

Wilmington DE 19803  
Phone: 302-

**Jothika Vijay-Murugesh**  
1/24/2020 4:00 PM Orders Only  
MRN: 31664981

Description: Female DOB: 8/4/2013  
Provider: Lab Technician  
Department: Aidhc Pathology

**C-REACTIVE PROTEIN [86140 (CPT®)]**  
**(Specimen#02491146460) (Order# 93735336)**  
Results  
**Abnormal**

Status: Final result  
(Collected: 1/24/2020 5:39 PM)

**Collection Information**

Collected: 1/24/2020 5:39 PM

Ordered  
Resulting  
Agency:

1/25/2020 8:36 AM - Interface, Inbound Results

C-REACTIVE PROTEIN Abnormal, Final result

Order: 93735336

	Ref Range & Units	Value
C-Reactive Protein, Quant	0 - 9 mg/L	12^

Specimen Collected: 01/24/20 5:39 PM

Last Resulted: 01/25/20 8:35 AM

**Order Providers**

Authorizing Provider

Encounter Provider  
OUTPATIENT LAB

**Disclaimer**

Summary

Vijay-Murugesh, Jothika (31664981)

**SCANNED**

Vijay, Jothika

DOB: 08/04/2013

Patient Report

Patient ID: 31664981

Age: 8

Account Number: 07115750

Specimen ID: 231-911-5318-0

Sex: Female

Ordering Physician:

Ordered Items: 25-Hydroxyvitamin D LCMS D2+D3; Ferritin, Serum; C-Reactive Protein, Quant

Date Collected: 08/19/2021

Date Received: 08/20/2021

Date Reported: 08/23/2021

Fasting: Not Given

General Comments & Additional Information

Clinical Info: SRC:Blood

25-Hydroxyvitamin D LCMS D2+D3

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
25-Hydroxy, Vitamin D <sup>01</sup>	40	20 03/11/2019	ng/mL	

Reference Range:  
All Ages: Target levels 30 - 100

25-Hydroxy, Vitamin D-2 <sup>01</sup>	<1.0	<1.0 03/11/2019	ng/mL	
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This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

25-Hydroxy, Vitamin D-3 <sup>01</sup>	40	19 03/11/2019	ng/mL	
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Ferritin, Serum

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Ferritin, Serum <sup>02</sup>	36	22* 03/11/2019	ng/mL	15-79

\* Previous Reference Interval: (Ferritin, Serum: 12-71 ng/mL ng/mL)

C-Reactive Protein, Quant

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
C-Reactive Protein, Quant <sup>02</sup>	<1	<0.3* 03/11/2019	mg/L	0-9

\* Previous Reference Interval: (C-Reactive Protein, Quant: 0.0-4.9 mg/L)

Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

Icon Legend

▲ Out of reference range ■ Critical or Alert

Wilmington DE 19803  
Phone: 302-

**Jothika Vijay-Murugesh**  
1/24/2020 4:00 PM Orders Only  
MRN: 31664981

Description: **Female** DOB: 8/4/2013  
Provider: **Lab Technician**  
Department: **Aidhc Pathology**

**HOMOCYSTEINE (CARDIOVASCULAR) [150718]**  
**(Specimen#02491146340) (Order# 93735340)**  
**Results**

Status: **Final result**  
(Collected: 1/24/2020 5:39 PM)

**Abnormal**

**Collection Information**

Collected: 1/24/2020 5:39 PM

Ordered  
Resulting  
Agency:

1/25/2020 1:05 PM - Interface, Inbound Results

**HOMOCYSTEINE (CARDIOVASCULAR) Abnormal, Final result**

Order: 93735340

	Ref Range & Units	Value
<b>Homocysteine</b>	0.0 - 9.0 umol/L	9.2 ^
Comment:	**Please note reference interval change**	

Specimen Collected: 01/24/20 5:39 PM

Last Resulted: 01/25/20 1:05 PM

**Order Providers**

Authorizing Provider

Encounter Provider  
OUTPATIENT LAB

**Disclaimer**

- Summary

Vijay-Murugesh, Jothika (31664981)

**SCANNED**



Wilmington DE 19803  
Phone: 302 [REDACTED]

**Jothika Vijay-Muruges**  
3/11/2019 9:00 AM Orders Only  
MRN: 31664981

Description: **Female DOB: 8/4/2013**  
Provider: **Lab Technician**  
Department: **Aidhc Pathology**

**HOMOCYSTEINE (CARDIOVASCULAR) [150718]**  
**(Specimen#07091157060) (Order# 84841058)**  
Results

Status: **Final result**  
(Collected: 3/11/2019 12:00 AM)

**Collection Information**

Collected: 3/11/2019 12:00 AM

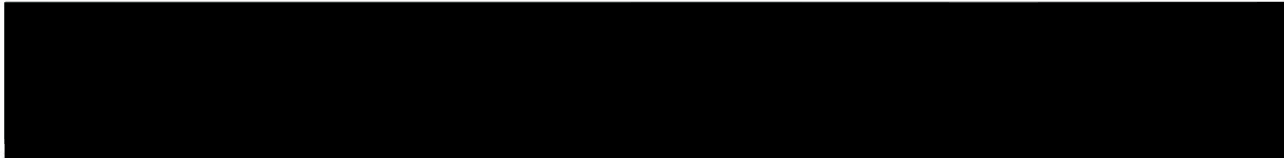
Ordered  
Resulting  
Agency: [REDACTED]

3/12/2019 8:11 PM - Interface, Inbound Results

**HOMOCYSTEINE (CARDIOVASCULAR) Final result**

Order: 84841058

	Ref Range & Units	Value
Homocysteine	0.0 - 15.0 umol/L	10.2



Specimen Collected: 03/11/19 12:00 AM

Last Resulted: 03/12/19 8:11 PM

**Order Providers**

Authorizing Provider  
[REDACTED]

Encounter Provider  
OUTPATIENT LAB

**Disclaimer**



**Vijay, Jothika**

DOB: **08/04/2013**

**Patient Report**

Patient ID: **31664981**

Age: **8**

Account Number: **07115750**

Specimen ID: **231-911-5321-0**

Sex: **Female**

Ordering Physician:

Ordered Items: **Iron and TIBC; Homocyst(e)ine; Calcium**

Date Collected: **08/19/2021**

Date Received: **08/20/2021**

Date Reported: **08/20/2021**

Fasting: **Not Given**

### General Comments & Additional Information

Clinical Info: SRC:Blood

### Iron and TIBC

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Iron Bind.Cap.(TIBC)	402	457 03/11/2019	ug/dL	250-450
UIBC <sup>01</sup>	293	359 03/11/2019	ug/dL	131-425
Iron <sup>01</sup>	109	98 03/11/2019	ug/dL	28-147
Iron Saturation	27	21 03/11/2019	%	15-55

### Homocyst(e)ine

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Homocyst(e)ine <sup>01</sup>	7.5	10.2* 03/11/2019	umol/L	0.0-9.0

\* Previous Reference Interval: (Homocyst(e)ine: 0.0-15.0 umol/L umol/L)

### Calcium

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Calcium <sup>01</sup>	9.6	9.9 03/11/2019	mg/dL	9.1-10.5

#### Icon Legend

▲ Out of reference range ■ Critical or Alert

#### Patient Details

**Vijay, Jothika**  
1252 MEMORY LN, WEST CHESTER, PA, 19380

Phone: 484-  
Date of Birth: **08/04/2013**  
Age: **8**  
Sex: **Female**  
Patient ID: **31664981**  
Alternate Patient ID: **31664981**

#### Physician Details

#### Specimen Details

Specimen ID: **231-911-5321-0**  
Control ID: **110029183**  
Alternate Control Number: **110029183**  
Date Collected: **08/19/2021 1528 Local**  
Date Received: **08/20/2021 0000 ET**  
Date Entered: **08/20/2021 0443 ET**  
Date Reported: **08/20/2021 2306 ET**  
Rte: **DA**

Specimen ID: 352-504-5806-0  
Control ID: 3259069317

Acct #: 20309395

Phone: (617) 732-9850

Rte: 00

**VJAY, JOTHIKA**  
1252 MEMORY LN  
WEST CHESTER PA 19380

Chestnut Hill MA 02467



**Patient Details**

DOB: 08/04/2013  
Age(y/m/d): 006/04/14  
Gender: F  
Patient ID: 39772058

**Specimen Details**

Date collected: 12/18/2019 0900 Local  
Date received: 12/18/2019  
Date entered: 12/18/2019  
Date reported: 12/27/2019 0935 ET

**Physician Details**

Ordering: [Redacted]  
Referring: [Redacted]  
ID:  
NPI: 1164716171

**General Comments & Additional Information**

A courtesy copy of this report has been sent to 6177312748.

**Clinical Info:** drop off 24 hr urine

**Alternate Control Number:** 3259069317  
**Total Urine Volume:** 350ml

**Alternate Patient ID:** Not Provided  
**Fasting:** No

**Ordered Items**

N-Methylhistamine, Urine

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>N-Methylhistamine, Urine</b>					
<b>N-Methylhistamine, U</b>	<b>344</b>	<b>High</b>	mcg/g Cr	70-330	01
Collection Duration	24		h		01
Urine Volume	350		mL		01

-----ADDITIONAL INFORMATION-----

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

Creatinine Concentration 85 mg/dL 01

01 ML

For inquiries,

**Vijay, Jothika**

DOB: **08/04/2013**

**Patient Report**

Patient ID: **43659**

Age: **8**

Account Number: **37092603**

Specimen ID: **222-401-6943-0**

Sex: **Female**

Ordering Physician: **M RUDOLPH**

Ordered Items: **N-Methylhistamine, 24 Hr, U; Histamine Determination, Urine**

Date Collected: **08/10/2021**

Date Received: **08/10/2021**

Date Reported: **08/17/2021**

Fasting: **No**

**General Comments & Additional Information**

Total Volume: 525 ml

**Histamine Determination, Urine**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Histamine,ug/L,U <sup>02</sup>	27		ug/L	Not Estab.
<p>Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.</p>				
Histamine,ug/24hr,U	14		ug/24 hr	0-65

Patient Report

Specimen ID: 018-911-5919-0  
Control ID: 83414251

Acct #: 07115750

Phone: (302)

Rte: DA

**VIJAY-MURUGESH, JOTHIKA**

1252 MEMORY LN  
WEST CHESTER PA 19380  
(484) 302-0262

WILMINGTON DE 19899



**Patient Details**

DOB: 08/04/2013  
Age(y/m/d): 005/05/14  
Gender: F SSN:  
Patient ID: 31664981

**Specimen Details**

Date collected: 01/18/2019 0000 Local  
Date received: 01/19/2019  
Date entered: 01/19/2019  
Date reported: 02/02/2019 0839 ET

**Physician Details**

Ordering:  
Referring:  
ID:  
NPI: 1730394099

General Comments & Additional Information

Alternate Control Number: 83414251

Alternate Patient ID: 31664981

Ordered Items

Prostaglandins: D2, U

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Prostaglandins: D2, U	806		ng/L			01

01 IS		Dir:	
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For inquiries



Patient Report

Specimen ID: 044-911-5537-0  
Control ID: 83686935

Acct #: 07115750 Phone: (302) 651-5660 Rte: DA

**VIJAY-MURUGESH, JESSICA**

1252 MEMORY LN  
WEST CHESTER, 19380

WILMINGTON DE 19899



**Patient Details**

DOB: 09/16/2010  
Age(y/m/d): 008/04/28  
Gender: F SSN:  
Patient ID: 30743985

**Specimen Details**

Date collected: 02/13/2019 0000 Local  
Date received: 02/14/2019  
Date entered: 02/14/2019  
Date reported: 03/01/2019 0852 ET

**Physician Details**

Ordering: [REDACTED]  
Referring:  
ID:  
NPI: 1730394099

General Comments & Additional Information

Alternate Control Number: 83686935

Alternate Patient ID: 30743985

Ordered Items

Prostaglandins: D2, U

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Prostaglandins: D2, U	447		ng/L		01

01 IS	[REDACTED]	Dir: [REDACTED]
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For inquiries, [REDACTED]

Patient Report

Specimen ID: 024-911-4633-0  
Control ID: 93735091

Acct #: 07115750  
A I Dupont Outpatient

Phone: (302) [REDACTED]

Rte: DA

**VIJAY-MURUGESH, JESSICA**  
1252 MEMORY LN  
WEST CHESTER PA 19380

WILMINGTON DE 19899



**Patient Details**

DOB: 09/16/2010  
Age(y/m/d): 009/04/08  
Gender: F SSN: \*\*\*-\*\*-0000  
Patient ID: 30743985

**Specimen Details**

Date collected: 01/24/2020 1726 Local  
Date received: 01/25/2020  
Date entered: 01/25/2020  
Date reported: 01/27/2020 1805 ET

**Physician Details**

Ordering: [REDACTED]  
Referring: [REDACTED]  
ID:  
NPI: 1003848292

**General Comments & Additional Information**

Clinical Info: SRC:Blood

Alternate Control Number: 93735091

Alternate Patient ID: 30743985

**Ordered Items**

Iron and TIBC; Antimyeloperoxidase (MPO) Abs; Homocyst(e)ine

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Iron and TIBC</b>					
Iron Bind.Cap. (TIBC)	428		ug/dL	250 - 450	
UIBC	360		ug/dL	131 - 425	01
Iron	68		ug/dL	28 - 147	01
Iron Saturation	16		%	15 - 55	01
<b>Antimyeloperoxidase (MPO) Abs</b>					
	<9.0		U/mL	0.0 - 9.0	02
<b>Homocyst(e)ine</b>					
	10.1	High	umol/L	0.0 - 9.0	01
<b>**Please note reference interval change**</b>					

01 RN

02 BN

For inquiries, [REDACTED]

Vijay, Jessica

DOB: 09/16/2010

Patient Report

Patient ID: 30743985

Age: 10

Account Number: 07115750

Specimen ID: 231-911-5953-0

Sex: Female

Ordering Physician: M RUDOLPH

Ordered Items: Iron and TIBC; Homocyst(e)ine; Calcium

Date Collected: 08/19/2021

Date Received: 08/20/2021

Date Reported: 08/20/2021

Fasting: Not Given

General Comments & Additional Information

Clinical Info: SRC:Blood

Iron and TIBC

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
Iron Bind.Cap.(TIBC)	425	428	01/24/2020	ug/dL	250-450
TIBC <sup>01</sup>	323	360	01/24/2020	ug/dL	131-425
Iron <sup>01</sup>	102	68	01/24/2020	ug/dL	28-147
Iron Saturation	24	16	01/24/2020	%	15-55

Homocyst(e)ine

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
Homocyst(e)ine <sup>01</sup>	6.9	10.1	01/24/2020	umol/L	0.0-9.0

Calcium

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
Calcium <sup>01</sup>	9.9	9.7	01/24/2020	mg/dL	9.1-10.5

Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

Icon Legend

▲ Out of reference range ■ Critical or Alert

Patient Details  
Vijay, Jessica  
1252 MEMORY LN, WEST CHESTER, PA, 19380

Phone: [Redacted]  
Date of Birth: 09/16/2010  
Age: 10  
Sex: Female  
Patient ID: 30743985  
Alternate Patient ID: 30743985

Specimen Details  
Specimen ID: 231-911-5953-0  
Control ID: 110029252  
Alternate Control Number: 110029252  
Date Collected: 08/19/2021 1535 Local  
Date Received: 08/20/2021 0000 ET  
Date Entered: 08/20/2021 0449 ET  
Date Reported: 08/20/2021 2306 ET  
Rte: DA

Vijay, Jessica

DOB: 09/16/2010

Patient Report



Patient ID: 30743985

Age: 10

Account Number: 07115750

Specimen ID: 231-911-5319-0

Sex: Female

Ordering Physician

Ordered Items: 25-Hydroxyvitamin D LCMS D2+D3; Alkaline Phosphatase; Ferritin, Serum; C-Reactive Protein, Quant; PTH, Intact

Date Collected: 08/19/2021

Date Received: 08/20/2021

Date Reported: 08/23/2021

Fasting: Not Given

General Comments & Additional Information

Clinical Info: SRC:Blood

25-Hydroxyvitamin D LCMS D2+D3

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
25-Hydroxy, Vitamin D <sup>01</sup>	40	17 01/24/2020	ng/mL	

Reference Range:  
All Ages: Target levels 30 - 100

25-Hydroxy, Vitamin D-2 <sup>01</sup>	<1.0	<1.0 01/24/2020	ng/mL	
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This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

25-Hydroxy, Vitamin D-3 <sup>01</sup>	39	17 01/24/2020	ng/mL	
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This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

Alkaline Phosphatase

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Alkaline Phosphatase <sup>02</sup>	364	241* 01/24/2020	IU/L	161-409

\* Previous Reference Interval: (Alkaline Phosphatase: 134-349 IU/L IU/L)

Ferritin, Serum

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Ferritin, Serum <sup>02</sup>	26	20 01/24/2020	ng/mL	15-79

C-Reactive Protein, Quant

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
C-Reactive Protein, Quant <sup>02</sup>	<1	<1* 01/24/2020	mg/L	0-9

\* Previous Reference Interval: (C-Reactive Protein, Quant: 0-9 mg/L)

**Vijay, Jessica**

DOB: **09/16/2010**

**Patient Report**

Patient ID: **43658**

Age: **10**

Account Number: **37092603**

Specimen ID: **222-401-7057-0**

Sex: **Female**

Ordering Physician

Ordered Items: **N-Methylhistamine, 24 Hr, U; Histamine Determination, Urine**

Date Collected: **08/10/2021**

Date Received: **08/10/2021**

Date Reported: **08/17/2021**

Fasting: **No**

### General Comments & Additional Information

Total Volume: 525 ml

### Histamine Determination, Urine

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Histamine,ug/L,U <sup>02</sup>	29		ug/L	Not Estab.
<p>Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.</p>				
Histamine,ug/24hr,U	15		ug/24 hr	0-65

**Patient**  
 Name: ALAGHAPPAN, KAVERI  
 Patient ID: 1542836  
 Gender: F

**Provider**  
 Provider: [REDACTED]  
 Account No: 7644

**Specimen**  
 Accession No: B5764377  
 Report Date & Time: 06.18.2018 11:34 AM

For comparison purposes only. Refer to the previous reports for complete results.\*

Test Name	01.05.2018	03.22.2018	06.18.2018 (Current)
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**Lipid Tests**

Test Name	01.05.2018	03.22.2018	06.18.2018 (Current)
Total Cholesterol	207	172	183
Direct LDL-C	139	115	117
HDL-C	53	45	57
Triglycerides	73	78	75
Non-HDL-C	154	127	126
ApoB	123	101	98
LDL-P <sup>1</sup>		1267	
sdLDL-C <sup>1</sup>	TNP	26	24
%sdLDL-C	TNP	23	21
VLDL-C	15	12	9
Lp(a)	<15	<15	<15
ApoA-1	141.0	126.0	143.0

**Lipid Ratios**

Test Name	01.05.2018	03.22.2018	06.18.2018 (Current)
TC/HDL-C	3.9	3.8	3.2
VLDL-C/TG	0.21	0.15	0.12
ApoB/ApoA-1	0.9	0.8	0.7
HDL-C/TG	0.73	0.58	0.76

**Boston Heart HDL Map<sup>®</sup> Test<sup>1,6</sup>**

Test Name	01.05.2018	03.22.2018	06.18.2018 (Current)
α-1	TNP	30.3	43.9
α-2	TNP	57.2	61.2
α-3	TNP	18.9	16.1
α-4	TNP	9.0	11.8
preβ-1	TNP	9.4	8.7

**Boston Heart Cholesterol Balance<sup>®</sup> Test<sup>1</sup>**

Test Name	01.05.2018	03.22.2018	06.18.2018 (Current)
Lathosterol	150	76	115
Desmosterol	58	58	71
Beta-sitosterol	117	244	209
Campesterol	168	393	316

**Inflammation Tests**

Test Name	01.05.2018	03.22.2018	06.18.2018 (Current)
Fibrinogen	TNP	377	367
hs-CRP	2.9	3.4	0.7
LpPLA <sub>2</sub> Activity	122	121	153
MPO <sup>1</sup>	TNP	204	186

Test Name	01.05.2018	03.22.2018	06.18.2018 (Current)
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**Cardiac Muscle Function Tests**

Troponin T Gen 5		<6	
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**Metabolic Tests**

Test Name	01.05.2018	03.22.2018	06.18.2018 (Current)
HbA1c		5.6	5.3
HOMA-IR	TNP	1.4	0.8
Glucose <sup>2</sup>	TNP	78	81
GSP	196	174	183
Adiponectin <sup>1</sup>	14.3	12.8	12.4
Insulin <sup>3</sup>	6	7	4
C-Peptide <sup>3</sup>	1.45		

**Boston Heart Fatty Acid Balance<sup>™</sup> Test<sup>1</sup>**

Test Name	01.05.2018	03.22.2018	06.18.2018 (Current)
Saturated Fatty Acid Index	32.5	32.5	31.3
Trans Fatty Acid Index	0.37	0.34	0.35
Monounsaturated Fatty Acid Index	20.5	22.3	21.2
Unsaturated/Saturated Ratio Index	2.04	2.04	2.16
Omega-3 Fatty Acid Index	6.45	2.60	2.42
EPA	81.0	<15.6	<15.6
DHA	110.8	72.4	65.1
ALA	14.3	14.3	13.7
Omega-6 Fatty Acid Index	39.0	41.4	43.6
Linoleic Acid (LA)	873.1	1036.2	1086.3
Arachidonic Acid (AA)	250.1	238.2	253.8
AA/EPA Ratio Index	3.1		
EPA/AA Ratio Index		0.05	0.04
Omega-3/Omega-6 Ratio Index		0.07	0.07
Omega-6/Omega-3 Ratio Index	5.63		

<b>Patient</b>	Name: ALAGHAPPAN, KAVERI		<b>Provider</b>	Provider: [REDACTED]		<b>Specimen</b>	Accession No: B5192806	
	Patient ID: 1542836	Gender: F		Account No: 7644			Report Date & Time: 03.22.2018 3:49 PM	

Test Name	Optimal	Borderline	High Risk	Notes	Previous Results 01.05.18
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**Metabolic Tests**

HbA1c	5.6				
	<5.7	5.7-6.4	>6.4 %		
HOMA-IR	1.4				TNP
	<2	2-3	>3		
Glucose <sup>2</sup>	78				TNP
	70-99	100-125	<70 or >125 mg/dL		
GSP	174				196
	<200	200-250	>250 µmol/L		
Adiponectin <sup>1</sup>		12.8			14.3
	>13	9-13	<9 µg/mL		

Test Name	Low	Optimal	High	Notes	Previous Results 01.05.18
Insulin <sup>3</sup>		7		9	6
	<5	5-15	>15 µU/mL		

**Interpretation:** BORDERLINE Adiponectin levels indicate high risk of developing insulin resistance and diabetes.

**Consideration:** Consider encouraging dietary modification supported by education. If indicated encourage weight reduction, smoking cessation, increased activity and control blood pressure.

**Inflammation Tests**

Fibrinogen		377			TNP
	<370	370-470	>470 mg/dL		
hs-CRP			3.4		2.9
	<1.0	1.0-3.0	>3.0 mg/L		
LpPLA <sub>2</sub> Activity	121				122
	<180	180-224	≥225 nmol/min/mL		
MPO <sup>1</sup>	204				TNP
	<470	470-539	≥540 pmol/L		

**Interpretation:** HIGH hs-CRP may indicate inflammation and may be associated with increased CVD risk.

**Consideration:** Consider evaluating potential contributing CVD risk factors. Identify and treat underlying causes such as atherogenic lipoproteins. If indicated, control blood pressure, encourage smoking cessation and weight reduction.

Test Name	Test Result	Interpretation	Notes
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**Genetic Tests by Genotyping<sup>1,4</sup>**

Test Name	Test Result	Interpretation	Notes
ApoE	E3/E3	Most common genotype. Consider recommending lifestyle modification and statin therapy.	

Test Name	Optimal	Borderline	High Risk	Notes	Previous Results 01.05.18
-----------	---------	------------	-----------	-------	------------------------------

**Cardiac Muscle Function Tests**

Troponin T Gen 5	<6			9	
	<=14		>14 ng/L		

**Interpretation:** Optimal Troponin T indicates improbability of recent myocardial infarction.

Test Name	Test Result	Interpretation	Notes
-----------	-------------	----------------	-------

Test Name	Test Result	Interpretation	Notes
MTHFR	677 C/T	677(C/T) genotype – single copy of variant. 1298(A/A) genotype – no variant.	10
	1298 A/A		

**Alaghappan, Kaveri**

DOB: **12/27/1984**

**Patient Report**

Patient ID:  
Specimen ID: **232-504-9595-0**

Age: **36**  
Sex: **Female**

Account Number: **37092603**  
Ordering Physician:

**Fibrinogen Activity**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Fibrinogen Activity <sup>01</sup>	308	310 02/15/2019	mg/dL	193-507

**Ferritin, Serum**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
⚠ Ferritin, Serum <sup>01</sup>	<b>13</b> <b>Low</b>	37 01/24/2020	ng/mL	15-150

**C-Reactive Protein, Quant**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
C-Reactive Protein, Quant <sup>01</sup>	2	<1* 06/27/2019	mg/L	0-10

\* Previous Reference Interval: (C-Reactive Protein, Quant: 0-10 mg/L)

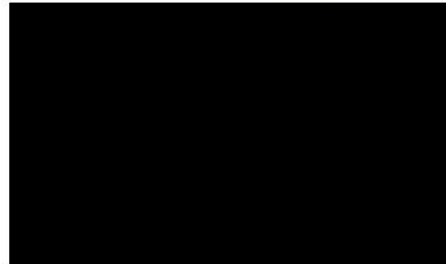
**Disclaimer**  
The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

**Icon Legend**  
⚠ Out of reference range    ■ Critical or Alert



**Patient Details**  
**Alaghappan, Kaveri**  
**1252 MEMORY LN, WEST CHESTER, PA, 19380**

Phone: **484-302-0262**  
Date of Birth: **12/27/1984**  
Age: **36**  
Sex: **Female**  
Patient ID:  
Alternate Patient ID:



**Specimen Details**  
Specimen ID: **232-504-9595-0**  
Control ID: **10451902724**  
Alternate Control Number:  
Date Collected: **08/20/2021 1133 Local**  
Date Received: **08/20/2021 0000 ET**  
Date Entered: **08/20/2021 1611 ET**  
Date Reported: **08/26/2021 0505 ET**  
Rte: **XB**



Alagappan, Kaveri

DOB: 12/27/1984

Patient Report



Patient ID:  
Specimen ID: 232-504-9595-0

Age: 36  
Sex: Female

Account Number: 37092603  
Ordering Physician

### Iron and TIBC

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Iron Bind.Cap.(TIBC)	368		ug/dL	250-450
UIBC <sup>01</sup>	307		ug/dL	131-425
Iron <sup>01</sup>	61		ug/dL	27-159
Iron Saturation	17		%	15-55

### DHEA, Serum

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Dehydroepiandrosterone (DHEA) A, 02	54		ng/dL	31-701

Age	
1 - 5 years	0 - 67
6 - 7 years	0 - 110
8 - 10 years	0 - 185
11 - 12 years	0 - 201
13 - 14 years	0 - 318
15 - 16 years	39 - 481
17 - 19 years	40 - 491
>19 years	31 - 701

### Vitamin D, 25-Hydroxy

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Vitamin D, 25-Hydroxy <sup>01</sup>	36.1	26.1 01/24/2020	ng/mL	30.0-100.0

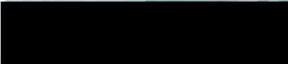
Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).

1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.
2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.

### Homocyst(e)ine

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Homocyst(e)ine <sup>01</sup>	9.8	11.9 01/24/2020	umol/L	0.0-14.5





KS 66214



Fax (913)

Requisition #: 548633
Patient Name: Kavari Alaghappan
Patient Age: 33
Sex: F

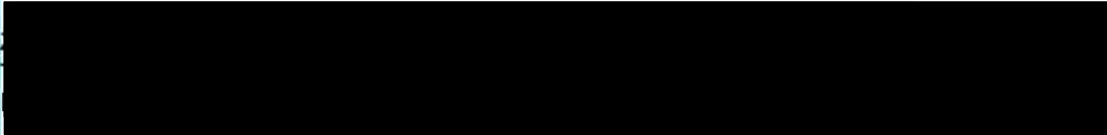
Physician Name:
Date of Collection: 12/31/2017
Time of Collection: 08:30 PM
Print Date: 1/15/2018

Immune Deficiency Panel

Table with 4 columns: Test, Result, Reference Range, and a status indicator (H). Rows include IgG Subclasses (IgG-1, IgG-2, IgG-3, IgG-4), Immunoglobulins (Total IgG, IgA, IgM, IgE), and Metals (Zinc).

IgE interpretation

In general, the number of IgE specific allergens is directly related to the total IgE concentration, that is, the higher the total IgE concentration, the higher the likelihood of IgE specific allergies. Individuals with high total IgE concentrations are more likely to have asthma, skin rashes, hay fever, and other allergic symptoms. However, individuals with total IgE values in the low end of the normal range may also have severe specific IgE allergies. Elevated values for IgE are also found in parasitic infestations, in deficiencies of the thymus gland, in Wiskitt Aldrich syndrome, in IgE myeloma, in pemphigoid, periarteritis nodosa, hyper-IgE syndrome, liver disease, cystic fibrosis, Kawasaki's disease, Hodgkin's disease, Epstein-Barr virus or other virus infections, fungal infections of the lungs, systemic Candidiasis, rheumatoid arthritis, DiGeorge syndrome, Nezelof's syndrome, selective IgA deficiency, and in hypereosinophilic syndrome. Individuals with total IgE values greater than 2000 IU/ml should probably be evaluated by a clinical immunologist, hematologist, or other specialist familiar with these disorders. Low values for IgE are found in ataxia telangiectasis and in various hypogammaglobulinemias; however, the most common cause of low values is simply the absence of IgE specific allergies. Specific IgE allergies can be determined with The Great Plains Laboratory IgE inhalant allergy test, IgE food allergy test, or comprehensive (food and inhalant) IgE allergy tests. These tests check for some of the most common IgE allergies.





# Laboratory, Inc.

Director

Lenexa, KS 66214

(913)

Fax (913) 3

Requisition #: 587405

Physician Name:

Patient Name: Kaveri Alaghappan

Date of Collection:

6/1/2018

Patient Age: 33

Time of Collection:

10:45 AM

Sex: F

Print Date:

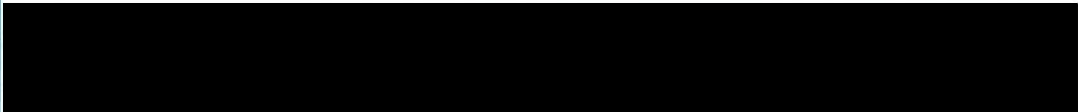
6/13/2018

## Immune Deficiency Panel

Test	Result	Reference Range
<b>IgG Subclasses</b>		
IgG-1 Subclass	981.0 mg/dL	382.0 - 929.0 <b>H</b>
IgG-2 Subclass	506.0 mg/dL	241.0 - 700.0
IgG-3 Subclass	75.0 mg/dL	22.0 - 178.0
IgG-4 Subclass	120.8 mg/dL	4.0 - 86.0 <b>H</b>
<b>Immunoglobulins</b>		
Total IgG	1567.0 mg/dL	694.0 - 1618.0
IgA	179.0 mg/dL	81.0 - 463.0
IgM	139.0 mg/dL	48.0 - 271.0
IgE	53.0 kU/L	0.0 - 114.0
<b>Metals</b>		
Zinc	0.73 Ug/mL	0.60 - 1.30

### IgE Interpretation

In general, the number of IgE specific allergens is directly related to the total IgE concentration, that is, the higher the total IgE concentration, the higher the likelihood of IgE specific allergies. Individuals with high total IgE concentrations are more likely to have asthma, skin rashes, hay fever, and other allergic symptoms. However, individuals with total IgE values in the low end of the normal range may also have severe specific IgE allergies. Elevated values for IgE are also found in parasitic infestations, in deficiencies of the thymus gland, in Wiskitt Aldrich syndrome, in IgE myeloma, in pemphigoid, periarteritis nodosa, hyper-IgE syndrome, liver disease, cystic fibrosis, Kawasaki's disease, Hodgkin's disease, Epstein-Barr virus or other virus infections, fungal infections of the lungs, systemic Candidiasis, rheumatoid arthritis, DiGeorge syndrome, Nezelof's syndrome, selective IgA deficiency, and in hypereosinophilic syndrome. Individuals with total IgE values greater than 2000 IU/ml should probably be evaluated by a clinical immunologist, hematologist, or other specialist familiar with these disorders. Low values for IgE are found in ataxia telangiectasis and in various hypogammaglobulinemias; however, the most common cause of low values is simply the absence of IgE specific allergies. Specific IgE allergies can be determined with The Great Plains Laboratory IgE inhalant allergy test, IgE food allergy test, or comprehensive (food and inhalant) IgE allergy tests. These tests check for some of the most common IgE allergies.



Patient Report

Patient: ALAGHAPPAN, KAVERI  
 DOB: 12/27/1984

Patient ID:

Control ID: 10462458881

Specimen ID: 046-504-0551-0  
 Date collected: 02/15/2019 0943 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Neutrophils (Absolute)	3.9		x10E3/uL	1.4 - 7.0	02
Lymphs (Absolute)	2.1		x10E3/uL	0.7 - 3.1	02
Monocytes (Absolute)	0.5		x10E3/uL	0.1 - 0.9	02
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	02
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	02
Immature Granulocytes	0		%	Not Estab.	02
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	02
<b>Comp. Metabolic Panel (14)</b>					
Glucose	88		mg/dL	65 - 99	02
BUN	13		mg/dL	6 - 20	02
Creatinine	0.76		mg/dL	0.57 - 1.00	02
eGFR If NonAfricn Am	103		mL/min/1.73	>59	02
eGFR If Africn Am	118		mL/min/1.73	>59	02
BUN/Creatinine Ratio	17			9 - 23	02
Sodium	136		mmol/L	134 - 144	02
Potassium	4.7		mmol/L	3.5 - 5.2	02
Chloride	102		mmol/L	96 - 106	02
Carbon Dioxide, Total	21		mmol/L	20 - 29	02
Calcium	9.3		mg/dL	8.7 - 10.2	02
Protein, Total	7.5		g/dL	6.0 - 8.5	02
Albumin	4.3		g/dL	3.5 - 5.5	02
Globulin, Total	3.2		g/dL	1.5 - 4.5	02
A/G Ratio	1.3			1.2 - 2.2	02
Bilirubin, Total	0.6		mg/dL	0.0 - 1.2	02
Alkaline Phosphatase	80		IU/L	39 - 117	02
AST (SGOT)	21		IU/L	0 - 40	02
ALT (SGPT)	16		IU/L	0 - 32	02

**IgG, Subclasses (1-4)**

Immunoglobulin G, Qn, Serum	1562		mg/dL	700 - 1600	02
<b>IgG, Subclass 1</b>	<b>1160</b>	<b>High</b>	mg/dL	248 - 810	01
<b>IgG, Subclass 2</b>	<b>578</b>	<b>High</b>	mg/dL	130 - 555	01
IgG, Subclass 3	79		mg/dL	15 - 102	01
<b>IgG, Subclass 4</b>	<b>160</b>	<b>High</b>	mg/dL	2 - 96	01

**\*\*Results verified by repeat testing\*\***

**Immunoglobulins A/E/G/M, Serum**

Immunoglobulin A, Qn, Serum	223		mg/dL	87 - 352	02
Immunoglobulin M, Qn, Serum	173		mg/dL	26 - 217	02
Immunoglobulin E, Total	58		IU/mL	0 - 100	01

**\*\*Effective March 4, 2019 Immunoglobulin E, Total\*\***  
 reference interval will be changing to:

Age Male Female

Patient Report

Specimen ID: 025-504-1244-0  
Control ID: 10439284068

Acct #: 37123975

Phone: (610)

Rte: CG

**ALAGHAPPAN, KAVERI**  
1252 MEMORY LN  
WEST CHESTER PA 19380  
(484) 302-0262

PHOENIXVILLE PA 19460



**Patient Details**

DOB: 12/27/1984  
Age(y/m/d): 035/00/28  
Gender: F SSN:  
Patient ID: ALAGHAPPAN

**Specimen Details**

Date collected: 01/24/2020 0900 Local  
Date received: 01/25/2020  
Date entered: 01/25/2020  
Date reported: 02/07/2020 1005 ET

**Physician Details**

Ordering:  
Referring:  
ID:  
NPI: 1760425755

**General Comments & Additional Information**

Alternate Control Number: Not Provided  
Total Urine Volume: 1025ml

Alternate Patient ID: ALAGHAPPAN12271984  
Fasting: Yes

**Ordered Items**

N-Methylhistamine, Urine; 2,3-dinor 11B-Prostaglandin F2

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>N-Methylhistamine, Urine</b>					
N-Methylhistamine, U	110		mcg/g Cr	30 - 200	01
Collection Duration	24		h		01
Urine Volume	1025		mL		01

-----ADDITIONAL INFORMATION-----

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

Creatinine Concentration	83		mg/dL		01
<b>2,3-dinor 11B-Prostaglandin F2</b>					
	5889	High	pg/mg Cr	<5205	01

-----ADDITIONAL INFORMATION-----

Reference range change: A new reference range was implemented on 04/19/2016. The new reference range of <5,205 pg/mg creatinine is the 95th percentile of healthy, untreated individuals. The previous reference range was based on clinical sensitivity and specificity for systemic mastocytosis. Results should not be compared to the previous reference range.

requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

01 ML

For inquiries,

**Alaghappan, Kaveri**

DOB: **12/27/1984**

**Patient Report**

Patient ID: **43660**

Age: **36**

Account Number: **37092603**

Specimen ID: **222-714-0225-0**

Sex: **Female**

Ordering Physician: [REDACTED]

Ordered Items: **N-Methylhistamine, 24 Hr, U**

Date Collected: **08/10/2021**

Date Received: **08/10/2021**

Date Reported: **08/17/2021**

Fasting: **No**

**General Comments & Additional Information**

Total Volume: 800 ml

**N-Methylhistamine, 24 Hr, U**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
N-Methylhistamine, 24 Hr, U <sup>01</sup>	105		mcg/g Cr	
<p>-----ADDITIONAL INFORMATION-----</p> <p>This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.</p>				
▼ Creatinine, 24 Hour, U <sup>01</sup>	504	Low	mg/24 h	
Collection Duration <sup>01</sup>	24		h	
Urine Volume <sup>01</sup>	800		mL	
Creatinine Concent. 24 Hr, U <sup>01</sup>	63		mg/dL	

**Disclaimer**

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

**Icon Legend**

▲ Out of reference range    ■ Critical or Alert



**Patient Details**

**Alaghappan, Kaveri**  
1252 MEMORY LN, WEST CHESTER, PA, 19380

Phone: **484-302-0262**  
Date of Birth: **12/27/1984**  
Age: **36**  
Sex: **Female**  
Patient ID: **43660**  
Alternate Patient ID:



**Specimen Details**

Specimen ID: **222-714-0225-0**  
Control ID: **10490232750**  
Alternate Control Number:  
Date Collected: **08/10/2021 1439 Local**  
Date Received: **08/10/2021 0000 ET**  
Date Entered: **08/10/2021 1613 ET**  
Date Reported: **08/17/2021 1305 ET**  
Rte: **XB**

