Laboratory Corporation of America

PRIMARY LAB REPORT STATUS TYPE COMPLETE 341-129-2223-0 ADDITIONAL INFORMATION SS#: 555-98-6644 CLINICAL INFORMATION FASTING: Y CD- 62014807875 DOB: 1/26/1952 PHONE: PATIENT ID. PHYSICIAN ID. PATIENT NAME SEX AGE(YR./MOS.) POPIEL B 52 / 10 ANNA ACCOUNT: WEST LINN LCA PSC PT. ADD.: 7619 SW 26TH AVE **PORTLAND** 97219-0000 OR 21810 Willamette Dr TIME | DATE RECEIVED DATE REPORTED DATE OF SPECIMEN TIME West Linn OR 97068-0000 17:09 7721 12/06/2004 12/07/2004 8:45 12/08/2004 ACCOUNT NUMBER: 36041122 TEST RESULT LIMITS LAB Antidiuretic Hormone Profile 275 - 295BN Osmolality mOsmol/kg > 7LmOs/kH2O 275-295 Osmolality, Serum Osmolality, Urine mOs/kH2O 300-1000 7LAldosterone, Serum ng/dL 1.0 - 16.0BN 5.0 - 132.00- 1 yr. 5.0 - 60.0 1- 3 yrs. 4- 7 yrs. ·4.0 - 76.0 8-11 yrs. 3.0 -12-16 yrs. 1.0 - 18.0Adult (Supine) 1.0 - 16.0Adult (Upright) 4.0 - 31.0No Frozen Received No frozen specimen received. blow normal. It high would explain water retention. Test not performed. No specimen was received for the requested test. Our patient services department has been notified of the problem and a recollection will be scheduled. We apologize for any inconvenience this may have caused in the management of your patient. Test not performed ADH. 12/07/2004. LAB: 7L Dynacare A LabCorp CO NW DIRECTOR: David Corwin

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