

Specimen ID: 347-305-3152-0  
Control ID: B0068901848

Acct #: 09357925

Phone: (813) 445-7342

Rte: 00

**LAYTON, JOSEPH**

6938 BROKEN OAK DR  
SAINT LOUIS MO 63129  
(314) 910-0956

Defy Medical, LLC  
4809 N. Armenia Ave. Ste 220  
Tampa FL 33603


**Patient Details**

DOB: 11/27/1991  
Age(y/m/d): 026/00/16  
Gender: M SSN:  
Patient ID:

**Specimen Details**

Date collected: 12/13/2017 0909 Local  
Date received: 12/13/2017  
Date entered: 12/13/2017  
Date reported: 12/19/2017 0710 ET

**Physician Details**

Ordering: J SAYA  
Referring:  
ID: 12040542  
NPI: 1093940041

**General Comments & Additional Information**

Alternate Control Number: B0068901848  
Total Volume: Not Provided

Alternate Patient ID: Not Provided  
Fasting: Yes

**Ordered Items**

CBC With Differential/Platelet; Comp. Metabolic Panel (14); Lipid Panel w/ Chol/HDL Ratio; Testosterone, Free and Total; DHEA-Sulfate; TSH; Luteinizing Hormone(LH), S; Prostate-Specific Ag, Serum; Estradiol, Sensitive; Sex Horm Binding Glob, Serum; Venipuncture; Cardiovascular Report

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>CBC With Differential/Platelet</b>					
WBC	5.6		x10E3/uL	3.4 - 10.8	01
RBC	4.81		x10E6/uL	4.14 - 5.80	01
Hemoglobin	15.1		g/dL	13.0 - 17.7	01
**Please note reference interval change**					
Hematocrit	45.7		%	37.5 - 51.0	01
MCV	95		fL	79 - 97	01
MCH	31.4		pg	26.6 - 33.0	01
MCHC	33.0		g/dL	31.5 - 35.7	01
RDW	13.1		%	12.3 - 15.4	01
Platelets	223		x10E3/uL	150 - 379	01
Neutrophils	34		%	Not Estab.	01
Lymphs	46		%	Not Estab.	01
Monocytes	9		%	Not Estab.	01
Eos	10		%	Not Estab.	01
Basos	1		%	Not Estab.	01
Neutrophils (Absolute)	1.9		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	2.5		x10E3/uL	0.7 - 3.1	01
Monocytes (Absolute)	0.5		x10E3/uL	0.1 - 0.9	01
<b>Eos (Absolute)</b>	<b>0.6</b>	<b>High</b>	x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.1		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%	Not Estab.	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01
<b>Comp. Metabolic Panel (14)</b>					
Glucose, Serum	98		mg/dL	65 - 99	01
<b>BUN</b>	<b>22</b>	<b>High</b>	mg/dL	6 - 20	01
Creatinine, Serum	1.26		mg/dL	0.76 - 1.27	01
eGFR If NonAfricn Am	78		mL/min/1.73	>59	

**Patient: LAYTON, JOSEPH**  
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
eGFR If Africn Am	90		mL/min/1.73	>59	
BUN/Creatinine Ratio	17			9 - 20	
Sodium, Serum	140		mmol/L	134 - 144	01
Potassium, Serum	4.5		mmol/L	3.5 - 5.2	01
Chloride, Serum	100		mmol/L	96 - 106	01
Carbon Dioxide, Total	24		mmol/L	18 - 29	01
Calcium, Serum	9.5		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	7.2		g/dL	6.0 - 8.5	01
Albumin, Serum	4.7		g/dL	3.5 - 5.5	01
Globulin, Total	2.5		g/dL	1.5 - 4.5	
A/G Ratio	1.9			1.2 - 2.2	
Bilirubin, Total	0.7		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	53		IU/L	39 - 117	01
AST (SGOT)	30		IU/L	0 - 40	01
ALT (SGPT)	27		IU/L	0 - 44	01

**Lipid Panel w/ Chol/HDL Ratio**

<b>Cholesterol, Total</b>	<b>220</b>	<b>High</b>	mg/dL	100 - 199	01
Triglycerides	62		mg/dL	0 - 149	01
HDL Cholesterol	76		mg/dL	>39	01
VLDL Cholesterol Calc	12		mg/dL	5 - 40	
<b>LDL Cholesterol Calc</b>	<b>132</b>	<b>High</b>	mg/dL	0 - 99	
T. Chol/HDL Ratio	2.9		ratio units	0.0 - 5.0	
Please Note:					01

**T. Chol/HDL Ratio**

	Men	Women
1/2 Avg.Risk	3.4	3.3
Avg.Risk	5.0	4.4
2X Avg.Risk	9.6	7.1
3X Avg.Risk	23.4	11.0

**Testosterone, Free and Total**

Testosterone, Serum	872		ng/dL	264 - 916	01
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Adult male reference interval is based on a population of healthy nonobese males (BMI <30) between 19 and 39 years old. Travison, et.al. JCEM 2017,102;1161-1173. PMID: 28324103.

Free Testosterone(Direct)	22.6		pg/mL	9.3 - 26.5	02
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<b>DHEA-Sulfate</b>	294.8		ug/dL	138.5 - 475.2	01
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<b>TSH</b>	1.680		uIU/mL	0.450 - 4.500	01
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**Luteinizing Hormone (LH), S**

LH	8.2		mIU/mL	1.7 - 8.6	01
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**Prostate-Specific Ag, Serum**

**Patient:** LAYTON, JOSEPH  
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Prostate Specific Ag, Serum Roche ECLIA methodology. According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater. 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.	0.4		ng/mL	0.0 - 4.0	01
<b>Estradiol, Sensitive</b> This test was developed and its performance characteristics determined by LabCorp. It has not been cleared by the Food and Drug Administration. Methodology: Liquid chromatography tandem mass spectrometry (LC/MS/MS)	18.8		pg/mL	8.0 - 35.0	02
<b>Sex Horm Binding Glob, Serum</b>	<b>71.5</b>	<b>High</b>	nmol/L	16.5 - 55.9	01

**Cardiovascular Report**

Interpretation	Note	03
Supplemental report is available.		
PDF Image	.	03

01	CB	LabCorp Dublin 6370 Wilcox Road, Dublin, OH 43016-1269	Dir: Vincent Ricchiuti, PhD
02	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	Dir: William F Hancock, MD
03	LITIL	Litholink Corporation 2250 West Campbell Park Drive, Chicago, IL 60612-3502	Dir: Mitchell Laks, PhD

 For inquiries, the physician may contact **Branch: 800-877-5227 Lab: 800-282-7300**

Accessions: 34730531520

**DISCLAIMER:** These assessments and treatment suggestions are provided as a convenience in support of the physician-patient relationship and are not intended to replace the physician's clinical judgment. They are derived from national guidelines in addition to other evidence and expert opinion. The clinician should consider this information within the context of clinical opinion and the individual patient.

SEE GUIDANCE FOR CARDIOVASCULAR REPORT: Stone NJ et al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation 2014; 129 (suppl 2): S1-S45; Contois et al. Clin Chem 2009; 55(3):407-419; Brunzell et al. Diabetes Care 2008; 31(4):811-82.

**Note:** Please refer to your LabCorp Report for all results as well as any test-specific and specimen-specific comments.

### Laboratory Director's Notes

Laboratory test values flagged with an asterisk (\*) within this report refer to the following commentary from our physicians and quality assurance staff.

COLLECTION DATE	ITEM	RELATED NOTES
<b>12/13/2017</b>	<b>Total Chol:HDL Ratio</b>	T. Chol/HDL Ratio Men Women 1/2 Avg.Risk 3.4 3.3 Avg.Risk 5.0 4.4 2X Avg.Risk 9.6 7.1 3X Avg.Risk 23.4 11.0

Mitchell S. Laks, PhD - Laboratory Director

### Current Laboratory Results

**Blood Draw Date:** 12/13/2017      **Date Received:** 12/13/2017      **Date Completed:** 12/14/2017      **Fasting:** YES

#### Comp. Metabolic Panel (14)

ANALYTE	REF. INTERVAL	LOW	HIGH	RESULT
Glucose mg/dL	65-99			98
BUN mg/dL	6-20			<b>22 H</b>
Creatinine mg/dL	0.76-1.27			1.26
Sodium mmol/L	134-144			140
Potassium mmol/L	3.5-5.2			4.5
Chloride mmol/L	96-106			100
Carbon Dioxide mmol/L	18-29			24
Calcium mg/dL	8.7-10.2			9.5
Protein, Total, Serum g/dL	6.0-8.5			7.2
Albumin g/dL	3.5-5.5			4.7
Globulin, Total g/dL	1.5-4.5			2.5
A/G Ratio	1.2-2.2			1.9
Bilirubin, Total mg/dL	0.0-1.2			0.7
Alkaline Phosphatase, S IU/L	39-117			53
AST IU/L	0-40			30
ALT IU/L	0-44			27
BUN: Creatinine Ratio	9-20			17
Anion Gap mmol/L	10 - 18			16
estimated GFR mL/min/1.73mE2	> 59			78

Albumin testing performed on the Roche Modular using the ALB PLUS assay.

#### Lipid Panel with Chol/HDL Ratio

ANALYTE	REF. INTERVAL	LOW	HIGH	RESULT
Total Cholesterol mg/dL	100-199			<b>220 H</b>
Triglyceride mg/dL	0-149			62
HDL-C mg/dL	>39			76
VLDL mg/dL	5-40			12
LDL(calc) mg/dL	0-99			<b>132 H</b>
non-HDL cholesterol mg/dL	0 - 129			<b>144 H</b>
Total Chol:HDL Ratio ratio units	0.0-5.0			* 2.9

#### Legend for Abnormal Flags:

L - Below Low Normal      LL - Alert Low      < - Panic Low      A - Abnormal (applies to non-numeric results)  
H - Above High Normal      HH - Alert High      > - Panic High      AA - Critical Abnormal (applies to non-numeric results)

# Cardiovascular Report

## Patient Assessment

Current available clinical information suggests the patient's risk is at least LOW. If the patient has two or more major risk factors, the risk category is intermediate. If the patient has CHD or a CHD risk equivalent, the risk category is high. If patient does not have CHD or a CHD risk equivalent, consider use of the Pooled Cohort Equations to estimate 10-year CVD risk, as individuals with greater than 7.5% risk may warrant more intensive therapy. The calculator can be found at: <http://tools.cardiosource.org/ASCVD-Risk-Estimator/>

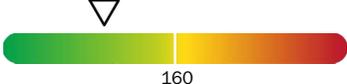
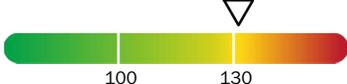
Insulin resistance, obesity, excessive alcohol use, smoking, nephrotic syndrome, liver disease, and certain medications can cause secondary dyslipidemia. Consider evaluation if clinically indicated.

Therapeutic lifestyle changes are always valuable to achieve optimal blood lipid status (diet, exercise, weight management).

## Lipid Management

Select one patient risk category based upon medical history and clinical judgment. Additional risk factors such as personal or family history of premature CHD, smoking, and hypertension modify a patient's goals of therapy. In CVD prevention, the intensity of therapy should be adjusted to the level of patient risk. MODERATE intensity statin therapy generally results in an average LDL-C reduction of 30% to less than 50% from the untreated baseline. Examples include (daily doses): atorvastatin 10-20 mg, rosuvastatin 5-10 mg, simvastatin 20-40 mg, pravastatin 40-80 mg, lovastatin 40 mg. HIGH intensity statin therapy generally results in an average LDL-C reduction of 50% or more from the untreated baseline. Examples include (daily doses): atorvastatin 40-80 mg and rosuvastatin 20 mg.

▽ = PATIENT'S RESULT

	Patient Risk Category (select one)		
ANALYTE / RESULT	LOW	INTERMEDIATE	HIGH
LDL-C <b>132 mg/dL</b>			
non-HDL <b>144 mg/dL</b>			
<b>Lipid Assessment</b>	LDL-C is acceptable, 132 mg/dL. Non-HDL Cholesterol is acceptable, 144 mg/dL.	LDL-C is borderline high, 132 mg/dL. Non-HDL Cholesterol is acceptable, 144 mg/dL.	LDL-C is high, 132 mg/dL. Non-HDL Cholesterol is borderline high, 144 mg/dL.
<b>Treatment Suggestions</b>	Considerations for use of statin therapy include family history of premature atherosclerotic disease, elevated coronary artery calcium score, ankle-brachial index < 0.9, elevated CRP, or elevated lifetime CVD risk.	Consider beginning or increasing statin. Factors that may influence statin use include family history of premature atherosclerotic disease, elevated coronary artery calcium score, ankle-brachial index < 0.9, elevated CRP, or elevated lifetime CVD risk. If statin cannot be tolerated or increased, alternatives include use of an intestinal agent (ezetimibe or bile acid sequestrant) or niacin.	Begin statin. If statin already in use, consider increasing dose to achieve at least a 50% LDL reduction from baseline. Moderate or high intensity statin is preferred. If statin cannot be tolerated or increased, alternatives include use of an intestinal agent (ezetimibe or bile acid sequestrant) or niacin.

**DISCLAIMER:** These assessments and treatment suggestions are provided as a convenience and are neither comprehensive nor intended to replace the physician's clinical judgment. They do not include information such as family history, personal history, or physical findings as would be obtained by the clinician during patient evaluation because LabCorp does not have access to the complete patient medical record.

## Patient Results Summary

Cholesterol comes in different forms and has varying effects on your heart health. Some cholesterol is “good” and not known to cause disease, this is HDL. The rest of cholesterol causes disease by clogging your arteries, this is non-HDL. LDL cholesterol is the largest component of the non-HDL cholesterol. Lowering your levels of “bad” cholesterol will lower your risk for disease.

- **LDL cholesterol (LDL-C)** is the largest component of the non-HDL cholesterol (“bad” cholesterol).
- **non-HDL** is composed of many different types of cholesterol (not just LDL-C) and high levels cause disease.

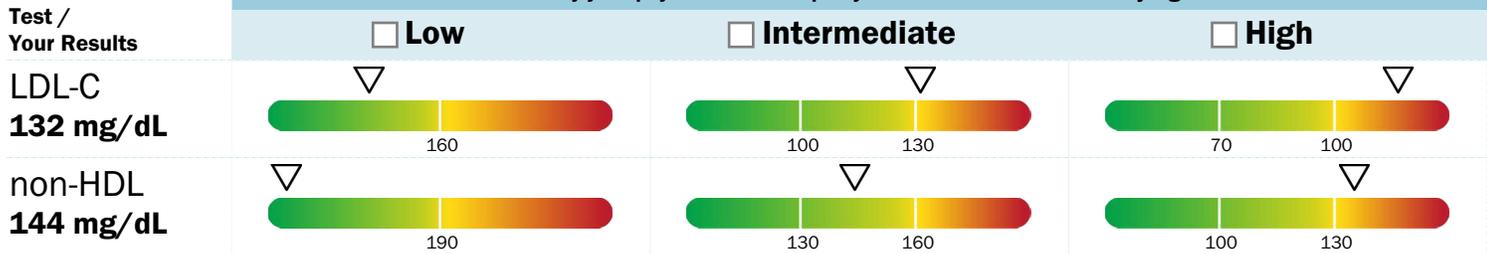
**The level to which your LDL must be lowered depends on the risk for developing heart disease or having a heart attack. The higher your risk for heart disease, the lower your LDL goal.**

### Contributing Risk Factors For Heart Disease

- |  |   |
|--|---|
| <input type="checkbox"/> Heart and/or vascular disease | <input type="checkbox"/> Cigarette (tobacco) smoking                                |
| <input type="checkbox"/> High blood pressure           | <input type="checkbox"/> Low HDL (men less than 40 mg/dL, women less than 50 mg/dL) |
| <input type="checkbox"/> Diabetes                      | <input type="checkbox"/> Family history of early onset heart disease                |
| <input type="checkbox"/> Chronic kidney disease        | <input type="checkbox"/> Man over 45 years or woman over 55 years                   |
| <input type="checkbox"/> Obesity                       | <input type="checkbox"/> Familial Hypercholesterolemia                              |

### Your Heart Disease Risk Category

Selected by your physician based upon your risk factors and clinical judgement.



▽ = Your Result: Left (Green) = Optimal, Center = Acceptable, Right (Red) = High Risk

### Your Care Plan (as selected by your physician)

- |   |   |
|---|---|
| <input type="checkbox"/> Eat less trans fats and saturated fats, red meat, and sugary foods/drinks                  | <input type="checkbox"/> Control any other medical conditions: such as diabetes, high blood pressure          |
| <input type="checkbox"/> Eat more vegetables, fruits, whole grains, low-fat dairy products, poultry, fish, and nuts | <input type="checkbox"/> Visit your doctor as scheduled and obtain all follow-up tests/treatments recommended |
| <input type="checkbox"/> Exercise   | <input type="checkbox"/> Take all of your medications your doctor(s) have prescribed                          |
| <input type="checkbox"/> Lose weight  | <input type="checkbox"/>  |

**DISCLAIMER:** You should discuss this information with your physician. Litholink does not have a doctor-patient relationship with you, nor does it have access to a complete medical history or a physical examination that would be necessary for a complete diagnosis and comprehensive treatment plan. Neither you nor your physician should rely solely on this guidance. REFERENCES: National Heart, Lung, and Blood Institute’s Third Report of the NCEP Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults (ATP III) (2002. NIH publication 02-5215); National Heart, Lung, and Blood Institute’s Your Guide to Lowering Your Cholesterol with TLC (2005. NIH publication 06-5235); Stone NJ et al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation. 2013; 00:000-000.