Clinician Blood Panel Results

Standard Process Event
100 Main Street
Rochester, NY 14564
123-555-0123

For Patient: Dalechek, Kristy
Doctor: Dr. Seminar

Evaluation Date: 10/14/2017
Blood Test Date: 10/14/2017

Blood Panel - Markers Out of Range and Patterns

(Pattern: proprietary formula using one or more Blood Markers)

_____ Blood Panel: Check for Patterns WITH NO Markers that are out of Lab Range _____

A pattern for "Decreased Alkaline Phosphatase" was found (the Total Score is 490).

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Blood Panel - Detail

Below Optimal < | Above Optimal > | Below Lab < | Above Lab >

Marker	Value	Optimal Range	Lab Range	Units
Chemistries				
Glucose, Serum	75	75 - 86	65 - 99	mg/dL
BUN	15	10 - 16	6 - 24	mg/dL
Creatinine, Serum	0.76 <	0.80 - 1.00	0.57 - 1.00	mg/dL
eGFR	96	> 59	> 59	ml/min/1.73
BUN/Creatinine Ratio	20 >	10 - 16	11 - 26	
Sodium, Serum	141	135 - 142	134 - 144	mmol/L
Potassium, Serum	4.9 >	4.0 - 4.5	3.5 - 5.2	mmol/L
Chloride, Serum	100	100 - 106	97 - 108	mmol/L
Carbon Dioxide, Total	24	21 - 26	18 - 29	mmol/L
Calcium, Serum	9.9	9.2 - 10.0	8.7 - 10.2	mg/dL
Protein, Total, Serum	7.2	6.9 - 7.4	6.0 - 8.5	g/dL
Albumin, Serum	4.5	4.0 - 4.8	3.5 - 5.5	g/dL
Globulin, Total	2.7	2.4 - 2.8	1.5 - 4.5	g/dL
Albumin/Globulin Ratio	1.7	1.4 - 2.1	1.1 - 2.5	
Bilirubin Total	1.0	0.1 - 1.2	0.0 - 1.2	mg/dL
Alkaline Phosphatase	42 <	70 - 100	39 - 117	IU/L
AST (SGOT) (Aspartate aminotransferase)	15	10 - 30	0 - 40	IU/L
ALT (SGPT) (Alanine Aminotransferase)	10	10 - 30	0 - 32	IU/L

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Marker	Value	Optimal Range	Lab Range	Units
CBC, Platelet Ct, and Dif				
WBC (White Blood Cells)	4.4 <	5.0 - 7.5	3.4 - 10.8	x10E3/uL
RBC (Red Blood Cells)	4.67 >	4.00 - 4.50	3.77 - 5.28	x10E6/uL
Hemoglobin	14.5	13.5 - 14.5	11.1 - 15.9	g/dL
Hematocrit	42.8	37.0 - 44.0	34.0 - 46.6	%
MCV (Mean Corpuscular Volume)	92.0 >	82.0 - 89.9	79.0 - 97.0	fL
MCH (Mean Corpuscular Hemoglobin)	31.0	28.0 - 31.9	26.6 - 33.0	pg
MCHC (Mean Corpuscular Hemoglobin Concentratio	33.9	32.0 - 35.0	31.5 - 35.7	g/dL
RDW (Random Distribution of RBC Weight)	13.7 >	0.0 - 13.0	12.3 - 15.4	%
Platelets	268	185 - 385	150 - 379	x10E3/uL
Neutrophils	58	40 - 60	40 - 74	%
Lymphs	30	24 - 44	14 - 46	%
Monocytes	8	4 - 13	4 - 12	%
Eosinophils (Eos)	3	0 - 3	0 - 5	%
Basophils (Basos)	1	0 - 1	0 - 3	%
Neutrophils (Absolute)	2.6	1.8 - 7.8	1.4 - 7.0	x10E3/uL
Lymphs (Absolute)	1.3	0.7 - 4.5	0.7 - 3.1	x10E3/uL
Monocytes (Absolute)	0.3	0.1 - 1.0	0.1 - 0.9	x10E3/uL
Eosinophils (Eos) (Absolute)	0.1	0.0 - 0.4	0.0 - 0.4	x10E3/uL
Basophils (Basos) (Absolute)	0.0	0.0 - 0.2	0.0 - 0.2	x10E3/uL
Immature Granulocytes	0	0 - 1	0 - 2	%
Immature Granulocytes (Absolute)	0.0	0.0 - 0.1	0.0 - 0.1	x10E3/uL

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< Alkaline Phosphatase (42 IU/L)

Alkaline phosphatase is a certain kind of protein found in all body tissues. It is made from zinc and is primarily produced in bone, liver, intestines and skin. When Alkaline Phosphatase levels are low, this can indicate a possible zinc deficiency.

> BUN/Creatinine Ratio (20)

BUN/Creatinine ratio provides the relationship between blood urea nitrogen (BUN) and serum creatinine.

Notes to Clinician

General Comment: General indicator of chronic kidney dysfunction, not concrete diagnosis; further evaluation needed.
Marker is high: Evaluate other kidney markers as well.

< Creatinine, Serum (0.76 mg/dL)

Creatinine is a normal waste product that builds up in your blood from using your muscles. This blood marker can be elevated in individuals who participate in excessive physical activity or exercise. Women usually have a lower creatinine levels than men, most commonly due to a lower amount of muscle mass. Your body produces creatinine at a fairly constant rate throughout the day and is eventually excreted through the kidneys.

Notes to Clinician

General Comment: Product of muscle breakdown; values can fluctuate depending on muscle mass of patient. Removed by the kidneys.
Marker is low: Decreased levels can indicate protein insufficiency or need for exercise.

> MCV (Mean Corpuscular Volume) (92.0 fL)

Mean corpuscular volume (abbreviated as MCV) is the average amount of space occupied (size) by each a single red blood cell. This indicates whether the cell is too small (microcytic) or too large (macrocytic). As such, it is a very useful marker for determining if anemia is present.

Notes to Clinician

General Comment: Part of anemia screening; distinguishes between iron deficient and folic acid/B12 anemia; can be normal with concomitant findings; also affected by insufficient hydrochloric acid.
Marker is high: Most likely either hypochlorhydria or Folic Acid B2 anemia. Hypothyroidism and vitamin C deficiency may also be involved.

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> Potassium, Serum (4.9 mmol/L)

This mineral is one of the primary electrolytes in the body and is very important for heart function and kidney health. Potassium levels can be affected if you are taking diuretics, blood pressure or heart medication or receiving any kind of IV therapy or dialysis. Excessive diarrhea, vomiting or even dehydration can cause a reduction in potassium levels.

Notes to Clinician

General Comment: Must take in context with sodium; adrenals help regulate potassium levels.
Marker is high: Rule out dehydration.

> RBC (Red Blood Cells) (4.67 x10E6/uL)

Red blood cells are the most common cell and make up approximately 25% of all cells in the human body. They carry oxygen to body tissues and have a life span of approximately 100-120 days. Red blood cells store 65% of all iron in the body and as such can be a key indicator of possible anemia.

Notes to Clinician

General Comment: Carry oxygen to tissues; life span of 120 days; key marker for anemias; affected by dehydration and vitamin C deficiency.
Marker is high: Most commonly due to dehdration - consider adding Celtic Sea Salt to daily diet. Can also be due to asthma or othe respiratory distress.

> RDW (Random Distribution of RBC Weight) (13.7 %)

RDW measures the consistency of the size of red blood cells. When RDW levels deviate, this is an indicator of possible anemia.

Notes to Clinician

General Comment: Key marker for various types of anemia.
Marker is high: Can be either iron-deficient or folic acid/B12 anemia.

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< WBC (White Blood Cells) (4.4 x10E3/uL)

There are 5 types of white blood cells which make up approximately 1% of the total blood volume. Their life span is approximately 13-20 days and their production is regulated by the endocrine system. All white blood cells are involved in a large number of immune system activities, depending on which type of white blood cell is needed (Neutrophils, Lymphycytes, Monocytes, Eosinophils and Basophils). Each of these are formed in the bone marrow on a daily basis.

Notes to Clinician

General Comment: Immune system cells regulated by endocrine system; affected by elevated blood sugar.
Marker is low: Often a chronic viral or bacterial infection; may also be folic acid/B12 anemia, vitamin or mineral deficiencies or elevated blood sugar.