

Kapusta, Elaine

DOB: 12/30/1937

Patient Report

Patient ID:

Age: 86

Account Number:

Specimen ID:

Sex: Female

Ordering Physician:

Date Collected: 12/27/2024

Date Received: 12/28/2024

Date Reported: 12/28/2024

Fasting: Not Given

Ordered Items: CBC With Differential/Platelet; Comp. Metabolic Panel (14); TSH; Vitamin D, 25-Hydroxy; Hemoglobin A1c

Date Collected: 12/27/2024

CBC With Differential/Platelet

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
WBC ⁰¹	3.4		x10E3/uL	3.4-10.8
■ RBC ⁰¹	2.56 Alert		x10E6/uL	3.77-5.28
▼ Hemoglobin ⁰¹	8.8 Low		g/dL	11.1-15.9
▼ Hematocrit ⁰¹	28.2 Low		%	34.0-46.6
▲ MCV ⁰¹	110 High		fL	79-97
▲ MCH ⁰¹	34.4 High		pg	26.6-33.0
▼ MCHC ⁰¹	31.2 Low		g/dL	31.5-35.7
RDW ⁰¹	13.0		%	11.7-15.4
▼ Platelets ⁰¹	118 Low		x10E3/uL	150-450
Neutrophils ⁰¹	57		%	Not Estab.
Lymphs ⁰¹	34		%	Not Estab.
Monocytes ⁰¹	2		%	Not Estab.
Eos ⁰¹	4		%	Not Estab.
Basos ⁰¹	2		%	Not Estab.
Neutrophils (Absolute) ⁰¹	2.0		x10E3/uL	1.4-7.0
Lymphs (Absolute) ⁰¹	1.1		x10E3/uL	0.7-3.1
Monocytes (Absolute) ⁰¹	0.1		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	1		%	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
Glucose ⁰¹	80		mg/dL	70-99
BUN ⁰¹	25		mg/dL	8-27
Creatinine ⁰¹	1.00		mg/dL	0.57-1.00
▼ eGFR	55 Low		mL/min/1.73	>59
BUN/Creatinine Ratio	25			12-28
▲ Sodium ⁰¹	146 High		mmol/L	134-144
Potassium ⁰¹	3.5		mmol/L	3.5-5.2
Chloride ⁰¹	104		mmol/L	96-106
Carbon Dioxide, Total ⁰¹	27		mmol/L	20-29
Calcium ⁰¹	9.5		mg/dL	8.7-10.3
Protein, Total ⁰¹	7.0		g/dL	6.0-8.5
Albumin ⁰¹	4.1		g/dL	3.7-4.7
Globulin, Total	2.9		g/dL	1.5-4.5
Bilirubin, Total ⁰¹	0.3		mg/dL	0.0-1.2

Date Created and Stored 12/28/24 07:37 ET Preliminary Report Page 1 of 2

This document contains private and confidential health information protected by state and federal law. If you have received this document in error please call [redacted]

TO: **Kapusta, Elaine**

DOB: **12/30/1937**

Patient Report

Patient ID: [REDACTED]

Age: **86**

Account Number: [REDACTED]

Specimen ID: [REDACTED]

Sex: **Female**

Ordering Physician: [REDACTED]

Date Collected: **12/27/2024**

Comp. Metabolic Panel (14) (Cont.)

Alkaline Phosphatase ^{SI}	63	IU/L	44-121
AST (SGOT) ^{SI}	15	IU/L	0-40
ALT (SGPT) ^{SI}	11	IU/L	0-32

TSH

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
TSH ^{SI}	3.250		uIU/mL	0.450-4.500

Vitamin D, 25-Hydroxy

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Vitamin D, 25-Hydroxy ^{SI}	Will Follow			

Hemoglobin A1c

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Hemoglobin A1c ^{SI}	5.3		%	4.8-5.6

Please Note:^{SI}

Prediabetes: 5.7 - 6.4
 Diabetes: >6.4
 Glycemic control for adults with diabetes: <7.0

Disclaimer

The Previous Result is listed for the most recent test performed by [REDACTED] in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

Icon Legend

▲ Out of Reference Range ■ Critical or Alert

Performing Labs

Patient Details:
Kapusta, Elaine

Phone: [REDACTED]
 Date of Birth: **12/30/1937**
 Age: **86**
 Sex: **Female**
 Patient ID: [REDACTED]
 Alternate Patient ID: [REDACTED]

Physician Details

Phone: [REDACTED]
 Account Number: [REDACTED]
 Physician ID: [REDACTED]
 NPI: [REDACTED]

Specimen Details

Specimen ID: [REDACTED]
 Control ID: [REDACTED]
 Alternate Control Number: [REDACTED]
 Date Collected: **12/27/2024 0000 Local**
 Date Received: **12/28/2024 0000 ET**
 Date Entered: **12/28/2024 0026 ET**
 Date Reported: **12/28/2024 0735 ET**

Date Created and Stored **12/28/24 0737 ET Preliminary Report Page 2 of 2**

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Added on 12/30/2024 12:01 pm

Signed electronically by [REDACTED] on 12/30/2024 1:47 pm in [REDACTED]

KING, CAMPBELL, PORETZ & MITCHELL, PLLC
ATTORNEYS AND COUNSELORS AT LAW

118 North Alfred Street
Alexandria, Virginia 22314
703.683.7070
www.kingcampbell.com

Sept. 23, 2024

Delivered via electronic mail on September 23, 2024

Lynn Kay
4136 North River Street
McLean, VA 22101

Re: Elaine M. Kapusta Medical Records

Ms. Kay

I hope you had a nice weekend. Enclosed are the following medical documents:

1. August 2024 medication list
2. Receipt of dental work conducted on September 4, 2024
3. ECG 12-LEAD results
4. Lactic Acid Whole Blood POCT results
5. Troponin POCT results
6. High Sensitivity Troponin-I results
7. Basic Metabolic Panel results
8. CBC with Differential results
9. High Sensitivity Troponin-I with Delta results
10. Urinalysis with Reflex to Microscopic Exam and culture results

Also enclosed is a recent photo of Elaine enjoying a meal.

Sincerely,



Stephen Douglas Hall
KING, CAMPBELL, PORETZ & MITCHELL, PLLC

w Encl.

PHYSICIAN'S ORDERS
KAPUSTA, ELAINE



Medications	Hour	Orders
ACETAMINOPHEN ES CPLT 500MG IE:TYLENOL ES 1 CAPLET BY MOUTH TWO TIMES A DAY FOR PAIN (USE CAUTION WITH APAP TOTAL DAILY DOSE GREATER THAN 3,000MG) 05/24/2024 Rx:17655517	BAM BPM	*** ** UNLESS ORDERED AS AN EMERGENCY MEDICATION OR SPECIFIED AS A STAT BY THE PRESCRIBER, ALL ORDERS ARE PRESUMED TO BE ADMINISTERED ON THE FIRST, SCHEDULED MEDICATION TIME FOLLOWING THE NORMAL DELIVERY BY THE PHARMACY. *** Diets *** 05/23/2024 REGULAR
amLODIPine TAB 5MG IE:NORVASC 1 TABLET BY MOUTH ONE TIME A DAY FOR HYPERTENSION 05/24/2024 Rx:17655518	BAM	*** FLU VACCINE *** FLU VACCINE: INJECT 0.5ML INTRAMUSCULARLY ONCE A YEAR X 1 DOSE, OCTOBER THROUGH MARCH, IF RESIDENT IS NOT ALLERGIC
ELIQUIS TAB 2.5MG 1 TABLET BY MOUTH TWO TIMES A DAY FOR ATRIAL FIBRILLATION 05/24/2024 Rx:17655519	BAM BPM	*** PROGRESS NOTES *** ADMINISTRATION OF MEDICATIONS: (CHECK ONLY ONE THAT APPLIES) <input type="checkbox"/> RESIDENT IS ABLE TO TAKE MEDICATIONS INDEPENDENTLY <input checked="" type="checkbox"/> RESIDENT REQUIRES ASSISTANCE WITH MEDICATIONS
ENSURE SHAKE (BOTTLE-VANILLA) 1 BOTTLE BY MOUTH TWO TIMES A DAY FOR DECREASE IN APPETITE 05/24/2024 Rx:17655520	BAM BPM	<input type="checkbox"/> RESIDENT REQUIRES MEDICATIONS TO BE ADMINISTERED
FUROSEMIDE TAB 40MG IE:LASIX 1 TABLET BY MOUTH ONE TIME A DAY FOR EDEMA 05/24/2024 Rx:17655521	BAM	*** RECERTIFICATION *** BY SIGNING THIS DOCUMENT, I AUTHORIZE [REDACTED] TO REFILL THE PRESCRIPTIONS FOR NON-CONTROLLED MEDICATIONS ONE YEAR BEYOND THE DATE OF SIGNATURE BELOW, UNLESS OTHERWISE INDICATED. THIS DOCUMENT WILL SERVE AS THE ORIGINAL FOR REFILL AUTHORIZATION FOR NON-CONTROLLED MEDICATIONS.
POTASSIUM CL ER TAB 10MEQ IE:KLOR-CON 1 TABLET BY MOUTH ONE TIME A DAY for hypokalemia 05/23/2024 Rx:17655600	BAM	VERBAL ORDER RECEIVED FROM PRESCRIBER: [REDACTED]
QUETiapine TAB 25MG IE:PEROQUEL 1 TABLET BY MOUTH TWO TIMES A DAY 05/27/2024 Rx:17739585 <i>For agitation and anxiety</i>	BAM BPM	
SENNA-S TAB 8.6/50MG IE:SEKOT-S 1 TABLET BY MOUTH ONE TIME A DAY AT BEDTIME FOR SUPPLEMENT 05/24/2024 Rx:17655523	BAM BPM	

No Irregularities Found Physician's Signature: _____ Date: _____
 See For Observations Date: _____
 08/01/2024 THROUGH 08/31/2024 PRIV / Page 1
 Alt. Telephone: [REDACTED]

Sulfa Antibiotics; Aspirin
 DEMENTIA; ANXIETY; AGITATION; AFIB; UMBILICAL POST SURGICAL HERNIA; MILD THROMBOCYTOPENIA; HTN; PERIPHERAL EDEMA
 Admission Date: 05/23/2024 Completed Entries Checked By Nurse: _____
 Gender: F Date of Birth: 12/30/1937 Patient Code: [REDACTED] Room #: [REDACTED] Bed #: [REDACTED] Facility Code: [REDACTED]

KAPUSTA, ELAINE

PHYSICIAN'S ORDERS
KAPUSTA, ELAINE



MEDICATIONS	HOURS	ORDERS
VITAMIN B-12 SL TAB 1,000MCG 1 TABLET SUBLINGUALLY ONE TIME A DAY FOR SUPPLEMENT X 90 DAYS 05/12/2024 Rx:17714831	8AM	
VITAMIN D3 TAB 1,000U (25MCG) 1 TABLET BY MOUTH ONE TIME A DAY FOR SUPPLEMENT 05/24/2024 Rx:17655526	8AM	
VITRON C TABLET 1 TABLET BY MOUTH ONE TIME A DAY FOR SUPPLEMENT 06/12/2024 Rx:17714830	8AM	
ALBUTEROL INH SOLN 0.083% IE: PROVENTIL 1 VIAL VIA NEBULIZER EVERY SIX HOURS AS NEEDED FOR COUGH 05/24/2024 Rx:17655527	DATE TIME INITIAL RESULT	
BISACODYL SUPP 10MG IE: DULCOLAX ADMINISTER 1 SUPPOSITORY RECTALLY EVERY OTHER DAY AS NEEDED FOR CONSTIPATION 05/24/2024 Rx:17655530	DATE TIME INITIAL RESULT	
<i>Buspirone 5 mg tab 07/30/24 take one tab 2x a day for anxiety</i>		
<i>Buspirone 5 mg tab 07/30/24 take one tab once a day as needed for anxiety</i>		

Physician's Name: [Redacted] Date: 07/29/24
 Date: 08/01/2024 THROUGH 08/31/2024
 Telephone No: [Redacted]
 Fax Telephone: [Redacted]

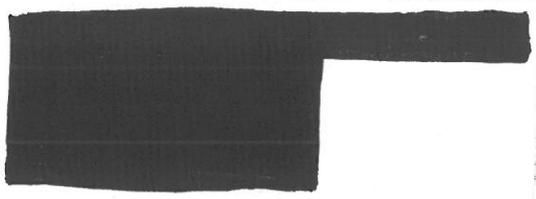
Sulfa Antibiotics; Aspirin

Diagnosis: DEMENTIA; ANXIETY; AGITATION; AFIB; UMBILICAL POST SURGICAL HERNIA; MILD THROMBOCYTOPENIA; HTN; PERIPHERAL EDEMA

Admission Date: 05/23/2024

Completed Entries Checked By Nurse: [Redacted]

Physician: KAPUSTA, ELAINE
 Gender: F
 Date of Birth: 12/30/1937
 Patient Code: [Redacted]
 Room #: [Redacted]
 Bed: [Redacted]
 Facility: [Redacted]



RECEIPT

Date	Account Number
09/04/2024	[REDACTED]

Ms. Elaine Mae Kapusta

Amount Due
\$656.00

1ST AND ONLY QUARTERLY DENTAL CLEANING AND DENTAL X-RAYS EVER FOR 681 DAYS

Date	Code	Name	Description	Charges	Payments
08/01/2024	2224	Elaine Mae	Oral Rinse	\$48.00	
08/01/2024	D0150	Elaine Mae	comprehensive oral evaluation -	\$169.00	
08/01/2024	D0220	Elaine Mae	intraoral - periapical first radiogr	\$56.00	
08/01/2024	D0230	Elaine Mae	intraoral - periapical each additi	\$49.00	
08/01/2024	D0230	Elaine Mae	intraoral - periapical each additi	\$49.00	
08/01/2024	D1110	Elaine Mae	prophylaxis - adult	\$129.00	
08/01/2024	D1208	Elaine Mae	topical application of fluoride	\$60.00	
08/01/2024	HOME Visi	Elaine Mae	Home visit	\$96.00	
				\$656.00	\$0.00

Amount Due
\$656.00

Future Appointment List			
Name	Date	Start Time	End Time



ECG 12-LEAD

Collected on August 2, 2024 1:03 PM

Results

ATRIAL FIBRILLATION
NONSPECIFIC ST AND T WAVE ABNORMALITY
ABNORMAL ECG

Confirmed [REDACTED] 8/3/2024 7:50:30 PM

Ventricular Rate

BPM

Value

74

Atrial Rate

BPM

Value

74

P-R Interval

ms

Value

No value

QRS Duration

ms

Value

90

Q-T Interval

ms

Value

428

QTC Calculation (Bezjet)

ms

Value

475

P Axis

degrees

Value

No value

R Axis

degrees

Value

67

T Axis
degrees
Value
53

IHS MUSE NARRATIVE AND IMPRESSION
Value
ATRIAL FIBRILLATION
NONSPECIFIC ST AND T WAVE
ABNORMALITY
ABNORMAL ECG
Confirmed [REDACTED]
on 8/3/2024 7:50:30 PM

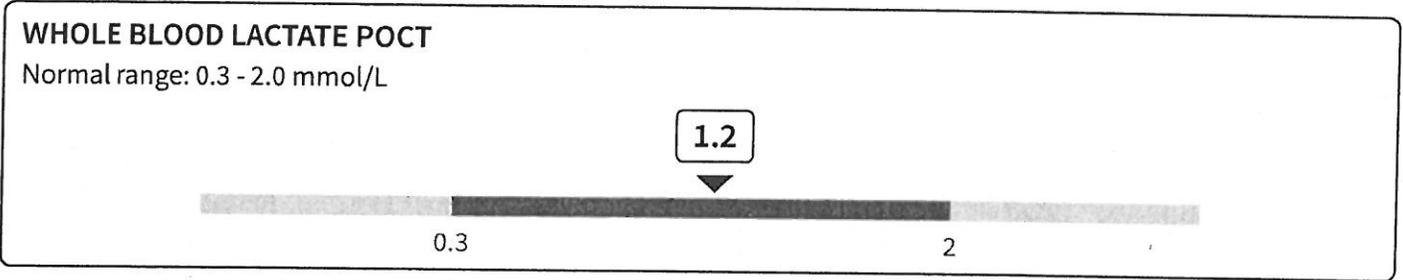
Ordering provider: [REDACTED]
Study date: August 3, 2024 7:50 PM
Collection date: August 2, 2024 1:03 PM
Result date: August 3, 2024 7:50 PM
Result status: Final
Resulting lab:
[REDACTED]

Lactic Acid Whole Blood POCT

Collected on August 2, 2024 1:10 PM

Lab tests - Blood (Blood, Capillary)

Results



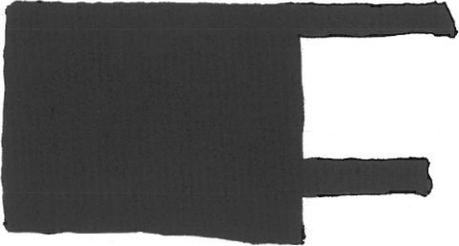
Authorizing provider: [REDACTED]

Collection date: August 2, 2024 1:10 PM

Result date: August 2, 2024 1:13 PM

Result status: Final

Resulting lab:



Troponin POCT

Collected on August 2, 2024 1:11 PM

Lab tests - Blood (Blood, Venous)

Results

Troponin POCT

Normal range: below ≤ 0.09 ng/mL

Value

0.00

Authorizing provider: [REDACTED]

Collection date: August 2, 2024 1:11 PM

Result date: August 2, 2024 2:24 PM

Result status: Final

Resulting lab: [REDACTED]

High Sensitivity Troponin-I

Collected on August 2, 2024 1:13 PM

Lab tests - Blood (Blood, Venous)

Results

hs Troponin

Normal range: below ≤ 14.0 ng/L

Value

6.5

99th Percentile Reference Range:

Female 18 years or older: < 14.0 ng/L

Male 18 years or older: < 35.0 ng/L

**No established reference range for patients less than 21 years old.

LoQ (Limit of Quantitation): 2.7 ng/L)

Cardiac Troponin-I assay method changed to High Sensitivity Troponin I assay and reporting unit was changed from ng/mL to ng/L

The new assay has a 99th percentile cutoff value of 14 ng/L for females and 35 ng/L for males, and can detect lower concentration with higher precision (LoQ: 2.7 ng/L). As a result, 50% of a healthy population may have detectable troponin levels in the absence of MI. This percentage may be higher in a high-risk population, such as patients with CKD or CHF.

This new Assay will be able to rule out MI more quickly than the last but serial troponin with delta (change from previous result) value is important. See new protocol developed

Ordering provider:

Collection date: August 2, 2024 1:13 PM

Result date: August 2, 2024 2:00 PM

Result status: Final

Resulting lab:

BASIC METABOLIC PANEL

Collected on August 2, 2024 1:13 PM

Lab tests - Blood (Blood, Venous)

Results

Glucose

Normal range: 70 - 100 mg/dL

85

70

100

ADA Guidelines for diabetes mellitus:

Fasting: Equal to or greater than 126 mg/dL

Random: Equal to or greater than 200 mg/dL

BUN

Normal range: 7 - 21 mg/dL

27

7

21

Creatinine

Normal range: 0.4 - 1.0 mg/dL

1.0

0.4

1

Calcium

Normal range: 7.9 - 10.2 mg/dL

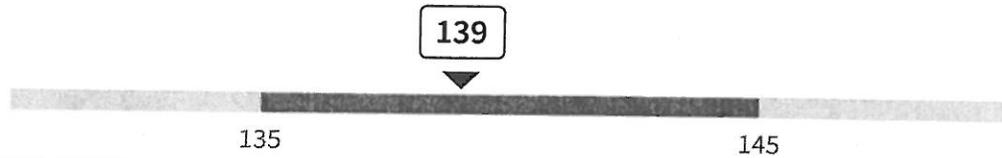
9.2

7.9

10.2

Sodium

Normal range: 135 - 145 mEq/L



Potassium

Normal range: 3.5 - 5.3 mEq/L



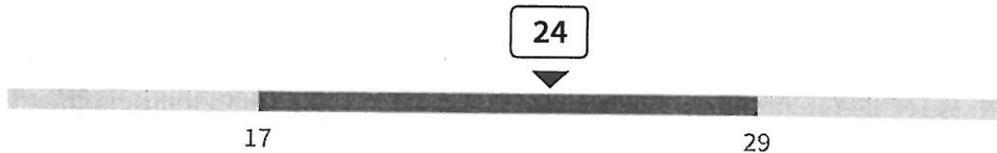
Chloride

Normal range: 99 - 111 mEq/L



CO2

Normal range: 17 - 29 mEq/L



Anion Gap

Normal range: 5.0 - 15.0



Calculated Anion Gap = Na - (Cl + CO2)

Interpret with caution; calculated Anion Gap may not reflect patient's true clinical status.

This is a calculated value and platform-dependent. A value >12.0 has been recommended for the management of Hyperglycemic Crises: Diabetic Ketoacidosis and Hyperglycemic Hyperosmolar State. Med Clin North Am. 2017;101(3):587-606.doi,10.1016/j.mcna.2016.12.011

GFR

Normal range: above ≥ 60.0 mL/min/1.73 m²

Value

54.2

Reported eGFR is based on the CKD-EPI 2021 equation that does not use a race coefficient. This equation is used for all patients (both Black and non-Black), and old and new GFR estimates may differ by more than 10%, particularly at higher eGFRcr values and at younger ages. For eGFR of 45-59 mL/min/1.73 m² with uACR <30 mg/g, please check NKF KDOQI and KDIGO guidelines:

<https://www.kidney.org/professionals/kdoqi>

GFR estimates are unreliable in patient with:

Rapidly changing kidney function or recent dialysis, extreme age, body size or body composition (obesity, severe malnutrition). Abnormal muscle mass (limb amputation, muscle wasting). In these patients, alternative determinations of GFR should be obtained.

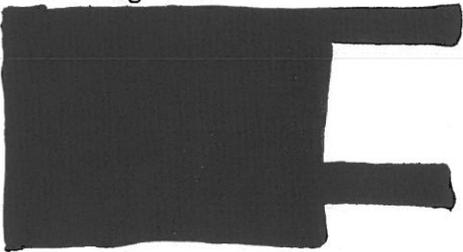
Ordering provider: 

Collection date: August 2, 2024 1:13 PM

Result date: August 2, 2024 1:55 PM

Result status: Final

Resulting lab:

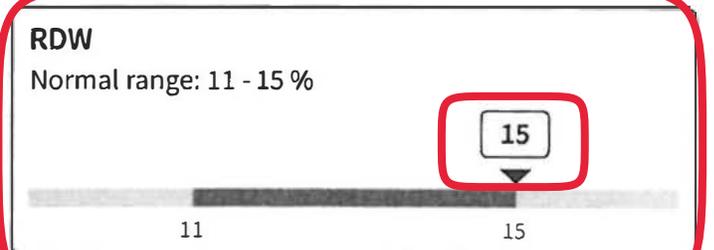
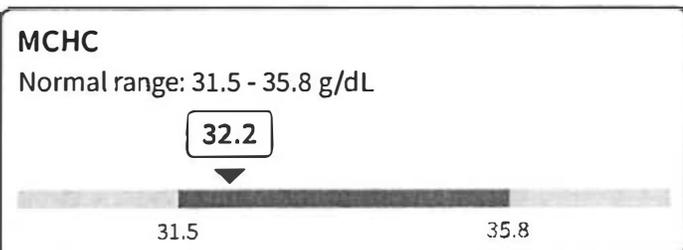
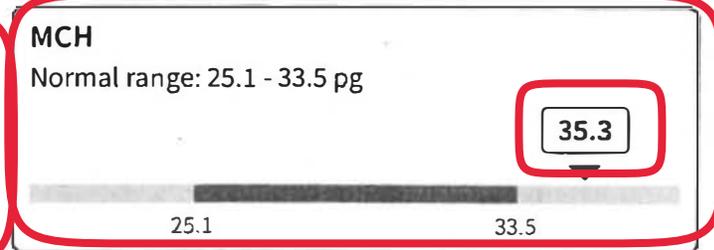
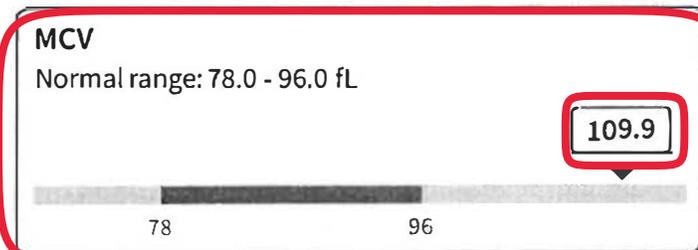
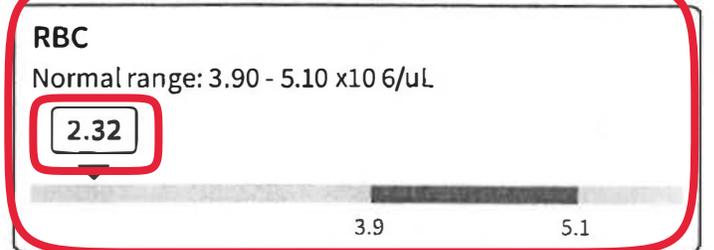
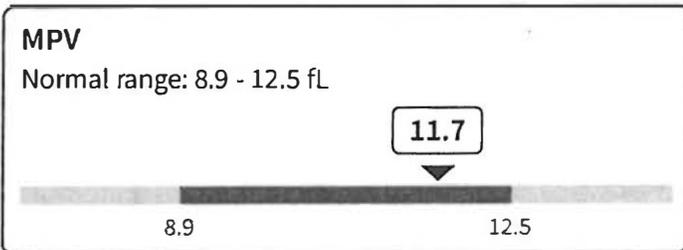
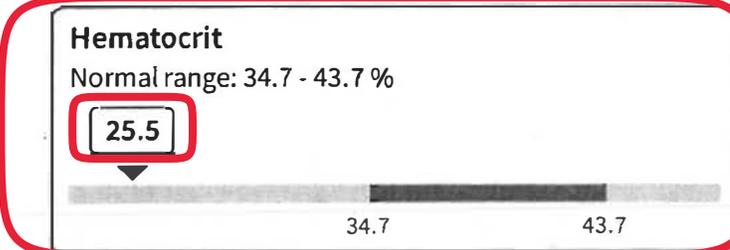
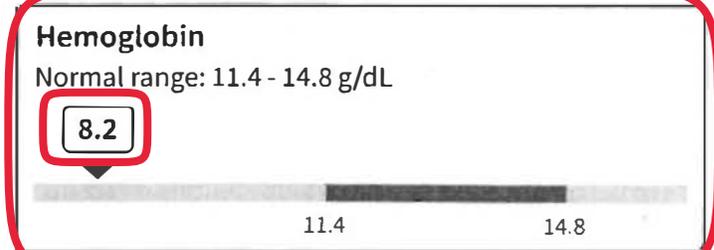
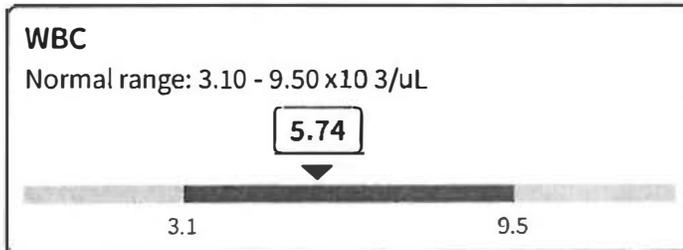


CBC with Differential

Collected on August 2, 2024 1:14 PM

Lab tests - Blood (Blood, Venous)

Results



nRBC %

Normal range: below $\leq 0.0 / 100$ WBC

Value

0.0

Absolute nRBC

Normal range: below $\leq 0.00 \times 10^3 / \mu\text{L}$

Value

0.00

Preliminary Absolute Neutrophil Count

Normal range: $1.10 - 6.33 \times 10^3 / \mu\text{L}$

2.85



The IANC is a preliminary result. Final result may be different following review of the peripheral blood smear.

Neutrophils %

Normal value: Not Established %

Value

49.7

Lymphocytes %

Normal value: Not Established %

Value

44.9

Monocytes %

Normal value: Not Established %

Value

0.9

Eosinophils %

Normal value: Not Established %

Value

2.3

Basophils %

Normal value: Not Established %

Value

1.2

Immature Granulocytes %

Normal value: Not Established %

Value

1.0

Absolute Neutrophils

Normal range: $1.10 - 6.33 \times 10^3 / \mu\text{L}$

2.85



Absolute Lymphocytes

Normal range: $0.42 - 3.22 \times 10^3 / \mu\text{L}$

2.58



Absolute Monocytes

Normal range: $0.21 - 0.85 \times 10^3 / \mu\text{L}$

0.05



8/2/24-MONOCYTOPENIA

Absolute Eosinophils

Normal range: 0.00 - 0.44 x10³/uL

0.13



Absolute Basophils

Normal range: 0.00 - 0.08 x10³/uL

0.07



Absolute Immature Granulocytes

Normal range: 0.00 - 0.07 x10³/uL

0.06



Ordering provider: [REDACTED]

Collection date: August 2, 2024 1:14 PM

Result date: August 2, 2024 1:56 PM

Result status: Final

Resulting lab:

[REDACTED]

HIGH SENSITIVITY TROPONIN-I WITH DELTA

Collected on August 2, 2024 3:28 PM

Lab tests - Blood (Blood, Venous)

Results

hs Troponin

Normal range: below ≤ 14.0 ng/L

Value

5.7

99th Percentile Reference Range:

Female 18 years or older: < 14.0 ng/L

Male 18 years or older: < 35.0 ng/L

**No established reference range for patients less than 21 years old.

LoQ (Limit of Quantitation): 2.7 ng/L

Cardiac Troponin-I assay method changed to High Sensitivity Troponin I assay and reporting unit was changed from ng/mL to ng/L.

The new assay has a 99th percentile cutoff value of 14 ng/L for females and 35 ng/L for males, and can detect lower concentration with higher precision (LoQ: 2.7 ng/L). As a result, 50% of a healthy population may have detectable troponin levels in the absence of MI. This percentage may be higher in a high-risk population, such as patients with CKD or CHF.

This new Assay will be able to rule out MI more quickly than the last but serial troponin with delta (change from previous result) value is important. See new protocol developed by

hs Troponin-I Delta

Value

1

Delta is calculated from the previous High Sensitivity Troponin-I ordered within 5 hours.

Ordering provider:

Collection date: August 2, 2024 3:28 PM

Result date: August 2, 2024 4:16 PM

Result status: Final

Resulting lab:

Urinalysis with Reflex to Microscopic Exam and Culture

Collected on August 2, 2024 3:39 PM

Lab tests - Urine (Urine, Clean Catch)

Results

Urine Color

Normal value: Colorless, Straw or Yellow

Value

Straw

Urine Clarity

Normal value: Clear, Hazy

Value

Clear

Urine Specific Gravity

Normal range: 1.001 - 1.035

1.016

1.001

1.035

Urine pH

Normal value: 5.0 - 8.0

Value

6.5

Urine Leukocyte Esterase

Normal value: Negative

Value

Negative

Urine Nitrite

Normal value: Negative

Value

Negative

Urine Protein

Normal value: Negative

Value

10= Trace

Urine Glucose

Normal value: Negative

Value

Negative

Urine Ketones

Normal value: Negative mg/dL

Value

Negative

Urine Urobilinogen

Normal value: 0.2 - 2.0 mg/dL

Value

Normal

Urine Bilirubin

Normal value: Negative

Value

Negative

Urine Blood

Normal value: Negative

Value

Negative

RBC, UA

Normal value: 0 - 5 /hpf

Value

0-2

Urine WBC

Normal value: None Seen, 0-5 /hpf

Value

0-5

Patient without significant pyuria (i.e. >10 WBC/HPF).
Urine culture not indicated.

Urine Squamous Epithelial Cells

Normal value: 0 - 5 /hpf

Value

0-5

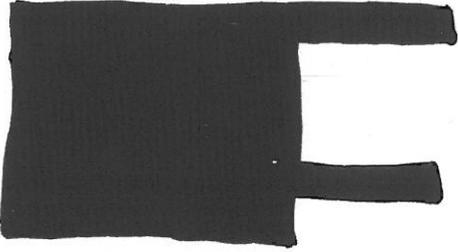
Ordering provider: [REDACTED]

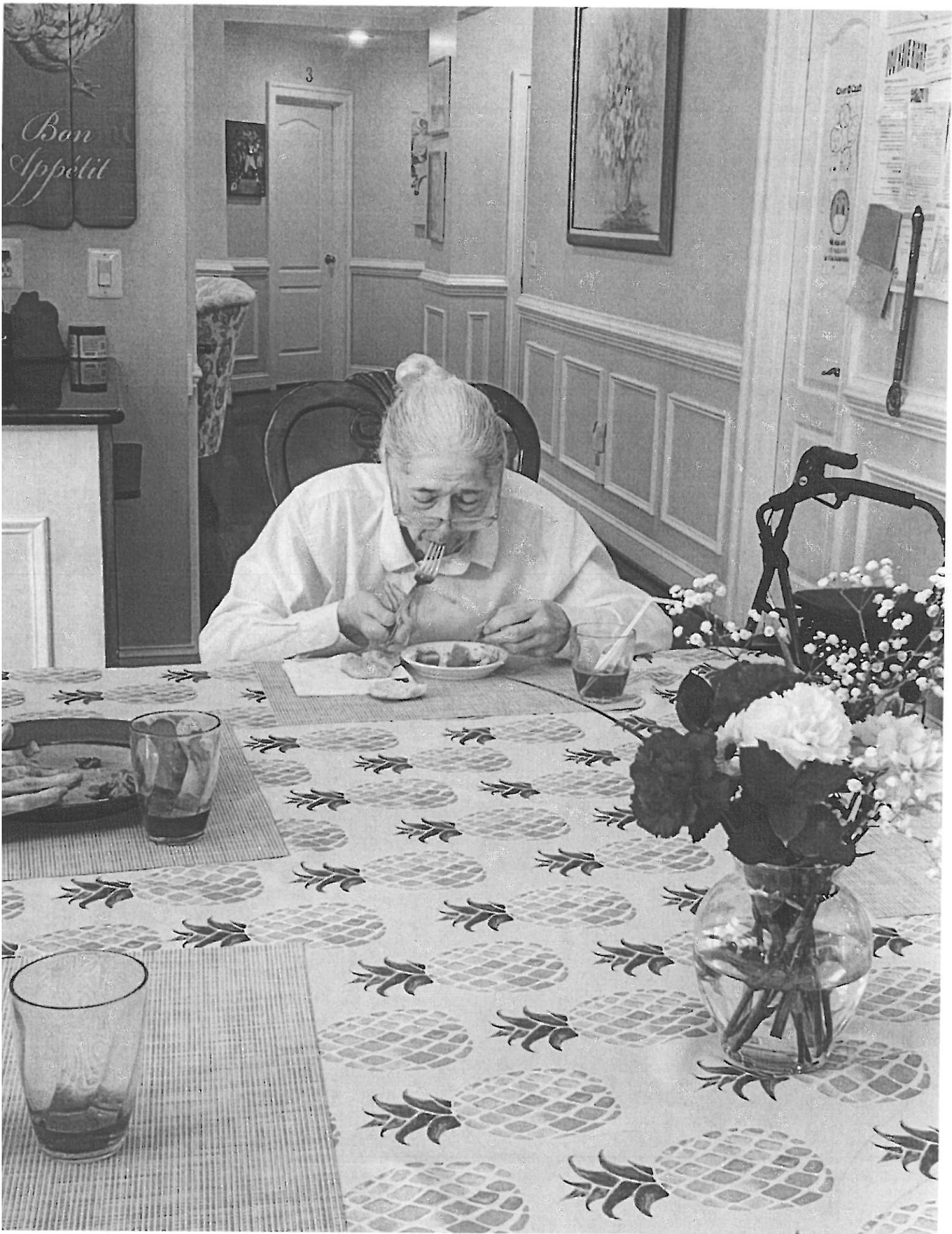
Collection date: August 2, 2024 3:39 PM

Result date: August 2, 2024 3:56 PM

Result status: Final

Resulting lab:







Sunrise Medical Laboratories

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

Report Status: Final

MONOCYTOPENIA

Specimen Information	Patient Information	Ordering Physician
Specimen: MF600458	KAPUSTA, ELAINE	DAPPEN, ALAN
E Order: MF600458	DOB: ██████████	Client Information
Collected: 03/08/2024 01:30	Age: 86	DOCTALKER D25
Received: 03/08/2024 20:54	Gender: F	
Reported: 03/09/2024 09:50	Fasting:	
Printed: 03/09/2024 08:55	ID: 85590409	
	Phone: (571) 528-2464	

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			

Ferritin	80		13-200 ng/mL
SML - Sunrise Medical Laboratories CLIA# 33D0654120			
250 Miller Place, Hicksville, NY 11801			
Lab Director: Milind Mondkar, MD			

TSH SML			
TSH	2.77		0.270-4.200 uIU/mL
SML - Sunrise Medical Laboratories CLIA# 33D0654120			
250 Miller Place, Hicksville, NY 11801			
Lab Director: Milind Mondkar, MD			

CBC/DIFF/PLT			
WBC	3.9		3.6-11.0 THDS/CMM
RBC		2.88 L	3.8-5.2 MILL/CMM
Hemoglobin		9.8 L	11.9-16.0 G/DL
Hematocrit		30.0 L	35-47 %
MCV		104 H	75-100 fL
MCH		34.0 H	26.0-33.0 pg
MCHC	32.7		32.0-35.0 g/dl
RDW	13.0		11.2-14.8 %
Platelet Count		116 L	140-440 THOUS/CMM
Neutrophils %	49.8		45-75 %
Lymphocytes %	43.3		20-45 %
Monocytes %	1.8		0-13 %
Eosinophils %	3.1		0-5 %
Basophils %	1.5		0-2 %
Immature Granulocytes	0.5		0-2 %
Neutrophils #	1.94		1.9-8.0 K/uL
Lymphocytes #	1.69		0.9-5.2 K/uL
Monocytes #		0.07 L	0.1-1.0 K/uL
Eosinophils #	0.12		0.0-0.80 K/uL
Basophils #	0.06		0.0-0.2 K/uL
Absolute Immature Grans	0.02		0.00-0.06 K/uL

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



Sunrise Medical Laboratories

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Report Status: Final

MONOCYTOPENIA

Specimen Information	Patient Information	Ordering Physician
Specimen: MF549364	KAPUSTA, ELAINE	DAPPEN, ALAN
E Order: MF549364	DOB: 11/28/1937	Client Information
Collected: 01/31/2024 04:02	Age: 86	DOCTALKER D25
Received: 01/31/2024 21:02	Gender: F	
Reported: 02/05/2024 09:18	Fasting:	
Printed: 02/05/2024 08:20	ID: 85590409	
	Phone: (571) 528-2464	

Test Name	In Range	Out Range	Reference Range
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Test Name	In Range	Out Range	Reference Range
CBC/DIFF/PLT			
WBC	4.1		3.6-11.0 THDS/CMM
RBC		2.99 L	3.8-5.2 MILL/CMM
Hemoglobin		10.1 L	11.9-16.0 G/DL
Hematocrit		31.1 L	35-47 %
MCV		104 H	75-100 fL
MCH		33.8 H	26.0-33.0 pg
MCHC	32.5		32.0-35.0 g/dl
RDW	13.4		11.2-14.8 %
Platelet Count		109 L	140-440 THOUS/CMM
Neutrophils %	47.9		45-75 %
Lymphocytes %		45.8 H	20-45 %
Monocytes %	1.0		0-13 %
Eosinophils %	3.1		0-5 %
Basophils %	1.7		0-2 %
Immature Granulocytes	0.5		0-2 %
Neutrophils #	1.98		1.9-8.0 K/uL
Lymphocytes #	1.89		0.9-5.2 K/uL
Monocytes #		0.04 L	0.1-1.0 K/uL
Eosinophils #	0.13		0.0-0.80 K/uL
Basophils #	0.07		0.0-0.2 K/uL
Absolute Immature Grans	0.02		0.00-0.06 K/uL
SML - Sunrise Medical Laboratories CLIA# 33D0654120			
250 Miller Place, Hicksville, NY 11801			
Lab Director: Milind Mondkar, MD			

Ferritin	80		13-200 ng/mL
SML - Sunrise Medical Laboratories CLIA# 33D0654120			
250 Miller Place, Hicksville, NY 11801			
Lab Director: Milind Mondkar, MD			

COMP METABOLIC PANEL			
Sodium	141		135-148 mmol/L
Potassium	4.0		3.5-5.4 mmol/L
Chloride	102		96-107 mmol/L
Carbon Dioxide	28		18-32 mmol/L
Anion Gap	11		7-16 mmol/L
Glucose Non-Fasting	103		65-125 mg/dL
BUN	21		8-23 mg/dL
Creatinine	0.90		0.51-1.15 mg/dL



Sunrise Medical Laboratories

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703-222-2313

Report Status: Final

MONOCYTOPENIA

Specimen Information	Patient Information	Ordering Physician
Specimen: MF505046	KAPUSTA, ELAINE	KAVANAGH, PATRICK
E Order: MF505046	DOB: 12-██████████	Client Information
Collected: 01/09/2024 15:00	Age: 86	STAT LAB, LLC S1750
Received: 01/09/2024 21:03	Gender: F	
Reported: 01/13/2024 06:35	Fasting:	
Printed: 01/18/2024 10:49	ID: 85590409	
	Phone: (571) 421-6813	

Test Name	In Range	Out Range	Reference Range
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Test Name	In Range	Out Range	Reference Range
CBC/DIFF/PLT			
WBC		3.4 L	3.6-11.0 THDS/CMM
RBC		3.09 L	3.8-5.2 MILL/CMM
Hemoglobin		10.7 L	11.9-16.0 G/DL
Hematocrit		32.4 L	35-47 %
MCV		105 H	75-100 fL
MCH		34.6 H	26.0-33.0 pg
MCHC	33.0		32.0-35.0 g/dl
RDW	13.4		11.2-14.8 %
Platelet Count	167		140-440 THOUS/CMM
Neutrophils %		39.8 L	45-75 %
Lymphocytes %		56.0 H	20-45 %
Monocytes %	1.5		0-13 %
Eosinophils %	1.2		0-5 %
Basophils %	0.9		0-2 %
Immature Granulocytes	0.6		0-2 %
Neutrophils #		1.35 L	1.9-8.0 K/uL
Lymphocytes #	1.90		0.9-5.2 K/uL
Monocytes #	1/9/24-MONOCYTOPENIA	0.05 L	0.1-1.0 K/uL
Eosinophils #	0.04		0.0-0.80 K/uL
Basophils #	0.03		0.0-0.2 K/uL
Absolute Immature Grans	0.02		0.00-0.06 K/uL
SML - Sunrise Medical Laboratories CLIA# 33D0654120			
250 Miller Place, Hicksville, NY 11801			
Lab Director: Milind Mondkar, MD			

Sedimentation Rate	11		0-29 MM/HR
SML - Sunrise Medical Laboratories CLIA# 33D0654120			
250 Miller Place, Hicksville, NY 11801			
Lab Director: Milind Mondkar, MD			

TOTAL IRON AND IBC			
Iron Serum	93		37-145 ug/dL
Unsaturated IBC	167		112-347 ug/dL
Calc Total TIBC	260		250-450 ug/dL
Calc % Iron Sat	36		13-45 %
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

MONOCYTOPENIA

Specimen Information	Patient Information	Ordering Physician
Specimen: MF470588	KAPUSTA, ELAINE	DAPPEN, ALAN
E Order: MF470588	DOB: ██████████	Client Information
Collected: 12/11/2023 13:25	Age: 85	DOCTALKER D25
Received: 12/11/2023 20:44	Gender: F	
Reported: 12/12/2023 13:33	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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COMP METABOLIC PANEL

Sodium	139		135-148 mmol/L
Potassium	4.7		3.5-5.4 mmol/L

HEMOLYSIS 2+

Potassium, Iron, LDH, D.Bili, AST and Mg++ results may be affected.

Chloride	102		96-107 mmol/L
Carbon Dioxide		17 L	18-32 mmol/L
Anion Gap		20 H	7-16 mmol/L
Glucose Non-Fasting		161 H	65-125 mg/dL
BUN	16		8-23 mg/dL
Creatinine	0.92		0.51-1.15 mg/dL
BUN/Creatinine Ratio	17		8.0-28.0 RATIO
Calcium	9.7		8.6-10.5 mg/dL
Total Protein	6.9		6.0-8.3 g/dL
Albumin	4.0		3.5-5.2 g/dL
Globulin	2.9		1.8-3.8 g/dL
A/G Ratio	1.4		1.0-2.5 RATIO
Bilirubin Total	0.3		<1.3 mg/dL
Alkaline Phosphatase	61		30-146 U/L
AST (SGOT)	32		9-40 U/L
ALT (SGPT)	9		5-33 U/L
eGFR 2021 CKD-EPI	61		>59 mL/min/1.73m2

SML - Sunrise Medical Laboratories CLIA# 33D0654120

250 Miller Place, Hicksville, NY 11801

Lab Director: Milind Mondkar, MD

CBC/DIFF/PLT

WBC	3.6		3.6-11.0 THDS/CMM
RBC		2.81 L	3.8-5.2 MILL/CMM
Hemoglobin		9.6 L	11.9-16.0 G/DL
Hematocrit		28.9 L	35-47 %
MCV		103 H	75-100 fL
MCH		34.2 H	26.0-33.0 pg
MCHC	33.2		32.0-35.0 g/dL
RDW	12.6		11.2-14.8 %
Platelet Count	143		140-440 THOUS/CMM
Neutrophils %	65.4		45-75 %
Lymphocytes %	28.1		20-45 %
Monocytes %	1.7		0-13 %
Eosinophils %	2.5		0-5 %

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

Report Status: Final

Specimen Information	Patient Information	Ordering Physician
Specimen: MF470588	KAPUSTA, ELAINE	DAPPEN, ALAN
E Order: MF470588	DOB: 12/12/1937	Client Information
Collected: 12/11/2023 13:25	Age: 85	DOCTALKER D25
Received: 12/11/2023 20:44	Gender: F	
Reported: 12/12/2023 13:33	Fasting:	
Printed: 01/09/2024 14:54	ID: 85590409	
	Phone: (571) 421-6813	

Test Name	In Range	Out Range	Reference Range
Basophils %	1.7		0-2 %
Immature Granulocytes	0.6		0-2 %
Neutrophils #	2.35		1.9-8.0 K/uL
Lymphocytes #	1.01		0.9-5.2 K/uL
Monocytes #		0.06 L	0.1-1.0 K/uL
Eosinophils #	0.09		0.0-0.80 K/uL
Basophils #	0.06		0.0-0.2 K/uL
Absolute Immature Grans	0.02		0.00-0.06 K/uL

12/11/23-MONOCYTOPENIA**0.06 L**SML - Sunrise Medical Laboratories CLIA# 33D0654120
250 Miller Place, Hicksville, NY 11801
Lab Director: Milind Mondkar, MD

B Natriuretic Peptide	58.0	0-100 pg/mL
SML - Sunrise Medical Laboratories CLIA# 33D0654120 250 Miller Place, Hicksville, NY 11801 Lab Director: Milind Mondkar, MD		



Sunrise Medical Laboratories

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Report Status: Final

Specimen Information	Patient Information	Ordering Physician
Specimen: MF453741	KAPUSTA, ELAINE	DAPPEN, ALAN
E Order: MF453741	DOB: ██████████	Client Information
Collected: 11/14/2023 13:30	Age: 85	DOCTALKER D25
Received: 11/14/2023 20:12	Gender: F	
Reported: 11/15/2023 07:14	Fasting:	
Printed: 01/09/2024 14:54	ID: 85590409	
	Phone: (571) 421-6813	

Test Name	In Range	Out Range	Reference Range
Sedimentation Rate	12		0-29 MM/HR

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

COMP METABOLIC PANEL

Sodium	143	135-148 mmol/L
Potassium	3.8	3.5-5.4 mmol/L
Chloride	103	96-107 mmol/L
Carbon Dioxide	29	18-32 mmol/L
Anion Gap	11	7-16 mmol/L
Glucose	78	70-100 mg/dL
BUN	19	8-23 mg/dL
Creatinine	1.11	0.51-1.15 mg/dL
BUN/Creatinine Ratio	17	8.0-28.0 RATIO
Calcium	9.8	8.6-10.5 mg/dL
Total Protein	7.2	6.0-8.3 g/dL
Albumin	4.6	3.5-5.2 g/dL
Globulin	2.6	1.8-3.8 g/dL
A/G Ratio	1.8	1.0-2.5 RATIO
Bilirubin Total	0.5	<1.3 mg/dL
Alkaline Phosphatase	71	30-146 U/L
AST (SGOT)	15	9-40 U/L
ALT (SGPT)	11	5-33 U/L

eGFR 2021 CKD-EPI KIDNEYS 49 L >59 mL/min/1.73m2

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.

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

CBC/DIFF/PLT

WBC	INFECTION	7.8	3.6-11.0 THDS/CMM
RBC		2.79 L	3.8-5.2 MILL/CMM
Hemoglobin		9.5 L	11.9-16.0 G/DL
Hematocrit		29.2 L	35-47 %
MCV		105 H	75-100 fL
MCH		34.1 H	26.0-33.0 pg



Sunrise Medical Laboratories

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703-222-2313

Report Status: Final

Specimen Information	Patient Information	Ordering Physician
Specimen: MF453741	KAPUSTA, ELAINE	DAPPEN, ALAN
E Order: MF453741	DOB: 11/14/2023	Client Information
Collected: 11/14/2023 13:30	Age: 85	DOCTALKER D25
Received: 11/14/2023 20:12	Gender: F	
Reported: 11/15/2023 07:14	Fasting:	
Printed: 01/09/2024 14:54	ID: 85590409	
	Phone: (571) 421-6813	

Test Name	In Range	Out Range	Reference Range
MCHC	32.5		32.0-35.0 g/dl
RDW	13.0		11.2-14.8 %
Platelet Count	168		140-440 THOUS/CMM
Neutrophils %	68.0		45-75 %
MANUAL DIFFERENTIAL PERFORMED			

Lymphocytes %	23		20-45 %
Monocytes %	2		0-13 %
Eosinophils %	0		0-5 %
Basophils %	0		0-2 %
Bands %		6 H	0-2 %
Mvelocytes %		1 H	%
Neutrophils #	SEE BELOW		
Absolute Neutrophils	5.32		1.9-8.0 K/uL
Lymphocytes #	SEE BELOW		
Absolute Lymphocytes	1.80		0.9-5.2 K/uL
Monocytes #	11/14/23-MONOCYTOPENIA		
Absolute Monocytes	0.16		0.1-1.0 K/uL
Eosinophils #	SEE BELOW		
Absolute Eosinophils	0.00		0.00-0.80 K/uL
Basophils #	SEE BELOW		
Absolute Basophils	0.00		0.0-0.2 K/uL
Polychromasia		SLIGHT A	
Macrocytosis		MODERATE A	
Stomatocytes		PRESENT A	

According to clinical studies, sepsis can cause stomatocytes form in septic patients

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



Sunrise Medical Laboratories

4200 Pleasant Valley Road
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703-222-2313

Report Status: Final

Specimen Information	Patient Information	Ordering Physician	
Specimen: MF428038	KAPUSTA, ELAINE	DAPPEN, ALAN	
E Order: MF428038	DOB: ██████████	Client Information	
Collected: 10/26/2023 12:40	Age: 85	DOCTALKER D25	
Received: 10/26/2023 20:43	Gender: F		
Reported: 10/27/2023 08:52	Fasting:		
Printed: 01/09/2024 14:54	ID: 85590409		
	Phone: (571) 421-6813		
PANCYTOPENIA			
Test Name	In Range	Out Range	Reference Range

Lab Director: Milind Mondkar, MD

Sedimentation Rate 1 0-29 MM/HR
 SML - Sunrise Medical Laboratories CLIA# 33D0654120
 250 Miller Place, Hicksville, NY 11801
 Lab Director: Milind Mondkar, MD

CBC/DIFF/PLT

WBC	3.0 L	3.6-11.0 THDS/CMM
MCV	105 H	75-100 fL
MCH	35.4 H	26.0-33.0 pg
Lymphocytes %	36.9	20-45 %
Basophils %	2.0	0-2 %
Eosinophils #	0.09	0.0-0.80 K/uL
Lymphocytes #	1.11	0.9-5.2 K/uL
Monocytes #	2.7	0-13 %
Monocytes #	0.08 L	0.1-1.0 K/uL
RBC	2.26 L	3.8-5.2 MILL/CMM
Neutrophils #	1.66 L	1.9-8.0 K/uL
Eosinophils %	3.0	0-5 %
Absolute Immature Grans	0.01	0.00-0.06 K/uL
Hemoglobin	8.0 L	11.9-16.0 G/DL
Basophils #	0.06	0.0-0.2 K/uL
MCHC	33.6	32.0-35.0 g/dl
Platelet Count	118 L	140-440 THOUS/CMM
Neutrophils %	55.1	45-75 %
Hematocrit	23.8 L	35-47 %
Immature Granulocytes	0.3	0-2 %
RDW	13.3	11.2-14.8 %

10/26/23-MONOCYTOPENIA

DAPPEN IGNORED ENTIRELY PANCYTOPENIA

A transfusion is required for patients when their blood count is 7-8 g/dL. This is when a person's blood count is too low.

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: MF401743	KAPUSTA, ELAINE	DAPPEN, ALAN
E Order: MF401743	DOB: ██████████	Client Information
Collected: 10/12/2023 14:00	Age: 85	DOCTALKER D25
Received: 10/12/2023 20:47	Gender: F	
Reported: 10/13/2023 08:55	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

MCV		103 H	75-100 fL
MCHC	33.1		32.0-35.0 g/dL
Basophils #	0.08		0.0-0.2 K/uL
Eosinophils #	0.08		0.0-0.80 K/uL
WBC		3.0 L	3.6-11.0 THDS/CMM
Basophils %		2.7 H	0-2 %
Platelet Count		131 L	140-440 THOUS/CMM
Lymphocytes %		46.2 H	20-45 %
Monocytes #		0.08 L	0.1-1.0 K/uL
RBC		2.58 L	3.8-5.2 MILL/CMM
Hematocrit		26.6 L	35-47 %
Monocytes %	2.7		0-13 %
RDW	12.8		11.2-14.8 %
Absolute Immature Grans	0.01		0.00-0.06 K/uL
Lymphocytes #	1.39		0.9-5.2 K/uL
Neutrophils %	45.4		45-75 %
Immature Granulocytes	0.3		0-2 %
Hemoglobin		8.8 L	11.9-16.0 G/DL
Eosinophils %	2.7		0-5 %
Neutrophils #		1.37 L	1.9-8.0 K/uL
MCH		34.1 H	26.0-33.0 pg

10/12/23-MONOCYTOPENIA

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

Ferritin

68 13-200 ng/mL

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

COMP METABOLIC PANEL

Calcium	9.4		8.6-10.5 mg/dL
Albumin	4.1		3.5-5.2 g/dL
A/G Ratio	1.8		1.0-2.5 RATIO
BUN/Creatinine Ratio	24		8.0-28.0 RATIO
Anion Gap	12		7-16 mmol/L
Alkaline Phosphatase	67		30-146 U/L
Carbon Dioxide	26		18-32 mmol/L
BUN	20		8-23 mg/dL

CBC WITH DIFFERENTIAL

Collected on September 29, 2023 7:14 PM

Lab tests - Blood

Results

