

Kapysta, ElaineDOB: **12/23/1937****Patient Report**

Patient ID:

Age: **84**Account Number: **45050472**Specimen ID: **270-789-2152-0**Sex: **Female**Ordering Physician: **B LESSIN**

Ordered Items: **CBC With Differential/Platelet; Comp. Metabolic Panel (14); Lipid Panel; Methylmalonic Acid, Serum; TSH; Thyroxine (T4) Free, Direct; Vitamin D, 25-Hydroxy; Magnesium; Triiodothyronine (T3), Free; Vitamin B12; Non LCA Req**

Date Collected: **09/27/2022**Date Received: **09/28/2022**Date Reported: **10/04/2022**Fasting: **Not Given****CBC With Differential/Platelet**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
WBC ⁰¹	4.9		x10E3/uL	3.4-10.8
RBC ⁰¹	4.64		x10E6/uL	3.77-5.28
Hemoglobin ⁰¹	13.9		g/dL	11.1-15.9
Hematocrit ⁰¹	43.6		%	34.0-46.6
MCV ⁰¹	94		fL	79-97
MCH ⁰¹	30.0		pg	26.6-33.0
MCHC ⁰¹	31.9		g/dL	31.5-35.7
RDW ⁰¹	13.8		%	11.7-15.4
Platelets ⁰¹	176		x10E3/uL	150-450
Neutrophils ⁰¹	55		%	Not Estab.
Lymphs ⁰¹	39		%	Not Estab.
Monocytes ⁰¹	4		%	Not Estab.
Eos ⁰¹	1		%	Not Estab.
Basos ⁰¹	1		%	Not Estab.
Neutrophils (Absolute) ⁰¹	2.7		x10E3/uL	1.4-7.0
Lymphs (Absolute) ⁰¹	1.9		x10E3/uL	0.7-3.1
Monocytes (Absolute) ⁰¹	0.2		x10E3/uL	0.1-0.9
Eos (Absolute) ⁰¹	0.1		x10E3/uL	0.0-0.4
Baso (Absolute) ⁰¹	0.1		x10E3/uL	0.0-0.2
Immature Granulocytes ⁰¹	0		%	Not Estab.
Immature Grans (Abs) ⁰¹	0.0		x10E3/uL	0.0-0.1

Comp. Metabolic Panel (14)

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
A Glucose ⁰¹ (OK - NOT FASTING)	114 High		mg/dL	70-99
			Please note reference interval change	
BUN ⁰¹	10		mg/dL	8-27
Creatinine ⁰¹	0.93		mg/dL	0.57-1.00
eGFR	61		mL/min/1.73	>59
▼ BUN/Creatinine Ratio	11 Low (Excellent)			12-28
Sodium ⁰¹	139		mmol/L	134-144
Potassium ⁰¹	4.3		mmol/L	3.5-5.2
Chloride ⁰¹	100		mmol/L	96-106
Carbon Dioxide, Total ⁰¹	23		mmol/L	20-29
Protein, Total ⁰¹	7.4		g/dL	6.0-8.5
Albumin ⁰¹	4.5		g/dL	3.6-4.6
Globulin, Total	2.9		g/dL	1.5-4.5

labcorp

Date Created and Stored 10/04/22 0537 ET **Final Report** Page 1 of 3



Sunrise Medical Laboratories

4200 Pleasant Valley Road
Chantilly, VA 20151-1211
703-222-2313

Report Status: Final

Specimen Information	Patient Information	Ordering Physician
Specimen: ME841256	KAPUSTA, ELAINE	DAPPEN, ALAN
E Order: ME841256	DOB: 12/28/1937	Client Information
Collected: 10/07/2022 16:10	Age: 84	DOCTALKER D25
Received: 10/07/2022 21:19	Gender: F	
Reported: 10/08/2022 06:53	Fasting:	
Printed: 01/09/2024 14:55	ID: 85590409	
	Phone: (571) 421-6813	

Test Name	In Range	Out Range	Reference Range
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TSH SML

TSH 2.17 0.270-4.200 uIU/mL

SML - Sunrise Medical Laboratories CLIA# 33D0654120
250 Miller Place, Hicksville, NY 11801
Lab Director: Milind Mondkar, MD

Vitamin B-12

>2000 H

232-1245 pg/mL

It has been reported that between 5 and 10% of patients with values between 200 and 400 pg/ml may experience neuropsychiatric and hematologic abnormalities due to occult B12 deficiency. Less than 1% of patients with values above 400 pg/ml will have symptoms.

SML - Sunrise Medical Laboratories CLIA# 33D0654120
250 Miller Place, Hicksville, NY 11801
Lab Director: Milind Mondkar, MD

COMP METABOLIC PANEL

A/G Ratio	1.8	1.0-2.5 RATIO
Glucose Non-Fasting	86	65-125 mg/dL
Alkaline Phosphatase	73	30-146 U/L
Chloride	96	96-107 mmol/L
Globulin	2.8	1.8-3.8 g/dL
Sodium	135	135-148 mmol/L
Calcium	10.2	8.6-10.5 mg/dL
ALT (SGPT)	11	5-33 U/L
Bilirubin Total	0.6	<1.3 mg/dL
Total Protein	7.7	6.0-8.3 g/dL

Anion Gap

18 H

BUN	15	8-23 mg/dL
Albumin	4.9	3.5-5.2 g/dL

eGFR 2021 CKD-EPI

46 L

>59 mL/min/1.73m2

Effective 12/13/2021, Sunrise Medical Laboratories has implemented the NKF-ASN recommended 2021 CKD-EPI eGFR Refit Calculation that does not include a coefficient for race.

The NKF-ASN recommends use of cystatin C to confirm eGFR in adults at risk for CKD. Cystatin C can be used alone or paired with repeat creatinine measurement to increase the accuracy of estimated GFR.

BUN/Creatinine Ratio	13	8.0-28.0 RATIO
Carbon Dioxide	21	18-32 mmol/L



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Test Name	In Range	Out Range	Reference Range
AST (SGOT)	18		9-40 U/L
Potassium	4.6		3.5-5.4 mmol/L
Creatinine		.18 H	0.51-1.15 mg/dL

** New reference range as of 09/12/22 **

SML - Sunrise Medical Laboratories CLIA# 33D0654120
250 Miller Place, Hicksville, NY 11801
Lab Director: Milind Mondkar, MD

C REACTIVE PROTEIN

C-Reactive Protein 0.1 <0.5 mg/dL
Effective 07/11/2016, the result unit for CRP will be changed from mg/L to mg/dL.

SML - Sunrise Medical Laboratories CLIA# 33D0654120
250 Miller Place, Hicksville, NY 11801
Lab Director: Milind Mondkar, MD

Sedimentation Rate 23 0-29 MM/HR

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CBC/DIFF/PLT

RDW	13.8		11.2-14.8 %
WBC		11.3 H	3.6-11.0 THDS/CMM
Eosinophils %	0.3		0-5 %
Lymphocytes %		18.4 L	20-45 %
Eosinophils #	0.03		0.0-0.80 K/uL
MCHC	32.7		32.0-35.0 g/dl
Lymphocytes #	2.08		0.9-5.2 K/uL
RBC	4.45		3.8-5.2 MILL/CMM
Hematocrit	41.3		35-47 %
MCH	30.3		26.0-33.0 pg
MCV	93		75-100 fL
Platelet Count	161		140-440 THOUS/CMM
Monocytes #	0.33		0.1-1.0 K/uL
Monocytes %	2.9		0-13 %
Neutrophils #		8.75 H	1.9-8.0 K/uL
Basophils #	0.06		0.0-0.2 K/uL



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	Phone: (571) 421-6813	

Test Name	In Range	Out Range	Reference Range
Immature Granulocytes	0.4		0-2 %
Absolute Immature Grans	0.05		0.00-0.06 K/uL
Basophils %	0.5		0-2 %
Hemoglobin	13.5		11.9-16.0 G/DL
Neutrophils %		77.5 H	45-75 %
SML - Sunrise Medical Laboratories CLIA# 33D0654120			
250 Miller Place, Hicksville, NY 11801			
Lab Director: Milind Mondkar, MD			

Patient Report



Specimen ID: 283-141-2275-0
Control ID: 20463628392

Acct #: 45561020 **Phone:** (703) 938-4600 **Rte:** ML

KAPUSTA, ELAINE
 4136 N RIVER ST
 MC LEAN VA 22101
 (571) 528-2464

Doctalker Family Medicine PC
 370 Maple Avenue W Suite V
 VIENNA VA 22180



Patient Details	Specimen Details	Physician Details
DOB: 10/10/1987	Date collected: 10/10/2022 1529 Loca	Ordering: A DAPPEN
Age(y/m/d): 084/09/10	Date received: 10/10/2022	Referring:
Gender: F	Date entered: 10/10/2022	ID:
Patient ID:	Date reported: 10/17/2022 1535 ET	NPI: 1982796918

General Comments & Additional Information

Clinical Info: SRC:UR

Total Volume: Not Provided

Fasting: Yes

Ordered Items

Sensitivity Organism #1; Urinalysis, Complete; Urine Culture, Routine; Presumptive ID; Organism ID

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Urinalysis, Complete					
Urinalysis Gross Exam					01
Specific Gravity	1.008			1.005-1.030	01
pH	7.5			5.0-7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Clear			Clear	01
WBC Esterase	Trace Abnormal			Negative	01
Protein	Negative			Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen, Semi-Qn	0.2		mg/dL	0.2-1.0	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination					01
	See below:				
	Microscopic was indicated and was performed.				
WBC	0-5		/hpf	0 - 5	01
RBC	None seen		/hpf	0 - 2	01
Epithelial Cells (non renal)	0-10		/hpf	0 - 10	01
Casts	None seen		/lpf	None seen	01
Bacteria	None seen			None seen/Few	01

Urine Culture, Routine

Urine Culture, Routine

Final report

Abnormal

Result 1

Klebsiella pneumoniae

Abnormal

3RD TIME HAD UROSEPSIS

Cefazolin <=4 ug/mL

Cefazolin with an MIC <=16 predicts susceptibility to the oral agents cefaclor, cefdinir, cefpodoxime, cefprozil, cefuroxime, cephalixin,

Patient Report



Patient: KAPUSTA, ELAINE
DOB: 12/30/1937

Patient ID:

Control ID: 20463628392

Specimen ID: 283-141-2275-0

Date collected: 10/10/2022 1529 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
and loracarbef when used for therapy of uncomplicated urinary tract infections due to E. coli, Klebsiella pneumoniae, and Proteus mirabilis.					
50,000-100,000 colony forming units per mL					
Antimicrobial Susceptibility					01
** S = Susceptible; I = Intermediate; R = Resistant **					
P = Positive; N = Negative					
MICS are expressed in micrograms per mL					
Antibiotic	RSLT#1	RSLT#2	RSLT#3	RSLT#4	
Amoxicillin/Clavulanic Acid	S				
Ampicillin	R				
Cefepime	S				
Ceftriaxone	S				
Cefuroxime	S				
Ciprofloxacin	S				
Ertapenem	S				
Gentamicin	S				
Imipenem	S				
Levofloxacin	S				
Meropenem	S				
Nitrofurantoin	S				
Piperacillin/Tazobactam	S				
Tetracycline	S				
Tobramycin	S				
Trimethoprim/Sulfa	S				

01	BN	Labcorp Burlington 1447 York Court, Burlington, NC 27215-3361	Dir: Sanjai Nagendra, MD
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For inquiries, the physician may contact **Branch: 800-859-0391 Lab: 800-762-4344**



Sunrise Medical Laboratories

4200 Pleasant Valley Road
Chantilly, VA 20151-1211
703-222-2313

Report Status: Final

Specimen Information	Patient Information	Ordering Physician
Specimen: ME883893	KAPUSTA, ELAINE	DAPPEN, ALAN
E Order: ME883893	DOB: ██████████	Client Information
Collected: 10/24/2022 01:00	Age: 84	DOCTALKER D25
Received: 10/24/2022 21:05	Gender: F	
Reported: 10/31/2022 16:05	Fasting:	
Printed: 01/09/2024 14:55	ID: 85590409	
	Phone: (571) 421-6813	

-MOM'S BLOOD WAS AS HEALTHY AS MY OWN!-

Test Name	In Range	Out Range	Reference Range
Casts-Hyaline	NONE		NONE LPF
White Blood Cells	0-5		0-5 HPF
Red Blood Cells	0-2		0-2 HPF
SML - Sunrise Medical Laboratories CLIA# 33D0654120			
250 Miller Place, Hicksville, NY 11801			
Lab Director: Milind Mondkar, MD			

UA W/RFLX MICROSCOPIC

Ketones	Negative		NEGATIVE
Bilirubin	Negative		NEGATIVE
Color	Yellow		YELLOW
Glucose	Negative		NEGATIVE
Appearance	Clear		CLEAR
Specific Gravity	1.015		1.005-1.030
Urobilinogen	<2.0		<2 mg/dL
Blood	Negative		NEGATIVE
Protein	Negative		NEGATIVE
Nitrite	Negative		NEGATIVE
pH	7.0		5.0-8.0

✗ **Leukocyte Esterase** **Trace A** ✗

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Sedimentation Rate 11 0-29 MM/HR

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250 Miller Place, Hicksville, NY 11801			
Lab Director: Milind Mondkar, MD			

-MOM'S BLOOD WAS AS HEALTHY AS MY OWN!-

CBC/DIFF/PLT

Eosinophils %	1.5		0-5 %
MCV	95		75-100 fL
Basophils #	0.05		0.0-0.2 K/uL
Absolute Immature Grans	0.01		0.00-0.06 K/uL
Neutrophils %	47.5		45-75 %
Platelet Count	167	✓ ✓	140-440 THOUS/CMM
Monocytes %	4.2		0-13 %
Monocytes #	0.14		0.1-1.0 K/uL
RBC	4.60	✓ ✓	3.8-5.2 MILL/CMM

-MOM'S BLOOD WAS AS HEALTHY AS MY OWN!-



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Received: 10/24/2022 21:05	Gender: F	
Reported: 10/31/2022 16:05	Fasting:	
Printed: 01/09/2024 14:55	ID: 85590409	
	Phone: (571) 421-6813	

-MOM'S BLOOD WAS AS HEALTHY AS MY OWN!-

Test Name	In Range	Out Range	Reference Range
Eosinophils #	0.05		0.0-0.80 K/uL
Immature Granulocytes	0.3		0-2 %
Basophils %	1.5		0-2 %
MCHC	32.3		32.0-35.0 g/dL
Hemoglobin	14.1	✓ ✓	11.9-16.0 G/DL
Lymphocytes %	45.0		20-45 %
Hematocrit	43.6	✓ ✓	35-47 %
RDW	13.8		11.2-14.8 %
Lymphocytes #	1.50		0.9-5.2 K/uL
WBC	3.3 L	×	3.6-11.0 THDS/CMM
Neutrophils #	1.58 L	×	1.9-8.0 K/uL
MCH	30.7		26.0-33.0 pg

AFTER UROSEPSIS & 2 MORE U.T.I.'S

SML - Sunrise Medical Laboratories CLIA# 33D0654120
250 Miller Place, Hicksville, NY 11801
Lab Director: Milind Mondkar, MD

VITAMIN D 25 OH

Vitamin D, 25 OH	58.2		30-100 ng/mL
**25-OH VITAMIN D INTERPRETATION			
Deficiency....	<20.0 ng/ml		
Insufficiency..	20.0-29.0 ng/ml		
Sufficiency....	30.0-100.0 ng/ml		
Possible Toxicity...	>150 ng/ml		
SML - Sunrise Medical Laboratories CLIA# 33D0654120 250 Miller Place, Hicksville, NY 11801 Lab Director: Milind Mondkar, MD			

LYME AB SCREEN RFX IB

Lyme Abs (IgG/IgM)	NEGATIVE		NEGATIVE
A negative result does not exclude the possibility of B. burgdoferi infection in the first 4-6 weeks of infection. If lyme disease is suspected, a second sample should be collected. False positive results have been reported in patients with other spirochaetal diseases such as tick-borne relapsing fever, syphilis or leptospirosis.			
Supplemental testing with LYME IMMUNOBLOT IgG and IgM should be performed on Positive Lyme screening results as an aid to diagnosis.			
SML - Sunrise Medical Laboratories CLIA# 33D0654120 250 Miller Place, Hicksville, NY 11801			

**Sunrise Medical Laboratories**4200 Pleasant Valley Road
Chantilly, VA 20151-1211
703-222-2313

Report Status: Final

Specimen Information	Patient Information	Ordering Physician
Specimen: ME921498	KAPUSTA, ELAINE	DAPPEN, ALAN
E Order: ME921498	DOB: ██████████	Client Information
Collected: 11/18/2022 09:50	Age: 84	DOCTALKER D25
Received: 11/18/2022 21:21	Gender: F	
Reported: 11/20/2022 08:55	Fasting:	
Printed: 01/09/2024 14:55	ID: 85590409	
	Phone: (571) 421-6813	

Test Name	In Range	Out Range	Reference Range
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URINE CULTURE SEE BELOW

URINE CULTURE

CULTURE

Result See Notes

CULTURE/SENS, URINE

REPORT STATUS: FINAL

SOURCE: URINE

CULTURE: 20,000 CFU/ML DIPHTHEROIDS - NON-PATHOGENIC ORGANISM;
SENSITIVITIES NOT INDICATED AS PER CLSI STANDARD
(CLINICAL AND LABORATORY STANDARD INSTITUTE)

SML - Sunrise Medical Laboratories CLIA# 33D0654120
250 Miller Place, Hicksville, NY 11801
Lab Director: Milind Mondkar, MD

VITAMIN D 25 OH

Vitamin D, 25 OH 48.3 30-100 ng/mL

**25-OH VITAMIN D INTERPRETATION

Deficiency... <20.0 ng/ml

Insufficiency..20.0-29.0 ng/ml

Sufficiency...30.0-100.0 ng/ml

Possible Toxicity...>150 ng/ml

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250 Miller Place, Hicksville, NY 11801
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HEMOGLOBIN A1C

Mean Glucose Est (calc) 114 <126 mg/dl

Hemoglobin Alc 5.6 <5.7 %

Prediabetes: 5.7% to 6.4%

Diabetes: >6.4%

Glycemic control for adults with diabetes: <7.0%

Use with caution in patients with abnormal hemoglobin
variants as the half-life of red blood cells and in vivo
glycation rates are affected.



Sunrise Medical Laboratories

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E Order: ME921498	DOB: [REDACTED]	Client Information
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Test Name	In Range	Out Range	Reference Range
SML - Sunrise Medical Laboratories CLIA# 33D0654120			
250 Miller Place, Hicksville, NY 11801			
Lab Director: Milind Mondkar, MD			

Magnesium	2.0		1.6-2.4 mg/dL
SML - Sunrise Medical Laboratories CLIA# 33D0654120			
250 Miller Place, Hicksville, NY 11801			
Lab Director: Milind Mondkar, MD			

C REACTIVE PROTEIN

C-Reactive Protein	0.1		<0.5 mg/dL
Effective 07/11/2016, the result unit for CRP will be changed from mg/L to mg/dL.			
SML - Sunrise Medical Laboratories CLIA# 33D0654120			
250 Miller Place, Hicksville, NY 11801			
Lab Director: Milind Mondkar, MD			

COMP METABOLIC PANEL

Creatinine	1.07		0.51-1.15 mg/dL
** New reference range as of 09/12/22 **			
Anion Gap	14		7-16 mmol/L
Alkaline Phosphatase	65		30-146 U/L
Carbon Dioxide	24		18-32 mmol/L
Globulin	2.8		1.8-3.8 g/dL
Potassium	4.1		3.5-5.4 mmol/L
AST (SGOT)	17		9-40 U/L
Chloride	100		96-107 mmol/L
Glucose		105 H	70-100 mg/dL
ALT (SGPT)	7		5-33 U/L
BUN/Creatinine Ratio	14		8.0-28.0 RATIO
Albumin	4.4		3.5-5.2 g/dL
BUN	15		8-23 mg/dL
Sodium	138		135-148 mmol/L
Total Protein	7.2		6.0-8.3 g/dL
Bilirubin Total	0.8		<1.3 mg/dL
Calcium	9.9		8.6-10.5 mg/dL
eGFR 2021 CKD-EPI		51 L	>59 mL/min/1.73m2

Effective 12/13/2021, Sunrise Medical Laboratories has implemented the



Sunrise Medical Laboratories

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The NKF-ASN recommends use of cystatin C to confirm eGFR in adults at risk for CKD. Cystatin C can be used alone or paired with repeat creatinine measurement to increase the accuracy of estimated GFR.

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250 Miller Place, Hicksville, NY 11801		
Lab Director: Milind Mondkar, MD		

Sedimentation Rate	12	0-29 MM/HR
SML - Sunrise Medical Laboratories CLIA# 33D0654120		
250 Miller Place, Hicksville, NY 11801		
Lab Director: Milind Mondkar, MD		

CBC/DIFF/PLT

Basophils #	0.05	0.0-0.2 K/uL
Hematocrit	41.1	35-47 %
Immature Granulocytes	0.2	0-2 %
Hemoglobin	13.5	11.9-16.0 G/DL
MCHC	32.8	32.0-35.0 g/dl
Platelet Count	160	140-440 THOUS/CMM
Neutrophils %	48.3	45-75 %
Basophils %	1.0	0-2 %
MCH	31.5	26.0-33.0 pg
RBC	4.29	3.8-5.2 MILL/CMM
WBC	4.8	3.6-11.0 THDS/CMM
Eosinophils %	1.3	0-5 %
Neutrophils #	2.31	1.9-8.0 K/uL
Lymphocytes #	2.17	0.9-5.2 K/uL
Lymphocytes %	45.4 H	20-45 %
Monocytes %	3.8	0-13 %
RDW	14.0	11.2-14.8 %
Eosinophils #	0.06	0.0-0.80 K/uL
MCV	96	75-100 fL
Monocytes #	0.18	0.1-1.0 K/uL
Absolute Immature Grans	0.01	0.00-0.06 K/uL

SML - Sunrise Medical Laboratories CLIA# 33D0654120
250 Miller Place, Hicksville, NY 11801



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Specimen Information	Patient Information	Ordering Physician
Specimen: ME921498	KAPUSTA, ELAINE	DAPPEN, ALAN
E Order: ME921498	DOB: ██████████	Client Information
Collected: 11/18/2022 09:5	Age: 84	DOCTALKER D25
Received: 11/18/2022 21:21	Gender: F	
Reported: 11/20/2022 08:55	Fasting:	
Printed: 01/09/2024 14:55	ID: 85590409	
	Phone: (571) 421-6813	

Test Name	In Range	Out Range	Reference Range
Lab Director: Milind Mondkar, MD			

UA W/RFLX MICROSCOPIC

Glucose	Negative		NEGATIVE
Bilirubin	Negative		NEGATIVE
Blood	Negative		NEGATIVE
Leukocyte Esterase	Negative		NEGATIVE
Protein		Trace A	NEGATIVE
Ketones	Negative		NEGATIVE
Urobilinogen	<2.0		<2 mg/dL
Appearance	Clear		CLEAR
Nitrite	Negative		NEGATIVE
Specific Gravity	1.017		1.005-1.030
Color	Yellow		YELLOW
pH	7.0		5.0-8.0

SML - Sunrise Medical Laboratories CLIA# 33D0654120
250 Miller Place, Hicksville, NY 11801
Lab Director: Milind Mondkar, MD

URINE MICROSCOPIC

Casts-Hyaline	NONE		NONE LPF
White Blood Cells	0-5		0-5 HPF
Epithelial Cells	3-5		NONE
Red Blood Cells	0-2		0-2 HPF
Bacteria	NONE		NONE

SML - Sunrise Medical Laboratories CLIA# 33D0654120
250 Miller Place, Hicksville, NY 11801
Lab Director: Milind Mondkar, MD



Sunrise Medical Laboratories

4200 Pleasant Valley Road
Chantilly, VA 20151-1211
703-222-2313

Report Status: Final

Specimen Information	Patient Information	Ordering Physician
Specimen: ME968973	KAPUSTA, ELAINE	DAPPEN, ALAN
E Order: ME968973	DOB: [REDACTED]	Client Information
Collected: 12/27/2022 11:00	Age: 84	DOCTALKER D25
Received: 12/27/2022 19:55	Gender: F	
Reported: 12/28/2022 07:41	Fasting:	
Printed: 01/09/2024 14:55	ID: 85590409	
	Phone: (571) 421-6813	

Test Name	In Range	Out Range	Reference Range
SML - Sunrise Medical Laboratories CLIA# 33D0654120			
250 Miller Place, Hicksville, NY 11801			
Lab Director: Milind Mondkar, MD			

CBC/DIFF/PLT

Basophils #	0.05		0.0-0.2 K/uL
Monocytes %	3.8		0-13 %
MCH	31.8		26.0-33.0 pg
Eosinophils %	1.2		0-5 %
RDW	13.6		11.2-14.8 %
Monocytes #	0.22		0.1-1.0 K/uL
Eosinophils #	0.07		0.0-0.80 K/uL
Lymphocytes #	2.84		0.9-5.2 K/uL
Neutrophils #	2.64		1.9-8.0 K/uL
WBC	5.8		3.6-11.0 THDS/CMM
Lymphocytes %		48.7 H	20-45 %
Basophils %	0.9		0-2 %
Hemoglobin	13.0		11.9-16.0 G/DL
Immature Granulocytes	0.2		0-2 %
MCHC	33.2		32.0-35.0 g/dl
Platelet Count		134 L	140-440 THOUS/CMM
Hematocrit	39.2		35-47 %
MCV	96		75-100 fL
Neutrophils %	45.2		45-75 %
Absolute Immature Grans	0.01		0.00-0.06 K/uL
RBC	4.09		3.8-5.2 MILL/CMM

SML - Sunrise Medical Laboratories CLIA# 33D0654120			
250 Miller Place, Hicksville, NY 11801			
Lab Director: Milind Mondkar, MD			

Sedimentation Rate 7 0-29 MM/HR

SML - Sunrise Medical Laboratories CLIA# 33D0654120			
250 Miller Place, Hicksville, NY 11801			
Lab Director: Milind Mondkar, MD			

KAPUSTA, ELAINE

Sex: F
 Phone: (571) 421-6813
 Patient ID:

Age: 85
 Fasting: N

Specimen: CZ373987M
 Requisition: 0022255
 Report Status: FINAL / SEE REPORT

Collected: 01/25/2023 14:40
 Received: 01/25/2023 14:46
 Reported: 01/26/2023 08:20

Client #: 53072745
 SMITH, LANNA J
 VIRGINIA HEART
 1005 N GLEBE RD STE 750
 ARLINGTON, VA 22201-5718
 Phone: (703) 524-7202
 Fax: (703) 516-4501

FASTING:NO

▲ URINALYSIS, COMPLETE W/REFLEX TO CULTURE

Analyte	Value	Reference Range
COLOR	YELLOW	Reference Range: YELLOW
APPEARANCE	CLEAR	Reference Range: CLEAR
SPECIFIC GRAVITY	1.010	Reference Range: 1.001-1.035
▲ PH	8.5 H	Reference Range: 5.0-8.0
GLUCOSE	NEGATIVE	Reference Range: NEGATIVE
BILIRUBIN	NEGATIVE	Reference Range: NEGATIVE
KETONES	NEGATIVE	Reference Range: NEGATIVE
OCCULT BLOOD	NEGATIVE	Reference Range: NEGATIVE
PROTEIN	NEGATIVE	Reference Range: NEGATIVE
NITRITE	NEGATIVE	Reference Range: NEGATIVE
LEUKOCYTE ESTERASE	NEGATIVE	Reference Range: NEGATIVE
WBC	NONE SEEN	Reference Range: < OR = 5 /HPF
RBC	NONE SEEN	Reference Range: < OR = 2 /HPF
SQUAMOUS EPITHELIAL CELLS	NONE SEEN	Reference Range: < OR = 5 /HPF
BACTERIA	NONE SEEN	Reference Range: NONE SEEN /HPF
HYALINE CAST	NONE SEEN	Reference Range: NONE SEEN /LPF

NOTE

This urine was analyzed for the presence of WBC, RBC, bacteria, casts, and other formed elements. Only those elements seen were reported.

REFLEXIVE URINE CULTURE

Analyte	Value
REFLEXIVE URINE CULTURE	NO CULTURE INDICATED

▲ CBC (INCLUDES DIFF/PLT)

Analyte	Value	Reference Range
WHITE BLOOD CELL COUNT	4.9	Reference Range: 3.8-10.8 Thousand/uL
RED BLOOD CELL COUNT	3.85	Reference Range: 3.80-5.10 Million/uL
HEMOGLOBIN	12.1	Reference Range: 11.7-15.5 g/dL

HEMATOCRIT	38.1	Reference Range: 35.0-45.0 %
MCV	99.0	Reference Range: 80.0-100.0 fL
MCH	31.4	Reference Range: 27.0-33.0 pg
▲ MCHC	31.8 L	Reference Range: 32.0-36.0 g/dL
RDW	13.4	Reference Range: 11.0-15.0 %
▲ PLATELET COUNT	107 L	Reference Range: 140-400 Thousand/uL
MPV	12.4	Reference Range: 7.5-12.5 fL
ABSOLUTE NEUTROPHILS	3376	Reference Range: 1500-7800 cells/uL
ABSOLUTE LYMPHOCYTES	1294	Reference Range: 850-3900 cells/uL
▲ ABSOLUTE MONOCYTES	142 L	Reference Range: 200-950 cells/uL
ABSOLUTE EOSINOPHILS	39	Reference Range: 15-500 cells/uL
ABSOLUTE BASOPHILS	49	Reference Range: 0-200 cells/uL
NEUTROPHILS	68.9	%
LYMPHOCYTES	26.4	%
MONOCYTES	2.9	%
EOSINOPHILS	0.8	%
BASOPHILS	1.0	%

BASIC METABOLIC PANEL

Analyte	Value	
GLUCOSE Non-fasting reference interval	101	Reference Range: 65-139 mg/dL
UREA NITROGEN (BUN)	12	Reference Range: 7-25 mg/dL
CREATININE	0.88	Reference Range: 0.60-0.95 mg/dL
EGFR The eGFR is based on the CKD-EPI 2021 equation. To calculate the new eGFR from a previous Creatinine or Cystatin C result, go to https://www.kidney.org/professionals/kdoqi/gfr%5Fcalculator	64	Reference Range: > OR = 60 mL/min/1.73m2
BUN/CREATININE RATIO	NOT APPLICABLE	Reference Range: 6-22 (calc)
SODIUM	140	Reference Range: 135-146 mmol/L
POTASSIUM	4.2	Reference Range: 3.5-5.3 mmol/L
CHLORIDE	104	Reference Range: 98-110 mmol/L
CARBON DIOXIDE	30	Reference Range: 20-32 mmol/L
CALCIUM	9.9	Reference Range: 8.6-10.4 mg/dL

Performing Sites

299 Quest Diagnostics-Clifton, 1 Insights Drive, Clifton, NJ 07012-2355 Laboratory Director: Peter E Fisher

Key

 Priority Out of Range  Out of Range



Sunrise Medical Laboratories

4200 Pleasant Valley Road
Chantilly, VA 20151-1211
703-222-2313

Report Status: Final

Specimen Information	Patient Information	Ordering Physician
Specimen: MF039249	KAPUSTA, ELAINE	DAPPEN, ALAN
E Order: MF039249	DOB: [REDACTED]	Client Information
Collected: 02/13/2023 15:00	Age: 85	DOCTALKER D25
Received: 02/13/2023 21:02	Gender: F	
Reported: 02/14/2023 06:28	Fasting:	
Printed: 01/09/2024 14:54	ID: 85590409	
	Phone: (571) 421-6813	

Test Name	In Range	Out Range	Reference Range
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CBC/DIFF/PLT

Monocytes #	0.16		0.1-1.0 K/uL
Absolute Immature Grans	0.01		0.00-0.06 K/uL
Eosinophils #	0.07		0.0-0.80 K/uL
RDW	14.1		11.2-14.8 %
Immature Granulocytes	0.2		0-2 %
Eosinophils %	1.5		0-5 %
Lymphocytes %	30.6		20-45 %
WBC	4.7		3.6-11.0 THDS/CMM
Macrocytosis		SLIGHT A	
Hematocrit	38.7		35-47 %
Basophils %		2.8 H	0-2 %
MCHC		31.3 L	32.0-35.0 g/dl
Monocytes %	3.4		0-13 %
Hemoglobin	12.1		11.9-16.0 G/DL
MCV		102 H	75-100 fL
Remarks	See Notes		
SMEAR REVIEWED			
MCH	31.9		26.0-33.0 pg
Neutrophils #	2.88		1.9-8.0 K/uL
Platelet Count		131 L	140-440 THOUS/CMM
Lymphocytes #	1.43		0.9-5.2 K/uL
Neutrophils %	61.5		45-75 %
RBC		3.79 L	3.8-5.2 MILL/CMM
Basophils #	0.13		0.0-0.2 K/uL

SML - Sunrise Medical Laboratories CLIA# 33D0654120
250 Miller Place, Hicksville, NY 11801
Lab Director: Milind Mondkar, MD

HEMOGLOBIN A1C

Mean Glucose Est (calc)	111		<126 mg/dl
Hemoglobin A1c	5.5		<5.7 %
Prediabetes: 5.7% to 6.4%			
Diabetes: >6.4%			
Glycemic control for adults with diabetes: <7.0%			

Use with caution in patients with abnormal hemoglobin variants as the half-life of red blood cells and in vivo glycation rates are affected.

Patient Report



Specimen ID: 072-789-0865-0
 Control ID:

Acct #: 45561020

Phone: (703) 938-4600

Rte: ML

KAPUSTA, ELAINE
 4136 N RIVER ST
 MC LEAN VA 22101-5816
 (571) 528-2464

Doctalker Family Medicine PC
 370 Maple Avenue W Suite V
 VIENNA VA 22180



Patient Details

DOB: ~~03/13/2023~~
 Age(y/m/d): 085/02/13
 Gender: F
 Patient ID:

Specimen Details

Date collected: 03/13/2023 0000 Local
 Date received: 03/13/2023
 Date entered: 03/13/2023
 Date reported: 03/15/2023 1036 ET

Physician Details

Ordering: A DAPPEN
 Referring:
 ID: DAPPEN,A
 NPI: 1982796918

Ordered Items

CBC With Differential/Platelet; Comp. Metabolic Panel (14); Urinalysis, Routine; Hemoglobin A1c; Urine Culture, Routine; Non LCA Req

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	4.2		x10E3/uL	3.4-10.8	01
RBC	3.49	Low	x10E6/uL	3.77-5.28	01
Hemoglobin	11.3		g/dL	11.1-15.9	01
Hematocrit	34.8		%	34.0-46.6	01
MCV	100	High	fL	79-97	01
MCH	32.4		pg	26.6-33.0	01
MCHC	32.5		g/dL	31.5-35.7	01
RDW	13.2		%	11.7-15.4	01
Platelets	90	Alert	x10E3/uL	150-450	01
Actual platelet count may be somewhat higher than reported due to aggregation of platelets in this sample.					
Neutrophils	44		%	Not Estab.	01
Lymphs	47		%	Not Estab.	01
Monocytes	5		%	Not Estab.	01
Eos	2		%	Not Estab.	01
Basos	2		%	Not Estab.	01
Neutrophils (Absolute)	1.9		x10E3/uL	1.4-7.0	01
Lymphs (Absolute)	2.0		x10E3/uL	0.7-3.1	01
Monocytes (Absolute)	0.2		x10E3/uL	0.1-0.9	01
Eos (Absolute)	0.1		x10E3/uL	0.0-0.4	01
Baso (Absolute)	0.1		x10E3/uL	0.0-0.2	01
Immature Granulocytes	0		%	Not Estab.	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0-0.1	01
Hematology Comments:	Note:				01
Verified by microscopic examination.					

Comp. Metabolic Panel (14)

Glucose	93		mg/dL	70-99	01
BUN	16		mg/dL	8-27	01
Creatinine	0.93		mg/dL	0.57-1.00	01
eGFR	60		mL/min/1.73	>59	
BUN/Creatinine Ratio	17			12-28	

Specimen ID: KAPUSTA
Patient ID:
First Name:

Test: CD
Gender: U
Last Name:

Specimen: WB
KAPUSTA, Elaine
MRN: 16546

Run Date/Time: 05/11/2023 15:20

Date of Birth:
Sequence #: 7583

Age: DOB: [REDACTED]
POS: 5/11/2023

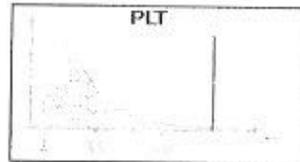
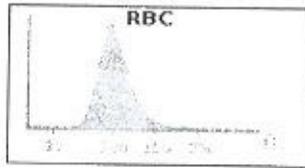
Collection:
Location:
Comments:

Physician:

Test	Result	Flag	Units	Low	High
WBC	5.34		x10 ³ /μL	3.71	10.67
LY	23.94		%	18.94	46.71
MO	2.84		%	4.88	12.81
NE	69.69		%	40.62	71.65
EO	3.12		%	0.74	6.73
BA	0.42		%	0.05	0.48
LY#	1.28		x10 ³ /μL	1.15	3.52
MO#	0.15		x10 ³ /μL	0.25	0.99
NE#	3.72		x10 ³ /μL	1.85	6.72
EO#	0.17		x10 ³ /μL	0.04	0.48
BA#	0.02		x10 ³ /μL	0.00	0.03

Test	Result	Flags	Units	Low	High
RBC	3.42		x10 ⁶ /μL	3.87	5.68
HGB	11.41		g/dL	12.00	16.75
HCT	34.0		%	35.1	48.7
MCV	99.3		fL	78.4	97.6
MCH	33.4		pg	26.5	33.5
MCHC	33.6		g/dL	32.9	35.4
RDW	13.5		%	12.7	15.6
RDW-SD	52.6		fL	38.9	49.0
PLT	176.5		x10 ³ /μL	150.5	366.8
MPV	8.50		fL	7.42	10.77

Flags & Messages
Flags: Suspect Diff



Neutrophils	___	Metamyelocyte	___	NRBC	___	Microcytosis	___	Comment: Reviewed by
Segmented	___	Myelocyte	___	Anisocytosis	___	Macrocytosis	___	
Band	___	Promyelocyte	___	Poikilocytosis	___	Other	___	
Lymphocyte	___	Blast	___	Polychromasia	___			
Monocyte	___	Ab.Lymph	___	Hypochromasia	___			
Eosinophil	___	Other	___					

"22 GROSSLY ABNORMAL LABS & 5 BLOOD DISORDERS"-IGNORED ENTIRELY-😱

[Handwritten Signature]
5/11/23



MEDICAL NEGLIGENCE AND MEDICAL ABUSE

Fw: 2022-2023-MOM'S BACTERIAL BLOODSTREAM INFECTIONS LABS

1 message

tweeter7 <tweeter7@yahoo.com>
To: Lynn Kay <tweeter7@yahoo.com>, lynnkay7@gmail.com

Thu, Jan 2, 2025 at 11:29 AM

**WILDHACK LEGAL
VIOLATION-,MANDATE TO REPORT
NEGLECT-63.2-1606**

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Lynn Kay <tweeter7@yahoo.com>

Date: 10/2/23 4:35 PM (GMT-05:00)

To: George Dodge <gdodge@georgedodgelaw.com>, "Mark D. Cummings" <mcummings@sherandcummings.com>, SCE Legal Assistant <legalassistant@sherandcummings.com>, Alan Dappen <alan.dappen.md@doctokr.com>, Rachelle Dornan <rachelledornan@eldertreecare.com>, Elizabeth Wildhack <elizabeth@mwmiegagroup.com>, elizabeth@twpic.com, philipkapusta@gmail.com, "Justin B. Berger" <jberger@haleball.com>

Subject: Fw: 2022-2023-MOM'S BACTERIAL BLOODSTREAM INFECTIONS LABS

**MY MOM'S HEALTH HAS BEEN MEDICALLY NEGLECTED/IGNORED/
DISREGARDED FOR 1 1/2 YEARS SINCE 5/18/22 TO PRESENT DAY
COLLECTIVELY BY ALL DETACHED AND ENTIRELY UNCARING PARTIES**

MY MOM'S GOOD HEALTH WAS ENTIRELY STOLEN AWAY FROM HER AND I.

HEALTHY 85 YR OLD WOMAN DESTROYED BY ALL PARTIES.

----- Forwarded Message -----

From: Lynn Kay <tweeter7@yahoo.com>

To: "mcummings@sherandcummings.com" <mcummings@sherandcummings.com>; "legalassistant@sherandcummings.com" <legalassistant@sherandcummings.com>; WHO LYNN KAY? <lynnkay7@gmail.com>

Sent: Friday, September 22, 2023 at 03:54:20 PM EDT

Subject: 2022-2023-MOM'S BACTERIAL BLOODSTREAM INFECTIONS LABS

2022-2023-MOM'S BACTERIAL BLOODSTREAM INFECTIONS LABS

MARK, I HAVEN'T TRIED OPENING THIS IN EXCEL. PLEASE LET ME KNOW IF YOU ARE ABLE TO READ EVERYTHING PK.

GREEN-GOOD NORMAL

YELLOW-NORMAL

RED-ABNORMALLY HIGH

BROWN-ALARMED

ORANGE-ABNORMALLY HIGH

I TOOK ALL OF MY MOM'S LAB REPORTS AND PAINSTAKENLY CREATED THIS COLOR-CODED SPREADSHEET SO THAT EVERYONE CAN EASILY SEE HOW GROSSLY ABNORMAL MY MOM'S LABS BECAME IN LATE OCTOBER/NOVEMBER WITH MY MOM SUDDENLY HAVING VERY SERIOUS BONE MARROW BLOOD DISORDERS OCCURRING ALONG WITH ANEMIA AND HYPOXIA... DESTROYING MY MOM'S ONCE-EXTREMELY HEALTHY BLOOD.

AT THE SAME TIME, THIS IS WHEN MOM JUST FINISHED TAKING BACTRIM AND MOM FLIPPED A SWITCH FROM NORMAL BEHAVIOR TO STRANGE AND SCARED AND SUDDEN DELIRIUM AND EVERYTHING JUST GOT WORSE AND WORSE WITH MOM'S "NOT NORMAL BABY GIRL VOICE" BEGINNING AND NEVER WENT AWAY. POSSIBLY "ACUTE METABOLIC ENCEPHALOPATHY" AGAIN AND ANTIPSYCHOTICS ARE SO VERY BAD FOR MOM'S BRAIN DAMAGING IT WORSENING.

I HAVE MOM'S RASHED LEGS PICS FROM 1/17/23 AND MOM ALSO HAD THE "TOXIC BROWN URINE" AFTER NOT PEEING FOR 20 HRS-12/3/22 AND MOM BEING SCARED AND IN PAIN AND HAVING DELIRIUM..

I WILL EMAIL YOU THE PICS, TOO.

6/30/22-7/8/22-(VIRGINIA HOSPITAL)- MOM HAD "OBSTRUCTIVE UROPATHY"-(BLOCKAGE)-COULD NOT PEE SWELLING MOM'S KIDNEYS AND ALMOST HAS SEVERE KIDNEY DAMAGE AND NEXT IS KIDNEY FAILURE!!!

Hydronephrosis is swelling of one or both kidneys. Kidney swelling happens when urine can't drain from a kidney and builds up in the kidney as a result. Feb 11, 2022

IN VIRGINIA HOSPITAL WHEN THEY FINALLY DISCOVERED THIS ON 7/8/22 AND DID A CATHETER 8 DAYS AFTER MOM'S HOSPITAL ADMISSION-6/30/22, MOM PEED "BLOODY URINE".

AND A RAPID RESPONSE TEAM WAS CALLED BECAUSE MOM WAS DECOMPENSATING FROM THE LONG-DELAYED UNTREATED KIDNEY INFECTION SEPSIS CAUSING "ACUTE METABOLIC ENCEPHALOPATHY" AND MOM WAS FINALLY GIVEN ANTIBIOTICS AND PENICILLIN AND MOM SLOWLY RECOVERED THEREAFTER UNTIL HER NEXT U.T.I.-E. COLI DIAGNOSED ON 8/11/22 BY MY RECOGNIZING THE DELIRIUM SIGNS AND MOM GOT BACTRIM.

THEN OCTOBER KLEBSIELLA AND MOM GOT BACTRIM, NOT SURE THIS ERADICATED KLEBSIELLA BECAUSE I READ MOM SHOULD HAVE HAD IV ANTIBIOTICS.

THEREAFTER IN NOVEMBER 2022 MOM'S BLOOD STARTED CRATERING LOWER AND LOWER BRINGING MOM TO THIS:

5/11/23-(2 DAYS AFTER ABX)

DR. DOKI-HEMATOLOGIST

"FATIGUE/EXHAUSTION IGNORED"

**5/8/23-BACTERIAL INFECTION-GUM
ABSCESS**

"PANIC CITY" IGNORED

"22 ABNORMAL LABS & 5 BLOOD DISORDERS" ENTIRELY IGNORED & NEVER RETESTED

**5/8/23-AZITHROMYCIN-(ABX)-
ANTIBIOTICS**

MACROCYTIC ANEMIA

MACROCYTIC NORMO.

ANISOPOIKILOCYTOSIS

POLYCHROMASIA

BONE MARROW DESTRUCTION

33.6-HIGHEST MCHC-ANEMIA

31.44->10 TIMES HIGH!!!-C-REACTIVE

48->HIGHEST EVER!-SED RATE

99.3-<HIGH MCV-ANEMIA

52.6-HIGH RDW-SD-ANEMIA

291-HIGH FRUCTOSAMINE

165-HIGH FERRITIN

1862-HIGH B12

69.3-TRIPLE HIGH FREE KAPPA!!!

33.1-HIGH FREE LAMDA

2.09-HIGH K/L RATIO

3.8-HIGH BETA-2 MICROGLOBULIN

520-HIGH IMMUMNO A

3.42-<WORST EVER RBC!

11.41-<LOW HEMAGLOBIN

34-<LOW HEMATOCRIT

2.84-LOW MONOCYTES-SEPSIS

0.15-LOW A.MONOS-SEPSIS

20-LOW-IRON TOTAL

240-LOW IRON BIND CAP

8-LOW % SATURATION

240-LOW TIBC-(250-450)

.36-LOW COQ10-DEFICIENCY

COQ10 DEFICIENCY

6/5/23-MOM'S LAST DAY HOME

▲ CBC (INCLUDES DIFF/PLT)

Analyte	Value	
WHITE BLOOD CELL COUNT	4.5	Reference Range: 3.8-10.8 Thousand/uL
▲ RED BLOOD CELL COUNT	3.53 L	Reference Range: 3.80-5.10 Million/uL
▲ HEMOGLOBIN	11.6 L	Reference Range: 11.7-15.5 g/dL
HEMATOCRIT	35.0	Reference Range: 35.0-45.0 %
MCV	99.2	Reference Range: 80.0-100.0 fL
MCH	32.9	Reference Range: 27.0-33.0 pg
MCHC	33.1	Reference Range: 32.0-36.0 g/dL
RDW	12.8	Reference Range: 11.0-15.0 %
▲ PLATELET COUNT	136 L	Reference Range: 140-400 Thousand/uL
MPV	12.0	Reference Range: 7.5-12.5 fL
ABSOLUTE NEUTROPHILS	2372	Reference Range: 1500-7800 cells/uL
ABSOLUTE LYMPHOCYTES	1760	Reference Range: 850-3900 cells/uL
▲ ABSOLUTE MONOCYTES	140 L	Reference Range: 200-950 cells/uL
ABSOLUTE EOSINOPHILS	131	Reference Range: 15-500 cells/uL
ABSOLUTE BASOPHILS	99	Reference Range: 0-200 cells/uL
NEUTROPHILS	52.7	%
LYMPHOCYTES	39.1	%
MONOCYTES	3.1	%
EOSINOPHILS	2.9	%
BASOPHILS	2.2	%

▲ IMMUNOGLOBULINS

Analyte	Value	
▲ IMMUNOGLOBULIN A	466 H	Reference Range: 70-320 mg/dL
IMMUNOGLOBULIN G	1494	Reference Range: 600-1540 mg/dL
IMMUNOGLOBULIN M	63	Reference Range: 50-300 mg/dL

▲ ERYTHROPOIETIN

Analyte	Value	
▲ ERYTHROPOIETIN	57.0 H	Reference Range: 2.6-18.5 mIU/mL

▲ BETA 2 MICROGLOBULIN, SERUM

Analyte	Value	
▲ BETA 2 MICROGLOBULIN, SERUM	3.52 H	Reference Range: < OR = 2.51 mg/L

KAPUSTA, ELAINE

DOB: 12/28/1937 Age: 85 Specimen: CZ792411P Collected: 06/05/2023 00:00 Client #: 97555206
 Sex: F Fasting: Requisition: 0001958 Received: 06/05/2023 14:08 KAVANAGH, PATRICK
 Phone: (571) 421-6813 Lab Reference ID: 100513356 Reported: 06/10/2023 13:37 WALK-IN LAB
 Patient ID: 100513356 Report Status: FINAL / SEE REPORT AMITE, LA 70422-0898
 Phone: (800) 538-6119

6/5/23-1 DAY PRIOR TO "THE COBBDALE DEATHTRAP" WHERE MOM HAS BEEN ENTIRELY DECIMATEDLY DESTROYED BY CONTINUAL "MEDICAL ELDER NEGLECT & MEDICAL ELDER ABUSE" BY GIVING MOM IMPROPER & UNNEEDED DANGEROUS MEDICATIONS & WRONGLY GIVEN DANGEROUS DAILY LAXATIVES & "DEATH DRUGS"!

MULTIPLE TESTING PRIORITIES; ROUTINE TESTING TO FOLLOW.

▲ IRON AND TOTAL IRON BINDING CAPACITY

Analyte	Value	Reference Range
IRON, TOTAL	154	Reference Range: 45-160 mcg/dL
IRON BINDING CAPACITY	287	Reference Range: 250-450 mcg/dL (calc)
▲ % SATURATION	54 H	Reference Range: 16-45 % (calc)

COMPARE 6/5/23 CBC VALUES SHOWING MOM'S RECOVERING BLOODCELLS & PLATELETS & IRON COMPARED TO 1 DAY BEFORE COBBDALE. COMPARE TO 9/29/23, 10/12/23, 10/26/23-(WITHIN 1 YEAR OF "DODGE", "DAPPEN" & "ELDER TREE" CRIMINAL MEDICAL ELDER NEGLECT AND CRIMINAL MEDICAL ELDER ABUSE" DECIMATEDLY DESTROYED MY ONCE ENTIRELY HEALTHY MOM.

▲ COMPREHENSIVE METABOLIC PANEL

Analyte	Value	Reference Range
▲ GLUCOSE	102 H	Reference Range: 65-99 mg/dL
Fasting reference interval		
For someone without known diabetes, a glucose value between 100 and 125 mg/dL is consistent with prediabetes and should be confirmed with a follow-up test.		
UREA NITROGEN (BUN)	12	Reference Range: 7-25 mg/dL
CREATININE	0.90	Reference Range: 0.60-0.95 mg/dL
EGFR	63	Reference Range: > OR = 60 mL/min/1.73m2
The eGFR is based on the CKD-EPI 2021 equation. To calculate the new eGFR from a previous Creatinine or Cystatin C result, go to https://www.kidney.org/professionals/kdoqi/gfr%5Fcalculator		
BUN/CREATININE RATIO	NOT APPLICABLE	Reference Range: 6-22 (calc)
SODIUM	141	Reference Range: 135-146 mmol/L
POTASSIUM	4.3	Reference Range: 3.5-5.3 mmol/L
CHLORIDE	103	Reference Range: 98-110 mmol/L
CARBON DIOXIDE	23	Reference Range: 20-32 mmol/L
CALCIUM	9.9	Reference Range: 8.6-10.4 mg/dL
PROTEIN, TOTAL	7.3	Reference Range: 6.1-8.1 g/dL
ALBUMIN	4.2	Reference Range: 3.6-5.1 g/dL
GLOBULIN	3.1	Reference Range: 1.9-3.7 g/dL (calc)
ALBUMIN/GLOBULIN RATIO	1.4	Reference Range: 1.0-2.5 (calc)
BILIRUBIN, TOTAL	0.7	Reference Range: 0.2-1.2 mg/dL
ALKALINE PHOSPHATASE	68	Reference Range: 37-153 U/L
AST	21	Reference Range: 10-35 U/L
ALT	13	Reference Range: 6-29 U/L

▲ CBC (INCLUDES DIFF/PLT)

Analyte	Value	
WHITE BLOOD CELL COUNT	4.5	Reference Range: 3.8-10.8 Thousand/uL
▲ RED BLOOD CELL COUNT	3.53 L	Reference Range: 3.80-5.10 Million/uL
▲ HEMOGLOBIN	11.6 L	Reference Range: 11.7-15.5 g/dL
HEMATOCRIT	35.0	Reference Range: 35.0-45.0 %
MCV	99.2	Reference Range: 80.0-100.0 fL
MCH	32.9	Reference Range: 27.0-33.0 pg
MCHC	33.1	Reference Range: 32.0-36.0 g/dL
RDW	12.8	Reference Range: 11.0-15.0 %
▲ PLATELET COUNT	136 L	Reference Range: 140-400 Thousand/uL
MPV	12.0	Reference Range: 7.5-12.5 fL
ABSOLUTE NEUTROPHILS	2372	Reference Range: 1500-7800 cells/uL
ABSOLUTE LYMPHOCYTES	1760	Reference Range: 850-3900 cells/uL
▲ ABSOLUTE MONOCYTES	140 L	Reference Range: 200-950 cells/uL
ABSOLUTE EOSINOPHILS	131	Reference Range: 15-500 cells/uL
ABSOLUTE BASOPHILS	99	Reference Range: 0-200 cells/uL
NEUTROPHILS	52.7	%
LYMPHOCYTES	39.1	%
MONOCYTES	3.1	%
EOSINOPHILS	2.9	%
BASOPHILS	2.2	%

▲ IMMUNOGLOBULINS

Analyte	Value	
▲ IMMUNOGLOBULIN A	466 H	Reference Range: 70-320 mg/dL
IMMUNOGLOBULIN G	1494	Reference Range: 600-1540 mg/dL
IMMUNOGLOBULIN M	63	Reference Range: 50-300 mg/dL

▲ ERYTHROPOIETIN

Analyte	Value	
▲ ERYTHROPOIETIN	57.0 H	Reference Range: 2.6-18.5 mIU/mL

▲ BETA 2 MICROGLOBULIN, SERUM

Analyte	Value	
▲ BETA 2 MICROGLOBULIN, SERUM	3.52 H	Reference Range: < OR = 2.51 mg/L

COMMENT

This test was performed using the Abbott Immunosubstrate method. Values obtained from different assay methods cannot be used interchangeably. Beta-2 Microglobulin levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

METHYLMALONIC ACID

Analyte	Value
METHYLMALONIC ACID	155 Reference Range: 87-318 nmol/L
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.	

COENZYME Q10

Analyte	Value
COENZYME Q10	0.89 Reference Range: >0.35 ug/mL
Coenzyme Q10 is a key component of the electron transport chain, which creates energy. It is also involved in antioxidant pathways, including the regeneration of the protective functions of Vitamin E. CoQ10 may interact with the anticoagulant (blood thinner) warfarin and the diabetes drug insulin, and it may not be compatible with some types of cancer treatment. For more information, visit https://www.nccih.nih.gov/health/coenzyme-q10/ This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Cardiometabolic Center of Excellence at Cleveland HeartLab. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.	

SED RATE BY MODIFIED WESTERGREN

Analyte	Value
SED RATE BY MODIFIED WESTERGREN	6 Reference Range: < OR = 30 mm/h

D-DIMER, QUANTITATIVE

Analyte	Value
D-DIMER, QUANTITATIVE	0.33 Reference Range: <0.50 mcg/mL FEU
The D-Dimer test is used frequently to exclude an acute PE or DVT. In patients with a low to moderate clinical risk assessment and a D-Dimer result <0.50 mcg/mL FEU, the likelihood of a PE or DVT is very low. However, a thromboembolic event should not be excluded solely on the basis of the D-Dimer level. Increased levels of D-Dimer are associated with a PE, DVT, DIC, malignancies, inflammation, sepsis, surgery, trauma, pregnancy, and advancing patient age. [Jama 2006 11:295(2):199-207]	
For additional information, please refer to: http://education.questdiagnostics.com/faq/FAQ149 (This link is being provided for informational/educational purposes only)	

TRANSFERRIN

Analyte	Value
TRANSFERRIN	206 Reference Range: 188-341 mg/dL

FERRITIN

Analyte	Value
FERRITIN	57 Reference Range: 16-288 ng/mL

HEMOGLOBIN A1c

Analyte	Value
HEMOGLOBIN A1c	5.2 Reference Range: <5.7 % of total Hgb

For the purpose of screening for the presence of diabetes:

- <5.7% Consistent with the absence of diabetes
- 5.7-6.4% Consistent with increased risk for diabetes (prediabetes)
- > or =6.5% Consistent with diabetes

This assay result is consistent with a decreased risk of diabetes.

Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.

According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).

Performing Sites

AMD Quest Diagnostics/Nichols Chantilly-Chantilly VA, 14225 Newbrook Dr, Chantilly, VA 20151-2228 Laboratory Director: Patrick W Mason M.D.,PhD
 Z4M Cleveland HeartLab Inc.-Cleveland HeartLab Inc., 6701 Carnegie Ave, Suite 500, Cleveland, OH 44103-4623 Laboratory Director: Bill Richendollar MD
 Z99 Quest Diagnostics-Clifton, 1 Insights Drive, Clifton, NJ 07012-2355 Laboratory Director: Peter E Fisher

Key

 Priority Out of Range  Out of Range

These results have been sent to the person who ordered the tests. Your receipt of these results should not be viewed as medical advice and is not meant to replace discussion with your doctor or other healthcare professional.

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