

**FISCH, HARRY**  
**DOCTOR**  
 C1720 - HARRY FISCH, ■.  
 944 PARK AVENUE,  
 NEW YORK, NY 10028  
 Acct #: (C1720) S1  
 P: (212)879-0800

**EPSTEIN, JEFFREY**  
 P DOB: 01/20/1953 Age: 62 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: (212)772-9416

**SAMPLE**  
 Specimen ID: 100820998  
 Date Of Report: 10/29/2015 09:10  
 Date Collected: 10/27/2015 16:44  
 Date Received: 10/27/2015 22:29  
 North America Eastern Time

Notes: NON FASTING

**CLINICAL REPORT**

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

Cholesterol	210 HI	Triglycerides	348 HI	HDL CHOL., DIRECT	29 LO
HDL as % of Cholesterol	14 *	LDL/HDL Ratio	3.83 HI	LDL Cholesterol	111 HI
VLDL, CALCULATED	70 HI				
PT	10.0 LO	INTR.NORM.RATIO(INR)	0.92 LO		
Blood, Urine	SMALL *				
TESTOSTERONE, TOT.,S.	112.3 LO	FREE TESTOSTERONE	29.82 LO	PROLACTIN, SERUM	3.4 LO
Hemoglobin A1C	5.9 HI				

-----* CHEMISTRY *-----						
Test	Result	Abnormal	Reference	Units	Previous Result	Date
Total Protein	7.1		5.9-8.4	g/dL		
Albumin	4.6		3.5-5.2	g/dL		
Globulin	2.5		1.7-3.7	g/dL		
A/G Ratio	1.8		1.1-2.9			
Glucose	95		70-99	mg/dL		
Sodium	135		133-145	mmol/L		
Potassium	4.2		3.3-5.3	mmol/L		
Chloride	96		96-108	mmol/L		
CO2	26		22-29	mmol/L		
BUN	21		8-23	mg/dL		
Creatinine	1.03		0.80-1.30	mg/dL		
e-GFR	77		>or=60	mL/min		
e-GFR, African American	89		>or=60	mL/min		
BUN/Creat Ratio	20.4		10.0-28.0			
Calcium	9.7		8.6-10.4	mg/dL		
Uric Acid	6.2		3.4-8.5	mg/dL		
Iron	57		45-160	ug/dL		
Bilirubin, Total	0.5		<1.2	mg/dL		
LD	177		135-225	U/L		
Alk Phos	62		40-156	U/L		
AST	23		<40	U/L		
PHOSPHORUS	3.3		2.7-4.5	mg/dL		
ALT	25		<41	U/L		
GGTP	15		10-71	U/L		
-* CARDIOVASCULAR/LIPIDS *--						
Cholesterol	210 HI		<200	mg/dL		
Triglycerides	348 HI		<150	mg/dL		

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Test	Result	Abnormal	Reference	Units	Previous Result	Date
HDL CHOL., DIRECT		29 LO	>40	mg/dL		
HDL as % of Cholesterol		14 *	>14	%		
Evaluation: ABOVE AVG.(MODERATE RISK)						
Chol/HDL Ratio	7.2		<7.4			
Evaluation: AVERAGE RISK						
LDL/HDL Ratio		3.83 HI	<3.56			
LDL Cholesterol		111 HI	<100	mg/dL		
VLDL, CALCULATED		70 HI	7-32	mg/dL		
<b>-----* HEMATOLOGY *-----</b>						
WBC	6.33		3.40-11.80	x10(3)/uL		
RBC	5.01		4.20-5.90	x10(6)/uL		
HGB	14.6		12.3-17.0	gm/dL		
HCT	41.9		39.3-52.5	%		
MCV	83.6		80.0-100.0	fL		
MCH	29.1		25.0-34.1	pg		
MCHC	34.8		29.0-35.0	gm/dL		
RDW	14.4		10.9-16.9	%		
POLYS	51.1		36.0-78.0	%		
LYMPHS	37.1		12.0-48.0	%		
MONOS	5.8		0.0-13.0	%		
EOS	5.4		0.0-8.0	%		
BASOS	0.6		0.0-2.0	%		
IMMATURE GRANULOCYTES	0.0		0.0-1.6	%		
Platelet Count	257		144-400	x10(3)/uL		
MPV	9.0		8.2-11.9	fL		
PT		10.0 LO	10.3-12.8	sec		
INTR.NORM.RATIO(INR)		0.92 LO	2.00-3.00			
CLINICAL INDICATIONS FOR INR USE Reference Range Prophylaxis or treatment of venous thrombosis, systemic embolization, and pulmonary embolus 2.00-3.00 High-risk patients with mechanical heart valves 2.50-3.50 Normal Non-Medicated patients 0.87-1.19 NOTE: INR values below 2.00 for patients on warfarin therapy would be considered sub-therapeutic for the above conditions.						
PTT	27.6		23.6-31.6	sec		

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Test	Result	Abnormal	Reference	Units	Previous Result	Date
<b>-----* URINALYSIS *-----</b>						
Color	YELLOW		YELLOW, STRAW, AMBER			
Character	CLEAR		CLEAR			
Specific Gravity URN	1.023		1.003 - 1.030			
pH Urine	5.0		5.0 - 8.0			
Protein, Urine	NEGATIVE		NEGATIVE			
Glucose, Urine	NEGATIVE		NEGATIVE			
Ketone, Urine	NEGATIVE		NEGATIVE			
Urobilinogen Urine	0.2		0.2 - 1.0	Units		
Bilirubin, Urine	NEGATIVE		NEGATIVE			
<b>Blood, Urine</b>		<b>SMALL *</b>	NEGATIVE			
Nitrites Urine	NEGATIVE		NEGATIVE			
Leukocyte Esterase	NEGATIVE		NEGATIVE			
Crystals Urine	NONE		NONE			
Crystal Amt. Urine	NONE		NONE			
WBC, Urine	0-4		0-4	PER HPF		
RBC, Urine	NONE SEEN		NONE SEEN	PER HPF		
Epithelial Cells, Ur	NONE		FEW			
Cast, Hyaline, Urine	0-4		0-4	PER LPF		
Cast, Granular, Urin	NONE SEEN		0-1	PER LPF		
Cast, RBC, Urine	NONE SEEN		0-1	PER LPF		
Bacteria, Urine	NONE		FEW			
<b>-----* MICROBIOLOGY *-----</b>						
CULTURE, URINE	<10,000 CFU/ML (U...		NO GROWTH			
<10,000 CFU/ML (USUALLY CONSIDERED INSIGNIFICANT GROWTH) SOURCE: URINE						
<b>-----* MISCELLANEOUS *-----</b>						
TSH	2.060		0.178-4.530	uIU/mL		
THYROXINE (T4)	7.5		4.9-12.9	ug/dL		
T3 UPTAKE (T3U)	29.1		24.3-39.0	%		
THYROXINE, FREE (FT4)	1.06		0.80-1.73	ng/dL		
FREE T4 INDEX	2.2		1.5-3.8			
T3 (THYRONINE), TOTAL	129		72-180	ng/dL		
PSA Total	0.87		<4.00	ng/mL		

NOTE: The PSA assay should not be the only test used for diagnostic purposes. Additional evaluation using DRE, ultrasound, TUR or similar procedures may be used for this purpose. Predictions of disease recurrence should not be

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Test	Result	Abnormal	Reference	Units	Previous Result	Date																								
based solely upon values obtained from serial PSA values obtained on the patient. NOTE: Values obtained with different assay methods or kits cannot be used interchangeably. NOTE: Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease. ASSAY INFORMATION: Method Electrochemiluminescence Immunoassay (Roche Diagnostics).																														
PSA, FREE	0.31		Not Estab.	ng/mL																										
NOTE: Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease. Values obtained with different assay methods or kits cannot be used interchangeably. ASSAY INFORMATION: Method Electrochemiluminescence Immunoassay (Roche Diagnostics).																														
% FREE PSA	36		See Below	%																										
<b>FREE PSA RISK ASSESSMENT</b> The probability of prostate cancer for men with non-suspicious DRE results, by age group, using PSA values between 4.000 and 10.000 ng/mL and percent FREE PSA values is summarized in the table below: <table border="1"> <thead> <tr> <th colspan="4">PROBABILITY OF CANCER*</th> </tr> <tr> <th>%free PSA</th> <th>(50-59 yrs)</th> <th>(60-69 yrs)</th> <th>(&gt;or=70 yrs)</th> </tr> </thead> <tbody> <tr> <td>&lt;or=10</td> <td>49.2%</td> <td>57.5%</td> <td>64.5%</td> </tr> <tr> <td>11-18</td> <td>26.9%</td> <td>33.9%</td> <td>40.8%</td> </tr> <tr> <td>19-25</td> <td>18.3%</td> <td>23.9%</td> <td>29.7%</td> </tr> <tr> <td>&gt;25</td> <td>9.1%</td> <td>12.2%</td> <td>15.8%</td> </tr> </tbody> </table> *probability of finding prostate cancer by needle biopsy NOTE: Calculation of percent FREE PSA may not be possible when the value for TOTAL PSA is in the low normal range. These guidelines are for assays performed using the Roche E170 immunoassay system.(02/2012;v5)							PROBABILITY OF CANCER*				%free PSA	(50-59 yrs)	(60-69 yrs)	(>or=70 yrs)	<or=10	49.2%	57.5%	64.5%	11-18	26.9%	33.9%	40.8%	19-25	18.3%	23.9%	29.7%	>25	9.1%	12.2%	15.8%
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<b>TESTOSTERONE, TOT.,S.</b>	<b>112.3 LO</b>		193.0-740.0	ng/dL																										
TESTOSTERONE, BIOAVAIL.	74.6		72.0-460.0	ng/dL																										
SEX HORM.BIND.GLOB.	14		10-57	nmol/L																										
<b>FREE TESTOSTERONE</b>	<b>29.82 LO</b>		30.00-150.00	pg/mL																										
LH	3.7		1.7-8.6	mIU/mL																										
FSH	4.0		1.5-12.4	mIU/mL																										
<b>PROLACTIN, SERUM</b>	<b>3.4 LO</b>		4.0-15.2	ng/mL																										
ESTRADIOL	16.00		7.02-49.06	pg/mL																										
FIBRINOGEN	362		176-441	mg/dL																										
<b>Hemoglobin A1C</b>	<b>5.9 HI</b>		<5.7	%																										
<b>HEMOGLOBIN A1c AND eAG REFERENCE RANGES</b> <table border="1"> <thead> <tr> <th>A1c(%)</th> <th>DIABETES CATEGORY*</th> </tr> </thead> <tbody> <tr> <td>&lt;5.7</td> <td>Normal (non-diabetic)</td> </tr> <tr> <td>5.7-6.4</td> <td>Increased risk of diabetes</td> </tr> </tbody> </table>							A1c(%)	DIABETES CATEGORY*	<5.7	Normal (non-diabetic)	5.7-6.4	Increased risk of diabetes																		
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	=>6.5		Consistent with diabetes			
	A1c(%)		eAG(ESTIMATED AVERAGE PLASMA GLUCOSE)(mg/dL)			
	6		126			
	7		154			
	8		183			
	9		212			
	10		240			
	11		269			
	12		298			
*recommended ranges-American Diabetes Association(2010)						
NOTE: Hemolysis, rare hemoglobin variants and thalassemia major may affect glycemic results.						
DIHYDROTESTOSTERONE	TO FOLLOW		SEE REPORT			