PATIENT CHART -
Boerner, Stephen
2649 tiffton st s
Gulfport FL 33711
O: (215) 530-0545(preferred)

DOB: 6/25/1985 AGE: 39 yrs. Acct#: 226

DEMOGRAPHICS

NAME: Boerner, Stephen
PATIENT ID/#: 226
MRN:
BIRTH DATE: 6/25/1985
AGE: 39 yrs.
GENDER: M
ADDRESS: 2649 tiffton st s
Gulfport FL 33711
Home:
Work:
Cell: (215) 530-0545
EMAIL: STEPHENANDMELISSABOERNER@GMAIL.COM
PROVIDER: BOKHARI,HASSAN,MD
REFERRING PROVIDER: HASSAN BOKHARI MD

716 SEMINOLE BLVD
LARGO FL 33770
(727) 238-3241

INSURANCE

FLORIDA BLUE SHIELD
PO BOX 1798
JACKSONVILLE, FL 32231

Policy #: TGM896055110
Policy Holder: Stephen Boerner

ALLERGIES

Augmentin Current 5/15/2024
Reaction: Treatment:

MEDICAL PROBLEM LIST

No data on file

MEDICATION DETAIL

Historical:
SIG: guanfacine 1 mg oral tablet, 30 days, Dispense #30 Tablet, 0 Refills, Directions: Take one tab at bedtime
5/15/2024 SAVARD,ZAINAB,NP

Historical:
SIG: sertraline 100 mg oral tablet, 30 days, Dispense #30 Tablet, 0 Refills, Directions: Take on tab daily
5/15/2024 SAVARD,ZAINAB,NP

Historical:
SIG: Trileptal 150 mg oral tablet, 30 days, Dispense #60 Tablet, 0 Refills, Directions: Take one tab twice a day
5/15/2024 SAVARD,ZAINAB,NP

Current:
SIG: guanfacine 1 mg oral tablet, 30 days, Dispense #30 Tablet, 0 Refills, Directions: Take one tab at bedtime
5/15/2024 SAVARD,ZAINAB,NP

SIG: sertraline 100 mg oral tablet, 30 days, Dispense #30 Tablet, 0 Refills, Directions: Take on tab daily
5/15/2024 SAVARD,ZAINAB,NP

Current:
SIG: Trileptal 150 mg oral tablet, 30 days, Dispense #60 Tablet, 0 Refills, Directions: Take one tab twice a day
5/15/2024 SAVARD,ZAINAB,NP

Current:
SIG: guanfacine 1 mg oral tablet, 30 days, Dispense #30 Tablet, 3 Refills, Directions: Take one tab at bedtime
6/12/2024 SAVARD,ZAINAB,NP

Current:
SIG: hydroxyzine HCl 25 mg oral tablet, 30 days, Dispense #30 Tablet, 3 Refills, Directions: Take one tab at bedtime
6/12/2024 SAVARD,ZAINAB,NP

Current:
SIG: sertraline 100 mg oral tablet, 30 days, Dispense #30 Tablet, 3 Refills, Directions: Take on tab daily
6/12/2024 SAVARD,ZAINAB,NP

Current:
SIG: Trileptal 150 mg oral tablet, 30 days, Dispense #60 Tablet, 3 Refills, Directions: Take one tab twice a day
6/12/2024 SAVARD,ZAINAB,NP

ORDERS DETAIL

Order #290215
Quest - All Lab Tests
5/15/2024
SAVARD,ZAINAB,NP

Test Code	Description	Diag1	Diag2	Diag3	Diag4
37848	LIPID PANEL W/ TRIGLYCERIDES/HDL-C	F33.2	F41.1		
10231	COMPREHENSIVE METABOLIC PANEL	F33.2	F41.1		
7444	THYROID PANEL WITH TSH	F33.2	F41.1		
19593	CBC (INCLUDES DIFF/PLT) (REFL)	F33.2	F41.1		
17306	VITAMIN D,25-OH,TOTAL,IA	F33.2	F41.1		

Order #291379
Quest - All Lab Tests
7/5/2024
SAVARD,ZAINAB,NP

Test Code	Description	Diag1	Diag2	Diag3	Diag4
37848	LIPID PANEL W/ TRIGLYCERIDES/HDL-C	F33.2			
10231	COMPREHENSIVE METABOLIC PANEL	F33.2	F41.1		

PATIENT CHART -
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19593	DIFF/PLT) (REFL)	F41.1	F33.2
17306	VITAMIN D,25-OH,TOTAL,IA	F33.2	F41.1

SAVARD, ZAINAB	Quest
716 SEMINOLE BLVD	716 SEMINOLE BLVD
LARGO, FL 33770-3627	LARGO, FL 33770
phone: 7272383241	Phone: 727-238-3241
fax: 7272388402	Fax: 727-238-8402

Chart Patient Name	Patient ID	DOB (m/d/y)	Age	Sex	Reported Date/Time	Patient Phone	Second Phone
Boerner, Stephen	226	06/25/1985	39 yrs.	M	5/31/2024 11:57PM		

Comments

290215: CBC (INCLUDES DIFF/PLT) (REFL), COMPREHENSIVE METABOLIC PANEL, Enhanced PDF Report TZ639078P-1, LIPID PANEL W/ TRIGLYCERIDES/HDL-C, THYROID PANEL WITH TSH, VITAMIN D,25-OH,TOTAL,IA

Order ID / Tests / Diagnoses

Ordering Provider	Collect Date & Time	Date of Service	Status Change Date	Status	Signed 06/07/2024	Req. Number
SAVARD, ZAINAB	5/29/2024 11:40 am	5/29/2024 11:41 am	5/31/2024 11:57pm	FINAL	HASSAN	TZ639078P

Diagnostic Test / Results	Results	Out of Range	Flag	Units	Range	Site	Stat
COMPREHENSIVE METABOLIC PANEL [Final]							
Glucose SerPl-mCnc	88		N	mg/dL	65-99	TP	F
Notes	Fasting reference interval						
BUN SerPl-mCnc	20		N	mg/dL	7-25	TP	F
Creat SerPl-mCnc	1.02		N	mg/dL	0.60-1.26	TP	F
eGFRcr SerPlBld CKD-EPI 2021	96		N	mL/min/1.73m2	> OR = 60	TP	F
BUN/Creat SerPl	SEE NOTE:			(calc)	6-22	TP	F
Notes	Not Reported: BUN and Creatinine are within reference range.						
Sodium SerPl-sCnc	139		N	mmol/L	135-146	TP	F
Potassium SerPl-sCnc	5.0		N	mmol/L	3.5-5.3	TP	F
Chloride SerPl-sCnc		97	L	mmol/L	98-110	TP	F
CO2 SerPl-sCnc		33	H	mmol/L	20-32	TP	F
Calcium SerPl-mCnc	9.9		N	mg/dL	8.6-10.3	TP	F
Prot SerPl-mCnc	7.9		N	g/dL	6.1-8.1	TP	F
Albumin SerPl-mCnc	5.0		N	g/dL	3.6-5.1	TP	F
Globulin Ser Calc-mCnc	2.9		N	g/dL (calc)	1.9-3.7	TP	F
Albumin/Glob SerPl	1.7		N	(calc)	1.0-2.5	TP	F
Bilirub SerPl-mCnc	0.6		N	mg/dL	0.2-1.2	TP	F
ALP SerPl-cCnc	64		N	U/L	36-130	TP	F
AST SerPl-cCnc	36		N	U/L	10-40	TP	F
ALT SerPl-cCnc		53	H	U/L	9-46	TP	F
VITAMIN D,25-OH,TOTAL,IA [Final]							
25(OH)D3+25(OH)D2 SerPl-mCnc		28	L	ng/mL	30-100	TP	F
Notes	Vitamin D Status 25-OH Vitamin D: Deficiency: <20 ng/mL Insufficiency: 20 - 29 ng/mL Optimal: > or = 30 ng/mL For 25-OH Vitamin D testing on patients on D2-supplementation and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order code 92888 (patients >2yrs). See Note 1 Note 1 For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ199 (This link is being provided for informational/ educational purposes only.)						

Lab Patient Name: BOERNER, STEPHEN **DOB:** 06/25/1985 **SSN:** **Client:**

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716 SEMINOLE BLVD	716 SEMINOLE BLVD
LARGO, FL 33770-3627	LARGO, FL 33770
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Chart Patient Name	Patient ID	DOB (m/d/y)	Age	Sex	Reported Date/Time	Patient Phone	Second Phone
Boerner, Stephen	226	06/25/1985	39 yrs.	M	5/31/2024 11:57PM		

Comments

290215: CBC (INCLUDES DIFF/PLT) (REFL), COMPREHENSIVE METABOLIC PANEL, Enhanced PDF Report TZ639078P-1, LIPID PANEL W/ TRIGLYCERIDES/HDL-C, THYROID PANEL WITH TSH, VITAMIN D,25-OH,TOTAL,IA

Order ID / Tests / Diagnoses

Ordering Provider	Collect Date & Time	Date of Service	Status Change Date	Status	Signed 06/07/2024	Req. Number
SAVARD, ZAINAB	5/29/2024 11:40 am	5/29/2024 11:41 am	5/31/2024 11:57pm	FINAL	HASSAN	TZ639078P

Diagnostic Test / Results	Results	Out of Range	Flag	Units	Range	Site	Stat
CBC (INCLUDES DIFF/PLT) (REFL) [Final]							
WBC # Bld Auto	8.0		N	Thousand/uL	3.8-10.8	TP	F
RBC # Bld Auto	5.31		N	Million/uL	4.20-5.80	TP	F
Hgb Bld-mCnc	16.2		N	g/dL	13.2-17.1	TP	F
Hct VFr Bld Auto	48.3		N	%	38.5-50.0	TP	F
MCV RBC Auto	91.0		N	fL	80.0-100.0	TP	F
MCH RBC Qn Auto	30.5		N	pg	27.0-33.0	TP	F
MCHC RBC Auto-mCnc	33.5		N	g/dL	32.0-36.0	TP	F
RDW RBC Auto-Rto	12.0		N	%	11.0-15.0	TP	F
Platelet # Bld Auto	330		N	Thousand/uL	140-400	TP	F
PMV Bld Rees-Ecker	9.3		N	fL	7.5-12.5	TP	F
Neutrophils # Bld Auto	5080		N	cells/uL	1500-7800	TP	F
Lymphocytes # Bld Auto	2000		N	cells/uL	850-3900	TP	F
Monocytes # Bld Auto	768		N	cells/uL	200-950	TP	F
Eosinophil # Bld Auto	88		N	cells/uL	15-500	TP	F
Basophils # Bld Auto	64		N	cells/uL	0-200	TP	F
Neutrophils/leuk NFr Bld Auto	63.5		N	%		TP	F
Lymphocytes/leuk NFr Bld Auto	25.0		N	%		TP	F
Monocytes/leuk NFr Bld Auto	9.6		N	%		TP	F
Eosinophil/leuk NFr Bld Auto	1.1		N	%		TP	F
Basophils/leuk NFr Bld Auto	0.8		N	%		TP	F
THYROID PANEL WITH TSH [Final]							
T3RU Fr SerPl	30		N	%	22-35	TP	F
T4 SerPl-mCnc		4.8	L	mcg/dL	4.9-10.5	TP	F
FT4I SerPl Calc-mCnc	1.4		N		1.4-3.8	TP	F
TSH SerPl-aCnc	2.00		N	mIU/L	0.40-4.50	TP	F
LIPID PANEL W/ TRIGLYCERIDES/HDL-C [Final]							
Cholest SerPl-mCnc		234	H	mg/dL	<200	Z4M	F
HDLc SerPl-mCnc	61			mg/dL	>39	Z4M	F
Trigl SerPl-mCnc	135			mg/dL	<150	Z4M	F
LDLc SerPl Calc-mCnc		147	H	mg/dL (calc)	<100	Z4M	F

Lab Patient Name: BOERNER, STEPHEN **DOB:** 06/25/1985 **SSN:** **Client:**

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LARGO, FL 33770-3627	LARGO, FL 33770
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Chart Patient Name	Patient ID	DOB (m/d/y)	Age	Sex	Reported Date/Time	Patient Phone	Second Phone
Boerner, Stephen	226	06/25/1985	39 yrs.	M	5/31/2024 11:57PM		

Comments

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Order ID / Tests / Diagnoses

Ordering Provider	Collect Date & Time	Date of Service	Status Change Date	Status	Signed 06/07/2024	Req. Number
SAVARD, ZAINAB	5/29/2024 11:40 am	5/29/2024 11:41 am	5/31/2024 11:57pm	FINAL	HASSAN	TZ639078P

Diagnostic Test / Results	Results	Out of Range	Flag	Units	Range	Site	Stat
LIPID PANEL W/ TRIGLYCERIDES/HDL-C [Final]							
Notes	Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with >= 2 CHD risk factors. LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C. Martin SS et al. JAMA. 2013;310(19):2061-2068 (http://education.QuestDiagnostics.com/faq/FAQ164)						
Cholest/HDLc SerPl	3.8			calc	<5.0	Z4M	F
NonHDLc SerPl-mCnc		173	H	mg/dL (calc)	<130	Z4M	F
Notes	For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.						
TrigI/HDLc SerPl		2.2	H	calc	<2.0	Z4M	F

Tests Performed at Labs / Sites

TP	Quest Diagnostics-Tampa 4225 E Fowler Ave Tampa, FL 33617-2026 - Weston H Rothrock MD
Z4M	Cleveland HeartLab Inc.-Cleveland HeartLab Inc. 6701 Carnegie Ave, Suite 500 Cleveland, OH 44103-4623 - Sami Albeiroti PhD,DABCC

SAVARD,ZAINAB,NP
716 SEMINOLE BLVD
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Phone: (727)238-3241
Fax: (727)238-8402

Boerner,Stephen - DOB: 6/25/1985
Bokhari - EVERY PROVIDER NEEDS TO USE! - 5/15/2024

Copy and paste the Progress Note below:

Chief of complains: New patient

HPI:
Patient presented to clinic of psych eval . Patient just moved from Philadelphia for family business. Patient reported that the business was falling off and reported that he has huge financial crises . Patient reported he was promised full benefits but he was not get any benefits or pay. Patient hired a lawyer since December and since then he has been dealing with stress, losing jobs, dealing with family issues. Patient reported that his house was broken in during March so that was added up to stress. Wife reported since broken, patient has trouble sleeping, covering the windows, feeling unsafe. Patient reported nightmares and avoiding sleeping scaring of the nightmares but has been better since he started on Hydroxyzine. Patient reported that guy invaded his house was under influence , he pressed charges , he was in jail but he was let it go by bond, he is pressured to go to court but he does not really want to deal with more legal issues, testimony and more court since he is already dealing with lawyer regarding to his job with family business.

Previous psychiatric treatment: ADHD, Adderall
Current medication: Olmesartan-Amlodipine HCTZ 40-5-25 mg. Hydroxyzine 25 mg, Zoloft 50 mg daily

Patient denied ... (Continued: in Endnote 1)

MUST ENTER PATIENT'S ICD CODE IN THE PROGRESS NOTE! CLICK ON "ICD" BELOW TO ASSIGN THE CODE.

Code	Description
F41.1	GENERALIZED ANXIETY DISORDER
F32.A	DEPRESSION, UNSPECIFIED
F43.10	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED
F90.9	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYP...

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Boerner,Stephen - DOB: 6/25/1985
Bokhari - EVERY PROVIDER NEEDS TO USE! - 5/15/2024

Must checkmark at least one CPT code!

Office Visit Codes

- ❒ 99215 - Office Visit
- ✓ 99205 - New Patient Office Visit
- ❒ 99417 - Plus 15 minutes (Prolonged visit)

Psychotherapy

- ❒ 96138 - Test given, by tech or physician, first 30 minutes.
- ❒ 96132 - Evaluation of tests done by physician

✣■❋■❑▼❋▲

(1) Visit Date 5/15/2024 Continued:
...suicidal.
Denied any involuntary hospitalization

Psych Evaluation
ROS:
Depression: reported of tearful depressed mood with poor motivation, isolating self; feeling withdrawn; hopeless; helpless; worthless; not able to concentrate, reported sleeping issues and nightmares, reported fatigue and increased aches and pains. PHQ-9 indicates: severe
Anxiety: complains of racing thoughts, rumination of thought, constant sense of worry, difficulty sleeping, feeling distracted by worry, irritable, restless with difficulty relaxing, with c/o muscle tension . Aggravating factors include: recent situation in HPI and noises like dog barking. The patient reports a history of panic attacks, classically described: palpitations, short of breath, and experienced 5 times during life but recently more often on average. GAD-7 score: severe
Mania: reported current irritable mood; denied euphoria; increased energy; feel jumpy or wired; reported decreased need for sleep in the past ; trying to do several things at once believes themselves to be super intelligent or has special ability; denied risky behavior/impulsive behavior; reported some explosivity and racing thoughts but denied social than normal.
Psychosis: Denies auditory hallucinations; visual hallucinations or paranoia but reported sensitive to noises.
OCD: Reported some trace when it comes to certain projects
ADHD: at age 23, was taking Adderall but currently not taking due increase BP and made him detach,
Eating Habits / Diet/Appetite: denied any eating disorder. Eating well
Sleep: fair with Hydroxyzine
Alcohol/Drug use: denied any abused, drinks socially
PAST PSYCH HISTORY:
Past Psych Diagnoses: ADHD
Past Medication Trials: Adderall, Xanax (for short time due to job related)
Hospitalizations: Denied
Suicidality/Self Harm: Denied
PAST MEDICAL HISTORY: Hyperlipidemia
Current Medical Issues: denied
SOCIAL HISTORY:
Childhood/Family: Born and raised in Pennsylvania , raised by parents and still together
Education: Master in engineering
Exercise: Not currently
Current Living Situation: Lives in Gulfport living with wife, and dog
Work History: Currently not employed
Legal: denied
FAMILY HISTORY: 2 sibling, he is the youngest
Psychiatric: Depression, and Alcohol use disorder (father). Anxiety and depression (mother). Eating disorder (sister) No suicidal attempts in the family but reported sister had cutting issues
Medical: pacemaker at age 17 and HTN
History of abuse: denied
History of trauma or illness: reported with family business and having pacemaker at age young age, waking up during anesthesia during pacemaker procedure
History of TBI: had knocked off his chair and got hit by ambarella

Appearance: Age-appropriate build, posture, grooming; no prominent physical abnormalities; alert; cooperative
Behavior: appropriate and cooperative, calm , normal psychomotor and movements
Speech: Normal rate; good articulation; normal volume; fluent
Mood: depressed mood , tearful
Affect: Dysthymia
Thought process: patient reported normal though process, he is able to understand his situation and wants to participate in his treatment
Thought content: Appropriate themes that occupy the patient's thoughts; no preoccupations, illusions, ideas of

reference, hallucinations, derealization, depersonalization, delusions
Cognition: Alert to person, place, time, situation; able to focus, sustain and appropriately shift mental attention.
Insight/Judgment: Intact, aware of his situation., able to anticipate the consequences of one's behavior and make decisions to safeguard your well-being and that of others

Assessment:
Major depressed disorder
General anxiety disorder
PTSD vs Acute distress disorder
ADHD
Less suspicion of Bipolar, but it could be bipolar 2

Plan:

-Increased Zoloft to 100 mg daily
-Continue on Hydroxyzine 25 mg prn
-Start on:
  Trileptal 150 mg b.i.d
  Guanfacine 1 mg at bedtime
- Encourage exercise at least 30 minutes daily
-Continue on psychotherapy
- Consider EMDR and CBT
-Labs were order (CBC, CMP, THS, VIT D, lipid panel)
-Patient is in process to find cardiology to check his pacemaker, last time was checked last year
-Follow up in a month
-Interventional management recommendations:
Spravato/Ketamine therapy /TMS
-Will offer QB test next visit

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Boerner,Stephen - DOB: 6/25/1985
Bokhari - EVERY PROVIDER NEEDS TO USE! - 6/12/2024

Copy and paste the Progress Note below:

Chief of complains: Follow up

HPI:
Patient is doing well over all. He is tolerating the medications. Patient still dealing with family issues but he is handling it better. His wife wants to go back to Philadelphia but he feels he has more support here in FL but at the same time he wants to please his wife which makes him anxious

Psych Evaluation
ROS:
Depression: reported of tearful depressed mood with poor motivation, isolating self; feeling withdrawn; hopeless; helpless; worthless; not able to concentrate, reported sleeping issues and nightmares, reported fatigue and increased aches and pains. PHQ-9 indicates: 12
Anxiety: complains of racing thoughts, rumination of thought, constant sense of worry, difficulty sleeping, feeling distracted by worry, irritable, restless with difficulty relaxing, with c/o muscle tension . Aggravating factors include: recent situation in HPI and noises like dog barking. The patient reports a history of panic attacks, classically described: palpitations, short of breath, and experienced 5 times during life but recently more often on average. GAD-7 score: 13
.Psychosis: Denies auditory hallucinations; visual hallucinations or paranoia but reported sensitive to noises but has been improved ... (Continued: in Endnote 1)

MUST ENTER PATIENT'S ICD CODE IN THE PROGRESS NOTE! CLICK ON "ICD" BELOW TO ASSIGN THE CODE.

Code	Description
F32.A	DEPRESSION, UNSPECIFIED
F33.2	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATU...
F41.1	GENERALIZED ANXIETY DISORDER
F41.9	ANXIETY DISORDER, UNSPECIFIED
F90.9	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYP...

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Psychotherapy

- ✓ 96138 - Test given, by tech or physician, first 30 minutes.
- ❒ 96132 - Evaluation of tests done by physician

✣■❄■❑▼❄▲

(1) Visit Date 6/12/2024 Continued:

...
Mental exam:
Appearance: Age-appropriate build, posture, grooming; no prominent physical abnormalities; alert; cooperative
Behavior: appropriate and cooperative, calm , normal psychomotor and movements
Speech: Normal rate; good articulation; normal volume; fluent
Mood: euthymic
Affect: normal
Thought process: patient reported normal though process, he is able to understand his situation and wants to participate in his treatment
Thought content: Appropriate themes that occupy the patient's thoughts; no preoccupations, illusions, ideas of reference, hallucinations, derealization, depersonalization, delusions
Cognition: Alert to person, place, time, situation; able to focus, sustain and appropriately shift mental attention.
Insight/Judgment: Intact, aware of his situation., able to anticipate the consequences of one's behavior and make decisions to safeguard your well-being and that of others

Assessment:
Major depressed disorder
General anxiety disorder
PTSD vs Acute distress disorder
ADHD
Less suspicion of Bipolar, but it could be bipolar 2

Medical:
Pace maker as teen due to sinus sick syndrome
Hyperlipidemia

Plan:
Continue on
-Zoloft to 100 mg daily
-Hydroxyzine 25 mg prn
- Trileptal 150 mg b.i.d
-Guanfacine 1 mg at bedtime
- Encourage exercise at least 30 minutes daily
-Continue on psychotherapy
- Consider EMDR and CBT
-Labs reviewed with the patient
-Patient is in process to find cardiology to check his pacemaker, last time was checked last year
-QB test today
-Follow up to review QB test
-Interventional management recommendations:
Spravato/Ketamine therapy /TMS

Quest Diagnostics

Report Status: Final

BOERNER, STEPHEN

Patient Information	Specimen Information	Client Information
BOERNER, STEPHEN **DOB: 06/25/1985 AGE: 38** Gender: M Phone: 215.530.0545 Patient ID: 226 Health ID: 8573033575988556	Specimen: TZ639078P Requisition: 0000020 Lab Ref #: 290215 Collected: 05/29/2024 / 11:40 EDT Received: 05/29/2024 / 21:11 EDT Reported: 05/31/2024 / 23:57 EDT	Client #: 11559113 11TL999 SAVARD, ZAINAB BOKHARI MEDICAL CONSORTIUM 716 SEMINOLE BLVD LARGO, FL 33770-3627

Test Name	In Range	Out Of Range	Reference Range	Lab
THYROID PANEL WITH TSH				
THYROID PANEL				TP
T3 UPTAKE	30		22-35 %	
T4 (THYROXINE), TOTAL		**4.8 L**	4.9-10.5 mcg/dL	
FREE T4 INDEX (T7)	1.4		1.4-3.8	
TSH	2.00		0.40-4.50 mIU/L	TP
COMPREHENSIVE METABOLIC PANEL				TP
GLUCOSE	88		65-99 mg/dL Fasting reference interval	
UREA NITROGEN (BUN)	20		7-25 mg/dL	
CREATININE	1.02		0.60-1.26 mg/dL	
EGFR	96		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	SEE NOTE: Not Reported: BUN and Creatinine are within reference range.		6-22 (calc)	
SODIUM	139		135-146 mmol/L	
POTASSIUM	5.0		3.5-5.3 mmol/L	
CHLORIDE		**97 L**	98-110 mmol/L	
CARBON DIOXIDE		**33 H**	20-32 mmol/L	
CALCIUM	9.9		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.9		6.1-8.1 g/dL	
ALBUMIN	5.0		3.6-5.1 g/dL	
GLOBULIN	2.9		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.7		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.6		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	64		36-130 U/L	
AST	36		10-40 U/L	
ALT		**53 H**	9-46 U/L	
CBC (INCLUDES DIFF/PLT) (REFL)				TP
WHITE BLOOD CELL COUNT	8.0		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.31		4.20-5.80 Million/uL	
HEMOGLOBIN	16.2		13.2-17.1 g/dL	
HEMATOCRIT	48.3		38.5-50.0 %	
MCV	91.0		80.0-100.0 fL	
MCH	30.5		27.0-33.0 pg	
MCHC	33.5		32.0-36.0 g/dL	
RDW	12.0		11.0-15.0 %	
PLATELET COUNT	330		140-400 Thousand/uL	
MPV	9.3		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	5080		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2000		850-3900 cells/uL	
ABSOLUTE MONOCYTES	768		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	88		15-500 cells/uL	
ABSOLUTE BASOPHILS	64		0-200 cells/uL	
NEUTROPHILS	63.5		%	
LYMPHOCYTES	25.0		%	
MONOCYTES	9.6		%	
EOSINOPHILS	1.1		%	

Patient Information	Specimen Information	Client Information
BOERNER, STEPHEN **DOB: 06/25/1985 AGE: 38** Gender: M Patient ID: 226 Health ID: 8573033575988556	Specimen: TZ639078P Collected: 05/29/2024 / 11:40 EDT Received: 05/29/2024 / 21:11 EDT Reported: 05/31/2024 / 23:57 EDT	Client #: 11559113 SAVARD, ZAINAB

Test Name	In Range	Out Of Range	Reference Range	Lab
BASOPHILS	0.8		%	

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Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	**28 L**	30-100 ng/mL	TP

```
Vitamin D Status          25-OH Vitamin D:

Deficiency:                     <20 ng/mL
Insufficiency:            20 - 29 ng/mL
Optimal:                  > or = 30 ng/mL
```

For 25-OH Vitamin D testing on patients on D2-supplementation and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order code 92888 (patients >2yrs).

For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ199 (This link is being provided for informational/ educational purposes only.)

Physician Comments:

Patient Information	Specimen Information	Client Information
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Cardio IQ®

Test Name	Current Result & Risk: Optimal	Current Result & Risk: Non-Optimal	Risk/Reference Interval: Optimal	Moderate		Units	Historical Result & Risk
LIPID PANEL W/ TRIGLYCERIDES/HDL-C							
CHOLESTEROL, TOTAL			<200	N/A	>=200	mg/dL	
HDL CHOLESTEROL	61		>=40	N/A	<40	mg/dL	
TRIGLYCERIDES	135		<150	150-199	>=200	mg/dL	
LDL CHOLESTEROL			<100	100-129	>129	mg/dL (calc)	
CHOL/HDL C		3.8	<=3.5	3.6-5.0	>5.0	calc	
NON HDL CHOLESTEROL		173	<130	130-189	>=190	mg/dL (calc)	
TG/HDL C		2.2	<2.0	2.0-3.0	>3.0	calc	

For details on reference ranges please refer to the reference range/comment section of the report.

Medical Information For Healthcare Providers: If you have questions about any of the tests in our Cardio IQ offering, please call Client Services at our Quest Diagnostics-Cleveland HeartLab Cardiometabolic Center of Excellence. They can be reached at 866.358.9828, option 1 to arrange a consult with our clinical education team.

Patient Information	Specimen Information	Client Information
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Reference Range/Comments

Analyte Name	In Range	Out Range	Reference Range	Lab
CHOLESTEROL, TOTAL		**234**	<200 mg/dL	Z4M
LDL CHOLESTEROL		**147**	<100 mg/dL (calc)	Z4M
Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with >= 2 CHD risk factors. LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C. Martin SS et al. JAMA. 2013;310(19): 2061-2068 (http://education.QuestDiagnostics.com/faq/FAQ164)				
NON HDL CHOLESTEROL		**173**	<130 mg/dL (calc)	Z4M
For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.				
TG/HDL C		**2.2**	<2.0 calc	Z4M
CHOL/HDL C	**3.8**		<5.0 calc	Z4M
HDL CHOLESTEROL	**61**		>39 mg/dL	Z4M
TRIGLYCERIDES	**135**		<150 mg/dL	Z4M

PERFORMING SITE:

TP QUEST DIAGNOSTICS-TAMPA, 4225 E. FOWLER AVE, TAMPA, FL 33617-2026 Laboratory Director: WESTON H ROTHROCK,MD, CLIA: 10D0291120

Z4M CLEVELAND HEARTLAB INC, 6701 CARNEGIE AVENUE SUITE 500, CLEVELAND, OH 44103-4623 Laboratory Director: SAMI ALBEIROTI,PHD,DABCC, CLIA: 36D1032987