Lodi Memorial Hospital Laboratory Summary

975 South Fairmont Avenue Lodi, California 95240
Elvira Milano, MD, et al - Director (209) 339-7584

Name: PARVIN,MARY JEAN | Acct: V025643024 | Status: DIS IN | Attend Dr: Multani,Kuljeet K MD -H
DOB: 03/16/43 Age/Sex: 71/F | Unit: M053082 | Registered: 04/03/14 | Room-Bed: 378-A

*** HEMATOLOGY ***

Date	4/6/2014	4/2/2014	4/1/2014	Reference	Units
Time	1055	0305	1530		
WBC	8.8	6.3	6.1	(5.0-9.5)	K/mm3
RBC	4.13	4.08	4.41	(3.70-5.50)	M/uL
HGB	12.0	**11.9 L**	12.7	(12.0-16.0)	g/dL
HCT	**36.7 L**	37.3	40.1	(37.0-47.0)	%
MCV	89.1	91.4	90.9	(80.0-99.0)	fl
MCH	29.1	29.0	28.8	(27.0-33.0)	pg
MCHC	32.6	31.8	**31.7 L**	(31.8-36.2)	g/dL
RDW	14.8	14.4	14.6	(10.0-16.4)	%
PLATELET COUNT	143	147	173	(140-450)	K/mm3
MPV	9.7	9.9	9.8	(7.5-10.5)	fl
PMNS	66.7	63.8	61.9	(37-80)	%
LYMPHOCYTES	20.7	21.6	25.2	(10.0-50.0)	%
MONOCYTES	9.9	10.9	9.1	(<12.0)	%
EOSINOPHILS	1.5	3.1	2.9	(<7.0)	%
BASOPHIL	1.2	0.6	0.9	(<2.5)	%
ABS PMNS	5.80	4.00	3.80	(2.40-7.56)	K/uL
ABS LYMPHS	1.80	1.40	1.50	(0.96-4.75)	K/uL
ABS MONOS	0.90	0.70	0.60	(0.10-1.00)	K/uL
ABS EOS	0.10	0.20	0.20	(0.00-0.45)	K/uL
ABS BASOS	0.10	0.00	0.10	(0.00-0.20)	K/uL

*** BEDSIDE TESTING ***

Date	4/8/2014		4/7/2014			Reference	Units
Time	1209	0825	2151	1757	1135		
ACCUCHK GLUCOSE	96	73	**133 H**	**223 H**	**169 H**	(70-110)	mg/dL

Date	4/7/2014		4/6/2014			Reference	Units
Time	1001	0810	2005	1750	1111		
ACCUCHK GLUCOSE	**151 H**	**211 H**	**211 H**	**113 H**	**114 H**	(70-110)	mg/dL

Date	4/6/2014	4/5/2014				Reference	Units
Time	0734	1958	1736	1114	0703		
ACCUCHK GLUCOSE	**121 H**	**203 H**	**143 H**	**112 H**	70	(70-110)	mg/dL

Date	4/4/2014				4/3/2014	Reference	Units
Time	2105	1708	1156	0751	2048		
ACCUCHK GLUCOSE	**334 H**	**135 H**	98	79	**205 H**	(70-110)	mg/dL

Date	4/3/2014			4/2/2014		Reference	Units
Time	1708	1143	0807	2136	1755		
ACCUCHK GLUCOSE	**165 H**	**133 H**	76	**236 H**	**142 H**	(70-110)	mg/dL

Lodi Memorial Hospital Laboratory Summary

975 South Fairmont Avenue Lodi, California 95240
Elvira Milano, MD, et al - Director (209) 339-7584

Name: PARVIN,MARY JEAN | Unit: M053082 | Acct: V025643024 | Room-Bed: 378-A | (Continued)

*** BEDSIDE TESTING (cont) ***

Date	4/2/2014			
Time	1111	0746	Reference	Units
ACCUCHK GLUCOSE	242 H	397 H	(70-110)	mg/dL

*** CHEMISTRY ***

Date	4/8/2014	4/7/2014		4/6/2014		
Time	0601	1331	0646	0646	1055	Reference	Units
SODIUM				142	143	(134-143)	mmol/L
POTASSIUM				4.1	4.2	(3.6-5.1)	mmol/L
CHLORIDE				105	105	(98-107)	mmol/L
CARBON DIOXIDE				31	30	(22-32)	mmol/L
GLUCOSE				151 H	105	(70-110)	mg/dL
BUN				53 H	54 H	(8-21)	mg/dL
CREATININE				2.65 H	2.51 H	(0.44-1.03)	mg/dL
BUN/CREAT RATIO				20.0	21.5 H	(6.0-20.0)	
GFR				17.7(A)	18.9(A)		

(A) Estimated GFR in ml/min/1.73 square meters. Rates of less than 60 are suggestive of Chronic Kidney Disease.

CALCIUM				8.7 L	8.6 L	(8.9-10.3)	mg/dL
PHOSPHOROUS				3.9		(2.4-4.7)	mg/dL
MAGNESIUM				2.2		(1.6-2.4)	mg/dL
TROP					0.09(B) H	(0.01-0.04)	ng/mL

(B) TROPONIN-I RANGES

Result	Interpretation
0.0-0.04 ng/mL	Apparently healthy individual
Above 0.49 ng/mL	Strongly suggests myocardial infarction

It is recommended to look for increases in Troponin I levels over 6 to 8 hour intervals.

Any condition resulting in myocardial cell damage can potentially increase cardiac Troponin-I levels above the expected values. Clinical studies have documented these conditions to include CHF, acute and chronic trauma, electrical cardioversion, hypertension, hypotension, arrhythnias, pulmonary embolism, severe asthma, sepsis, critical illness, myocarditid, stroke, non-cardiac surgery, extreme exercise, drug toxicity (adriamycin, 5-fluorouracil, herceptin, snake venoms), end stage renal disease, and rhabdomyolysis with cardiac injury. Importantly, these other etiologies rarely demonstrate the classic rising and falling pattern experienced with an MI, which highlights the importance of serial monitoring when the clinical scenario is confusing.

VITAMIN B12			269			(180-914)	pg/mL

Lodi Memorial Hospital Laboratory Summary

975 South Fairmont Avenue Lodi, California 95240
Elvira Milano, MD, et al - Director (209) 339-7584

Name: PARVIN,MARY JEAN | Unit: M053082 | Acct: V025643024 | Room-Bed: 378-A | (Continued)

*** CHEMISTRY (con't) ***

Date	4/8/2014	4/7/2014			4/6/2014		
Time	0601	1331	0646	0646	1055	Reference	Units
FOLIC ACID	14.6(C) H					(3.0-14.4)	ng/mL

(C) Folate ranges are as listed below:

Normal	> 3.0	ng/mL
Intermediate	2.5-3.0	ng/mL
Deficient	< 2.5	ng/mL

AMMONIA			37 H			(9-35)	umol/L

Date	4/6/2014	4/5/2014			4/2/2014		
Time	0758	1922	0556	1846	1051	Reference	Units
SODIUM			143			(134-143)	mmol/L
POTASSIUM	4.3	4.5	3.9			(3.6-5.1)	mmol/L
CHLORIDE			107			(98-107)	mmol/L
CARBON DIOXIDE			30			(22-32)	mmol/L
GLUCOSE			53 L			(70-110)	mg/dL
BUN			53 H			(8-21)	mg/dL
CREATININE			2.21 H			(0.44-1.03)	mg/dL
BUN/CREAT RATIO			24.0 H			(6.0-20.0)	
GFR			21.9(D)				

(D) Estimated GFR in ml/min/1.73 square meters. Rates of less than 60 are suggestive of Chronic Kidney Disease.

CALCIUM			8.3 L			(8.9-10.3)	mg/dL
CPK				86	81	(38-234)	IU/L
TROP			0.08(E) H	0.10(E) H	0.08(E) H	(0.01-0.04)	ng/mL

(E) TROPONIN-I RANGES

Result	Interpretation
0.0-0.04 ng/mL	Apparently healthy individual
Above 0.49 ng/mL	Strongly suggests myocardial infarction

It is recommended to look for increases in Troponin I levels over 6 to 8 hour intervals.

Any condition resulting in myocardial cell damage can potentially increase cardiac Troponin-I levels above the expected values. Clinical studies have documented these conditions to include CHF, acute and chronic trauma, electrical cardioversion, hypertension, hypotension, arrhythnias, pulmonary embolism, severe asthma, sepsis, critical illness, myocarditid, stroke, non-cardiac surgery, extreme exercise, drug toxicity (adriamycin, 5-fluorouracil, herceptin, snake venoms), end stage renal disease, and rhabdomyolysis with cardiac injury. Importantly, these other etiologies rarely demonstrate the classic rising and falling pattern experienced with an MI, which highlights the importance of serial monitoring when the clinical scenario is confusing.

Lodi Memorial Hospital Laboratory Summary

975 South Fairmont Avenue Lodi, California 95240
Elvira Milano, MD, et al - Director (209) 339-7584

Name: PARVIN,MARY JEAN **Unit: M053082** **Acct: V025643024** **Room-Bed: 378-A** **(Continued)**

*** CHEMISTRY (con't) ***

Date	4/2/2014				4/1/2014		
Time	0305	0305	0305	0305	1530	Reference	Units
SODIUM			139		140	(134-143)	mmol/L
POTASSIUM			4.3		4.3	(3.6-5.1)	mmol/L
CHLORIDE			103		102	(98-107)	mmol/L
CARBON DIOXIDE			30		29	(22-32)	mmol/L
GLUCOSE			**392 H**		**346 H**	(70-110)	mg/dL
BUN			**41 H**		**39 H**	(8-21)	mg/dL
CREATININE			**2.13 H**		**2.06 H**	(0.44-1.03)	mg/dL
BUN/CREAT RATIO			19.2		18.9	(6.0-20.0)	
GFR			22.8(F)		23.7(F)		

(F) Estimated GFR in ml/min/1.73 square meters. Rates of less than 60 are suggestive of Chronic Kidney Disease.

CALCIUM			**8.5 L**		**8.7 L**	(8.9-10.3)	mg/dL
ALBUMIN					**3.3 L**	(3.5-4.8)	g/dL
TOTAL PROTEIN					**6.0 L**	(6.1-7.9)	g/dL
GLOBULIN					2.7	(2.0-3.8)	gm/dL
ALB/GLOB RATIO					1.2	(1.2-2.5)	
PHOSPHOROUS			3.4			(2.4-4.7)	mg/dL
MAGNESIUM			1.8			(1.6-2.4)	mg/dL
BILI,TOTAL					0.9	(0.1-2.0)	mg/dL
ALK PHOSPHATASE					66	(38-126)	IU/L
ALT/SGPT					**10 L**	(14-54)	IU/L
SGOT/AST					15	(15-41)	IU/L
TRIGLYCERIDES			167			(45-250)	mg/dL
CHOLESTEROL			128			(<200)	mg/dL
HDL CHOLESTEROL			37			(35-85)	mg/dL
LDL-CALCULATED			58			(10-130)	mg/dL
RISK RATIO			3.5			(<4.5)	
TSH		2.43				(0.34-5.60)	uIU/mL
CPK				81	104	(38-234)	IU/L
TROP				**0.08(G) H**	**0.08(G) H**	(0.01-0.04)	ng/mL

(G) TROPONIN-I RANGES

Result	Interpretation
0.0-0.04 ng/mL	Apparently healthy individual
Above 0.49 ng/mL	Strongly suggests myocardial infarction

It is recommended to look for increases in Troponin I levels over 6 to 8 hour intervals.

Any condition resulting in myocardial cell damage can potentially increase cardiac Troponin-I levels above the expected values. Clinical studies have documented these conditions to include CHF, acute and chronic trauma, electrical cardioversion, hypertension, hypotension, arrhythnias, pulmonary embolism, severe asthma, sepsis, critical illness, myocarditid, stroke, non-cardiac surgery, extreme exercise, drug toxicity (adriamycin, 5-fluorouracil, herceptin, snake venoms), end stage renal disease, and rhabdomyolysis with cardiac injury. Importantly, these other etiologies rarely demonstrate the classic rising and falling pattern experienced with an MI, which highlights the importance of serial monitoring when the clinical scenario is confusing.

Lodi Memorial Hospital Laboratory Summary

975 South Fairmont Avenue Lodi, California 95240
Elvira Milano, MD, et al - Director (209) 339-7584

Name: PARVIN,MARY JEAN | Unit: M053082 | Acct: V025643024 | Room-Bed: 378-A | (Continued)

*** CHEMISTRY (con't) ***

Date	4/2/2014				4/1/2014		
Time	0305	0305	0305	0305	1530	Reference	Units
BNP	1583(H) H					(< 176)	pg/mL

(H) Congestive Heart Failure Severity Classification

CLASS	BNP UPPER LIMIT
NYHA Class 1	176 pg/mL
NYHA Class 2	396 pg/mL
NYHA Class 3	678 pg/mL
NYHA Class 4	977 pg/mL

Please use BNP results in conjunction with other diagnostic information. This test is approved by the FDA for the diagnosis of all degrees of CHF severity including asymptomatic patients.

* HGB A1C	12.40(I) H	(4.4-6.4)	%

(I) HgB A1C perfomed using a new HPLC method.

eAG	309(J)		mg/dL

(J) Estimated Average Glucose = 28.7 x A1c - 46.7

American Diabetes Association and International Expert Committee (2009) recommend the diagnosis of diabetes is made if HgbA1c is >=6.5%. Diagnosis should be confirmed with a repeat HgbA1c test unless clinical symptoms and glucose concentration >200 mg/dL are present.

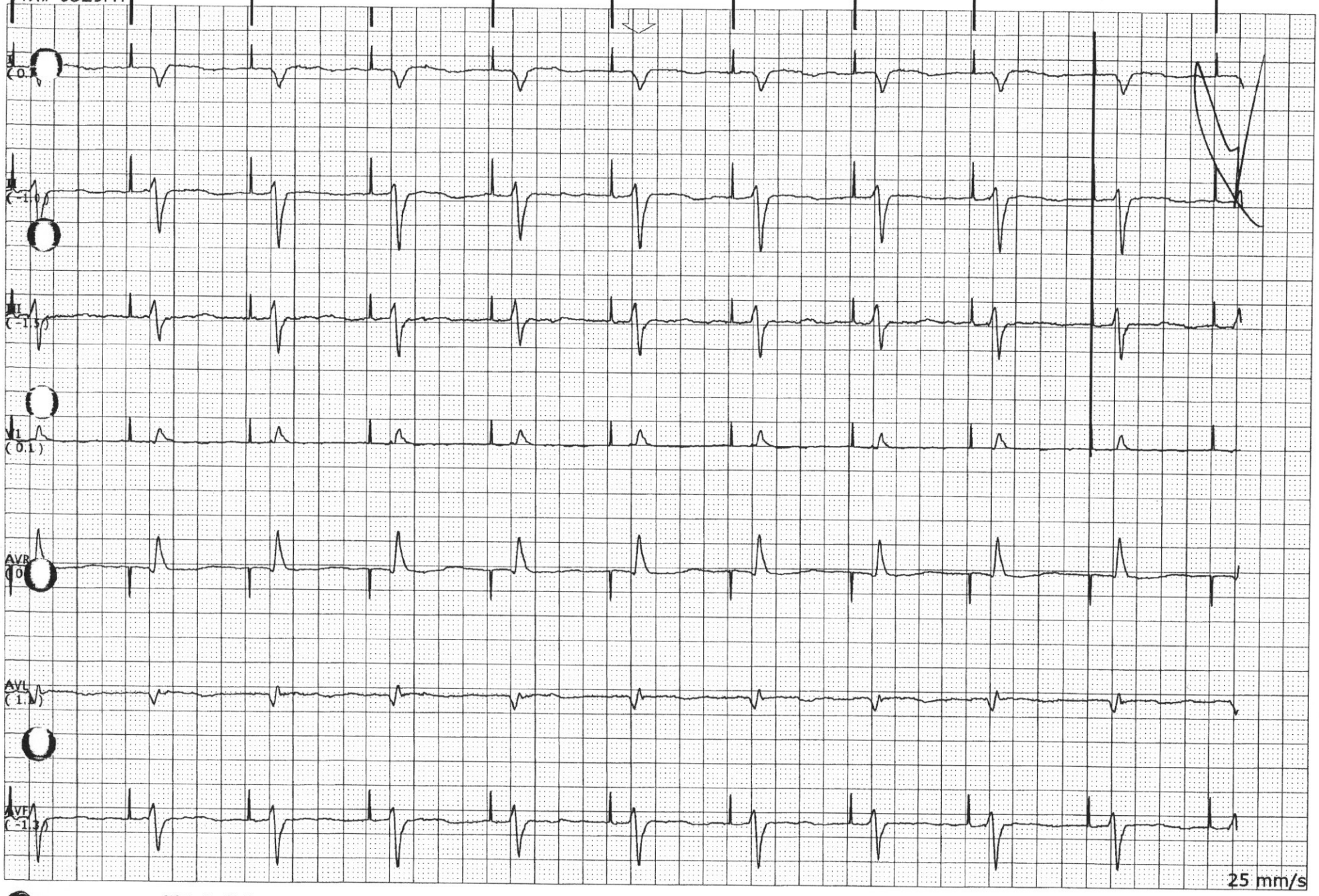
*** URINALYSIS ***

Date	4/7/2014		
Time	0540	Reference	Units
COLOR	YELLOW	(YELLOW)	
APPEARANCE	CLEAR	(CLEAR)	
SPEC. GRAVITY	1.010	(1.001-1.09	
PH	7.5	(5.5-8.0)	
PROTEIN	100 H	(NEGATIVE)	mg/dL
GLUCOSE	NEGATIVE	(NEGATIVE)	mg/dL
KETONE	NEGATIVE	(NEGATIVE)	mg/dL
BILIRUBIN	NEGATIVE	(NEGATIVE)	
BLOOD	NEGATIVE	(NEGATIVE)	
UROBILINOGEN	0.2	(0.2-1.0)	E.U./dL
NITRITE	NEGATIVE	(NEGATIVE)	
LEUKOCYTE ESTER	NEGATIVE	(NEGATIVE)	
WBC	<2	(0-5)	wbc/hpf
RBC	< 4	(0-3)	rbc/hpf
BACTERIA	NONE SEEN	(NONE SEEN)	
SQUAMOUS EPIS	FEW	(NONE-FEW)	epi/hpf
HYALINE CAST	NONE SEEN	(NONE-FEW)	/hpf

PARVIN,MARY V025643024 03-Apr-2014 04:29:03
HR 60 Pace PVC 0 ST III -1.5 mm
TTX# 0829FH

Full Disclosure

TELEM|288*TTX# 0829FH



GE Medical Systems
Information Technologies

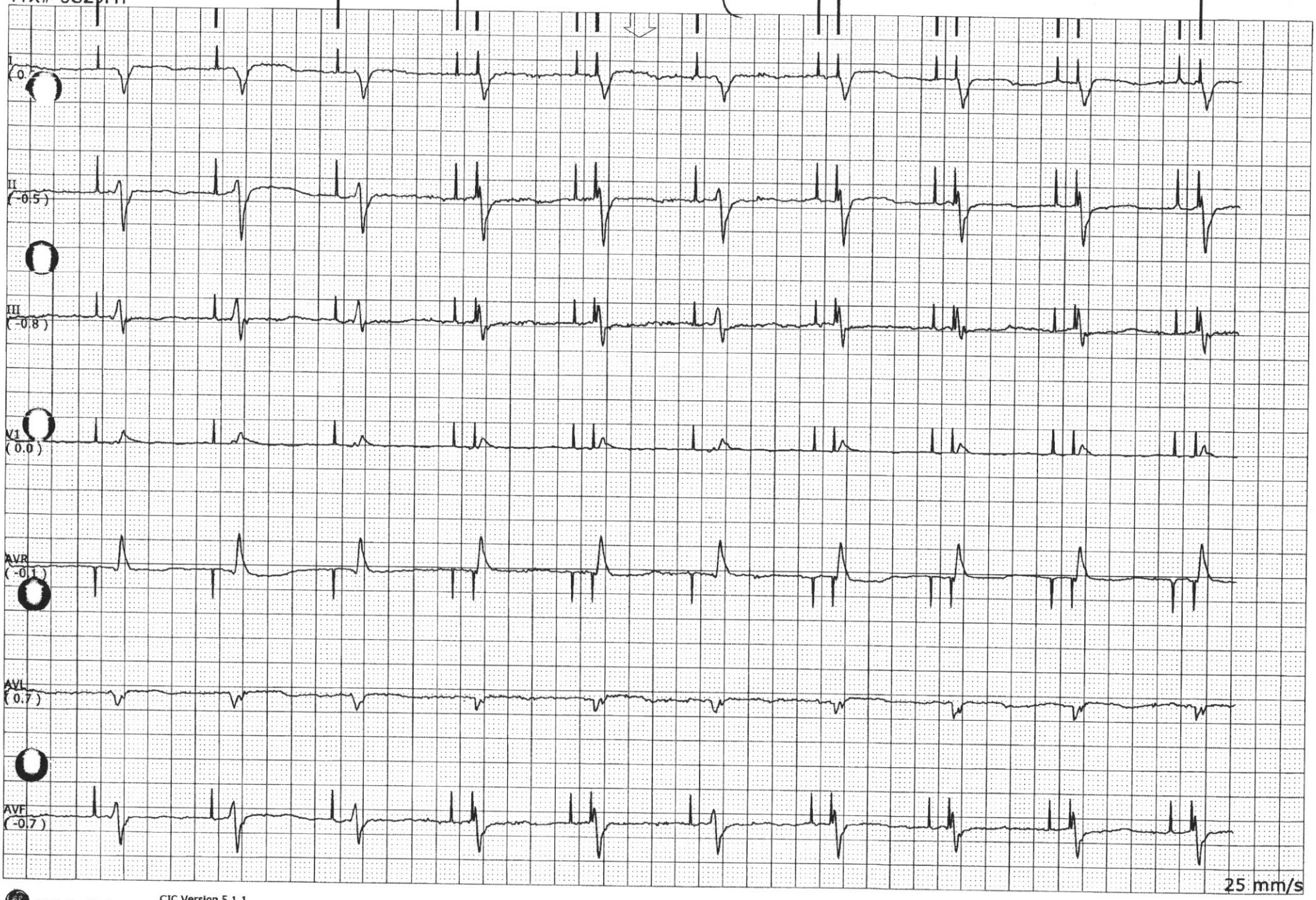
CIC Version 5.1.0
Thursday, April 03, 2014 4:29:35 AM

END OF REPORT

PARVIN,MARY V025643024 03-Apr-2014 17:06:55
HR 60 Pace PVC 0 ST III -0.8 mm
TTX# 0829FH

Full Disclosure

TELEM|288*TTX# 0829FH



GE Medical Systems
Information Technologies

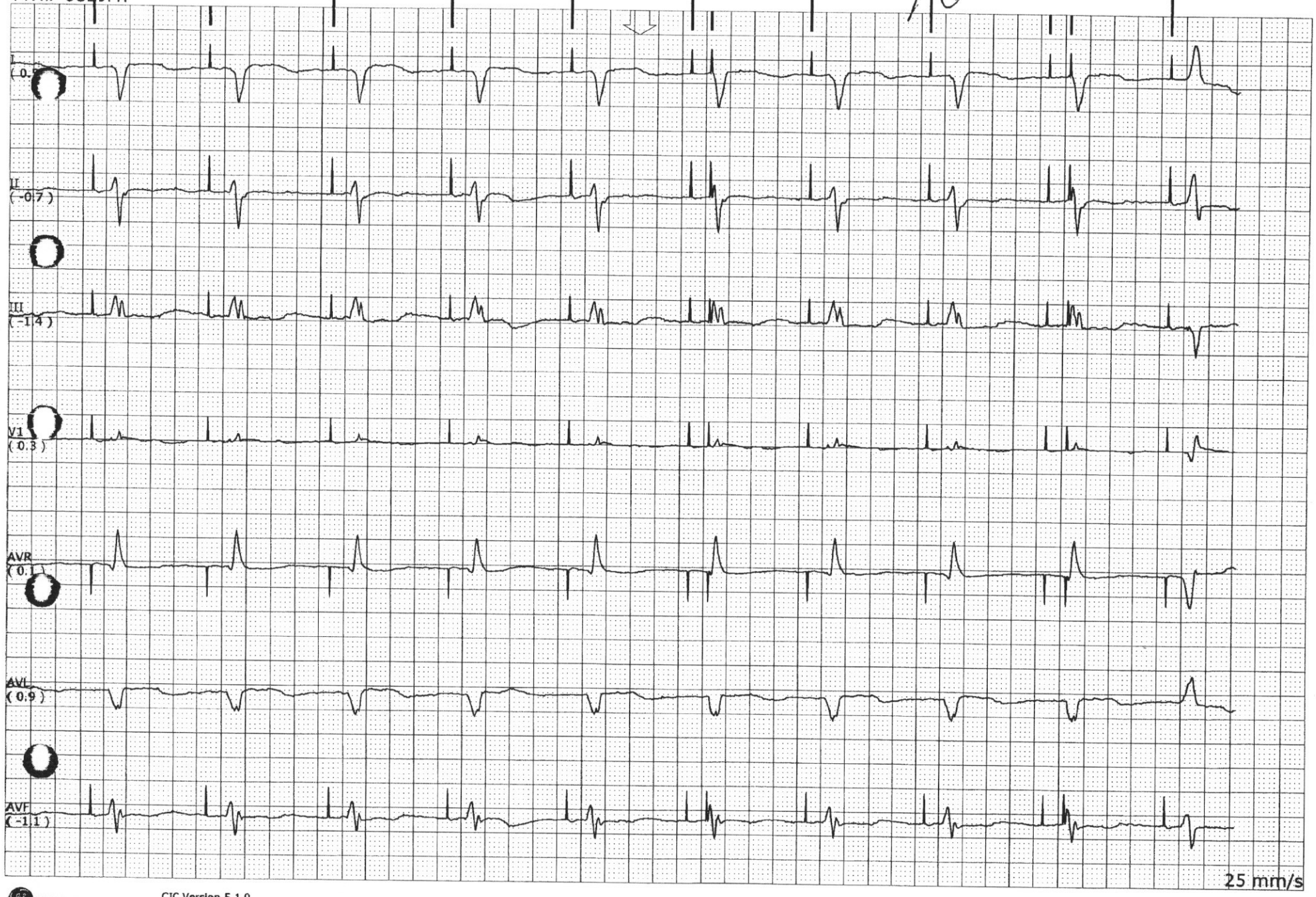
CIC Version 5.1.1
Thursday, April 03, 2014 5:08:11 PM

END OF REPORT

Full Disclosure

PARVIN,MARY V025643024 04-Apr-2014 05:02:04
HR 60 Pace PVC 1 ST III -1.4 mm
TTX# 0829FH

TELEM|288*TTX# 0829FH



GE Medical Systems
Information Technologies

CIC Version 5.1.0
Friday, April 04, 2014 5:03:07 AM

END OF REPORT

Full Disclosure

PARVIN,MARY V025643024 04-Apr-2014 16:08:56

HR 60 Pace PVC 0 ST III -1.3 mm

TTX# 0829FH

TELEM|288*TTX# 0829FH

GE Medical Systems Information Technologies

CIC Version 5.1.1

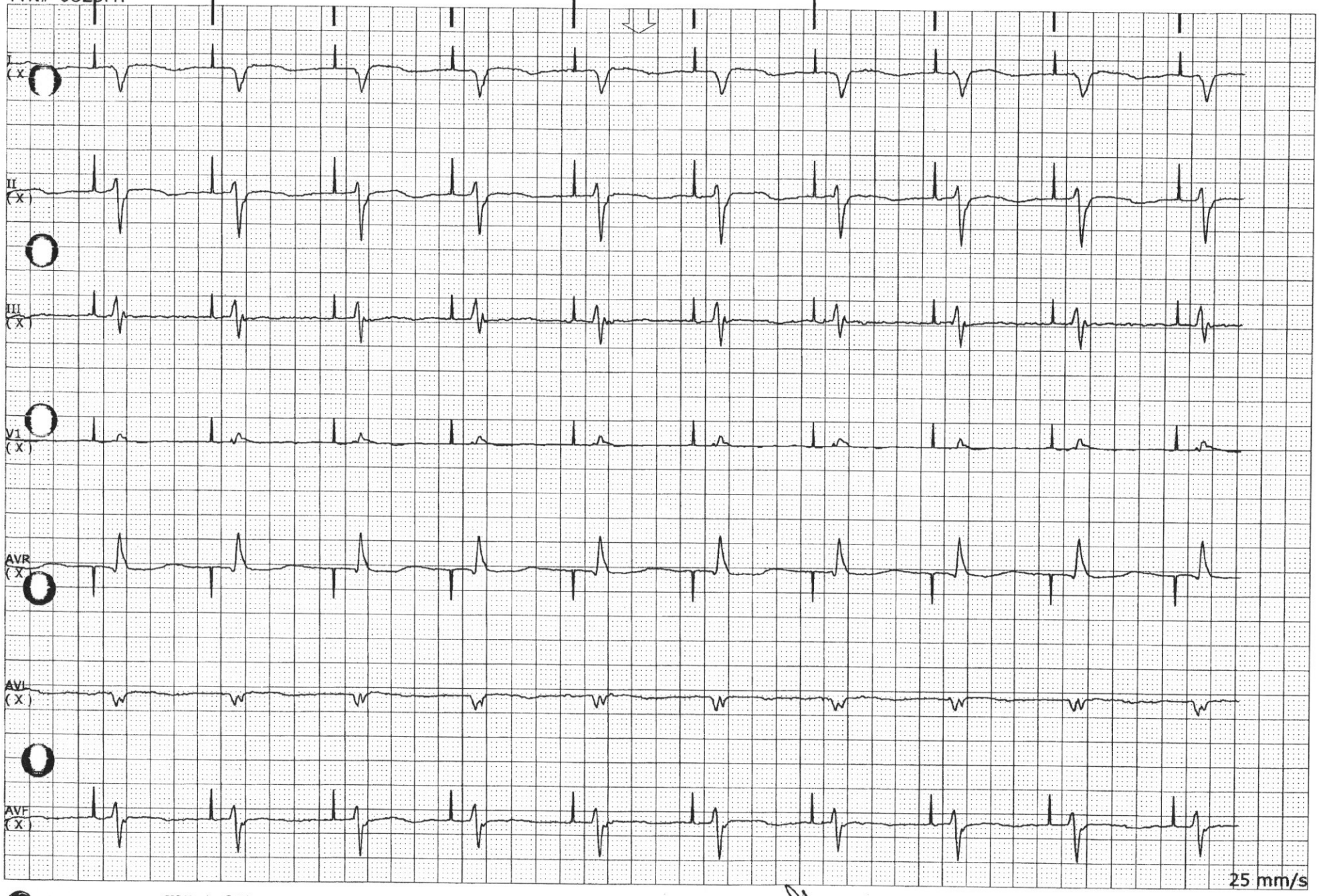
Friday, April 04, 2014 4:09:42 PM

END OF REPORT

PARVIN,MARY V025643024 05-Apr-2014 04:40:06
HR 60 Pace PVC 0 ST II X mm
TTX# 0829FH

Full Disclosure

TELEM|288*TTX# 0829FH



GE Medical Systems
Information Technologies

CIC Version 5.1.0
Saturday, April 05, 2014 4:41:05 AM

END OF REPORT

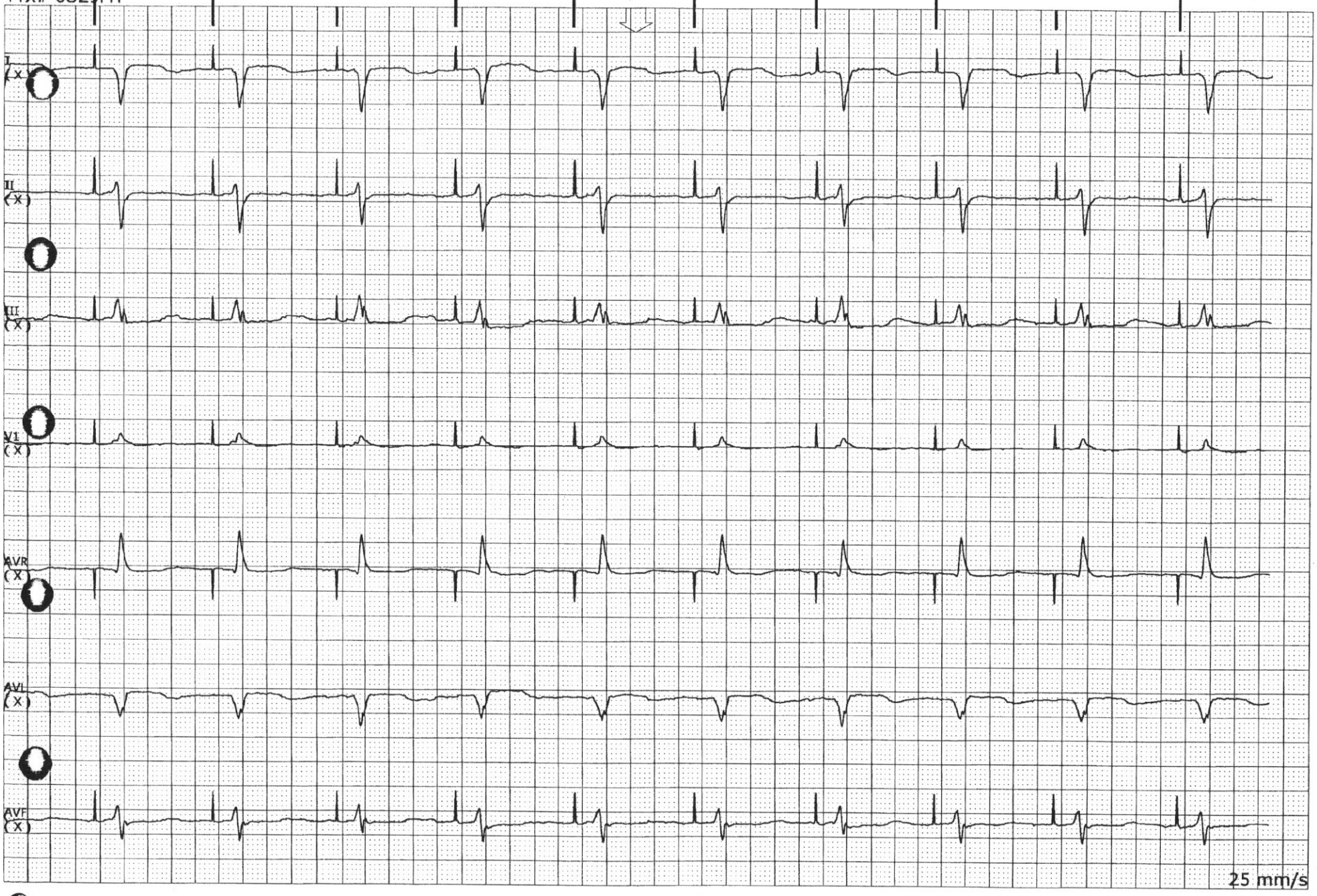
Full Disclosure

PARVIN,MARY V025643024 05-Apr-2014 16:23:14

HR 60 Pace PVC 0 ST II X mm

TTX# 0829FH

TELEM|378*TTX# 0829FH



GE Medical Systems
Information Technologies

CIC Version 5.1.0

Saturday, April 05, 2014 4:23:27 PM

END OF REPORT

Full Disclosure

PARVIN, MARY V025643024 06-Apr-2014 04:52:15 TELEM|378*TTX# 0829FH
HR 60 Pace PVC 0 ST III -1.2 mm
TTX# 0829FH

GE Medical Systems Information Technologies

CIC Version 5.1.1
Sunday, April 06, 2014 4:53:09 AM

END OF REPORT

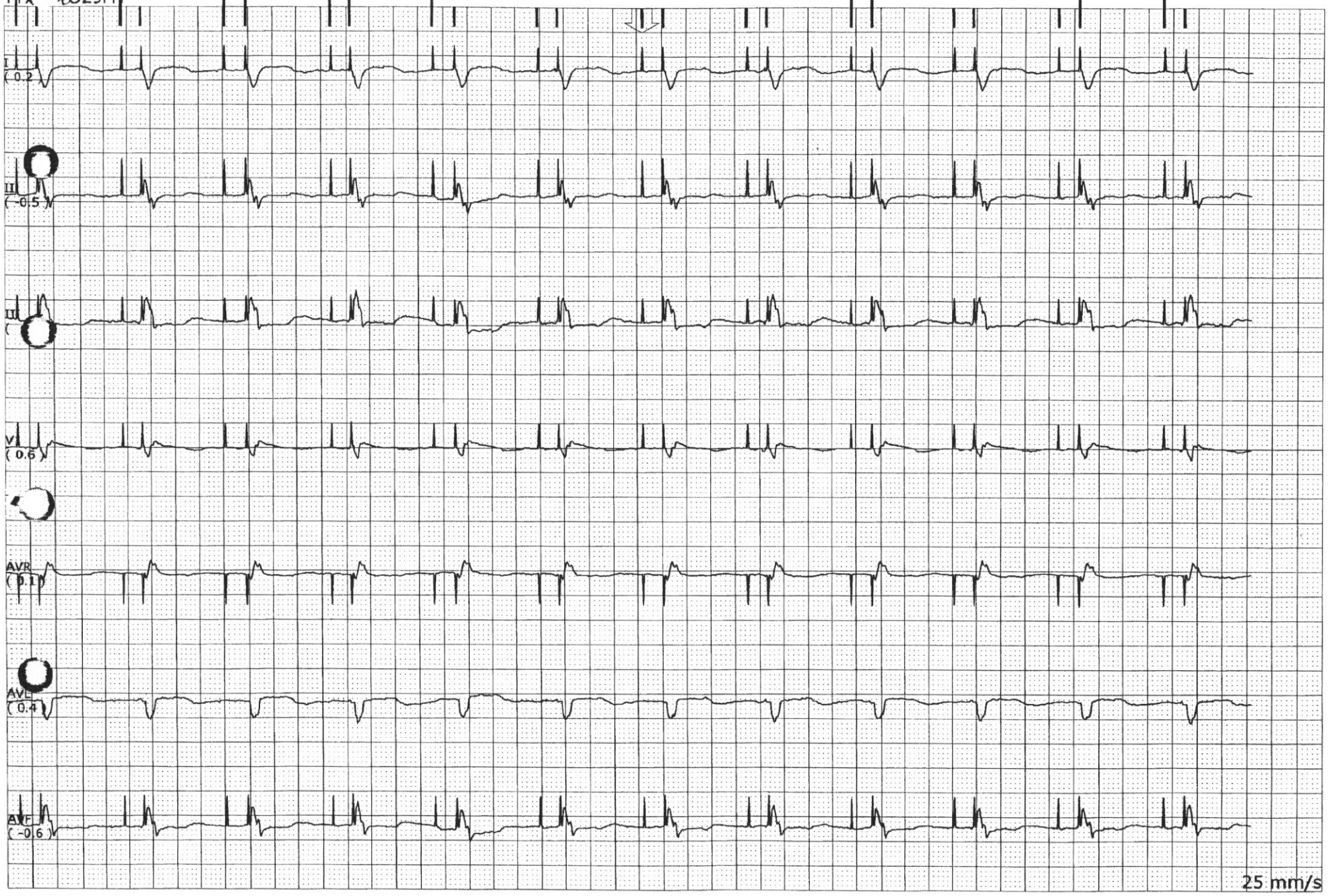
Full Disclosure

PARVIN, MARY V025643024 06-Apr-2014 16:40:16

HR 59 Pace PVC 0 ST III -0.7 mm

TTX# 0829FH

TELEM|378*TTX# 0829FH



GE Medical Systems Information Technologies

CIC Version 5.1.0

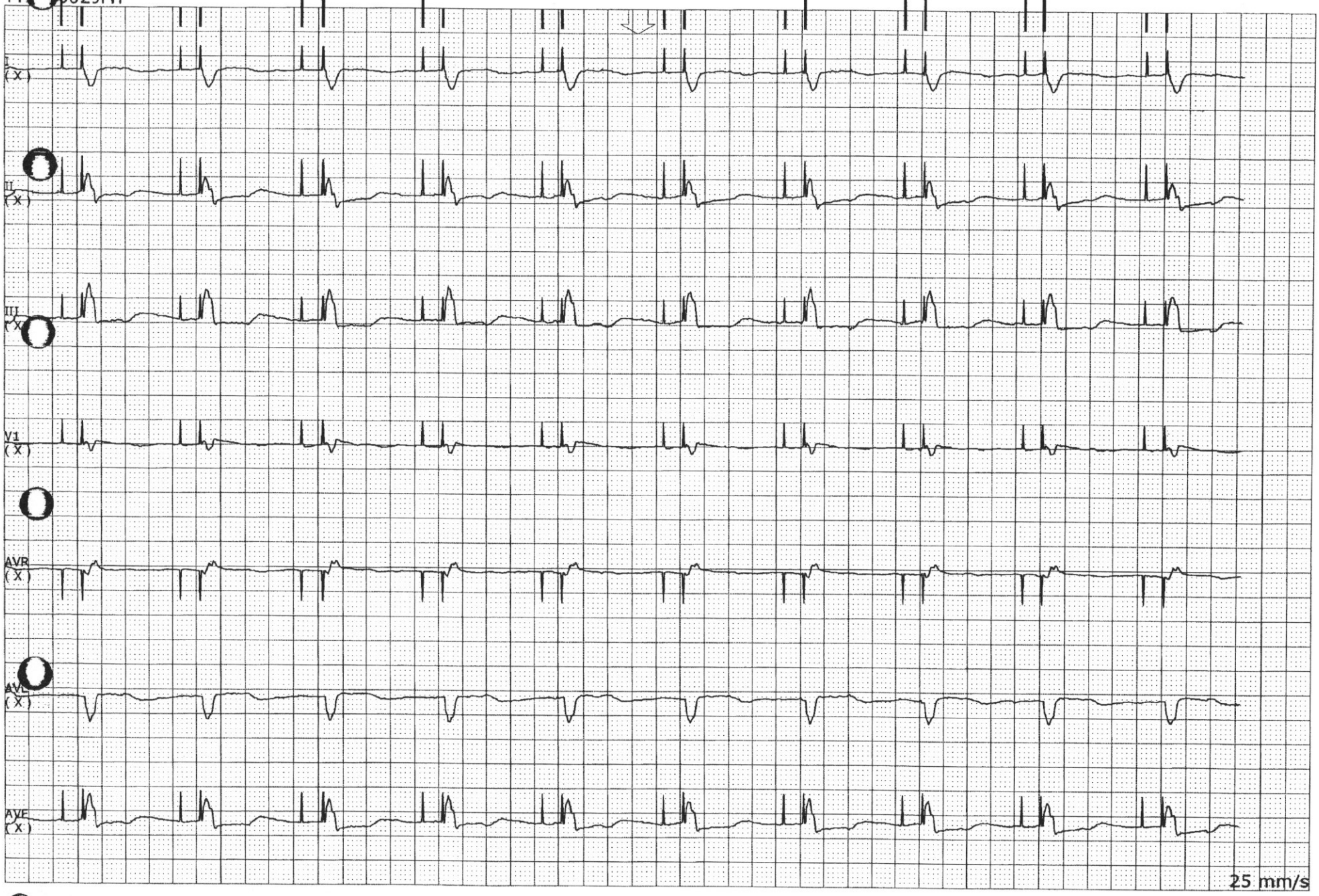
Sunday, April 06, 2014 4:41:20 PM

END OF REPORT

Full Disclosure

PARVIN,MARY V025643024 07-Apr-2014 05:02:16
HR 60 Pace PVC 0 ST II X mm
TTX 0829FH

TELEM|378*TTX# 0829FH



GE Medical Systems
Information Technologies

CIC Version 5.1.1
Monday, April 07, 2014 5:02:33 AM

END OF REPORT

Full Disclosure

PARVIN,MARY V025643024 07-Apr-2014 16:26:17
HR 60 Pace PVC 0 ST II X mm
TTX# 0829FH

MW

TELEM|378*TTX# 0829FH

GE Medical Systems
Information Technologies

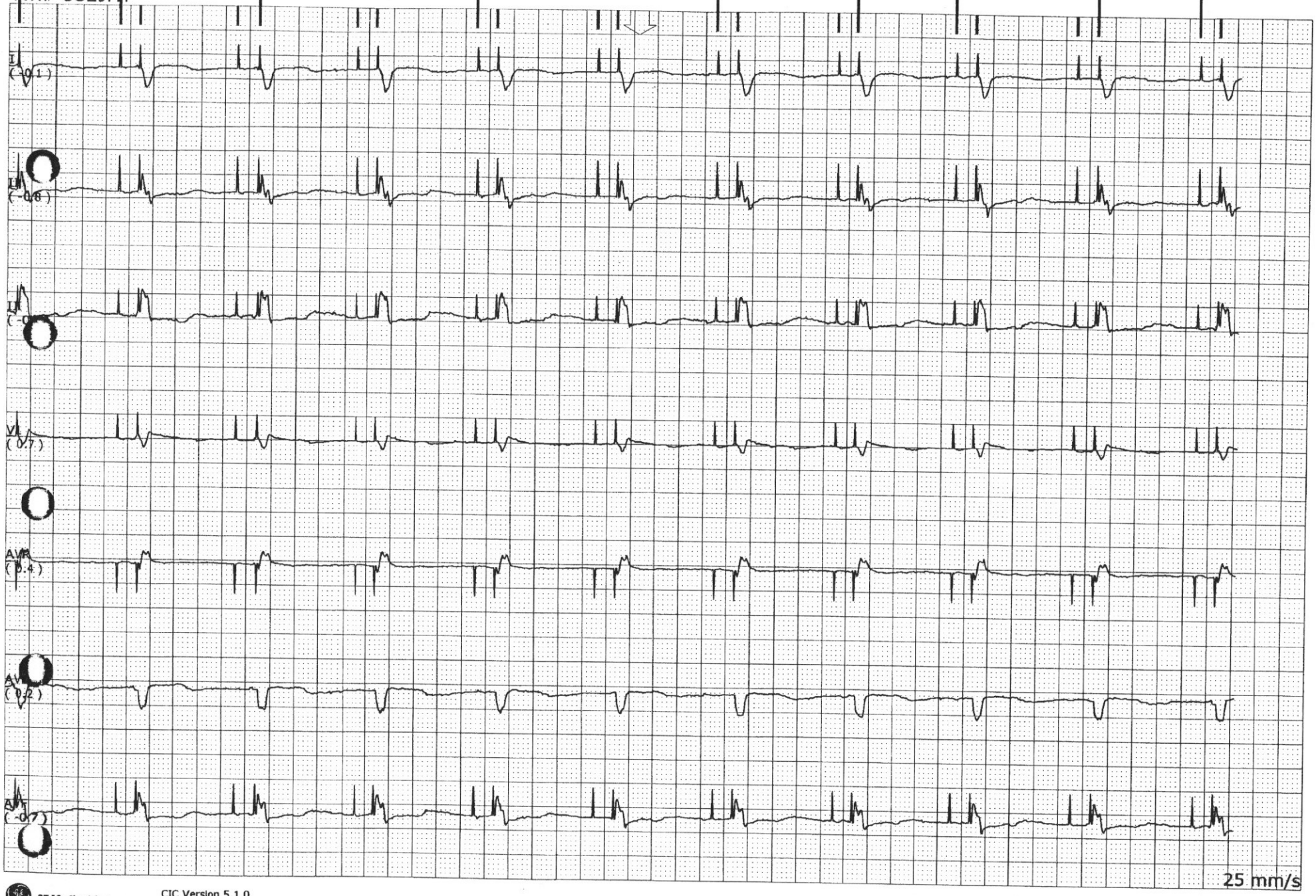
CIC Version 5.1.0
Monday, April 07, 2014 4:26:55 PM

END OF REPORT

Full Disclosure

PARVIN,MARY V025643024 08-Apr-2014 17:01:18
HR 60 Pace PVC 0 ST II -0.8 mm
TTX# 0829FH

TELEM|378*TTX# 0829FH



GE Medical Systems
Information Technologies

CIC Version 5.1.0
Tuesday, April 08, 2014 5:01:58 PM

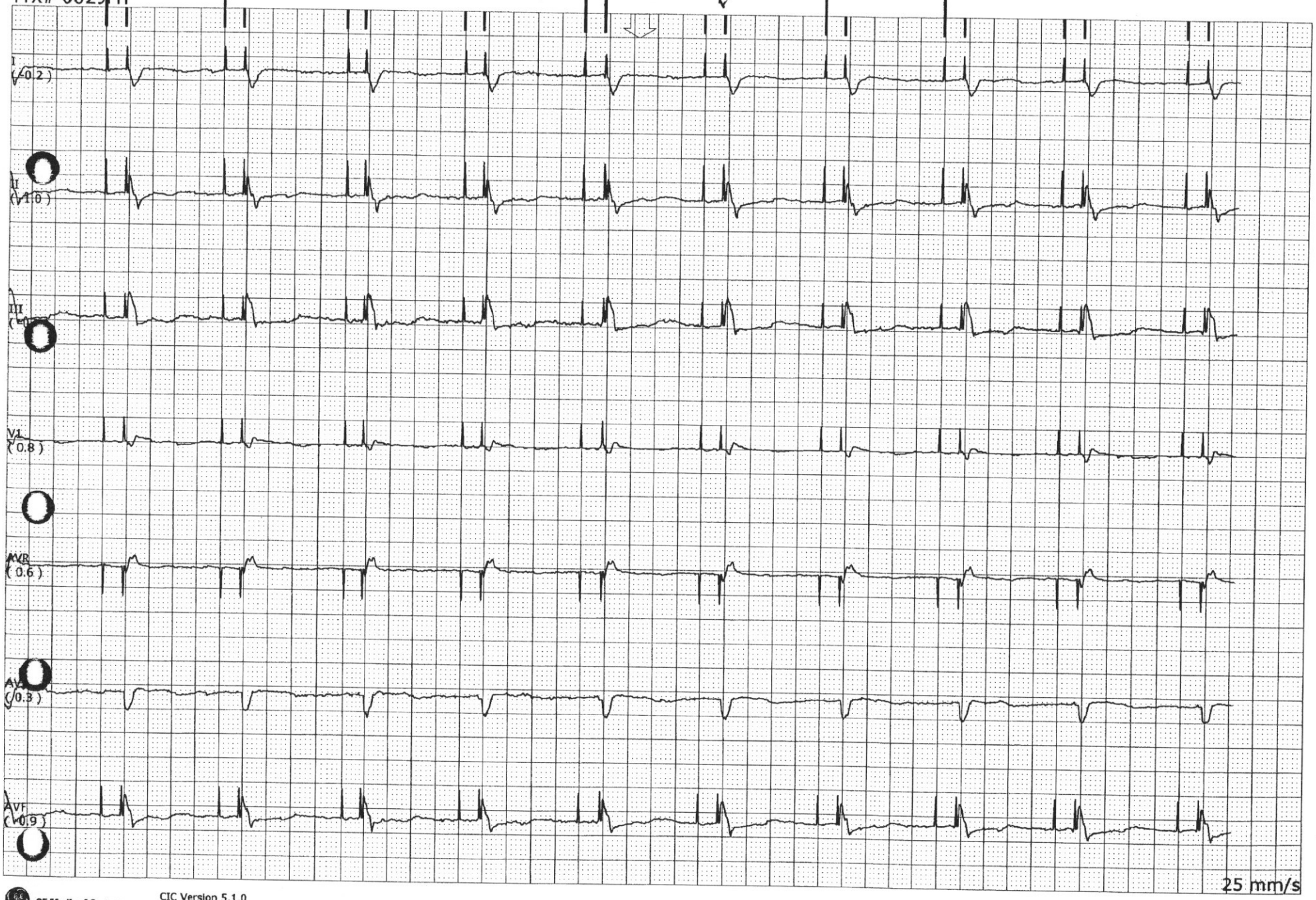
END OF REPORT

PARVIN,MARY V025643024 08-Apr-2014 17:55:11
HR 60 Pace PVC 0 ST II -1.0 mm
TTX# 0829FH

Full Disclosure

DC

TELEM|378*TTX# 0829FH



GE Medical Systems
Information Technologies

CIC Version 5.1.0
Tuesday, April 08, 2014 7:14:53 PM

END OF REPORT