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

Name: PARVIN, MARY JEAN

DOB: 03/16/43

Age/Sex: 70/F

Acct: V024703878 Unit: M053082

Status: DIS IN

Attend Dr: Hlaing, Min M MD - HOSP

Registered: 06/04/13 Room-Bed: 277-A

*** HEMATOLOGY ***

Date	6/6/2013	6/5/2013	6/4/2013	
Time	0540	0541	1459	Reference Units
WBC	5,2	7.5	5.1	(5.0-9.5) X/mm3
RBC	4.06	4.50	4.40	(3.70-5.50) M/uL
HGB	12.4	13.7	13.3	(12.0-16.0) g/dL
HCT	36.5 L	40.1	39.5	(37.0-47.0) %
VCV	89.9	89.1	89.7	(80.0-99.0) f1
MCH	30.4	30.4	30.1	(27.0-33.0) pg
YCHC	33.9	34.1	33.6	(27.0 33.0) pg (31.8-36.2) q/dL
RDW	18.0 H	18.1 H	16.5 н	(10.0-16.4) %
PLATELET COUNT	192	2.59	211	(140-450) K/mm3
MPV	8.4	9.6	10.2	(7.5-10.5) fl
PMNS	49.4	58.5	62.6	(37-80) %
LYMPHOCYTES	34.3	25.1	25.1	(10.0-50.0) %
MONOCYTES	10.7	10.9	8,3	(<12,0) %
EOSINOPHILS	4.3	4.4	2.8	(<7.0) %
BASOPHIL	1.3	1.2	1.2	(₹2,5) 4
ABS PMNS	2.57	4.41	3.21	(2.40-7.56) K/uL
ABS LYMPHS	1.79	1.89	1.29	(0.96-4:75) K/uL
ABS MONOS	0.56	0.82	0.43	(0.10-1.00) K/uL
BS EOS	0.22	0.33	0.14	70 00 00 00
ABS BASOS	0.07	0.09	0.06	(0.00-0.20) K/uL

*** BEDSIDE TESTING ***

Date -	6/9/20)13		6/8/2013			
Time	1107	0743	2101	1805	1118	Reference	Units
ACCUCHK GLUCOSE	165 Н	52 Д	232 н	181 н	136 н	(70-110)	mg/dL
Date -	6/8/20	013		6/7/2013			
Time	0900	0746			1152	Reference	Units
ACCUCHK GLUCOSE	91	54 L	94	93	71	(70-110)	mg/dL
Date	6/7/2013 -		6/6/20)13			
Time	0751	2015	1704	1117	0734		Units
ACCUCHK GLUCOSE	91	120 н	106	202 н	209 н	(70-110)	mg/dl
Date			6/5/2013				
Time	2128	1710	1125	0917	0719	Reference	Units
ACCUCHK GLUCOSE	157 н	171 н	85	96	105	(70-110)	mg/dL
Date -	6/4/20	13					
Time	2201	1829				Reference	Units
ACCUCHK GLUCOSE	286 н	327 н				(70-110)	mg/dL

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Room-Bed: 277-A

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Name: PARVIN, MARY JEAN Unit: M053082 Acct: V024703878 Room-Bed: 277-A (Continued)

*** CHEMISTRY ***

Date	6/8/2013	6/7/	2013	6/6/	2013	-	
Time	0712	1242	0025	1857	1139	Reference	Units
POTASSIUM	3,9	4.2	4.4	3.8	4.0	(3.6-5.1)	mmol/L
Date .	6/6	5/2013		6/5/2013			
Time	0540	0540	0902	0541	0541	Reference	Units
SODIUM		139				7134-1431	mmal/t.
POTASSIUM		3.9				12 6 E 11	
CHLORIDE		106				198-1071	mmol/ i
GLUCOSE		149 H				470+1101	mrt/df
BUN		42 H				(8-21)	ma/dI
AND THE PARTY OF		2.19 н				70 44-1 03	v wasat
BUN/CREAT RATIO		19.2 22.2(A)				(6.0-20.0)	жуг. ж.
GFR		22.2(A)					

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

BNP	792 (B) H				(< 176)	pg/mL
T4, FREE			0.99		(0.58-1.64)	ng/dL
TSH				10 20 **	(0 04 F 60)	
RISK RATIO		3.1			(<4,5)	
HDL CHOLESTEROL		36			(35-85)	mg/dl
TRIGLYCERIDES		115			(45-250)	mq/dL
SGOT/ AST		19			/1 F 441	
ALT/SGPT		12 J			(14-54)	IU/L
BILI, TOTAL		0.6			(0.1-2.0)	ma/d1
ALB/GLOB RATIO		0.9 д			(1.2-2.5)	J
GTOROTIN		2 5			10 0 0 01	
TOTAL PROTEIN		4.8 L			46.1-7.91	g/dL
CALCIUM		8.3 L			(8.9+10.3)	mc/dL

(B) 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 11.96 H (4.4-6.4) %

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

Date	6/6	/2013		6/5/2013			
Time	0540	0540	0902	0541	0541	Reference	Units

(C) Estimated Average Glucose = 28.7 x Alc - 46.7

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

Date	6/5/2013	/20136/4/2013					
Time	0541	1459	1459	1459	1459	Reference	Units
SODIUM	144	н				(134-143)	mmol/L
POTASSIUM	4.0					13 6-5 11	mmol/I
CHLORIDE	110	Ж				(98+107)	mmol/L
CARBON DIOXIDE	28					(22-32)	mmol/L
GLUCOSE	44 (a)	Pb				(70-110)	mg/dL
BUN	37	H				(8-21)	mg/dL
CREATININE	2.02	1				(0.44-1.03) mg/dL
BUN/CREAT RATIO	18.3					(6.0-20.0)	
GFR	24.3(D)						

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

CALCIUM	8 7 T.		20 0 1n 21	mg/dL
ALBUMIN	2.6 L		(3.5-4.8)	q/dL
TOTAL PROTEIN	5.3 L		(6.1-7.9)	g/dŁ
GLOBULIN	2.7		(2.0-3.8)	qm/dL
ALB/GLOB RATIO	1 0 L		(1.2-2.5)	
PHOSPHOROUS	4.0		(2.4-4.7)	mg/dL
MAGNESIUM	1.8		(1.6+2.4)	mg/dL
BILI, TOTAL	0.8		(0.1-2.0)	mg/dL
ALK PHOSPHATASE	80		120.1261	IU/L
ALT/SGPT	16		(14-54)	IU/L
SGOT/AST	2.4		71 S N17	**12*

NOTES: (a) Critical result verified in the EHR. Notified: NATELLA RUSU, RN/2S by SUIZA, CHARLIE M on 06/05/13 at 0703.

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

Date 6/5/2013 Time 0541

1459

-----6/4/2013-----1459

1459

1459

Reference

PROCALCITONIN < 0.05(E) (<= 0.5) ng/mL

(E)

INTERPRETATION: Systemic infection (sepsis) is not likely. Local bacterial infection is possible.

RISK AND OPTIONS FOR FURTHER ACTION: Low risk for progression to severe systemic infection (severe sepsis/septic shock).

CAUTION: Procalcitonin (PCT) levels below 0.5 ng/mL do not exclude an infection, because localized infections (without systemic signs) may be associated with such low levels.

If PCT is measured very early after a bacterial challenge (usually <6 hours), the value may still be low. In this case, PCT should be re-assesed 6-24 hours later.

TROP

0.04(F)

CPK 140 (38-234) 1U/L

(0.01-0.06) ng/mL

(F) TROPONIN-I RANGES

Result Interpretation

0.0-0.06 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 unstable angina, congestive heart failure, myocarditis, invasive testing, and cardiac surgery.

BNP 1453(0) H (< 176) pg/mL

(G) Congestive Heart Failure Severity Classification

CLASS BNP UPPER LIMIT 176 pg/mL NYHA Class 1 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.

1.3 (0.5-2.2) mmol/L

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

Date Time	6/4/2013 1459	Reference Units
SODIUM	141	(134-143) mmo1/5
POTASSIUM	4.3	(3.6-5.1) mmol/L
CHLORIDE	106	(98-107) mmol/L
CARBON DIOXIDE	27	(22-32) mmol/L
GLUCOSE	314 H	(70+110) mg/dL
BUN	35 H	(8-21) mg/dL
CREATININE	2.07 н	(0.44-1.03) mg/dL
BUN/CREAT RATIO	16.9	(6.0-20.0)
GFR	23.7(H)	

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

CALCIUM	8.6 L	(8:9÷10:3) mg/dL	
ALBUMIN	2.6 L	(3.5-4.8) g/dL	
TOTAL PROTEIN	5,3 L	76 1-7 9) - m/di	
GLOBULIN	2.7	(2.0-3.8) gm/dL	
ALB/GLOB RATIO	1.0 1	(1.2-2.5)	
BILI, TOTAL	1.0	(0.1-2.0) mg/dL	
ALK PHOSPHATASE	76		
ALT/SGPT	14	(14-54) IU/L	
50 1 St 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(15-41) IU/L	

*** URINALYSIS ***

Date Time	6/4/2013		Reference Units
	1640		
COLOR	YELLOW		(YELLOW)
APPEARANCE	CLOUDY		(CLEAR)
SPEC. GRAVITY	1.019		(1,001-1,09
PH	6.0		(5.5-8.0)
PROTEIN	300		(NEGATIVE) mg/dL
GLUCOSE	250		(NEGATIVE) mg/dL
KETONE	NEGATIVE		(NEGATIVE) mg/dL
BILIRUBIN	NEGATIVE		(NEGATIVE)
BLOOD	NEGATIVE		(NEGATIVE)
UROBILINOGEN	0.2		(0 2 1 0) P II (4)
NITRITE	NEGATIVE		(NEGATIVE)
LEUKOCYTE ESTER	NEGATIVE		(NECDTIVE)
WEC	< 2		(0-5) wbc/hpf
RBC	6-10		(0-2) rhc/hnf
BACTERIA	NONE SEEN		(NONE SEEN)
SQUAMOUS EPIS	MODERATE		(NONE-FEW) epi/hpf
HYALINE CAST	eew		(NONE-FEW) /hpf
CAST, PATHOLOGICNONE SEEN(I)			(NONE SEEN) /hpf

(I) Manual microscopy performed.

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TOTAL DESCRIPTION STREET

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Test Date Time Result Reference Units

GRYSTAL 6/4/2013 1640 (J) (NONE SEEN) /hpf

(J) AMORPHOUS URATES 3+ See also (K)

(K) Manual microscopy performed.

*** MICROBIOLOGY ***

Source: Peripheral Blood

BLOOD CULTURE Final 06/10/13 Collection Date/Time: 06/04/13 1459

No growth after 5 days

BLOOD CULTURE Final 06/10/13 Collection Date/Time: 06/04/13 1459

No growth after 5 days

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