

Shah, Tushar

Accession: KL267261

**CLINICAL PATHOLOGY LABORATORIES, INC.**

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41237

CAPITAL CARDIOVASC SPEC  
4207 JAMES CASEY #215  
AUSTIN, TX 78745  
BALD DEMAI SALM SHAH WILL

CAP Accreditation# 21525-01  
CLIA# 45D0505003

PATIENT NAME	PATIENT ID	ROOM NUMBER	AGE	SEX	PHYSICIAN
Shah, Tushar	1000581	S54	37 Y 07/26/1966	M	SHAHT

REQUISITION NO	ACCESSION NO	ID.NO.	COLLECTION DATE & TIME	LOG-IN-DATE	REPORT DATE	& TIME
R4123701226-0	KL267261		04/08/04 09:00 AM	04/09/04 02:09 AM	04/14/04	01:47PM

TEST	RESULTS		UNITS	EXPECTED RANGE
	OUT OF RANGE	WITHIN RANGE		

**LIVER (HEPATIC) FUNCTION PANEL**

PROTEIN, TOTAL	7.8		G/DL	6.0-8.4
ALBUMIN	4.6		G/DL	2.9 - 5.0
BILIRUBIN, TOTAL	1.0		MG/DL	0.1-1.3
BILIRUBIN, DIRECT	0.1		MG/DL	0.0-0.3
ALKALINE PHOSPHATASE	97		U/L	30 - 132
SGOT (AST)	29		U/L	5 - 35
SGPT (ALT)	56		U/L	7 - 56

**LIPID PANEL**

CHOLESTEROL	290		MG/DL	< 200
TRIGLYCERIDES	281		MG/DL	<150
HDL CHOLESTEROL	45		MG/DL	>39
CALCULATED LDL CHOL	189		MG/DL	<130
RISK RATIO LDL/HDL	4.20		RATIO	<3.55

**HEMOGLOBIN A1C**

HGB A1-C	5.6		%	4.0-6.0
			MEAN BLOOD GLUCOSE	
	>10.0%		>251 MG/DL	
	9.0%		219 MG/DL	
	8.0%		188 MG/DL	
	7.0%		156 MG/DL	
	6.0%		124 MG/DL	

THE AMERICAN DIABETES ASSOCIATION TARGET HEMOGLOBIN A1-C IS <7%  
(DIABETES CARE, VOLUME 24, SUPPLEMENT 1, JANUARY 2001)

**HEPATITIS B SURFACE AB**

POSITIVE NEGATIVE

**MUMPS IGM ANTIBODY**

<1:8 <1:8

Reference Range:

TESTING PERFORMED AT ESOTERIX, INC.

7540 LOUIS PASTEUR SUITE 200 SAN ANTONIO, TEXAS 78229

CAP NO. 32769-01 CLIA NO. 45D0660454

**RUBEOLA IGG ANTIBODY**

1.93 IV

REFERENCE INTERVAL: Measles (Rubeola) Antibody, IgG

Less than

0.90 IV ..... Negative - No significant level of detectable IgG measles (rubeola) antibody.

0.90-1.09 IV.. Equivocal - Repeat testing in

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10-14 days may be helpful.

Greater than

1.09 IV .....Positive - IgG antibody to measles (rubeola) detected which may indicate a current or previous exposure/immunization to measles (rubeola). Positive IgG antibody levels in the absence of current clinical symptoms may indicate immunity.

Seroconversion between acute and convalescent sera is considered strong evidence of current or 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.

TESTING PERFORMED AT ASSOCIATED REGIONAL UNIVERSITY PATHOLOGISTS, INC  
500 CHIPETA WAY SALT LAKE CITY, UTAH 84108  
CAP NO. 40963-01 CLIA NO. 46D0523979

UNLESS OTHERWISE INDICATED, ALL TESTING PERFORMED AT  
CLINICAL PATHOLOGY LABORATORIES, INC. 9200 WALL ST AUSTIN, TX 78754  
CLIA NUMBER 45D0505003 CAP ACCREDITATION NO. 21525-01

**FINAL**

*Reviewed by:*