

DOB: (60 yo M) Acc No.

REFERRAL

Derrick W Wright, PA-C

Family Medicine

Nhc Temecula

41840 Enterprise Circle North , Temecula, CA-925905654

Tel: 951-225-6400 Fax: 360-462-2751

Date:

Patient Information:

Patient Name:

Patient DOB:

Patient Insurance:

IEHP Medical IHP

Patient Subscriber No:

Patient Address:

Patient Phone:

Patient Work Phone:

Patient Cell Phone:

Patient SSN:

Insurance Information

Insurance Name:

IEHP Medical IHP

Subscriber Name:

Subscriber DOB:

Subscriber No:

Subscriber Group No:

Subscriber Address:

Subscriber Phone:

Insurance(Dental) Information

Insurance Name:

Medi-cal FQHC Dental

Subscriber Name:

Subscriber DOB:

Subscriber No:

Subscriber Group No:

Subscriber Address:

Subscriber Phone:

Referral From Information:

Provider Name:

Wright, Derrick

Provider ID Number:

952796316

Provider UPIN:

Provider NPI:

1174708275

Provider Facility:

Nhc Temecula

Provider Speciality:

Family Medicine

Address1:

41840 Enterprise Circle North

Address2:

City, State, Zip:

Temecula, CA, 925905654

Phone:

951-225-6400

Fax:

360-462-2751

Referral To Information:

Provider Name:

Murrieta The Urology Center

Provider ID Number:

Provider UPIN:

Provider NPI:

Provider Facility:

Provider Speciality:

Urology

Address1:

28078 Baxter Road

Address2:

Ste 450

Alerts

City, State, Zip:

Murrieta, CA, 92563

Phone:

951-677-3000

Appt. Date/Time:

Fax:

951-672-4171

Facility Tax ID Number:

REFERRAL

Derrick W Wright, PA-C
Family Medicine
Nhc Temecula
41840 Enterprise Circle North , Temecula, CA-925905654
Tel: 951-225-6400 Fax: 360-462-2751

Reason For Referral:

Authorization No: **Authorization Type:** Pending Authorization IEHP
Reason: Urology// please eval and manage and thank you
Diagnosis: R39.11 - Urinary hesitancy
 N39.44 - Bed wetting

E/M Codes:
Procedures:
Visits Allowed: 0
Unit Type: V (VISIT)
Start Date: 03/22/2024
End Date: 03/22/2025

Provider NPI: 1174708275

Electronically signed by Derrick W Wright, PA-C on

Progress Note



60 Y old Male, DOB: [REDACTED]
Account Number: [REDACTED]

Insurance: IEHP Medical IHP
Appointment Facility: Nhc Temecula

Derrick W Wright, PA-C

Reason for Appointment

1. F/u lab results

History of Present Illness

MA Initial Assessment:

60yo male here for ref to Nutritionist and ref to get Diapers for bed wetting. Requesting lab results. [Silva,Norma MA 03/22/2024 08:13 AM PDT].

MD/DO/PA/NP::

Pt here for:

1. Bed-wetting/urinary incontinence: states has to change clothes 6 x's day and wets bed because he cannot make it to the bathroom in time. Requesting bed pads because his mattress is getting damaged. Discussed needing to get assessed by Urologist and get imaging in order for insurance to cover bed pads. Pt understands but is reluctant to comply. In previous visits and today pt has not been noted to have soiled pants.

2. Lab results: provided pt with copy, discussed labs

3. Ambulation: states he is unable to ambulate and needs something better than current walker, discussed previously being referred to neurology and to assess ambulation and lower leg weakness. Pt states he was not aware of referral. Provided with both referrals today.

4. Nutrition: states needs referral to nutrition because he has no teeth and is unable to eat solid foods and is unsure what he should eat. Referral provided.

Current Medications

Taking

- Ativan
- Abilify 20 mg Tablet 1 tablet Orally 10 mg in the AM 20 mg in the PM
- BuSpar 15 mg 1 tablet orally twice day
- Amitriptyline HCl
- Tamsulosin HCl 0.4 MG Capsule 1 capsule for urine issues Orally Once a day
- Ondansetron HCl 4 MG Tablet TAKE ONE TABLET BY MOUTH 3 TIMES DAILY AS NEEDED Oral
- Vitamin D3 10 MCG (400 UNIT) Tablet TAKE ONE TABLET BY MOUTH EVERY MORNING AS NEEDED Oral
- Lisinopril 10 MG Tablet 1 tablet for blood pressure Orally Once a day
- Loratadine 10 MG Tablet 1 tablet Orally Once a day
- Carafate 1 GM Tablet 1 tablet on an empty stomach Orally Twice a day
- Test Strips N/A N/A 1 strip In Viro once a day prn i
- Ammonium Lactate 12 % Cream 1 application Externally Twice a day

Not-Taking

- ibuprofen
- Multivitamin
- Magnesium
- Iron
- potassium

Medication List reviewed and reconciled with the patient

Past Medical History

Dependent on walker for ambulation.

Muscle weakness of lower extremity.

Urinary hesitancy.

Falling episodes.

[REDACTED]

Mood disorder.
Essential hypertension.
Ventral hernia without obstruction or gangrene.
Schizophrenia, disorganized.
Gait disorder.
Pre-diabetes.
CAIRS ID: 36503851.
COPD.
Asthma.

Surgical History

gastrobypas 2003
hernia repair 2023

Family History

Father: alive
Mother: alive, lupus, diagnosed with DM, CA
3 brother(s) , 2 sister(s) . 1 daughter(s) - healthy.

Social History

Tobacco Use:

Smoking
Do you smoke or use tobacco? *current smoker Vapes*
how much *1 PPD*
Date Tobacco Use Assessed [REDACTED]
Smoke exposure
? *no*

Refused Intervention:

Immunizations
Refused on [REDACTED]
Immunization type: *Zostavax, PCV20*
Recommended Zostavax [REDACTED]

Communication needs:

Will you require any special needs relating to communicating to us or understanding medical information presented to you?
: *Literacy*
Date Assessed
: [REDACTED]

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

gastrobypass 2003
hernia repair 2023

Review of Systems

General ROS:

Constitutional: Denies any fever, change in appetite or weight, . Respiratory: Denies: cough, wheezing, dyspnea.. Cardiac: Denies: chest pain, palpitations. G.I: Denies: pain, nausea, vomiting, diarrhea. G.U: Denies: dysuria, frequency, urgency, hesitancy, flank pain, hematuria. Psych: Denies: change in mood, depression or anxiety . Endocrine: Denies: heat or cold intolerance.

Vital Signs

Temp: **97.3**, BP: **102/68**, HR: **82**, RR: **18**, Ht(in): **66.93**, Wt(lbs): **181.2**, Wt (kg): **82.19 kg**, BMI: **28.44 Index**

Past Orders

Lab:Anemia Panel (Fe+TIBC+Fer+B12+Folic+Retic) (205526) \$16.50

Result: Low

Ferritin, Serum	13	L	30-400 - ng/mL
Folate (Folic Acid), Serum	13.6		>3.0 - ng/mL
Iron Bind.Cap.(TIBC)	365		250-450 - ug/dL

Iron Saturation	8	LL	15-55 - %
Iron, Serum	31	L	38-169 - ug/dL
Reticulocyte Count	1.0		0.6-2.6 - %
UIBC	334		111-343 - ug/dL
Vitamin B12	349		232-1245 - pg/mL
Clinical Info: 1 sst 1 lav sent to labcorp.bg			

Lab:Lipid Panel w/ non-HDL (343925) \$4

Collection Date	02/12/2024	02/11/2021
Order Date	02/12/2024	02/11/2021
Result:	Normal	Normal
Cholesterol, Total	NR	177 (Ref Range: 100-199 mg/dL)
HDL Cholesterol	NR	73 (Ref Range: >39 mg/dL)
Non-HDL Cholesterol	128 (Ref Range: 0-129 mg/dL)	104 (Ref Range: 0-129 mg/dL)
Triglycerides	NR	94 (Ref Range: 0-149 mg/dL)
VLDL Cholesterol Cal	NR	17 (Ref Range: 5-40 mg/dL)
LDL Chol Calc (NIH)	NR	87 (Ref Range: 0-99 mg/dL)
Notes:		Jimenez, Lupe 02/11/2021 10:06:35 AM PST > x 4sst x 1 lav Sent to LC.
Clinical Info:	2sst 2lav sent to labcopr.bg	x 4sst x 1 lav

Lab:CBC With Differential/Platelet [005009] \$1.50 (Order Date - 02/12/2024)

Result: Hb 12.1

	Value		Reference Range
WBC	6.2		3.4-10.8 - x10E3/uL
RBC	4.14		4.14-5.80 - x10E6/uL
Hemoglobin	12.1	L	13.0-17.7 - g/dL
Hematocrit	37.4	L	37.5-51.0 - %
MCV	90		79-97 - fL
MCH	29.2		26.6-33.0 - pg
MCHC	32.4		31.5-35.7 - g/dL
Neutrophils	49		Not Estab. - %
Lymphs	27		Not Estab. - %
Monocytes	15		Not Estab. - %
Eos	7		Not Estab. - %
Basos	2		Not Estab. - %
Platelets	354		150-450 - x10E3/uL
Neutrophils (Absolute)	3.0		1.4-7.0 - x10E3/uL
Lymphs (Absolute)	1.7		0.7-3.1 - x10E3/uL
Monocytes(Absolute)	0.9		0.1-0.9 - x10E3/uL
Eos (Absolute)	0.5	H	0.0-0.4 - x10E3/uL
Baso (Absolute)	0.2		0.0-0.2 - x10E3/uL
RDW	13.8		11.6-15.4 - %
Immature Grans (Abs)	0.0		0.0-0.1 - x10E3/uL
Immature Granulocytes	0		Not Estab. - %

Notes: Ayon Martinez, Carlos X 02/13/2024 09:23:39 PM PST > mild anemia, need new labs to assess, follow up with your PCP
Clinical Info: 2sst 2lav sent to labcopr.bg

Lab:CMP, Comp. Metabolic Panel (322000) \$1.75

Result: Normal

	<u>Value</u>	<u>Reference Range</u>
A/G Ratio	1.6	1.2-2.2 -
Albumin, Serum	4.0	3.8-4.9 - g/dL
Alkaline Phosphatase, S	113	44-121 - IU/L
ALT (SGPT)	17	0-44 - IU/L
AST (SGOT)	16	0-40 - IU/L
Bilirubin, Total	0.3	0.0-1.2 - mg/dL
BUN	26	8-27 - mg/dL
BUN/Creatinine Ratio	24	10-24 -
Calcium, Serum	9.4	8.6-10.2 - mg/dL
Carbon Dioxide, Total	23	20-29 - mmol/L
Chloride, Serum	105	96-106 - mmol/L
Creatinine, Serum	1.08	0.76-1.27 - mg/dL
Globulin, Total	2.5	1.5-4.5 - g/dL
Glucose, Serum	96	70-99 - mg/dL
Potassium, Serum	4.9	3.5-5.2 - mmol/L
Protein, Total, Serum	6.5	6.0-8.5 - g/dL
Sodium, Serum	139	134-144 - mmol/L
eGFR	79	>59 - mL/min/1.73

Clinical Info: 2sst 2lav sent to labcopr.bg

Lab:Lipid Panel + LP(a) (257564) \$10 (Order Date - 02/12/2024) (Collection Date - 02/12/2024)

Result: LDL 109

Cholesterol, Total	203	H	100-199 - mg/dL
Triglycerides	110		0-149 - mg/dL
HDL Cholesterol	75		>39 - mg/dL
VLDL Cholesterol Cal	19		5-40 - mg/dL
LDL Chol Calc (NIH)	109	H	0-99 - mg/dL
T. Chol/HDL Ratio	2.7		0.0-5.0 - ratio
LDL/HDL Ratio	1.5		0.0-3.6 - ratio
Lipoprotein (a)	19.8		<75.0 - nmol/L

Notes: [REDACTED] > Decrease fatty foods in diet, keep appt with your PCP

Clinical Info: 2sst 2lav sent to labcopr.bg

Lab:Hb A1c with eAG Estimation [REDACTED] Free

Collection Date	[REDACTED]	
Order Date	[REDACTED]	
Result:	6.1	6.1
Estim. Avg Glu (eAG)	128 (Ref Range: mg/dL)	128 (Ref Range: mg/dL)
Hemoglobin A1c	6.1 H (Ref Range: 4.8-5.6 %)	6.1 H (Ref Range: 4.8-5.6 %)
Notes:	Ayon Martinez, Carlos X 02/13/2024 08:57:55 PM PST > Still at prediabetes levels	Jimenez, Lupe 02/11/2021 10:06:35 AM PST > x 4sst x 1 lav Sent to LC.
Clinical Info:	2sst 2lav sent to labcopr.bg	x 4sst x 1 lav

Examination

General Examination:

GENERAL: **VS reviewed**, in no acute distress, cooperative .

SKIN: no rash or skin lesions, good turgor, **moist, warm**.

NECK/THYROID: no lymphadenopathy, no mass, supple, thyroid normal .

RESPIRATORY: clear to auscultation bilaterally, no wheezes, rhonchi, rales.

CARDIOVASCULAR: normal S1S2, regular rate and rhythm, no murmurs, rubs or gallops.

GASTROINTESTINAL: soft, non-tender, without mass or organomegaly, no rebound or guarding, no rigidity, normal bowel sounds.

[REDACTED]

EXTREMITIES: no clubbing, cyanosis, or edema.

NEUROLOGIC EXAM: no obvious neurologic deficit, detailed testing not done, moves all extremities well, no obvious neurologic abnormality, gait assisted with walker , motor 5/5 bilaterally proximally and distally in all 4 extremities , DTRs 1-2+ in all 4 extremities.

PSYCH affect normal.

Assessments

1. Essential hypertension - I10
2. Iron deficiency anemia secondary to inadequate dietary iron intake - D50.8
3. Pre-diabetes - R73.03
4. Urinary hesitancy - R39.11
5. Bed wetting - N39.44
6. No natural teeth - K08.109
7. Non compliance with medical treatment - Z91.199
8. Urinary frequency - R35.0
9. Muscle weakness of lower extremity - M62.81

Treatment

1. Essential hypertension

Continue Lisinopril Tablet, 10 MG, 1 tablet for blood pressure, Orally, Once a day

2. Iron deficiency anemia secondary to inadequate dietary iron intake

Start Ferrous Sulfate Tablet, 325 (65 Fe) MG, 1 tablet for iron replacement, Orally, Once a day, 90 days, 90 Tablet, Refills 2

3. Pre-diabetes

Notes: Prediabetes: Care Instructions material was printed

Referral To:Nutrition

Reason:Nutrition// please eval and manage, thank you

4. Urinary hesitancy

IMAGING: Ultrasound : Bladder

Notes : [REDACTED] > Temecula Imaging Center, Phone-951-587-8956, Address-25395 Hancock Ave Suite #110, Murrieta, Ca 92562

Referral To:Urology

Reason:Urology// please eval and manage and thank you

5. Bed wetting

Referral To:Urology

Reason:Urology// please eval and manage and thank you

6. No natural teeth

Referral To:Nutrition

Reason:Nutrition// please eval and manage, thank you

7. Urinary frequency

Continue Tamsulosin HCl Capsule, 0.4 MG, 1 capsule for urine issues, Orally, Once a day

8. Muscle weakness of lower extremity

Notes: To sched PT and neuro as referred and CT imaging as order all copies provided to pt again.

9. Others

Clinical Notes: By signing my name below, I [REDACTED] attest that this documentation has been prepared from dictation by and under the direction of Derrick Wright PA-C Electronically signed [REDACTED]

Preventive Medicine

Daily Huddle:

Notes: Needs CRC Needs Shingles,Flu,Pcv20 Outstanding DIs: 2/19/24: X ray : Hip, bilateral 2/19/24: X ray : Knee, Bilateral 3 views 2/19/24: X ray :



Lumbar Spine min 4 views Outstanding Refs: 3/20/24: Miscellaneous 2/19/24: DME 2/19/24: Physical Therapy 2/19/24: Neurology 2/19/24: Podiatry
1/22/24: Gastroenterology (Silva,Norma 03/20/2024 01:31:32 PM).

Post Visit Summary:

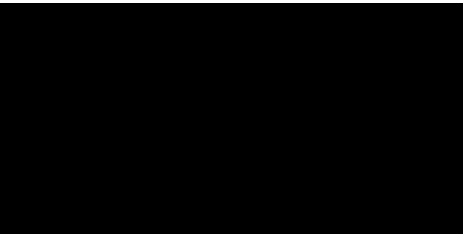
Visit Summary Given at today's visit, Silva, Norma [redacted] .
Patient Education Given at today's visit, Silva, Norma [redacted] .

Procedure Codes

3074F SYST BP LT 130 MM HG
3078F DIAST BP < 80 MM HG

Follow Up

PRN



Electronically signed by Derrick Wright on [redacted]
Sign off status: Completed

Nhc Temecula
41840 Enterprise Circle North
Temecula, CA 925905654
Tel: 951-225-6400
Fax: 360-462-2751

Progress Note: Derrick W Wright, PA-C 03/22/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Lab Report

Nhc Temecula

41840 Enterprise Circle North , Temecula, CA 925905654

951-225-6400

FINAL RESULT

Accession ID:

Lab Ref ID:

Order Date:

Result Recd:

Coll. Date:

Report:

Requesting Physician: Wright, Derrick

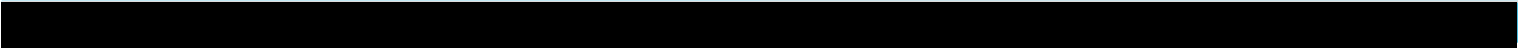
Ordering Physician: Wright, Derrick

Anemia Panel (Fe+TIBC+Fer+B12+Folic+Retic) (205526) \$16.50

	NAME	VALUE	REFERENCE RANGE	LAB
F	Vitamin B12	349	232-1245 (pg/mL)	SO
F	Folate (Folic Acid), Serum	13.6	>3.0 (ng/mL)	SO
A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency.				
F	Ferritin	13	30-400 (ng/mL)	SO
F	Reticulocyte Count	1.0	0.6-2.6 (%)	SO
F	Iron Bind.Cap.(TIBC)	365	250-450 (ug/dL)	SO
F	UIBC	334	111-343 (ug/dL)	SO
F	Iron	31	38-169 (ug/dL)	SO
F	Iron Saturation	8	15-55 (%)	SO

Clinical Information:1 sst 1 lav sent to labcor p.bg

PERFORMING LAB: Labcorp San Diego, 13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108, Phone - 8586683700, Director - MDCollum, Jr





FINAL RESULT

Accession ID:

Lab Ref ID:

Order Date:

Result Recd:

Coll. Date:

Report:

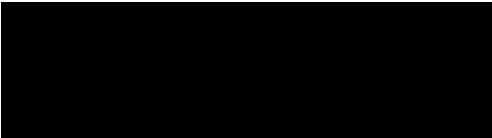
Requesting Physician: Ayon Martinez, Carlos

Ordering Physician: Ayon Martinez, Carlos

CBC With Differential/Platelet [005009] \$1.50

	NAME	VALUE	REFERENCE RANGE	LAB
F	WBC	6.2	3.4-10.8 (x10E3/uL)	SO
F	RBC	4.14	4.14-5.80 (x10E6/uL)	SO
F	Hemoglobin	12.1 <div></div>	13.0-17.7 (g/dL)	SO
F	Hematocrit	37.4 <div></div>	37.5-51.0 (%)	SO
F	MCV	90	79-97 (fL)	SO
F	MCH	29.2	26.6-33.0 (pg)	SO
F	MCHC	32.4	31.5-35.7 (g/dL)	SO
F	RDW	13.8	11.6-15.4 (%)	SO
F	Platelets	354	150-450 (x10E3/uL)	SO
F	Neutrophils	49	Not Estab. (%)	SO
F	Lymphs	27	Not Estab. (%)	SO
F	Monocytes	15	Not Estab. (%)	SO
F	Eos	7	Not Estab. (%)	SO
F	Basos	2	Not Estab. (%)	SO
F	Immature Cells			SO
F	Neutrophils (Absolute)	3.0	1.4-7.0 (x10E3/uL)	SO
F	Lymphs (Absolute)	1.7	0.7-3.1 (x10E3/uL)	SO
F	Monocytes(Absolute)	0.9	0.1-0.9 (x10E3/uL)	SO
F	Eos (Absolute)	0.5 <div></div>	0.0-0.4 (x10E3/uL)	SO
F	Baso (Absolute)	0.2	0.0-0.2 (x10E3/uL)	SO
F	Immature Granulocytes	0	Not Estab. (%)	SO
F	Immature Grans (Abs)	0.0	0.0-0.1 (x10E3/uL)	SO
	NRBC			SO
F	Hematology Comments:			SO
Clinical Information:2sst 2lav sent to labcopr. bg				
PERFORMING LAB: Labcorp San Diego, 13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108, Phone - 8586683700, Director - MDCollum, Jr				





FINAL RESULT

Accession ID:		Lab Ref ID:	
Order Date:		Result Recd	
Coll. Date:		Report:	
Requesting Physician: Ayon Martinez, Carlos		Ordering Physician: Ayon Martinez, Carlos	

Hb A1c with eAG Estimation (102525) Free

	NAME	VALUE	REFERENCE RANGE	LAB
F	Hemoglobin A1c	6.1	4.8-5.6 (%)	SO
	Prediabetes: 5.7 - 6.4			
	Diabetes: >6.4			
	Glycemic control for adults with diabetes: <7.0			
F	Estim. Avg Glu (eAG)	128	(mg/dL)	SO
	Clinical Information:2sst 2lav sent to labcopr. bg			
	PERFORMING LAB: Labcorp San Diego, 13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108, Phone - 8586683700, Director - MDCollum, Jr			



FINAL RESULT

Accession ID:

Lab Ref ID:

Order Date:

Result Recd:

Coll. Date:

Report:

Requesting Physician: Ayon Martinez, Carlos

Ordering Physician: Ayon Martinez, Carlos

CMP, Comp. Metabolic Panel (322000) \$1.75

	NAME	VALUE	REFERENCE RANGE	LAB
F	Glucose	96	70-99 (mg/dL)	SO
F	BUN	26	8-27 (mg/dL)	SO
F	Creatinine	1.08	0.76-1.27 (mg/dL)	SO
F	eGFR	79	>59 (mL/min/1.73)	SO
F	BUN/Creatinine Ratio	24	10-24	SO
F	Sodium	139	134-144 (mmol/L)	SO
F	Potassium	4.9	3.5-5.2 (mmol/L)	SO
F	Chloride	105	96-106 (mmol/L)	SO
F	Carbon Dioxide, Total	23	20-29 (mmol/L)	SO
F	Calcium	9.4	8.6-10.2 (mg/dL)	SO
F	Protein, Total	6.5	6.0-8.5 (g/dL)	SO
F	Albumin	4.0	3.8-4.9 (g/dL)	SO
F	Globulin, Total	2.5	1.5-4.5 (g/dL)	SO
F	A/G Ratio	1.6	1.2-2.2	SO
F	Bilirubin, Total	0.3	0.0-1.2 (mg/dL)	SO
F	Alkaline Phosphatase	113	44-121 (IU/L)	SO
F	AST (SGOT)	16	0-40 (IU/L)	SO
F	ALT (SGPT)	17	0-44 (IU/L)	SO

Clinical Information:2sst 2lav sent to labcopr. bg

PERFORMING LAB: Labcorp San Diego, 13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108, Phone - 8586683700, Director - MDCollum, Jr



FINAL RESULT

Accession ID:		Lab Ref ID:	
Order Date:		Result Recd:	
Coll. Date:		Report:	
Requesting Physician: Wright, Derrick		Ordering Physician: Ayon Martinez, Carlos	

Lipid Panel w/ non-HDL (343925) \$4

NAME		VALUE	REFERENCE RANGE	LAB
F	Non-HDL Cholesterol	128	0-129 (mg/dL)	SO
Clinical Information:2sst 2lav sent to labcopr. bg				
PERFORMING LAB: Labcorp San Diego, 13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108, Phone - 8586683700, Director - MDCollum, Jr				



FINAL RESULT

Accession ID:

Lab Ref ID:

Order Date:

Result Recd:

Coll. Date:

Report:

Requesting Physician: Ayon Martinez, Carlos

Ordering Physician: Ayon Martinez, Carlos

Lipid Panel + LP(a) (257564) \$10

	NAME	VALUE	REFERENCE RANGE	LAB
F	Cholesterol, Total	203	100-199 (mg/dL)	SO
F	Triglycerides	110	0-149 (mg/dL)	SO
F	HDL Cholesterol	75	>39 (mg/dL)	SO
F	VLDL Cholesterol Cal	19	5-40 (mg/dL)	SO
F	LDL Chol Calc (NIH)	109	0-99 (mg/dL)	SO
	Comment:			SO
F	T. Chol/HDL Ratio	2.7	0.0-5.0 (ratio)	SO
	T. Chol/HDL Ratio			
		Men	Women	
	1/2 Avg.Risk	3.4	3.3	
	Avg.Risk	5.0	4.4	
	2X Avg.Risk	9.6	7.1	
	3X Avg.Risk	23.4	11.0	
F	LDL/HDL Ratio	1.5	0.0-3.6 (ratio)	SO
	LDL/HDL Ratio			
		Men	Women	
	1/2 Avg.Risk	1.0	1.5	
	Avg.Risk	3.6	3.2	
	2X Avg.Risk	6.2	5.0	
	3X Avg.Risk	8.0	6.1	
F	Lipoprotein (a)	19.8	<75.0 (nmol/L)	BN
	Note: Values greater than or equal to 75.0 nmol/L may indicate an independent risk factor for CHD, but must be evaluated with caution when applied to non-Caucasian populations due to the influence of genetic factors on Lp(a) across ethnicities.			

Clinical Information:2sst 2lav sent to labcopr. bg

PERFORMING LAB: Labcorp San Diego, 13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108, Phone - 8586683700, Director - MDCollum, Jr

PERFORMING LAB: Labcorp Burlington, 1447 York Court, Burlington, NC 272153361, Phone - 8007624344, Director - MDNagendra

Diagnostic Imaging

Nhc Temecula 41840 Enterprise Circle North Temecula, CA 925905654 Tel: 951-225-6400 Fax: 360-462-2751		Derrick W Wright, PA-C Family Medicine	
Patient:			
DOB:			
Address:			
Phone:			
Ordered Date:			
Assessments:	Urinary hesitancy - R39.11		
DI:	Ultrasound : Bladder		
Fasting:	No		
Specimen:	Collection Date:		
Clinical Info:			
Name	Value	Reference Range	
Result:			
Received Date:			
Notes:	Silva, Norma > Temecula Imaging Center, Phone-951-587-8956, Address-25395 Hancock Ave Suite #110, Murrieta, Ca 92562		

Patient Documents

XR Kub Supine Abdomen

Save Feedback

Is the report helpful?

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Clinical Imaging Links

View Images for XR Kub Supine Abdomen

Study Result

XR KUB SUPINE ABDOMEN (14218)

Abdomen one view

HISTORY: Generalized abdominal pain

COMPARISON: None.

INDICATION:

Postoperative changes are present. There is a radiopaque ring at the left upper quadrant with numerous surgical clips in the left upper quadrant and left hemipelvis, and surgical staples.

The bowel gas pattern is nonspecific. There are no dilated loops of bowel to indicate obstruction. Moderate volume stool, no evidence of obstruction. Free intraperitoneal air cannot be excluded on a supine film.

IMPRESSION:

Nonspecific bowel gas pattern. Postoperative changes. Constipation. Please correlate clinically.

This report was electronically signed by:

Neeraj Grewal MD

Imaging

XR Kub Supine Abdomen Order: 200031103 - 5/4/2019

Result History

XR Kub Supine Abdomen Order: 4300031103 on 5/4/2019 - Order Result History Report

Associated Procedural Documentation (if applicable)

Open Associated Procedural Documentation (if applicable)

Signed by

Signature

Date/Time

Phone

Pager

Exam Information

Series

Exam Region

Exam Order

Final (P)

12

View/Print Requisition

XR Kub Supine Abdomen

Protocol Summary

This study doesn't have any protocol information

Order Information

Order Date/Time

Order Date/Time

Exam Date/Time

Order Date/Time

Order Details

Frequency

Duration

Priority

Order Class

PNV/Repeating

1 occurrence

Route

Any/Any Performed

Order Provider Info

Office

Phone

Pager

E-mail

Ordering User

Rodriguez Oscar

Authorizing Provider

Catal, Mai Cecilia Juico, MD

551-446-

4000

Attending Provider

Catal, Mai Cecilia Juico, MD

551-446-

4000

When Ordered

550-210-

8180

Billing Provider

Grewal, Neeraj Singh, MD

550-210-

8180

External Result Report

View Encounter

Encounter

View Encounter

Result Routing Report

Additional Details

View Order Tracking

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