINE, AMPLIFIED PROBE, QUAL	Negative	Negative			SHERMAN WAY REGIONAL LABORATORY	

Comment:

Please see below for interpretive criteria:

POSITIVE: Please consider counseling and testing this patient for HIV.

NEGATIVE: A negative result does not rule out the presence of a CT or GC infection. Results are dependent on adequate specimen collection, absence of inhibitors, and sufficient rRNA to be detected.

EQUIVOCAL: Indeterminate result. Please resubmit if clinically indicated.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
URINE			05/24/2019 3:15 PM PDT	

Narrative

SHERMAN WAY REGIONAL LABORATORY - 05/26/2019 12:11 PM PDT
RMS ACCN: 659883061

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	VIROLOGY

Performing Organization	Address	City/State/ZIP Code	Phone Number
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	818-503-7077

X-RAY KNEE (XR LEFT KNEE 3 VIEWS) - Final result (05/02/2019 10:55 AM PDT)

Anatomical Region	Laterality	Modality		
Knee, Lower Extremities, Muscskel	Left	Other		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			05/02/2019 10:55 AM PDT	

Procedure Note

CORINE ANNE YEE MD - 05/02/2019 3:16 PM PDT

Procedure Note

Formatting of this note might be different from the original.

CLINICAL HISTORY: Reason: standing ap Lateral and sunrise

COMPARISON: No previous study available.

FINDINGS/

IMPRESSION:

LEFT KNEE (3 views):

No acute fracture is identified. The alignment is normal.

There are bony defects with sclerosis in the distal femur and proximal tibia, more likely due to prior anterior cruciate ligament..

There are degenerative changes with moderate narrowing of the patellofemoral space and mild narrowing at the medial and lateral femoral tibial joint spaces. There is spurring at the patella and minimal marginal osteophyte formation at the medial and lateral knee.

There is a well-corticated bony opacity below the patella which may be due to old trauma or a loose body.

This report electronically signed by Corine Yee, MD on 5/2/2019 3:10

PM

Authorizing Provider Result Type

BENJAMIN
YERUSHALMI PA GENERAL IMAGING

X-RAY TOE (XR RIGHT TOE 2 OR MORE VIEWS) - Final result (06/06/2018 1:52 PM PDT)

Anatomical Region	Laterality	Modality		
Toe, Lower Extremities, Foot, Muscskel	Right	Other		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/06/2018 1:52 PM PDT	

Narrative

06/06/2018 1:52 PM PDT

Special view?->NONE

Procedure Note

RONALD STEPHAN SAUL MD - 06/06/2018 2:53 PM PDT

Formatting of this note might be different from the original.

CLINICAL HISTORY: Reason: dislocation of 4th toe due to trauma.

COMPARISON: No previous study available.

FINDINGS/

IMPRESSION:

Tiny calcification/osseous fragment at lateral aspect of right fourth toe DIP joint may represent tiny avulsion fragment versus more chronic calcification. Osseous structures appear well aligned. Mild bony degenerative changes including IP joints and first MTP joint (with dorsal osteophytes/enthesophytes).

This report electronically signed by Ronald Saul, MD on 6/6/2018

2:47 PM

Authorizing Provider Result Type

EDGARDO YATCO
FRANCIA MD GENERAL IMAGING

X-RAY FOOT (XR RIGHT FOOT 3 OR MORE VIEWS) - Final result (06/06/2018 1:52 PM PDT)

Anatomical Region	Laterality	Modality		
Foot, Lower Extremities, Muscskel	Right	Other		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/06/2018 1:52 PM PDT	

Procedure Note

RONALD STEPHAN SAUL MD - 06/06/2018 2:58 PM PDT

Formatting of this note might be different from the original.

CLINICAL HISTORY: Reason: 4th toe dislocation due to trauma.

COMPARISON: 6/6/2018

FINDINGS/

IMPRESSION:

Tiny calcification at lateral aspect of right fourth toe DIP joint may represent minor bony degenerative changes. No acute fracture is identified. Osseous structures appear well aligned. Mild bony degenerative changes including IP joints and first MTP joint (with dorsal osteophytes/enthesophytes).

Findings were reported to EDGARDO YATCO FRANCIA, M.D. on 6/6/2018 2:36 PM.

This report electronically signed by Ronald Saul, MD on 6/6/2018 2:53 PM

Authorizing Provider	Result Type
EDGARDO YATCO FRANCIA MD	GENERAL IMAGING

READ PPD SKIN TEST AFTER 48-72 HOURS - Final result (10/16/2017)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
TUBERCULIN SKIN TEST (PPD-5TU), MM INDURATION	0	mm				
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time		
			10/16/2017			

Authorizing Provider	Result Type
KARINE TAGMAZYAN MD	NURSING/ACTIVITY & HYGIENE

VITAMIN D (VITAMIN D, 25-HYDROXY) - Final result (08/08/2017 10:51 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
VITAMIN D, 25-HYDROXY, D3	28	ng/mL			SHERMAN WAY REGIONAL LABORATORY	
VITAMIN D, 25-HYDROXY, D2	<4	ng/mL			SHERMAN WAY REGIONAL LABORATORY	
25-HYDROXYVITAMIN D	28	30 - 100 ng/mL			SHERMAN WAY REGIONAL LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
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Comment:

There is general consensus (Endocrine Society, Natl Osteoporosis FDN, K_DOQI) that 25-OH Vitamin D measurements > 30 ng/mL are desirable. However, most Americans are deficient by this standard (NHANES III).

Levels <10 ng/mL are consistent with a diagnosis of Rickets/Osteomalacia.

Infants normally produce vitamin D metabolites that falsely elevate 25-OH Vitamin D measurements. Please order D,25-Hydroxy, Neonatal [82306D] for these patients.

This test was developed and its performance characteristics determined by each applicable laboratory in the Southern California Permanente Medical Group Laboratory System where the test is performed. It has not been cleared or approved by the FDA. Each applicable laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		08/08/2017 10:51 AM PDT	

Narrative

SHERMAN WAY REGIONAL LABORATORY - 08/11/2017 11:35 AM PDT
RMS ACCN: 614609500

Authorizing Provider	Result Type
JERRY L SCHILZ MD	OUTSIDE TESTING

Performing Organization	Address	City/State/ZIP Code	Phone Number
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	818-503-7077

X-RAY BOTH SHOULDERS (XR BILAT SHOULDERS 2 OR MORE VIEWS) - Final result (06/22/2017 1:53 PM PDT)

Anatomical Region	Laterality	Modality	Other
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time
			06/22/2017 1:53 PM PDT

Narrative

06/22/2017 6:21 PM PDT
Special view?->NONE patient can go after x rays

Transcriptions

HAO SUN MD - 06/22/2017

Transcriptions

Formatting of this note might be different from the original.

CLINICAL HISTORY: pain

COMPARISON: No previous study available.

FINDINGS: No acute fracture is identified. The alignment is normal.
No significant joint disease is noted. No significant soft tissue abnormality is identified.

IMPRESSION:

No significant abnormality.

This report electronically signed by Dr Hao Sun MD on 6/22/2017 6:15 PM

Authorizing Provider	Result Type
JERRY L SCHILZ MD	GENERAL IMAGING

VITAMIN D (VITAMIN D, 25-HYDROXY) - Final result (01/12/2016 1:40 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
VITAMIN D, 25-HYDROXY, D3	22	ng/mL			SHERMAN WAY REGIONAL LABORATORY	
VITAMIN D, 25-HYDROXY, D2	<4	ng/mL			SHERMAN WAY REGIONAL LABORATORY	
25-HYDROXYVITAMIN D	22	30 - 100 ng/mL			SHERMAN WAY REGIONAL LABORATORY	

Comment:

There is general consensus (Endocrine Society, Natl Osteoporosis FDN, KDOQI) that 25-OH Vitamin D measurements > 30 ng/mL are desirable. However, most Americans are deficient by this standard (NHANES III).

Levels <10 ng/mL are consistent with a diagnosis of Rickets/osteomalacia.

Infants normally produce Vitamin D metabolites that falsely elevate 25-OH Vitamin D measurements. Please order D,25-Hydroxy, Neonatal [82306D] for these patients.

This test was developed and its performance characteristics determined by the SCMPG Regional Reference Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. The SCMPG Regional Reference Laboratories are certified under CLIA '88 as qualified to perform high complexity clinical laboratory testing.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		01/12/2016 1:40 PM PST	

Narrative

SHERMAN WAY REGIONAL LABORATORY - 01/15/2016 1:10 PM PST
RMS ACCN: 576222522

Authorizing Provider	Result Type		
JERRY L SCHILZ MD	OUTSIDE TESTING		
Performing Organization	Address	City/State/ZIP Code	Phone Number
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	818-503-7077
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	888-452-2636

URINALYSIS (URINALYSIS, AUTOMATED WO MICRO) - Final result (08/26/2015 10:51 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
GLUCOSE, UA	Negative	Negative mg/dL			KFH, LAMC HOSPITAL LABORATORY	
KETONES, UA	Negative	Negative mg/dL			KFH, LAMC HOSPITAL LABORATORY	
SPECIFIC GRAVITY, UA	1.019	1.005 - 1.030			KFH, LAMC HOSPITAL LABORATORY	
UA HGB	Negative	Negative mg/dL			KFH, LAMC HOSPITAL LABORATORY	
PH, UA	5.0	5.0 - 8.0			KFH, LAMC HOSPITAL LABORATORY	
PROTEIN, UA	Negative	Negative mg/dL			KFH, LAMC HOSPITAL LABORATORY	
NITRITE, UA	Negative	Negative			KFH, LAMC HOSPITAL LABORATORY	
LEUKOCYTE ESTERASE, UA	Negative	Negative			KFH, LAMC HOSPITAL LABORATORY	
UROBILINOGEN, UA, QL	Negative	Negative mg/dL			KFH, LAMC HOSPITAL LABORATORY	
BILIRUBIN, UA	Negative	Negative mg/dL			KFH, LAMC HOSPITAL LABORATORY	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	
URINE				08/26/2015 10:51 AM PDT		

Narrative

KFH, LAMC HOSPITAL LABORATORY - 08/26/2015 1:49 PM PDT
 RMS ACCN: 567712601

Authorizing Provider	Result Type		
JOHN DARRELL WALDRON MD	URINALYSIS		
Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH, LAMC HOSPITAL LABORATORY	4867 Sunset Blvd.	Los Angeles, CA 90027	323-783-4961

Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH, LAMC HOSPITAL LABORATORY	4867 Sunset Blvd.	Los Angeles, CA 90027	

HEMOGLOBIN A1C (HEMOGLOBIN A1C, SCREENING OR PREDIABETIC MONITORING) - Final result (08/26/2015 10:25 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
HGBA1C%	5.8	4.8 - 5.6 %			SHERMAN WAY REGIONAL LABORATORY	

Comment:

A repeatable Hb A1c > or = 6.5% is diagnostic of diabetes. A single Hb A1c > or = 6.5% can also be confirmed by a fasting plasma glucose measurement > 125 mg/dL, a random plasma glucose > or = 200 mg/dL, or a 2 hour oral glucose tolerance test result > or = 200 mg/dL. Patients with Hb A1c of 5.7-6.4% are at increased risk for future diabetes.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		08/26/2015 10:25 AM PDT	

Narrative

SHERMAN WAY REGIONAL LABORATORY - 08/26/2015 8:52 PM PDT
RMS ACCN: 567712602

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	SERUM CHEMISTRY

Performing Organization	Address	City/State/ZIP Code	Phone Number
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	818-503-7077
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	888-452-2636

CBC (COMPLETE BLOOD COUNT) (CBC NO DIFF) - Final result (08/26/2015 10:25 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC'S AUTO	5.6	4.0 - 11.0 x1000/ mcL			KFH, LAMC HOSPITAL LABORATORY	
RBC, AUTO	5.33	4.70 - 6.10 Mill/mcL			KFH, LAMC HOSPITAL LABORATORY	
HGB	14.8	14.0 - 18.0 g/ dL			KFH, LAMC HOSPITAL LABORATORY	
HCT, AUTO	43.5	42.0 - 52.0 %			KFH, LAMC HOSPITAL LABORATORY	
MCV	81.7	80.0 - 94.0 fL			KFH, LAMC HOSPITAL LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
MCH	27.7	27.0 - 35.0 pg/cell			KFH, LAMC HOSPITAL LABORATORY	
MCHC	33.9	32.0 - 37.0 g/dL			KFH, LAMC HOSPITAL LABORATORY	
RDW, BLOOD	13.9	11.5 - 14.5 %			KFH, LAMC HOSPITAL LABORATORY	
PLATELETS, AUTOMATED COUNT	179	130 - 400 x1000/mcL			KFH, LAMC HOSPITAL LABORATORY	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	
	BLOOD / Unknown			08/26/2015 10:25 AM PDT		

Narrative

KFH, LAMC HOSPITAL LABORATORY - 08/26/2015 5:39 PM PDT
 RMS ACCN: 567712600

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	HEMATOLOGY
Performing Organization	Address
KFH, LAMC HOSPITAL LABORATORY	4867 Sunset Blvd.
KFH, LAMC HOSPITAL LABORATORY	4867 Sunset Blvd.

LDL (LOW DENSITY LIPOPROTEIN) CHOLESTEROL (LDL DIRECT) - Final result (08/26/2015 10:25 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
LDL	142	<=99 mg/dL			SHERMAN WAY REGIONAL LABORATORY	

Comment:

DIRECT LDL: For patients having elevated triglyceride levels, i.e. >400 mg/dL, the direct LDL-C result may not represent the patient's LDL-C status upon restoration of triglycerides to lower levels. These patients should not be assumed to have representative LDL-C levels until triglyceride levels are reduced.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		08/26/2015 10:25 AM PDT	

Narrative

SHERMAN WAY REGIONAL LABORATORY - 08/27/2015 7:55 AM PDT
 RMS ACCN: 567712602

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	SERUM CHEMISTRY

Performing Organization	Address	City/State/ZIP Code	Phone Number
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	818-503-7077
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	888-452-2636

CREATININE (CREATININE, SERUM) - Final result (08/26/2015 10:25 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
CREATININE	0.93	<=1.30 mg/dL			KFH, LAMC HOSPITAL LABORATORY	
GLOMERULAR FILTRATION RATE	88	mL/min/ BSA			KFH, LAMC HOSPITAL LABORATORY	

Comment:

Estimated GFR (eGFR) is normalized to a standard body surface area (BSA, 1.73m²), by sex, age, and race. The eGFR has been multiplied by 1.21 if "Black" race is reported in Foundations System.

-GFR Ranges-

GFR >89 Normal (or CKD1*)

60-89 Mildly reduced (CKD2*)

30-59 Moderately reduced (CKD3 if >3mos)

15-29 Severely reduced (CKD4 if >3mos)

GFR <15 Kidney failure (CKD5 if >3mos)

* GFR >60 is not diagnostic of CKD1 or 2 unless another marker of kidney damage is present (e.g. microalbumin or urine protein >300 mg/day on 2 occasions, or renal biopsy or imaging abnormality).

RACE	Non Black	KFH, LAMC HOSPITAL LABORATORY
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Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		08/26/2015 10:25 AM PDT	

Narrative

KFH, LAMC HOSPITAL LABORATORY - 08/26/2015 5:45 PM PDT

RMS ACCN: 567712600

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	SERUM CHEMISTRY

Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH, LAMC HOSPITAL LABORATORY	4867 Sunset Blvd.	Los Angeles, CA 90027	323-783-4961
KFH, LAMC HOSPITAL LABORATORY	4867 Sunset Blvd.	Los Angeles, CA 90027	

TOTAL CHOLESTEROL TO HIGH DENSITY LIPOPROTEIN CHOLESTEROL (HDL) RATIO (CHOLESTEROL/HDL RATIO) - Final result (08/26/2015 10:25 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
CHOLESTEROL	199	<=199 mg/dL			SHERMAN WAY REGIONAL LABORATORY	

Comment:

See LabNet for more information.

HDL	53	>=40 mg/dL	SHERMAN WAY REGIONAL LABORATORY
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Comment:

HDL > or = 60 is considered a negative risk factor for coronary artery disease.

CHOLESTEROL/HIGH DENSITY LIPOPROTEIN	3.8	<=4.9 mg/dL	SHERMAN WAY REGIONAL LABORATORY
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Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		08/26/2015 10:25 AM PDT	

Narrative

SHERMAN WAY REGIONAL LABORATORY - 08/27/2015 7:55 AM PDT
RMS ACCN: 567712602

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	SERUM CHEMISTRY
Performing Organization	Address
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way
	CITY/STATE/ZIP CODE
	NORTH HOLLYWOOD, CA 91605
	PHONE NUMBER
	818-503-7077
	888-452-2636

GLUCOSE (GLUCOSE, RANDOM) - Final result (08/26/2015 10:25 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
GLUCOSE, RANDOM	76	70 - 140 mg/dL			KFH, LAMC HOSPITAL LABORATORY	
Specimen (Source)	Anatomical Location / Laterality					
	BLOOD / Unknown					
Specimen (Source)	Collection Method / Volume					
	08/26/2015 10:25 AM PDT					
Specimen (Source)	Collection Time					

Narrative

KFH, LAMC HOSPITAL LABORATORY - 08/26/2015 5:45 PM PDT
RMS ACCN: 567712600

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	SERUM CHEMISTRY

Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH, LAMC HOSPITAL LABORATORY	4867 Sunset Blvd.	Los Angeles, CA 90027	323-783-4961
KFH, LAMC HOSPITAL LABORATORY	4867 Sunset Blvd.	Los Angeles, CA 90027	

X-RAY SHOULDER (XR LEFT SHOULDER 2 OR MORE VIEWS) - Final result (08/26/2015 10:18 AM PDT)

Anatomical Region	Laterality	Modality		
	Left	Other		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			08/26/2015 10:18 AM PDT	

Narrative

08/26/2015 1:14 PM PDT
Special view?->NONE

Transcriptions

ELAN HOWARD ROSENTHAL MD - 08/26/2015 1:14 PM PDT

Formatting of this note might be different from the original.

CLINICAL HISTORY: Reason: left shoulder pain for 6 weeks. Not improved w/ pt, rest, advil.

COMPARISON: No previous study available.

FINDINGS/

IMPRESSION:

No acute fracture is identified. The alignment is normal. No significant joint disease is noted. No significant soft tissue abnormality is identified.

This report electronically signed by Elan Rosenthal, MD on 8/26/2015 1:09 PM

Authorizing Provider Result Type

JOHN DARRELL WALDRON MD	GENERAL IMAGING
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HEMOGLOBIN A1C (HEMOGLOBIN A1C, SCREENING OR PREDIABETIC MONITORING) - Final result (07/14/2014 1:20 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
HGBA1C%	5.8	4.8 - 5.6 %			SHERMAN WAY REGIONAL LABORATORY	

Comment:

A repeatable Hb A1c > or = 6.5% is diagnostic of diabetes. A single Hb A1c > or = 6.5% can also be confirmed by a fasting plasma glucose measurement > 125 mg/dL, a random plasma glucose > or = 200 mg/dL, or a 2 hour oral glucose tolerance test result > or = 200 mg/dL. Patients with Hb A1c of 5.7-6.4% are at increased risk for future diabetes.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		07/14/2014 1:20 PM PDT	

Narrative

SHERMAN WAY REGIONAL LABORATORY - 07/14/2014 8:57 PM PDT

RMS ACCN: 542536919

Authorizing Provider	Result Type		
JOHN DARRELL WALDRON MD	SERUM CHEMISTRY		
Performing Organization	Address	City/State/ZIP Code	Phone Number
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	818-503-7077
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	888-452-2636

CBC (COMPLETE BLOOD COUNT) (CBC NO DIFF) - Final result (07/14/2014 1:20 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC'S AUTO	6.1	4.0 - 11.0 x1000/ mcL			KFH, LAMC HOSPITAL LABORATORY	
RBC, AUTO	5.59	4.70 - 6.10 Mill/mcL			KFH, LAMC HOSPITAL LABORATORY	
HGB	15.6	14.0 - 18.0 g/ dL			KFH, LAMC HOSPITAL LABORATORY	
HCT, AUTO	45.0	42.0 - 52.0 %			KFH, LAMC HOSPITAL LABORATORY	
MCV	80.5	80.0 - 94.0 fL			KFH, LAMC HOSPITAL LABORATORY	
MCH	27.9	27.0 - 35.0 pg/ cell			KFH, LAMC HOSPITAL LABORATORY	
MCHC	34.6	32.0 - 37.0 g/ dL			KFH, LAMC HOSPITAL LABORATORY	
RDW, BLOOD	13.6	11.5 - 14.5 %			KFH, LAMC HOSPITAL LABORATORY	
PLATELETS, AUTOMATED COUNT	198	130 - 400 x1000/ mcL			KFH, LAMC HOSPITAL LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		07/14/2014 1:20 PM PDT	

Narrative

KFH, LAMC HOSPITAL LABORATORY - 07/14/2014 5:55 PM PDT

RMS ACCN: 542536917

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	HEMATOLOGY

Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH, LAMC HOSPITAL LABORATORY	4867 Sunset Blvd.	Los Angeles, CA 90027	323-783-4961
KFH, LAMC HOSPITAL LABORATORY	4867 Sunset Blvd.	Los Angeles, CA 90027	

LIVER FUNCTION PANEL (LIVER FUNCTION PANEL (T BILI, ALT, ALKP)) - Final result (07/14/2014 1:20 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
ALT	16	<=63 U/L			KFH, LAMC HOSPITAL LABORATORY	
ALKALINE PHOSPHATASE	52	<=125 U/L			KFH, LAMC HOSPITAL LABORATORY	
BILIRUBIN, TOTAL	0.7	<=1.0 mg/dL			KFH, LAMC HOSPITAL LABORATORY	
Specimen (Source)	Anatomical Location / Laterality			Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown				07/14/2014 1:20 PM PDT	

Narrative

KFH, LAMC HOSPITAL LABORATORY - 07/14/2014 6:14 PM PDT
RMS ACCN: 542536917

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	SERUM CHEMISTRY

Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH, LAMC HOSPITAL LABORATORY	4867 Sunset Blvd.	Los Angeles, CA 90027	323-783-4961
KFH, LAMC HOSPITAL LABORATORY	4867 Sunset Blvd.	Los Angeles, CA 90027	

THYROID STIMULATING HORMONE (TSH) (TSH) - Final result (07/14/2014 1:20 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
TSH	1.14	0.35 - 4.00 mIU/mL			SHERMAN WAY REGIONAL LABORATORY	
Specimen (Source)	Anatomical Location / Laterality			Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown				07/14/2014 1:20 PM PDT	

Narrative

SHERMAN WAY REGIONAL LABORATORY - 07/15/2014 5:19 AM PDT
RMS ACCN: 542536919

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	ENDOCRINOLOGY

Performing Organization	Address	City/State/ZIP Code	Phone Number
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	818-503-7077
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	888-452-2636

CREATININE (CREATININE, SERUM) - Final result (07/14/2014 1:20 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
CREATININE	0.99	<=1.30 mg/dL			KFH, LAMC HOSPITAL LABORATORY	
GLOMERULAR FILTRATION RATE	82	mL/min/BSA			KFH, LAMC HOSPITAL LABORATORY	

Comment:

Estimated GFR (eGFR) is normalized to a standard body surface area (BSA, 1.73m²), by sex, age, and race. The eGFR has been multiplied by 1.21 if "Black" race is reported in Foundations System.

-GFR Ranges-

GFR >89 Normal (or CKD1*)

60-89 Mildly reduced (CKD2*)

30-59 Moderately reduced (CKD3 if >3mos)

15-29 Severely reduced (CKD4 if >3mos)

GFR <15 Kidney failure (CKD5 if >3mos)

* GFR >60 is not diagnostic of CKD1 or 2 unless another marker of kidney damage is present (e.g. microalbumin or urine protein >300 mg/day on 2 occasions, or renal biopsy or imaging abnormality).

RACE	Non Black	KFH, LAMC HOSPITAL LABORATORY
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Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		07/14/2014 1:20 PM PDT	

Narrative

KFH, LAMC HOSPITAL LABORATORY - 07/14/2014 6:14 PM PDT

RMS ACCN: 542536917

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	SERUM CHEMISTRY

Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH, LAMC HOSPITAL LABORATORY	4867 Sunset Blvd.	Los Angeles, CA 90027	323-783-4961
KFH, LAMC HOSPITAL LABORATORY	4867 Sunset Blvd.	Los Angeles, CA 90027	

TOTAL CHOLESTEROL TO HIGH DENSITY LIPOPROTEIN CHOLESTEROL (HDL) RATIO (CHOLESTEROL/HDL RATIO) - Final result (07/14/2014 1:20 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
CHOLESTEROL	194	<=199 mg/dL			SHERMAN WAY REGIONAL LABORATORY	

Comment:

See LabNet for more information.

HDL	48	>=40 mg/dL	SHERMAN WAY REGIONAL LABORATORY
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Comment:

HDL > or = 60 is considered a negative risk factor for coronary artery disease.

CHOLESTEROL/HIGH DENSITY LIPOPROTEIN	4.0	<=4.9 mg/dL	SHERMAN WAY REGIONAL LABORATORY
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Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		07/14/2014 1:20 PM PDT	

Narrative

SHERMAN WAY REGIONAL LABORATORY - 07/15/2014 4:53 AM PDT
RMS ACCN: 542536919

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	SERUM CHEMISTRY

Performing Organization	Address	City/State/ZIP Code	Phone Number
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	818-503-7077
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	888-452-2636

GLUCOSE (GLUCOSE, RANDOM) - Final result (07/14/2014 1:20 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
GLUCOSE, RANDOM	91	70 - 140 mg/dL			KFH, LAMC HOSPITAL LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		07/14/2014 1:20 PM PDT	

Narrative

KFH, LAMC HOSPITAL LABORATORY - 07/14/2014 6:14 PM PDT
RMS ACCN: 542536917

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	SERUM CHEMISTRY

Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH, LAMC HOSPITAL LABORATORY	4867 Sunset Blvd.	Los Angeles, CA 90027	323-783-4961
KFH, LAMC HOSPITAL LABORATORY	4867 Sunset Blvd.	Los Angeles, CA 90027	

HEPATITIS A VIRUS ANTIBODY (HEPATITIS A, IMMUNITY) - Final result (03/08/2013 12:25 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
HEPATITIS A IMMUNITY	REACTIVE	NON REACTIVE			SHERMAN WAY REGIONAL LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		03/08/2013 12:25 PM PST	03/08/2013 12:25 PM PST

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	IMMUNOLOGY

Performing Organization	Address	City/State/ZIP Code	Phone Number
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	818-503-7077
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	888-452-2636

HEPATITIS B SURFACE ANTIBODY AFTER IMMUNITY (HBSAB POST IMMUNITY) - Final result (03/08/2013 12:25 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
HEPATITIS B SURFACE IMMUNITY	NEGATIVE	POSITIVE			SHERMAN WAY REGIONAL LABORATORY	

Comment:

A NEGATIVE RESULT INDICATES NON-IMMUNITY TO HBV WITH AN ANTI-HBS ACTIVITY OF <10 mIU/mL, AS DEFINED BY THE WHO INTERNATIONAL REFERENCE PREPARATION.

THE PERFORMANCE OF THE ASSAY HAS NOT BEEN ESTABLISHED WITH CORD BLOOD, NEONATAL SPECIMENS, CADAVER SPECIMENS, HEAT-INACTIVATED SPECIMENS, AND FOR POPULATIONS OF IMMUNOCOMPROMISED OR IMMUNOSUPPRESSED PATIENTS.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		03/08/2013 12:25 PM PST	03/08/2013 12:25 PM PST

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	IMMUNOLOGY

Performing Organization	Address	City/State/ZIP Code	Phone Number
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	818-503-7077
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	888-452-2636

HEMOGLOBIN A1C (HEMOGLOBIN A1C, DIAGNOSTIC) - Final result (11/26/2012 11:06 AM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
HGBA1C%	5.7	4.8 - 5.6 %			SHERMAN WAY REGIONAL LABORATORY	

Comment:

A repeatable Hb A1c > or = 6.5% is diagnostic of diabetes. A single Hb A1c > or = 6.5% can also be confirmed by a fasting plasma glucose measurement > 125 mg/dL, a random plasma glucose > or = 200 mg/dL, or a 2 hour oral glucose tolerance test result > or = 200 mg/dL. Patients with Hb A1c of 5.7-6.4% are at increased risk for future diabetes.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		11/26/2012 11:06 AM PST	11/26/2012 11:06 AM PST

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	SERUM CHEMISTRY

Performing Organization	Address	City/State/ZIP Code	Phone Number
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	818-503-7077
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	888-452-2636

CBC (COMPLETE BLOOD COUNT) (CBC NO DIFF) - Final result (11/26/2012 11:06 AM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC'S AUTO	6.3	4.0 - 11.0 thou/ mcL			LA 1505 LABORATORY	
RBC, AUTO	5.73	4.7 - 6.1 mil/mcL			LA 1505 LABORATORY	
HGB	15.8	14.0 - 18.0 g/ dL			LA 1505 LABORATORY	
HCT, AUTO	46.9	42 - 52 %			LA 1505 LABORATORY	
MCV	81.8	80 - 94 fL			LA 1505 LABORATORY	
MCH	27.6	27 - 35 pg/cell			LA 1505 LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
MCHC	33.7	32 - 37 g/dL			LA 1505 LABORATORY	
RDW, BLOOD	13.7	11.5 - 14.5 %			LA 1505 LABORATORY	
PLATELETS, AUTOMATED COUNT	171	130 - 400 thou/ mcL			LA 1505 LABORATORY	
Specimen (Source)	Anatomical Location / Laterality		Collection Method / Volume	Collection Time	Received Time	
	BLOOD / Unknown			11/26/2012 11:06 AM PST	11/26/2012 11:06 AM PST	
Authorizing Provider	Result Type					
JOHN DARRELL WALDRON MD	HEMATOLOGY					
Performing Organization	Address	City/State/ZIP Code	Phone Number			
LA 1505 LABORATORY	1505 N. Edgemont Street	LOS ANGELES, CA 90027	323-783-4961			

ALANINE AMINOTRANSFERASE (ALT) (ALT, SERUM) - Final result (11/26/2012 11:06 AM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
ALT	31	17 - 63 units/L			LA 1505 LABORATORY	
Comment:						
The measured activity may vary by different method. This result was measured using the Beckman method.						
Specimen (Source)	Anatomical Location / Laterality		Collection Method / Volume	Collection Time	Received Time	
	BLOOD / Unknown			11/26/2012 11:06 AM PST	11/26/2012 11:06 AM PST	
Authorizing Provider	Result Type					
JOHN DARRELL WALDRON MD	SERUM CHEMISTRY					
Performing Organization	Address	City/State/ZIP Code	Phone Number			
LA 1505 LABORATORY	1505 N. Edgemont Street	LOS ANGELES, CA 90027	323-783-4961			

CREATININE (CREATININE, SERUM) - Final result (11/26/2012 11:06 AM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
CREATININE	1.0	0.7 - 1.3 MG/DL			LA 1505 LABORATORY	
GLOMERULAR FILTRATION RATE	85-NB	mL/min			LA 1505 LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Comment:						
Comments: Estimated GFR is derived and reported per 1.73 m ² body surface area.						
Race used from Foundations System:						
"NB" non-black, "B" black. GFR estimate has been multiplied by 1.21 if "B" is indicated in the system.						
* GFR Ranges *						
GFR >89	Normal (or CKD1*)					
60-89	Mildly reduced (CKD2*)					
30-59	Moderately reduced (CKD3 if >3mos)					
15-29	Severely reduced (CKD4 if >3mos)					
GFR <15	Kidney failure (CKD5 if >3mos)					
* GFR >60 is not diagnostic of CKD 1 or 2 unless another marker of kidney damage is present (e.g. microalbumin or urine protein >300 mg/day on two occasions, or renal biopsy or imaging abnormality).						

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		11/26/2012 11:06 AM PST	11/26/2012 11:06 AM PST

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	SERUM CHEMISTRY

Performing Organization	Address	City/State/ZIP Code	Phone Number
LA 1505 LABORATORY	1505 N. Edgemont Street	LOS ANGELES, CA 90027	323-783-4961

TOTAL CHOLESTEROL TO HIGH DENSITY LIPOPROTEIN CHOLESTEROL (HDL) RATIO (CHOLESTEROL/HDL RATIO) - Final result (11/26/2012 11:06 AM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
CHOLESTEROL	230	mg/dL			SHERMAN WAY REGIONAL LABORATORY	

Comment:

* REFERENCE RANGE *

<200 mg/dL DESIRABLE
200 - 239 mg/dL BORDERLINE HIGH
> OR = 240 mg/dL HIGH

HDL	48	>/=40 mg/dL	SHERMAN WAY REGIONAL LABORATORY
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Comment:

* REFERENCE RANGE *

>/= 40 mg/dL DESIRABLE
HDL > OR = 60 IS CONSIDERED A NEGATIVE RISK FACTOR FOR CORONARY ARTERY DISEASE.

CHOLESTEROL/HIGH DENSITY LIPOPROTEIN	4.8	<5.0	SHERMAN WAY REGIONAL LABORATORY
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Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	BLOOD / Unknown		11/26/2012 11:06 AM PST	11/26/2012 11:06 AM PST
Authorizing Provider	Result Type			
JOHN DARRELL WALDRON MD	SERUM CHEMISTRY			
Performing Organization	Address	City/State/ZIP Code	Phone Number	
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	818-503-7077	
SHERMAN WAY REGIONAL LABORATORY	11668 Sherman Way	NORTH HOLLYWOOD, CA 91605	888-452-2636	

GLUCOSE (GLUCOSE, RANDOM) - Final result (11/26/2012 11:06 AM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
GLUCOSE, RANDOM	102	70 - 140 MG/DL			LA 1505 LABORATORY	
Specimen (Source)	Anatomical Location / Laterality					
	BLOOD / Unknown					
	11/26/2012 11:06 AM PST					
Authorizing Provider	Result Type					
JOHN DARRELL WALDRON MD	SERUM CHEMISTRY					
Performing Organization	Address	City/State/ZIP Code	Phone Number			
LA 1505 LABORATORY	1505 N. Edgemont Street	LOS ANGELES, CA 90027	323-783-4961			

VACCINE TETANUS, DIPHTHERIA, PERTUSSIS (VACC TDAP (ADACEL)) - Final result (11/26/2012)

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	IMMUNIZATION/INJECTION

VACC ADMIN, FIRST IM OR SUBQ VACCINE TOXOID - Final result (11/26/2012)

Authorizing Provider	Result Type
JOHN DARRELL WALDRON MD	IMMUNIZATION/INJECTION

Care Teams

Team Member	Relationship	Specialty	Start Date	End Date
JOHN DARRELL WALDRON MD 3280 E. FOOTHILL BLVD PASADENA, CA 91107-3103	PCP - General	Family Practice	11/3/11	

Document Information

Primary Care Provider

JOHN DARRELL WALDRON MD (Nov. 03, 2011 - Present)
3280 E. FOOTHILL BLVD
PASADENA, CA 91107-3103
Family Practice
Kaiser Permanente Southern California
74 N. Pasadena Ave.
Pasadena, CA 91103

Other Service Providers

Document Coverage Dates

Jan. 16, 1970 - Aug. 08, 2023

Custodian Organization

Kaiser Permanente Southern California
74 N. Pasadena Ave.
Pasadena, CA 91103

Gary Gerard Gapezzani

Summary of Care, generated on Aug. 08, 2023

Patient Demographics - Male; born Jan. 16, 1970

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
Former (Oct. 06, 2011 - Oct. 10, 2017): 1024 EL CABALLO DR (Home) ARCADIA, CA 91006-1937	626-234-1924 (Home) 626-234-1924 626-234-1924 garygape@gmail.com	English - Spoken (Preferred) English - Written (Preferred)	Unknown / Unknown	Married
(Oct. 11, 2017 -): 1024 EL CABALLO DR (Home) ARCADIA, CA 91006-1937				

Note from Kaiser Permanente Southern California

This document contains information that was shared with Gary Gerard Gapezzani. It may not contain the entire record from Kaiser Permanente Southern California.

Encounter Details

Date	Type	Department	Care Team
06/10/2021	Orthopedic Office Visit	ORTHOPEDICS 1011 BALDWIN PARK BLVD BALDWIN PARK, CA 91706-5806 626-851-5256	JERRY L SCHILZ MD 1011 BALDWIN PARK BLVD BALDWIN PARK, CA 91706-5806 833-574-2273 (Work) 833-574-2273 (Fax)

Allergies - documented as of this encounter (statuses as of 08/08/2023)

Active Allergy	Reactions	Severity	Noted Date	Comments
No Known Drug Allergies			11/26/2012	

Medications - documented as of this encounter (statuses as of 08/08/2023)

Medication	Sig	Dispensed	Start Date	End Date	Status
Acetaminophen (TYLENOL ARTHRITIS) 650 mg Oral SR Tab	Take 1 tablet by mouth every 8 hours as needed for pain . Do not exceed 3 tablets in 24 hours	100 tablet	01/27/2021	01/26/2025	Active
Meloxicam (MOBIC) 7.5 mg Oral Tab	Take 1 tablet by mouth daily with meal. May increase to 2 tablets daily as needed for pain or inflammation. Drink 2 to 3 liters of water daily while taking medication.	60 tablet	01/27/2021	01/27/2023	Expired
Ergocalciferol, Vit D2, (DRISDOL) 1,250 mcg (50,000 unit) Oral Cap	Take 1 capsule by mouth every week	12 capsule	03/03/2021	03/03/2023	Expired

Active Problems - documented as of this encounter (statuses as of 08/08/2023)

Problem	Noted Date
ACROMIOCLAVICULAR (SHOULDER) SEPARATION	03/15/2021
VITAMIN D DEFICIENCY	12/19/2019

Resolved Problems - documented as of this encounter (statuses as of 08/08/2023)

Problem	Noted Date	Resolved Date
LEFT ROTATOR CUFF TEAR	03/04/2020	09/16/2021
IMPINGEMENT SYNDROME OF RIGHT SHOULDER	03/04/2020	09/16/2021
IMPINGEMENT SYNDROME OF BOTH SHOULDERS	06/22/2017	03/04/2020
IMPINGEMENT SYNDROME OF LEFT SHOULDER	09/09/2015	06/22/2017



Immunizations - documented as of this encounter

Name	Administration Dates	Next Due
COVID-19 mRNA LNP-S, PF (Moderna)	04/13/2021, 03/16/2021	
HBV adult (Hepatitis B)	03/14/2013	
INFS Pres Free 6mos-Adult (Flulaval Quadrivalent) (Influenza)	01/16/2019	
INFS pres free 6mos-adult (Fluarix quadrivalent)	10/21/2019	
INFs (Influenza split virus).	01/14/2013	
INFs pres free 9yrs-adult (AFLURIA) (Influenza)	11/21/2015	
TB-PPD, (TB skin test)	10/16/2017, 10/11/2017	
Tdap (ADACEL) (Tetanus, diphtheria, acellular pertussis)	11/26/2012	



Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Alcohol Use	Standard Drinks/Week			
Yes	0 (1 standard drink = 0.6 oz pure alcohol)			
Substance Use	Types	Use/Week		
Not Asked				
Sex Assigned at Birth	Date Recorded			
Not on file				



Last Filed Vital Signs - documented in this encounter

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	-	-	
Pulse	-	-	
Temperature	36.7 °C (98 °F)	06/10/2021 9:21 AM PDT	
Respiratory Rate	-	-	
Oxygen Saturation	-	-	
Inhaled Oxygen Concentration	-	-	
Weight	72.6 kg (160 lb)	06/10/2021 9:21 AM PDT	
Height	172.7 cm (5' 8")	06/10/2021 9:21 AM PDT	
Body Mass Index	24.33	06/10/2021 9:21 AM PDT	

Patient Instructions - documented in this encounter

Patient Instructions

YARATZEN NUNEZ LVN - 06/10/2021 9:43 AM PDT

Formatting of this note might be different from the original.

Treatment:

- Ibuprofen (Motrin) as needed, taken with food (stop 2 weeks before surgery)
- heat/ice
- stop sling
- daily stretching exercises, 2-3 minutes both shoulders
- strengthening exercises 3 times a week with theraband at home or cable pulley in gym
- no overhead weights when exercising
- take daily 2000 units vitamin D3

Thank you for visiting the Orthopedics Department at Kaiser Permanente Baldwin Park Medical Center. We hope that you had a pleasant visit. Please check out at the front reception desk if you need to schedule a follow-up appointment or if you have had xrays taken today. Thank you. **

If your visit was / was not excellent, we welcome your feedback on improving our services. We also appreciate your participation on any surveys mailed to you regarding your visit so we can continue improving the quality of care and service that we provide to you.

We wish you good health

Yara Nuñez, LVN

Appointment Line (626) 851-5256

Message Center (800) 780-1277

Electronically signed by YARATZEN NUNEZ LVN at 06/10/2021 9:43 AM PDT

Progress Notes - documented in this encounter

JERRY L SCHILZ MD - 06/10/2021 9:23 AM PDT

Formatting of this note is different from the original.

Visit #7

Gary Gerard Gapezzani is a 51 year old male, right handed martial arts instructor (owns studio in Sierra Madre G3 academy), with a chief complaint of Pain and Stiffness in left shoulder since July 2015 after twisting shoulder and ended with a dislocation. Patient states he injured right shoulder in 2000 with resultant stiffness. Patient received injection left shoulder at initial consultation September 2015 which reportedly helped until November 2015. Patient received injection left shoulder January 2016 which reportedly helped until February 2017. Patient received injection both shoulders June 2017 and then not seen again until 12/19/2019 with recurrence pain since July 2019. Patient received injection left shoulder December 2019 which reportedly helped until January 2020. Patient had evaluation March 2020 and doing well until playing football in the park January 27, 2021 and injured left shoulder after stepping into a hole and fell forward with direct blow left shoulder that resulted in acromioclavicular separation. Patient had MRI ordered February 2021 with telephone appointment visit follow-up March 2021. Patient states he was doing great and felt back to normal when he was hit by a Ford F150 while getting ice on 5/23/21 at a circle K. Patient was seen in emergency department and given sling.

Patient went to Hugo Reid, Foothills, and ARCADIA HIGH SCHOOL.

Mechanism of Injury (Context) - sports

Severity: Degree of pain is right 0/10, left 8/10

Previous Treatment and Modifying Factors:

- NSAIs: sometimes Ibuprofen (Motrin), Effective
- Tramadol 2/10/2021
- PT/exercise - theraband , physical therapy October 2015 2x with Magsino
- injections - right 1, left 4

Review of Systems:

General: Sleep affected by pain: yes

Gastrointestinal: Stomach upset from NSAIs: no

Musculoskeletal: Neck pain: no

Past Medical History - 2/10/2021 Patient Active Problem List:

VITAMIN D DEFICIENCY

LEFT ROTATOR CUFF TEAR

IMPINGEMENT SYNDROME OF RIGHT SHOULDER

History of Peptic Ulcer Disease - no

Allergy:
Allergies

Allergen Reactions

- Nkda [No Known Drug Allergies]

This office visit was partially transcribed by YARATZEN NUNEZ LVN

Physical Exam - Temp 98 °F (36.7 °C) (Tympanic) | Ht 1.727 m (5' 8") | Wt 72.6 kg (160 lb) | BMI 24.33 kg/m²

Inspection: both shoulders without atrophy

Left distal clavicle prominent

ROM -

forward elevation active/passive, right 160/160, left 90/130

external rotation @90 right 90, left 50

external rotation neutral right 30, left 20

internal rotation right L2, left L5

ROTATOR CUFF STRENGTH: right 5/5, left 2/5

PALPATION nontender AC/BT/GT, GT defect absent

SPECIAL TEST - impingement test positive left only

STABILITY - apprehension test negative both shoulders

Imaging - x-ray right shoulder 6/22/2017 acromial spur, type 2 acromium

MRI right shoulder August 22, 2021: small full thickness cuff tear, partial vs small full subscapularis tear addend 8/24/2021

repeat x-ray left shoulder May 23, 2021 without change

repeat x-ray left shoulder January 27, 2021 acromioclavicular separation 3

repeat x-ray left shoulder 6/22/2017 acromial spur

x-ray left shoulder August 26, 2015 unremarkable, type 2 acromion

MRI left shoulder February 22, 2020: partial vs small full thickness cuff tear, partial subscapularis tear

MRI with GAD left shoulder 3/11/2021: small full thickness cuff tear

Last Bone Density Test: none found

Lab reviewed:

GFR 84 02/26/2021

GFR 88 08/26/2015

HGBA1C 5.8 (H) 08/26/2015

HGBA1C 5.8 (H) 07/14/2014

No results found for this basename: ALB:1

No results found for this basename: PREALB:1

VIT D, 25-OH 25 (L) 02/26/2021

VITAMIN D, 25-HYDROXY, D3 16 02/26/2021

VITAMIN D, 25-HYDROXY, D2 9 02/26/2021

VIT D, 25-OH 19 (L) 05/30/2019

VITAMIN D, 25-HYDROXY, D3 19 05/30/2019

VITAMIN D, 25-HYDROXY, D2 <4 05/30/2019

VIT D, 25-OH 28 (L) 08/08/2017

VITAMIN D, 25-HYDROXY, D3 28 08/08/2017

VITAMIN D, 25-HYDROXY, D2 <4 08/08/2017

PLT'S AUTO 179 08/26/2015

SARS-COV-2 (COVID-19), QL, NAA Not Detected 12/23/2020

SARS-COV-2 (COVID-19), QL, NAA Not Detected 12/13/2020

Diagnosis - history of right shoulder impingement syndrome

Left shoulder rotator cuff tear, acromioclavicular separation exacerbated by motor vehicle accident vs pedestrian injury

Vitamin D deficiency

Treatment:

- Ibuprofen (Motrin) as needed, taken with food (stop 2 weeks before surgery)
- heat/ice
- stop sling
- daily stretching exercises, 2-3 minutes both shoulders
- strengthening exercises 3 times a week with theraband at home or cable pulley in gym
- no overhead weights when exercising
- take daily 2000 units vitamin D3

side effects of NSAIs discussed

Risks and benefits of surgery reviewed with the patient. Discussed operative risks including pain, infection, blood loss, nerve/tendon/vascular damage resulting in temporary/permanent numbness or weakness of the extremity, failure of rotator cuff tendon repair, possible need for future surgery, failure of biceps tenodesis with deformity, complication of hardware causing pain and need for removal, stiffness, and anesthesia complications including death. All questions were answered; patient willingness

to proceed is documented.

Patient Instructions - handouts given

JERRY SCHILZ MD

Electronically signed by JERRY L SCHILZ MD at 08/24/2021 5:42 PM PDT

Plan of Treatment - documented as of this encounter

Not on file

Results - documented in this encounter

Not on file

Visit Diagnoses - documented in this encounter

Diagnosis

IMPINGEMENT SYNDROME OF RIGHT SHOULDER

LEFT ROTATOR CUFF TEAR

ACROMIOCLAVICULAR (SHOULDER) SEPARATION

VITAMIN D DEFICIENCY

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
JOHN DARRELL WALDRON MD 3280 E. FOOTHILL BLVD PASADENA, CA 91107-3103	PCP - General	Family Practice	11/3/11	

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
JOHN DARRELL WALDRON MD (Nov. 03, 2011 - Present) 3280 E. FOOTHILL BLVD PASADENA, CA 91107-3103 Family Practice Kaiser Permanente Southern California 74 N. Pasadena Ave. Pasadena, CA 91103		Jun. 10, 2021
Custodian Organization		
Kaiser Permanente Southern California 74 N. Pasadena Ave. Pasadena, CA 91103		
Encounter Providers		

Encounter Providers	Encounter Date
JERRY L SCHILZ MD (Attending) 833-574-2273 (Work) 833-574-2273 (Fax) 1011 BALDWIN PARK BLVD BALDWIN PARK, CA 91706-5806 Orthopaedics	Jun. 10, 2021