Medical Director:

Northwell Health Laboratories
10 Nevada Drive

Lake Success, NY 11042-1114

Patient: **CORWIN, MAXWELL J**
MRN: 900-04-2282
FIN: 002524-0000003075
DOB: **6/1/1995** Sex: **Female**
Location: NSHS Laboratories - 4

Corwin , Howard MD

15 Montrose Drive

Roslyn, NY 11576

Hematology

Collected 12/27/2018
Time 1:05 PM

Test Name		Units	Ref Range
WBC	4.24	K/uL	[3.80-10.50]
RBC	5.12	M/uL	[3.80-5.20]
HGB	14.5	g/dL	[11.5-15.5]
HCT	44.0	%	[34.5-45.0]
MCV	85.9	fl	[80.0-100.0]
MCH	28.3	pg	[27.0-34.0]
MCHC	33.0	gm/dL	[32.0-36.0]
RDW	12.8	%	[10.3-14.5]
PLT	256	K/uL	[150-400]
NEUT#	2.25	K/uL	[1.80-7.40]
LYMPH#	1.35	K/uL	[1.00-3.30]
MONO#	0.35	K/uL	[0.00-0.90]
EOS#	0.23	K/uL	[0.00-0.50]
BASO#	0.05	K/uL	[0.00-0.20]
NEUT% f	53.1	%	[43.0-77.0]
LYMPH%	31.8	%	[13.0-44.0]
MONO%	8.3	%	[2.0-14.0]
EOS%	5.4	%	[0.0-6.0]
BASO%	1.2	%	[0.0-2.0]
IMM GRAN%	0.2	%	[0.0-1.5]

12/27/2018 1:05 PM NEUT%:
Differential percentages must be correlated with absolute numbers for clinical significance.

General Chemistry

Collected 12/27/2018
Time 13:05:00

Test Name		Units	Ref Range
Sodium	143	mmol/L	[135-145]
Potassium	4.7	mmol/L	[3.5-5.3]
Chloride	103	mmol/L	[96-108]
CO2	28	mmol/L	[22-31]

Legend: L = Low H = High * = Abnormal C = Critical c = Corrected f = Footnote

Printed: 1/7/2019 8:00

General Chemistry

Collected 12/27/2018
Time 13:05:00

Test Name		Units	Ref Range
Anion Gap	12	mmol/L	[5-17]
Glucose	88	mg/dL	[70-99]
BUN	12	mg/dL	[7-23]
Creatinine	0.87	mg/dL	[0.50-1.30]
eGFR, Non African-American f	94	mL/min/1.73M2	[>=60]
eGFR, African-American	109	mL/min/1.73M2	[>=60]
Total Protein	6.5	g/dL	[6.0-8.3]
Albumin	4.7	g/dL	[3.3-5.0]
Calcium	10.0	mg/dL	[8.4-10.5]
Total Bilirubin	0.8	mg/dL	[0.2-1.2]

12/27/2018 1:05 PM eGFR, Non African-American:
Interpretative comment
The units for eGFR are mL/min/1.73M2 (normalized body surface area). The eGFR is calculated from a serum creatinine using the CKD-EPI equation. Other variables required for calculation are race, age and sex. Among patients with chronic kidney disease (CKD), the eGFR is useful in determining the stage of disease according to KDOQI CKD classification. All eGFR results are reported numerically with the following interpretation.

GFR (ml/min/1.73 m2)	With Kidney Damage	Without Kidney Damage
>= 90	Stage 1	Normal
60-89	Stage 2	Decreased GFR
30-59	Stage 3	Stage 3
15-29	Stage 4	Stage 4
< 15	Stage 5	Stage 5

Each stage of CKD assumes that the associated GFR level has been in effect for at least 3 months. Determination of stages one and two (with eGFR > 59 ml/min/m2) requires estimation of kidney damage for at least 3 months as defined by structural or functional abnormalities.
Limitations: All estimates of GFR will be less accurate for patients at extremes of muscle mass (including but not limited to frail elderly, critically ill, or cancer patients), those with unusual diets, and those with conditions associated with reduced secretion or extrarenal elimination of creatinine. The eGFR equation is not recommended for use in patients with unstable creatinine levels.

Enzymes

Collected 12/27/2018
Time 1:05 PM

Test Name		Units	Ref Range
AST (SGOT)	18	U/L	[10-40]
ALT (SGPT)	15	U/L	[10-45]
ALK PHOS	100	U/L	[40-120]

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Lipid Chemistry

Collected 12/27/2018
Time 1:05 PM

Test Name		Units	Ref Range
Cholesterol	167	mg/dL	[10-199]
HDL Cholesterol f	**42 L**	mg/dL	[>=50]
LDL Cholesterol (Calc) f	110	mg/dL	[<=129]
Cholesterol/HDL Ratio	4.0	RATIO	[3.3-7.1]
Triglycerides	76	mg/dL	[10-149]

12/27/2018 1:05 PM HDL Cholesterol:
HDL Levels >/= 60 mg/dL are considered beneficial and a "negative" risk factor.

Effective 08/15/2018: New reference range and interpretive comment.

12/27/2018 1:05 PM LDL Cholesterol (Calc):
LDL Cholesterol (mg/dL) --- Interpretive Comment (for adults 18 and over)
Optimal LDL Level may vary based on clinical situation

Below 70	Ideal for people at very high risk of heart disease
Below 100	Ideal for people at risk of heart disease
100 - 129	Near Ideal
130 - 159	Borderline high
160 - 189	High
190 and Above	Very high

Anemia Related Tests

	Test Name	B12 f	Folate	Iron	TIBC	UIBC	% Saturation, Iron
	Units	pg/mL	ng/mL	ug/dL	ug/dL	ug/dL	%
	Ref Range	[232-1,245]	[>=4.7]	[30-160]	[220-430]	[110-370]	[14-50]
12/27/2018	1:05 PM	637	>20.0	**233 H**	278	**45 L**	**84 H**

12/27/2018 1:05 PM B12:
Note: Reference Range Change on 12/18/2017.

	Test Name	Ferritin
	Units	ng/mL
	Ref Range	[15-150]
12/27/2018	1:05 PM	69

Glucose Metabolism

		HGB A1C f
	Units	%
	Ref Range	[4.0-5.6]
12/27/2018	1:05 PM	5.5

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Glucose Metabolism

12/27/2018 1:05 PM HGB A1C:
Method: Immunoassay

Reference Range	4.0-5.6%
High risk (prediabetic)	5.7-6.4%
Diabetic, diagnostic	>=6.5%
ADA diabetic treatment goal	<7.0%

The Hemoglobin A1c testing is NGSP-certified. Reference ranges are based upon the 2010 recommendations of the American Diabetes Association. Interpretation may vary for children and adolescents.

Miscellaneous Chemistry

Collected 12/27/2018
Time 1:05 PM

Test Name		Units	Ref Range
Homocysteine	7.7	umol/L	[5.0-15.0]
Vitamin D 25 Hydroxy f	34.0	ng/mL	[30.0-80.0]

12/27/2018 1:05 PM Vitamin D 25 Hydroxy:

30 - 80 ng/mL	Optimum Levels (Reference range)
> 80 ng/mL	Toxicity possible
20 - 29 ng/mL	Insufficiency
10 - 19 ng/mL	Mild to Moderate Deficiency
< 10 ng/mL	Severe Deficiency

Optimum levels for 25-Hydroxy vitamin D are 30 ng/mL and above based on the Endocrine Society guidelines 2011. However, there is a lack of consensus on this and the Institute of Medicine recommends 20 ng/mL and above as optimum levels. Vitamin D results may vary depending on the method of analysis. The current DiaSorin XL chemiluminescent immunoassay method measures both D2 and D3 and was introduced in 2010.

Reference Lab

Collected 12/27/2018
Time 1:05 PM

Test Name		Units	Ref Range
Iodine, Serum	44.3 f	ug/L	[40.0-92.0]

12/27/2018 1:05 PM Iodine, Serum:
Limit of quantitation = 20
Performed At: BN LabCorp Burlington
1447 York Court Burlington, NC 272153361
Nagendra Sanjai MD Ph:8007624344

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