

ORSHER, STUART
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O C3070 - STUART ORSHER, M.D.
C
T 9 EAST 79TH ST,
O NEW YORK, NY 10021
R Acct #: (C3070) MO
P: [REDACTED]

EPSTEIN, JEFFREY
P DOB: 01/20/1953 Age: 64 Y Sex: M
A U/FL: Bed:
T Rm:
I Patient ID:
E Address: 9 EAST 71ST STREET,
N NEW YORK, NY 10021
T P: [REDACTED]

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Specimen ID: 104659439
Date Of Report: 09/21/2017 10:08
Date Collected: 09/15/2017 08:57
Date Received: 09/15/2017 23:06

North America Eastern Time

Notes: NON FASTING

NOTE: SST tube submitted was inadequately spun. Serum was found to contain RBCs. Certain tests, e.g. Glucose, may be decreased while others e.g. Potassium or LDH may be elevated.

CLINICAL REPORT

Clinical Abnormalities Summary: (May not contain all abnormal results; narrative results may not have abnormal flags. Please review entire report.)

Cholesterol	224 HI	Triglycerides	646 HI	HDL CHOL., DIRECT	29 LO
HDL as % of Cholesterol	13 *	Chol/HDL Ratio	7.7 *	NON-HDL CHOLESTEROL	195 HI
HEP. A Ab., TOTAL	Reactive *	HEP. B SURF. AB.	Reactive *	25OH, VITAMIN D	31.5 LO
PTH(3), INTACT	106.0 HI	PNEUMO Ab TYPE 1 (58)	0.3 LO	PNEUMO Ab TYPE 4 (58)	0.8 LO
PNEUMO Ab TYPE 8 (58)	0.6 LO	PNEUMO Ab TYPE 9 (9N) (58)	0.7 LO	PNEUMO Ab TYPE 12 (12F) (58)	
PNEUMO Ab TYPE 19 (19F) (58)	1.1 LO	PNEUMO Ab TYPE 23 (23F) (58)	0.3 LO	PNEUMO Ab TYPE 26 (6B) (58)	0.9 LO
PNEUMO Ab TYPE 68 (9V) (58)	0.5 LO	B.Henselae IgG Ab (3)	1:64 *		

-----* CHEMISTRY *-----

Albumin	4.7	3.5-5.2	g/dL	4.5	08/30/2017
Calcium	9.8	8.6-10.4	mg/dL	9.7	08/30/2017

-* CARDIOVASCULAR/LIPIDS *--

Cholesterol	224 HI	<200	mg/dL	226 HI	08/30/2017
Triglycerides	646 HI	<150	mg/dL	1510 HI	08/30/2017
HDL CHOL., DIRECT	29 LO	>40	mg/dL	TNP	08/30/2017
HDL as % of Cholesterol	13 *	>14	%	TNP	08/30/2017

Evaluation: ABOVE AVG. (MODERATE RISK)

Chol/HDL Ratio	7.7 *	<7.4		TNP	08/30/2017
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Evaluation: ABOVE AVG. (MODERATE RISK)

LDL/HDL Ratio	Can't Calc	<3.56		TNP	08/30/2017
NON-HDL CHOLESTEROL	195 HI	<130	mg/dL		
LDL Cholesterol	Can't Calc	<100	mg/dL	Can't Calc	08/30/2017

NOTE: Unable to calculate LDL due to a Triglyceride level of greater than 400 mg/dL.

VLDL, CALCULATED	Can't Calc	7-32	mg/dL	Can't Calc	08/30/2017
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Can't Calc: One or more components was outside the measurable range. We are unable to calculate.

-----* MISCELLANEOUS *-----

TSH	1.770	0.178-4.530	uIU/mL	TNP	08/30/2017
THYROXINE(T4)	7.3	4.9-12.9	ug/dL	TNP	08/30/2017
T3 UPTAKE (T3U)	31.0	24.3-39.0	%	TNP	08/30/2017
THYROXINE, FREE (FT4)	1.11	0.80-1.73	ng/dL	TNP	08/30/2017
FREE T4 INDEX	2.3	1.5-3.8		TNP	08/30/2017
T3 (THYRONINE), TOTAL	127	72-180	ng/dL	TNP	08/30/2017
HEP. A Ab., IgM	Non- Reactive	Non-Reactive			

NOTE: Hep A Ab,IgM is positive or reactive during the acute phase.
Hep A Ab/Total is positive or reactive during the recovery phase
or is indicative of a past infection.

HEP. A Ab., TOTAL	Reactive *	Non-Reactive		TNP	08/30/2017
HEP. B CORE Ab. IGG	Non- Reactive	Non-Reactive		TNP	08/30/2017
HEP. B SURF. AB.	Reactive *	Non-Reactive		TNP	08/30/2017
HEP. B SURF. AG	Non- Reactive	Non-Reactive		TNP	08/30/2017
HEP. BE AB.	Negative	Negative		TNP	08/30/2017
HEP. BE AG.	Negative	Negative		TNP	08/30/2017
TESTOSTERONE, TOT.,S.	194.3	193.0-740.0	ng/dL	TNP	08/30/2017

NOTE: Patients receiving the drug Nandrolone cannot be tested for TESTOSTERONE, total using the EIA method (test code 0379-8) due to a strong interference from the drug. Clinicians are asked to request Testosterone, Total by LC/MS/MS (test code 3451-6) for these patients.

SEX HORM. BIND. GLOB.	14	10-57	nmol/L		
FREE TESTOSTERONE	52.04	30.00-150.00	pg/mL		
LH	3.8	1.7-8.6	mIU/mL		
FSH	4.2	1.5-12.4	mIU/mL		
CK	280	39-308	U/L	345 HI	08/30/2017
B QUINTANA AB G/M (30)	SEE BELOW			SEE BELOW	08/30/2017

B. quintana Ab, IgM < 1:16

--INTERPRETIVE INFORMATION: Bartonella quintana Ab, IgM
-- Less than 1:16 Negative-No significant level of

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-- Bartonella quintana IgM antibody detected.
-- 1:16 or greater Positive-Presence of IgM antibody to Bartonella quintana detected, suggestive of current or recent infection.
--The presence of IgM antibodies suggests recent infection. Low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.
--Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement A: aruplab.com/CS
--www.aruplab.com, Julio Delgado, MD - Lab. Director
B. quintana Ab, IgG <1:64

--INTERPRETIVE INFORMATION: Bartonella quintana Antibody, IgG
-- Less than 1:64 Negative: No significant level of Bartonella quintana IgG antibody detected.
-- 1:64 - 1:128 Equivocal: Questionable presence of Bartonella quintana IgG antibody detected. Repeat testing in 10-14 days may be helpful.
-- 1:256 or greater Positive: Presence of IgG antibody to Bartonella quintana detected, suggestive of current or past infection.
--A low positive suggests past exposure or infection, while high positive results may indicate recent or current infection, but is inconclusive for diagnosis. Seroconversion between acute and convalescent sera is considered strong evidence of recent infection. The best evidence for infection is a significant change on two appropriately timed specimens where both tests are done in the same laboratory at the same time.
--Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement A: aruplab.com/CS

HEP. C Ab.	Non-Reactive	Non-Reactive	TNP	08/30/2017
HEP C Ab. (S/CO RATIO)	0.03	<0.80	TNP	08/30/2017

(30)
Performed by: ARUP
500 Chipeta Way
Salt Lake City, UT 84108
Hepatitis B Result Interpretation
(for reference use only)
Marker LI/EA* Acute Past Chronic HBV
Vacc.

HBsAg + + - + -

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HBeAg	+	+	-	+/-	-
HEP.B.CORE AB,IgM	-	+	-	-	-
HEP.B.CORE AB,	-	+	+	+	-
HBeAb	-	-	+/-	+/-	-
HBsAb	-	-	+/-	-	+

*Late Incubation/Early Acute
NOTE: In remote past infection, HBsAb level may be Negative or Non-Reactive in some patients.

FOLIC ACID	7.77	>5.38	ng/mL	TNP	08/30/2017
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Folic Acid Range

	Units (ng/mL)
Normal	>5.38
Borderline deficient	3.38-5.38
Deficient	0.35-3.37
Excessive	>24.00

VITAMIN B12	359	211-911	pg/mL	TNP	08/30/2017
25OH, VITAMIN D		31.5 LO 32.0-100.0	ng/mL	TNP	08/30/2017

VITAMIN D, 25-OH TEST INFORMATION

Range (ng/mL)	Suggested Interpretation
<20.0	Deficient
20.0-31.9	Insufficient
32.0-100.0	Sufficient
>100.0	Possible Adverse Effects

VIT D1, 25DIHYDROXY	52.0	19.9-79.3	pg/mL	TNP	08/30/2017
PTH(3), INTACT		106.0 HI 13.8-85.0	pg/mL	TNP	08/30/2017
PNEUMO Ab TYPE 1 (58)		0.3 LO >1.3	ug/mL	<0.3 LO	08/30/2017
PNEUMO Ab TYPE 3 (58)	1.8	>1.3	ug/mL	1.4	08/30/2017
PNEUMO Ab TYPE 4 (58)		0.8 LO >1.3	ug/mL	0.6 LO	08/30/2017
PNEUMO Ab TYPE 8 (58)		0.6 LO >1.3	ug/mL	0.4 LO	08/30/2017
PNEUMO Ab TYPE 9 (9N) (58)		0.7 LO >1.3	ug/mL	0.4 LO	08/30/2017
PNEUMO Ab TYPE 12 (12F) (58)		<0.3 LO >1.3	ug/mL	<0.3 LO	08/30/2017
PNEUMO Ab TYPE 14 (58)	>36.3	>1.3	ug/mL	23.2	08/30/2017
PNEUMO Ab TYPE 19 (19F) (58)		1.1 LO >1.3	ug/mL	0.8 LO	08/30/2017
PNEUMO Ab TYPE 23 (23F) (58)		0.3 LO >1.3	ug/mL	<0.3 LO	08/30/2017
PNEUMO Ab TYPE 26 (6B) (58)		0.9 LO >1.3	ug/mL	0.5 LO	08/30/2017
PNEUMO Ab TYPE 5 (58)	8.5	>1.3	ug/mL	7.8	08/30/2017
PNEUMO Ab TYPE 51 (7F) (58)	1.9	>1.3	ug/mL	1.5	08/30/2017
PNEUMO Ab TYPE 56 (18C) (58)	1.6	>1.3	ug/mL	1.3 LO	08/30/2017
PNEUMO Ab TYPE 68 (9V) (58)		0.5 LO >1.3	ug/mL	0.4 LO	08/30/2017

*This test was developed and its performance characteristics determined by

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Viracor Eurofins. It has not been cleared or approved by the U.S. Food and Drug Administration.
 Testing Performed At:
 Viracor Eurofins
 1001 NW Technology Drive
 Lee's Summit, MO 64086
 [REDACTED]
 CLIA# 26D-0983643

B.Henselae IgG Ab (3)	1:64 *	< 1:64	titer	1:64 *	08/30/2017
B.Henselae IgM Ab (3)	<1:20	< 1:20	titer	<1:20	08/30/2017

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Valencia. It has not been cleared or approved by the US Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

(3)
 Performed by: Quest Diagnostics Nichols Institute of Valencia
 27027 Tournay Road
 Valencia, CA 91355-5386

(58)
 Performed by: Viracor Eurofins Clinical Diagnostic
 1001 NW Technology Drive
 Lees Summit, MO 64086

NOTE: Specimen submitted is LIPEMIC. This may cause inaccurate results. Please resubmit a fasting specimen at your earliest convenience.