

Logo

Report

Patient: BLANCA GALINDO

Type: Radiology

Name: ED Chest Portable

Account: V00049643195

Date: May 19 2024 8:42 PM

Date Of Birth: 12/19/1942

Ordered By: JILL VOLK

Status: Final

Medical Record: M000557109

Patient: GALINDO,BLANCA MR #: M000557109 Signed

ED Chest Portable

HISTORY: fever

TECHNIQUE: Single view of the chest.

COMPARISON: None

FINDINGS:

Lines/tubes: None.

Lungs: The lungs are clear.

Pleura: There is no evidence of pleural effusion or pneumothorax.

Heart and mediastinum: The heart and the mediastinum are normal for this technique.

Bones: No acute abnormality.

ORDER #: 0519-0031 EDX/ED Chest Portable

IMPRESSION:

Normal single view chest.

Dictated By: BLECHMAN, JAMES MD

Signed By: BLECHMAN, JAMES MD

Transcribed By: JWB

Report

Patient: BLANCA GALINDO

Type: Note

Name: EKG

Account: V00049643195

Date: May 19 2024 8:26 PM

Date Of Birth: 12/19/1942

Ordered By: JILL VOLK

Status: Final

Medical Record: M000557109

South County Hospital

Department of CARDIOPULMONARY SERVICES

Patient: GALINDO,BLANCA Unit #: M000557109 Acct #: V00049643195

DOB: 12/19/1942 Age: 81 Sex: F

Ordering MD: VOLK, JILL L DO Room/Bed: Location: ER

Report Number: 0520-0022

Electrocardiogram Study

Signed

- OTHERWISE NORMAL ECG -

SR

Sinus rhythm

normal P axis, V-rate 50-99

LVOLP

Low voltage, precordial leads

precordial leads <1.0mV

COMPH

No previous ECG available for comparison

Dictated By: _____
BROZA, DAVID J MD

Signed By: _____
BROZA, DAVID J MD

Report

Patient: BLANCA GALINDO
Type: Note
Name: ER Physician Documentation
Account: V00049643195
Date: May 19 2024 8:10 PM

Date Of Birth: 12/19/1942
Ordered By: JILL VOLK
Status: Final
Medical Record: M000557109

South County Hospital
100 Kenyon Avenue
Wakefield, RI 02879

ED Provider Documentation Report #: 0519-0326

Patient Name: GALINDO,BLANCA Medical Record #: M000557109 Account #: V00049643195
DOB: 12/19/1942 Age: 81 Sex: F
Patient Location: ER Room: Patient Status: REG ER
Admission Date: Discharge Date:
Attending Physician: Primary Care Physician: NO PRIMARY CARE, Physician

Arrival

Time Seen: ED Medical Provider: 19:58
Mode of Arrival: Walk-in

HPI

Complaint

Chief Complaint: Weakness
Stated Complaint: GENERAL WEAKNESS, HIGH BP
Triage/Intake
PT PRESENTS TO ED VIA TRIAGE VIA URI EMS FOR GENERALIZED WEAKNESS. FLEW IN FROM MEXICO CITY 2 DAYS AGO. FEELING GENERALLY WEAK, DIFFICULTY STANDING. C/O COLD SYMPTOMS. INCREASED FATIGUE PER FAMILY. DENIES PAIN. SPANISH SPEAKING ONLY.

Allergies

Allergies:

Coded Allergies:
No Known Allergies (Unverified , 5/19/24)

Immunizations

Hx COVID-19 Vaccination: Yes
Pediatric Vaccinations Current: Yes

ROS

Review of Systems

ROS Narrative

Constitutional: Fever
Eyes: Negative for changes in vision.
HEENT: Negative for changes in hearing.
Neck: Negative for neck pain.
Cardiovascular: Negative for chest pain.
Respiratory: Negative for dyspnea.
Abdominal/GI: Negative for abdominal pain.
Back: Negative for injury.
MS/extremities: Negative for injury.
Skin: Negative for rash.
Neuro: Negative for changes in mental status.
Psych: Negative for depression.
Allergy/Immunology: Negative for hives.
Endocrine: Negative for significant weight changes.
Hematologic/Lymphatic: Negative for unusual bleeding or bruising.
All Systems
All are negative except as noted/marked.

Exam

Physical Exam

Vital Signs

Vital Signs

Vital Signs

	5/19/24	5/19/24	5/19/24	5/19/24
	19:41	19:41	19:56	19:56
Temp	212.2	100.1		
	100.1	100.1		
Pulse	77	77	75	75

Resp	16	Room Air
Pulse Ox	94	Room Air
O2 Delivery		Room Air

Exam Narrative
Constitutional: No apparent distress.
Head/Face: Normocephalic, atraumatic.
Eyes: No conjunctival injection. Normal sclera. Extraocular movements intact.
ENT: Normal external exam. Mucous membranes moist.
Neck: Supple. Trachea midline. Thyroid not visibly enlarged.
Cardiovascular: Normal peripheral perfusion.
Respiratory: Normal respiratory effort.
Abdomen/GI: No distention.
Back: No deformity.
GU: Normal external genitalia.
Skin: No pallor, cyanosis, or jaundice.
MS/extremities: No gross deformities.
Neuro: Alert. Orientation at baseline status. No acute focal neurologic deficits.
Psych: Normal mood. Normal affect. Appropriate behavior for age and situation.

Results/Orders
Lab/Micro
Lab/Micro
5/19/24 19:58
Laboratory Tests

[Embedded Image Not Available]

Laboratory Tests

Test
5/19/24

White Blood Count
7.0 K/mm3

Red Blood Count
4.15 M/mm3

Hemoglobin
13.0 g/dL

Hematocrit
40.0 %

Mean Corpuscular Volume
96.4 fL

Mean Corpuscular Hemoglobin
31.3 pg

Mean Corpuscular Hemoglobin
Concent
32.5 g/dL

RDW Standard Deviation
49.5 %

RDW Coefficient of Variation
13.9 %

Platelet Count
149 K/mm3

Mean Platelet Volume
10.8 fL

Immature Granulocyte % (Auto)
0.30 %

Neutrophils % (Auto)
68.6 %

Lymphocytes % (Auto)
14.6 %

Monocytes (%) (Auto)	16.1 %
(2.0-12.0) H	
Eosinophils (%) (Auto)	0.1 %
(0.0-8.0)	
Basophils (%) (Auto)	0.3 %
(0.0-2.0)	
Neutrophils # (Auto)	4.8 K/mm3
(2.1-7.5)	
Lymphocytes # (Auto)	1.0 K/mm3
(1.2-4.5) L	
Monocytes # (Auto)	1.1 K/mm3
(0.1-1.2)	
Eosinophils # (Auto)	0.0 K/mm3
(0.0-0.6)	
Basophils # (Auto)	0.0 K/mm3
(0.0-0.2)	
Immature Granulocyte # (Auto)	0.00 K/mm3
(0.0-0.032)	
Differential Method	Auto diff
Nucleated Red Blood Cells %	0 /100 WBC
(0.0-0.2)	
Nucleated Red Blood Cells #	0
Sodium Level	140 mmol/L
(136-144)	
Potassium Level	3.6 mmol/L
(3.6-5.1)	
Chloride Level	106 mmol/L
(101-111)	
Carbon Dioxide Level	19.4 mmol/L
(22-32) L	
Anion Gap	15 (4-16)
Blood Urea Nitrogen	12 mg/dL
(8-26)	
Creatinine	0.71 mg/dL
(0.4-1.0)	
Estimated GFR (African American)	96 (> 60)
Estimated GFR (Non-African American)	79 (> 60)
Random Glucose	125 mg/dL
(74-106) H	
Calcium Level	8.9 mg/dL
(8.5-10.1)	
Magnesium Level	2.0 mg/dL
(1.8-2.4)	
Total Bilirubin	0.6 mg/dL
(0.3-1.2)	
Aspartate Amino Transf (AST/SGOT)	31 U/L (15-41)

Alanine Aminotransferase (ALT/SGPT)	17 U/L (14-54)
Alkaline Phosphatase (32-105)	62 U/L
Troponin I Hi Sensitivity Baseline	9 ng/L (2-15)
Total Protein (6.5-8.1)	7.1 gm/dL
Albumin (3.5-5.0)	3.7 gm/dL
Albumin/Globulin Ratio	1.1 (1.1-2.2)
Lipase	35 U/L (13-51)
Procalcitonin (<0.1)	< 0.05 ng/mL

Orders
Orders

Orders

Procedure	Category	Date Time	Status
Intravenous (Iv)	NUR	5/19/24 19:56	In Process
Monitoring:	NUR	5/19/24 19:56	In Process
Continuous Cardiac		19:56	
Continuous Pulse	NURRT	5/19/24	In Process
Oximetry		19:56	
O2 Nc Titr >92%- Ed	NUR	5/19/24	In Process
Only		19:56	
Cbc Automated Diff	LAB	5/19/24 19:56	Complete
EKG	EKG	5/19/24 19:56	Logged
EKG	EKG	5/19/24 20:26	In Process
Comprehensive	LAB	5/19/24	Complete
Metabolic Panel		19:56	
Obtain Previous Ekg	NUR	5/19/24 19:56	In Process
Gold Hold Tube	HOLD	5/19/24 19:56	In Process
Hemodynamic	NUR	5/19/24	In Process
Monitoring - Hdm		19:56	
Blue Hold Tube	HOLD	5/19/24 19:56	In Process
High Sens Troponin	LAB	5/19/24	Complete
Baseline		19:56	

Urinalysis Cult. If	LAB	5/19/24	Logged
Indicated		20:42	
Lactic Acid, Lactate	LAB	5/19/24	Logged
		20:42	
Add On Test	AOT	5/19/24	Transmitted
Ed Chest Portable	EDX	5/19/24	Taken
		20:42	
Acetaminophen	PHA	5/19/24	Complete
(Ofirmev		21:00	
Lipase Level	LAB	5/19/24	Complete
		19:58	
Mg, Magnesium Level	LAB	5/19/24	Complete
		19:58	
Procalcitonin	LAB	5/19/24	Complete
		19:58	

Studies

EKG Interpretation

EKG Interpretation :

Interpretation

EKG time 2024 heart rate 74 normal sinus rhythm no ST segment elevation or depression

MDM/Course

Reassessment

Reassessment Narrative :

Reassessment Narrative

Patient's procalcitonin is normal and they want to go home they do not want to wait for urine COVID or flu she is eating at bedside stable for outpatient management

MDM

MDM Narrative

Patient is a nontoxic 81-year-old female with history of hypertension who presents with generalized weakness traveled from Mexico for her grandsons graduation and has been very sleepy and tired for the last couple days has no chest pain shortness of breath vomiting diarrhea the daughter was worried and brought her in for evaluation she had 100.1 fever on arrival vitals are stable no tachycardia no hypotension normal white blood cell count H&H is normal. Electrolytes are unremarkable. The family does not want to wait for a urine or COVID test. She was given a liter of IV fluid she is eating a sandwich at bedside she appears to be in no distress physical exam was unremarkable.

Differential Diagnosis

Differential Diagnosis

Differential included but not limited to UTI, pneumonia, dehydration, acute viral syndrome

Qual Measure Pregnancy

Pregnancy

Pregnancy

The following statements DO NOT clinically apply to this patient unless there is an X present preceding one of the statements.

[] The patient is pregnant and presents with abdominal pain or vaginal bleeding. A trans-abdominal or trans-vaginal ultrasound was performed and the pregnancy location is documented. [SATISFIES MIPS PERFORMANCE]

[] The patient is pregnant and presents with abdominal pain or vaginal bleeding. A trans-abdominal or trans-vaginal ultrasound was NOT performed because [****] (ex. patient has documented intrauterine pregnancy) [MIPS PERFORMANCE EXCEPTION/EXCLUSION]

[] The patient is pregnant and presents with abdominal pain or vaginal bleeding. A trans-abdominal or trans-vaginal ultrasound was NOT performed, no reason documented. [DOES NOT SATISFY MIPS PERFORMANCE]

Quality Measure: URI

Upper Respiratory Infection

Upper Respiratory Infection

The following statements DO NOT clinically apply to this patient unless there is an X present preceding one of the statements.

[] The patient was diagnosed with upper respiratory infection and was not prescribed or dispensed an antibiotic. [SATISFIES MIPS PERFORMANCE]

[] The patient has competing comorbid condition within the last 12 months. The comorbid condition was [****] (e.g., neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease). [MIPS PERFORMANCE EXCEPTION/EXCLUSION]

[] The patient is already on antibiotics, or has taken them within the last 30 days. [MIPS PERFORMANCE EXCEPTION/EXCLUSION]

[] The patient had a competing diagnosis of [****] (e.g. acute otitis media, chronic sinusitis, cellulitis, UTI, etc.). [MIPS PERFORMANCE EXCEPTION/EXCLUSION]

[] The patient was diagnosed with upper respiratory infection and was prescribed or dispensed an antibiotic. [DOES NOT SATISFY MIPS PERFORMANCE]

Impression/Discharge

Course

Coordination of care: Patient Counseled

Progress

Condition: Stable

Clinical Impression

Impression:

Primary Impression:

Generalized muscle weakness

Disposition

Disposition: HOME-Self Care

Referral

Referrals:

NO PRIMARY CARE,Physician (PCP)

Discharge Instructions

Patient Instructions: ED Weakness (Uncertain Cause)

Additional Instructions:

Follow-up with your mother's primary care physician within a week if your mother has chest pain shortness of breath vomiting diarrhea any worsening symptoms return to the ER immediately for reevaluation. Her workup in the ER has been negative. We did not check her urine or COVID or flu however if that is a concern recommend outpatient check

VOLK,JILL L DO

May 19, 2024 20:10

<<Signature on File>>

Dictated By: _____

VOLK, JILL L DO

Signed By: _____

VOLK, JILL L DO

Co Signed By:

Addendum Signature:

Report

Date Of Birth: 12/19/1942

Ordered By: JILL VOLK

Status: Final

Medical Record: M000557109

Date: May 19 2024 7:58 PM

RUN DATE: 05/19/24	South County Hosp LAB **LIVE**	PAGE 1
RUN TIME: 2145	Specimen Inquiry	

PATIENT: GALINDO,BLANCA	ACCT: V00049643195 LOC: ER	U: M000557109
	AGE/SX: 81/F ROOM:	REG: 05/19/24
REG DR: VOLK,JILL L DO	DOB: 12/19/1942 BED:	DIS:
	STATUS: REG ER TLOC:	

SPEC #: 0519:C00103S COLL: 05/19/24-1958 STATUS: COMP REQ #: 04429206
RECD: 05/19/24-1959 SUBM DR: VOLK, JILL L DO

ENTERED: 05/19/24-1957 OTHR DR:
ORDERED: COMP, MG, 0HR HS TROP, LIP, PROCALCITONIN
DELETED:
COMMENTS: AOT PCT, MAG, AND LIP AT 2058 ON 5/19/24. LE

Test	Result	Flag	Reference
COMP			
GLUCOSE	125	H	74-106 mg/dL
BUN	12		8-26 mg/dL
CREA W eGFR			
CREATININE	0.71		0.4-1.0 mg/dL
eGFR AFRIC AMER	96		> 60
	GFR value is reported as mL/min/1.73		square meters
eGFR NON-AFR AM	79		> 60
	GFR value is reported as mL/min/1.73		square meters
LYTES			
SODIUM	140		136-144 mmol/L
POTASSIUM	3.6		3.6-5.1 mmol/L
CHLORIDE	106		101-111 mmol/L
CARBON DIOXIDE	19.4	L	22-32 mmol/L
ANION GAP	15		4-16
CALCIUM	8.9		8.5-10.1 mg/dL
MAGNESIUM	2.0		1.8-2.4 mg/dL
OHR HS TROP	9		2-15 ng/L
LIPASE	35		13-51 U/L
AST/SGOT	31		15-41 U/L
ALT/SGPT	17		14-54 U/L
ALK PHOSPHATASE	62		32-105 U/L
TOTAL PROTEIN	7.1		6.5-8.1 gm/dL
ALBUMIN	3.7		3.5-5.0 gm/dL
A/G RATIO	1.1		1.1-2.2
BILIRUBIN,TOTAL	0.6		0.3-1.2 mg/dL
PROCALCITONIN	< 0.05		<0.1 ng/mL
	Normal: <0.1 ng/mL (infants >72 hours - adults)		
	Suspected Lower Respiratory Tract Infection:		
	0.1 - 0.25 ng/mL - Low likelihood for bacterial infection.		
	>0.25 ng/mL - Increased likelihood bacterial infection.		
	Suspected Sepsis:		
	0.1 - 0.5 ng/mL - Low likelihood for sepsis.		
	>0.5 ng/mL - Increased likelihood sepsis.		
	>2.0 ng/mL - High risk of sepsis/septic shock.		
	Interpretive Information:		
	Localized bacterial infections and the early stages of systemic infection can both be associated with PCT levels of		

** CONTINUED ON NEXT PAGE **

RUN DATE: 05/19/24	South County Hosp LAB **LIVE**	PAGE 2
RUN TIME: 2145	Specimen Inquiry	

SPEC: 0519:C00103S	PATIENT: GALINDO,BLANCA	V00049643195 (Continued)

Test	Result	Flag	Reference
	< 0.5 ng/mL.		
	Increased PCT levels can occur after severe noninfectious, inflammatory stimuli such as major burns, severe trauma, acute multi-organ failure, or major abdominal or cardiothoracic surgery. In cases of noninfectious elevations, PCT levels should begin to fall after 24 to 48 hours.		

|
| PCT concentrations between 0.5 and 2.0 ng/mL should be
| interpreted taking into account the patient's history. It is
| recommended to retest PCT within 6-24 hours if any
| concentrations < 2 ng/mL are obtained and bacterial
| infection is suspected.

** END OF REPORT **

Report

Patient: BLANCA GALINDO

Type: Lab

Name: COMPREHENSIVE METABOLIC PANEL

Account: V00049643195

Date: May 19 2024 7:58 PM

Date Of Birth: 12/19/1942

Ordered By: JILL VOLK

Status: Final

Medical Record: M000557109

RUN DATE: 05/19/24 South County Hosp LAB **LIVE** PAGE 1
RUN TIME: 2145 Specimen Inquiry

PATIENT: GALINDO,BLANCA ACCT: V00049643195 LOC: ER U: M000557109
AGE/SX: 81/F ROOM: REG: 05/19/24
REG DR: VOLK,JILL L DO DOB: 12/19/1942 BED: DIS:
STATUS: REG ER TLOC:-----

SPEC #: 0519:C00103S COLL: 05/19/24-1958 STATUS: COMP REQ #: 04429206
RECD: 05/19/24-1959 SUBM DR: VOLK,JILL L DO

ENTERED: 05/19/24-1957 OTHR DR:
ORDERED: COMP, MG, OHR HS TROP, LIP, PROCALCITONIN
DELETED:
COMMENTS: AOT PCT, MAG, AND LIP AT 2058 ON 5/19/24. LE

Test	Result	Flag	Reference
COMP			
GLUCOSE	125	H	74-106 mg/dL
BUN	12		8-26 mg/dL
CREA W eGFR			
CREATININE	0.71		0.4-1.0 mg/dL
eGFR AFRIC AMER	96		> 60
	GFR value is reported as mL/min/1.73 square meters		
eGFR NON-AFR AM	79		> 60
	GFR value is reported as mL/min/1.73 square meters		
LYTES			
SODIUM	140		136-144 mmol/L
POTASSIUM	3.6		3.6-5.1 mmol/L
CHLORIDE	106		101-111 mmol/L
CARBON DIOXIDE	19.4	L	22-32 mmol/L
ANION GAP	15		4-16
CALCIUM	8.9		8.5-10.1 mg/dL
MAGNESIUM	2.0		1.8-2.4 mg/dL
OHR HS TROP	9		2-15 ng/L
LIPASE	35		13-51 U/L
AST/SGOT	31		15-41 U/L
ALT/SGPT	17		14-54 U/L
ALK PHOSPHATASE	62		32-105 U/L
TOTAL PROTEIN	7.1		6.5-8.1 gm/dL
ALBUMIN	3.7		3.5-5.0 gm/dL
A/G RATIO	1.1		1.1-2.2
BILIRUBIN,TOTAL	0.6		0.3-1.2 mg/dL
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	systemic infection can both be associated with PCT levels of		

** CONTINUED ON NEXT PAGE **

RUN DATE: 05/19/24 South County Hosp LAB **LIVE** PAGE 2
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SPEC: 0519:C00103S PATIENT: GALINDO,BLANCA V00049643195 (Continued)

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** END OF REPORT **

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** END OF REPORT **

Report

Patient: BLANCA GALINDO
Type: Lab
Name: MAGNESIUM LEVEL
Account: V00049643195
Date: May 19 2024 7:58 PM

Date Of Birth: 12/19/1942
Ordered By: JILL VOLK
Status: Final
Medical Record: M000557109

RUN DATE: 05/19/24 South County Hosp LAB **LIVE** PAGE 1
RUN TIME: 2145 Specimen Inquiry

PATIENT: GALINDO,BLANCA ACCT: V00049643195 LOC: ER U: M000557109
AGE/SX: 81/F ROOM: REG: 05/19/24
REG DR: VOLK,JILL L DO DOB: 12/19/1942 BED: DIS:
STATUS: REG ER TLOC:-----

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ORDERED: COMP, MG, OHR HS TROP, LIP, PROCALCITONIN
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CREA W eGFR			
CREATININE	0.71		0.4-1.0 mg/dL
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REG DR: VOLK,JILL L DO		DOB: 12/19/1942	BED:	DIS:
		STATUS: REG ER	TLOC:	

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COMP			
GLUCOSE	125	H	74-106 mg/dL
BUN	12		8-26 mg/dL
CREA W eGFR			
CREATININE	0.71		0.4-1.0 mg/dL
eGFR AFRIC AMER	96		> 60
	GFR value is reported as mL/min/1.73 square meters		
eGFR NON-AFR AM	79		> 60
	GFR value is reported as mL/min/1.73 square meters		
LYTES			
SODIUM	140		136-144 mmol/L
POTASSIUM	3.6		3.6-5.1 mmol/L
CHLORIDE	106		101-111 mmol/L
CARBON DIOXIDE	19.4	L	22-32 mmol/L
ANION GAP	15		4-16
CALCIUM	8.9		8.5-10.1 mg/dL
MAGNESIUM	2.0		1.8-2.4 mg/dL
0HR HS TROP	9		2-15 ng/L
LIPASE	35		13-51 U/L
AST/SGOT	31		15-41 U/L
ALT/SGPT	17		14-54 U/L
ALK PHOSPHATASE	62		32-105 U/L
TOTAL PROTEIN	7.1		6.5-8.1 gm/dL
ALBUMIN	3.7		3.5-5.0 gm/dL
A/G RATIO	1.1		1.1-2.2
BILIRUBIN,TOTAL	0.6		0.3-1.2 mg/dL
PROCALCITONIN	< 0.05		<0.1 ng/mL
	Normal: <0.1 ng/mL (infants >72 hours - adults)		
	Suspected Lower Respiratory Tract Infection:		
	0.1 - 0.25 ng/mL - Low likelihood for bacterial infection.		
	>0.25 ng/mL - Increased likelihood bacterial infection.		
	Suspected Sepsis:		
	0.1 - 0.5 ng/mL - Low likelihood for sepsis.		
	>0.5 ng/mL - Increased likelihood sepsis.		
	>2.0 ng/mL - High risk of sepsis/septic shock.		
	Interpretive Information:		
	Localized bacterial infections and the early stages of		
	systemic infection can both be associated with PCT levels of		

** CONTINUED ON NEXT PAGE **

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RUN DATE: 05/19/24          South County Hosp LAB **LIVE**          PAGE 2
RUN TIME: 2145              Specimen Inquiry
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SPEC: 0519:C00103S      PATIENT: GALINDO,BLANCA          V00049643195  (Continued)

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Test	Result	Flag	Reference
	< 0.5 ng/mL.		
	Increased PCT levels can occur after severe noninfectious, inflammatory stimuli such as major burns, severe trauma, acute multi-organ failure, or major abdominal or cardiothoracic surgery. In cases of noninfectious elevations, PCT levels should begin to fall after 24 to 48 hours.		

|
| PCT concentrations between 0.5 and 2.0 ng/mL should be
| interpreted taking into account the patient's history. It is
| recommended to retest PCT within 6-24 hours if any
| concentrations < 2 ng/mL are obtained and bacterial
| infection is suspected.

** END OF REPORT **