

Run Date: 01/06/23
Run Time: 0048
Phone: 801-350-4111

Salt Lake Reg Med Center
1050 East South Temple
Salt Lake City, UT 84102
Medical Director: Richard Iverson, DO

PATIENT	SEX	AGE	DATE OF BIRTH	LOCATION	DATE PRINTED
Miller, John R	M	70	12/31/1952	SLRLAB	01/06/23
					@ 0048
MED REC # / ACCT #	ADMIT DATE	DISCH DATE	SUBMITTING DOCTOR		
SL30005675 / LA0005980693	01/04/23		Joanie Salotti, NP		

Hematology

Date	01/04/2023		
Time	1139	Reference	Units
WBC	7.63(*a)	(4.0-10.4)	x10 ³ /
RBC	4.91(*a)	(3.90-5.90)	x10 ⁶ /
HGB	15.4(*a)	(12.4-17.4)	g/dL
HCT	44.9(*a)	(36.0-50.0)	%
MCV	91.4(*a)	(86.0-100.0)	fL
MCH	31.4(*a)	(27.5-33.5)	pg
MCHC	34.3(*a)	(31.8-35.8)	g/dL
RDW	12.8(*a)	(10.8-15.3)	%
Plt	238(*a)	(138-373)	x10 ³ /
MPV	8.7(*a)	(8.2-11.6)	fL
Im Gran% (Auto)	0.5(*a)	(0.0-0.6)	%
Neut % (Auto)	79.2(*a) H	(41.1-75.5)	%
Lymph % (Auto)	11.9(*a) L	(15.5-46.5)	%
Mono % (Auto)	7.9(*a)	(3.6-11.4)	%
Eos % (Auto)	0.4(*a)	(0.0-5.8)	%
Baso % (Auto)	0.1(*a)	(0.0-1.2)	%
Im Gran# (Auto)	0.04(A)	(0.00-0.31)	x10 ³ /

(A) See (B). (*a)

(B) The IG (immature granulocytes) is the total instrument count of combined metamyelocytes, myelocytes and promyelocytes

Neut # (Auto)	6.04(*a)	(1.30-7.60)	x10 ³ /
Lymph # (Auto)	0.91(*a) L	(1.10-3.50)	x10 ³ /
Mono # (Auto)	0.60(*a)	(0.20-0.90)	x10 ³ /
Eos # (Auto)	0.03(*a)	(0.00-0.50)	x10 ³ /
Baso# (Auto)	0.01(*a)	(0.00-0.10)	x10 ³ /
nRBC Abs	0.0000(*a)	(0.0000-0.0)	x10 ³ /
NRBC%	0.0(*a)	(0.0-0.2)	%

NOTES: (*a) Salt Lake Regional Lab
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Coagulation

Date	01/04/2023		
Time	1139	Reference	Units
PT	10.8(*b)	(9.3-12.1)	Second
INR	1.0(C)	(0.9-1.2)	

(C) See (D). (*b)

(D) Reference Interval is for non-anticoagulated patients.

Suggested INR Therapeutic Range for Vitamin K antagonist therapy:

LEVELS OF THERAPY

INDICATIONS	TARGET INR RANGE
Standard Dose	2.0 - 3.0
Venous Thrombosis,	
Atrial Fibrillation,	
Pulmonary Embolism.	
High Dose	2.5 - 3.5
Valvular Heart Disease,	
Mechanical Heart,	
Intracardiac Thrombosis.	

PTT	26.5(*b)	(23.9-32.8)	Second
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Chemistry

Date	01/04/2023		
Time	1139	Reference	Units
Na	141(*c)	(136-145)	mmol/L
K	4.1(*c)	(3.5-5.1)	mmol/L
CL	109(*c) H	(98-107)	mmol/L
CO2	24(*c)	(21-32)	mmol/L
Gap	12.1(*c)	(5.0-15.0)	mmol/L
BUN	37(*c) H	(7-18)	mg/dL
Creat	1.20(*c)	(0.70-1.30)	mg/dL
EGFR	65(E) L	(>=90 ml/min)	

(E) See (F). (*c)

(F) Reported eGFR is based on the CKD-EPI 2021 equation that does not use a race coefficient. Additional information can be found at:
02-10-8361_ich_egfr_summary_flyer5.pdf (kidney.org)

BUN/Creat Ratio	30.8(*c) H	(9.0-21.0)	ratio
Glu	106(G)	(65-109)	mg/dL

(G) See (H). (*c)

(H) Fasting Glucose Result Interpretation:
<100 mg/dL is within the Normal Range
100 - 125 mg/dL is Impaired
>126 mg/dL is a Provisional Diagnosis of Diabetes and must be confirmed by repeat testing on a different day

CA	9.5(*c)	(8.5-10.1)	mg/dL
Ferritin	87.2(*c)	(8.0-388.0)	ng/mL
Total Bili	0.8(*c)	(0.2-1.0)	mg/dL
GGT	45(*c)	(15-85)	U/L
AST	19(*c)	(15-37)	U/L
Alt	21(*c)	(16-61)	U/L

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Chemistry (Cont.)

Date	01/04/2023		
Time	1139	Reference	Units

CRP	10.30(I) H	(0.00-3.00)	mg/L
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(I) See (J). (*d)

(J) CRP is a non-specific marker for inflammatory reactions and should not be used to diagnose specific disease.

Values above 10.0 mg/L may be indicative of inflammatory response but severity of disease cannot be determined by CRP levels. Serial measurement of CRP values may be useful in monitoring treatment but should not be used as the only indicator.

Patients with chronic high CRP levels may be at greater risk for stroke, myocardial infarction, and severe peripheral vascular disease.

When used as a risk marker, CRP results are used to assign risk as follows:

<1 mg/L	Lowest risk
1-3 mg/L	Average risk
>3 mg/L	Highest risk

TP	7.1(*d)	(6.4-8.2)	g/dL
Alb	3.7(*d)	(3.4-5.0)	g/dL
Glob	3.4(*d)	(1.4-4.8)	g/dL
A/G Ratio	1.1(*d)	(1.0-10.0)	ratio
Trig	79(K)	(40-150)	mg/dL

(K) See (L). (*d)

(L) Triglycerides (mg/dL)
<150-Normal
150-199-Borderline High
200-499-High (Bad)
>500-Very High

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Chemistry (Cont.)

Date	01/04/2023		
Time	1139	Reference	Units
Chol	174(M)		mg/dL
(M) See (N). (*e)			
(N) Cholesterol, Total (mg/dL)			
<200 Desirable			
200-240 Borderline High			
>240 High (Bad)			
Direct LDL	112(O)		mg/dL
(O) See (P). (*e)			
(P) LDL (mg/dL)			
<100-Optimal			
100-129-Near Optimal			
130-159-Borderline High			
160-189-High (Bad)			
VLDL	16(*e)	(5-40)	mg/dL
HDL	47(Q)		mg/dL
(Q) See (R). (*e)			
(R) HDL (mg/dL)			
<40-Low			
>59-High (Good)			
LDL/HDL Ratio	2(*e)		ratio
Chol/HDL Ratio	3.7(*e)	(0.0-5.0)	ratio
Alk Phos	110(*e)	(45-117)	U/L

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Chemistry (Cont.)

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PSA	21.400(S) H			(0.000-4.00 ng/mL	
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(S) See (T). (*f)

(T) Do not interpret serum PSA levels as absolute evidence of the presence or the absence of malignant disease. Before treatment, patients with confirmed prostatic carcinoma frequently have serum PSA levels within the range observed in healthy individuals. Additionally, elevated PSA levels can be observed in patients with nonmalignant diseases of the prostate. Use serum PSA levels in conjunction with information from the clinical evaluation of the patient and other diagnostic procedures. Patients results determined by assays using different manufactures for methods may not be comparable.

B12	650.00(*f)			(193.00-986 pg/mL	
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Test	Date	Time	Result	Reference	Units
Testosterone	01/04/2023	1139	497.56(U) L	(650.00-890.00)ng/dL	

(U) See (V). (*f)

(V) Testosterone, Age Normalized male:
40-59 years: 300.00-890.00 ng/dL
60years and over: 200.00-720.00 ng/dL
Age
7-9 month Tanner Stage I <30.00 ng/dL
10-13 years Tanner Stage II <150.00 ng/dL
14-15 years Tanner Stage III 100.00-320.00 ng/dL
16-19 years Tanner Stage IV 200.00-970.00 ng/dL

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