



**STATE**  
COMPENSATION  
INSURANCE  
**FUND**

December 5, 2022

06675270

Natalia Foley  
751 S Weir Canyon Rd, Ste 157-455  
Anaheim CA 92808-9280

**Re: Adel Hanna v. Ca Institution For Men Attn: Return To Work Office  
WCAB Case No. ADJ15547699**

Dear Sir or Madam:

Enclosed please find copies of the following described reports.

**REPORTS:**

Allan Morrison, M.D.

**DATE:**

10/26/2022

Thank you for your attention to this matter.

Sincerely

***Julieta Lopez***

Julieta Lopez  
For Diana Munoz, Claims Representative of this claim  
(951) 697-3574

Enclosure

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Patient Information	Specimen Information	Client Information
<b>HANNA, ADEL S</b>  <b>DOB: 03/29/1946 AGE: 76</b> Gender: M Phone: 949.244.7759 Patient ID: 03291946HA Health ID: 8573030750024033	Specimen: ZD055469M Requisition: 0004034  Collected: 10/26/2022 Received: 10/26/2022 / 22:28 PDT Reported: 10/27/2022 / 03:10 PDT	Client #: 90230039 BH080000 TIRMIZI, OMAR MORRISON MD ALLAN 4340 OVERLAND AVE CULVER CITY, CA 90230-4117

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL	36		<200 mg/dL	EN
HDL CHOLESTEROL	52		> OR = 40 mg/dL	EN
TRIGLYCERIDES	57		<150 mg/dL	EN
LDL-CHOLESTEROL	31		mg/dL (calc)	EN

Reference range: <100

Desirable range <100 mg/dL for primary prevention;  
 <70 mg/dL for patients with CHD or diabetic patients  
 with > cr = 2 CHD risk factors.

LDL-C is now calculated using the Martin-Hopkins  
 calculation, which is a validated novel method providing  
 better accuracy than the Friedewald equation in the  
 estimation of LDL-C.

Martin SS et al. JAMA. 2013;310(19): 2061-2068  
 (http://education.QuestDiagnostics.com/faq/FAQ164)

CHOL/HDL-C RATIO	1.8		<5.0 (calc)	EN
NON HDL CHOLESTEROL	44		<130 mg/dL (calc)	EN

For patients with diabetes plus 1 major ASCVD risk  
 factor, treating to a non-HDL-C goal of <100 mg/dL  
 (LDL-C of <70 mg/dL) is considered a therapeutic  
 option.

COMPREHENSIVE METABOLIC PANEL				EN
GLUCOSE	98		65-99 mg/dL	

Fasting reference interval

UREA NITROGEN (BUN)	16		7-25 mg/dL	
CREATININE	0.84		0.70-1.28 mg/dL	
eGFR	90		> OR = 60 mL/min/1.73m2	

The eGFR is based on the CKD-EPI 2021 equation. To calculate  
 the new eGFR from a previous Creatinine or Cystatin C  
 result, go to [https://www.kidney.org/professionals/  
 kdoqi/gfr%5Fcalculator](https://www.kidney.org/professionals/kdoqi/gfr%5Fcalculator)

BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	141		135-146 mmol/L	
POTASSIUM	4.2		3.5-5.3 mmol/L	
CHLORIDE	106		98-110 mmol/L	
CARBON DIOXIDE	28		20-32 mmol/L	
CALCIUM	9.7		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.4		6.1-8.1 g/dL	
ALBUMIN	4.5		3.6-5.1 g/dL	
GLOBULIN	2.9		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.6		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.9		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	52		35-144 U/L	
AST	17		10-35 U/L	
ALT	23		9-46 U/L	
HEMOGLOBIN Alc		5.8 H	<5.7 % of total Hgb	EN

For someone without known diabetes, a hemoglobin  
 Alc value between 5.7% and 6.4% is consistent with



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prediabetes and should be confirmed with a follow-up test.

For someone with known diabetes, a value <7% indicates that their diabetes is well controlled. A1c targets should be individualized based on duration of diabetes, age, comorbid conditions, and other considerations.

This assay result is consistent with an increased risk of diabetes.

Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes for children.

CBC (H/H, RBC, INDICES,

EN

WBC, PLT)			
WHITE BLOOD CELL COUNT	4.9		3.8-10.8 Thousand/uL
RED BLOOD CELL COUNT	5.17		4.20-5.80 Million/uL
HEMOGLOBIN	14.4		13.2-17.1 g/dL
HEMATOCRIT	44.1		38.5-50.0 %
MCV	85.3		80.0-100.0 fL
MCH	27.9		27.0-33.0 pg
MCHC	32.7		32.0-36.0 g/dL
RDW	13.0		11.0-15.0 %
PLATELET COUNT	197		140-400 Thousand/uL
MPV	11.1		7.5-12.5 fL

**PERFORMING SITE:**

EN QUEST DIAGNOSTICS, WEST HILLS, 8401 FALLBROOK AVENUE, WEST HILLS, CA 91394-5226 Laboratory Director: TAB TOOCHINDA, MD, CLIA: 05D0642827