

2022-2025-HEALTHY NORMAL TO
SUFFERING AND (CRIMINAL ELDER
NEGLECT-MEDICALLY IGNORED)-
THROMBOCYTOPENIA, ANEMIA,
METABOLIC ENCEPHALOPATHY,
OBSTRUCTIVE UROPATHY,
UROSEPSIS, KIDNEY CYST, BLOODY
NOSES, LOW OXYGEN-HYPOXIA,
PETECHIA, BROKEN CAPILLARIES,
DENTAL SEPSIS, IRON-DEFICIENCY,
PANCYTOPENIA,
MYELODYSPLASTIC SYNDROME-
(MDS), LYMPHOCYTOSIS,
BASOPHILIA, MONOCYTOPENIA,
DESTROYED PLATELETS,
BLOODCELLS AND DESTROYED
IMMUNE SYSTEM, BONE MARROW
DAMAGE-
"CRIMINAL DISREGARD FOR ELAINE
MAE KAPUSTA"-***CLICK HERE***



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: 12/30/1937	Client Information DOCTALKER D25 DR. INCOMPETENT- DR. "DEATH" DAPPEN
Collected: 10/24/2022 01:00	Age: 84	
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

X Leukocyte Esterase Trace A X **NEGATIVE** **TRACE**

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Sedimentation Rate 11 0-29 MM/HR

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CBC/DIFF/PLT

Eosinophils %	1.5		0-5 %
MCV	95		75-100 fL -95
Basophils #	0.05		0.0-0.2 K/uL -.05
Absolute Immature Grans	0.01		0.00-0.06 K/uL
Neutrophils %	47.5		45-75 %
Platelet Count	167	✓✓	140-440 THOUS/CMM -167
Monocytes %	4.2	✓✓	0-13 % -4.2
Monocytes #	0.14	✓✓	0.1-1.0 K/uL .14
RBC	4.60	✓✓	3.8-5.2 MILL/CMM -4.60

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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 % -1.5%
MCHC	32.3		32.0-35.0 g/dl -32.3
Hemoglobin	14.1		11.9-16.0 G/DL -14.1
Lymphocytes %	45.0		20-45 % -45%
Hematocrit	43.6		35-47 % -43.6
RDW	13.8		1.2-14.8 % -13.8%
Lymphocytes #	1.50		0.9-5.2 K/uL -1.50
WBC	3.3 L		3.6-11.0 THDS/CMM -3.3
Neutrophils #	1.58 L		1.9-8.0 K/uL -1.5
MCH	30.7		26.0-33.0 pg

**10/24/22-3 DAYS
AFTER FINISHING
BACTRIM FOR
U.T.I-KLEBSIELLA
PNEUMONIAE**

**AFTER UROSEPSIS- JUNE-JULY
2022 & 2 MORE TIMES-8/11/22 &
10/7/22**

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

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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

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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.***

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

AFTER JUNE-JULY
2022-UROSEPSIS & 2 MORE
U.T.I.'S UROSEPSIS-8/11/22
& 10/7/22

COMP METABOLIC PANEL

eGFR 2021 CKD-EPI

42 L

>59 mL/min/1.73m2

-42

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.

Albumin	4.6	3.5-5.2 g/dL
Total Protein	6.8	6.0-8.3 g/dL
BUN/Creatinine Ratio	13	8.0-28.0 RATIO
Glucose	97	70-100 mg/dL
AST (SGOT)	20	9-40 U/L
Carbon Dioxide	24	18-32 mmol/L
Anion Gap	15	7-16 mmol/L
BUN	17	8-23 mg/dL
A/G Ratio	2.1	1.0-2.5 RATIO
Calcium	9.8	8.6-10.5 mg/dL
Chloride	100	96-107 mmol/L
Bilirubin Total	0.5	<1.3 mg/dL
ALT (SGPT)	15	5-33 U/L
Sodium	139	135-148 mmol/L
Globulin	2.2	1.8-3.8 g/dL
Alkaline Phosphatase	71	30-146 U/L

Creatinine

1.26 H

0.51-1.15 mg/dL

-1.26

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

Potassium	4.5	3.5-5.4 mmol/L
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C REACTIVE PROTEIN

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

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Test Name	In Range	Out Range	Reference Range
Magnesium	2.3		1.6-2.4 mg/dL

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URINE CULTURE SEE BELOW

URINE CULTURE
CULTURE
Result See Notes

CULTURE/SENS, URINE
REPORT STATUS: FINAL
SOURCE: URINE
CULTURE: NO SIGNIFICANT GROWTH
(<10,000 CFU/ML BACTERIA)

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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.

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

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URINE MICROSCOPIC

Bacteria NONE NONE
Epithelial Cells 3-5 NONE

VIRGINIA HEART RECOMMENDED SEEING A HEMATOLOGIST FOR ABNORMAL LABS



KAPUSTA, ELAINE

Sex: F Age: 85 Specimen: CZ373987M
 Fasting: N Requisition: 0022255
 Patient ID: 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

1/25/23

▲ 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	%

THROMBOCYTOPENIA

BONE MARROW DAMAGE

MONOCYTOPENIA

IMMUNODEFICIENCY

Low number of monocytes
 A low number of monocytes in the blood (monocytopenia) can be caused by anything that decreases the overall white blood cell count (see also Neutropenia and Lymphocytopenia), such as a bloodstream infection, chemotherapy, or a bone marrow disorder.

BASIC METABOLIC PANEL

Analyte	Value	Reference Range
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
ELEVATED CARBON DIOXIDE	30	Reference Range: 20-32 mmol/L
CALCIUM	9.9	Reference Range: 8.6-10.4 mg/dL

ELEVATED HYPOXIA-LOW OXYGEN

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

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: 12/30/1937
POS: 5/11/2023

Collection:

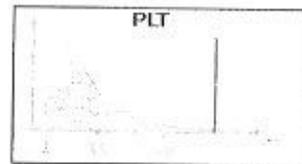
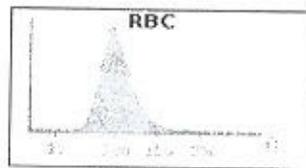
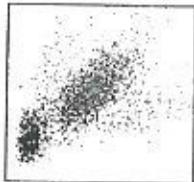
Location:

Comments:

Test	Result	Flags	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	h	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	h	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:
Segmented	___	Myelocyte	___	Anisocytosis	___	Macrocytosis	___	
Band	___	Promyelocyte	___	Poikilocytosis	___	Other	___	
Lymphocyte	___	Blast	___	Polychromasia	___			
Monocyte	___	Ab.Lymph	___	Hypochromasia	___			
Eosinophil	___	Other	___					

Reviewed by

"22 GROSSLY ABNORMAL LABS & 5 BLOOD DISORDERS"-IGNORED ENTIRELY-🙄-INCLUDING LOW IRON AND LOW COQ10 AND REQUIRES MEDICAL MONITORING FOR MONITORING FULL RECOVERY WITH 5/9/23 ANTIBIOTICS FOR 7 MONTH LONG ANTIBIOTICS TREATED DENTAL GUM ABSCESS. LEFT UNTREATED WITH NO ROOT CANAL AND NO TOOTH EXTRACTION EVER DONE DEFYING DR. CUSUMANO'S WRITTEN ORDERS FOR SEDATION DENTAL AND COMPREHENSIVE EVALUATION AND FOLLOWUP TREATMENT

[Handwritten Signature]
5/11/23

Hematology Oncology Care of Northern Virginia

3022 Williams Dr. Suite 100 Fairfax, VA. 22031

Phone: 703-698-9400 Fax: 703-698-9403

Specimen Date/Time: 5/11/2023 4:38 PM Report Status: FinalPatient Name: **Kapusta, Elaine**

DOB: 12/30/1937

Page: 1

Patient Number: 16546

Gender: Female

5/11/2023

Report Date: 5/12/2023 7:37 AM

Laboratory Use Only: AN: BN007110, RN: 13114158690, SN: 20497218652

Comments: Test(s) 164069-SARS-CoV-2 Ab, Nucleocapsid; 164091- SARS-CoV-2 Semi-Quant Total Ab; 164092-SARS-CoV-2 Spike Ab Interp; 164083-SARS-CoV-2 Semi-Quant IgG Ab; 164084- SARS-CoV-2 Spike Ab Interp has not been FDA cleared or approved. This test has been au

Result	Value (Previous)	Units	Range	Lab
Hepatic Function Panel (7) -Final Ordered by: N DOKI				
Albumin	4.2	g/dL	3.6-4.6	LabCorp-01
Direct Bili	0.11	mg/dL	0.00-0.40	LabCorp-01
Total Bili	0.3	mg/dL	0.0-1.2	LabCorp-01
Alkaline Phosphatase	83	IU/L	44-121	LabCorp-01
AST	16	IU/L	0-40	LabCorp-01
ALT	9	IU/L	0-32	LabCorp-01
Celiac Disease Panel -Final Ordered by: N DOKI				
IgA	520 ^{High}	mg/dL	64-422	LabCorp-01
Endomysial Antibody IgA	Negative		Negative	LabCorp-01
t-Transglutaminase (tTG) IgA	<2	U/mL	0-3	LabCorp-01
<p>Negative 0 - 3 Weak Positive 4 - 10 Positive >10</p> <p>Tissue Transglutaminase (tTG) has been identified as the endomysial antigen. Studies have demonstrated that endomysial IgA antibodies have over 99% specificity for gluten sensitive enteropathy.</p>				
Basic Metabolic Panel (8) -Final Ordered by: N DOKI				
Glucose	87	mg/dL	70-99	LabCorp-01
BUN	16	mg/dL	8-27	LabCorp-01
Creatinine	0.91	mg/dL	0.57-1.00	LabCorp-01
eGFR	62	mL/min/1.73	>59	LabCorp-01
BUN/Creatinine Ratio	18		12-28	LabCorp-01
Sodium	138	mmol/L	134-144	LabCorp-01
Potassium	4.4	mmol/L	3.5-5.2	LabCorp-01
Chloride	100	mmol/L	96-106	LabCorp-01

CO2	26	mmol/L	20-29	LabCorp-01
Calcium	9.8	mg/dL	8.7-10.3	LabCorp-01
IFE and PE, Serum -Final <i>Ordered by: N DOKI</i>				
IgG	1419	mg/dL	586-1602	LabCorp-01
IgM	62	mg/dL	26-217	LabCorp-01
Protein, Total	7.0	g/dL	6.0-8.5	LabCorp-01
Albumin	3.8	g/dL	2.9-4.4	LabCorp-01
Alpha-1-Globulin	0.2	g/dL	0.0-0.4	LabCorp-01
Alpha-2-Globulin	0.7	g/dL	0.4-1.0	LabCorp-01
Beta Globulin	1.0	g/dL	0.7-1.3	LabCorp-01
Gamma Globulin	1.3	g/dL	0.4-1.8	LabCorp-01
M-Spike	Not Observed	g/dL	Not Observed	LabCorp-01
Globulin	3.2	g/dL	2.2-3.9	LabCorp-01
A/G	1.2		0.7-1.7	LabCorp-01
Immunofixation Result, Serum	POL <i>Abnormal</i>			LabCorp-01
<i>Polyclonal increase detected in one or more immunoglobulins.</i>				
Please note:	SPRCS			LabCorp-01
<i>Protein electrophoresis scan will follow via computer, mail, or courier delivery.</i>				
PDF				LabCorp-01
Intrinsic Factor Abs, Serum -Final <i>Ordered by: N DOKI</i>				
Intrinsic Factor Abs, Serum	1.0	AU/mL	0.0-1.1	LabCorp-01
Lipid Panel -Final <i>Ordered by: N DOKI</i>				
Cholesterol	114	mg/dL	100-199	LabCorp-01
Triglyceride	91	mg/dL	0-149	LabCorp-01
HDL	39 <i>Low</i>	mg/dL	>39	LabCorp-01
VLDL Cholesterol Cal	18	mg/dL	5-40	LabCorp-01
LDL Chol Calc (NIH)	57	mg/dL	0-99	LabCorp-01
Coenzyme Q10, Total -Final <i>Ordered by: N DOKI</i>				
Coenzyme Q10, Total	0.36 <i>Low</i>	ug/mL	0.37-2.20	LabCorp-01
Methylmalonic Acid, Serum -Final <i>Ordered by: N DOKI</i>				
Methylmalonic Acid, Serum	177	nmol/L	0-378	LabCorp-01
C-Reactive Protein, Cardiac -Final <i>Ordered by: N DOKI</i>				

C-Reactive Protein, Cardiac	31.44 <i>High</i>	mg/L	0.00-3.00	LabCorp-01
<p>Results confirmed on dilution. Relative Risk for Future Cardiovascular Event Low <1.00 Average 1.00 - 3.00 High >3.00</p>				
Antiparietal Cell Antibody -Final		<i>Ordered by: N DOKI</i>		
Antiparietal Cell Antibody	1.9	Units	0.0-20.0	LabCorp-01
<p>Negative 0.0 - 20.0 Equivocal 20.1 - 24.9 Positive >24.9</p> <p>Parietal Cell Antibodies are found in 90% of patients with pernicious anemia and 30% of first degree relatives with pernicious anemia.</p>				
SARS-CoV-2 Antibody, IgG -Final		<i>Ordered by: N DOKI</i>		
SARS-CoV-2 Semi-Quant IgG Ab	13.0	AU/mL	Neg <13.0	LabCorp-01
SARS-CoV-2 Spike Ab Interp	Positive			LabCorp-01
<p>Antibodies against the SARS-CoV-2 spike protein, including the receptor binding domain (RBD) were detected. It is not yet known what level of antibody to SARS-CoV-2 spike protein correlates to immunity against developing symptomatic SARS-CoV-2 disease. This assay was performed using DiaSorin Liaison(R) SARS-CoV-2 Trimeric S IgG assay.</p>				
Free K+L Lt Chains,Qn,S -Final		<i>Ordered by: N DOKI</i>		
Free Kappa Lt Chains,S	69.3 <i>High</i>	mg/L	3.3-19.4	LabCorp-01
Free Lambda Lt Chains,S	33.1 <i>High</i>	mg/L	5.7-26.3	LabCorp-01
Kappa/Lambda Ratio,S	2.09 <i>High</i>		0.26-1.65	LabCorp-01
SARS-CoV-2 Antibody Profile -Final		<i>Ordered by: N DOKI</i>		
SARS-CoV-2 Ab, Nucleocapsid	Negative		Negative	LabCorp-01
<p>This sample does not contain detectable SARS-CoV-2 antibodies. This negative result does not rule out SARS-CoV-2 infection. Correlation with epidemiologic risk factors and other clinical and laboratory findings is recommended. Serologic results should not be used as the sole basis to diagnose or exclude recent SARS-CoV-2 infection. This assay will not detect antibodies induced by the currently available SARS-CoV-2 vaccines. The current vaccines elicit antibodies specific to the viral spike protein. Labcorp offers two test codes that detect viral spike-specific antibodies: 164090 SARS-CoV-2 Semi-Quantitative Total Antibody, Spike and 164055 SARS-CoV-2 Antibody, IgG, Spike (Qualitative). Positive results with this SARS-CoV-2 Antibodies, Nucleocapsid assay suggest recent or previous natural infection with SARS-CoV-2.</p>				

SARS-CoV-2 Semi-Quant Total Ab	80.3 <i>High</i>	U/mL	Negative<0.8	LabCorp-01
SARS-CoV-2 Spike Ab Interp	Positive			LabCorp-01
<p><i>Antibodies against the SARS-CoV-2 spike protein receptor binding domain (RBD) were detected. It is yet undetermined what level of antibody to SARS-CoV-2 spike protein correlates to immunity against developing symptomatic SARS-CoV-2 disease. Studies are underway to measure the quantitative levels of specific SARS-CoV-2 antibodies following vaccination. Such studies will provide valuable insights into the correlation between protection from vaccination and antibody levels.</i></p> <p><i>Roche Elecsys Anti-SARS-CoV-2 S</i></p>				
Phosphorus -Final <i>Ordered by: N DOKI</i>				
Phosphorus	3.6	mg/dL	3.0-4.3	LabCorp-01
Fructosamine -Final <i>Ordered by: N DOKI</i>				
Fructosamine	291 <i>High</i>	umol/L	0-285	LabCorp-01
<p><i>Published reference interval for apparently healthy subjects between age 20 and 60 is 205 - 285 umol/L and in a poorly controlled diabetic population is 228 - 563 umol/L with a mean of 396 umol/L.</i></p>				
Homocyst(e)ine -Final <i>Ordered by: N DOKI</i>				
Homocyst(e)ine	14.2	umol/L	0.0-21.3	LabCorp-01
Transferrin -Final <i>Ordered by: N DOKI</i>				
Transferrin	201	mg/dL	149-313	LabCorp-01
LDH -Final <i>Ordered by: N DOKI</i>				
LDH	152	IU/L	119-226	LabCorp-01
Calcitriol(1,25 di-OH Vit D) -Final <i>Ordered by: N DOKI</i>				
Calcitriol(1,25 di-OH Vit D)	52.1	pg/mL	24.8-81.5	LabCorp-01
Acute Hepatitis -Final <i>Ordered by: N DOKI</i>				
Hep A Ab, IgM	Negative		Negative	LabCorp-01
HBsAg Screen	Negative		Negative	LabCorp-01
Hep B Core Ab, IgM	Negative		Negative	LabCorp-01
HCV Ab	Non Reactive		Non Reactive	LabCorp-01
Interpretation: -Final <i>Ordered by: N DOKI</i>				
Interpretation:	SPRCS			LabCorp-01
<p><i>Not infected with HCV unless early or acute infection is</i></p>				

suspected (which may be delayed in an immunocompromised individual), or other evidence exists to indicate HCV infection.

Magnesium -Final Ordered by: N DOKI

Magnesium	1.9	mg/dL	1.6-2.3	LabCorp-01
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Beta-2 Microglobulin, Serum -Final Ordered by: N DOKI

B2M	3.8 ^{High}	mg/L	0.6-2.4	LabCorp-01
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Siemens Immulite 2000 Immunochemiluminometric assay (ICMA)

Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

Ferritin -Final Ordered by: N DOKI

Ferritin	165 ^{High}	ng/mL	15-150	LabCorp-01
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Iron and TIBC -Final Ordered by: N DOKI

TIBC	240 ^{Low}	ug/dL	250-450	LabCorp-01
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UIBC	220	ug/dL	118-369	LabCorp-01
------	-----	-------	---------	------------

IRON	20 ^{Low}	ug/dL	27-139	LabCorp-01
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Iron Sat Percent	8 ^{Alert-Low}	%	15-55	LabCorp-01
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Hemoglobin A1c -Final Ordered by: N DOKI

Hemoglobin A1c	5.5	%	4.8-5.6	LabCorp-01
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Prediabetes: 5.7 - 6.4

Diabetes: >6.4

Glycemic control for adults with diabetes: <7.0

Thyroxine (T4) Free, Direct -Final Ordered by: N DOKI

T4,Free(Direct)	1.01	ng/dL	0.82-1.77	LabCorp-01
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Folate (Folic Acid), Serum -Final Ordered by: N DOKI

Folate (Folic Acid), Serum	12.6	ng/mL	>3.0	LabCorp-01
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A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency.

TSH -Final Ordered by: N DOKI

TSH	2.640	uIU/mL	0.450-4.500	LabCorp-01
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Vitamin D, 25-Hydroxy -Final Ordered by: N DOKI

Vitamin D, 25-Hydroxy	44.3	ng/mL	30.0-100.0	LabCorp-01
<p><i>Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).</i></p> <p><i>1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.</i></p> <p><i>2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.</i></p>				

HIV Ab/p24 Ag with Reflex -Final		<i>Ordered by: N DOKI</i>		
HIV Ab/p24 Ag Screen	Non Reactive		Non Reactive	LabCorp-01
<p><i>HIV Negative</i></p> <p><i>HIV-1/HIV-2 antibodies and HIV-1 p24 antigen were NOT detected.</i></p> <p><i>There is no laboratory evidence of HIV infection.</i></p>				

Sedimentation Rate-Westergren -Final		<i>Ordered by: N DOKI</i>		
SED	48 ^{High}	mm/hr	0-40	LabCorp-01

Vitamin B12 -Final		<i>Ordered by: N DOKI</i>		
B12	1862 ^{High}	pg/mL	232-1245	LabCorp-01

Calcium, Ionized, Serum -Final		<i>Ordered by: N DOKI</i>		
Calcium, Ionized, Serum	5.4	mg/dL	4.5-5.6	LabCorp-01

Reticulocyte Count -Final		<i>Ordered by: N DOKI</i>		
Reticulocyte Count	1.3	%	0.6-2.6	LabCorp-01

Triiodothyronine (T3), Free -Final		<i>Ordered by: N DOKI</i>		
Triiodothyronine (T3), Free	2.2	pg/mL	2.0-4.4	LabCorp-01

Performing Location: 01 = Labcorp Burlington; 1447 York Court Burlington, NC 272153361 Phone: 8007624344
Dir: Sanjai Nagendra, MD, MD

-- End of Report --



203-787-1717
203-901-1289

FLOW CYTOMETRY



Patient: Elaine Kapusta

DOB/Gender: 12/30/1937 (85 yrs) - Female

Patient ID/MRN: 16546

Date Collected: 05/11/2023 15:15



Case# P23-02228

Status: Preliminary



Provider: Naveen Doki

Hematology Oncology Care of
Northern Virginia - Fairfax

Tel: +17036989400

Fax: +17036989403

PENDING STUDIES: Comprehensive assessment

Your patient's next appointment is on 05/22/2023.

DIAGNOSIS:

Peripheral blood:

There is no diagnostic immunophenotypic evidence of T or B cell lymphoproliferative malignancy, dysmyelopoiesis or circulating CD34+ myeloid blasts.



COMMENT

This flow cytometric analysis cannot exclude some chronic myeloid neoplasms (including myeloproliferative neoplasms, myelodysplastic/myeloproliferative neoplasms and myelodysplastic syndromes) due to the immunophenotypic overlap between the neoplastic cells present in these cases and the normal myeloid cells. If symptoms persist, bone marrow evaluation may be helpful.



INTERPRETATION

No aberrant myeloid antigen expression suggestive of dysmyelopoiesis is identified. The granulocytes exhibit a normal pattern of expression of CD11b, CD13, and CD16. The monocytes (3%) show no immunophenotypic abnormalities. The lymphocytes (24%) include 5% polyclonal B-cells, 74% mature T-cells with a normal CD4/CD8 ratio, and 16% natural killer (NK) cells.

Result

Analysis Time: 05/13/2023 20:22

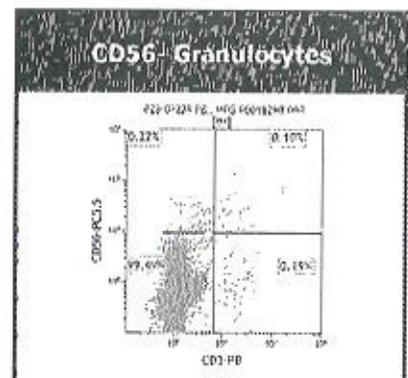
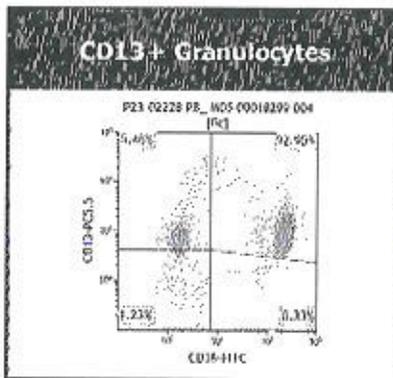
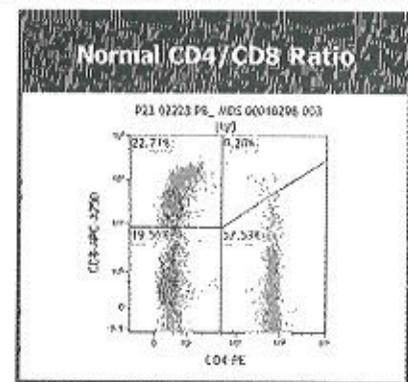
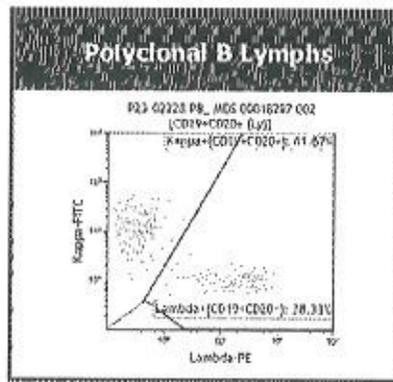
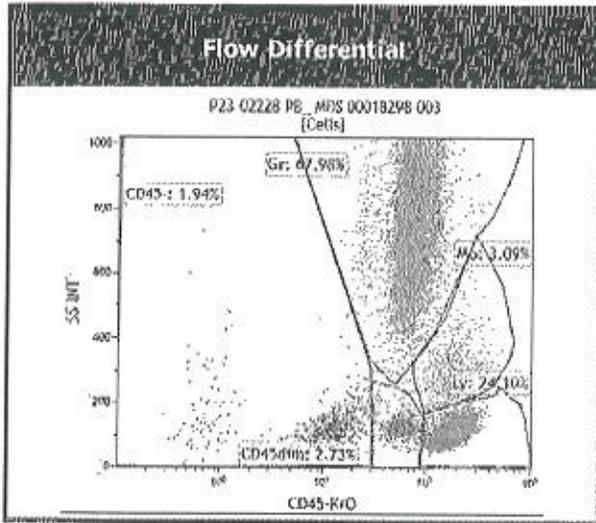
Viability: 96% (Normal > 80%)

Specimen: PB, lavender-top tube



203-787-1717
203-901-1289

FLOW CYTOMETRY



Flow Cytometry Differential

Lymphocytes	24%
Granulocytes	68%
Monocytes	3%
CD45 Dim	3%
CD45 Negative	2%

Patient: Elaine Kapusta

Case #: P23-02228



203-787-1717
203-901-1289

FLOW CYTOMETRY

Lymphocyte		Granulocyte	
Antibody	%	Antibody	%
CD2	94	CD4	<1
CD3	74	CD10	94
CD4	58	CD11b	99
CD5	74	CD13	100
CD7	85	CD14	<1
CD8	20	CD15	99
CD10	<1	CD16	93
CD19	5	CD19	<1
CD20	5	CD33	<1
CD34	<1	CD34	1
CD38	4	CD38	<1
CD45	100	CD45	100
CD200	4	CD56	<1
CD3-CD56+	16	CD64	1
Kappa	62	CD117	<1
Lambda	38	CD123	1
TCR gamma/delta	2	HLA-DR	<1

Electronically Signed By: Gail Bentley, MD (05/15/2023 11:22)

Disclaimer: The adequacy of staining is verified by the appropriate positive and negative controls. The reagents used for these assays are analyte specific reagents (ASR). Their performance characteristics have been validated by Precipio, Inc., New Haven, CT. They have not been reviewed by the FDA. The FDA has deemed that such approval is unwarranted. These assays are for clinical use and should not be viewed as experimental or "research use only".

Patient: Elaine Kapusta

Case #: P23-02228



203-787-1717
203-901-1289

PERIPHERAL BLOOD SMEAR

DIAGNOSIS

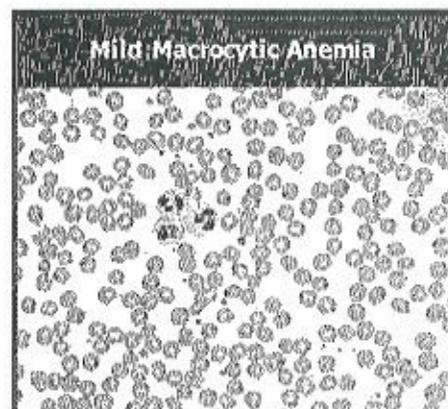
Peripheral blood, smears:
Mild macrocytic anemia (see comment).

COMMENT

The differential for this macrocytic anemia includes a drug effect, nutritional deficiency (vitamin B12, folate), hypothyroidism, chronic liver disease, alcohol toxicity, herbal remedies, or a myeloid neoplasm (myelodysplastic syndrome). Recommend correlation with the pending ancillary studies for a final evaluation.

SMEAR REVIEW

Red Blood Cells: Decreased in number; macrocytic normochromic; mild anisopoikilocytosis; minimal polychromasia.
Granulocytes/Monocytes: Normal in number; normal differential/absolute counts; normal morphology (no left shift or dysplasia, no circulating blasts).
Lymphocytes: Normal in number; lymphocytes are small and mature; no circulating plasma cells.
Platelets: Normal in number; normal morphology, no platelet clumps.



Electronically Signed By: Gail Bentley, MD (05/15/2023 11:28)

CLINICAL DATA

ICD-10: D64.9, D51.1, E55.9, F02.80, R53.1, Z12.39, Z12.11, Z79.01, Z23. Anemia, unspecified. Encounter for other screening for malignant neoplasm of breast. Encounter for screening for malignant neoplasm of colon. Vitamin D deficiency, unspecified. Long term (current) use of anticoagulants. Dementia in other diseases classified elsewhere without behavioral disturbance. Vitamin B12 deficiency anemia due to selective vitamin B12 malabsorption with proteinuria. Weakness. Encounter for immunization.

CBC not provided.

Patient: Elaine Kapusta

Case #: P23-02228

Received Information: 1 lavender-top tube(s)

Received: 05/12/2023 11:07

Reported: 05/15/2023 15:01

RECOVERY LABS LESS THAN 1 MONTH AFTER BACTERIAL BLOODSTREAM DIAGNOSED AND GIVEN ANTIBIOTICS

5/8/23-"DENTALGUM ABSCESS BACTERIAL BLOODSTREAM INFECTION" SUFFERED FOR 7 MONTHS-(OCTOBER 2022) ENTIRELY DECIMATEDLY DESTROYING MY MOM'S PLATELETS & BLOODCELLS SINCE NOVEMBER 2022.



5/8/23-GIVEN AZITHROMYCIN & 5/22/23-6/5/23-IRON SUPPLEMENTS & MOM'S BLOODCELLS FINALLY BEGAN RECOVERING!

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	Reference Range
✓ 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	%

ANEMIA

THROMBOCYTOPENIA

MONOCYTOPENIA

▲ IMMUNOGLOBULINS

Analyte	Value	Reference Range
✗ ▲ 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

IMMUNE DISORDER

▲ ERYTHROPOIETIN

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

▲ BETA 2 MICROGLOBULIN, SERUM

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

COMMENT

This test was performed using the Abbott Immunoturbidometric 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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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 D. 5	
Received: 10/26/2023 20:49	Gender: F	DR. INCOMPETENT- DR. "DEATH" DAPPEN	
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

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

SEPSIS

**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.

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



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	DR. INCOMPETENT-
Reported: 10/27/2023 08:52	Fasting:	DR. "DEATH" DAPPEN
Printed: 01/09/2024 14:54	ID: 85590409	
	Phone: (571) 421-6813	

Test Name	In Range	Out Range	Reference Range
-----------	----------	-----------	-----------------

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
-------------------------	-----	--	------------

SML - Sunrise Medical Laboratories CLIA# 33D0654120

250 Miller Place, Hicksville, NY 11801

Lab Director: Milind Mondkar, MD

Folic Acid	13.6		>5.4 ng/mL
-------------------	------	--	------------

SML - Sunrise Medical Laboratories CLIA# 33D0654120

250 Miller Place, Hicksville, NY 11801

Lab Director: Milind Mondkar, MD

TSH SML			
TSH	3.36		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

LIPID PANEL			
Triglycerides	74		20-149 mg/dL



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	DR. INCOMPETENT- DR. "DEATH" DAPPEN
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
-----------	----------	-----------	-----------------

LDL Cholesterol Calc	42		<130 mg/dL
----------------------	----	--	------------

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.

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

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 -5.9
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

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

ANEMIA AND LYMPHOCYTOSIS AND MONOCYTOPENIA AND BASOPHILIA

Page: 3 of 4 2025-06-27 15:29:31 EDT

CLIENT ACCOUNT: [REDACTED] PATIENT: KAPUSTA, ELAIN
 AGE: 87 GENDER: F
 DOB: 12/30/37
 PT ID:
 TEL:
 ACCT: [REDACTED]
 COLL DATE&TIME: 06/27/25 08:00
 RCVD: 06/27/25
 RPTD: 06/27/25
 REQUESTING PHYS: [REDACTED] CHART:
 FASTING: UNKNOWN
 PAGE: 2
 REPORT STATUS: FINAL

6/27/25

RESULTS

TEST	(WITHIN RANGE)	OUT OF RANGE	(REFERENCE RANGE)	(UNITS)
LDL CHOLESTEROL	75		<100	mg/dL
VLDL CHOLESTEROL	24		5-30	mg/dL
CHOLESTEROL/HDL RATIO	3.8			

CHD RISK	CHOLESTEROL/HDL RATIO	
	MALE	FEMALE
0.5 X AVERAGE	3.4	3.3
1.0 X AVERAGE	9.6	7.1
3.0 X AVERAGE	13.4	11.0

TO PREVENT CORONARY HEART DISEASE "1/2 AVERAGE" RISK FACTOR OR LESS SHOULD BE USED AS NORMAL.

ANEMIA

md CBC W/DIFFERENTIAL

LOW WBC		3.8 (L)	4.00-11.00	10 ³ /uL
LOW RBC		3.02 (L)	3.80-5.50	10 ⁶ /uL
LOW HEMOGLOBIN		10.9 (L)	12.0-16.0	g/dL
LOW HEMATOCRIT	10/24/22-43.6	33.9 (L)	36.0-46.0	-33.9
HIGH MCV		112 (H)	80.0-97.0	fL
HIGH MCH		36.1 (H)	26.0-32.0	pg/cell
HIGH MCHC		32.2	32.0-37.0	g/dL
SERIOUS-HIGH RDW	SERIOUS	16.6 (H)	11.5-14.5	-16.6
PLATELET COUNT		150	130-400	10 ³ /uL
NEUTROPHIL%		46.3	40.0-74.0	%
HIGH LYMPHOCYTES	LYMPHOCYTOSIS	49.3 (H)	19.0-48.0	-49.3
LOW MONOCYTES	MONOCYTOPENIA	0.3 (L)	2.0-11.0	-0.3
EOSINOPHIL%		2.4	0.0-7.0	%
DANGEROUS BASOPHIL%	BASOPHILIA	1.7 (H)	0.0-1.5	-1.7
NEUTROPHIL#		1.8	1.7-7.7	10 ³ /uL
LYMPHOCYTE#		1.9	1.0-4.8	10 ³ /uL
MONOCYTE#		0.0	0.0-1.0	10 ³ /uL
EOSINOPHIL#		0.1	0.04-0.45	10 ³ /uL
BASOPHIL#		0.1	0.00-0.20	10 ³ /uL

- RDW - SERIOUSLY HIGHEST EVER!-SEPSIS

** Continued on Page 3 **

To [REDACTED] Page: 2 of 4 2025-06-27 15:29:31 EDT [REDACTED]

CLIENT ACCOUNT: [REDACTED]	PATIENT: KAPUSTA, ELAIN	ACC#: [REDACTED]
[REDACTED]	AGE: 87 GENDER: F	COLL DATE&TIME: 06/27/25 08:00
[REDACTED]	DOB: 12/30/37	RCVD: 06/27/25
[REDACTED]	PT ID:	RPTD: 06/27/25
[REDACTED]	TEL:	

REQUESTING PHYS: [REDACTED]	CHART: [REDACTED]	FASTING: UNKNOWN
		PAGE: 1

REPORT STATUS: FINAL

R E S U L T S

TEST	[WITHIN RANGE]	[OUT OF RANGE]	[REFERENCE RANGE]	[UNITS]
------	----------------	----------------	-------------------	---------

md CMP COMP METABOLIC

SODIUM	143		136-145	mEq/L
POTASSIUM	4.2		3.5-5.3	mEq/L
CHLORIDE	103		98-110	mEq/L
CARBON DIOXIDE	27.8		21-31	mEq/L
ANION GAP	16.4		12.0-20.0	mmol/L
GLUCOSE	86		74-109	mg/dL
BUN	21.64		7-25	mg/dL
CREATININE	1.06		0.60-1.30	mg/dL
B/C RATIO	20.4		8.0-25.0	
CALCIUM	8.9		8.60-10.30	mg/dL
ALT (SGPT)	16		7-52	U/L
AST (SGOT)	18		13-39	U/L
ALKALINE PHOSPHATASE	59		34-104	U/L
TOTAL BILIRUBIN	0.5		0.20-1.20	mg/dL
TOTAL PROTEIN	7.0		6.0-8.3	g/dL
ALBUMIN	3.6		3.5-5.7	g/dL
GLOBULIN	3.4		2.2-4.2	g/dL
A/G RATIO	1.1		0.8-2.0	
eGFR		51 (L)	>60 ml/min/1.73 m2	

KIDNEY INFECTION?

eGFR REFERENCE RANGE:

HEALTHY ADULTS	90 or >90	mL/min/1.73 m2
CHRONIC KIDNEY DISEASE:		
STAGE II MILD LOSS OF KIDNEY FUNCTION	60-89	
STAGE IIIA MILD TO MODERATE LOSS OF KIDNEY FUNCTION	45-59	
STAGE IIIB MODERATE TO SEVERE LOSS OF KIDNEY FUNCTION	30-44	
STAGE IV SEVERE LOSS OF KIDNEY FUNCTION	15-29	
STAGE V KIDNEY FAILURE	<15	

Reported eGFR is based on the CKD-EPI 2021 equation that does not use a race coefficient.

md LIPID PANEL				
CHOLESTEROL	134		<200	mg/dL
TRIGLYCERIDES	121		<150	mg/dL
HDL CHOLESTEROL		35 (L)	50-90	mg/dL

** Continued on Page 2 **

[REDACTED]
6/30/25

CLIENT ACCOUNT:	PATIENT: KAPUSTA, ELAIN	ACCH
	AGE: 87 GENDER: F	COLL DATE&TIME:
	DOB: 12/30/37	06/27/25 08:00
	PT ID:	RCVD: 06/27/25
	TEL:	RPTD: 06/27/25
REQUESTING PHYS:	ICHART:	FASTING: UNKNOWN
		PAGE: 3
		REPORT STATUS: FINAL

RESULTS

TEST	[WITHIN RANGE]	OUT OF RANGE	REFERENCE RANGE	UNITS
md TSH	3.990		0.350-4.940	uIU/mL
MD HEMOGLOBIN A1C	4.9		4.1-6.0	%
md VITAMIN D, 25-HYDROXY	37.2		30-100	ng/mL
md VITAMIN B12	> 2000.0		213.0-816.0	pg/mL
md FOLIC ACID	13.90			ng/mL
	LOW	<3.4 ng/mL		
	BORDERLINE	3.4-5.4 ng/mL		
	NORMAL	>5.4 ng/mL		

HIGH

(md) - Test Performed At:

** End of Report **



Fw: IMMEDIATE DIAGNOSTIC TESTINGS ARE. REQUIRED FOR DIAGNOSIS AND SEEKING FULLHEALTH RECOVERY-Elaine Kapusta DEPRIVATION OF CARE FOR 3+ YEARS-PDFS

1 message

Thu, Jul 24, 2025 at 1:16 AM

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

EMAILED SAMANTH RENNER
-(ADULT PROTECTIVE SERVICES)

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

From: "Lynn Kay" <tweeter7@yahoo.com>
To: "A. P. S. -SAMANTHA RENNER" <samantha.renner@fairfaxcounty.gov>, "Lynn Kay" <tweeter7@yahoo.com>, "lynnkay7@gmail.com" <lynnkay7@gmail.com>
Sent: Wed, Jul 23, 2025 at 2:49 PM
Subject: Fw: IMMEDIATE DIAGNOSTIC TESTINGS ARE. REQUIRED FOR DIAGNOSIS AND SEEKING FULLHEALTH RECOVERY-Elaine Kapusta DEPRIVATION OF CARE FOR 3+ YEARS-PDFS

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

From: Lynn Kay <tweeter7@yahoo.com>
To: Stephen Hall <stephen@kingcampbell.com>; George Dodge <gdodge@georgedodgelaw.com>; Cary Cucinelli <cary@cucinelliger.com>; Valerie Geiger <valerie@cucinelliger.com>; Elizabeth Wildhack <elizabeth@mwmlegalgroup.com>; Elizabeth Wolfe <wolfe@mhlawpllc.com>; Laurie Kirkland <lkirkland@bklawva.com>; philipkapusta@gmail.com <philipkapusta@gmail.com>; Justin B. Berger <jberger@haleball.com>; Samantha A. Renner <samantha.renner@fairfaxcounty.gov>; tweeter7@yahoo.com <tweeter7@yahoo.com>; lynnkay7@gmail.com <lynnkay7@gmail.com>
Sent: Wednesday, July 23, 2025 at 02:42:38 PM EDT
Subject: Re: IMMEDIATE DIAGNOSTIC TESTINGS ARE. REQUIRED FOR DIAGNOSIS AND SEEKING FULLHEALTH RECOVERY-Elaine Kapusta DEPRIVATION OF CARE FOR 3+ YEARS-PDFS

LYMPHOCYTOSIS
BASILPHILIA
MONOCYTOPENIA
ANEMIA

PLEASE ALSO ADD:

BLOOD SMEAR
BLOOD CULTURE
URINE CULTURE

HEPATITIS A AND B AND C TESTING FOR RULING THIS OUT ENTIRELY

BONE MARROW BIOPSY

****FULL DIAGNOSIS MUST BE DONE TO BEGIN IMMEDIATELY FOR MOM RECEIVE THE PROPER FULL MEDICAL CARE AND TREATMENT**

On Tuesday, July 22, 2025 at 07:00:49 AM EDT, Lynn Kay <tweeter7@yahoo.com> wrote:

IMMEDIATE DIAGNOSTIC TESTINGS ARE. REQUIRED FOR DIAGNOSIS AND SEEKING
FULLHEALTH RECOVERY-Elaine Kapusta DEPRIVATION OF CARE FOR 3+ YEARS-PDFS

PLEASE REVIEW THE ATTACHED DAMAGE DONE BY GEORGE W. DODGE AND ALL 2022-2025
FIDUCIARIES WHICH IS A CLASS 4 FELONY AGAINST THE LAW

AND CLASS 3 FELONY IF DEATH

HEAR ME LOUD AND CLEAR NOW:

IMMEDIATELY STOP ALL LAXATIVES AND SUPPOSITORIES

IMMEDIATELY STOP FUROSEMIDE-LASIX)

IMMEDIATELY STOP AMLODIPINE-(NORVASC)

IMMEDIATELY STOP ALL ANTIPSYCHOTICS.AND

GIVE MOM MELATONIN ONCE A DAY AT 8 PM

IMMEDIATELY STOP B12-(HIGH B12 FOR 3 YEARS IS DANGEROUS!)

***THIS WEEK SCHEDULE MY MOM FOR THE FOLLOWING DIAGNOSTIC TESTING :

BETA 2 MICROGLOBULIN

METHYLMALONIC ACID

Vitamin B1 (Thiamine)

VITAMINE B6

VITAMIN K

Kappa Light Chain, Free, Serum

Coenzyme Q10 [SERUM] [RF]

IMMUNOGLOBULIN PANEL

Immunoglobulin M

Immunoglobulin G

Immunoglobulin A

COMPLETE IRON PANEL

TRANSFERRIN

FERRITIN

TIBC

CD4/CD8 WITH CD3

SERUM PROTEIN ELECTRO

Erythropoietin

Reticulocyte Count

SED RATE

IMMUNOFIXATION SERUM

HIGH SENSITIVITY CRP

C REACTIVE PROTEIN

Homocysteine

LACTIC ACID

LACTATE DEHYDROGENASE (LD) ISOENZYMES BLOOD TEST

MAGNESIUM

ANA

DOPLER

NT PRO BNP

CHEST X-RAY

EKG

ABDOMINAL ULTRASOUND-(JANUARY 2023-KIDNEY CYST IGNORED FOR 30 MONTHS)

=====

SCHEDULE FAIRFAX VEIN CLINIC FULL EVALUATION OF DRUG-INDUCED LYMPHEDEMA-(

CENTER FOR VEIN RESTORATION

Monday - Friday 7:00 am - 6:00 pm EST

[8316 Arlington Boulevard](#)

[Suite 515](#)

[Fairfax, VA 22031](#)

<https://share.google/0NIHnKEqwMc0E2bfw>

800-349-5347

UNTRASOUND OF LEGS LYMPHEDEMA CAUSES SEPSIS AND DESTRUCTION OF BLOODCELLS FROM UNDER THE SKIN INFECTIONS

PICS OF BARE LEGS

DOES MOM STILL HAVE THE "FOREVER BRUISE" ON HER LEFT LEG-SEE PIC" AND SNAP PICS TO SEND ME AS I ASKED FOR 2 YEARS AGO

PROVIDE ALL LAB TESTS DONE IN 2025

PROVIDE ALL DENTAL WORK DONE IN 2024 AND 2025-ROOT CANALS AND TOOTH EXTRACTIONS AND G DISEASE

****BRING MOM HOME AS SHE WAS CRIMINALLY KIDNAPPED BY PRIVATE ARMED GUARDS AGAINST HER WILL AND AGAINST BEST INTERESTS AND MY MOM WAS RECOVERING ON 6/5/23 AND NEEDED DENTAL GUM ABSCESS TRATEMENT DENIED TO MYOM WHILE SUFFERING SEPTICEMIA BACTERIAL BLOODSTREAM INFECTION SINCE OCTOBER 2022

MOM HAD NO EDEMA

MOM WAS ON NO LAXATIVES OR SUPPOSITORIES

MOM WAS NOT ON ANYTHING EXCEPT IRON SUPPLEMENTS AND COQ10 AND ELIQUIS AND B1-THIAMINE

SEE 10/24/22 AND 1/25/23 AND 6/5/23 LABS--MOM HAS ONLY DETERIORATED AWAY FROM HOME AS STEVE STINE EMAILED AND AS DR. MALLORY NOTARIZED AFFIDAVIT STATES:

2)7/25-DR. MALLORY-BASED ON LABS:

5. Based on the review of the medical records, and testimony from Ms. Lynn Kay, Ms. Elaine Kapusta went nearly two years with the disease of Myelodysplastic Syndrome-(MDS) and did not receive any medical treatment.

**It is my opinion, that this meets the criteria for medical elder neglect as per Virginia Criminal law under section 18.2-369-B.

6. I have further reviewed numerous emailed medical records sent to me from Ms. Lynn Kay regarding her mother and her medical care. Below are my opinions after reviewing them that I attest to.

a. I have reviewed all 30 emails or articles numbered on the associated pages.

b. I agree Ms. Lynn Kay was correct in requesting an anemia workup looking for the possible diagnosis of Myelodysplastic Syndrome-(MDS) in her mother in 2023 and 2024.

c. I agree that Ms. Kay was correct in requesting a dental evaluation in 2022 and 2023 to look for a dental abscess in her mother's mouth. Dr. Cusumano eventually diagnosed Ms. Kapusta with one on 5/8/23. Also Dr. Cusumano recommended sedation dentistry, Comprehensive Evaluation and follow-up Treatment.

d. I agree that Ms. Kay was correct in requesting blood cultures be drawn on Ms. Kapusta when Ms. Kapusta was suffering from multiple recurring urinary tract infections in 2022 and 2023.

e. I agree that in 2023 and 2024 and 2025, Ms. Kay was correct in requesting an iron panel testing for evaluation for Ms. Kapusta being evaluated for receiving an iron infusion as she has suffered since December 2022 with Myelodysplastic Syndrome-(MDS) and was eventually diagnosed with iron deficiency anemia on 5/22/23. Additionally, she was eventually diagnosed with Myelodysplastic Syndrome-(MDS) in February 2024 by both Dr. Dappen and Dr. Ershler.

f. I agree that Ms. Kay correctly and necessarily informed all fiduciaries since 1/28/23, including Dr. Dappen and Jeanne Blue- Eldertree regarding this very concerning occurrence of platelets and red blood cell destruction. This request for a hematologic evaluation should not have been ignored.

g. I agree that Myelodysplastic Syndrome-(MDS) is a "blood cancer" recognized by Cancer.org as being so.

7. These were Ms. Kapusta's last normal CBC values on 10/24/22. The lab results since then have all been abnormal in one way or another.

WBC-3.3

RBC-4.60

HGB-14.1

HCT-43.6

PLT-167

8. Ms. Kapusta has a history of Myelodysplastic Syndrome-(MDS) since December 2022. If she has not had an evaluation for red blood cell transfusion, and iron infusion to treat this disease, I recommend that she have this evaluation by a hematologist. The evaluation should include a bone marrow biopsy for confirming Myelodysplastic Syndrome-(MDS), and then beginning the proper treatment ..

9. Ms. Kapusta has a history of a dental abscess requiring a dental evaluation and antibiotics. However, an oral surgeon has to perform an incision and drainage procedure to fully treat the dental abscess properly. If Ms. Kapusta has not had this evaluated by a dentist or oral surgeon, to fully resolve the abscess diagnosed in May 2023, I recommend she have this done. She may require sedation for the evaluation and treatment to be done.

10. In both 2023 and 2024 Ms. Lynn Kay had concerns regarding her mother needing to be evaluated for "blood cancer and immunodeficiency". Ms. Kapusta was eventually diagnosed with "immunodeficiency" on 2/7 /24 by Dr. Ershler, and Myelodysplastic Syndrome-(MDS) on 2/9/24 by Dr. Dappen. Ill:

CONCLUSION:

1. Finally, there is a downward trend in comparing laboratory results from September 27, 2022 to August 2, 2024. Ms. Kapusta maintained lower hemoglobin, lower hematocrit, and lower platelet levels during this period. Although the white cell count remained normal, this trend is consistent with her diagnosis of Myelodysplastic Syndrome-(MDS).

2. Ms. Elaine Kapusta received antibiotics for a dental infection on May 9, 2023, from Dr. Cusumano.

3. Based on lab values, Elaine Kapusta has only deteriorated outside of her home from 6/5/23 to 8/2/24, the last available lab values, and without receiving any medical care suffering myelodysplastic syndrome since December 2022.

4. Ms. Kapusta failed to ever be provided any proper medical care. This shows that Elaine living away from the care of Ms. Lynn Kay and being away from home has been detrimental to Elaine's health.

<http://wearefightingforourlives.org/wp-content/uploads/2025/04/Clip-October-3-2023-at-313-PM.mp4>

"I WANT TO STAY HERE"...YOU'RE GOING TO KILL ME!"

<http://wearefightingforourlives.org/wp-content/uploads/2025/02/6623-219-PM-I-DONT-LIKE-IT.mp4>

6-6-23-"NO, NOW STOP IT! THIS IS MY HOUSE HERE. NOW YOU GET OUT OF HERE".

**CRIMINAL ABDUCTION
AND ARMED KIDNAPPING
AGAINST WILL:**

**BRING
MY
MOM
HOME
IMMEDIATELY!**

MOM HAS BEEN:

**CRIMINALLY DEPRIVED FOR
777 DAYS OF HER SPACIOUS AND
COMFY HOME AND HER
FREEDOM AND HER HEALTH AND
HER DAUGHTER AND HER**

HER DAUGHTER AND HER
SECURITY AND HER PEACE AND
HER SAFETY AND HER COMFY
BED AND HER THRIVING LIFE!

Code of Virginia
 Title 18.2. Crimes and Offenses Generally
 Chapter 4. Crimes Against the Person

§ 18.2-47. Abduction and kidnapping defined; forced labor; punishment.

A. Any person who, by force, intimidation or deception, and without legal justification or excuse, seizes, takes, transports, detains or secretes another person with the intent to deprive such other person of his personal liberty or to withhold or conceal him from any person, authority or institution lawfully entitled to his charge, shall be deemed guilty of "abduction."

B. Any person who, by force, intimidation or deception, and without legal justification or excuse, obtains the labor or services of another person, or seizes, takes, transports, detains or secretes another person or threatens to do so with the intent to subject him to forced labor or services, shall be deemed guilty of "abduction." For purposes of this subsection, the term "intimidation" shall include destroying, concealing, confiscating, withholding, or threatening to withhold a passport, immigration document, or other governmental identification, threatening to report another as being illegally present in the United States, or threatening to separate another from or to harm family member.

C. The provisions of this section shall not apply to any law-enforcement officer in the performance of his duty. The terms "abduction" and "kidnapping" shall be synonymous in this Code. Except as provided in subsection D, abduction of a minor shall be punished as a Class 2 felony. Abduction for which no punishment is otherwise prescribed shall be punished as a Class 5 felony.

D. If an offense under subsection A is committed by the parent or a family or household member, as defined in § 16.1-228, who has been ordered custody or visitation of the person abducted and punishable as contempt of court in any proceeding then pending, the offense shall be a Class 1 misdemeanor in addition to being punishable as contempt of court. However, such offense, if committed by the parent or a family or household member, as defined in § 16.1-228, who has been ordered custody or visitation of the person abducted and punishable as contempt of court in any proceeding then pending and the person abducted is removed from the Commonwealth by the abducting parent or a family or household member, as defined in § 16.1-228, who has been ordered custody or visitation, shall be a Class 6 felony in addition to being punishable as contempt of court.

Code 1950, §§ 18.1-36, 18.1-37; 1960, c. 358; 1975, cc. 14, 15; 1979, c. 663; 1980, c. 506; 1997, c. 747; 2009, c. 662; 2023, c. 400; 2024, c. 368.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

5/16/20

Virginia Law Library

The Code of Virginia, Constitution of Virginia, Charters, Authorities, Compacts and Uncodified Acts are now available in EPub eBook format.



Helpful Resources

[Virginia Code Commission](#)
[Virginia Register of Regulations](#)
[U.S. Constitution](#)

For Developers

The Virginia Law website data is available via a web service.

On Monday, July 21, 2025 at 08:30:20 PM EDT, Stephen Hall <stephen@kingcampbell.com> wrote:

Ms. Kay,

Please find the attached redacted copy of your mother's labs. You'll be happy to see that her levels continue to improve. I hope you have a great evening!

Best,

Steve

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