



Sunrise Medical Laboratories

4200 Pleasant Valley Road
Chantilly, VA 20151-1211
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 20:49	Gender: F	
Reported: 10/27/2023 08:52	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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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 %

ABNORMAL LABS

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.

(10/26/23-10-24-22)-

****51% DESTRUCTION OF BLOODCELLS-(4.60-2.26) AND
**41% DESTRUCTION OF PLATELETS-(167-118) AND
60% DESTROYED IMMUNE SYSTEM-(MONOCYTES #)-(0.14-.08)-
(IGNORED BY DR. DAPPEN AND ALL FIDUCIARIES)- PANCYTOPENIA-
(8.0. HEMOGLOBIN)-NEEDING BLOOD TRANSFUSION AND IRON
AND MY MOM RECEIVED NOTHING**

DAPPEN NEVER DID AN IRON TEST



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Hemoglobin A1c 5.1 <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.

Mean Glucose Est (calc) 100 <126 mg/dl

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Folic Acid 13.6 >5.4 ng/mL

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TSH SML
TSH 3.36 0.270-4.200 uIU/mL

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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.

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LIPID PANEL
Triglycerides 74 20-149 mg/dL



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LDL Cholesterol Calc	42		<130 mg/dL
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ADULT LDL CHOLESTEROL CLASSIFICATION

- <100mg/dL _____ Optimal
- 100-129 _____ Near/Above Optimal
- 130-159mg/dL _____ Borderline High
- >160mg/dL _____ High Risk

Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.

HDL Cholesterol	57		>=50 mg/dL
Risk Ratio (CHOL/HDL)	2.0		2.0-4.5
Cholesterol	114		100-199 mg/dL
VLDL Chol Calc	15		<30 mg/dL

Direct LDL is recommended for patients with triglycerides >400.

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COMP METABOLIC PANEL

Chloride	107		96-107 mmol/L
A/G Ratio	1.8		1.0-2.5 RATIO
AST (SGOT)	17		9-40 U/L
Bilirubin Total	0.2		<1.3 mg/dL
Creatinine	0.91		0.51-1.15 mg/dL
Sodium	143		135-148 mmol/L
BUN	21		8-23 mg/dL
Alkaline Phosphatase	61		30-146 U/L
Potassium	4.7		3.5-5.4 mmol/L
Total Protein		5.9 L	6.0-8.3 g/dL
Albumin	3.8		3.5-5.2 g/dL
Globulin	2.1		1.8-3.8 g/dL
eGFR 201 CKD-EPI	62		>59 mL/min/1.73m2
Carbon Dioxide	24		18-32 mmol/L
Calcium	9.1		8.6-10.5 mg/dL
Glucose Non-Fasting	88		65-125 mg/dL
BUN/Creatinine Ratio	23		8.0-28.0 RATIO
ALT (SGPT)	13		5-33 U/L
Anion Gap	12		7-16 mmol/L

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