Source report index

Full reports for oncology review / Select an item to jump to its page

Priority records

Invitae germline report 2

UW OncoPlex tumor report 10

September 24 brain MRI 40

September 24 lumbar MRI 43

November 8 lumbar MRI 49

Baseline July 21 PET/MR 55

Restaging November 16 PET/CT 60

Radiation treatment delivery tables 148

November 6 ribociclib dose adjustment 163

Full sections

Genetics and tumor testing 2

Surgical pathology 19

MRI reports 35

PET reports 55

CT reports 63

Radiographs, ultrasound and fluoroscopy 102

Treatment and referral notes 130

Laboratory and ECG results 172

DICOM study inventory 284

Laboratory pages include UW MyChart export excerpts and complete EvergreenHealth scans. The Labcorp appendix is a labeled portal-text copy. The images are in the companion DICOM folder.

DIAGNOSTIC TESTING RESULTS

Patient name:	Yvonne K Franklin	**Sample type:**	Blood	**Report date:**	04-OCT-2026
DOB:	17-JUN-1979	**Sample collection date:**	25-SEP-2026	**Invitae #:**	RQ8460236
Sex assigned at birth:	Female	**Sample accession date:**	26-SEP-2026	**Clinical team:**	Kari Thorsen Rachel Yung
Gender:					
Patient ID (MRN):	U4772842				

Reason for testing

Diagnostic test for both a personal and a family history of disease

Test performed

Sequence analysis and deletion/duplication testing of the 13 genes listed in the Genes Analyzed section.

- Invitae Hereditary Breast Cancer Guidelines-Based Panel

RESULT: NEGATIVE

About this test

This diagnostic test evaluates 13 gene(s) for variants (genetic changes) that are associated with genetic disorders. Diagnostic genetic testing, when combined with family history and other medical results, may provide information to clarify individual risk, support a clinical diagnosis, and assist with the development of a personalized treatment and management strategy.

Next steps

- This test did not identify any pathogenic variants known to cause disease. This result does NOT exclude a genetic diagnosis and should be discussed with a healthcare provider, such as a genetic counselor, to learn about the appropriate next steps for further evaluation. Clinical follow up may still be warranted. This result should be interpreted within the context of additional laboratory results, family history and clinical findings.
- Genetic counseling is available to discuss the potential clinical implications of this result. To access Labcorp Genetic Counselors please visit **https://schedulegc.labcorp.com/SRC** or call (855) GC-CALLS (855-422-2557).

Laboratory Director: Jeana DaRe, PhD, FACMG
Labcorp Genetics 1400 16th Street, San Francisco, CA 94103 · clientservices@invitae.com · 800.436.3037
© 2026 Labcorp. All rights reserved.

Patient name: Yvonne K Franklin **DOB:** 17-JUN-1979
Invitae #: RQ8460236

Clinical summary

No reportable genetic variants were identified by this analysis, however, this individual may still be at risk for certain medical conditions based on other factors such as family history, genetic causes not evaluated with this test, or other environmental influences. Follow up of this individual and surveillance of their family members may still be indicated.

Laboratory Director: Jeana DaRe, PhD, FACMG
Labcorp Genetics 1400 16th Street, San Francisco, CA 94103 · clientservices@invitae.com · 800.436.3037
© 2026 Labcorp. All rights reserved.

Patient name: Yvonne K Franklin **DOB:** 17-JUN-1979
Invitae #: RQ8460236

Genes analyzed

This table represents a complete list of genes analyzed for this individual, including the relevant gene transcript(s). If more than one transcript is listed for a single gene, variants were reported using the first transcript listed unless otherwise indicated in the report. An asterisk (*) indicates that this gene has a limitation. Please see the Limitations section for details. Results are negative unless otherwise indicated in the report. Benign and Likely Benign variants are not included in this report and in specific scenarios variants of uncertain significance in the requisitioned gene(s) may not be included in this report.

GENE	TRANSCRIPT
ATM*	NM_000051.3
BARD1	NM_000465.3
BRCA1	NM_007294.3
BRCA2	NM_000059.3
CDH1	NM_004360.3
CHEK2	NM_007194.3
NF1*	NM_000267.3
PALB2	NM_024675.3
PTEN*	NM_000314.4
RAD51C	NM_058216.2
RAD51D	NM_002878.3
STK11	NM_000455.4
TP53	NM_000546.5

Laboratory Director: Jeana DaRe, PhD, FACMG
Labcorp Genetics 1400 16th Street, San Francisco, CA 94103 · clientservices@invitae.com · 800.436.3037
© 2026 Labcorp. All rights reserved.

Patient name: Yvonne K Franklin **DOB:** 17-JUN-1979
Invitae #: RQ8460236

Methods

- Genomic DNA obtained from the submitted sample is enriched for targeted regions using a hybridization-based protocol, and sequenced using Illumina technology. Unless otherwise indicated, all targeted regions are sequenced with >=50x depth or are supplemented with additional analysis. Reads are aligned to a reference sequence (GRCh37), and sequence changes are identified and interpreted in the context of a single clinically relevant transcript, indicated in the Genes Analyzed table. Enrichment and analysis focus on the coding sequence of the indicated transcripts, 20bp of flanking intronic sequence, and other specific genomic regions demonstrated to be causative of disease at the time of assay design. Promoters, untranslated regions, and other non-coding regions are not otherwise interrogated. For some genes only targeted loci are analyzed. Exonic deletions and duplications are called using an in-house algorithm that determines copy number at each target by comparing the read depth for each target in the proband sequence with both mean read-depth and read-depth distribution, obtained from a set of clinical samples. Markers across the X and Y chromosomes are analyzed for quality control purposes and may detect deviations from the expected sex chromosome complement. Such deviations may be included in the report in accordance with internal guidelines. Variants are reported according to the Human Genome Variation Society (HGVS) guidelines. Confirmation of the presence and location of reportable variants is performed as needed based on stringent criteria using one of several validated orthogonal approaches (PubMed ID 30610921). Sequencing is performed by Labcorp Genetics (1400 16th Street, San Francisco, CA 94103, #05D2040778). Confirmatory sequencing is performed by Labcorp Genetics (1400 16th Street, San Francisco, CA 94103, #05D2040778). RNA sequencing is performed by Labcorp Genetics (1400 16th Street, San Francisco, CA 94103, #05D2040778).

  The following additional analyses are performed if relevant to the requisition. For PMS2 exons 12-15, the reference genome has been modified to force all sequence reads derived from PMS2 and the PMS2CL pseudogene to align to PMS2, and variant calling algorithms are modified to support an expectation of 4 alleles. If a rare SNP or indel variant is identified by this method, both PMS2 and the PMS2CL pseudogene are amplified by long-range PCR and the location of the variant is determined by Pacific Biosciences (PacBio) SMRT sequencing of the relevant exon in both long-range amplicons. If a CNV is identified, MLPA or MLPA-seq is run to confirm the variant. If confirmed, both PMS2 and PMS2CL are amplified by long-range PCR, and the identity of the fixed differences between PMS2 and PMS2CL are sequenced by PacBio from the long-range amplicon to disambiguate the location of the CNV. For C9orf72 repeat expansion testing, hexanucleotide repeat units are detected by repeat-primed PCR (RP-PCR) with fluorescently labeled primers followed by capillary electrophoresis. Interpretation Reference Ranges: Benign (Normal Range): <25 repeat units, Uncertain: 25-30 repeat units, Pathogenic (Full Mutation): >=31 repeat units (PMID: 21944779, 22406228, 23111906, 28689190, 31315673, 33168078, 33575483). A second round of RP-PCR utilizing a non-overlapping set of primers is used to confirm the initial call in the case of suspected allele sizes of 22 or more repeats. For RNA analysis of the genes indicated in the Genes Analyzed table, complementary DNA is synthesized by reverse transcription from RNA derived from a blood specimen and enriched for specific gene sequences using capture hybridization. After high-throughput sequencing using Illumina technology, the output reads are aligned to a reference sequence (genome build GRCh37; custom derivative of the RefSeq transcriptome) to identify the locations of exon junctions through the detection of split reads. The relative usage of exon junctions in a test specimen is assessed quantitatively and compared to the usage seen in control specimens. Abnormal exon junction usage is evaluated as evidence in the Sherloc variant interpretation framework. If an abnormal splicing pattern is predicted based on a DNA variant outside the typical reportable range, as described here, the presence of the variant is confirmed by targeted DNA sequencing.

- A PMID is a unique identifier referring to a published, scientific paper. Search by PMID at http://www.ncbi.nlm.nih.gov/pubmed.
- An rsID is a unique identifier referring to a single genomic position, and is used to associate population frequency information with sequence changes at that position. Reported population frequencies are derived from a number of public sites that aggregate data from large-scale population sequencing projects, including ExAC, gnomAD, and dbSNP.
- A MedGen ID is a unique identifier referring to an article in MedGen, NCBI's centralized database of information about genetic disorders and phenotypes. Search by MedGen ID at http://www.ncbi.nlm.nih.gov/medgen. An OMIM number is a unique identifier referring to a comprehensive entry in Online Mendelian Inheritance in Man (OMIM). Search by OMIM number at http://omim.org/.
- The laboratory uses information from individuals undergoing testing to inform variant interpretation. If "internal data" is cited as a reference in the variant details this may refer to the individual in this requisition and/or historical internal observations.

Limitations

Based on validation study results, this assay achieves >99% analytical sensitivity and specificity for single nucleotide variants, insertions and deletions <15bp in length, and exon-level deletions and duplications. This test detects insertions and deletions larger than 15bp but smaller than a full exon but sensitivity for these may be marginally reduced. In some situations, single-exon copy number events may not be confidently determined due to inherent sequence properties or isolated reduction in data quality. Certain types of variants, such as structural rearrangements (e.g. inversions, gene conversion events, translocations, etc.) or variants embedded in sequence with complex architecture (e.g. short tandem repeats or segmental duplications), may not

© 2026 Labcorp. All rights reserved.

be detected. Additionally, it may not be possible to fully resolve certain details about variants, such as mosaicism, phasing, or mapping ambiguity. Unless explicitly guaranteed, sequence changes in the promoter, non-coding exons, and other non-coding regions are not covered by this assay. Please consult the test definition on our website for details regarding regions or types of variants that are covered or excluded for this test. This report reflects the analysis of an extracted genomic DNA sample. While this test is intended to reflect the analysis of extracted genomic DNA from a referred patient, in very rare cases the analyzed DNA may not represent that individual's constitutional genome, such as in the case of a circulating hematolymphoid neoplasm, bone marrow transplant, blood transfusion, chimerism, culture artifact or maternal cell contamination. Genomic DNA derived from tissue cultured for extended periods of time are at increased risk for cell culture artifacts. Interpretations are made on the assumption that any clinical information provided, including specimen identity, is accurate. RNA analysis is not designed for use as a stand-alone diagnostic method and cannot determine absolute RNA levels. Results from the RNA analysis may not be informative for interpreting copy number events. Additionally, sensitivity to detect RNA splicing events may be reduced in regions that do not meet RNA detection thresholds, which may include variants in the first donor site of each gene and complex events, among others.

ATM: Sequencing analysis for exons 6, 24, 43 includes only cds +/- 10 bp. NF1: Sequencing analysis for exons 2, 7, 25, 41, 48 includes only cds +/- 10 bp. PTEN: Sequencing analysis for exons 8 includes only cds +/- 10 bp.

Disclaimer

DNA studies do not constitute a definitive test for the selected condition(s) in all individuals. It should be realized that there are possible sources of error. Errors can result from trace contamination, rare technical errors, rare genetic variants that interfere with analysis, recent scientific developments, and alternative classification systems. This test should be one of many aspects used by the healthcare provider to help with a diagnosis and treatment plan, but it is not a diagnosis itself. This test was developed and its performance characteristics determined by Labcorp Genetics. It has not been cleared or approved by the FDA. The laboratory is regulated under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high-complexity clinical tests (CLIA ID: 05D2040778). This test is used for clinical purposes. It should not be regarded as investigational or for research.

© 2026 Labcorp. All rights reserved.

DIAGNOSTIC TESTING RESULTS

Patient name: Yvonne K Franklin **DOB:** 17-JUN-1979
Invitae #: RQ8460236

Genes analyzed

ATM*, BARD1, BRCA1, BRCA2, CDH1, CHEK2, NF1*, PALB2, PTEN*, RAD51C, RAD51D, STK11, TP53

Laboratory Director: Jeana DaRe, PhD, FACMG
Labcorp Genetics 1400 16th Street, San Francisco, CA 94103 · clientservices@invitae.com · 800.436.3037
© 2026 Labcorp. All rights reserved.

DIAGNOSTIC TESTING RESULTS

Patient name: Yvonne K Franklin **DOB:** 17-JUN-1979
Invitae #: RQ8460236

This report has been released utilizing a validated procedure approved by:

Jeana DaRe

Jeana DaRe, Ph.D., FACMG
Laboratory Director

jd_0835_pr

© 2026 Labcorp. All rights reserved.

GENERAL GUIDELINES
NEGATIVE RESULTS GUIDE

This document is not part of the Invitae® clinical report and does not represent medical advice. These are general guidelines that are not specific to your result and may not represent all relevant international recommendations. You can use this guide to talk to your healthcare provider about your test results, clinical history, and the most current guidelines. We recognize that individuals have diverse gender and sexual identities. In this guide, the terms female, male, women, and men refer to sex assigned at birth.

What is a negative result?



A negative test result means that no significant genetic changes ("pathogenic" or "likely pathogenic" variants) were found. Risk for disease can still be influenced by a combination of personal, lifestyle, environmental, and/or unidentified genetic factors.

Create a plan with a healthcare provider



It is important to share these results with a healthcare provider to determine appropriate next steps. The chance for an individual to develop a disease is not usually determined by genetic test results alone.

What does this result mean for family members?



Parents, siblings, children, and other relatives have their own genetic makeup. Although these results did not find a significant genetic change, family members can discuss their own potential health and/or reproductive risks and the option of genetic testing with their own healthcare providers.

Resources



Genetic counseling can help individuals understand their genetic test results and options for next steps. Reviewing test results with a genetic counselor or other healthcare provider is recommended. Local or telehealth genetic counselors can be identified using the Find a Genetic Counselor search tool at nsgc.org (US and Canada). Individuals with an Invitae test result can also log in to their patient portal (invitae.com) to view their results, contact a genetic counselor, or join the Invitae Patient Insights Network (PIN) (pin.invitae.com), an online platform where individuals can share information about their health and experiences to help advance research and drug development.

Labcorp Genetics 1400 16th Street, San Francisco, CA 94103 - clientservices@invitae.com - 800.436.3037
© 2026 Labcorp. All rights reserved. 01/01/2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

UW ONCOPLEX SINGLE GENE

Collected on Jul 24, 2026 11:08 AM

Results

OncoPlex Single Gene Sequenced Gene

Value
SEE NOTES

(NOTE)
PIK3CA,AKT1,PTEN

OncoPlex Single Gene Result

Value
1) POSITIVE for an activating mutation in PIK3CA (p.C420R). 2) NEGATIVE for activating alterations in AKT1. 3) NEGATIVE for inactivating alterations in PTEN, see interpretation.

OncoPlex Single Gene Interpretation

Value

(NOTE)

1) The tested tumor sample is POSITIVE for an activating mutation in PIK3CA (p.Cys420Arg, NM_006218.4:c.1258T>C, VAF 27%, also known as p.C420R). Clinical data indicates breast carcinomas with PIK3CA activating mutations may respond to pathway specific inhibitors (Janku 2012). A combination of fulvestrant plus alpelisib is approved for use in a subset of patients with ER+ breast cancers with activating PIK3CA mutations (Andre 2019), and capivasertib, in combination with fulvestrant, is approved for us in ER+/HER2- breast cancers with PIK3CA, AKT1, or PTEN mutations (Turner 2023, Howell 2022, Jones 2020). It is not known if the tested neoplasm would be susceptible to therapies targeting the relevant pathways or if this patient would benefit from such a therapeutic approach.

2) The tested tumor sample is NEGATIVE for activating mutations, amplifications, and structural rearrangements in the tested regions of AKT1.

3) The tested tumor sample is also NEGAT
IVE for inactivating
mutations, copy alterations, and structural rearrangements in the tested regions of PTEN.

UW-OncoPlex analysis was limited to PIK3CA, PTEN and AKT1. No other currently actionable mutations were otherwise detected in these genes. Some mutations in these genes will not be detected by this assay and not all detected variants are reported.

References:

1. Janku F, et al. PI3K.AKT.mTOR inhibitors in patients with breast and gynecologic malignancies harboring PIK3CA mutations. J Clin Oncol. 2012, 30:777. PMID 22271473
2. Andre F, et al. Alpelisib for PIK3CA-Mutated, Hormone Receptor-Positive Advanced Breast Cancer. N Engl J Med 2019, 380:1929-1940 PMID 31091374
3. Turner NC, et al. Capivasertib in Hormone Receptor-Positive Advanced Breast Cancer. N Engl J Med 2023, 388:2058-2070 PMID 37256976
4. Howell SJ, et al. Fulvestrant plus capivasertib versus placebo after relapse or progression on an aromatase inhibitor in metastatic, oestrogen r
eceptor-positive, HER2-negative breast cancer (FAKTION): overall survival, updated progression-free survival, and expanded biomarker analysis from a randomised, phase 2 trial. Lancet Oncol 2022, 23:851-864 PMID 35671774
5. Jones RH, et al. Fulvestrant plus capivasertib versus placebo after relapse or progression on an aromatase inhibitor in metastatic, oestrogen receptor-positive breast cancer (FAKTION): a multicentre, randomised, controlled, phase 2 trial. Lancet Oncol 2020, 21:345-357 PMID 32035020

OncoPlex Single Gene Clinical Information

Value
Right iliac crest: Metastatic carcinoma, SU26-28598, block A1, collected on 07-24-2026.

OncoPlex Single Gene Method

Value
SEE NOTES

Sequences are aligned to the human genome reference (hg38). Test performed by targeted capture for listed genes followed by next-generation sequencing with Illumina technology.

This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine and Pathology. It has not been cleared or approved by the US Food and Drug Administration. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Oncoplex Single Gene Director

Value
Interpreted by: Dr. Colin C. Pritchard, M.D., Ph.D.

Scan 1

Authorizing provider: Lynn Symonds
Collection date: Jul 24, 2026 11:08 AM
Specimens: Whole blood
Result date: Aug 13, 2026 3:39 PM
Result status: Final
Resulting lab:
UWMC MONTLAKE DEPT OF LAB MED
1959 NE PACIFIC STREET
MS 357110
SEATTLE WA 98195-0001
206-598-6131
Xiaoli Chen, MD (Lab director)

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

MICROSATELLITE INSTABILITY BTY

Collected on Jul 24, 2026 11:08 AM

Results

MSI Result

Normal value: MSI10

Value

1. NEGATIVE for microsatellite instability.

2. Low tumor mutation burden, see interpretation.

MSI Clinical History

Value

Right iliac crest: Metastatic carcinoma, SU26-28598, block A1, collected on 07-24-2026.

MSI Interpretation

Value

SEE NOTES

The sample tested is NEGATIVE for microsatellite instability with LOW tumor mutation burden (LESS THAN TEN mutations per Mb). Tumors without microsatellite instability are classified as microsatellite stable. This test can normally detect microsatellite instability if present in more than 20% of the cells in the sample.

Microsatellite instability has been extensively characterized in colorectal and endometrial cancer. False negative results in other cancer types cannot be excluded.

MSI Tumor Mutation Burden

mut/Mb

Value

5

MSI Methods

Value
SEE NOTES

Sequences are aligned to the human genome reference (hg38). Test performed by targeted capture for listed genes followed by next-generation sequencing with Illumina technology.

Microsatellite loci are amplified and sequenced on an Illumina instrument, as described [Salipante et al 2014].
Tumor mutational burden (TMB) is reported as the number of coding somatic variants per megabase of the coding region within the OncoPlex panel. TMB-High is defined as 10 or more mutations per megabase.

This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine and Pathology. It has not been cleared or approved by the US Food and Drug Administration. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. This test is used for clinical purposes. It should not be regarded as investigationa
l or for research.

Lynch syndrome screening is recommended for all patients diagnosed with endometrial or colorectal carcinoma, and microsatellite instability testing is the laboratory method used for screening patients at the University of Washington Medical Centers.

References: 1) Salipante SJ, et al. Microsatellite instability detection by next generation sequencing. Clin Chem. 2014,60:1192.PMID 24987110, 2) Marabelle A, et al. Association of tumour mutational burden with outcomes in patients with advanced solid tumours treated with pembrolizumab. Lancet Oncol. 2020 Oct,21:1353. PMID: 32919526

MSI Director

Value
Interpreted by: Dr. Colin C. Pritchard, M.D., Ph.D.

Scan 1

Authorizing provider: Lynn Symonds
Collection date: Jul 24, 2026 11:08 AM
Specimens: Specimen
Result date: Aug 13, 2026 3:39 PM
Result status: Final
Resulting lab:
UWMC MONTLAKE DEPT OF LAB MED
1959 NE PACIFIC STREET

MS 357110
SEATTLE WA 98195-0001
206-598-6131
Xiaoli Chen, MD (Lab director)

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Progress Notes

Kari Thorsen - 10/05/2026 10:00 AM PDT

Formatting of this note might be different from the original.
GENETIC TEST RESULT - Phone call

I called on 10/5/2026 and spoke with Yvonne Kalley Franklin to disclose the results of her recent germline (inherited) genetic testing.

Result: NEGATIVE. This test did not identify any pathogenic variants known to cause disease.

Lab: Invitae
Test: Hereditary Breast Cancer Guidelines-Based Panel (13 genes total)

Genes Analyzed: ATM*, BARD1, BRCA1, BRCA2, CDH1, CHEK2, NF1*, PALB2, PTEN*, RAD51C, RAD51D, STK11, TP53

This result has the following implications for Yvonne:

1. This is a normal result. The reason for Yvonne's personal history of breast cancer remains unknown. This negative result greatly reduces the likelihood of a genetic cause.

2. This result greatly reduces the likelihood of a cancer predisposition syndrome in Yvonne.

3. This result does not inform/change current recommendations for her cancer treatment.

4. We discussed that Yvonne's genetic testing only covered genes associated with breast cancer. There are several of the genes above that overlap with risks for ovarian, prostate, pancreatic, melanoma, and some other cancers. However, more cancer-related testing is available to her.Yvonne is aware up to 70 other cancer genes could be assessed for free by Invitae until March 3, 2027. Yvonne can contact me if she is interested. At this time, she is not interested in expanded testing.

5. No additional germline genetic testing is recommended for Yvonne at this time. She is recommended to follow-up with our genetics clinic in 3-5 years to see if additional genetic testing is available and/or recommended (scheduling # 206-606-6990).

6. Yvonne has the possibility of enrolling in clinical DNA biobanking for future genetic testing. Yvonne is eligible as an established patient at Fred Hutch based on her underlying diagnosis. There would be no extra charges for Yvonne to clinically bank their DNA. If Yvonne voices interest in the program, I will place a referral for them and coordinator will reach out to provide more information on the procedure, obtain consent, and schedule the blood sample collection. The coordinator can assist with answering Yvonne's questions.

1. Referral placed today.

This result has the following implications for Yvonne's relatives:

1. Yvonne's relatives are encouraged to share the family history of cancer(s) with their PCPs to help receive personalized recommendations for cancer screening. Yvonne is encouraged to share a copy of her testing report with her relatives as well.

2. Genetic testing is NOT recommended for Yvonne's relatives who are unaffected (ie. No cancer histories) since we did not identify a clear genetic cause for Yvonne's cancer.

3. Yvonne's close female relatives, such as her daughter and mother, are encouraged to talk with their doctors about increased breast cancer surveillance (starting at age 37) based on the family history. The National Comprehensive Cancer Network (NCCN) recommends that for individuals at greater than 20 percent average

lifetime risk of invasive breast cancer, screening recommendations include:

1. Clinical breast exams: Every 6 to 12 months starting 10 years younger than the youngest breast cancer case in the family;
2. Mammograms: Every year starting 10 years younger than the youngest breast cancer case in the family; and
3. Breast MRIs: Every year starting 10 years younger than the youngest breast cancer case in the family.

All of Yvonne's questions were answered over the phone today. I will send a copy of this summary letter and the genetic testing result to Yvonne. She may contact our clinic if questions about the results arise in the future.

Kari Thorsen, MS, CGC (she/her)
Licensed and Certified Genetic Counselor
Fred Hutch Cancer Center
Cancer Genetics and Prevention
P: (206) 606-5173 | F: (206) 606-6412
kthorsen1@fredhutch.org (mailto:kthorsen1@fredhutch.org)

Electronically signed by Kari Thorsen at 10/05/2026 11:44 AM PDT

documented in this encounter

Plan of Treatment

Upcoming Encounters

Date	Type	Department	Care Team (Latest Contact Info)	Description
11/20/2026 10:30 AM PST	Lab	Fred Hutch Alliance Laboratory 825 Eastlake Ave E Seattle, WA 98109-4405 206-606-1000		
11/20/2026 11:15 AM PST	Office Visit	Fred Hutch Breast Oncology 825 Eastlake Ave E Seattle, WA 98109-4405 206-606-2016	Lynn Symonds 825 Eastlake Avenue East Seattle, WA 98109-4405 206-606-2016 (Work) 206-606-2023 (Fax)	
11/20/2026 2:00 PM PST	Infusion	Fred Hutch Short Stay Unit 825 Eastlake Ave E Seattle, WA 98109-4405 206-606-7500		
12/01/2026 1:45 PM PST	Office Visit	Fred Hutch Neuro Oncology 825 Eastlake Ave E Seattle, WA 98109-4405 206-606-4058	Tyler Lanman 825 Eastlake Avenue East Seattle, WA 98109-4405 206-606-4058 (Work) 206-606-1435 (Fax)	
12/02/2026 9:30 AM PST	Telemedicine	UW Medicine Montlake Neurosurgery Clinic 1959 NE Pacific, Box 356165 Seattle, WA 98195-6165 206-598-5637	Anubhav Gautam Amin 1959 Northeast Pacific Suite 356165 Seattle, WA 98195-0001 206-598-5637 (Work) 206-598-2475 (Fax)	

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

PATHOLOGY, SURGICAL

Collected on Jul 22, 2026 1:10 PM, Jul 22, 2026 1:05 PM

Results

Addendum 1

ADDENDUM REASON:
This addendum is issued to report ER, PR, HER2, and Ki67 testing. See Biomarker Summary template below.

Biomarkers Disclaimer

All controls show appropriate reactivity.

ER/PR and HER2 immunohistochemical analyses are performed in accordance with the ASCO/CAP guidelines [1,2]. Department of Pathology protocols dictate that breast cancer containing tissue will be fixed in 10% neutral buffered formalin for a minimum of 6 hours to a maximum of 72 hours at room temperature for ER/PR and HER2, unless otherwise noted in this report. All breast core biopsy specimens are rapidly immersed in formalin (Cold ischemia time is within required one hour). The detection system used is Roche Ultraview Universal DAB Detection Kit.

The Criteria used to determine a positive vs. negative result, and scoring system (eg, percent of stained cells, staining pattern) are those recommended by ASCO/CAP [1,2]. The interpretation is reported according to the CAP Reporting Template for Reporting Results of Biomarker Testing of Specimens from Patients with Carcinoma of the Breast. Cases with 2+ (equivocal) HER2 staining will be tested for gene amplification using validated fluorescent in-situ hybridization (FISH) technique.

These assays have not been validated on decalcified tissues. Results using decalcified tissues should be interpreted with caution, given the likelihood of false negativity in this testing environment. When the above stain result indicates 'Quantitative Evaluation', a manual morphometric scoring of the stain was performed.

REFERENCES:
1. Allison KH, Hammond EH, Dowsett M, et al. Estrogen and Progesterone Receptor Testing in Breast Cancer: American Society of Clinical Oncology/College of American Pathologists Guideline Update Arch Pathol Lab Med. 2020; 144(5):545-63.
2. Wolff AC, Somerfield MR, Dowsett M, et al. Human Epidermal Growth Factor Receptor 2 Testing in Breast Cancer: American Society of Clinical Oncology/College of American Pathologist Guideline Update. Arch Pathol Lab Med. Published online June 7, 2023. doi:10.5858/arpa.2023-0905-SA

Final Diagnosis

A) Left breast, 1:00 7 cm FN, core biopsy:
- Invasive lobular carcinoma. See Synoptic Checklist.

B) Lymph node, right axilla, core biopsy:
- Metastatic carcinoma, See Comment.

COMMENT:
B) Neoplastic cells are morphologically similar to the findings in part A, compatible with metastasis from breast primary.

Synoptic Checklist

Value

INVASIVE CARCINOMA OF THE BREAST: Biopsy

INVASIVE CARCINOMA OF THE BREAST: BIOPSY - A

Protocol posted: 3/22/2023

SPECIMEN

Procedure: Needle biopsy

Specimen Laterality: Left

TUMOR

Tumor Site: Clock position

: 1 o'clock

Tumor Site: Distance from nipple (Centimeters): 7 cm

Histologic Type: Invasive carcinoma with features of: lobular

Histologic Grade (Nottingham Histologic Score):

Glandular (Acinar) / Tubular Differentiation: Score 3

Nuclear Pleomorphism: Score 2

Mitotic Rate: Score 1

Overall Grade: Grade 2 (scores of 6 or 7)

Largest Invasive Focus in this Limited Biopsy Sample: 7 mm

Ductal Carcinoma In Situ (DCIS): Not identified

Lymphatic and / or Vascular Invasion: Not identified

Microcalcifications: Not identified

Breast Biomarker Studies (pending): Biomarkers have been ordered and will be reported in an addendum.

Breast Biomarker Reporting Template

(Added in Addendum) BREAST BIOMARKER REPORTING TEMPLATE - All Specimens

Protocol posted: 6/18/2025

Testing Performed on Specimen / Block Number(s): A1

Test(s) Performed:

Estrogen Receptor (ER) Status: Positive (greater than 10% of cells demonstrate nuclear positivity)

Percentage of Cells with Nuclear Positivity: 91-100%

Average Intensity of Staining: Strong (3+)

Test(s) Performed:

Progesterone Receptor (PgR) Status: Positive

Percentage of Cells with Nuclear Positivity: 91-100%

Average Intensity of Staining: Strong (3+)

Test(s) Performed:

HER2 by Immunohistochemistry (IHC) Status: Negative (Score 1+)

: Incomplete membrane staining that is faint / barely perceptible and in greater than 10% of tumor cells

Test(s) Performed:

Ki-67 Proliferative Index: 21-30%

METHODS

Cold Ischemia and Fixation Times: Meet requirements specified in latest version of the ASCO / CAP Guidelines

Cold Ischemia Time (Minutes): Less than 60 minutes

Fixation Time (Hours): 28 hours

Fixative: Formalin

ER Testing Methodology:

ER Test Type: Food and Drug Administration (FDA) cleared (test / vendor): Roche

ER Primary Antibody: SP1

PgR Testing Methodology:

PgR Test Type: Food and Drug Administration (FDA) cleared (test / vendor): Roche

PgR Primary Antibody: 1E2

HER2 IHC Testing Methodology:

HER2 IHC Test Type: Food and Drug Administration (FDA) cleared (test / vendor): Roche

HER2 IHC Primary Antibody: 4B5

Ki-67 Primary Antibody: 30-9

Ancillary Studies (IHC, FISH and Special Stains report)

Population: Neoplastic cells

Slides	Test	Result
A1-4	E-Cadherin (EP700Y)	NEGATIVE: Supports lobular phenotype.

All controls show appropriate reactivity.

Gross Description

A. Breast Left, biopsy needle core.
Received in formalin labeled, "Franklin, Yvonne; Left Breast mass 1:00 7cmfn" are 4 tan-yellow to hemorrhagic cores of fibrofatty tissue, 1.8 x 0.7 x 0.2 cm in aggregate. Inked blue, wrapped, and entirely submitted in A1. Total fixation time: Approximately 28 hours.

B. Lymph node, biopsy.
Received in formalin labeled "Franklin, Yvonne; Right Axilla LN" are 2 yellow-white to hemorrhagic, fibrofatty soft tissue cores. Stained, wrapped, and entirely submitted in B1-B2. Total fixation time: Approximately 28 hours. (LS)

Case Report

Value

Surgical Pathology Report Case: SU26-28300
Authorizing Provider: Paras, Leilani D, MD Collected: 07/22/2026 01:05 PM
Ordering Location: Breast Imaging Clinic at Received: 07/22/2026 11:14 PM
UWMC Northwest
Pathologist: Dintzis, Suzanne Martha,
MD
Specimens: A) - Breast Left, biopsy needle core, Left Breast mass 1:00 7cmfn
B) - Lymph node, biopsy, Right Axilla LN

IHC, ISH and IF Disclaimer

Note: Some tests cited above may have been developed and their performance characteristics determined by the UW Medicine Pathology Laboratories. They have not been cleared or approved by the U.S. Food and Drug Administration (FDA). However, the FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes and should not be regarded as investigational or for research. The performing laboratories at UWMC, HMC or FHCC are certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) as qualified to perform high complexity laboratory testing.

Case Testing Locations Disclaimer

The technical and/or professional components of this case may have been performed at any of the following laboratories. These records are maintained internally and more information is available upon request.

- **UW Medical Center:** 1959 NE Pacific St., Seattle, WA 98195-0001
- **Harborview Medical Center:** 325 9th Ave, Seattle, WA, 98104-2420
- **UW Medical Center Northwest:** 1550 N 115th St, Seattle, WA 98133-8401

LAB AP EMBEDDED IMAGES

Value
No value

Scan 1

Ordering provider: Leilani D Paras
Collection date: Jul 22, 2026 1:10 PM, Jul 22, 2026 1:05 PM
Specimens: Tissue (Lymph node, biopsy), Tissue (Breast Left, biopsy needle core)
Result date: Jul 28, 2026 10:54 AM
Result status: Final (Edited)
Resulting lab:
UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY
1959 NE Pacific St.
Room BB220
Seattle WA 98195
206-598-6400
Paul Swanson, MD (Lab director)
50D0661462 (CLIA #)

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

PATHOLOGY, SURGICAL

Collected on Jul 24, 2026 12:26 PM

Results

Addendum 2

ADDENDUM REASON:
This addendum is issued to report the results of HER2 FISH testing performed. See Biomarker Summary template below.

Addendum 1

ADDENDUM REASON:
This addendum is issued to report ER, PR, and HER2 testing. See Biomarker Summary template below.

HER2 FISH studies have also been ordered and will be reported in a subsequent addendum.

Biomarkers Disclaimer

All controls show appropriate reactivity.

ER/PR and HER2 immunohistochemical analyses are performed in accordance with the ASCO/CAP guidelines [1,2]. Department of Pathology protocols dictate that breast cancer containing tissue will be fixed in 10% neutral buffered formalin for a minimum of 6 hours to a maximum of 72 hours at room temperature for ER/PR and HER2, unless otherwise noted in this report. All breast core biopsy specimens are rapidly immersed in formalin (Cold ischemia time is within required one hour). The detection system used is Roche Ultraview Universal DAB Detection Kit.

The Criteria used to determine a positive vs. negative result, and scoring system (eg, percent of stained cells, staining pattern) are those recommended by ASCO/CAP [1,2]. The interpretation is reported according to the CAP Reporting Template for Reporting Results of Biomarker Testing of Specimens from Patients with Carcinoma of the Breast. Cases with 2+ (equivocal) HER2 staining will be tested for gene amplification using validated fluorescent in-situ hybridization (FISH) technique.

These assays have not been validated on decalcified tissues. Results using decalcified tissues should be interpreted with caution, given the likelihood of false negativity in this testing environment. When the above stain result indicates 'Quantitative Evaluation', a manual morphometric scoring of the stain was performed.

REFERENCES:
1. Allison KH, Hammond EH, Dowsett M, et al. Estrogen and Progesterone Receptor Testing in Breast Cancer: American Society of Clinical Oncology/College of American Pathologists Guideline Update Arch Pathol Lab Med. 2020; 144(5):545-63.
2. Wolff AC, Somerfield MR, Dowsett M, et al. Human Epidermal Growth Factor Receptor 2 Testing in Breast Cancer: American Society of Clinical Oncology/College of American Pathologist Guideline Update. Arch Pathol Lab Med. Published online June 7, 2023. doi:10.5858/arpa.2023-0905-SA

Final Diagnosis

A) Right iliac crest, biopsy:
- Metastatic carcinoma.

Synoptic Checklist

Value

Breast Biomarker Reporting Template

(Added in Addendum) BREAST BIOMARKER REPORTING TEMPLATE - All Specimens

Protocol posted: 6/18/2025

Testing Performed on Specimen / Block Number(s): A1

Test(s) Performed:

Estrogen Receptor (ER) Status: Positive (greater than 10% of cells demonstrate nuclear positivity)

Percentage of Cells with Nuclear Positivity: 91-100%

Average Intensity of Staining: Strong (3+)

Test(s) Performed:

Progesterone Receptor (PgR) Status: Positive

Percentage of Cells with Nuclear Positivity: 91-100%

Average Intensity of Staining: Strong (3+)

Test(s) Performed:

HER2 by Immunohistochemistry (IHC) Status: Equivocal (Score 2+)

: Weak to moderate complete membrane staining observed in greater than 10% of tumor cells

METHODS

Cold Ischemia and Fixation Times: Cannot be determined: Cold ischemia and formalin fixation times not documented.

Fixative: Formalin

ER Testing Methodology:

ER Test Type: Food and Drug Administration (FDA) cleared (test / vendor): Roche

ER Primary Antibody: SP1

PgR Testing Methodology:

PgR Test Type: Food and Drug Administration (FDA) cleared (test / vendor): Roche

PgR Primary Antibody: 1E2

HER2 IHC Testing Methodology:

HER2 IHC Test Type: Food and Drug Administration (FDA) cleared (test / vendor): Roche

HER2 IHC Primary Antibody: 4B5

Breast Biomarker Reporting Template

(Added in Addendum) BREAST BIOMARKER REPORTING TEMPLATE - All Specimens

Protocol posted: 6/18/2025

Testing Performed on Specimen / Block Number(s): A1

Test(s) Performed:

HER2 by In Situ Hybridization (ISH) Status: Negative, based on IHC and ISH results

: Group 4 ISH result (with IHC 0-2+)

HER2 ISH Testing Signal Counts and Ratio:

Average Number of HER2 Signals per Cell: 4.35

Average Number of CEP17 Signals per Cell: 3.39

HER2 / CEP17 Ratio: 1.28

Comment(s) on HER2 ISH Results: This sample has a Group 4 result (ratio less than 2.0; greater than or equal to 4.0 and less than 6.0 HER2 signals / cell). It is uncertain whether patients with greater than or equal to 4.0 and less than 6.0 average HER2 signals / cell and HER2 / CEP17 ratio less than 2.0 benefit from HER2 targeted therapy in the absence of protein overexpression (IHC 3+). If the specimen test result is close to the ISH ratio threshold for positive, there is a high likelihood that repeat testing will result in different results by chance alone. Therefore, when IHC results are not 3+ positive, it is recommended that the sample be considered HER2 negative without additional testing on the same specimen.

METHODS

Cold Ischemia and Fixation Times: Cannot be determined: Cold ischemia and formalin fixation times not documented.

Fixative: Formalin

HER2 ISH Testing Methodology:

HER2 ISH Test Type: Food and Drug Administration (FDA) cleared (test / vendor): Path Vysion Her-2 DNA probe kit/Abbott Molecular

Gross Description

A. Iliac crest, Right.
Received in formalin labeled "Franklin, Yvonne; " is a 1.1 x 0.7 x 0.2 cm aggregate of tan to red-brown soft tissue and no bone grossly identified. The specimen is filtered in a mesh bag and entirely submitted in A1. (AG)

Case Report

Value

Surgical Pathology Report Case: SU26-28598
Authorizing Provider: Thurlow, Peter Christian, Collected: 07/24/2026 12:26 PM
MD
Ordering Location: HMC ANGIO SUITE Received: 07/24/2026 01:32 PM
Pathologist: Dintzis, Suzanne Martha,
MD
Specimen: Iliac crest, Right

Case Testing Locations Disclaimer

The technical and/or professional components of this case may have been performed at any of the following laboratories. These records are maintained internally and more information is available upon request.

- **UW Medical Center:** 1959 NE Pacific St., Seattle, WA 98195-0001
- **Harborview Medical Center:** 325 9th Ave, Seattle, WA, 98104-2420
- **UW Medical Center Northwest:** 1550 N 115th St, Seattle, WA 98133-8401

LAB AP EMBEDDED IMAGES

Value
No value

Scan 1

Ordering provider: Peter Christian Thurlow
Collection date: Jul 24, 2026 12:26 PM
Specimens: Bone (Iliac crest, Right)
Result date: Aug 13, 2026 1:52 PM
Result status: Final (Edited)
Resulting lab:
UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY
1959 NE Pacific St.
Room BB220
Seattle WA 98195
206-598-6400
Paul Swanson, MD (Lab director)
50D0661462 (CLIA #)

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

PATHOLOGY, SURGICAL

Collected on Sep 16, 2026 5:06 PM

Results

Final Diagnosis

A) Sacrum, biopsy:
- Cytokeratin-positive cells in a background of blood and bone marrow, consistent with metastatic carcinoma.
- See comment.

COMMENT:
The specimen contains blood clot and fragments of bone marrow with scattered cytokeratin AE1/AE3 positive cells, consistent with carcinoma and morphologically consistent with metastatic carcinoma of breast origin.

Ancillary Studies (IHC, FISH and Special Stains report)

Population: Cells of interest

Slides	Test	Result
A1-2	Pancytokeratin (AE1/AE3)	Positive

All controls show appropriate reactivity.

Gross Description

A. Sacrum.
Received in formalin labeled "Franklin, Yvonne; S1" is a 1.7 x 1.3 x 0.4 cm aggregate of bone and hemorrhagic material. The tissue is filtered into a mesh bag and submitted in A1 following decalcification in EDTA. Total formalin fixation time is 18 hours. (AMG)

Case Report

Value

Surgical Pathology Report Case: SU26-36002
Authorizing Provider: Som, Avik, MD Collected: 09/16/2026 05:06 PM
Ordering Location: UWMC Interventional Received: 09/16/2026 07:12 PM
Radiology
Pathologist: Corn, Ayumi Ide, MD
Specimen: Sacrum, S1

IHC, ISH and IF Disclaimer

Note: Some tests cited above may have been developed and their performance characteristics determined by the UW Medicine Pathology Laboratories. They have not been cleared or approved by the U.S. Food and Drug Administration (FDA). These tests are used for clinical purposes and should not be regarded as investigational or for research. The performing laboratories at UWMC, HMC or FHCC are certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) as qualified to perform high complexity laboratory testing.

Case Testing Locations Disclaimer

The technical and/or professional components of this case may have been performed at any of the following laboratories. These records are maintained internally and more information is available upon request.

- **UW Medical Center:** 1959 NE Pacific St., Seattle, WA 98195-0001
- **Harborview Medical Center:** 325 9th Ave, Seattle, WA, 98104-2420
- **UW Medical Center Northwest:** 1550 N 115th St, Seattle, WA 98133-8401

LAB AP EMBEDDED IMAGES

Value

No value

Scan 1

Ordering provider: Gabe Li
Authorizing provider: Avik Som
Collection date: Sep 16, 2026 5:06 PM
Specimens: Bone (Sacrum)
Result date: Sep 18, 2026 5:38 PM
Result status: Final
Resulting lab:
UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY
1959 NE Pacific St.
Room BB220

Seattle WA 98195
206-598-6400
Paul Swanson, MD (Lab director)
50D0661462 (CLIA #)

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

RAYUS Radiology Kirkland
12112 115th Ave NE, Suite B
Kirkland,WA,98034
Phone: (425-821-3472) Fax: (425-820-4115)

To: Sarah Jane Spencer, PA
Ste 500
1135 116th Ave NE
Bellevue,WA,98004
PHONE: (425-635-6560)
FAX: (425-637-3249)

Name: **Yvonne K Franklin**
Exam Date: **07/01/2026**
MRN: 109830432
DOB: 06/17/1979
Referring Phys.: Sarah Jane Spencer, PA

EXAM: MR THORACIC SPINE WITHOUT CONTRAST

HISTORY: 47-year-old female with back pain since mid February after injury in the left.

COMPARISON: None.

TECHNIQUE: Sagittal T1, T2, STIR and axial T2 sequences.

FINDINGS:
There is diffusely heterogeneous T1 hypointense and multifocal T2 hyperintense hypointense marrow signal. This includes 2.3 x 2.3 cm expansile lesion in T5 with smooth cortical remodeling and fluid-fluid levels suggestive of aneurysmal bone cystlike lesion. Similar lesions seen in T1, T8, T9, T10.
There is a 1.2 x 1.1 cm expansile T1 isointense, T2 hyperintense lesion in the posterior elements of T10 with endosteal scalloping, 7:17.
There compression deformities of T1, T4, T5, and T8 vertebral bodies.
No disc herniation or spinal canal narrowing is seen. There is mild bilateral neural foraminal narrowing at T8-9 secondary to bony expansion.
Mild facet arthropathy seen in the lower lumbar spine.

In the visualized posterior right liver there is a 1.8 cm ovoid T2 hyperintense mass, 7:33. Millimetric T2 hyperintense focus in the posterior left kidney is too small to characterize, statistically likely cyst.

Normal spinal cord morphology and signal is seen.

IMPRESSION:
Diffusely heterogeneous T1 hypointense and multifocal T2 hyperintense marrow signal including 2.3 x 2.3 cm expansile aneurysmal bone cyst like lesion in T5 vertebral body and similar lesions in T1, T8, T9, T10 and vertebral bodies, as well as 1.2 x 1.1 cm expansile T1 isointense, T2 hyperintense lesion in the posterior elements of T10. Additionally there is a 1.8 cm ovoid T2 hyperintense mass in the visualized posterior right liver lobe. While multiple aneurysmal bone cysts is a small possibility, the appearance is highly concerning for metastases from unknown primary. Recommend CT chest, abdomen and pelvis with contrast or PET/CT for further evaluation.
Compression deformities of T1, T4, T5 and T8 vertebral bodies which may be pathologic.

Mild bilateral neural foraminal narrowing at T8-9 secondary to bony expansion.

Interpreting Physician
Wonsuk Kim M.D.
Final Report Electronically Signed: 7/8/26 1:02 pm PT

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

MRI C T L SPINE WO/W CONTRAST

Collected on Jul 28, 2026 1:12 AM

Results

Impression

1. No cord compression. Anterior epidural tumor extension at T5 and T8 levels
Diffuse osseous metastasis multiple cervical, thoracic and lumbar vertebral bodies. Pathologic fractures involving T4, T5 and T8 vertebral bodies with mild height loss at T5 (40%).

This is a preliminary report dictated by Abraham Mengstu M.D., neuroradiology fellow (PGY-6).

Unless an Attending Final Impression appears below, the report has not yet been finalized and an attending radiologist has not reviewed these images.

ATTENDING FINAL REVIEW:

I have personally reviewed the images & agree with the report (or as edited). Bilski grade at T8 is 1C.

I have personally reviewed the images and agree with the report (or as edited).

Narrative

EXAMINATION:
MRI C-T-L SPINE WO/W CONTRAST

CLINICAL INDICATION: Stage IV breast cancer.
metastatic cancer, lytic lesions in spine, spinal stenosis

TECHNIQUE:
MRI Cervical Spine without and with contrast: Extramedullary - tumor (C 4)
Non-contrast: Sag T1, STIR. Ax T1, T2, in-out of phase Post-contrast: Sag , Ax T1 fat sat

MRI Lumbar Spine without and with contrast: extramedullary tumor
Non-contrast: Sagittal T1, T2, STIR. Axial T1, T2, in-out of phase Post-contrast: Sagittal, axial T1 fat sat.

CONTRAST:
GADOTERIDOL 279.3 MG/ML IV SOLN,6 mmol Intravenous,07/27/2026 2357

COMPARISON:
CT 7/27/2026.

FINDINGS:

SPINAL CORD: The conus medullaris terminates at the level of L1-L2, was in normal limits. There is no abnormal cord signal or abnormal cord enhancement.

SPINE: Mild apparent straightening of the normal cervical lordosis could be positional. The normal thoracic kyphosis is maintained. There is mild apparent straightening of the normal lumbar lordosis. Small central disc protrusions are seen at C3-C4, C5-C6 and C6-C7 as well as L2-L3 and L3-L4 resulting in impression of the ventral thecal sac. There is no significant canal or foraminal stenosis.

There is diffuse osseous metastasis in the cervical, thoracic, lumbar and sacral vertebral bodies as well as posterior elements.There are mild compression fractures involving T4, T5 (40% height loss) and T8 vertebral bodies. Possible fluid fluid level at T5 may represent hemorrhage within the vertebral body. L3 vertebral body demonstrates superior and inferior endplate Schmorl's nodules.

There is anterior epidural soft tissue extension at T5 (series 1301 image 10/17) and T8 (series 1601 image 18/62 without cord compression. There may also be possible epidural extension at T4.

Ordering provider: Adrian Lazarevic-Fogelquist
Reading physician: Craige Blackmore
Study date: Jul 27, 2026 11:57 PM
Collection date: Jul 28, 2026 1:12 AM
Result date: Jul 28, 2026 1:42 AM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

Brain MRI

Collected on Sep 25, 2026 12:03 AM

Results

Impression

1. Essentially negative brain MRI without evidence of metastases or cause of headaches identified.

Narrative

EXAMINATION:
MRI BRAIN TUMOR/METASTASIS

CLINICAL INDICATION:
breast cancer, HA , eval for CNS mets
Secondary malignant neoplasm of bone

TECHNIQUE:
MRI Head without and with contrast: Tumor (Primary) (B 2PT)
Non-contrast: Axial T1, T2, DWI, Post-contrast : Sagittal 3D FLAIR. Sagittal, axial and coronal T1

CONTRAST:
GADOTERIDOL 279.3 MG/ML IV SOLN,11 mL Intravenous,09/24/2026 1921

COMPARISON:
Head CT August 16, 2026 and head CT/CTA July 27, 2026..

FINDINGS:
MASS EFFECT & VENTRICLES: No shift. The lateral ventricles are symmetric. The ventricles, sulci and cisterns are normal.
BRAIN: There are several tiny periventricular and deep white matter foci of high FLAIR signal. These are nonspecific but most commonly incidental and related to age related microvascular changes. The brain parenchyma is otherwise unremarkable. No hemorrhage or mass lesion is seen .
ENHANCEMENT: There is a tiny 1 to 2 mm focus of enhancement along the left precentral gyrus visible on the turbo spin-echo axial images (series 1601, image 143) but not identified on the SPGR postcontrast or FLAIR images and appears somewhat linear on the sagittal turbo spin-echo reconstructions (series 1603, image 73) and most likely represents an incidental prominent vein however attention this region may be helpful on future scans. There is no correlating enhancement or apparent vessel on the July 27, 2026 CTA.
VASCULAR: Cavernous carotid, vertebral, and other intracranial vascular flow voids are normal
EXTRA-AXIAL: Extra-axial spaces are normal.
EXTRA-CRANIAL: Skull and facial bones are normal. Sinuses and mastoids are clear with incidentally noted minor right maxillary sinus small mucous retention cysts.. Orbits are normal.

Ordering provider: Amy N West
Reading physician: Dean K Shibata
Study date: Sep 24, 2026 7:21 PM
Collection date: Sep 25, 2026 12:03 AM
Result date: Sep 25, 2026 12:13 AM

Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

MRI L SPINE WO/W CONTRAST

Collected on Sep 25, 2026 4:59 PM

Results

Impression

In comparison to MRI lumbosacral spine 7/27/2026:
1. Accounting for differences in technique, similar appearance and extent of multilevel diffuse enhancing osseous metastasis with epidural extension as detailed above.
2. Most notably, expansile soft tissue within S2 and S3 with ventral epidural extension and mild deformation of the ventral thecal sac, as well as extension into the right S2 neuroforamina.
3. Slightly improved encasement of the right S2 nerve root at the level of the foramina.

The following findings are so common in normal, pain-free volunteers that while we report their presence, they must be interpreted with caution and in the context of the clinical situation. Among people between the age of 40 and 60 years who do not have back pain, an MRI will find that about:
* 8 in 10 have disk degeneration
* 7 in 10 have disk signal loss (desiccation)
* 6 in 10 have disk height loss
* 6 in 10 have a bulging disk
* 3 in 10 have an annular fissure
* 3 in 10 have a disk protrusion
Note that even 3 in 10 means that the finding is quite common in people without back pain. (AJNR 2015; 6:811-6)

ATTENDING FINAL REVIEW:

I agree with the preliminary report.

I have personally reviewed the images and agree with the report (or as edited).

Narrative

EXAMINATION:
MRI L SPINE WO/W CONTRAST

CLINICAL INDICATION:
metastatic Lt breast cancer (ER+/PR+/Her2-) diffusely to bone with lesions along the entire spinal axis with diffuse T-spine pain s/p 8 Gy x1 to C4-T11, kyphoplasty to T8 and S1 on 9/16, SBRT planning, also with new sacrum pain

TECHNIQUE:
MRI Lumbar Spine without and with contrast for radiation treatment planning. FOV centered at treatment level.
Pre Contrast: 2D T1, 3D T1, 3D T2, Cardiac Triggered BFFE, DTI
Post Contrast: DCE T1, 3D T1 Fat Sat

CONTRAST:
GADOTERIDOL 279.3 MG/ML IV SOLN,11 mL Intravenous,09/24/2026 1921

COMPARISON:
MRI lumbosacral spine 7/27/2026

FINDINGS:
ALIGNMENT: Normal
MARROW: Diffuse T1 hypointense, enhancing osseous metastasis. Redemonstrated pathologic compression deformity of the right aspect of the L5 vertebral body. The vertebral body heights are otherwise well-maintained.
DISCS: Mild multilevel disc height loss and disc desiccation.
CORD: Conus ends at L2. Visualized cord and cauda equina are normal.
PARAVERTEBRAL SOFT TISSUES: Normal
ENHANCEMENT: Extraosseous extension of enhancing tumor as detailed below:
* Similar ventral epidural extension at L2, L3, and L5 (right aspect) without deformation of the thecal sac.
* Similar ventral epidural extension at S1 with mild indentation of the ventral thecal sac.
* Similar expansile enhancing soft tissue within S2 and S3 with ventral epidural extension and mild indentation of the ventral thecal sac, as well as extension into the right S2 neuroforamina. Slightly improved encasement of the right S2 nerve root at the level of the foramina.

AXIAL DISCS, DURAL COMPRESSION & FORAMINA: As above. Otherwise, no high-grade central canal or foraminal stenosis.

Ordering provider: Felicia Lew
Authorizing provider: John Kang
Reading physician: Sammy Chu
Study date: Sep 24, 2026 7:21 PM
Collection date: Sep 25, 2026 4:59 PM
Result date: Sep 25, 2026 9:22 PM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

MRI C SPINE WO/W CONTRAST

Collected on Nov 10, 2026 11:04 PM

Results

Impression

1. Areas of enhancement within the cervical vertebrae have decreased overall since July 2026. This is consistent with therapeutic response.
2. New mild height loss of the C4 vertebral body since July 2026. This is consistent with a mild pathologic fracture. However, no significant narrowing of the spinal canal is identified at this level.
3. No evidence of intradural metastases are seen in the cervical spine. No cervical spinal cord abnormality identified.
4. Questionable mild size increase of bilateral cervical lymph nodes since July 2026. Consider a dedicated CT neck for further evaluation.

Narrative

EXAMINATION:
MRI C SPINE WO/W CONTRAST

CLINICAL INDICATION:
47 yr old c/o numbness and tingling. Need MRI

TECHNIQUE:
MRI Cervical Spine without and with contrast: Extramedullary - tumor (C 4)
Non-contrast: Sag T1, STIR. Ax T1, T2, in-out of phase Post-contrast: Sag , Ax T1 fat sat

CONTRAST:
GADOTERIDOL 279.3 MG/ML IV SOLN,5.5 mmol Intravenous,11/08/2026 1305

COMPARISON:
July 27, 2026.

FINDINGS:
ALIGNMENT: Mild reversal of the normal cervical lordosis is again seen. Mild retrolisthesis at C5-6 is unchanged.
MARROW: Heterogeneous marrow signal again seen in the cervical vertebrae. However, the areas of enhancement in the cervical spine have decreased overall since July 2026.

Mild height loss of the C4 vertebral body is new since July 2026. However, mild height loss of the C6 vertebral body is similar. No retropulsion of fracture fragments is identified.
DISCS: Discs are similar in height and signal intensity to the prior exam.
CORD: Visualized spinal cord is normal in signal and size. No abnormal cord or intradural enhancement.
PARAVERTEBRAL SOFT TISSUES: Small bilateral cervical lymph nodes. Questionable mild size increase since July 2026. However, these would be better assessed on a dedicated CT neck.

AXIAL DISCS, DURAL COMPRESSION & FORAMINA:
C2-3: No central or foraminal stenosis. Facets are normal.
C3-4: No foraminal stenosis. Mild central stenosis. Unchanged from July 2026.

C4-5: No foraminal stenosis. Mild central stenosis. Unchanged.
C5-6: No foraminal stenosis. Mild central stenosis. Unchanged.
C6-7: No foraminal stenosis. Mild central stenosis. Unchanged.
C7-T1: No central or foraminal stenosis.

Ordering provider: Avik Som
Reading physician: Sammy Chu
Study date: Nov 08, 2026 1:05 PM
Collection date: Nov 10, 2026 11:04 PM
Result date: Nov 10, 2026 11:33 PM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

MRI L SPINE WO/W CONTRAST

Collected on Nov 12, 2026 8:28 AM

Results

Impression

Compared to MRI of lumbar spine September 24, 2026:

1. Multifocal osseous metastatic disease involving the lumbar spine, sacrum, and iliac bones, overall similar in distribution with decreased enhancement of several lesions. Unchanged pathologic compression deformity of L5.

2. Mild nonspecific enhancement of the L1 nerve roots, concerning for leptomeningeal disease.

3. Limited evaluation of the sacrum, though within this limitations, similar epidural extension at S1-S3 with mild thecal sac indentation.

The following findings are so common in normal, pain-free volunteers that while we report their presence, they must be interpreted with caution and in the context of the clinical situation.
Among people between the age of 40 and 60 years who do not have back pain, an MRI will find that about:
* 8 in 10 have disk degeneration
* 7 in 10 have disk signal loss (desiccation)
* 6 in 10 have disk height loss
* 6 in 10 have a bulging disk
* 3 in 10 have an annular fissure
* 3 in 10 have a disk protrusion
Note that even 3 in 10 means that the finding is quite common in people without back pain.
(AJNR 2015; 6:811-6)j

FINAL REPORT: Agree with above. Mild epidural enhancement at mid L2, mid L4, mid L5 is also unchanged from the earlier study

I have personally reviewed the images and agree with the report (or as edited).

Narrative

EXAMINATION:
MRI L SPINE WO/W CONTRAST

CLINICAL INDICATION:
Persistent symptoms

ADDITIONAL HISTORY:
Intermittent electric tingling down the posterior legs with neck flexion or extension
Metastatic breast cancer involving the T-spine with associated compression fractures; concern for progression

TECHNIQUE:
MRI Lumbar Spine without and with contrast: extramedullary tumor
Non-contrast: Sagittal T1, T2, STIR. Axial T1, T2, in-out of phase
Post-contrast: Sagittal, axial T1 fat sat.

CONTRAST:
GADOTERIDOL 279.3 MG/ML IV SOLN,5.5 mmol Intravenous,11/08/2026 1305

COMPARISON:
Lumbar spine MRI dated September 24, 2026

FINDINGS:
ALIGNMENT: Mild retrolisthesis of L4 on L5 (grade 1). Mildly decreased normal lumbar lordosis, likely positional.
MARROW:

- Heterogenous appearance of lumbar spine marrow with multiple ill-defined osseous metastatic lesions, which overall appear to be similar in distribution, with interval decrease in the extent of enhancement and some of the lesions. Index lesions includes:
-Lesion in the anterior aspect of the L3 vertebral body, measuring 0.8 x 1.4 cm (1901/54)
-Lesion in the anterior aspect of the L5 vertebral body, measuring 0.7 x 2.0 cm (1901/41)
-Lesion in the right L4 lamina, measuring 1.0 x 1.3 cm (1801/15, 1901/44)
-Partially visualized multiple lesions in the sacrum and bilateral iliac bones (1601/3)
- Similar pathologic compression deformity of the right aspect of the L5 vertebral body.

DISCS: Moderate L2-L3 and mild L5-S1 disc desiccation and disc height loss.
CORD: Mildly enhancing nerve roots of the level of L1 (1901/64). Conus ends normally at L2. Lumbar cord and cauda equina are normal.
PARAVERTEBRAL SOFT TISSUES: Unremarkable.
ENHANCEMENT: Similar extraosseous extension of the enhancing lesions, including:
- Similar epidural extension of the disease at the levels of S1, with mild indentation of the thecal sac (1801/9)
- Similar epidural extension of the disease at the level of S2 and S3, with mild indentation of the thecal sac (1501/10, 15 0 1/11)

Ordering provider: Avik Som
Reading physician: David R Haynor
Study date: Nov 08, 2026 1:05 PM
Collection date: Nov 12, 2026 8:28 AM
Result date: Nov 12, 2026 9:46 AM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

MRI T SPINE WO/W CONTRAST

Collected on Nov 12, 2026 9:04 AM

Results

Impression

1. Diffuse osseous metastatic disease throughout the thoracic spine, with additional metastatic involvement of the sternum. No definitively new site of metastatic disease.

2. Interval significant worsening of pathologic compression fractures of T4, T5, and T8, with approximately 30%, 60%, and 65% vertebral body height loss, respectively.

3. Mild narrowing of the thecal sac at T5 and T8 secondary to vertebral body deformity. No evidence of epidural metastatic disease or intramedullary extension.

I have personally reviewed the images and agree with the report (or as edited).

Narrative

EXAMINATION:
MRI T SPINE WO/W CONTRAST

CLINICAL INDICATION:
Persistent T-spine pain

TECHNIQUE:
NEURO MRI Thoracic Spine without and with contrast: Extramedullary Tumor
Non-contrast: Sagittal T1, STIR, Axial T1, T2, in-out of phase
Post-contrast : Sagittal, axial T1 fat sat,

CONTRAST:
GADOTERIDOL 279.3 MG/ML IV SOLN,5.5 mmol Intravenous,11/08/2026 1305

COMPARISON:
Cervical, thoracic, lumbar spine MRI exam dated July 7, 2026

FINDINGS:
ALIGNMENT: Mildly decreased thoracic kyphosis, centered at the level of T5 and T8.
MARROW: Similar diffuse osseous metastatic disease involving multiple vertebral bodies in the thoracic spine, resulting in pathologic fractures at the level of T4, T5, and T8, losing approximately about 30%, 60%, and 65% of the vertebral height (801/9), significantly worsened compared to prior from July 2026. Index lesions including:
-Ill-defined enhancing lesion involving the entirety of the T1 vertebral body (2001/46)
-Ill-defined enhancing lesions involving the T4 T7 T10 and T11 vertebral body extending into the lamina and spinous processes
DISCS: Mild to moderate multilevel disc desiccation and disc height loss.
CORD: Mild intubation. Thecal sac at the level of T5 and T8, without extension metastatic disease. No other intra-axial extension of the osseous metastatic disease.
PARAVERTEBRAL SOFT TISSUES: Unremarkable
OTHER: Note of enhancing osseous metastatic disease in the sternum.

Ordering provider: Avik Som
Reading physician: Nour Tahon
Study date: Nov 08, 2026 1:05 PM
Collection date: Nov 12, 2026 9:04 AM
Result date: Nov 12, 2026 2:12 PM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

PET MR F-18 FDG MID BODY

Collected on Jul 21, 2026 9:35 AM

Results

Addendum

ADDENDUM:

Epic is an electronic system that healthcare organizations like UW Medicine and Fred Hutch Cancer Center use to manage patient care records. Epic experienced a technical issue that resulted in some notes by care team members not saving in some patients' charts.

Care team members are rapidly evaluating potentially affected charts to ensure that all chart notes are accurate. During this evaluation, the following small update was made to your chart. This addition was minor; you do not need to take any follow-up action and your care plan is not impacted. Please feel free to reach out to your care team if you have questions.

On review the following modifications or additional findings/impression text are needed:

IUD has been removed.

I have personally reviewed the images and agree with the report (or as edited).

Signed by Angela Castellanos R on 07/23/2026 10:21 AM

Impression

* Mild to moderately FDG-avid lesion in the left lateral breast, concerning for a primary breast neoplasm.
* No left axillary lymphadenopathy or abnormal FDG uptake within the left axillary lymph nodes.
* Moderately FDG-avid right axillary lymph node, suspicious for metastatic involvement.
* Innumerable markedly intense FDG-avid osseous lesions throughout the axial and appendicular skeleton, with associated compression fractures involving several vertebral bodies, consistent with widespread metastatic disease.
* Given the markedly greater extent and intensity of skeletal FDG uptake relative to the left breast lesion, along with the absence of ipsilateral axillary nodal involvement, the pattern of metastatic disease is atypical for a breast primary, and an alternative primary malignancy should be considered.

* Mild to moderately avid left lateral breast lesion, possible neoplastic involvement. No left axillary lymphadenopathy or abnormal FDG uptake within the lymph nodes.

* Moderately avid right axillary lymph node, concerning for metastatic.
* Innumerable foci of intense FDG uptake involving axial and appendicular skeleton, with compression fractures of few vertebrae, likely metastatic. The intensity of the FDG uptake in the bone metastatic disease in comparison to the breast lesion and negative left lymph node involvement make it less likely to be originaria from the breast. Additional differential diagnosis include multiple myeloma, and lung adenocarcinoma.

I have personally reviewed the images and agree with the report (or as edited).

Narrative

EXAMINATION:
PET MR F-18 FDG MID BODY

CLINICAL INDICATION:
cancer of unknown primary , metatatic to bone, assess for primary.
47-year-old woman with diffuse lytic osseous lesions involving thoracic spine and pelvis with multiple pathologic vertebral compression fractures and rib fracture, highly concerning for metastatic malignancy of unknown primary. No clear primary identified on CT chest/abdomen/pelvis. Diagnostic mammogram from 7/15/2026 depicts BI-RADS 4 suspicious lesion in bilateral breasts. CEA is elevated at 28.6 ng/mL.

Imaging requested for diagnosis.

Initial treatment strategy.

RADIOPHARMACEUTICAL:
FLUORODEOXYGLUCOSE F-18 FDG UWM UWM INJECTION,9.89 millicurie Intravenous,07/21/2026 0757
Injection site: Right antecubital fossa

TECHNIQUE:
Extent: Skull vertex to proximal thighs.
Uptake time: 60 minutes.
Fasting blood glucose level prior to FDG injection: 100 mg/dL.

After radiopharmaceutical injection, nondiagnostic, noncontrast, nonbreathhold MR images (3D T1 Dixon, axial T2) were obtained for attenuation correction and fusion with emission PET images for anatomical localization.

Images were interpreted on Visage PACS.

COMPARISON:
CT chest, abdomen and pelvis 07/13/2026, mammography dated 07/15/2026

FINDINGS:
Mediastinal blood pool mean SUV: 1.1
Mediastinal blood pool maximum SUV: 1.3
Liver mean SUV: 1.6.

Head and neck:
* Unremarkable.

Chest:
* Mild-to-moderate tracer uptake involving left lateral breast lesion measuring approximately 3.3 x 2.4 cm, with max SUV of 1.9 (9/277, 12/207).
* No focal uptake above the right breast background.
* Subcentimeter left axillary lymph nodes with faint FDG uptake. Non specific.
* Moderately avid right axillary lymph node measuring 9 x 8 mm, with max SUV of 2.0 (9/290, 12/188).

Abdomen and Pelvis:
* Linear FDG uptake in the rectum that limits the evaluation for focal lesions. However not clear focal

Osseous structures:
Innumerable foci of intense FDG uptake in the axial and appendicular skeleton involving left condylar process of mandible, bilateral ribs, bilateral clavicles, left humerus, sternum, sacrum, bilateral pelvic bones, and bilateral femurs and multiple vertebral levels, with compression fractures of T4, T8 and L5 vertebrae. A few representative lesions are as follows:
* Right lamina of T5 vertebra, with max SUV of 9.7 (9/302, 2/171).
* Medial end of right clavicle, with max SUV of 9.7 (9/306, 2/166).
* Right iliac bone with max SUV of 11.3 (9/158, 12/373)
* Left posterolateral ninth rib with max SUV of 7.3, with associated soft tissue component (9/260, 12/230).

Extremities:
* Unremarkable.

Additional noncontrast MRI findings:
* Indeterminate right maxillary sinus T1 and T2 hyperintense lesion, without tracer uptake, likely representing a polyp or mucous retention cyst with proteinaceous contents.
* Dental amalgam is seen, with resultant artifacts.
* IUD in place.
* Small nabothian cysts seen.
* Small volume pelvic ascites, likely physiologic.

Ordering provider: Keith D Eaton
Reading physician: Angela Castellanos R
Study date: Jul 21, 2026 7:57 AM
Collection date: Jul 21, 2026 9:35 AM
Result date: Jul 23, 2026 10:21 AM
Result status: Final (Edited)

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

PET CT MID BODY

Collected on Nov 16, 2026 1:21 PM

Results

Impression

History of metastatic breast cancer. Compared to prior PET MR July 21, 2026:
* The previously seen numerous foci of FDG uptake throughout the axial and appendicular skeleton are markedly decreased, with few areas of residual uptake. No new suspicious osseous lesions.
* Similar mild uptake in the left upper outer breast.
* Previously seen hypermetabolic right axillary lymph node is less conspicuous.

I have personally reviewed the images and agree with the report (or as edited).

Narrative

EXAMINATION:
PET CT MID BODY

CLINICAL INDICATION:
restaging.

Imaging requested for restaging.

Subsequent treatment strategy.

RADIOPHARMACEUTICAL:
FLUORODEOXYGLUCOSE F-18 FDG UWM UWM INJECTION,10.11 millicurie
Intravenous,11/16/2026 1224
Injection site: Left antecubital fossa

TECHNIQUE:
Extent: Skull vertex to toes.
Uptake time: 60 minutes.
Fasting blood glucose level prior to FDG injection: 94 mg/dL.

After radiopharmaceutical injection, nondiagnostic, noncontrast, nonbreathhold CT images were obtained for attenuation correction and fusion with emission PET images for anatomical localization.

Images were interpreted on Visage PACS.

COMPARISON:
PET/MR July 21, 2026, MRI CTL spine November 8, 2026

FINDINGS:
Mediastinal blood pool mean SUV: 1.3
Mediastinal blood pool maximum SUV: 1.4
Liver mean SUV: 2.1.

Head and neck:
Unremarkable.

Chest:
* Similar mild uptake involving the left upper outer breast with SUV max 2.0 (12/167), previously SUV max 1.9.
* Previously seen hypermetabolic right axillary lymph node is less conspicuous.

Abdomen and Pelvis:
Unremarkable.

Osseous structures:
The previously seen numerous foci of FDG uptake throughout the axial and appendicular skeleton are markedly decreased, with few areas of residual uptake, for example:
* Decreased uptake at the left posterior ninth rib pathologic fracture with underlying lesion with SUV max 1.6 (12/206), previously SUV max 3 5.
* Decreased uptake at left proximal femur lytic lesion with SUV max 4.2 (12/401), previously SUV max 5.4.
* Similar uptake in the right femoral neck lytic lesion with SUV max 6.8 (12/392), previously SUV max 6.5.
* Decreased uptake in the right L5 vertebral body lytic lesion with SUV max 2.1 (12/305), previously with SUV max 5.4.

Extremities:
Unremarkable.

Additional noncontrast CT findings:
Please see separately dictated report for same-day contrast CT. No additional findings are identified on the non-contrast CT performed for attenuation correction.

Ordering provider: Lynn Symonds
Reading physician: Hubert Vesselle
Study date: Nov 16, 2026 12:24 PM
Collection date: Nov 16, 2026 1:21 PM
Result date: Nov 17, 2026 6:02 PM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

CT Abdomen And Pelvis with Contrast

Collected on Jul 13, 2026 11:24 AM

Results

Impression

Diffuse lytic bone lesions throughout the spine and pelvis without CT evidence of primary malignancy in the abdomen or pelvis. Small bilateral ovarian cysts would be better characterized on transvaginal ultrasound.

I have personally reviewed the images and agree with the report (or as edited).

Narrative

EXAMINATION:
CT ABDOMEN AND PELVIS W CONTRAST

CLINICAL INDICATION:
Lytic bone lesions on xray.
Pathological fracture, other site, initial encounter for fracture

TECHNIQUE:
CTB A2 CT Abdomen pelvis with intravenous contrast.
Computed tomography was obtained through the abdomen and pelvis with intravenous contrast only. Multiplanar reformatted images were performed.

CONTRAST:
IOHEXOL 350 MG/ML IV SOLN,80 mL Intravenous,07/13/2026 1036

COMPARISON:
None.

FINDINGS:
Lower chest: Dictated separately.
Liver: Unremarkable with no suspicious focal lesion.
Gallbladder: Unremarkable.
Bile ducts: Unremarkable.
Spleen: Unremarkable.
Pancreas: No suspicious mass or duct dilation.
Adrenal glands: Unremarkable.
Kidneys and Ureters: Unremarkable.
Lymph Nodes: No enlarged lymph nodes.
Vasculature: Unremarkable.
Bowel: No obstruction or inflammatory bowel changes.
Reproductive organs: IUD in the uterus. Bilateral ovarian cysts, largest on the left measuring 2.1 x 1.6 cm.
Bladder: Unremarkable.
Peritoneum: Trace free fluid, likely physiologic.
Abdominal wall: Unremarkable
Bones: Multiple lytic lesions throughout the thoracolumbar spine and sacrum as well as the bilateral iliac bones.

Ordering provider: Sarah Jane Spencer
Reading physician: Rohan Damle
Study date: Jul 13, 2026 10:36 AM
Collection date: Jul 13, 2026 11:24 AM
Result date: Jul 13, 2026 3:59 PM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

CT Chest with Contrast

Collected on Jul 13, 2026 1:58 PM

Results

Impression

* Multiple osseous lytic lesions, as described, concerning for a neoplastic process.
* Fracture of the left 11th rib.
* A few scattered nodules, measuring up to 4 mm. In the context of a potential primary malignancy, a follow-up CT of the chest in 3 months is advised.

Narrative

EXAMINATION:
CT CHEST W CONTRAST

CLINICAL INDICATION:
Lytic bone lesions on xray

TECHNIQUE:
CTB C1 CT Chest with intravenous contrast.
Computed tomography was obtained through the chest with intravenous contrast.

CONTRAST:
IOHEXOL 350 MG/ML IV SOLN,80 mL Intravenous,07/13/2026 1036

COMPARISON:
None.

FINDINGS:
Supraclavicular region: Unremarkable.

Mediastinum: Unremarkable.

Heart and great vessels: Unremarkable.

Lungs: A few scattered nodules are noted, measuring up to 4 mm (for example 5/163).

Pleura: Unremarkable.

Chest wall: Unremarkable.

Upper abdomen: Unremarkable.

Bones:
* Multiple lytic lesions are noted, most prominently visible throughout the spine, particularly T4, T5, and T8 vertebral bodies, and also noted within the sternum and the ribs. Some lesions are expansile, the largest of which is in the left ninth rib (5/164), demonstrating a soft tissue

component that measures approximately 27 x 16 mm (3/217).
* Fracture of the left 11th rib (5/207).

Ordering provider: Sarah Jane Spencer
Reading physician: Mohamed Abdelmotleb
Study date: Jul 13, 2026 10:36 AM
Collection date: Jul 13, 2026 1:58 PM
Result date: Jul 13, 2026 2:20 PM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

CT SUPERFICIAL BONE BX

Collected on Jul 24, 2026 12:30 PM

Results

Impression

Technically successful and uneventful CT guided core needle biopsy of the right iliac lesion.

PRESENCE STATEMENT:
I, Dr. Chankue Park, was present during the entire procedure. I have personally reviewed the images and agree with the report (or as edited).

I have personally reviewed the images and agree with the report (or as edited).

Narrative

EXAMINATION:
CT SUPERFICIAL BONE BX

CLINICAL INDICATION:
widespread bony mets, unkonwn primary, likely solid tumor.

PREPROCEDURE:
CT reveals lytic lesion over the right iliac bone.

TECHNIQUE:
Details of the procedure were discussed with the patient and written informed consent was obtained. Specifically, the risks, benefits, and alternatives of the procedure were discussed, including, but not limited to, bleeding, infection, pain, damage to adjacent structures, and nondiagnostic specimen. The patient was able to ask questions, indicated their understanding, and agreed to proceed.

A final time out was performed prior to commencing with the procedure.

SEDATION:
Incremental doses of intravenous midazolam and fentanyl was administered by the radiology nurse for moderate sedation with direct monitoring by the attending physician. Continuous hemodynamic and respiratory monitoring was performed throughout and following the procedure.

Duration of sedation: 60 minutes with 200 mcg fentanyl and 4mg versed. Please refer to sedation report for further details.

PROCEDURE:
The patient was directed into the supine. Skin over the right iliac was marked with CT guidance. The skin was then cleansed and draped. Adequate local anesthesia was achieved with subcutaneous 1% lidocaine. Under incremental CT guidance, a 14-gauge Bonopty coaxial penetrating needle was advanced through the cortex. An 18-gauge soft tissue biopsy needle was then advanced through the coaxial system into the right anterior iliac crest lytic lesion. 4 samples of 1-2 cm tan white tissue were obtained along with multiple fragmented tissues.

Needle was removed and hemostasis easily achieved. No immediate complications.

POSTPROCEDURE:
CT did not reveal any complications such as significant hemorrhage or pneumothorax.

Postprocedure orders were given to the patient and were documented in the patient's chart. Patient was sent to the floor with no discomfort or pain and in stable condition.

Specimen was sent to pathology department.

Ordering provider: Keith D Eaton
Reading physician: Chankue Park
Study date: Jul 24, 2026 12:43 PM
Collection date: Jul 24, 2026 12:30 PM
Result date: Jul 24, 2026 12:48 PM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

CT Full Spine with Contrast

Collected on Jul 27, 2026 3:46 PM

Results

Impression

* Extensive lytic osseous metastases involving multilevel vertebral bodies and posterior elements. Redemonstrated age-indeterminant mild pathologic fractures (<25% height loss) in the C4, C6, T1, T4, T5, T8, and L5 levels. Findings are grossly similar to the prior PET/MR.
* No definite new evidence of significant vertebral fracture or subluxation.
* Of note, there are some extra-osseous extension involving left C4/5, left C6/7, and right T8/9 foraminal canals, and S1, S2/3 anterior epidural extension, resulting in spinal canal narrowing as described. Findings are similar to the 07/13/2026 abdominal CT. Consider MRI for evaluation of epidural/foraminal canal involvement if clinically warranted.
* Of note, the left C4 and C6 lateral process involvement may involve the left V2 vertebral artery. Consider neck CTA to evaluate luminal patency if clinically warranted.

I have personally reviewed the images and agree with the report (or as edited).

Narrative

EXAMINATION:
CT FULL SPINE W CONTRAST

CLINICAL INDICATION:
ACE patient - newly dx metastatic breast cancer. Acute on chronic bilateral cervical pain and left sided thoracic/lumbar pain.

COMPARISON: PET/MR on 07/21/2026; Spinal MRI on 07/01/2026

TECHNIQUE:
Contiguous axial sections were obtained through the cervical, thoracic, and lumbar spine from the occiput through sacrum with contrast.? Sagittal and coronal reformatted images were performed. Patient age specific scan parameters were used for radiation exposure.?

CONTRAST:
IOHEXOL 350 MG/ML IV SOLN,80 mL Intravenous,07/27/2026 1500

FINDINGS:

CERVICAL SPINE:
ALIGNMENT: Straightening alignment. No subluxations.
VERTEBRAE: Multifocal lytic lesions involving in vertebral bodies and posterior elements, for example the C4 lesion involving the left pedicle. Mild height loss of C4 and C6 vertebrae.
CORD: Limited evaluation, grossly unremarkable.
SOFT TISSUES: No appreciable epidural soft tissue mass in this CT exam. Some extra-osseous soft tissue extension of the left C4 and C6 lateral transverse process lytic lesions, resulting in left foraminal canal narrowing.

THORACIC AND LUMBAR SPINE:
ALIGNMENT: Straightening alignment. No subluxations.
VERTEBRAE: Multifocal lytic lesions involving in vertebral bodies and posterior elements, for example the T8 lesion involving the right pedicle. Mild compression fractures (<25%), for

example T1, T4, T5, and T8 levels, grossly similar to 07/01/2026 thoracic spine MRI.
CORD: Limited evaluation, grossly unremarkable.
SOFT TISSUES:
* Some extra-osseous soft tissue extension of the right T8 transverse process lytic lesions, resulting in right T8/9 foraminal canal narrowing.
* One dominant S1 lytic lesion with posterior cortical destruction and extra-osseous anterior epidural soft tissue mass, measuring 29 x 34 mm in axial dimensions (304/686). The lesion compresses anterior thecal sac. Another lytic lesion at the S2/3 level also compresses thecal sac and narrows the adjacent right foraminal canal.

EXTRA-SPINAL FINDINGS:
Multifocal lytic lesions involving sternum, ribs, scapulae, and pelvic girdles. Otherwise, no acute findings identified. Please refer to the recent PET/MRI for extraspinal disease.

Ordering provider: Lily Kiely
Reading physician: Michael Harold Doherty
Study date: Jul 27, 2026 3:00 PM
Collection date: Jul 27, 2026 3:46 PM
Result date: Jul 27, 2026 5:18 PM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

CT THERAPY PLAN RAD ONC

Results

This exam was auto-finalized as it doesn't require a radiologist read. For images, please refer to PACS.

Ordering provider: John Kang
Study date: Jul 27, 2026 12:36 PM
Result date: Jul 27, 2026 12:36 PM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

CTA HEAD AND NECK ANGIO

Collected on Jul 27, 2026 9:18 PM

Results

Impression

1. Normal head CT. No acute infarct, hemorrhage or mass effect.
2. Normal CTA head. No high-grade stenosis or occlusion.
3. Normal CTA of the neck vessels. No stenosis, dissection or occlusion.

Internal carotid artery origin stenosis by NASCET criteria: No significant stenosis by NASCET criteria.

ATTENDING COMMENT:
I agree with the preliminary report with the following comments:

Mucous retention cysts in the bilateral maxillary sinuses.

Fetal origin of the left PCA.

Common origin of the left common carotid and right brachiocephalic arteries from the aortic arch.

I have personally reviewed the images and agree with the report (or as edited).

Narrative

EXAMINATION:
CTA HEAD AND NECK ANGIO

CLINICAL INDICATION:
metastatic cancer, pathologic neck fractures, NSGY requesting vascular imaging

TECHNIQUE:
CTA Head and Neck Stroke (N-48)
1. Non-contrast head: Contiguous axial sections were obtained through the head without contrast.
2. CTA Head/Neck: Contiguous axial sections were obtained from the aortic arch to the vertex during bolus infusion of contrast. Slab MIP reformatted images of extracranial and intracranial vessels were obtainedmultiple planes. 3. Post-contrast head: Contiguous axial sections were obtained through the head after contrast injection. Patient age specific scan parameters were used for radiation exposure.

CONTRAST:
IOHEXOL 350 MG/ML IV SOLN,100 mL Intravenous,07/27/2026 2017

COMPARISON:
Same-day CT full spine.

FINDINGS:

NON-CONTRAST HEAD CT:

MASS EFFECT & VENTRICLES: No shift. The lateral ventricles are symmetric. The ventricles, sulci and cisterns are normal.
BRAIN: The brain parenchyma is normal. No acute infarct, hemorrhage or mass lesion is seen.
VASCULAR: Cavernous carotids and vertebral vessels are normal.
EXTRA-AXIAL: Extra-axial spaces are normal.
EXTRA-CRANIAL: Skull and facial bones are normal. Sinuses and mastoids are clear. Bilateral lens placements. Dental hardware..

POST-CONTRAST HEAD CT:
ENHANCEMENT: Normal intracranial enhancement.

HEAD CTA:
ARTERIES: Normal intracranial arteries. No aneurysm, AVM, stenosis or occlusion.
VARIANTS: Fetal origin of the left posterior cerebral artery. The right posterior communicating artery is diminutive..
VEINS: Dural sinuses and deep venous structures are normal.

NECK CTA:
AORTIC ARCH: Aortic arch and great vessel origins are unremarkable, bovine arch.
CAROTIDS: Common carotid vessels are normal. Internal carotid artery origins show no stenosis. Cervical ICA's are normal.
VERTEBRALS: Vertebral artery origins are normal. Cervical vertebral segments are normal.

Diffuse osseous lesions of the spine are described on same-day CT full spine.

Ordering provider: Tudi Truong Le
Authorizing provider: Elizabeth M Dorn
Reading physician: Chenara Johnson
Study date: Jul 27, 2026 8:17 PM
Collection date: Jul 27, 2026 9:18 PM
Result date: Jul 27, 2026 9:48 PM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

CTA Chest PE With Contrast

Collected on Aug 12, 2026 4:04 PM

Results

Impression

1. No evidence of acute pulmonary embolism.
2. Multiple lytic lesions as above, which have increased compared to prior. There are multiple new/worsening pathologic compression fractures involving the multiple thoracic vertebral bodies as above. Mild retropulsion of the T5 and T8 vertebral body fractures.
3. Multiple lytic rib lesions many of which involve the cortex. Increase in size of soft tissue component of the left 9th lytic rib lesion. New subacute fracture of the left 7th rib.
4. Left greater than right small lower lobe consolidations, likely atelectasis. Superimposed aspiration can't be excluded.
5. Similar solid pulmonary nodules. No new or enlarging nodules. Consider follow-up per oncology protocol.

COMMUNICATION:
The above was communicated by telephone to Sutanthavibul, ARNP by Lee, MD at 8/12/2026 4:52 PM.

I have personally reviewed the images and agree with the report (or as edited).

Narrative

EXAMINATION:
CTA CHEST PE W CONTRAST: PULMONARY EMBOLISM PROTOCOL

CLINICAL INDICATION:
ACE: 47yoF breast ca with mets to bone, worsening bilateral rib pain L>R anterior and lateral sides. Conern for metastatic lesions vs. PE.

TECHNIQUE:
CTB C3 CTA Chest Suspected pulmonary embolus.
Contiguous axial sections were obtained through the chest with IV contrast. Multiplanar reformatted images were performed. Axial MIPs were generated on the CT scanner console. Automated exposure control and statistical iterative reconstruction techniques substantially lowered patient radiation dose.

CONTRAST:
IOHEXOL 350 MG/ML IV SOLN,50 mL Intravenous,08/12/2026 1550

COMPARISON:
CT chest on 7/13/2026.

FINDINGS:
Pulmonary artery findings: No evidence of acute pulmonary embolism.
The RV/LV ratio is less than 1, indicating no right ventricular pressure overload.

Supraclavicular region: Unremarkable.
Mediastinum: Unremarkable.

Heart: Unremarkable.
Lungs: Left greater than right small lower lobe consolidations. Bronchial wall thickening an scattered mucous plugging. Similar solid pulmonary nodules, for example 4 mm in the left lower lobe (305/177). No new or enlarging pulmonary nodules.
Pleura: Unremarkable.
Chest wall: Unremarkable.
Upper abdomen: Limited pulmonary arterial phase views of the upper abdomen are unremarkable.
Bones:
* Multiple lytic lesions within the bilateral ribs, spine, and sternum, are probably increased when compared to prior.
* Multiple new and/or worsening pathological compression fractures involving the T1, T5, and T8 vertebral bodies (602/56). There is 2 mm of retropulsion of the T5 vertebral body (602/56) and minimal retropulsion of the T8 vertebral body.
* Increased fracture of the T12 vertebral body now involving more of the inferior endplate (602/54). New pathologic fracture of the T10 inferior endplate (602/55).
* Left 9th rib lytic lesion with soft tissue component measuring 3.0 x 1.8 cm (305/150) previously 2.7 x 1.6 cm. Multiple chronic pathologic rib fractures. New subacute fracture of the left 7th rib (305/131).
* Multiple lytic rib lesions involve the cortex, for example (304/133, 304/68, 304/86).

Ordering provider: Parisa Sutanthavibul
Reading physician: Sudhakar Pipavath
Study date: Aug 12, 2026 3:50 PM
Collection date: Aug 12, 2026 4:04 PM
Result date: Aug 12, 2026 6:06 PM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

CT SCAN HEAD W/O CONTRAST

Collected on Aug 16, 2026 8:08 PM

Results

Impression

1. No acute intracranial abnormality.

This is an afterhours preliminary report generated by Sina Hosseinian, PGY-3. Unless an attending attestation appears below, the report has not yet been finalized and an attending radiologist has not reviewed these images.

ATTENDING FINAL REVIEW

I agree with the preliminary report with the following comment:

Osseous lytic lesion in the left mandibular condyle with cortical breakthrough posteriorly (302/9, 10).

I have personally reviewed the images and agree with the report (or as edited).

Narrative

EXAMINATION:
CT HEAD W/O CONTRAST

CLINICAL INDICATION:
headache, hx breast cancer

TECHNIQUE:
5 mm MDCT images from skull base to vertex without contrast. Patient age specific parameters were used for radiation exposure.

COMPARISON:
CT head 7/27/2026

FINDINGS:
MASS EFFECT & VENTRICLES: No shift. The lateral ventricles are symmetric. The ventricles, sulci and cisterns are normal.
BRAIN: The brain parenchyma is normal. No acute infarct, hemorrhage or mass lesion is seen.
VASCULAR: Cavernous carotids and vertebral vessels are normal.
EXTRA-AXIAL: Extra-axial spaces are normal.
EXTRA-CRANIAL: Skull and facial bones are normal. Right maxillary sinus mucous retention cyst, otherwise the sinuses and mastoids are clear. Orbits are normal.

Ordering provider: Abby Hecht
Authorizing provider: Matthew J Valento
Reading physician: Heba Fouad
Study date: Aug 16, 2026 7:39 PM
Collection date: Aug 16, 2026 8:08 PM
Result date: Aug 16, 2026 9:14 PM

Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

CT Mid-Lower Spine with Contrast

Results

PROCEDURE: CT scan of the thoracolumbar spine. August 28, 2026 0850 hours

Clinical History: Thoracic and lumbar metastasis. Evaluate for compression fractures. Please extend to include sacrum and pelvis.

Technique: Helical axial sections with sagittal and coronal reformats of the thoracolumbar spine were obtained with intravenous contrast. Iterative reconstruction technique was employed to reduce patient radiation exposure.

Radiation Dose: Total exam DLP 519 mGy/cm.

Comparison: Compared with the prior CT whole spine study dated July 27, 2026 and correlated with the prior MR spine study dated July 27, 2026

Findings:
Straightening of the thoraco-lumbar spine. Multifocal lytic lesions involving in vertebral bodies and posterior elements, unchanged since the prior study.
Again seen are compression fracture deformities of the T1, T4, T5 and T8 vertebral bodies with a mild reduction in the vertebral body heights, similar to the prior CT and MRI study. Again seen is extraosseous soft tissue extension of the right transverse process lytic lesion resulting in right T8/T9 neural foraminal narrowing, also unchanged since the prior study.
There is a similar dominant S1 lytic lesion with posterior cortical destruction and extra-osseous anterior epidural soft tissue mass, measuring 2.6 x 1.6 cm in axial dimensions (image 798, series 304). The lesion compresses anterior thecal sac.
Another lytic lesion at the S2/3 level also compresses thecal sac and narrows the adjacent right foraminal canal, unchanged.
Multifocal lytic lesions involving sternum, ribs, scapulae, and pelvic girdles, unchanged.

Impression:
Multifocal lytic lesions involving the axial and appendicular skeleton with compression fracture deformities of the thoracic vertebrae and similar dominant soft tissue component surrounding the S1, S2/S3 lytic lesions causing canal compromise as detailed above.

Date of Order: 8/28/2026 1:06:00 PM
Report Electronically Signed By: Anil Khosla
Signature Date/Time: 8/29/2026 6:42:13 AM

Ordering provider: Avik Som
Reading physician: Anil Khosla
Study date: Aug 28, 2026 8:52 AM
Result date: Aug 29, 2026 6:42 AM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

CT THERAPY PLAN RAD ONC

Results

This exam was auto-finalized as it doesn't require a radiologist read. For images, please refer to PACS.

Ordering provider: John Kang
Study date: Sep 24, 2026 9:27 AM
Result date: Sep 24, 2026 9:27 AM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

CT Abdomen And Pelvis with Contrast

Collected on Nov 16, 2026 2:06 PM

Results

Impression

History of metastatic breast cancer. Compared to prior PET MR July 21, 2026:
* The previously seen numerous foci of FDG uptake throughout the axial and appendicular skeleton are markedly decreased, with few areas of residual uptake. No new suspicious osseous lesions.
* Similar mild uptake in the left upper outer breast.
* Previously seen hypermetabolic right axillary lymph node is less conspicuous.

I have personally reviewed the images and agree with the report (or as edited).

Narrative

EXAMINATION:
CT CHEST W CONTRAST, CT ABDOMEN AND PELVIS W CONTRAST

CLINICAL INDICATION:
restaging

TECHNIQUE:
CTB C1 CT Chest with intravenous contrast.
Computed tomography was obtained through the chest with intravenous contrast.
(accession 60201348), CTB A2 CT Abdomen pelvis with oral and intravenous contrast.
Computed tomography was obtained through the abdomen and pelvis with intravenous and oral contrast.
(accession 60201349)

CONTRAST:
IOHEXOL 350 MG/ML IV SOLN,80 mL Intravenous,11/16/2026 1225

COMPARISON:
CT chest August 12, 2026, CT chest abdomen pelvis July 13, 2020

FINDINGS:
CHEST

Thyroid: Unremarkable.

Thoracic lymph nodes: No enlarged supraclavicular, mediastinal, hilar or axillary lymph nodes.

Esophagus: Unremarkable.

Heart and vasculature: Unremarkable.

Lungs and airways: Bibasilar atelectasis. Similar sub-6 mm pulmonary nodules, for example in the left lower lobe measuring 3 mm (4/78).

Pleura: Unremarkable.

Chest wall: Biopsy clip in the left upper outer breast.

ABDOMEN AND PELVIS

Liver: Unremarkable.

Gallbladder: Unremarkable.

Bile ducts: Unremarkable.

Spleen: Unremarkable.

Pancreas: Unremarkable.

Adrenal glands: Unremarkable.

Kidneys and Ureters: Unremarkable.

Retroperitoneal and abdominal lymph nodes: No enlarged lymph nodes.

Vasculature: Unremarkable.

Bowel: Unremarkable.

Reproductive organs: Unremarkable.

Bladder: Unremarkable.

Peritoneum: Unremarkable.

Abdominal wall: Unremarkable

Bones: Numerous lytic and sclerotic lesions in the axial and appendicular skeleton involving, sternum, spine, pelvis, and bilateral femurs, with chronic pathologic bilateral rib and vertebral body compression fractures.

Ordering provider: Lynn Symonds
Reading physician: Hubert Vesselle
Study date: Nov 16, 2026 12:25 PM
Collection date: Nov 16, 2026 2:06 PM
Result date: Nov 17, 2026 6:02 PM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

CT Chest with Contrast

Collected on Nov 16, 2026 2:06 PM

Results

Impression

History of metastatic breast cancer. Compared to prior PET MR July 21, 2026:
* The previously seen numerous foci of FDG uptake throughout the axial and appendicular skeleton are markedly decreased, with few areas of residual uptake. No new suspicious osseous lesions.
* Similar mild uptake in the left upper outer breast.
* Previously seen hypermetabolic right axillary lymph node is less conspicuous.

I have personally reviewed the images and agree with the report (or as edited).

Narrative

EXAMINATION:
CT CHEST W CONTRAST, CT ABDOMEN AND PELVIS W CONTRAST

CLINICAL INDICATION:
restaging

TECHNIQUE:
CTB C1 CT Chest with intravenous contrast.
Computed tomography was obtained through the chest with intravenous contrast.
(accession 60201348), CTB A2 CT Abdomen pelvis with oral and intravenous contrast.
Computed tomography was obtained through the abdomen and pelvis with intravenous and oral contrast.
(accession 60201349)

CONTRAST:
IOHEXOL 350 MG/ML IV SOLN,80 mL Intravenous,11/16/2026 1225

COMPARISON:
CT chest August 12, 2026, CT chest abdomen pelvis July 13, 2020

FINDINGS:
CHEST

Thyroid: Unremarkable.

Thoracic lymph nodes: No enlarged supraclavicular, mediastinal, hilar or axillary lymph nodes.

Esophagus: Unremarkable.

Heart and vasculature: Unremarkable.

Lungs and airways: Bibasilar atelectasis. Similar sub-6 mm pulmonary nodules, for example in the left lower lobe measuring 3 mm (4/78).

Pleura: Unremarkable.

Chest wall: Biopsy clip in the left upper outer breast.

ABDOMEN AND PELVIS

Liver: Unremarkable.

Gallbladder: Unremarkable.

Bile ducts: Unremarkable.

Spleen: Unremarkable.

Pancreas: Unremarkable.

Adrenal glands: Unremarkable.

Kidneys and Ureters: Unremarkable.

Retroperitoneal and abdominal lymph nodes: No enlarged lymph nodes.

Vasculature: Unremarkable.

Bowel: Unremarkable.

Reproductive organs: Unremarkable.

Bladder: Unremarkable.

Peritoneum: Unremarkable.

Abdominal wall: Unremarkable

Bones: Numerous lytic and sclerotic lesions in the axial and appendicular skeleton involving, sternum, spine, pelvis, and bilateral femurs, with chronic pathologic bilateral rib and vertebral body compression fractures.

Ordering provider: Lynn Symonds
Reading physician: Hubert Vesselle
Study date: Nov 16, 2026 12:25 PM
Collection date: Nov 16, 2026 2:06 PM
Result date: Nov 17, 2026 6:02 PM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

CT Mid-Spine with Contrast

Collected on Nov 18, 2026 2:53 PM

Not yet reviewed by care team.

Results

Impression

1. Slight interval progression and height loss of the pathologic compression deformity of C4 noted possibly 40% height loss without osseous retropulsion.
2. Slightly increased sclerotic appearance of numerous multifocal osseous lesions which likely represents posterior mass effect.

This is a preliminary report dictated by Thaddeus Wright, M.D., neuroradiology fellow (PGY-6).

Unless an Attending Final Impression appears below, the report has not yet been finalized and an attending radiologist has not reviewed these images.

I have personally reviewed the images and agree with the report (or as edited).

Narrative

EXAMINATION:
CT C SPINE W CONTRAST, CT T SPINE W CONTRAST

CLINICAL INDICATION:
interval scan for known cervical lesion

TECHNIQUE:
CT Cervical Spine with contrast: routine (N-54)
Contiguous axial sections were obtained through the cervical spine from [the occiput] through [T3] following intravenous contrast. Sagittal and coronal reformatted images were performed. Patient age specific scan parameters were used for radiation exposure.
(accession 61124554), CT Thoracic Spine with contrast: Routine (N-60)
Contiguous axial sections were obtained from [C7] through [L1] following intravenous contrast Sagittal and coronal reformatted images were performed. Patient age specific scan parameters were used for radiation exposure. exposure.
(accession 61124518)

CONTRAST:
IOHEXOL 350 MG/ML IV SOLN,40 mL Intravenous,11/16/2026 1302 (accession 61124554),
IOHEXOL 350 MG/ML IV SOLN,80 mL Intravenous,11/16/2026 1307 (accession 61124518)

Inferior Extent: L2

COMPARISON:
CT 7/27/2026, MRI 11/8/2026

FINDINGS:
CERVICAL SPINE:

ALIGNMENT: Straightening of the normal cervical lordosis.
VERTEBRAE: Pathologic compression deformity of C4 with approximately 40% height loss and no osseous retropulsion secondary to the lytic lesion involving nearly the entirety of the vertebral body. Similar height loss of T1 at the known additional pathologic depression fracture with

approximately 25% height loss without osseous retropulsion. Otherwise overall similar size and number and distribution of numerous additional diffuse osseous metastatic lesions.
HARDWARE: No hardware present.
CORD: Visualized cord is normal size.
SOFT TISSUES: Paravertebral, interspinous, and posterior soft tissues are normal.

LEVELS: No central or foraminal stenosis, facets are normal unless described separately below.
ABNORMAL LEVELS: None.

THORACIC SPINE:
ALIGNMENT: Focal kyphosis at T8 secondary to the pathologic compression deformity.
VERTEBRAE: Post kyphoplasty and pathologic compression fracture of T8 with approximately 50% height loss without osseous retropulsion. Slightly increased sclerosis of some of the known diffuse lytic lesions throughout the spine which may reflect treatment response. Similar additional multiple level compression deformities of T4 and T5. No new fractures.
HARDWARE: No hardware present.
SAGITTAL DISKS: Mild multilevel degenerative changes with slight height loss and endplate spurring.
CORD: Visualized throracic cord is normal size.
SOFT TISSUES: Paravertebral, interspinous, and posterior soft tissues are normal. A CT chest is reported separately.

Ordering provider: Lindsay Aronson
Reading physician: Robert Weller
Study date: Nov 16, 2026 1:07 PM
Collection date: Nov 18, 2026 2:53 PM
Result date: Nov 18, 2026 3:34 PM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

CT Spine-Neck with Contrast

Collected on Nov 18, 2026 2:53 PM

Not yet reviewed by care team.

Results

Impression

1. Slight interval progression and height loss of the pathologic compression deformity of C4 noted possibly 40% height loss without osseous retropulsion.
2. Slightly increased sclerotic appearance of numerous multifocal osseous lesions which likely represents posterior mass effect.

This is a preliminary report dictated by Thaddeus Wright, M.D., neuroradiology fellow (PGY-6).

Unless an Attending Final Impression appears below, the report has not yet been finalized and an attending radiologist has not reviewed these images.

I have personally reviewed the images and agree with the report (or as edited).

Narrative

EXAMINATION:
CT C SPINE W CONTRAST, CT T SPINE W CONTRAST

CLINICAL INDICATION:
interval scan for known cervical lesion

TECHNIQUE:
CT Cervical Spine with contrast: routine (N-54)
Contiguous axial sections were obtained through the cervical spine from [the occiput] through [T3] following intravenous contrast. Sagittal and coronal reformatted images were performed. Patient age specific scan parameters were used for radiation exposure.
(accession 61124554), CT Thoracic Spine with contrast: Routine (N-60)
Contiguous axial sections were obtained from [C7] through [L1] following intravenous contrast Sagittal and coronal reformatted images were performed. Patient age specific scan parameters were used for radiation exposure. exposure.
(accession 61124518)

CONTRAST:
IOHEXOL 350 MG/ML IV SOLN,40 mL Intravenous,11/16/2026 1302 (accession 61124554),
IOHEXOL 350 MG/ML IV SOLN,80 mL Intravenous,11/16/2026 1307 (accession 61124518)

Inferior Extent: L2

COMPARISON:
CT 7/27/2026, MRI 11/8/2026

FINDINGS:
CERVICAL SPINE:

ALIGNMENT: Straightening of the normal cervical lordosis.
VERTEBRAE: Pathologic compression deformity of C4 with approximately 40% height loss and no osseous retropulsion secondary to the lytic lesion involving nearly the entirety of the vertebral body. Similar height loss of T1 at the known additional pathologic depression fracture with

approximately 25% height loss without osseous retropulsion. Otherwise overall similar size and number and distribution of numerous additional diffuse osseous metastatic lesions.
HARDWARE: No hardware present.
CORD: Visualized cord is normal size.
SOFT TISSUES: Paravertebral, interspinous, and posterior soft tissues are normal.

LEVELS: No central or foraminal stenosis, facets are normal unless described separately below.
ABNORMAL LEVELS: None.

THORACIC SPINE:
ALIGNMENT: Focal kyphosis at T8 secondary to the pathologic compression deformity.
VERTEBRAE: Post kyphoplasty and pathologic compression fracture of T8 with approximately 50% height loss without osseous retropulsion. Slightly increased sclerosis of some of the known diffuse lytic lesions throughout the spine which may reflect treatment response. Similar additional multiple level compression deformities of T4 and T5. No new fractures.
HARDWARE: No hardware present.
SAGITTAL DISKS: Mild multilevel degenerative changes with slight height loss and endplate spurring.
CORD: Visualized throracic cord is normal size.
SOFT TISSUES: Paravertebral, interspinous, and posterior soft tissues are normal. A CT chest is reported separately.

Ordering provider: Julia Anne B Suico
Reading physician: Robert Weller
Study date: Nov 16, 2026 1:02 PM
Collection date: Nov 18, 2026 2:53 PM
Result date: Nov 18, 2026 3:34 PM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

OVERLAKE

Overlake spine radiograph reports

Source / Overlake spine radiograph reports.txt

OVERLAKE | MAY 2026 SPINE RADIOGRAPHS
Captured November 18, 2026 from the patient portal. Portal text export.

Imaging / XR THORACIC SPINE 3 VW / May 11, 2026 / Sarah Jane Spencer, PA-C / Office Visit on May 11, 2026

- 'cell "EXAM: THORACIC SPINE RADIOGRAPHY EXAM DATE: 5/11/2026 05:41 PM CLINICAL HISTORY: Right sided thoracic back pain x 3 months, radiates anterior. COMPARISON: None. TECHNIQUE: 2 views. FINDINGS: Alignment: Normal. No spondylolisthesis or scoliosis. Bones: No fractures or bone lesions. Disks: Normal. Disk heights are maintained. Soft Tissues: Normal. The visualized lungs and cardiomediastinal silhouette are normal. IMPRESSION: Normal thoracic spine radiography. RADIA Dictated By: Flanagan, Patrick MD 2026-05-13 06:46:29.497 Signed By: Flanagan, Patrick MD 2026-05-13 06:47:30.0 Transcribed By: Flanagan, Patrick 2026-05-13 06:47:30.62 Patients are advised to discuss imaging findings and recommendations with the ordering provider. SITE ID: 368"':

Imaging / XR CERVICAL SPINE W OBL AND FLEX/EXT / May 11, 2026 / Sarah Jane Spencer, PA-C / Office Visit on May 11, 2026

XR CERVICAL SPINE W OBL AND FLEX/EXT

Results
MyChart Imaging
The report from your imaging study (X-ray, mammogram, MRI, CT scan, or PET scan) is available below.
You may:
Review the report now or
Wait to review the report with your healthcare provider, when your questions can be answered immediately.
For help with some of the words and terms used in the imaging study report, click
If you wish to discuss your results, please contact the healthcare provider who ordered your test.
Thank you for choosing Overlake as your partner for better health.
"Order Information":

"Date/Time":
"05/11/26 05:24 PM":
"Narrative & Impression":
EXAM:
CERVICAL SPINE RADIOGRAPHY
EXAM DATE: 5/11/2026 05:41 PM
HISTORY: Thoracic back pain - right sided, + cervical maneuvers. Eval for facet disease and stability
COMPARISONS: None.
TECHNIQUE: AP, lateral neutral, flexion, extension, and bilateral oblique views.
FINDINGS:

Alignment: Normal. No spondylolisthesis or scoliosis. No abnormal motion with flexion or extension.
Bones: The cervical vertebral bodies and posterior elements are well visualized from the skull base through C7-T1. No fractures or bone lesions.

Disks: Mild degenerative disk disease is present at C5-C6.
Facets: No degenerative disease. No significant facet arthropathy without osseous neural foraminal narrowing.
Soft Tissues: Normal. No prevertebral soft tissue swelling. The visualized lung apices are clear.
IMPRESSION:
Mild degenerative disk disease at C5-C6. No significant facet arthropathy or osseous neural foraminal narrowing.
No abnormal motion with flexion or extension.
RADIA
Dictated By: Shelton, Peter MD 2026-05-13 06:48:08.647
Signed By: Shelton, Peter MD 2026-05-13 06:49:09.0

Transcribed By: Shelton, Peter 2026-05-13 06:49:09.27
Patients are advised to discuss imaging findings and recommendations with the ordering provider.
SITE ID: 188
Learn more about XR CERVICAL SPINE W OBL AND FLEX/EXT

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

Focused Breast Ultrasound Both Breasts

Results Abnormal

Study Result

Narrative & Impression

Examination:
A targeted bilateral breast ultrasound was performed.
A digital diagnostic mammogram of both breasts was performed.
Tomosynthesis images were also obtained and reviewed as part of this examination. The results and recommendations of today's exam were discussed with the patient. The patient will also receive written notification of the results and recommendations from today's exam.

Reason for Exam:
47 year old with reason for exam of lytic bone lesions that are suspicious for mets with unknown primary.

Examinations Available for Comparison:
Comparison is made to images from: 04/10/2025 Mammography Diagnostic with Tomo Bilateral - Imaging Storage, 12/29/2021 Ultrasound Breast Limited Bilateral - Imaging Storage, 12/29/2021 Mammography Diagnostic with Tomo Bilateral - Imaging Storage, and 10/03/2020 Mammography Screening w/Tomo Bilateral - Imaging Storage

Density:
The breasts are extremely dense, which lowers the sensitivity of mammography.

Breast Cancer Risk Score

5-Year Risk	Lifetime Risk to age 85	Notes
TC8 - Extremely Dense: 1.55%	TC8 - Extremely Dense: 13.59%	This is compared to risks for a woman of the same age: 5-year risk: TC8 - Extremely Dense: 1.13% Lifetime risk: TC8 - Extremely Dense: 9.97% Lifetime risk categories: Average risk <15%, Intermediate risk 15-25%, High risk >25%

For women with high (>25%) lifetime risk estimates, consider referral for further risk assessment and discussion of supplemental screening. Breast cancer risk consultation is available at Fred Hutchinson Cancer Center 206-606-2166 or at UWMC-Roosevelt 206-598-7749 or at UWMC-NW 206-668-6746.

Findings:

Left

Post-Surgical Finding

Mammography Diagnostic with Tomo Bilateral: There are post-surgical findings from a breast reduction in the left breast.

Mass

Ultrasound Breast Limited Bilateral: There is a 9 mm x 7 mm x 11 mm irregularly shaped, hypoechoic mass with indistinct margins in the left breast at 1 o'clock, 7 cm from the nipple. There is ill-defined heterogeneous tissue seen medial to this mass.

Mass

Mammography Diagnostic with Tomo Bilateral: There is a 7 mm equal density, oval mass with circumscribed margins in the upper outer quadrant of the left breast, posterior depth.
Ultrasound Breast Limited Bilateral: There is a 7 mm x 4 mm x 7 mm oval, parallel-oriented, hypoechoic mass with circumscribed margins in the left breast at 2 o'clock. The mass correlates with the mass seen on the mammogram.

Lymph Node

Mammography Diagnostic with Tomo Bilateral: There is a 9 mm partially imaged mass with circumscribed margins in the upper outer quadrant of the left breast, posterior depth.
Ultrasound Breast Limited Bilateral: There is a normal-appearing intramammary lymph node in the left breast at 2 o'clock, 6 cm from the nipple. The lymph node correlates with the mass seen on the mammogram.

Right

Post-Surgical Finding

Mammography Diagnostic with Tomo Bilateral: There are post-surgical findings from a breast reduction in the right breast.

Cyst

Mammography Diagnostic with Tomo Bilateral: There is a 10 mm low density, oval mass with circumscribed margins and layering calcifications in the lower inner quadrant of the right breast, middle depth.
Ultrasound Breast Limited Bilateral: There is a 13 mm x 8 mm x 15 mm simple cyst in the right breast at 5 o'clock, 6 cm from the nipple. The cyst correlates

with the mass seen on the mammogram.

Lymph Node
Ultrasound Breast Limited Bilateral: There are at least three morphologically abnormal right axillary lymph node with cortical thickening, correlating with findings seen on 7/13/2026 CT chest.

Impression:
Left
1) Status post breast reduction. Left breast 9 mm x 7 mm x 11 mm mass at 1 o'clock with ill-defined heterogeneous tissue seen more medially. There is no definite mammographic correlate. Assessment: 4 - Suspicious finding. Ultrasound Guided Core Biopsy is recommended. The patient was given information about this procedure and the scheduling team was notified to call the patient to schedule.

2) Left breast 7 mm x 4 mm x 7 mm oval circumscribed mass at 2 o'clock. Assessment: 3 - Probably benign. Management is deferred pending biopsy results.

3) Left breast normal-appearing intramammary lymph node at 2 o'clock. Assessment: 2 - Benign finding.

Right
1) Status post breast reduction. Right breast 13 mm x 8 mm x 15 mm simple cyst at 5 o'clock. Assessment: 2 - Benign finding.

2) At least three morphologically abnormal right axillary lymph nodes. Assessment: 4 - Suspicious finding. Ultrasound Guided Core Biopsy is recommended. The patient was given information about this procedure and the scheduling team was notified to call the patient to schedule.

Overall:
Left Assessment BI-RADS: 4 - Suspicious
Right Assessment BI-RADS: 4 - Suspicious
Overall Assessment BI-RADS: 4 - Suspicious

The patient is noted to have dense breasts and received or will receive information regarding breast density in accordance with the Mammography Quality Standards Act. Dense breasts are normal and common, present in approximately half of women screened at the UW/Fred Hutch. Please see above for risk assessment information, if applicable.

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

MAM MAMMOGRAPHY DIAG W/TOMO BILAT

Results Abnormal

Study Result

Narrative & Impression

Examination:
A targeted bilateral breast ultrasound was performed.
A digital diagnostic mammogram of both breasts was performed.
Tomosynthesis images were also obtained and reviewed as part of this examination. The results and recommendations of today's exam were discussed with the patient. The patient will also receive written notification of the results and recommendations from today's exam.

Reason for Exam:
47 year old with reason for exam of lytic bone lesions that are suspicious for mets with unknown primary.

Examinations Available for Comparison:
Comparison is made to images from: 04/10/2025 Mammography Diagnostic with Tomo Bilateral - Imaging Storage, 12/29/2021 Ultrasound Breast Limited Bilateral - Imaging Storage, 12/29/2021 Mammography Diagnostic with Tomo Bilateral - Imaging Storage, and 10/03/2020 Mammography Screening w/Tomo Bilateral - Imaging Storage

Density:
The breasts are extremely dense, which lowers the sensitivity of mammography.

Breast Cancer Risk Score

5-Year Risk	Lifetime Risk to age 85	Notes
TC8 - Extremely Dense: 1.55%	TC8 - Extremely Dense: 13.59%	This is compared to risks for a woman of the same age: 5-year risk: TC8 - Extremely Dense: 1.13% Lifetime risk: TC8 - Extremely Dense: 9.97% Lifetime risk categories: Average risk <15%, Intermediate risk 15-25%, High risk >25%

For women with high (>25%) lifetime risk estimates, consider referral for further risk assessment and discussion of supplemental screening. Breast cancer risk consultation is available at Fred Hutchinson Cancer Center 206-606-2166 or at UWMC-Roosevelt 206-598-7749 or at UWMC-NW 206-668-6746.

Findings:

Left

Post-Surgical Finding

Mammography Diagnostic with Tomo Bilateral: There are post-surgical findings from a breast reduction in the left breast.

Mass

Ultrasound Breast Limited Bilateral: There is a 9 mm x 7 mm x 11 mm irregularly shaped, hypoechoic mass with indistinct margins in the left breast at 1 o'clock, 7 cm from the nipple. There is ill-defined heterogeneous tissue seen medial to this mass.

Mass

Mammography Diagnostic with Tomo Bilateral: There is a 7 mm equal density, oval mass with circumscribed margins in the upper outer quadrant of the left breast, posterior depth.
Ultrasound Breast Limited Bilateral: There is a 7 mm x 4 mm x 7 mm oval, parallel-oriented, hypoechoic mass with circumscribed margins in the left breast at 2 o'clock. The mass correlates with the mass seen on the mammogram.

Lymph Node

Mammography Diagnostic with Tomo Bilateral: There is a 9 mm partially imaged mass with circumscribed margins in the upper outer quadrant of the left breast, posterior depth.
Ultrasound Breast Limited Bilateral: There is a normal-appearing intramammary lymph node in the left breast at 2 o'clock, 6 cm from the nipple. The lymph node correlates with the mass seen on the mammogram.

Right

Post-Surgical Finding

Mammography Diagnostic with Tomo Bilateral: There are post-surgical findings from a breast reduction in the right breast.

Cyst

Mammography Diagnostic with Tomo Bilateral: There is a 10 mm low density, oval mass with circumscribed margins and layering calcifications in the lower inner quadrant of the right breast, middle depth.
Ultrasound Breast Limited Bilateral: There is a 13 mm x 8 mm x 15 mm simple cyst in the right breast at 5 o'clock, 6 cm from the nipple. The cyst correlates

with the mass seen on the mammogram.

Lymph Node
Ultrasound Breast Limited Bilateral: There are at least three morphologically abnormal right axillary lymph node with cortical thickening, correlating with findings seen on 7/13/2026 CT chest.

Impression:
Left
1) Status post breast reduction. Left breast 9 mm x 7 mm x 11 mm mass at 1 o'clock with ill-defined heterogeneous tissue seen more medially. There is no definite mammographic correlate. Assessment: 4 - Suspicious finding. Ultrasound Guided Core Biopsy is recommended. The patient was given information about this procedure and the scheduling team was notified to call the patient to schedule.

2) Left breast 7 mm x 4 mm x 7 mm oval circumscribed mass at 2 o'clock. Assessment: 3 - Probably benign. Management is deferred pending biopsy results.

3) Left breast normal-appearing intramammary lymph node at 2 o'clock. Assessment: 2 - Benign finding.

Right
1) Status post breast reduction. Right breast 13 mm x 8 mm x 15 mm simple cyst at 5 o'clock. Assessment: 2 - Benign finding.

2) At least three morphologically abnormal right axillary lymph nodes. Assessment: 4 - Suspicious finding. Ultrasound Guided Core Biopsy is recommended. The patient was given information about this procedure and the scheduling team was notified to call the patient to schedule.

Overall:
Left Assessment BI-RADS: 4 - Suspicious
Right Assessment BI-RADS: 4 - Suspicious
Overall Assessment BI-RADS: 4 - Suspicious

The patient is noted to have dense breasts and received or will receive information regarding breast density in accordance with the Mammography Quality Standards Act. Dense breasts are normal and common, present in approximately half of women screened at the UW/Fred Hutch. Please see above for risk assessment information, if applicable.

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

POST PROCEDURE DIAG MAMMOGRAPHY LEFT

Results

Addendum

Pathology results reveal invasive lobular carcinoma which is malignant and concordant with the imaging findings.

Recommend referral to Multidisciplinary Clinic. Breast MRI is also recommended for further evaluation of extent of disease.

These pathology findings and recommendations were reported to the patient by Jessica Hui on 7/27/26 at 1556.

Addended by Phelps, Matthew Duke, MD on 7/28/2026 4:42 PM

Study Result

Narrative & Impression

Examination:

Ultrasound Guided Breast Biopsy Left
Post Procedure Diagnostic Mammography Left
The procedure was explained to the patient including benefits and alternatives. The risks, including but not limited to infection, bleeding, pain, and/or inadequate sampling were reviewed. The patient agreed to undergo the procedure and signed the consent form.

Ultrasound Guided Breast Biopsy Left:
The patient's left breast was imaged and images of the mass in the upper outer quadrant at 1 o'clock at a distance of 7 cm from the nipple were obtained. The breast was prepped for the procedure and the area was anesthetized with a local anesthetic. A Core Biopsy Needle was placed in the target using a lateral approach. Three specimens were obtained. A biopsy marker clip was placed at the site of the core biopsy.

The patient experienced no complications during the procedure. The estimated blood loss for the procedure was <5 cc.

Medication dose given
lidocaine (Xylocaine) 1 % injection 10 mL (4 mL Intradermal Given 7/22/26 1446)

A post procedure left digital mammogram confirms the biopsy marker clip is in the expected position

I, Dr. Matthew Duke Phelps, was present for the entire procedure. I have personally reviewed these images and I agree with the report above.

At this time, pathology is pending. This report will be addended when the final pathology report of the biopsy specimen is received.

Impression:
Single Site Left Ultrasound Guided Breast Biopsy complete.

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

US GUIDED BREAST BIOPSY Left

Results

Addendum

Pathology results reveal invasive lobular carcinoma which is malignant and concordant with the imaging findings.

Recommend referral to Multidisciplinary Clinic. Breast MRI is also recommended for further evaluation of extent of disease.

These pathology findings and recommendations were reported to the patient by Jessica Hui on 7/27/26 at 1556.

Addended by Phelps, Matthew Duke, MD on 7/28/2026 4:42 PM

Study Result

Narrative & Impression

Examination:

Ultrasound Guided Breast Biopsy Left
Post Procedure Diagnostic Mammography Left
The procedure was explained to the patient including benefits and alternatives. The risks, including but not limited to infection, bleeding, pain, and/or inadequate sampling were reviewed. The patient agreed to undergo the procedure and signed the consent form.

Ultrasound Guided Breast Biopsy Left:
The patient's left breast was imaged and images of the mass in the upper outer quadrant at 1 o'clock at a distance of 7 cm from the nipple were obtained. The breast was prepped for the procedure and the area was anesthetized with a local anesthetic. A Core Biopsy Needle was placed in the target using a lateral approach. Three specimens were obtained. A biopsy marker clip was placed at the site of the core biopsy.

The patient experienced no complications during the procedure. The estimated blood loss for the procedure was <5 cc.

Medication dose given
lidocaine (Xylocaine) 1 % injection 10 mL (4 mL Intradermal Given 7/22/26 1446)

A post procedure left digital mammogram confirms the biopsy marker clip is in the expected position

I, Dr. Matthew Duke Phelps, was present for the entire procedure. I have personally reviewed these images and I agree with the report above.

At this time, pathology is pending. This report will be addended when the final pathology report of the biopsy specimen is received.

Impression:
Single Site Left Ultrasound Guided Breast Biopsy complete.

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

US GUIDED AXILLARY LYMPH NODE BIOPSY

Results

Addendum

Pathology results reveal axillary node with metastatic carcinoma which is malignant and concordant with the imaging findings.

Recommend referral to Multidisciplinary Clinic. Breast MRI is also recommended for further evaluation of extent of disease.

These pathology findings and recommendations were reported to the patient by Jessica Hui on 7/27/2026 at 1556.

Addended by Phelps, Matthew Duke, MD on 7/28/2026 4:42 PM

Study Result

Narrative & Impression

Examination:

Ultrasound Guided Axillary Lymph Node Biopsy Right

The procedure was explained to the patient including benefits and alternatives. The risks, including but not limited to infection, bleeding, pain, and/or inadequate sampling were reviewed. The patient agreed to undergo the procedure and signed the consent form.

Ultrasound Guided Axillary Lymph Node Biopsy Right:

Images of the lymph node in the right axilla were obtained. The axilla was prepped for the procedure and the area was anesthetized with a local anesthetic. A Core Biopsy Needle was placed in the target using a lateral approach. Two specimens were obtained. A biopsy marker clip was placed at the site of the core biopsy.

The patient experienced no complications during the procedure. The estimated blood loss for the procedure was <5 cc.

Medication dose given

lidocaine (Xylocaine) 1 % injection 10 mL (4 mL Intradermal Given 7/22/26 1445)

A post procedure right digital mammogram confirms the biopsy marker clip is in the appropriate position

I, Dr. Matthew Duke Phelps, was present for the entire procedure. I have

personally reviewed these images and I agree with the report above.

At this time, pathology is pending. This report will be addended when the final pathology report of the biopsy specimen is received.

Impression:
Single Site Right Ultrasound Guided Axillary Lymph Node Biopsy complete.

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

XR T SPINE 3 VW

Collected on Jul 28, 2026 4:06 PM

Results

Impression

On the standing AP, lateral, and swimmer's views, skin metallic markers are noted at apparent levels of pain centered at the T1/2 level and the upper T7 level. The multiple lytic lesions throughout the thoracic spine are better visualized on the prior day CT but grossly stable again consistent with bony metastases without definite evidence of gross pathologic fracture. Again there is essential anatomic alignment on the lateral and frontal views. There are mild degenerative disc changes in the mid and lower thoracic spine.

Narrative

EXAMINATION:
XR T SPINE 3 VW

CLINICAL INDICATION:
Localize levels of pain in spine

COMPARISON:
July 27, 2026 thoracic spine MRI and CT..

FINDINGS AND

Ordering provider: Thomas Perez
Authorizing provider: Eric Daniel LaMotte
Reading physician: Dean K Shibata
Study date: Jul 28, 2026 2:27 PM
Collection date: Jul 28, 2026 4:06 PM
Result date: Jul 28, 2026 4:14 PM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

XR T SPINE 2 VW

Collected on Aug 28, 2026 1:30 PM

Results

Addendum

ADDENDUM:

ADDENDUM:

I have personally reviewed the images and agree with the report (or as edited).

Signed by Dean K Shibata on 08/28/2026 5:02 PM

Impression

Normal alignment

Redemonstrating multifocal lytic osseous metastasis throughout the thoracic spine and pathological fracture involving T1, T4, T5, and T8 with approximately 60-70% height loss. Better evaluated in CT spine of the same day.

Mild degenerative changes without significant neural foraminal narrowing or spinal stenosis.

Narrative

EXAMINATION:
XR T SPINE 2 VW

CLINICAL INDICATION:
T-spine X-ray corresponding to pain

COMPARISON:
CT thoracolumbar spine of the same day

FINDINGS AND

Ordering provider: Avik Som
Reading physician: Nour Tahon

Study date: Aug 28, 2026 12:59 PM
Collection date: Aug 28, 2026 1:30 PM
Result date: Aug 28, 2026 5:02 PM
Result status: Final (Edited)

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

PERCUT VERTEBROPLASTY FLUOR

Collected on Sep 16, 2026 6:05 PM

Results

Impression

T8 and S1 unipedicular kyphoplasty and ablation.
S1 biopsy

PLAN:Follow-up in clinic in one month.

Narrative

PROCEDURE:
NIR ANGIO VERTEBROPLASTY, kyphoplasty and ablation of T8 and S1. Biopsy of S1

PRE-PROCEDURE DIAGNOSIS:
Metastatic breast cancer

POST-PROCEDURE DIAGNOSIS:
Same.

CONSENT:
The risks, benefits, and alternatives of the planned procedure were explained in detail to the patient. Questions were answered and written informed consent was obtained.

TIME OUT:
A time out and final verification was done by the entire team to verify patient, procedure, and site.

STERILE PREPARATION:
All elements of maximal sterile barrier technique were followed, including use of cap, mask, sterile gown, gloves, sterile sheet, chlorhexidine 2% isopropyl alcohol or povidone-iodine, and appropriate hand hygiene.

ANESTHESIA/SEDATION:
Anesthesia supervision: Dirrect monitoring by Interventional Radiology physician performing procedure, and administered by appropriately credentialed nurse.

Level of anesthesia achieved: Moderate sedation: Nurse or other qualified health professional providing continuous monitoring of sedation and vital signs throughout the procedure

DESCRIPTION OF PROCEDURE AND FINDINGS:
Procedure:
The patient was brought to the angiography suite and placed prone upon the examination table. The patient was prepped and draped in the usual sterile fashion. The T7 vertebral levels were identified and targeted using fluoroscopy. The soft tissues above the unilateral T8 and S1 pedicles were anesthetized using lidocaine via a 25G needle and subsequently a 22G spinal needle. With a unipedicular transpedicular approach, separate 11G needles were placed into the lateral aspect of the T8 and S1 vertebral bodies under fluoroscopic guidance with position confirmed under lateral and frontal projections. S1 was repeatedly assessed with repeat cone beam CTs. Biopsy of S1 was performed through the left transpedicular approach.

Subsequent evaluation demonstrated adjustable radiofrequency probe placed through the left T8 and S1 pedicle and curved medially and superiorly. Additionally, radiofrequency probes were placed through T8 and S1 pedicles and curved superomedially and inferomedially. Radiofrequency ablation was then performed to the appropriate and targeted the 50 degrees Celsius. Radiofrequency probes were then removed.

Methylmethacrylate was mixed and injected through both needles under direct fluoroscopic visualization. Subsequently, needles were removed. The patient tolerated the procedure well with no immediate complications.

T8 and S1 was done in sequence. T8 was done first, and then S1.

FINDINGS:
Initial evaluation delineated successful bilateral pedicular needle placement and subsequent fluoroscopic spot film demonstrated good needle tip positioning within the T8 and S1 vertebrae. Subsequent evaluation then demonstrated ablation and augmentation as described above with final films demonstrating good vertebral fill and no significant extraosseous extension. There is a small amount of cement extravasation into the right S1 neural foramina that appears largely open on final cone beam CT. .

RADIATION DOSE:
Fluoroscopy time for this procedure was 25 minutes.

ESTIMATED BLOOD LOSS:
Minimal.

SPECIMENS OBTAINED:
None

COMPLICATIONS:
None.

Ordering provider: Avik Som
Reading physician: Avik Som
Study date: Sep 16, 2026 5:38 PM
Collection date: Sep 16, 2026 6:05 PM
Result date: Sep 16, 2026 6:10 PM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

XR L SPINE 2-3 VW

Collected on Oct 31, 2026 12:54 AM

Results

Impression

Thoracic spine:
Compared with the August 28, 2026 CT, there appears to be relatively stable appearance of the T1 and T4 mild compression fractures but apparent progression of the T5 anterior wedging with height loss of approximately 55% compared with prior approximately 40%. There is also slight increased focal kyphosis with Cobb angle of approximately 21 degrees between bottom of T4 and top of T6 on the standing x-rays versus approximately 7 degrees on the supine CT.
There appears to be questionable minor progression of the T8 vertebral anterior wedge compression fracture status post vertebroplasty with approximately 60% anterior height loss versus approximately 50% on the September 16, 2026 procedure x-rays appears relatively similar focal kyphosis measuring degrees between bottom of T7 and top of T9.
The thoracic vertebral bodies are otherwise intact and in anatomic alignment on the lateral view. There is minimal right convex scoliosis centered at approximately T5/6.. There are mild degenerative disc changes in the mid and lower thoracic spine. Multiple lytic and blastic bony lesions are better seen on prior CT and MR grossly stable. A paper clip is noted along the back which is centered at the approximate T8/9 level presumably indicating level of pain.

Lumbar spine:
The lumbar vertebral bodies are intact and in similar alignment on the lateral view again with mild retrolisthesis at L5/S1 and minimal retrolisthesis at L4/5.. There are mild to moderate degenerative disc changes at L5/S1 with disc height loss, osteophytes, and facet sclerosis. There are mild degenerative changes at L2/3 and L4/5. Patient is status post vertebroplasty at S1 which appears relatively stable. Lytic and blastic lesions are grossly stable but better seen on prior CT and MRI. No new fractures or subluxations. The paperclip present along the surface of the lower back centered at the L5/S1 level.

Narrative

EXAMINATION:
XR T SPINE 2 VW, XR L SPINE 2-3 VW

CLINICAL INDICATION:
lumbar and thoracic back pain.

COMPARISON:
Vertebroplasty procedure radiographs September 16, 2026 and lumbar MRI September 24, 2026.. August 28, 2026 thoracic and lumbar spine CT.

FINDINGS AND

Ordering provider: Avik Som
Reading physician: Dean K Shibata
Study date: Oct 30, 2026 1:44 PM
Collection date: Oct 31, 2026 12:54 AM
Result date: Oct 31, 2026 1:10 AM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Name: Yvonne Kalley Franklin | DOB: 6/17/1979 | MRN: U4772842 | PCP: Leilani D Paras, MD | Legal Name: Yvonne Kalley Franklin

XR T SPINE 2 VW

Collected on Oct 31, 2026 12:54 AM

Results

Impression

Thoracic spine:
Compared with the August 28, 2026 CT, there appears to be relatively stable appearance of the T1 and T4 mild compression fractures but apparent progression of the T5 anterior wedging with height loss of approximately 55% compared with prior approximately 40%. There is also slight increased focal kyphosis with Cobb angle of approximately 21 degrees between bottom of T4 and top of T6 on the standing x-rays versus approximately 7 degrees on the supine CT.
There appears to be questionable minor progression of the T8 vertebral anterior wedge compression fracture status post vertebroplasty with approximately 60% anterior height loss versus approximately 50% on the September 16, 2026 procedure x-rays appears relatively similar focal kyphosis measuring degrees between bottom of T7 and top of T9.
The thoracic vertebral bodies are otherwise intact and in anatomic alignment on the lateral view. There is minimal right convex scoliosis centered at approximately T5/6.. There are mild degenerative disc changes in the mid and lower thoracic spine. Multiple lytic and blastic bony lesions are better seen on prior CT and MR grossly stable. A paper clip is noted along the back which is centered at the approximate T8/9 level presumably indicating level of pain.

Lumbar spine:
The lumbar vertebral bodies are intact and in similar alignment on the lateral view again with mild retrolisthesis at L5/S1 and minimal retrolisthesis at L4/5.. There are mild to moderate degenerative disc changes at L5/S1 with disc height loss, osteophytes, and facet sclerosis. There are mild degenerative changes at L2/3 and L4/5. Patient is status post vertebroplasty at S1 which appears relatively stable. Lytic and blastic lesions are grossly stable but better seen on prior CT and MRI. No new fractures or subluxations. The paperclip present along the surface of the lower back centered at the L5/S1 level.

Narrative

EXAMINATION:
XR T SPINE 2 VW, XR L SPINE 2-3 VW

CLINICAL INDICATION:
lumbar and thoracic back pain.

COMPARISON:
Vertebroplasty procedure radiographs September 16, 2026 and lumbar MRI September 24, 2026.. August 28, 2026 thoracic and lumbar spine CT.

FINDINGS AND

Ordering provider: Avik Som
Reading physician: Dean K Shibata
Study date: Oct 30, 2026 1:44 PM
Collection date: Oct 31, 2026 12:54 AM
Result date: Oct 31, 2026 1:10 AM
Result status: Final

MyChart® licensed from Epic Systems Corporation© 1999 - 2026

Medication	Sig	Dispense Quantity	Last Filled	Start Date	End Date
morphine ER 30 MG ER tablet	Take 1 tablet by mouth every 12 hours.	28 tablet		07/30/2026	08/07/2026
ondansetron 8 MG tablet	Take 1 tablet by mouth every 8 hours.	90 tablet		07/30/2026	08/29/2026
ondansetron 8 MG tablet	Take 1 tablet by mouth every 8 hours.	90 tablet		07/30/2026	07/30/2026
oxyCODONE 10 MG tablet	Take 1-1.5 tablets by mouth every 3 hours as needed for moderate pain.	170 tablet		07/30/2026	08/10/2026
oxyCODONE 5 MG tablet	Take 1-2 tablets by mouth every 4 hours as needed for moderate pain.	100 tablet		07/17/2026	07/30/2026
prochlorperazine 10 MG tablet	Take 1 tablet by mouth every 6 hours as needed for nausea/vomiting.	50 tablet		07/30/2026	08/21/2026
prochlorperazine 10 MG tablet	Take 1 tablet by mouth every 6 hours as needed for nausea/vomiting.	50 tablet		07/24/2026	07/30/2026
senna 8.6 MG tablet	Take 2 tablets by mouth 2 times a day.	120 tablet		07/30/2026	08/29/2026
senna 8.6 MG tablet	Take 2 tablets by mouth 2 times a day.	120 tablet		07/30/2026	07/30/2026

documented as of this encounter

Miscellaneous Notes

Weekly On Treatment Visit - John Kang - 07/29/2026 4:15 PM PDT

Formatting of this note might be different from the original.
[image][image]

Radiation Oncology
On Treatment Visit

Yvonne K Franklin is a 47 year old with metastatic Lt breast cancer diffusely to bone with lesions along the entire spinal axis with diffuse T-spine pain (index lesions C4, C6, T1, T4, T5, T8 with compression fractures <25%)

3D CRT to Right Hip joint

Treatment Period Technique Fraction Dose Fractions Total Dose

Course 1 7/29/2026–7/29/2026 (days: 1)

C-spine, T-spine 7/29/2026–7/29/2026 Conformal Plan 800 / 800 cGy 1 of 1 800 / 800 cGy

7/29/2026
12:00 AM 7/30/2026
12:00 AM

Chemotherapy

Anastrozole Take 1 tablet by mouth daily. [image:Medication marked as long-term]

Anastrozole Take 1 tablet by mouth daily. [image:Medication marked as long-term]

Anastrozole 1 mg, Oral, Daily

Leuprolide Acetate 7.5 mg, Intramuscular, Once

[image:Medication marked as long-term] Medication marked as long-term

Last Recorded Vitals
There were no vitals filed for this visit.

Wt Readings from Last 5 Encounters:

07/28/26 57.2 kg (126 lb 1.7 oz)

07/27/26 57.1 kg (125 lb 12.8 oz)

07/21/26 55.7 kg (122 lb 12.7 oz)

07/15/26 56.7 kg (125 lb)

Subjective
She presents with her spouse Mark. She has no side effects attributable to radiation.

I discussed we are treating C4 to T11 with a single palliative dose with the intent for pain control and allowing my IR colleagues to better localize areas for stabilization. We may need a few weeks for pain control.

Objective
On hospital bed
No acute distress
No increased work of breathing

Lab Results

Component Value Date

WBC 6.89 07/30/2026

Neutrophils 7.35 (H) 07/27/2026

Hemoglobin 10.6 (L) 07/30/2026

Platelet Count 251 07/30/2026

Glucose 102 07/30/2026

Creatinine 0.67 07/30/2026

Albumin 3.8 07/29/2026

Lab Results

Component Value Date

Alkaline Phosphatase (Total) 71 07/29/2026

Calcium 9.7 07/30/2026

Carcinoembryonic Antigen (Beckman) 28.6 (H) 07/15/2026

Carcinoembryonic Antigen (Roche) 22.7 (H) 07/15/2026

Total Bilirubin (Beckman) 0.9 07/29/2026

Direct Bilirubin (Beckman) 0.2 07/29/2026

Assessment/Plan
Tolerated treatment well thus far
-will discuss her case at spine tumor board 7/31/26 AM
-has IR visit with Dr. Vaidya 7/31/26

Future Appointments

Date Time Provider Department Center

7/31/2026 3:00 PM Vaidya, Sandeep Satyendra, MBBS UWS IR UWMC SURGICA

CBCT/Port films were reviewed.

Dosimetry treatment parameters were reviewed.

Patient treatment setup was reviewed.

Electronically signed by John Kang at 07/30/2026 8:43 PM PDT

documented in this encounter

documented in this encounter

Discharge Summaries

• Reagan B - 07/30/2026 12:56 PM PDT

Formatting of this note might be different from the original.

Discharge Summary

Yvonne K Franklin ("Yvonne") - DOB: 6/17/1979 (47 year old female)
Gender Identity: Female Pronouns: she/her/hers
PCP: Paras, Leilani D, MD
Code Status: Full Code

DATE OF ADMISSION: 7/27/2026
DATE OF DISCHARGE: 07/30/26
DISCHARGE TEAM & ATTENDING: Medicine O Gen Adults & Lenaeus, Michael Jeffrey*

ADMISSION DIAGNOSIS: Stage IV breast cancer with osseous metastases
DISCHARGE DIAGNOSIS: Stage IV breast cancer with osseous metastases

PROBLEMS ADDRESSED DURING THIS HOSPITALIZATION:
Principal Problem:
Breast cancer metastasized to bone, unspecified laterality (HCC)
Active Problems:
Acute bilateral thoracic back pain
Pathologic compression fracture of vertebra (HCC)
Metastatic malignant neoplasm (HCC)
Cancer, metastatic to bone (HCC)
Resolved Problems:
* No resolved hospital problems. *

DISCHARGE FOLLOW-UP VISITS/APPOINTMENTS:
Upcoming appointments at UW Medicine:

Future Appointments

Date Time Provider Department Center

7/31/2026 3:00 PM Vaidya, Sandeep Satyendra, MBBS UWS IR UWMC SURGICA

Additional follow-up:
No follow-up provider specified.

PENDING RESULTS THAT REQUIRE FOLLOW-UP (as of this summary):
Pending Labs

No pending labs

DIAGNOSTIC STUDIES RECOMMENDED:
None

INCIDENTAL FINDINGS THAT REQUIRE FOLLOW-UP:

None

THERAPEUTIC RECOMMENDATIONS:
- Continue pain management regimen as outlined:
- MS Contin 30 mg every 12 hours
- Oxycodone 15 mg every 3 hours as needed

- Tylenol 975 mg every 8 hours
- Methocarbamol 750 mg every 6 hours as needed
- Cancer therapy as outlined below:
- Lupron 7.5 mg monthly injections
- Zometa 4mg infusions every 3-4 weeks
- Anastrozole 1 mg daily
- Recommend daily bowel regimen
- Follow up with outpatient breast oncology and FHCC pain clinic for further management (referrals pending).
- Follow up with interventional radiology for outpatient kyphoplasty procedure. Appointment scheduled 7/31.
- Follow up with primary care provider within 2 weeks of discharge.

ALLERGIES:
Propofol and Fentanyl

DISCHARGE MEDICATIONS:

Medication List

START taking these medications

acetaminophen 325 MG tablet
Commonly known as: Tylenol
Take 3 tablets by mouth every 8 hours.

anastrozole 1 MG tablet
Commonly known as: Arimidex
Take 1 tablet by mouth daily.

methocarbamol 750 MG tablet
Commonly known as: Robaxin
Take 1 tablet by mouth every 6 hours as needed for muscle spasms.

morphine ER 30 MG ER tablet
Commonly known as: MS Contin
Take 1 tablet by mouth every 12 hours.

ondansetron 8 MG tablet
Commonly known as: Zofran
Take 1 tablet by mouth every 8 hours.

senna 8.6 MG tablet
Commonly known as: Senokot
Take 2 tablets by mouth 2 times a day.

CHANGE how you take these medications
oxyCODONE 10 MG tablet
Take 1-1.5 tablets by mouth every 3 hours as needed for moderate pain.
What changed:
- medication strength
- how much to take
- when to take this

CONTINUE taking these medications

albuterol HFA 108 (90 Base) MCG/ACT inhaler
Commonly known as: Proventil HFA; Ventolin HFA

Inhale 2 puffs by mouth every 4 hours as needed for shortness of breath/wheezing.

cholecalciferol 50 mcg (2,000 unit) capsule
Commonly known as: Vitamin D-3
Take 2 capsules by mouth daily.

naloxone 4 MG/0.1ML nasal spray
Commonly known as: Narcan
Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray in opposite nostril.

polyethylene glycol 3350 17 g packet
Commonly known as: Miralax
Take 1 packet by mouth daily. Dissolve in 4-8 ounce water.

prochlorperazine 10 MG tablet
Commonly known as: Compazine
Take 1 tablet by mouth every 6 hours as needed for nausea/vomiting.

propranolol 10 MG tablet
Commonly known as: Inderal
Take 1 tablet by mouth daily.

tretinoin 0.025 % cream
Commonly known as: Retin-A
Apply 1 application topically 3 times a week. Apply to face.

STOP taking these medications
ALPRAZolam 0.25 MG tablet
Commonly known as: Xanax

Where to Get Your Medications

These medications were sent to SAFEWAY PHARMACY #2734 2734 10020 NE 137TH KIRKLAND WA 425-821-0708 425-820-6442 98033 10020 NE 137TH, KIRKLAND WA 98033

Hours: 9am-9pm M-F, Sat 9-6:45 Phone: 425-821-0708

anastrozole 1 MG tablet

methocarbamol 750 MG tablet

ondansetron 8 MG tablet

senna 8.6 MG tablet

You can get these medications from any pharmacyBring a paper prescription for each of these medications

morphine ER 30 MG ER tablet

oxyCODONE 10 MG tablet

BRIEF ADMISSION HISTORY:
As below

HOSPITAL COURSE:
Brief Admission History:
Per the admission note by Dr. Adrian Lazarevic-Fogelquist dated 7/28/2026:
"Undergoing outpatient workup for presumed metastatic breast cancer (breast/LN biopsy results 7/27 confirm breast cancer, pending bone biopsy results). The night preceding admission developed acute worsening of neck

and back pain to the point of being awoken from sleep and unable to bend or perform standard ADLs 2/2 severe, 10/10 pain unresponsive to home oxycodone 5-10mg. Pain is in the R neck and bilateral paraspinal regions, primarily in the upper/thoracic spine, worse with movement and associated with a feeling of "heaviness" in her head as if she cannot hold her head up due to pain/weakness in her neck.
She was seen in Radiation Oncology on 7/27 for CT sim for XRT planning and then presented to ACE clinic for severe pain and was recommended to proceed to the ED for neurosurgical evaluation given severity of neck pain and known C spine metastases.
No fevers, chills, new neurologic symptoms of focal weakness, numbness, tingling, loss of bowel/bladder control.
ED course:
Afebrile, VS notable for tachycardia and transient hypertension. Labs with mild hypokalemia and leukocytosis, otherwise unremarkable. CT spine demonstrated multiple osseous metastases with multiple associated pathologic fractures in the cervical and thoracic spine and extra-osseous extension of lesions in the C-spine (e.g. C4, C6) with associated foraminal narrowing. CTA head and neck without e/o arterial dissection or occlusion.

Admitted to medicine for pain control and possible expedited XRT."

Hospital Course:

Yvonne K Franklin is a 47-year-old female with newly diagnosed metastatic breast cancer, ER+/PR+/HER2-, who was admitted to UWMC on 7/27 for intractable cancer-related neck/back pain in setting of known osseous metastases as well as possible expedited initiation of XRT. She was previously undergoing outpatient planning for XRT with CT sim completed on 7/27. Neurosurgery was consulted in the ED, determined to be non-operative.

She was continued on home oxycodone 5-10mg every 4 hours as needed together with scheduled Tylenol 975 mg, prn IV hydromorphone, and prn methocarbamol with good pain control. On 7/28, morphine 30mg BID was initiated along with continued prn medications. On 7/29, oxycodone was increased to 15mg every 3 hours as needed with improved pain relief. She was also given scheduled anti-emetics to help with opioid-associated nausea.

MRI C-T-L on 7/28 notable for anterior epidural tumor extension at T5 and T8 levels. Diffuse osseous metastasis multiple cervical, thoracic and lumbar vertebral bodies. Pathologic fractures involving T4, T5 and T8 vertebral bodies with mild height loss at T5 (40%).

Radiation oncology was consulted 7/28 with plan for expedited XRT as inpatient. XRT was administered on 7/29.

IR was consulted 7/28, planning for vertebroplasty/kyphoplasty following radiation treatment in outpatient setting. Follow-up consultation is scheduled for 7/31.

Medical oncology consulted 7/28 and saw pt on 7/29 to discuss hormone therapy initiation. Pt was started on lupron 7.5 mg monthly injections (first dose administered 7/29), anastrozole 1 mg daily, and Zometa 4mg every 3-4 wk infusions (first dose administered 7/30).

Over course of hospitalization, her pain was better controlled. She was discharged in stable condition on 7/30. She will follow up with oncology in the outpatient setting for ongoing cancer therapy and opioid management.

Key Diagnostic Studies:

7/22 biopsy ER+/PR+/HER2 neg

Procedures/Dates:

None

Tube/Line/Drain Care Orders / Instructions:

None

Consults:

Neurosurgery
IR
Rad Onc

Oncology Consults

Key Follow-up Needed, including Incidental Findings:
Follow up with FHCC breast oncology (referral placed) and FHCC pain clinic for opioid management
Follow up with IR for kyphoplasty as outpatient

DISPOSITION:
01 HOME/SELF CARE [01]

CONDITION: fair

CONSULTS COMPLETED:
IP CONSULT TO RADIATION ONCOLOGY
IP CONSULT TO NEUROSURGERY
IP CONSULT TO NUTRITION SERVICES
IP CONSULT TO ONCOLOGY

OPERATIONS/PROCEDURES:
No surgeries this admission

Additional procedures:
None

PRINCIPAL DIAGNOSTIC STUDIES/RESULTS:
MRI C-T-L 7/28/26:
1. No cord compression. Anterior epidural tumor extension at T5 and T8 levels
Diffuse osseous metastasis multiple cervical, thoracic and lumbar vertebral bodies. Pathologic fractures involving T4, T5 and T8 vertebral bodies with mild height loss at T5 (40%).

A) Right iliac crest, biopsy 7/24/26:
- Metastatic carcinoma.

A) Left breast, 1:00 7 cm FN, core biopsy 7/22/26:
- Invasive lobular carcinoma. See Synoptic Checklist.

B) Lymph node, right axilla, core biopsy 7/22/26:
- Metastatic carcinoma, See Comment.

COMMENT:
B) Neoplastic cells are morphologically similar to the findings in part A, compatible with metastasis from breast primary.

Biomarker reporting: ER positive, PR positive, HER2 negative. Negative E-cadherin supports lobular phenotype.

Discharge Orders

General supply request: Walker standard

Details for supply request: Walker standard

Referral to Oncology- FHCC Breast Oncology

Standing Status: Future

Referral Priority: Routine Referral Type: Oncology

Number of Visits Requested: 1

Referral to Pain Relief Clinic

Standing Status: Future

Heart Rate Source Monitor 08/28/2026 2:52 PM PDT Megan K

• Oxygen Therapy

Question Answer Date of Assessment Author

SpO2 96 08/28/2026 2:52 PM PDT Megan K

Patient Activity At rest 08/28/2026 2:52 PM PDT Megan K

Oxygen Therapy None (Room air) 08/28/2026 2:52 PM PDT Megan K

documented as of this encounter

Progress Notes

Amber T - 08/28/2026 2:30 PM PDT

Formatting of this note might be different from the original.
Oncology Infusion Nurse Note

Subjective / Visit Information:

Reason for Visit: OP Infusion (Zometa + Lupron)

Objective:

Vitals:

08/28/26 1452

Temp: 36.8 °C

Pulse: 74

BP: 117/76

Resp: 16

SpO2: 96%

Medication Administrations This Visit
leuprolide (Lupron Depot) injection 7.5 mg | Admin Date
08/28/2026 15:17 | Action
Given | Dose
7.5 mg | Route
Intramuscular | Site
Right Ventrogluteal | Documented By
Tran, Amber Lee, RN |

Ordering Provider: Symonds, Lynn Katherine, MD

NDC: 0074-3642-03

Lot#: 1377604

zoledronic acid 4 mg in 100 mL IVPB (premix) 08/28/2026 15:05 New Bag/Syringe 4 mg Intravenous Tran, Amber Lee, RN

Ordering Provider: Symonds, Lynn Katherine, MD

NDC: 25021-826-82

Assessment and Plan:

Hand off: No

Discharge:
Patient tolerated treatment well and without complications.
Discharge disposition:
Accompanied by: Family
Discharged to: Home
Response: Aware of existing appointments, Aware of clinic contact information, States understanding of plan, Restates plan, and No further questions
Preferred language: English
Interpretation/Language Services: No interpreter

Summary: Pt reports ongoing back pain that is well controlled with analgesics as needed. Pt also had an isolated episode of vomiting x1 yesterday, taking antiemetics as needed and denies N/V today. Ok to proceed with lupron per Symonds, L. MD. Pt tolerated tx well and aware to call if having new or worsening sx. PIV removed and discharge stable.

Additional documentation may exist in Flowsheets or Education Activity

Electronically signed by Amber T at 08/28/2026 4:41 PM PDT

documented in this encounter

Sodium 139 09/11/2026

Potassium 4.0 09/11/2026

Urea Nitrogen 11 09/11/2026

Creatinine 0.59 09/11/2026

Glucose 114 09/11/2026

Prothrombin INR 1.0 09/16/2026

Prothrombin Time Patient 13.2 09/16/2026

AST (Roche) 21 09/11/2026

ALT (Roche) 13 09/11/2026

Alkaline Phosphatase (Total) 162 (H) 09/11/2026

Albumin 4.8 09/11/2026

Other results pertinent to this procedure include: None

Pre-procedure physical exam by MD
I have reviewed vital signs recorded on the EMR just prior to the procedure or recorded them below:
BP 117/67 (Patient Position: Lying) | Pulse 86 | Temp 36.5 °C (Temporal) | Resp 16 | SpO2 99%

Physical Exam

General appearance: in no acute distress

Cardiovascular: Rate: Regular

Respiratory: NWOB on RA

Abdominal: nondistended

Neurological/Neuromuscular: Normal

Other notable PE findings relevant to planned procedure: None

Assessment and Care Plan:
T8, T9, S1 ablation + biopsy + kyphoplasty with anesthesia support

Past Medical History:

Diagnosis Date

- Breast cyst Always

Past Surgical History:

Procedure Laterality Date

- BREAST AUGMENTATION
- PR BREAST REDUCTION 2022
- WISDOM TOOTH EXTRACTION

Social History

Tobacco Use

- Smoking status: Never

• Smokeless tobacco: Never

Substance and Sexual Activity

• Alcohol use: Not Currently

• Drug use: Never

Social History Narrative

Resides with husband and two children (ages 9 and 11) in Kirkland, WA

Electronically signed by Gabe Li at 09/16/2026 1:49 PM PDT

Brief Procedure Note - Gabe Li - 09/16/2026 5:55 PM PDT

Formatting of this note might be different from the original.
INTERVENTIONAL RADIOLOGY
BRIEF PROCEDURE NOTE
PROCEDURE: T8, S1 kyphoplasty and ablation

OPERATORS:
Attending: Som
Resident(s): Li
MS4: Zhou

FINDING: Uneventful procedure, full dictation to follow. Normal bilateral lower extremity neuologic exam post procedure.

POST-PROCEDURE DIAGNOSIS: Same

PROCEDURE IMAGES: Refer to PACS

COMPLICATION: None

ESTIMATED BLOOD LOSS: < 25 mL

SPECIMEN: None

PLAN / RECOMMENDATION:

- bedrest 1 hour

- IR to arrange follow up in clinic

ANTICOAGULATION PLAN: Hold therapeutic anticoagulation 24 hours post procedure, then okay to start/resume. Okay to start/resume prophylactic anticoagulation post procedure.

A full procedural report will be available under the Imaging tab in Chart Review when finalized by the attending of record.

Electronically signed by Gabe Li at 09/16/2026 6:11 PM PDT

Procedure Nursing Note - Jessica D - 09/16/2026 6:22 PM PDT

Formatting of this note might be different from the original.
IR Post-Procedure Note

Yvonne Kalley Franklin tolerated T8 and S1 Kyphoplasty and abalation without immediate complications. Procedure performed by Avik Som MD & Gabriel Li MD.

Lab Results

Component Value Date

WBC 5.53 09/11/2026

Hemoglobin 12.4 09/11/2026

Hematocrit 37 09/11/2026

Platelet Count 270 09/11/2026

Sodium 139 09/11/2026

Potassium 4.0 09/11/2026

Urea Nitrogen 11 09/11/2026

Creatinine 0.59 09/11/2026

Glucose (POC) 105 09/16/2026

Prothrombin INR 1.0 09/16/2026

Prothrombin Time Patient 13.2 09/16/2026

AST (Roche) 21 09/11/2026

ALT (Roche) 13 09/11/2026

Alkaline Phosphatase (Total) 162 (H) 09/11/2026

Albumin 4.8 09/11/2026

Total Bilirubin (Roche) 0.6 09/11/2026

Patient was under anesthesia care, please see anesthesia charting/flowsheet for more details. Dressing to procedure site C/D/I.

Discharged from IR to PACU by IR RN and anesthesia provider and IR MD Dr. Li. Report given at bedside to PACU RN. Patient escort: Family member Mark (husband) and phone #: 360-820-8794. Mark notified pt in recovery and when arrive back to check in with Radiology lobby.

BP 117/67 (Patient Position: Lying) | Pulse 86 | Temp 36.5 °C (Temporal) | Resp 16 | SpO2 99%

[x] Procedure end time: 17:36
[x] Post procedure orders verified

Electronically signed by Jessica D at 09/16/2026 6:23 PM PDT
Electronically signed by Jessica D at 09/16/2026 6:24 PM PDT

Procedure Nursing Note - Alex C - 09/16/2026 8:26 PM PDT

Formatting of this note might be different from the original.
PACU Summary, Outpatient Discharge:

Patient summary/synopsis
Level of consciousness: awake, alert, and oriented
Nausea:None

Dressing(s) are: clean, dry, and intact
Pain is present: No
Oral fluids taken: Yes
Voiding Status: Declined, denied need to void prior to discharge; educated to call if unable to void
Precautions or restrictions: Fall and Weight bearing restrictions

Home with: Written instructions.
Escort present:Yes

Electronically signed by Alex C at 09/16/2026 8:27 PM PDT

documented in this encounter

Medication	Sig	Dispense Quantity	Last Filled	Start Date	End Date
tretinoin 0.025 % cream	Apply 1 application topically 3 times a week. Apply to face.				
morphine ER 15 MG ER tablet	Take 1 tablet by mouth every 8 hours. Take with a 30 mg tablet for a total of 45 mg every 8 hours	90 tablet		09/08/2026	10/05/2026
morphine ER 30 MG ER tablet	Take 1 tablet by mouth every 8 hours. Take with a 15 mg tablet for a total of 45 mg every 8 hours	90 tablet		09/08/2026	10/05/2026
oxyCODONE 10 MG tablet	Take 1 tablet by mouth every 3 hours as needed for moderate pain.	100 tablet		09/23/2026	10/26/2026
prochlorperazine 10 MG tablet	Take 1 tablet by mouth every 6 hours as needed for nausea/vomiting.	50 tablet		08/21/2026	09/25/2026
ribociclib (600 mg dose) 200 MG tablet therapy pack	Take 3 tablets by mouth daily. Take on days 1 to 21 followed by 7 days off. Repeat every 28 days.	63 tablet		09/12/2026	11/06/2026
senna 8.6 MG tablet	Take 2 tablets by mouth at bedtime as needed for constipation.	60 tablet		09/23/2026	10/05/2026

documented as of this encounter

Progress Notes

Felicia Lew - 09/24/2026 8:00 AM PDT

Formatting of this note might be different from the original.
Radiation Oncology Consent Note

This visit was to sign consent. Please see prior note for HPI and plan.

Yvonne Kalley Franklin is a 47 year old female with metastatic Lt breast cancer (ER+/PR+/Her2-) diffusely to bone with lesions along the entire spinal axis with diffuse T-spine pain (index lesions C4, C6, T1, T4, T5, T8 with compression fractures <25%) s/p 8 Gy x1 to C4-T11 on lupron, anastrozole, ribociclib since Jul-Aug '26

Yvonne was accompanied by her husband. She reports no pain even with movement. She had mild discomfort along her left buttocks after the kyphoplasty that is improving.

There were no vitals taken for this visit.

-CT-simulation
-Plan to start radiation 10/1

Felicia Lew, MD, DVM
Radiation Oncology Resident Physician, PGY-4

Cosigned by John Kang at 09/29/2026 10:03 PM PDT
Electronically signed by Felicia Lew at 09/26/2026 1:23 AM PDT
Electronically signed by John Kang at 09/29/2026 10:03 PM PDT

documented in this encounter

Pulse 88 09/25/2026 9:58 AM PDT Adriana M

• Oxygen Therapy

Question Answer Date of Assessment Author

SpO2 97 09/25/2026 9:58 AM PDT Adriana M

Patient Activity At rest 09/25/2026 9:58 AM PDT Adriana M

Pulse Oximetry Type Intermittent 09/25/2026 9:58 AM PDT Adriana M

Oxygen Therapy None (Room air) 09/25/2026 9:58 AM PDT Adriana M

documented as of this encounter

Progress Notes

Sydney C - 09/25/2026 10:00 AM PDT

Formatting of this note might be different from the original.
Oncology Infusion Nurse Note

Subjective / Visit Information:

Reason for Visit: OP Infusion (Zometa+Lupron)

Objective:

Vitals:

09/25/26 0958

Temp: 36.8 °C

Pulse: 88

BP: 108/75

Resp: 16

SpO2: 97%

Medication Administrations This Visit
leuprolide (Lupron Depot) injection 7.5 mg | Admin Date
09/25/2026 10:09 | Action
Given | Dose
7.5 mg | Route
Intramuscular | Site
Left Dorsogluteal | Documented By
Cunningham, Sydney, RN |

Ordering Provider: Symonds, Lynn Katherine, MD

NDC: 0074-3642-03

zoledronic acid 4 mg in 100 mL IVPB (premix) 09/25/2026 10:09 New Bag/Syringe 4 mg Intravenous
Cunningham, Sydney, RN

Ordering Provider: Symonds, Lynn Katherine, MD

NDC: 25021-826-82

Assessment and Plan:

Preferred language: English
Interpretation/Language Services: No interpreter

Summary: Patient arrived to clinic for zometa+lupron. VSS. No assessment concerns. Patient tolerated infusion well without incident. Patient d'c in stable condition aware of follow up appointments.

Additional documentation may exist in Flowsheets or Education Activity

Electronically signed by Sydney C at 09/25/2026 10:38 AM PDT

documented in this encounter

Miscellaneous Notes

Weekly On Treatment Visit - John Kang - 10/07/2026 12:15 PM PDT

Formatting of this note might be different from the original.
[image][image]

Radiation Oncology
On Treatment Visit

Yvonne Kalley Franklin is a 47 year old with metastatic Lt breast cancer (ER+/PR+/Her2-) diffusely to bone with lesions along the entire spinal axis with diffuse T-spine pain (index lesions C4, C6, T1, T4, T5, T8 with compression fractures <25%) s/p 8 Gy x1 to C4-T11 on lupron, anastrozole, ribociclib since Jul-Aug '26 with worsening sacral fractures s/p kypho/ablation of T8, S1 9/16/26 s/p SBRT L5-S3 10/1-10/7/26

SBRT to Midline Sacrum

Treatment Period Technique Fraction Dose Fractions Total Dose

Course 2 10/1/2026–10/7/2026 (days: 7)

L5-S3 spine 10/1/2026–10/7/2026 SBRT 700 / 700 cGy 5 of 5 3,500 / 3,500 cGy

3D CRT to Midline Thoracic spine

Treatment Period Technique Fraction Dose Fractions Total Dose

Course 1 7/29/2026–7/29/2026 (days: 1)

C-spine, T-spine 7/29/2026–7/29/2026 Conformal Plan 800 / 800 cGy 1 of 1 800 / 800 cGy

8/21/2026
12:00 AM 8/28/2026
12:00 AM 9/25/2026
12:00 AM

Chemotherapy

Anastrozole Take 1 tablet by mouth daily. [image:Medication marked as long-term]

Leuprolide Acetate 7.5 mg

Leuprolide Acetate 7.5 mg

Ribociclib Succinate Take 3 tablets by mouth daily. Take on days 1 to 21 followed by 7 days off. Repeat every 28 days. Take on days 1 to 21 followed by 7 days off. Repeat every 28 days. [image:Medication marked as long-term]

[image:Medication marked as long-term] Medication marked as long-term

Last Recorded Vitals

Vitals:

10/07/26 1208

BP: 100/67

BP Cuff Size: Small

BP Position: Sitting

Pulse: 91

Resp: 17

Temp: 37.2 °C

TempSrc: Temporal

SpO2: 100%

Weight: 54 kg (119 lb)

Wt Readings from Last 5 Encounters:

10/07/26 54 kg (119 lb)

09/25/26 53.7 kg (118 lb 6.4 oz)

09/24/26 53.6 kg (118 lb 1.6 oz)

09/11/26 54 kg (119 lb)

08/28/26 56.2 kg (124 lb)

Subjective
She is having nausea that started last week after her second fraction. This did not seem to improve with 1 tab of Zofran. She is now taking scheduled Zofran and Compazine with resolution of her nausea.
Her pain is overall improved and she feels much better than when she first presented during the summer.

Objective

No acute distress
No increased work of breathing

Lab Results

Component Value Date

WBC 2.04 (L) 10/07/2026

Neutrophils 0.91 (L) 10/07/2026

Hemoglobin 10.7 (L) 10/07/2026

Platelet Count 183 10/07/2026

Glucose 106 10/07/2026

Creatinine 0.54 10/07/2026

Albumin 4.1 10/07/2026

Lab Results

Component Value Date

Alkaline Phosphatase (Total) 83 10/07/2026

Calcium 8.2 (L) 10/07/2026

Carcinoembryonic Antigen (Beckman) 14.8 (H) 09/11/2026

Carcinoembryonic Antigen (Roche) 11.2 (H) 09/11/2026

Total Bilirubin (Beckman) 0.7 10/07/2026

Direct Bilirubin (Beckman) 0.2 07/29/2026

Prothrombin INR 1.0 09/16/2026

Assessment/Plan
Tolerated treatment well thus far
-return to clinic in 3 months with MRI L-spine + sacrum
-has follow up with Dr. Symonds 10/23/26

Future Appointments

Date Time Provider Department Center

10/15/2026 3:00 PM FHCC 2ND FLOOR K BUILDING TELEHEALTH ROOM 256/258 FHGONC FHCC ONCOLOG

10/19/2026 11:00 AM Christophel Lichti, Jennifer Lyn, LICSW FHSW FHCC ANCILLA

10/21/2026 1:45 PM Brustkern, Amy K, PA-C FHPALL FHCC ANCILLA

10/23/2026 7:00 AM FHCC GEN ONC BLOOD DRAW FHLAB FHCC LAB

10/23/2026 7:45 AM Symonds, Lynn Katherine, MD FHBRON FHCC ONCOLO

10/23/2026 9:30 AM FHCC 4TH FLOOR INFUSIONS FHCINF FHCC INFUSIO

10/30/2026 11:30 AM Som, Avik, MD UWS IR UWMC SURGICA

11/16/2026 11:45 AM FHPET2 FHPET FHCC RADIOLO

11/16/2026 12:15 PM FHPET2 FHPET FHCC RADIOLO

11/20/2026 10:30 AM FHCC GEN ONC BLOOD DRAW FHLAB FHCC LAB

11/20/2026 11:15 AM Symonds, Lynn Katherine, MD FHBRON FHCC ONCOLO

11/20/2026 2:00 PM FHCC 4TH FLOOR INFUSIONS FHCINF FHCC INFUSIO

CBCT/Port films were reviewed.

Dosimetry treatment parameters were reviewed.

Patient treatment setup was reviewed.

Electronically signed by John Kang at 10/08/2026 5:07 PM PDT

documented in this encounter

Pregnant	Comments
No	

Sex and Gender Information	Value	Date Recorded
Sex Assigned at Birth	Female	07/14/2026 5:39 PM PDT
Legal Sex	Female	09/27/2018 1:19 PM PDT
Gender Identity	Female	07/14/2026 5:39 PM PDT
Sexual Orientation	Straight	07/14/2026 5:39 PM PDT

Travel History	Travel Start	Travel End
California	11/09/2026	11/13/2026

documented as of this encounter

Last Filed Vital Signs

Not on file

documented in this encounter

Progress Notes

Kate Bialick - 10/08/2026 10:30 AM PDT

Formatting of this note might be different from the original.
Update 10/23: Breast onc asked OCC to move up follow up from 11/5 to 10/30 to check ANC. If ANC recovers on 10/30, can keep 600mg dose. If still low, team may want DR. Changed lab orders to 10/30 to be coordinated with UW Montlake appt. Beejal R Ganti, PharmD

Oral Chemotherapy Monitoring Program

Oral chemotherapy management per FHCC CDTA

Yvonne Kalley Franklin is a 47 year old female contacted for follow up by phone for oral chemotherapy treatment monitoring.

Indication: ER/PR+, HER2- Metastatic Breast Cancer
Treatment Plan/Dose: Ribociclib 600mg PO daily D1-21/28 + Anastrozole + Leuprolide
Cycle: Subsequent Review-Refill Rx

Cycle Start Date: 09/12/26
Anticipated Next Cycle Start Date: 10/10/26

Treatment delayed or held?: Yes
Reason: XRT to sacrum planned 10/1-10/7, held ribociclib 9/30-10/2

Problem list

Patient Active Problem List

Diagnosis

- Secondary malignant neoplasm of bone (HCC)
- Neck pain

- Cancer related pain
- Breast cancer metastasized to bone, unspecified laterality (HCC)
- Acute bilateral thoracic back pain
- Pathologic compression fracture of vertebra (HCC)
- Metastatic malignant neoplasm (HCC)
- Cancer, metastatic to bone (HCC)

Allergies Review of patient's allergies indicates:

Allergies

Allergen Reactions

- Fentanyl Other

Isolated PVCs
8/20/2026 states took Fentanyl without incident.
9/16/2026 took fentanyl without incident

- Propofol Palpitations and Other

PVC's

Palpitation

9/16/2026 took propofol without incident

Recent Labs:

CMP

Recent Labs

Units 10/07/26
1300 09/25/26
0810

Sodium meq/L 136 139

Potassium meq/L 4.2 3.8

Chloride meq/L 103 101

Carbon Dioxide, Total meq/L 32 29

Anion Gap 1 L 9

Glucose mg/dL 106 103

Urea Nitrogen mg/dL 11 13

Creatinine mg/dL 0.54 0.63

Calcium mg/dL 8.2 L 8.9

Total Protein (Beckman) g/dL 6.1 --

Total Protein (Roche) g/dL -- 6.6

Albumin g/dL 4.1 4.4

Total Bilirubin (Beckman) mg/dL 0.7 --

Total Bilirubin (Roche) mg/dL -- 0.7

AST (Beckman) U/L 16 --

AST (Roche) U/L -- 20

Alkaline Phosphatase (Total) U/L 83 133 H

ALT (Beckman) U/L 11 --

ALT (Roche) U/L -- 13

CBC, DIFF

Recent Labs

Units 10/07/26
1300 09/25/26
0810

WBC 10*3/uL 2.04 L 3.18 L

Hemoglobin g/dL 10.7 L 11.7

Hematocrit % 33 L 36

Platelet Count 10*3/uL 183 290

Neutrophils 10*3/uL 0.91 L 1.46 L

Medications

Current Outpatient Medications

Medication Instructions

- acetaminophen (TYLENOL) 975 mg, Every 8 hours scheduled
- albuterol HFA 108 (90 Base) MCG/ACT inhaler 2 puffs, Every 4 hours PRN
- anastrozole (ARIMIDEX) 1 mg, Oral, Daily
- cholecalciferol (VITAMIN D-3) 4,000 units, Daily
- lidocaine viscous 2 % mouth/throat solution 5 mL, Oral, 4 times daily PRN
- morphine ER (MS CONTIN) 30 mg, Oral, Every 8 hours scheduled, Take with a 15 mg tablet for a total of 45 mg every 8 hours
- morphine ER (MS CONTIN) 15 mg, Oral, Every 8 hours scheduled, Take with a 30 mg tablet for a total of 45 mg every 8 hours
- naloxone 4 MG/0.1ML nasal spray Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray in opposite nostril.
- ondansetron (ZOFRAN) 8 mg, Every 8 hours
- oxyCODONE 10 mg, Oral, Every 3 hours PRN
- pantoprazole (PROTONIX) 40 mg, Oral, Daily empty stomach
- polyethylene glycol 3350 (MIRALAX) 17 g, Daily
- propranolol (INDERAL) 10 mg, Daily
- ribociclib (600 mg dose) (KISQALI) 600 mg, Oral, Daily, Take on days 1 to 21 followed by 7 days off. Repeat every 28 days.

- senna (SENOKOT) 17.2 mg, Oral, Nightly PRN
- tretinoin 0.025 % cream 1 application, 3 times weekly

Medication History
Pt reports changes to their medication on med list: No

Possible drug interactions:
Rx Interactions
Clinically relevant drug interactions identified?: No

Adherence Assessment:
Rx-Adherence
Was adherence assessed during this encounter?: Yes
Patient reported X missed doses in the last month: 0
Patient reported taking incorrect dose in the last month: No
Refill history reviewed?: Yes
Concerns for Adherence?: No

Symptom/Toxicities Assessment:
Patient reports the following side effects:
Side effects to report?: Yes

Gastrointestinal: Nausea: Grade 1 (residual nausea from radiation, using ondansetron and compazine);

Interventions and Follow-up Plan:
Plan: Reviewed 10/7 labs with ANC 0.91, lower than previous ANC's during week off likely due to radiation. Yvonne feels much improved from radiation with some lingering nausea and lower appetite from yesterday's radiation treatment. We discussed starting her cycle as planned on 10/10. Next follow-up on 11/6 with local labs on 11/5 at Evergreen Hospital.

Follow-up Dates:
Date of next outreach:: 11/05/26
Next Outreach type:: Phone
Date of next pharmacist lab review:: 11/05/26
Next refill due: 11/05/26
Reference: MONALEESA-2

Kate Bialick, PharmD

Electronically signed by Kate Bialick at 10/08/2026 11:16 AM PDT
Electronically signed by Beejal R Ganti at 10/23/2026 1:33 PM PDT

documented in this encounter

Pulse 81 10/23/2026 7:50 AM PDT Kellie T

SpO2 100 10/23/2026 7:50 AM PDT Kellie T

• Pain Score

Question Answer Date of Assessment Author

Pain Descriptor Scale Mild 10/23/2026 7:50 AM PDT Kellie T

Pain Location Upper back 10/23/2026 7:50 AM PDT Kellie T

• 1. Have you wished you were dead or wished you could go to sleep and not wake up?

Answer Date of Assessment Author

No 10/23/2026 7:55 AM PDT Kellie T

• 2. Have you actually had any thoughts of killing yourself?

Answer Date of Assessment Author

No 10/23/2026 7:55 AM PDT Kellie T

• 6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?

Answer Date of Assessment Author

No 10/23/2026 7:55 AM PDT Kellie T

documented as of this encounter

Progress Notes

Lynn Symonds - 10/23/2026 7:45 AM PDT

Formatting of this note might be different from the original.
FRED HUTCHINSON CANCER CENTER
BREAST ONCOLOGY RETURN VISIT

ID/CC: Patient is a 47 yo premenopausal woman presenting with de novo metastatic breast cancer (ER+/PR+/HER2-) currently on OS+AI+ribociclib here for follow-up

ONCOLOGY HISTORY:
-February 2026: Developed back pain which got progressively worse
-7/1/26: MRI spine showed expansile lesions in T1, T5, T8-T10 with expansile element in T10
-7/13/26: CT chest/abdomen/pelvis showed diffuse bony lesions throughout spine and pelvis and left 11th rib fracture as well as a few scattered lung nodules.
-7/21/26: PET-CT w FDG lesions in L breast, R axilla, FDG avid osseous lesions, compression fracture.
-7/22/26: L breast core biopsy showed invasive lobular carcinoma, ER+ (91-100%), PR+ (91-100%), HER2- (1+ by IHC), Ki-67 21-30% , Right axilla LN biopsy showed metastatic carcinoma
-7/24/26: Right iliac crest biopsy showed metastatic carcinoma
-7/27/26-7/30/26: Admitted for pain control, she received palliative radiation with 800 cGy over 1 fraction to the right hip joint, started on lupron and anastrozole, also received zometa as an inpatient

-8/15/26: Started Ribociclib

Interval History:
-Pain is significantly better after her procedure
-Remains very active, walking several miles per day

-Very interested in the vaccine trial
-Nausea is well managed
-Fatigue is present
-The remainder of her ROS is negative

ROS: Complete ROS was reviewed and was negative unless stated above in the HPI

ECOG: 0 (prior to diagnosis)

PMH

Patient Active Problem List

Diagnosis

- Secondary malignant neoplasm of bone (HCC)
- Neck pain
- Cancer related pain
- Breast cancer metastasized to bone, unspecified laterality (HCC)
- Acute bilateral thoracic back pain
- Pathologic compression fracture of vertebra (HCC)
- Metastatic malignant neoplasm (HCC)
- Cancer, metastatic to bone (HCC)

Gynecology History:
Menopausal Status: premenopausal
HRT use: Denies
OCP use: Yes, from 18-33 then had IUDs (IUD recently removed)

PSH
Past Surgical History

Procedure Laterality Date

- BREAST AUGMENTATION
- PR BREAST REDUCTION 2022
- WISDOM TOOTH EXTRACTION

MEDICATIONS

Outpatient Medications Prior to Visit

Medication Sig Dispense Refill

- acetaminophen 325 MG tablet Take 3 tablets by mouth every 8 hours.
- albuterol HFA 108 (90 Base) MCG/ACT inhaler Inhale 2 puffs by mouth every 4 hours as needed for shortness of breath/wheezing.
- anastrozole 1 MG tablet Take 1 tablet by mouth daily. 30 tablet 11
- cholecalciferol 50 mcg (2,000 unit) capsule Take 2 capsules by mouth daily.
- lidocaine viscous 2 % mouth/throat solution Take 5 mL by mouth 4 times a day as needed (for throat pain). To avoid numbing tongue, use straw/applicator to apply to back of throat). (Patient not taking: Reported on

9/23/2026) 200 mL 1

- morphine ER 15 MG ER tablet Take 1 tablet by mouth every 8 hours. Take with a 30 mg tablet for a total of 45 mg every 8 hours 90 tablet 0
- morphine ER 30 MG ER tablet Take 1 tablet by mouth every 8 hours. Take with a 15 mg tablet for a total of 45 mg every 8 hours 90 tablet 0
- naloxone 4 MG/0.1ML nasal spray Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray in opposite nostril. 2 each 0
- ondansetron 8 MG tablet Take 1 tablet by mouth every 8 hours.
- oxyCODONE 10 MG tablet Take 1 tablet by mouth every 3 hours as needed for moderate pain. 100 tablet 0
- pantoprazole 40 MG EC tablet Take 1 tablet by mouth daily on an empty stomach. 20 tablet 0
- polyethylene glycol 3350 17 g packet Take 1 packet by mouth daily. Dissolve in 4-8 ounce water.
- propranolol 10 MG tablet Take 1 tablet by mouth daily.
- ribociclib (600 mg dose) 200 MG tablet therapy pack Take 3 tablets by mouth daily. Take on days 1 to 21 followed by 7 days off. Repeat every 28 days. 63 tablet 2
- senna 8.6 MG tablet Take 2 tablets by mouth at bedtime as needed for constipation. 60 tablet 5
- tretinoin 0.025 % cream Apply 1 application topically 3 times a week. Apply to face.

No facility-administered medications prior to visit.
ALLERGIES
Review of patient's allergies indicates:

Allergies

Allergen Reactions

- Propofol Palpitations and Other

PVC's

Palpitation

- Fentanyl Other

Isolated PVCs

SOCIAL HISTORY: Accompanied today by her husband. She has two children ages 9 and 11.
EtOH:She drinks 1-2 drinks alcohol on a few to most nights of the week.
Tobacco: Never smoker
Recreational Drugs: Denies

FAMILY HISTORY

Problem Relation Age of Onset

- Colon Cancer Maternal Grandmother
- Breast Cancer No Hx Of
- Ovarian Cancer No Hx Of

PHYSICAL EXAM

Vitals:

10/23/26 0750

BP: 105/71

Pulse: 81

Resp: 16

Temp: 36.4 °C

SpO2: 100%

General: well appearing, NAD
HEENT: EOMI/PERRLA, atraumatic, trachea midline
Lung: Breathing comfortably on RA, speaking in complete sentences
Neuro: Alert and oriented, no focal deficits, moving all extremities spontaneously
Skin: No obvious masses, bruises, or lesions
Psych: mood appropriate

LABS
CBC:

Lab Results

Component Value Date

WBC 1.87 (L) 10/23/2026

Hemoglobin 11.0 (L) 10/23/2026

Hematocrit 33 (L) 10/23/2026

Platelet Count 174 10/23/2026

Neutrophils 0.67 (L) 10/23/2026

Metabolic panel:

Lab Results

Component Value Date

Potassium 3.6 10/23/2026

Chloride 102 10/23/2026

Carbon Dioxide, Total 29 10/23/2026

Urea Nitrogen 11 10/23/2026

Creatinine 0.73 10/23/2026

AST (Beckman) 16 10/07/2026

AST (Roche) 21 10/23/2026

ALT (Beckman) 11 10/07/2026

ALT (Roche) 18 10/23/2026

Alkaline Phosphatase (Total) 61 10/23/2026

Total Bilirubin (Beckman) 0.7 10/07/2026

Total Bilirubin (Roche) 0.9 10/23/2026

Albumin 4.2 10/23/2026

Albumin 5.0 (H) 07/15/2026

Total Protein (Beckman) 6.1 10/07/2026

Total Protein (Roche) 6.3 (L) 10/23/2026

Tumor Markers:

Lab Results

Component Value Date

CA 15-3 (Beckman) 11 10/23/2026

CA 15-3 (Beckman) 20 09/11/2026

CA 15-3 (Beckman) 27 (H) 08/14/2026

CA 15-3 (Beckman) 27 (H) 07/30/2026

CA 15-3 (Roche) 27 10/23/2026

CA 15-3 (Roche) 55 (H) 09/11/2026

CA 15-3 (Roche) 81 (H) 08/14/2026

Lab Results

Component Value Date

Carcinoembryonic Antigen (Beckman) 4.4 10/23/2026

Carcinoembryonic Antigen (Beckman) 14.8 (H) 09/11/2026

Carcinoembryonic Antigen (Beckman) 40.8 (H) 08/14/2026

Carcinoembryonic Antigen (Beckman) 28.6 (H) 07/15/2026

Carcinoembryonic Antigen (Roche) 3.7 10/23/2026

Carcinoembryonic Antigen (Roche) 11.2 (H) 09/11/2026

Carcinoembryonic Antigen (Roche) 30.9 (H) 08/14/2026

Carcinoembryonic Antigen (Roche) 22.7 (H) 07/15/2026

IMAGING
No new results

ASSESSMENT/PLAN: Patient is a 47 yo premenopausal woman presenting with de novo metastatic breast cancer (ER+/PR+/HER2-) currently on OS+AI+ribociclib here for follow-up

#Breast Cancer: Patient presented with several months of back pain. An MRI on 7/1/26 showed expansile lesions in T1, T5, T8-T10. Subsequent CT chest/abdomen/pelvis on 7/13/26 showed diffuse bony lesions throughout spine and pelvis and left 11th rib fracture as well as a few scattered lung nodules. PET CT on 7/21/26 showed FDG avid lesions in L breast, R axilla, and bones. Left breast core biopsy on 7/22/26 showed invasive lobular carcinoma, ER+ (91-100%), PR+ (91-100%), HER2- (1+ by IHC), Ki-67 21-30%. Right axillaary LN biopsy showed metastatic carcinoma. Right iliac crest biopsy also showed metastatic carcinoma. She subsequently admitted for pain control and started on lupron+anastrozole. She has now started ribociclib which she is tolerating well. ANC is low today so anticipate hold and rechecking labs in 1 week. We will plan to continue. We spent the majority if the visit discussing treatment strategies and approaches. Of note, she is POSITIVE for an activating mutation in PIK3CA (p.C420R) so will be a candidate for capivasertib. She is very

interested in the vaccine trial: I have sent message to team.
-Continue lupron q4 weeks
-Continue anastrozole daily
-Hold ribociclib as above
-Repeat PET CT due November 2026 (scheduled)
-Scheduled to meet with nutrition
-Will send next generation sequencing on tumor sample (pending)

#pain management: s/p palliative RT to right hip joint and s/p T8 and S1 kyphoplasty with ablation on 09/16/26 . Following with palliative care for pain management..

#Bone Mets:
-Continue zometa q4 weeks
-Continue calcium and vitamin D

#Genetics: Genetic testing recommended in the setting of metastatic breast cancer

Return: 1 month

Electronically signed by Lynn Symonds at 10/23/2026 12:53 PM PDT

documented in this encounter

Pulse 79 10/23/2026 9:27 AM PDT Maile T

• Oxygen Therapy

Question Answer Date of Assessment Author

SpO2 99 10/23/2026 9:27 AM PDT Maile T

documented as of this encounter

Progress Notes

Maile T - 10/23/2026 9:15 AM PDT

Formatting of this note might be different from the original.
Oncology Infusion Nurse Note

Subjective / Visit Information:

Reason for Visit: OP Infusion (Zometa) and Immunization or Injection (Lupron)

Objective:

Vitals:

10/23/26 0927

Temp: 36.8 °C

Pulse: 79

BP: 104/71

Resp: 15

SpO2: 99%

Medication Administrations This Visit
leuprolide (Lupron Depot) injection 7.5 mg | Admin Date
10/23/2026 10:09 | Action
Given | Dose
7.5 mg | Route
Intramuscular | Site
Right Ventrogluteal | Documented By
Tucker, Maile, RN |

Ordering Provider: Symonds, Lynn Katherine, MD

NDC: 0074-3642-03

zoledronic acid 4 mg in 100 mL IVPB (premix) 10/23/2026 09:44 New Bag/Syringe 4 mg Intravenous Tucker, Maile, RN

Ordering Provider: Symonds, Lynn Katherine, MD

NDC: 25021-826-82

Assessment and Plan:

Summary: Pt to clinic for Lupron injection and Zometa infusion ambulatory and in stable condition. Pt states they are taking calcium and vitamin D, and have no jaw pain or upcoming dental procedures. Pt tolerated infusion and injection well without immediate complications. Pt discharged ambulatory and in stable condition.

Additional documentation may exist in Flowsheets or Education Activity

Electronically signed by Maile T at 10/23/2026 4:38 PM PDT

documented in this encounter

Ordered Prescriptions

Prescription	Sig	Dispense Quantity	Last Filled	Start Date	End Date
ribociclib (400 mg dose) 200 MG tablet therapy pack	Take 2 tablets by mouth daily. Take daily on days 1-21 followed by 7 days off of each 28-day cycle.	42 tablet		11/06/2026	

documented in this encounter

Progress Notes

Beejal R Ganti - 11/06/2026 3:00 PM PST

Formatting of this note might be different from the original.
Oral Chemotherapy Monitoring Program

Oral chemotherapy management per FHCC CDTA

Yvonne Kalley Franklin is a 47 year old female contacted for follow up by phone for oral chemotherapy treatment monitoring.

Indication: ER/PR+, HER2- Metastatic Breast Cancer
Treatment Plan/Dose: Ribociclib 400mg PO daily D1-21/28 + Anastrozole + Leuprolide
Cycle: Subsequent Review-Refill Rx

Cycle Start Date: 10/10/26
Anticipated Next Cycle Start Date: 11/07/26
Dose Modifications: DR from 600mg to 400mg d/t persistent neutropenia

Treatment delayed or held?: Yes
Reason: Last dose was 10/22. Held day 14-21 by breast onc d/t low ANC. (day 21 = 10/30/26). Skipped 8 doses this cycle.

Monitoring: OSH ANC 1.6 today.

Recent Labs:

CMP

Recent Labs

Units 10/30/26
1256 10/23/26
0727

Sodium meq/L 140 139

Potassium meq/L 4.2 3.6

Chloride meq/L 104 102

Carbon Dioxide, Total meq/L 30 29

Anion Gap 6 8

Glucose mg/dL 93 96

Urea Nitrogen mg/dL 12 11

Creatinine mg/dL 0.47 0.73

Calcium mg/dL 9.2 9.0

Total Protein (Beckman) g/dL 6.5 --

Total Protein (Roche) g/dL -- 6.3 L

Albumin g/dL 4.4 4.2

Total Bilirubin (Beckman) mg/dL 0.8 --

Total Bilirubin (Roche) mg/dL -- 0.9

AST (Beckman) U/L 17 --

AST (Roche) U/L -- 21

Alkaline Phosphatase (Total) U/L 50 61

ALT (Beckman) U/L 14 --

ALT (Roche) U/L -- 18

CBC, DIFF

Recent Labs

Units 10/30/26
1256 10/23/26
0727

WBC 10*3/uL 2.12 L 1.87 L

Hemoglobin g/dL 11.2 L 11.0 L

Hematocrit % 33 L 33 L

Platelet Count 10*3/uL 169 174

Neutrophils 10*3/uL 0.77 L 0.67 L

Adherence Assessment:
Rx-Adherence
Refill history reviewed?: Yes
Concerns for Adherence?: No
Adherence Tools Used: calendar; cell phone; Other
Other adherence tools: Starts cycles on Saturdays.

Interventions and Follow-up Plan:

Plan:

OSH labs show ANC 1.6, permissible to restart ribo tomorrow on her usual schedule. Will dose reduce to 400mg 21/28 d/t prolonged neutropenia.

Next labs already ordered by breast onc for 11/20 with return visit and lupron.

Understands these are mid-cycle labs and that she may need an additional blood draw ~12/3.

Pt already has a 600mg dose pack and will use that for this cycle. New Rx for DR sent to pharmacy today.

A prescription for ribociclib will be sent to CVS Specialty pharmacy. Future refills will be managed by the FHCC Oral Chemotherapy Service.

Follow-up Dates:
Date of next outreach:: 11/23/26
Next Outreach type:: Phone
Date of next pharmacist lab review:: 11/20/26
Next refill due: 01/29/27
Reference: MONALEESA-2

Beejal R Ganti, PharmD

Electronically signed by Beejal R Ganti at 11/06/2026 4:04 PM PST

documented in this encounter

Sex and Gender Information	Value	Date Recorded
Sex Assigned at Birth	Female	07/14/2026 5:39 PM PDT
Legal Sex	Female	09/27/2018 1:19 PM PDT
Gender Identity	Female	07/14/2026 5:39 PM PDT
Sexual Orientation	Straight	07/14/2026 5:39 PM PDT

Travel History	Travel Start	Travel End
California	11/09/2026	11/13/2026

documented as of this encounter

Last Filed Vital Signs

Not on file

documented in this encounter

Miscellaneous Notes

Telephone Encounter - Kaci E - 11/12/2026 2:35 PM PST

Formatting of this note might be different from the original.
Voicemail received from patient's husband, Mark, regarding patient's recent spine MRI results. Mark is concerned about the impression: "2. Mild nonspecific enhancement of the L1 nerve roots, concerning for leptomeningeal disease."

Pt has MD visit on 11/20 for scan review.

Routed to Dr. Symonds.

Electronically signed by Kaci E at 11/12/2026 2:51 PM PST

Telephone Encounter - Kaci E - 11/12/2026 5:31 PM PST

Formatting of this note might be different from the original.
Placed call to Mark. Mark answered phone. RN let him know that we received his VM and his message has been sent to Dr. Symonds. We will reach back out when we have an update. Mark appreciates call.

Electronically signed by Kaci E at 11/12/2026 5:32 PM PST

Telephone Encounter - Kaci E - 11/13/2026 3:10 PM PST

Formatting of this note might be different from the original.
Discussed plan with Dr. Symonds who plans to reach out to patient to discuss imaging. In the interim, MD suggests referral to specialist (neuro) for review. RN placed call to Mark to let him know this. Left message, asked for return call.

ADDENDUM:
Mark returned call. He states that he spoke with Dr. Som who reviewed the findings with Mark and the patient and Mark has no further questions at this time. Pt plans to come to follow up visit as scheduled on 11/20

Electronically signed by Kaci E at 11/13/2026 3:11 PM PST
Electronically signed by Kaci E at 11/13/2026 3:12 PM PST
Electronically signed by Kaci E at 11/13/2026 3:50 PM PST

documented in this encounter

Sex and Gender Information	Value	Date Recorded
Sex Assigned at Birth	Female	07/14/2026 5:39 PM PDT
Legal Sex	Female	09/27/2018 1:19 PM PDT
Gender Identity	Female	07/14/2026 5:39 PM PDT
Sexual Orientation	Straight	07/14/2026 5:39 PM PDT

Travel History	Travel Start	Travel End
California	11/09/2026	11/13/2026

documented as of this encounter

Last Filed Vital Signs

Not on file

documented in this encounter

Progress Notes

Avik Som - 11/13/2026 3:00 PM PST

Formatting of this note might be different from the original.
INTERVENTIONAL RADIOLOGY OUTPATIENT CONSULT NOTE

REFERRING PHYSICIAN
Amin Gautam, MD

IDENTIFICATION AND CHIEF COMPLAINT
Yvonne K Franklin is a 47 year old female patient who is referred to interventional radiology for consideration of treatment options for vertebral augmentation.

INTERVAL HISTORY
She has since felt some tingling pain with her neck bending and received an urgent MRI which showed no acute findings. At multidisciplinary conference, her symptoms were concerned to be for Lhermitte's sign.

S/p kyphoplasty T8, S1 unipedicular kyphoplasty and ablation
S1 biopsy on 9/16/26. Today she feels about the same. She reports a 2-3 with pain medication and 8/10 pain without it in the mid thoracic back.

HISTORY OF PRESENT ILLNESS
Ms. Franklin is a 47 y.o F patient with breast cancer s/p kyphoplasty T8, S1 unipedicular kyphoplasty and ablation, S1 biopsy.

PAST MEDICAL HISTORY

Active Ambulatory Problems

Diagnosis Date Noted

- Secondary malignant neoplasm of bone (HCC) 07/22/2026
- Neck pain 07/27/2026
- Cancer related pain 07/27/2026
- Breast cancer metastasized to bone, unspecified laterality (HCC) 07/27/2026

- Acute bilateral thoracic back pain 07/28/2026
- Pathologic compression fracture of vertebra (HCC) 07/28/2026
- Metastatic malignant neoplasm (HCC) 07/28/2026
- Cancer, metastatic to bone (HCC) 07/28/2026

Resolved Ambulatory Problems

Diagnosis Date Noted

- No Resolved Ambulatory Problems

Past Medical History:

Diagnosis Date

- Breast cyst Always

SOCIAL HISTORY
Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: Not Currently

FAMILY HISTORY

Family History

Problem (# of Occurrences) Relation (Name,Age of Onset)

Colon Cancer (1) Maternal Grandmother

Negative family history of: Breast Cancer, Ovarian Cancer

REVIEW OF SYSTEMS
A complete review of systems is negative except as above.

ALLERGIES
Review of patient's allergies indicates:

Allergies

Allergen Reactions

- Fentanyl Other

Isolated PVCs
8/20/2026 states took Fentanyl without incident.
9/16/2026 took fentanyl without incident

- Propofol Palpitations and Other

PVC's

Palpitation

9/16/2026 took propofol without incident

PHYSICAL EXAMINATION
There were no vitals taken for this visit.

LABORATORY STUDIES

Lab Results

Component Value Date

Creatinine 0.47 10/30/2026

Creatinine 0.73 10/23/2026

eGFR by CKD-EPI 2021 >60 10/30/2026

eGFR by CKD-EPI 2021 >60 10/23/2026

Sodium 140 10/30/2026

Sodium 139 10/23/2026

AST (Beckman) 17 10/30/2026

AST (Roche) 21 10/23/2026

ALT (Beckman) 14 10/30/2026

ALT (Roche) 18 10/23/2026

Total Bilirubin (Beckman) 0.8 10/30/2026

Total Bilirubin (Roche) 0.9 10/23/2026

Albumin 4.4 10/30/2026

Albumin 4.2 10/23/2026

Prothrombin INR 1.0 09/16/2026

WBC 2.12 (L) 10/30/2026

WBC 1.87 (L) 10/23/2026

Hematocrit 33 (L) 10/30/2026

Hematocrit 33 (L) 10/23/2026

Platelet Count 169 10/30/2026

Platelet Count 174 10/23/2026

IMAGING STUDIES

[image]
ASSESSMENT AND PLAN
Yvonne K Franklin is a 47 year old female with recently diagnosed metastatic breast cancer and extensive spinal metastases. Since receiving radiation therapy, she has improved in regards to her pain and since kyphoplasty has better breathing and mobility. She has continued pain in the midthoracic spine and tightness in lower back.However no pain on stiff palpation suggesting it is deeper/ oncologic.

Her new tingling pain with head motion is concerning for L'Hermitte's sign based on discussion with multi-disciplinary clinic.

- F.u after staging studies in ~ 1 month

- Referral to neuro-oncology for concern for L'Hermitte's sign as per multi-disciplinary discussion.

- C- spine is cleared from the MRI as per multi-disciplinary review.

Avik Som, MD, PhD
UW Interventional Radiology

I spent 30 minutes on exam and care with the patient.

Distant Site Telemedicine Encounter
I conducted this encounter via secure, live, audio only conference with the patient. I reviewed the risks and benefits of telemedicine as pertinent to this visit and the patient agreed to proceed.

Provider Location: On-site location (clinic, hospital, on-site office)
Patient Location: At home
Present with patient: No one else present

Electronically signed by Avik Som at 11/13/2026 4:59 PM PST

documented in this encounter

POC Glucose, Whole Blood SCCA Manual (POC GLUCOSE, WHOLE BLOOD FHCC MANUAL) - Final result (07/21/2026 6:20 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Glucose, POCT	100	62 - 125 mg/dL			FHCC CLINICAL LABORATORIES, 825	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			07/21/2026 6:20 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Keith D Eaton	LAB POINT OF CARE TEST ENTER EDIT ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES, 825	825 Eastlake Ave E.	Seattle, WA 98109	

Protein Electrophoresis Reflexive Panel, Random Urine (PROTEIN ELECTROPHORESIS REFLEXIVE PANEL, RANDOM URINE) - Final result (07/15/2026 6:00 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Protein Electrophoresis, Urine	No spike by protein electrophoresis.	NSPIKE		07/16/2026 4:07 PM PDT	UWMC Montlake Dept of Lab Med	

Comment: Reviewed and interpreted by Dr. Rebecca Treger

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine			07/15/2026 6:00 PM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Keith D Eaton	LAB URINE ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

(ABNORMAL) CA-125 - Final result (07/15/2026 3:02 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
CA-125 (Beckman)	**36 (H)**	0 - 35 U/mL		07/15/2026 10:57 PM PDT	UWMC Montlake Dept of Lab Med	
Comment: By the Beckman DxI Immunoassay Analyzer						
CA-125 (Roche)	28	0 - 38 U/mL		07/15/2026 4:34 PM PDT	FHCC Clinical Laboratories	
Comment: By the Roche Cobas e801 Immunoassay Analyzer						

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			07/15/2026 3:02 PM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Keith D Eaton	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES	825 EASTLAKE AVE E	SEATTLE, WA 98109-4405, USA	206-606-1088
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	
FHCC Clinical Laboratories	825 Eastlake Ave E	Seattle, WA 98109-4405	

FREE LIGHT CHAINS - Final result (07/15/2026 3:02 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Kappa Free Light Chain	1.39	0.76 - 6.83 mg/dL		07/16/2026 12:49 PM PDT	UWMC Montlake Dept of Lab Med	
Lambda Free Light Chain	1.26	0.68 - 4.58 mg/dL		07/16/2026 12:49 PM PDT	UWMC Montlake Dept of Lab Med	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Kappa/Lambda FLC Ratio	1.10	0.66 - 2.22		07/16/2026 12:49 PM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			07/15/2026 3:02 PM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Keith D Eaton	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

(ABNORMAL) COMPREHENSIVE METABOLIC PANEL - Final result (07/15/2026 3:02 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	139	136 - 145 meq/L		07/15/2026 3:39 PM PDT	FHCC Clinical Laboratories	
Potassium	3.9	3.5 - 5.1 meq/L		07/15/2026 3:39 PM PDT	FHCC Clinical Laboratories	
Chloride	98	98 - 107 meq/L		07/15/2026 3:39 PM PDT	FHCC Clinical Laboratories	
Carbon Dioxide, Total	**31 (H)**	22 - 29 meq/L		07/15/2026 3:39 PM PDT	FHCC Clinical Laboratories	
Anion Gap	10	7 - 15		07/15/2026 3:39 PM PDT	FHCC Clinical Laboratories	
Glucose	107	62 - 125 mg/dL		07/15/2026 3:39 PM PDT	FHCC Clinical Laboratories	
Urea Nitrogen	**21 (H)**	6 - 20 mg/dL		07/15/2026 3:39 PM PDT	FHCC Clinical Laboratories	
Creatinine	0.69	0.50 - 1.00 mg/dL		07/15/2026 3:39 PM PDT	FHCC Clinical Laboratories	
Total Protein (Roche)	7.5	6.4 - 8.3 g/dL		07/15/2026 3:39 PM PDT	FHCC Clinical Laboratories	
Albumin	4.8	3.9 - 5.2 g/dL		07/15/2026 3:39 PM PDT	FHCC Clinical Laboratories	
Total Bilirubin (Roche)	0.5	0.0 - 1.1 mg/dL		07/15/2026 3:39 PM PDT	FHCC Clinical Laboratories	
Calcium	10.1	8.8 - 10.2 mg/dL		07/15/2026 3:39 PM PDT	FHCC Clinical Laboratories	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
AST (Roche)	19	0 - 35 U/L		07/15/2026 3:39 PM PDT	FHCC Clinical Laboratories	
Alkaline Phosphatase (Total)	84	35 - 104 U/L		07/15/2026 3:39 PM PDT	FHCC Clinical Laboratories	
ALT (Roche)	12	0 - 43 U/L		07/15/2026 3:39 PM PDT	FHCC Clinical Laboratories	
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2		07/15/2026 3:39 PM PDT	FHCC Clinical Laboratories	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			07/15/2026 3:02 PM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Keith D Eaton	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES	825 EASTLAKE AVE E	SEATTLE, WA 98109-4405, USA	206-606-1088
FHCC Clinical Laboratories	825 Eastlake Ave E	Seattle, WA 98109-4405	

(ABNORMAL) PROTEIN ELECTR. REFLX PNL - Final result (07/15/2026 3:02 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Total Protein (Beckman)	7.5	6.0 - 8.2 g/dL		07/15/2026 10:48 PM PDT	UWMC Montlake Dept of Lab Med	
Albumin	**5.0 (H)**	3.5 - 4.9 g/dL		07/16/2026 4:04 PM PDT	UWMC Montlake Dept of Lab Med	
Alpha 1	0.2	0.1 - 0.3 g/dL		07/16/2026 4:04 PM PDT	UWMC Montlake Dept of Lab Med	
Alpha 2	0.7	0.3 - 0.8 g/dL		07/16/2026 4:04 PM PDT	UWMC Montlake Dept of Lab Med	
Beta	0.7	0.6 - 1.0 g/dL		07/16/2026 4:04 PM PDT	UWMC Montlake Dept of Lab Med	
Gamma	0.8	0.4 - 1.4 g/dL		07/16/2026 4:04 PM PDT	UWMC Montlake Dept of Lab Med	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Electrophoresis Interp:	**Overall impression is negative for monoclonal component. (A)**	NORPAT		07/16/2026 4:04 PM PDT	UWMC Montlake Dept of Lab Med	

Comment: Reviewed and interpreted by Dr. Rebecca Treger

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			07/15/2026 3:02 PM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Keith D Eaton	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

(ABNORMAL) Carcinoembryonic Antigen (CARCINOEMBRYONIC ANTIGEN) - Final result (07/15/2026 3:02 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Carcinoembryonic Antigen (Beckman)	**28.6 (H)**	0.0 - 5.0 ng/mL		07/15/2026 4:39 PM PDT	FHCC Clinical Laboratories	

Comment:
```
This result was generated by the Beckman Access 2 automated immunoassay
analyzer in the Fred Hutchinson Cancer Center laboratory.
```

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Carcinoembryonic Antigen (Roche)	**22.7 (H)**	0.0 - 3.7 ng/mL		07/15/2026 4:01 PM PDT	FHCC Clinical Laboratories	

Comment:
```
For healthy smokers: results are expected to be <5.5 ng/mL By the Roche Cobas
e801 Immunoassay Analyzer
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			07/15/2026 3:02 PM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Keith D Eaton	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES	825 EASTLAKE AVE E	SEATTLE, WA 98109-4405, USA	206-606-1088
FHCC Clinical Laboratories	825 Eastlake Ave E	Seattle, WA 98109-4405	

CBC, DIFF - Final result (07/15/2026 3:02 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	6.12	4.3 - 10.0 10*3/uL		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
RBC	4.33	3.80 - 5.00 10*6/uL		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
Hemoglobin	13.2	11.5 - 15.5 g/dL		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
Hematocrit	40	36.0 - 45.0 %		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
MCV	93	81 - 98 fL		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
MCH	30.5	27.3 - 33.6 pg		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
MCHC	32.9	32.2 - 36.5 g/dL		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
Platelet Count	357	150 - 400 10*3/uL		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
RDW-CV	12.3	11.0 - 14.5 %		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
% Neutrophils	54	%		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
% Lymphocytes	30	%		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
% Monocytes	10	%		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
% Eosinophils	5	%		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
% Basophils	1	%		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
% Immature Granulocytes	0	%		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
Neutrophils	3.24	1.80 - 7.00 10*3/uL		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
Absolute Lymphocyte Count	1.86	1.00 - 4.80 10*3/uL		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
Monocytes	0.61	0.00 - 0.80 10*3/uL		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
Absolute Eosinophil Count	0.33	0.00 - 0.50 10*3/uL		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
Basophils	0.07	0.00 - 0.20 10*3/uL		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Immature Granulocytes	0.01	0.00 - 0.05 10*3/uL		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
Nucleated RBC	0.00	0.00 10*3/uL		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	
% Nucleated RBC	0	%		07/15/2026 3:21 PM PDT	FHCC Clinical Laboratories	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			07/15/2026 3:02 PM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Keith D Eaton	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES	825 EASTLAKE AVE E	SEATTLE, WA 98109-4405, USA	206-606-1088
FHCC Clinical Laboratories	825 Eastlake Ave E	Seattle, WA 98109-4405	

BETA 2 MICROGLOBULIN, SERUM - Final result (07/15/2026 3:02 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Beta 2 Microglobulin, Serum	1.6	0.0 - 2.5 ug/mL		07/17/2026 11:38 AM PDT	Harborview Medical Center Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			07/15/2026 3:02 PM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Keith D Eaton	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
HARBORVIEW MEDICAL CENTER LAB MED	325 9TH AVE MS 359743, Rm GWH47	SEATTLE, WA 98104-2420	206-744-9794
Harborview Medical Center Lab Med	325 Ninth Ave MS 359743, Rm GWH47	Seattle, WA 98104-2420	

(ABNORMAL) COMPREHENSIVE METABOLIC PANEL - Final result (07/27/2026 12:55 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	139	135 - 145 meq/L		07/27/2026 2:07 PM PDT	UWMC Montlake Dept of Lab Med	
Potassium	**3.5 (L)**	3.6 - 5.2 meq/L		07/27/2026 2:07 PM PDT	UWMC Montlake Dept of Lab Med	
Chloride	99	98 - 108 meq/L		07/27/2026 2:07 PM PDT	UWMC Montlake Dept of Lab Med	
Carbon Dioxide, Total	30	22 - 32 meq/L		07/27/2026 2:07 PM PDT	UWMC Montlake Dept of Lab Med	
Anion Gap	10	4 - 12		07/27/2026 2:07 PM PDT	UWMC Montlake Dept of Lab Med	
Glucose	116	62 - 125 mg/dL		07/27/2026 2:07 PM PDT	UWMC Montlake Dept of Lab Med	
Urea Nitrogen	14	8 - 21 mg/dL		07/27/2026 2:07 PM PDT	UWMC Montlake Dept of Lab Med	
Creatinine	0.64	0.38 - 1.02 mg/dL		07/27/2026 2:07 PM PDT	UWMC Montlake Dept of Lab Med	
Total Protein (Beckman)	7.7	6.0 - 8.2 g/dL		07/27/2026 2:07 PM PDT	UWMC Montlake Dept of Lab Med	
Albumin	4.9	3.5 - 5.2 g/dL		07/27/2026 2:07 PM PDT	UWMC Montlake Dept of Lab Med	
Total Bilirubin (Beckman)	0.9	0.2 - 1.3 mg/dL		07/27/2026 2:07 PM PDT	UWMC Montlake Dept of Lab Med	
Calcium	9.6	8.9 - 10.2 mg/dL		07/27/2026 2:07 PM PDT	UWMC Montlake Dept of Lab Med	
AST (Beckman)	32	9 - 38 U/L		07/27/2026 2:07 PM PDT	UWMC Montlake Dept of Lab Med	
Alkaline Phosphatase (Total)	89	34 - 121 U/L		07/27/2026 2:07 PM PDT	UWMC Montlake Dept of Lab Med	
ALT (Beckman)	11	7 - 33 U/L		07/27/2026 2:07 PM PDT	UWMC Montlake Dept of Lab Med	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2		07/27/2026 2:07 PM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			07/27/2026 12:55 PM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lily Kiely	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

(ABNORMAL) CBC, DIFF - Final result (07/27/2026 12:55 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	**10.74 (H)**	4.3 - 10.0 10*3/uL		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
RBC	4.01	3.80 - 5.00 10*6/uL		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
Hemoglobin	12.0	11.5 - 15.5 g/dL		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
Hematocrit	37	36.0 - 45.0 %		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
MCV	93	81 - 98 fL		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
MCH	29.9	27.3 - 33.6 pg		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
MCHC	32.2	32.2 - 36.5 g/dL		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
Platelet Count	304	150 - 400 10*3/uL		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RDW-CV	11.9	11.0 - 14.5 %		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
% Neutrophils	68	%		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
% Lymphocytes	21	%		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
% Monocytes	8	%		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
% Eosinophils	1	%		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
% Basophils	1	%		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
% Immature Granulocytes	1	%		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
Neutrophils	**7.35 (H)**	1.80 - 7.00 10*3/uL		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
Absolute Lymphocyte Count	2.29	1.00 - 4.80 10*3/uL		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
Monocytes	**0.86 (H)**	0.00 - 0.80 10*3/uL		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
Absolute Eosinophil Count	0.11	0.00 - 0.50 10*3/uL		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
Basophils	0.06	0.00 - 0.20 10*3/uL		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
Immature Granulocytes	**0.07 (H)**	0.00 - 0.05 10*3/uL		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
Nucleated RBC	0.00	0.00 10*3/uL		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	
% Nucleated RBC	0	%		07/27/2026 1:40 PM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			07/27/2026 12:55 PM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lily Kiely	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

BASIC METABOLIC PANEL - Final result (07/28/2026 4:56 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	138	135 - 145 meq/L		07/28/2026 5:47 AM PDT	UWMC Montlake Dept of Lab Med	
Potassium	3.8	3.6 - 5.2 meq/L		07/28/2026 5:47 AM PDT	UWMC Montlake Dept of Lab Med	
Chloride	98	98 - 108 meq/L		07/28/2026 5:47 AM PDT	UWMC Montlake Dept of Lab Med	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Carbon Dioxide, Total	31	22 - 32 meq/L		07/28/2026 5:47 AM PDT	UWMC Montlake Dept of Lab Med	
Anion Gap	9	4 - 12		07/28/2026 5:47 AM PDT	UWMC Montlake Dept of Lab Med	
Glucose	99	62 - 125 mg/dL		07/28/2026 5:47 AM PDT	UWMC Montlake Dept of Lab Med	
Urea Nitrogen	12	8 - 21 mg/dL		07/28/2026 5:47 AM PDT	UWMC Montlake Dept of Lab Med	
Creatinine	0.66	0.38 - 1.02 mg/dL		07/28/2026 5:47 AM PDT	UWMC Montlake Dept of Lab Med	
Calcium	9.5	8.9 - 10.2 mg/dL		07/28/2026 5:47 AM PDT	UWMC Montlake Dept of Lab Med	
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2		07/28/2026 5:47 AM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			07/28/2026 4:56 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Adrian Lazarevic-Fogelquist	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

(ABNORMAL) CBC (HEMOGRAM) - Final result (07/28/2026 4:56 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	8.36	4.3 - 10.0 10*3/uL		07/28/2026 5:20 AM PDT	UWMC Montlake Dept of Lab Med	
RBC	**3.35 (L)**	3.80 - 5.00 10*6/uL		07/28/2026 5:20 AM PDT	UWMC Montlake Dept of Lab Med	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Hemoglobin	**10.3 (L)**	11.5 - 15.5 g/dL		07/28/2026 5:20 AM PDT	UWMC Montlake Dept of Lab Med	
Hematocrit	**31 (L)**	36.0 - 45.0 %		07/28/2026 5:20 AM PDT	UWMC Montlake Dept of Lab Med	
MCV	93	81 - 98 fL		07/28/2026 5:20 AM PDT	UWMC Montlake Dept of Lab Med	
MCH	30.7	27.3 - 33.6 pg		07/28/2026 5:20 AM PDT	UWMC Montlake Dept of Lab Med	
MCHC	33.2	32.2 - 36.5 g/dL		07/28/2026 5:20 AM PDT	UWMC Montlake Dept of Lab Med	
Platelet Count	226	150 - 400 10*3/uL		07/28/2026 5:20 AM PDT	UWMC Montlake Dept of Lab Med	
RDW-CV	12.1	11.0 - 14.5 %		07/28/2026 5:20 AM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			07/28/2026 4:56 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Adrian Lazarevic-Fogelquist	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

(ABNORMAL) CA 15-3 - Final result (07/30/2026 4:11 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
CA 15-3 (Beckman)	**27 (H)**	0 - 20 U/mL		07/30/2026 7:02 AM PDT	UWMC Montlake Dept of Lab Med	

Comment: By the Beckman DxI Immunoassay Analyzer

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			07/30/2026 4:11 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Mike Lenaeus	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

(ABNORMAL) BASIC METABOLIC PANEL - Final result (07/30/2026 4:11 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	138	135 - 145 meq/L		07/30/2026 5:21 AM PDT	UWMC Montlake Dept of Lab Med	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Potassium	4.1	3.6 - 5.2 meq/L		07/30/2026 5:21 AM PDT	UWMC Montlake Dept of Lab Med	
Chloride	**97 (L)**	98 - 108 meq/L		07/30/2026 5:21 AM PDT	UWMC Montlake Dept of Lab Med	
Carbon Dioxide, Total	**33 (H)**	22 - 32 meq/L		07/30/2026 5:21 AM PDT	UWMC Montlake Dept of Lab Med	
Anion Gap	8	4 - 12		07/30/2026 5:21 AM PDT	UWMC Montlake Dept of Lab Med	
Glucose	102	62 - 125 mg/dL		07/30/2026 5:21 AM PDT	UWMC Montlake Dept of Lab Med	
Urea Nitrogen	15	8 - 21 mg/dL		07/30/2026 5:21 AM PDT	UWMC Montlake Dept of Lab Med	
Creatinine	0.67	0.38 - 1.02 mg/dL		07/30/2026 5:21 AM PDT	UWMC Montlake Dept of Lab Med	
Calcium	9.7	8.9 - 10.2 mg/dL		07/30/2026 5:21 AM PDT	UWMC Montlake Dept of Lab Med	
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2		07/30/2026 5:21 AM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			07/30/2026 4:11 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Adrian Lazarevic-Fogelquist	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

(ABNORMAL) CBC (HEMOGRAM) - Final result (07/30/2026 4:11 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	6.89	4.3 - 10.0 10*3/uL		07/30/2026 4:43 AM PDT	UWMC Montlake Dept of Lab Med	
RBC	**3.50 (L)**	3.80 - 5.00 10*6/uL		07/30/2026 4:43 AM PDT	UWMC Montlake Dept of Lab Med	
Hemoglobin	**10.6 (L)**	11.5 - 15.5 g/dL		07/30/2026 4:43 AM PDT	UWMC Montlake Dept of Lab Med	
Hematocrit	**32 (L)**	36.0 - 45.0 %		07/30/2026 4:43 AM PDT	UWMC Montlake Dept of Lab Med	
MCV	92	81 - 98 fL		07/30/2026 4:43 AM PDT	UWMC Montlake Dept of Lab Med	
MCH	30.3	27.3 - 33.6 pg		07/30/2026 4:43 AM PDT	UWMC Montlake Dept of Lab Med	
MCHC	32.8	32.2 - 36.5 g/dL		07/30/2026 4:43 AM PDT	UWMC Montlake Dept of Lab Med	
Platelet Count	251	150 - 400 10*3/uL		07/30/2026 4:43 AM PDT	UWMC Montlake Dept of Lab Med	
RDW-CV	12.0	11.0 - 14.5 %		07/30/2026 4:43 AM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			07/30/2026 4:11 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Adrian Lazarevic-Fogelquist	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

GLUCOSE POC, UWMC - Final result (07/29/2026 5:54 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Glucose (POC)	109	62 - 125 mg/dL		07/29/2026 5:56 PM PDT	UWMC Montlake POCT	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Whole blood			07/29/2026 5:54 PM PDT	07/29/2026 5:56 PM PDT

Narrative

Authorizing Provider	Result Type	Result Status
Mike Lenaeus	LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC POCT	1959 NE Pacific St Room NW120	Seattle, WA 98195-0001	
UWMC Montlake POCT	1959 NE Pacific St Room NW120	Seattle, WA 98195-0001	

GLUCOSE POC, UWMC - Final result (07/29/2026 11:50 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Glucose (POC)	119	62 - 125 mg/dL		07/29/2026 11:51 AM PDT	UWMC Montlake POCT	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Whole blood			07/29/2026 11:50 AM PDT	07/29/2026 11:51 AM PDT

Narrative

Authorizing Provider	Result Type	Result Status
Mike Lenaeus	LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC POCT	1959 NE Pacific St Room NW120	Seattle, WA 98195-0001	
UWMC Montlake POCT	1959 NE Pacific St Room NW120	Seattle, WA 98195-0001	

GLUCOSE POC, UWMC - Final result (07/29/2026 8:16 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Glucose (POC)	107	62 - 125 mg/dL		07/29/2026 8:19 AM PDT	UWMC Montlake POCT	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Whole blood			07/29/2026 8:16 AM PDT	07/29/2026 8:19 AM PDT

Narrative

Authorizing Provider	Result Type	Result Status
Mike Lenaeus	LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC POCT	1959 NE Pacific St Room NW120	Seattle, WA 98195-0001	
UWMC Montlake POCT	1959 NE Pacific St Room NW120	Seattle, WA 98195-0001	

Hepatic Function Panel (HEPATIC FUNCTION PANEL) - Final result (07/29/2026 3:46 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Albumin	3.8	3.5 - 5.2 g/dL		07/29/2026 6:35 PM PDT	UWMC Montlake Dept of Lab Med	
Total Protein (Beckman)	6.2	6.0 - 8.2 g/dL		07/29/2026 6:35 PM PDT	UWMC Montlake Dept of Lab Med	
Total Bilirubin (Beckman)	0.9	0.2 - 1.3 mg/dL		07/29/2026 6:35 PM PDT	UWMC Montlake Dept of Lab Med	
Direct Bilirubin (Beckman)	0.2	0.0 - 0.3 mg/dL		07/29/2026 6:35 PM PDT	UWMC Montlake Dept of Lab Med	
Alkaline Phosphatase (Total)	71	34 - 121 U/L		07/29/2026 6:35 PM PDT	UWMC Montlake Dept of Lab Med	
AST (Beckman)	16	9 - 38 U/L		07/29/2026 6:35 PM PDT	UWMC Montlake Dept of Lab Med	
ALT (Beckman)	8	7 - 33 U/L		07/29/2026 6:35 PM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Serum			07/29/2026 3:46 AM PDT	07/29/2026 3:56 AM PDT

Narrative

Authorizing Provider	Result Type	Result Status
Adrian Lazarevic-Fogelquist	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

(ABNORMAL) BASIC METABOLIC PANEL - Final result (07/29/2026 3:46 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	138	135 - 145 meq/L		07/29/2026 4:23 AM PDT	UWMC Montlake Dept of Lab Med	
Potassium	4.2	3.6 - 5.2 meq/L		07/29/2026 4:23 AM PDT	UWMC Montlake Dept of Lab Med	
Chloride	98	98 - 108 meq/L		07/29/2026 4:23 AM PDT	UWMC Montlake Dept of Lab Med	
Carbon Dioxide, Total	**33 (H)**	22 - 32 meq/L		07/29/2026 4:23 AM PDT	UWMC Montlake Dept of Lab Med	
Anion Gap	7	4 - 12		07/29/2026 4:23 AM PDT	UWMC Montlake Dept of Lab Med	
Glucose	98	62 - 125 mg/dL		07/29/2026 4:23 AM PDT	UWMC Montlake Dept of Lab Med	
Urea Nitrogen	15	8 - 21 mg/dL		07/29/2026 4:23 AM PDT	UWMC Montlake Dept of Lab Med	
Creatinine	0.66	0.38 - 1.02 mg/dL		07/29/2026 4:23 AM PDT	UWMC Montlake Dept of Lab Med	
Calcium	10.0	8.9 - 10.2 mg/dL		07/29/2026 4:23 AM PDT	UWMC Montlake Dept of Lab Med	
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2		07/29/2026 4:23 AM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			07/29/2026 3:46 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Adrian Lazarevic-Fogelquist	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

(ABNORMAL) CBC (HEMOGRAM) - Final result (07/29/2026 3:46 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	8.81	4.3 - 10.0 10*3/uL		07/29/2026 4:05 AM PDT	UWMC Montlake Dept of Lab Med	
RBC	**3.49 (L)**	3.80 - 5.00 10*6/uL		07/29/2026 4:05 AM PDT	UWMC Montlake Dept of Lab Med	
Hemoglobin	**10.5 (L)**	11.5 - 15.5 g/dL		07/29/2026 4:05 AM PDT	UWMC Montlake Dept of Lab Med	
Hematocrit	**32 (L)**	36.0 - 45.0 %		07/29/2026 4:05 AM PDT	UWMC Montlake Dept of Lab Med	
MCV	92	81 - 98 fL		07/29/2026 4:05 AM PDT	UWMC Montlake Dept of Lab Med	
MCH	30.1	27.3 - 33.6 pg		07/29/2026 4:05 AM PDT	UWMC Montlake Dept of Lab Med	
MCHC	32.8	32.2 - 36.5 g/dL		07/29/2026 4:05 AM PDT	UWMC Montlake Dept of Lab Med	
Platelet Count	232	150 - 400 10*3/uL		07/29/2026 4:05 AM PDT	UWMC Montlake Dept of Lab Med	
RDW-CV	12.1	11.0 - 14.5 %		07/29/2026 4:05 AM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			07/29/2026 3:46 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Adrian Lazarevic-Fogelquist	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

COMPREHENSIVE METABOLIC PANEL - Final result (08/12/2026 1:40 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	136	135 - 145 meq/L		08/12/2026 2:58 PM PDT	UWMC Montlake Dept of Lab Med	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Potassium	5.2	3.6 - 5.2 meq/L		08/12/2026 2:58 PM PDT	UWMC Montlake Dept of Lab Med	
Comment: Hemolysis present. Hemolysis interferes with this test method giving elevated results.						
Chloride	99	98 - 108 meq/L		08/12/2026 2:58 PM PDT	UWMC Montlake Dept of Lab Med	
Carbon Dioxide, Total	29	22 - 32 meq/L		08/12/2026 2:58 PM PDT	UWMC Montlake Dept of Lab Med	
Anion Gap	8	4 - 12		08/12/2026 2:58 PM PDT	UWMC Montlake Dept of Lab Med	
Glucose	85	62 - 125 mg/dL		08/12/2026 2:58 PM PDT	UWMC Montlake Dept of Lab Med	
Urea Nitrogen	16	8 - 21 mg/dL		08/12/2026 2:58 PM PDT	UWMC Montlake Dept of Lab Med	
Creatinine	0.57	0.38 - 1.02 mg/dL		08/12/2026 2:58 PM PDT	UWMC Montlake Dept of Lab Med	
Total Protein (Beckman)	7.7	6.0 - 8.2 g/dL		08/12/2026 2:58 PM PDT	UWMC Montlake Dept of Lab Med	
Comment: Hemolysis present. Hemolysis interferes with this test method giving elevated results.						
Albumin	4.7	3.5 - 5.2 g/dL		08/12/2026 2:58 PM PDT	UWMC Montlake Dept of Lab Med	
Total Bilirubin (Beckman)	0.5	0.2 - 1.3 mg/dL		08/12/2026 2:58 PM PDT	UWMC Montlake Dept of Lab Med	
Comment: Specimen is hemolyzed which may interfere with assay results.						
Calcium	9.5	8.9 - 10.2 mg/dL		08/12/2026 2:58 PM PDT	UWMC Montlake Dept of Lab Med	
AST (Beckman)	34	9 - 38 U/L		08/12/2026 2:58 PM PDT	UWMC Montlake Dept of Lab Med	
Comment: Hemolysis present. Hemolysis interferes with this test method giving elevated results.						

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Alkaline Phosphatase (Total)	67	34 - 121 U/L		08/12/2026 2:58 PM PDT	UWMC Montlake Dept of Lab Med	
ALT (Beckman)	19	7 - 33 U/L		08/12/2026 2:58 PM PDT	UWMC Montlake Dept of Lab Med	

Comment:
Hemolysis present. Hemolysis interferes with this test method giving elevated results.

eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2		08/12/2026 2:58 PM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			08/12/2026 1:40 PM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Parisa Sutanthavibul	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

(ABNORMAL) CBC, DIFF - Final result (08/12/2026 1:40 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	5.58	4.3 - 10.0 10*3/uL		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	
RBC	3.86	3.80 - 5.00 10*6/uL		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	
Hemoglobin	11.5	11.5 - 15.5 g/dL		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	
Hematocrit	**35 (L)**	36.0 - 45.0 %		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	
MCV	91	81 - 98 fL		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	
MCH	29.8	27.3 - 33.6 pg		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
MCHC	32.7	32.2 - 36.5 g/dL		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	
Platelet Count	269	150 - 400 10*3/uL		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	
RDW-CV	12.5	11.0 - 14.5 %		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	
% Neutrophils	57	%		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	
% Lymphocytes	28	%		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	
% Monocytes	11	%		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	
% Eosinophils	2	%		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	
% Basophils	1	%		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	
% Immature Granulocytes	1	%		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	
Neutrophils	3.23	1.80 - 7.00 10*3/uL		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	
Absolute Lymphocyte Count	1.54	1.00 - 4.80 10*3/uL		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	
Monocytes	0.63	0.00 - 0.80 10*3/uL		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	
Absolute Eosinophil Count	0.11	0.00 - 0.50 10*3/uL		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	
Basophils	0.04	0.00 - 0.20 10*3/uL		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	
Immature Granulocytes	0.03	0.00 - 0.05 10*3/uL		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Nucleated RBC	0.00	0.00 10*3/uL		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	
% Nucleated RBC	0	%		08/12/2026 2:01 PM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			08/12/2026 1:40 PM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Parisa Sutanthavibul	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

EKG 12 LEAD - Final result (08/14/2026 10:27 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Ventricular Rate	82	BPM			UWM EKG	
Atrial Rate	82	BPM			UWM EKG	
P-R Interval	156	ms			UWM EKG	
QRS Duration	80	ms			UWM EKG	
Q-T Interval	380	ms			UWM EKG	
QTC Calculation	443	ms			UWM EKG	
P Axis	47	degrees			UWM EKG	
R Axis	-6	degrees			UWM EKG	
T Axis	25	degrees			UWM EKG	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			08/14/2026 10:27 AM PDT	08/17/2026 12:13 PM PDT

Narrative

```
UWM EKG - 08/17/2026 12:13 PM PDT
NORMAL SINUS RHYTHM
POSSIBLE LEFT ATRIAL ENLARGEMENT
BORDERLINE ECG
NO PREVIOUS ECGS AVAILABLE
Confirmed by Prutkin, Jordan (1002) on 8/17/2026 12:13:02 PM
```

Procedure Note

Jordan Prutkin - 08/17/2026

Formatting of this note might be different from the original.

NORMAL SINUS RHYTHM
POSSIBLE LEFT ATRIAL ENLARGEMENT
BORDERLINE ECG
NO PREVIOUS ECGS AVAILABLE
Confirmed by Prutkin, Jordan (1002) on 8/17/2026 12:13:02 PM

Authorizing Provider	Result Type	Result Status
Lynn Symonds	ECG ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWM EKG			

Pregnancy Qualitative, Serum (HH and FHCC only) (PREGNANCY QUALITATIVE, SERUM (HH AND FHCC ONLY)) - Final result (08/14/2026 9:51 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Pregnancy Qualitative, Serum	Negative	NRN		08/14/2026 10:32 AM PDT	FHCC Clinical Laboratories	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			08/14/2026 9:51 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES	825 EASTLAKE AVE E	SEATTLE, WA 98109-4405, USA	206-606-1088
FHCC Clinical Laboratories	825 Eastlake Ave E	Seattle, WA 98109-4405	

(ABNORMAL) CA 15-3 - Final result (08/14/2026 9:51 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
CA 15-3 (Beckman)	**27 (H)**	0 - 20 U/mL		08/14/2026 6:54 PM PDT	UWMC Montlake Dept of Lab Med	
Comment: By the Beckman DxI Immunoassay Analyzer						
CA 15-3 (Roche)	**81 (H)**	0 - 29 U/mL		08/14/2026 11:00 AM PDT	FHCC Clinical Laboratories	
Comment: By the Roche Cobas e801 Immunoassay Analyzer						

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			08/14/2026 9:51 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES	825 EASTLAKE AVE E	SEATTLE, WA 98109-4405, USA	206-606-1088
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	
FHCC Clinical Laboratories	825 Eastlake Ave E	Seattle, WA 98109-4405	

(ABNORMAL) CBC, ABS NEUTROPHIL - Final result (08/14/2026 9:51 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	4.95	4.3 - 10.0 10*3/uL		08/14/2026 10:18 AM PDT	FHCC Clinical Laboratories	
RBC	**3.76 (L)**	3.80 - 5.00 10*6/uL		08/14/2026 10:18 AM PDT	FHCC Clinical Laboratories	
Hemoglobin	**11.0 (L)**	11.5 - 15.5 g/dL		08/14/2026 10:18 AM PDT	FHCC Clinical Laboratories	
Hematocrit	**34 (L)**	36.0 - 45.0 %		08/14/2026 10:18 AM PDT	FHCC Clinical Laboratories	
MCV	92	81 - 98 fL		08/14/2026 10:18 AM PDT	FHCC Clinical Laboratories	
MCH	29.3	27.3 - 33.6 pg		08/14/2026 10:18 AM PDT	FHCC Clinical Laboratories	
MCHC	**32.0 (L)**	32.2 - 36.5 g/dL		08/14/2026 10:18 AM PDT	FHCC Clinical Laboratories	
Platelet Count	370	150 - 400 10*3/uL		08/14/2026 10:18 AM PDT	FHCC Clinical Laboratories	
RDW-CV	12.3	11.0 - 14.5 %		08/14/2026 10:18 AM PDT	FHCC Clinical Laboratories	
Neutrophils	2.58	1.80 - 7.00 10*3/uL		08/14/2026 10:18 AM PDT	FHCC Clinical Laboratories	
Immature Granulocytes	0.01	0.00 - 0.05 10*3/uL		08/14/2026 10:18 AM PDT	FHCC Clinical Laboratories	
Absolute Neutrophil Comment	Comment not required			08/14/2026 10:18 AM PDT	FHCC Clinical Laboratories	
Nucleated RBC	0.00	0.00 10*3/uL		08/14/2026 10:18 AM PDT	FHCC Clinical Laboratories	
% Nucleated RBC	0	%		08/14/2026 10:18 AM PDT	FHCC Clinical Laboratories	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			08/14/2026 9:51 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES	825 EASTLAKE AVE E	SEATTLE, WA 98109-4405, USA	206-606-1088
FHCC Clinical Laboratories	825 Eastlake Ave E	Seattle, WA 98109-4405	

COMPREHENSIVE METABOLIC PANEL - Final result (08/14/2026 9:51 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	140	136 - 145 meq/L		08/14/2026 10:40 AM PDT	FHCC Clinical Laboratories	
Potassium	3.5	3.5 - 5.1 meq/L		08/14/2026 10:40 AM PDT	FHCC Clinical Laboratories	
Chloride	100	98 - 107 meq/L		08/14/2026 10:40 AM PDT	FHCC Clinical Laboratories	
Carbon Dioxide, Total	28	22 - 29 meq/L		08/14/2026 10:40 AM PDT	FHCC Clinical Laboratories	
Anion Gap	12	7 - 15		08/14/2026 10:40 AM PDT	FHCC Clinical Laboratories	
Glucose	110	62 - 125 mg/dL		08/14/2026 10:40 AM PDT	FHCC Clinical Laboratories	
Urea Nitrogen	11	6 - 20 mg/dL		08/14/2026 10:40 AM PDT	FHCC Clinical Laboratories	
Creatinine	0.65	0.50 - 1.00 mg/dL		08/14/2026 10:40 AM PDT	FHCC Clinical Laboratories	
Total Protein (Roche)	7.2	6.4 - 8.3 g/dL		08/14/2026 10:40 AM PDT	FHCC Clinical Laboratories	
Albumin	4.4	3.9 - 5.2 g/dL		08/14/2026 10:40 AM PDT	FHCC Clinical Laboratories	
Total Bilirubin (Roche)	0.6	0.0 - 1.1 mg/dL		08/14/2026 10:40 AM PDT	FHCC Clinical Laboratories	
Calcium	9.8	8.8 - 10.2 mg/dL		08/14/2026 10:40 AM PDT	FHCC Clinical Laboratories	
AST (Roche)	31	0 - 35 U/L		08/14/2026 10:40 AM PDT	FHCC Clinical Laboratories	
Alkaline Phosphatase (Total)	79	35 - 104 U/L		08/14/2026 10:40 AM PDT	FHCC Clinical Laboratories	
ALT (Roche)	22	0 - 43 U/L		08/14/2026 10:40 AM PDT	FHCC Clinical Laboratories	
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2		08/14/2026 10:40 AM PDT	FHCC Clinical Laboratories	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			08/14/2026 9:51 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES	825 EASTLAKE AVE E	SEATTLE, WA 98109-4405, USA	206-606-1088
FHCC Clinical Laboratories	825 Eastlake Ave E	Seattle, WA 98109-4405	

(ABNORMAL) Carcinoembryonic Antigen (CARCINOEMBRYONIC ANTIGEN) - Final result (08/14/2026 9:51 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Carcinoembryonic Antigen (Beckman)	**40.8 (H)**	0.0 - 5.0 ng/mL		08/14/2026 11:30 AM PDT	FHCC Clinical Laboratories	

Comment:
This result was generated by the Beckman Access 2 automated immunoassay analyzer in the Fred Hutchinson Cancer Center laboratory.

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Carcinoembryonic Antigen (Roche)	**30.9 (H)**	0.0 - 3.7 ng/mL		08/14/2026 10:50 AM PDT	FHCC Clinical Laboratories	

Comment:
For healthy smokers: results are expected to be <5.5 ng/mL By the Roche Cobas e801 Immunoassay Analyzer

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			08/14/2026 9:51 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES	825 EASTLAKE AVE E	SEATTLE, WA 98109-4405, USA	206-606-1088
FHCC Clinical Laboratories	825 Eastlake Ave E	Seattle, WA 98109-4405	

(ABNORMAL) URINALYSIS WITH REFLEX CULTURE - Edited Result - FINAL (08/16/2026 10:26 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Color, URN	Pale			08/16/2026 10:51 PM PDT	UWMC Montlake Dept of Lab Med	
Clarity, URN	Clear			08/16/2026 10:51 PM PDT	UWMC Montlake Dept of Lab Med	
Specific Gravity, URN	**1.004 (L)**	1.006 - 1.027		08/16/2026 10:51 PM PDT	UWMC Montlake Dept of Lab Med	
PH, URN	7.0	5.0 - 8.0		08/16/2026 10:51 PM PDT	UWMC Montlake Dept of Lab Med	
Protein (Alb Semiquant), URN	Negative	NRN		08/16/2026 10:51 PM PDT	UWMC Montlake Dept of Lab Med	
Glucose Qual, URN	Negative	NRN		08/16/2026 10:51 PM PDT	UWMC Montlake Dept of Lab Med	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Ketones, URN	**Trace (A)**	NRN		08/16/2026 10:51 PM PDT	UWMC Montlake Dept of Lab Med	
Bilirubin (Qual), URN	Negative	NRN		08/16/2026 10:51 PM PDT	UWMC Montlake Dept of Lab Med	
Occult Blood, URN	**2+ (A)**	NRN		08/16/2026 10:51 PM PDT	UWMC Montlake Dept of Lab Med	
Nitrite, URN	Negative	NRN		08/16/2026 10:51 PM PDT	UWMC Montlake Dept of Lab Med	
Leukocyte Esterase, URN	Negative	NRN		08/16/2026 10:51 PM PDT	UWMC Montlake Dept of Lab Med	
Urobilinogen, URN	0.1-1.9	URONML {Ehrlich'U}		08/16/2026 10:51 PM PDT	UWMC Montlake Dept of Lab Med	
Comments for Macroscopic, URN	None			08/16/2026 10:51 PM PDT	UWMC Montlake Dept of Lab Med	
Collection Method	Urine			08/16/2026 10:15 PM PDT	UWMC Montlake Dept of Lab Med	
WBC, URN	0-5(NEG)	Z5NEG / [HPF]		08/16/2026 10:51 PM PDT	UWMC Montlake Dept of Lab Med	
RBC, URN	0-2(NEG)	Z2NEG / [HPF]		08/16/2026 10:51 PM PDT	UWMC Montlake Dept of Lab Med	
Bacteria, URN	Not Seen	NOSEEN		08/16/2026 10:51 PM PDT	UWMC Montlake Dept of Lab Med	
Epith Cells_Squamous, URN	**>5(PRESENT) (A)**	LT6 /[LPF]		08/16/2026 10:51 PM PDT	UWMC Montlake Dept of Lab Med	
Epith Cells_Renal/ Trans,URN	<3(NEG)	LESS3 / [HPF]		08/16/2026 10:51 PM PDT	UWMC Montlake Dept of Lab Med	
Comments For Microscopic, URN	None	NONE		08/16/2026 10:51 PM PDT	UWMC Montlake Dept of Lab Med	
1st Extra Urine Gray Top	Additional collection tube			08/16/2026 10:15 PM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine			08/16/2026 10:26 PM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Matthew J Valento	LAB URINE ORDERABLES	Edited Result - Final

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

1ST EXTRA URINE GRAY TOP (FIRST EXTRA URINE GRAY TOP) - Final result (08/16/2026 7:58 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
1st Extra Urine Gray top	Additional collection tube			08/16/2026 8:02 PM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine			08/16/2026 7:58 PM PDT	08/16/2026 7:58 PM PDT

Narrative

Authorizing Provider	Result Type	Result Status
Matthew J Valento	LAB URINE ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

1ST EXTRA URINE YELLOW TOP (FIRST EXTRA URINE YELLOW TOP) - Final result (08/16/2026 7:58 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
1st Extra Urine Yellow Top	Additional collection tube			08/16/2026 8:02 PM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine			08/16/2026 7:58 PM PDT	08/16/2026 7:58 PM PDT

Narrative

Authorizing Provider	Result Type	Result Status
Matthew J Valento	LAB URINE ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

1st Extra Blue Top (1ST EXTRA BLUE TOP) - Final result (08/16/2026 7:54 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
1st Extra Blue Top	Additional collection tube			08/16/2026 8:01 PM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Plasma			08/16/2026 7:54 PM PDT	08/16/2026 8:00 PM PDT

Narrative

Authorizing Provider	Result Type	Result Status
Matthew J Valento	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

1st Extra Gold Top (1ST EXTRA GOLD TOP) - Final result (08/16/2026 7:54 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
1st Extra Gold Top	Additional collection tube			08/16/2026 8:01 PM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Serum			08/16/2026 7:54 PM PDT	08/16/2026 8:00 PM PDT

Narrative

Authorizing Provider	Result Type	Result Status
Matthew J Valento	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

(ABNORMAL) COMPREHENSIVE METABOLIC PANEL - Final result (08/16/2026 7:54 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	137	135 - 145 meq/L		08/16/2026 8:31 PM PDT	UWMC Montlake Dept of Lab Med	
Potassium	**3.5 (L)**	3.6 - 5.2 meq/L		08/16/2026 8:31 PM PDT	UWMC Montlake Dept of Lab Med	
Chloride	100	98 - 108 meq/L		08/16/2026 8:31 PM PDT	UWMC Montlake Dept of Lab Med	
Carbon Dioxide, Total	29	22 - 32 meq/L		08/16/2026 8:31 PM PDT	UWMC Montlake Dept of Lab Med	
Anion Gap	8	4 - 12		08/16/2026 8:31 PM PDT	UWMC Montlake Dept of Lab Med	
Glucose	108	62 - 125 mg/dL		08/16/2026 8:31 PM PDT	UWMC Montlake Dept of Lab Med	
Urea Nitrogen	9	8 - 21 mg/dL		08/16/2026 8:31 PM PDT	UWMC Montlake Dept of Lab Med	
Creatinine	0.65	0.38 - 1.02 mg/dL		08/16/2026 8:31 PM PDT	UWMC Montlake Dept of Lab Med	
Total Protein (Beckman)	7.4	6.0 - 8.2 g/dL		08/16/2026 8:31 PM PDT	UWMC Montlake Dept of Lab Med	
Albumin	4.5	3.5 - 5.2 g/dL		08/16/2026 8:31 PM PDT	UWMC Montlake Dept of Lab Med	
Total Bilirubin (Beckman)	0.7	0.2 - 1.3 mg/dL		08/16/2026 8:31 PM PDT	UWMC Montlake Dept of Lab Med	
Calcium	9.5	8.9 - 10.2 mg/dL		08/16/2026 8:31 PM PDT	UWMC Montlake Dept of Lab Med	
AST (Beckman)	21	9 - 38 U/L		08/16/2026 8:31 PM PDT	UWMC Montlake Dept of Lab Med	
Alkaline Phosphatase (Total)	76	34 - 121 U/L		08/16/2026 8:31 PM PDT	UWMC Montlake Dept of Lab Med	
ALT (Beckman)	17	7 - 33 U/L		08/16/2026 8:31 PM PDT	UWMC Montlake Dept of Lab Med	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2		08/16/2026 8:31 PM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			08/16/2026 7:54 PM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Matthew J Valento	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

MAGNESIUM - Final result (08/16/2026 7:54 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Magnesium	2.2	1.8 - 2.4 mg/dL		08/16/2026 8:31 PM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			08/16/2026 7:54 PM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Matthew J Valento	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

(ABNORMAL) CBC, DIFF - Final result (08/16/2026 7:54 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	7.86	4.3 - 10.0 10*3/uL		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	
RBC	**3.72 (L)**	3.80 - 5.00 10*6/uL		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Hemoglobin	**11.1 (L)**	11.5 - 15.5 g/dL		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	
Hematocrit	**34 (L)**	36.0 - 45.0 %		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	
MCV	91	81 - 98 fL		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	
MCH	29.8	27.3 - 33.6 pg		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	
MCHC	32.7	32.2 - 36.5 g/dL		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	
Platelet Count	350	150 - 400 10*3/uL		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	
RDW-CV	12.4	11.0 - 14.5 %		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	
% Neutrophils	65	%		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	
% Lymphocytes	26	%		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	
% Monocytes	7	%		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	
% Eosinophils	1	%		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	
% Basophils	1	%		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	
% Immature Granulocytes	0	%		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	
Neutrophils	5.15	1.80 - 7.00 10*3/uL		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	
Absolute Lymphocyte Count	2.03	1.00 - 4.80 10*3/uL		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Monocytes	0.58	0.00 - 0.80 10*3/uL		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	
Absolute Eosinophil Count	0.04	0.00 - 0.50 10*3/uL		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	
Basophils	0.04	0.00 - 0.20 10*3/uL		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	
Immature Granulocytes	0.02	0.00 - 0.05 10*3/uL		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	
Nucleated RBC	0.00	0.00 10*3/uL		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	
% Nucleated RBC	0	%		08/16/2026 8:15 PM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			08/16/2026 7:54 PM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Matthew J Valento	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

EKG 12 LEAD - Final result (08/16/2026 7:14 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Ventricular Rate	85	BPM			UWM EKG	
Atrial Rate	85	BPM			UWM EKG	
P-R Interval	162	ms			UWM EKG	
QRS Duration	76	ms			UWM EKG	
Q-T Interval	384	ms			UWM EKG	
QTC Calculation	456	ms			UWM EKG	
P Axis	51	degrees			UWM EKG	
R Axis	-10	degrees			UWM EKG	
T Axis	18	degrees			UWM EKG	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			08/16/2026 7:14 PM PDT	08/17/2026 12:13 PM PDT

Narrative

UWM EKG - 08/17/2026 12:13 PM PDT
NORMAL SINUS RHYTHM
POSSIBLE LEFT ATRIAL ENLARGEMENT
BORDERLINE ECG
WHEN COMPARED WITH ECG OF 14-Aug-2026 10:27,
T WAVE INVERSION NOW EVIDENT IN ANTERIOR LEADS
Confirmed by Prutkin, Jordan (1002) on 8/17/2026 12:13:02 PM

Procedure Note

Jordan Prutkin - 08/17/2026

Formatting of this note might be different from the original.

NORMAL SINUS RHYTHM
POSSIBLE LEFT ATRIAL ENLARGEMENT
BORDERLINE ECG
WHEN COMPARED WITH ECG OF 14-Aug-2026 10:27,
T WAVE INVERSION NOW EVIDENT IN ANTERIOR LEADS
Confirmed by Prutkin, Jordan (1002) on 8/17/2026 12:13:02 PM

Authorizing Provider	Result Type	Result Status
Niels C Beck	ECG ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWM EKG			

EKG 12 LEAD - Final result (08/28/2026 2:29 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Ventricular Rate	80	BPM			UWM EKG	
Atrial Rate	80	BPM			UWM EKG	
P-R Interval	150	ms			UWM EKG	
QRS Duration	72	ms			UWM EKG	
Q-T Interval	410	ms			UWM EKG	
QTC Calculation	472	ms			UWM EKG	
P Axis	35	degrees			UWM EKG	
R Axis	-14	degrees			UWM EKG	
T Axis	13	degrees			UWM EKG	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			08/28/2026 2:29 PM PDT	08/31/2026 2:55 PM PDT

Narrative

```
UWM EKG - 08/31/2026 2:56 PM PDT
This result has an attachment that is not available.
NORMAL SINUS RHYTHM
POSSIBLE LEFT ATRIAL ENLARGEMENT
LOW VOLTAGE QRS IN PRECORDIAL LEADS
NONSPECIFIC T WAVE ABNORMALITY
PROLONGED QT
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 28-Aug-2026 14:28,
NO SIGNIFICANT CHANGE WAS FOUND
Confirmed by Levy, Wayne (1017) on 8/31/2026 2:55:57 PM
```

Procedure Note

Wayne C Levy - 08/31/2026

Formatting of this note might be different from the original.

NORMAL SINUS RHYTHM
POSSIBLE LEFT ATRIAL ENLARGEMENT
LOW VOLTAGE QRS IN PRECORDIAL LEADS
NONSPECIFIC T WAVE ABNORMALITY
PROLONGED QT
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 28-Aug-2026 14:28,
NO SIGNIFICANT CHANGE WAS FOUND
Confirmed by Levy, Wayne (1017) on 8/31/2026 2:55:57 PM

Authorizing Provider	Result Type	Result Status
Lynn Symonds	ECG ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWM EKG			

(ABNORMAL) CBC, ABS NEUTROPHIL - Final result (08/28/2026 1:35 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	**2.77 (L)**	4.3 - 10.0 10*3/uL		08/28/2026 1:47 PM PDT	FHCC Clinical Laboratories	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RBC	3.93	3.80 - 5.00 10*6/uL		08/28/2026 1:47 PM PDT	FHCC Clinical Laboratories	
Hemoglobin	11.8	11.5 - 15.5 g/dL		08/28/2026 1:47 PM PDT	FHCC Clinical Laboratories	
Hematocrit	36	36.0 - 45.0 %		08/28/2026 1:47 PM PDT	FHCC Clinical Laboratories	
MCV	91	81 - 98 fL		08/28/2026 1:47 PM PDT	FHCC Clinical Laboratories	
MCH	30.0	27.3 - 33.6 pg		08/28/2026 1:47 PM PDT	FHCC Clinical Laboratories	
MCHC	32.9	32.2 - 36.5 g/dL		08/28/2026 1:47 PM PDT	FHCC Clinical Laboratories	
Platelet Count	213	150 - 400 10*3/uL		08/28/2026 1:47 PM PDT	FHCC Clinical Laboratories	
RDW-CV	13.4	11.0 - 14.5 %		08/28/2026 1:47 PM PDT	FHCC Clinical Laboratories	
Neutrophils	**1.15 (L)**	1.80 - 7.00 10*3/uL		08/28/2026 1:47 PM PDT	FHCC Clinical Laboratories	
Immature Granulocytes	0.01	0.00 - 0.05 10*3/uL		08/28/2026 1:47 PM PDT	FHCC Clinical Laboratories	
Absolute Neutrophil Comment	Comment not required			08/28/2026 1:47 PM PDT	FHCC Clinical Laboratories	
Nucleated RBC	0.00	0.00 10*3/uL		08/28/2026 1:47 PM PDT	FHCC Clinical Laboratories	
% Nucleated RBC	0	%		08/28/2026 1:47 PM PDT	FHCC Clinical Laboratories	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			08/28/2026 1:35 PM PDT	

Narrative

This result has an attachment that is not available.

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES	825 EASTLAKE AVE E	SEATTLE, WA 98109-4405, USA	206-606-1088
FHCC Clinical Laboratories	825 Eastlake Ave E	Seattle, WA 98109-4405	

(ABNORMAL) COMPREHENSIVE METABOLIC PANEL - Final result (08/28/2026 1:35 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	138	136 - 145 meq/L		08/28/2026 2:23 PM PDT	FHCC Clinical Laboratories	
Potassium	3.9	3.5 - 5.1 meq/L		08/28/2026 2:23 PM PDT	FHCC Clinical Laboratories	
Chloride	100	98 - 107 meq/L		08/28/2026 2:23 PM PDT	FHCC Clinical Laboratories	
Carbon Dioxide, Total	27	22 - 29 meq/L		08/28/2026 2:23 PM PDT	FHCC Clinical Laboratories	
Anion Gap	11	7 - 15		08/28/2026 2:23 PM PDT	FHCC Clinical Laboratories	
Glucose	95	62 - 125 mg/dL		08/28/2026 2:23 PM PDT	FHCC Clinical Laboratories	
Urea Nitrogen	12	6 - 20 mg/dL		08/28/2026 2:23 PM PDT	FHCC Clinical Laboratories	
Creatinine	0.63	0.50 - 1.00 mg/dL		08/28/2026 2:23 PM PDT	FHCC Clinical Laboratories	
Total Protein (Roche)	7.3	6.4 - 8.3 g/dL		08/28/2026 2:23 PM PDT	FHCC Clinical Laboratories	
Albumin	4.7	3.9 - 5.2 g/dL		08/28/2026 2:23 PM PDT	FHCC Clinical Laboratories	
Total Bilirubin (Roche)	0.6	0.0 - 1.1 mg/dL		08/28/2026 2:23 PM PDT	FHCC Clinical Laboratories	
Calcium	9.2	8.8 - 10.2 mg/dL		08/28/2026 2:23 PM PDT	FHCC Clinical Laboratories	
AST (Roche)	22	0 - 35 U/L		08/28/2026 2:23 PM PDT	FHCC Clinical Laboratories	
Alkaline Phosphatase (Total)	**133 (H)**	35 - 104 U/L		08/28/2026 2:23 PM PDT	FHCC Clinical Laboratories	
ALT (Roche)	13	0 - 43 U/L		08/28/2026 2:23 PM PDT	FHCC Clinical Laboratories	
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2		08/28/2026 2:23 PM PDT	FHCC Clinical Laboratories	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			08/28/2026 1:35 PM PDT	

Narrative

This result has an attachment that is not available.

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

(ABNORMAL) CA 15-3 - Final result (09/11/2026 8:09 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
CA 15-3 (Beckman)	20	0 - 20 U/mL		09/11/2026 2:50 PM PDT	UWMC Montlake Dept of Lab Med	
Comment: By the Beckman DxI Immunoassay Analyzer						
CA 15-3 (Roche)	**55 (H)**	0 - 29 U/mL		09/11/2026 10:31 AM PDT	FHCC Clinical Laboratories	
Comment: By the Roche Cobas e801 Immunoassay Analyzer						

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/11/2026 8:09 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES	825 EASTLAKE AVE E	SEATTLE, WA 98109-4405, USA	206-606-1088
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	
FHCC Clinical Laboratories	825 Eastlake Ave E	Seattle, WA 98109-4405	

(ABNORMAL) CBC, ABS NEUTROPHIL - Final result (09/11/2026 8:09 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	5.53	4.3 - 10.0 10*3/uL		09/11/2026 8:20 AM PDT	FHCC Clinical Laboratories	
RBC	4.01	3.80 - 5.00 10*6/uL		09/11/2026 8:20 AM PDT	FHCC Clinical Laboratories	
Hemoglobin	12.4	11.5 - 15.5 g/dL		09/11/2026 8:20 AM PDT	FHCC Clinical Laboratories	
Hematocrit	37	36.0 - 45.0 %		09/11/2026 8:20 AM PDT	FHCC Clinical Laboratories	
MCV	92	81 - 98 fL		09/11/2026 8:20 AM PDT	FHCC Clinical Laboratories	
MCH	30.9	27.3 - 33.6 pg		09/11/2026 8:20 AM PDT	FHCC Clinical Laboratories	
MCHC	33.6	32.2 - 36.5 g/dL		09/11/2026 8:20 AM PDT	FHCC Clinical Laboratories	
Platelet Count	270	150 - 400 10*3/uL		09/11/2026 8:20 AM PDT	FHCC Clinical Laboratories	
RDW-CV	**15.1 (H)**	11.0 - 14.5 %		09/11/2026 8:20 AM PDT	FHCC Clinical Laboratories	
Neutrophils	3.64	1.80 - 7.00 10*3/uL		09/11/2026 8:20 AM PDT	FHCC Clinical Laboratories	
Immature Granulocytes	0.02	0.00 - 0.05 10*3/uL		09/11/2026 8:20 AM PDT	FHCC Clinical Laboratories	
Absolute Neutrophil Comment	Comment not required			09/11/2026 8:20 AM PDT	FHCC Clinical Laboratories	
Nucleated RBC	0.00	0.00 10*3/uL		09/11/2026 8:20 AM PDT	FHCC Clinical Laboratories	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
% Nucleated RBC	0	%		09/11/2026 8:20 AM PDT	FHCC Clinical Laboratories	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/11/2026 8:09 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES	825 EASTLAKE AVE E	SEATTLE, WA 98109-4405, USA	206-606-1088
FHCC Clinical Laboratories	825 Eastlake Ave E	Seattle, WA 98109-4405	

(ABNORMAL) COMPREHENSIVE METABOLIC PANEL - Final result (09/11/2026 8:09 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	139	136 - 145 meq/L		09/11/2026 8:42 AM PDT	FHCC Clinical Laboratories	
Potassium	4.0	3.5 - 5.1 meq/L		09/11/2026 8:42 AM PDT	FHCC Clinical Laboratories	
Chloride	101	98 - 107 meq/L		09/11/2026 8:42 AM PDT	FHCC Clinical Laboratories	
Carbon Dioxide, Total	28	22 - 29 meq/L		09/11/2026 8:42 AM PDT	FHCC Clinical Laboratories	
Anion Gap	10	7 - 15		09/11/2026 8:42 AM PDT	FHCC Clinical Laboratories	
Glucose	114	62 - 125 mg/dL		09/11/2026 8:42 AM PDT	FHCC Clinical Laboratories	
Urea Nitrogen	11	6 - 20 mg/dL		09/11/2026 8:42 AM PDT	FHCC Clinical Laboratories	
Creatinine	0.59	0.50 - 1.00 mg/dL		09/11/2026 8:42 AM PDT	FHCC Clinical Laboratories	
Total Protein (Roche)	7.5	6.4 - 8.3 g/dL		09/11/2026 8:42 AM PDT	FHCC Clinical Laboratories	
Albumin	4.8	3.9 - 5.2 g/dL		09/11/2026 8:42 AM PDT	FHCC Clinical Laboratories	
Total Bilirubin (Roche)	0.6	0.0 - 1.1 mg/dL		09/11/2026 8:42 AM PDT	FHCC Clinical Laboratories	
Calcium	9.1	8.8 - 10.2 mg/dL		09/11/2026 8:42 AM PDT	FHCC Clinical Laboratories	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
AST (Roche)	21	0 - 35 U/L		09/11/2026 8:42 AM PDT	FHCC Clinical Laboratories	
Alkaline Phosphatase (Total)	**162 (H)**	35 - 104 U/L		09/11/2026 8:42 AM PDT	FHCC Clinical Laboratories	
ALT (Roche)	13	0 - 43 U/L		09/11/2026 8:42 AM PDT	FHCC Clinical Laboratories	
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2		09/11/2026 8:42 AM PDT	FHCC Clinical Laboratories	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/11/2026 8:09 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES	825 EASTLAKE AVE E	SEATTLE, WA 98109-4405, USA	206-606-1088
FHCC Clinical Laboratories	825 Eastlake Ave E	Seattle, WA 98109-4405	

(ABNORMAL) Carcinoembryonic Antigen (CARCINOEMBRYONIC ANTIGEN) - Final result (09/11/2026 8:09 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Carcinoembryonic Antigen (Beckman)	**14.8 (H)**	0.0 - 5.0 ng/mL		09/11/2026 11:31 AM PDT	FHCC Clinical Laboratories	

Comment:
```
This result was generated by the Beckman Access 2 automated immunoassay
analyzer in the Fred Hutchinson Cancer Center laboratory. Significant change
in lab result, rechecked by lab.
```

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Carcinoembryonic Antigen (Roche)	**11.2 (H)**	0.0 - 3.7 ng/mL		09/11/2026 8:48 AM PDT	FHCC Clinical Laboratories	

Comment:
```
For healthy smokers: results are expected to be <5.5 ng/mL By the Roche Cobas
e801 Immunoassay Analyzer
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/11/2026 8:09 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

GLUCOSE POC, UWMC - Final result (09/16/2026 3:47 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Glucose (POC)	105	62 - 125 mg/dL		09/16/2026 3:48 PM PDT	UWMC Montlake POCT	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Whole blood			09/16/2026 3:47 PM PDT	09/16/2026 3:48 PM PDT

Narrative

Authorizing Provider	Result Type	Result Status
Avik Som	LAB POINT OF CARE TEST DOCKED DEVICE UNSOLICITED RESULTS	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE POCT	1959 NE Pacific St Room NW120	Seattle, WA 98195-0001	

PROTHROMBIN TIME - Final result (09/16/2026 10:50 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Prothrombin Time Patient	13.2	10.7 - 15.6 s		09/16/2026 11:34 AM PDT	UWMC Montlake Dept of Lab Med	
Prothrombin INR	1.0	0.8 - 1.3		09/16/2026 11:34 AM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/16/2026 10:50 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Avik Som	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

GENETICS SENDOUT-TRANSPORT ONLY - Final result (09/25/2026 8:10 AM PDT)

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/25/2026 8:10 AM PDT	

Narrative

This result has an attachment that is not available.

Authorizing Provider	Result Type	Result Status
Kari Thorsen	MOLECULAR DIAGNOSTICS	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UW LABORATORY MEDICINE	1959 NE Pacific Street	Seattle, WA 98195	206-598-3118

(ABNORMAL) CBC, ABS NEUTROPHIL - Final result (09/25/2026 8:10 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	**3.18 (L)**	4.3 - 10.0 10*3/uL		09/25/2026 8:21 AM PDT	FHCC Clinical Laboratories	
RBC	3.81	3.80 - 5.00 10*6/uL		09/25/2026 8:21 AM PDT	FHCC Clinical Laboratories	
Hemoglobin	11.7	11.5 - 15.5 g/dL		09/25/2026 8:21 AM PDT	FHCC Clinical Laboratories	
Hematocrit	36	36.0 - 45.0 %		09/25/2026 8:21 AM PDT	FHCC Clinical Laboratories	
MCV	94	81 - 98 fL		09/25/2026 8:21 AM PDT	FHCC Clinical Laboratories	
MCH	30.7	27.3 - 33.6 pg		09/25/2026 8:21 AM PDT	FHCC Clinical Laboratories	
MCHC	32.8	32.2 - 36.5 g/dL		09/25/2026 8:21 AM PDT	FHCC Clinical Laboratories	
Platelet Count	290	150 - 400 10*3/uL		09/25/2026 8:21 AM PDT	FHCC Clinical Laboratories	
RDW-CV	**15.5 (H)**	11.0 - 14.5 %		09/25/2026 8:21 AM PDT	FHCC Clinical Laboratories	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Neutrophils	**1.46 (L)**	1.80 - 7.00 10*3/uL		09/25/2026 8:21 AM PDT	FHCC Clinical Laboratories	
Immature Granulocytes	0.00	0.00 - 0.05 10*3/uL		09/25/2026 8:21 AM PDT	FHCC Clinical Laboratories	
Absolute Neutrophil Comment	Comment not required			09/25/2026 8:21 AM PDT	FHCC Clinical Laboratories	
Nucleated RBC	0.00	0.00 10*3/uL		09/25/2026 8:21 AM PDT	FHCC Clinical Laboratories	
% Nucleated RBC	0	%		09/25/2026 8:21 AM PDT	FHCC Clinical Laboratories	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/25/2026 8:10 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES	825 EASTLAKE AVE E	SEATTLE, WA 98109-4405, USA	206-606-1088
FHCC Clinical Laboratories	825 Eastlake Ave E	Seattle, WA 98109-4405	

(ABNORMAL) COMPREHENSIVE METABOLIC PANEL - Final result (09/25/2026 8:10 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	139	136 - 145 meq/L		09/25/2026 8:41 AM PDT	FHCC Clinical Laboratories	
Potassium	3.8	3.5 - 5.1 meq/L		09/25/2026 8:41 AM PDT	FHCC Clinical Laboratories	
Chloride	101	98 - 107 meq/L		09/25/2026 8:41 AM PDT	FHCC Clinical Laboratories	
Carbon Dioxide, Total	29	22 - 29 meq/L		09/25/2026 8:41 AM PDT	FHCC Clinical Laboratories	
Anion Gap	9	7 - 15		09/25/2026 8:41 AM PDT	FHCC Clinical Laboratories	
Glucose	103	62 - 125 mg/dL		09/25/2026 8:41 AM PDT	FHCC Clinical Laboratories	
Urea Nitrogen	13	6 - 20 mg/dL		09/25/2026 8:41 AM PDT	FHCC Clinical Laboratories	
Creatinine	0.63	0.50 - 1.00 mg/dL		09/25/2026 8:41 AM PDT	FHCC Clinical Laboratories	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Total Protein (Roche)	6.6	6.4 - 8.3 g/dL		09/25/2026 8:41 AM PDT	FHCC Clinical Laboratories	
Albumin	4.4	3.9 - 5.2 g/dL		09/25/2026 8:41 AM PDT	FHCC Clinical Laboratories	
Total Bilirubin (Roche)	0.7	0.0 - 1.1 mg/dL		09/25/2026 8:41 AM PDT	FHCC Clinical Laboratories	
Calcium	8.9	8.8 - 10.2 mg/dL		09/25/2026 8:41 AM PDT	FHCC Clinical Laboratories	
AST (Roche)	20	0 - 35 U/L		09/25/2026 8:41 AM PDT	FHCC Clinical Laboratories	
Alkaline Phosphatase (Total)	**133 (H)**	35 - 104 U/L		09/25/2026 8:41 AM PDT	FHCC Clinical Laboratories	
ALT (Roche)	13	0 - 43 U/L		09/25/2026 8:41 AM PDT	FHCC Clinical Laboratories	
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2		09/25/2026 8:41 AM PDT	FHCC Clinical Laboratories	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/25/2026 8:10 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES	825 EASTLAKE AVE E	SEATTLE, WA 98109-4405, USA	206-606-1088
FHCC Clinical Laboratories	825 Eastlake Ave E	Seattle, WA 98109-4405	

(ABNORMAL) CBC, ABS NEUTROPHIL - Final result (10/07/2026 1:00 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	**2.04 (L)**	4.3 - 10.0 10*3/uL		10/07/2026 1:33 PM PDT	UWMC Montlake Dept of Lab Med	
RBC	**3.49 (L)**	3.80 - 5.00 10*6/uL		10/07/2026 1:33 PM PDT	UWMC Montlake Dept of Lab Med	
Hemoglobin	**10.7 (L)**	11.5 - 15.5 g/dL		10/07/2026 1:33 PM PDT	UWMC Montlake Dept of Lab Med	
Hematocrit	**33 (L)**	36.0 - 45.0 %		10/07/2026 1:33 PM PDT	UWMC Montlake Dept of Lab Med	
MCV	95	81 - 98 fL		10/07/2026 1:33 PM PDT	UWMC Montlake Dept of Lab Med	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
MCH	30.7	27.3 - 33.6 pg		10/07/2026 1:33 PM PDT	UWMC Montlake Dept of Lab Med	
MCHC	32.2	32.2 - 36.5 g/dL		10/07/2026 1:33 PM PDT	UWMC Montlake Dept of Lab Med	
Platelet Count	183	150 - 400 10*3/uL		10/07/2026 1:33 PM PDT	UWMC Montlake Dept of Lab Med	
RDW-CV	**16.1 (H)**	11.0 - 14.5 %		10/07/2026 1:33 PM PDT	UWMC Montlake Dept of Lab Med	
Neutrophils	**0.91 (L)**	1.80 - 7.00 10*3/uL		10/07/2026 1:33 PM PDT	UWMC Montlake Dept of Lab Med	
Immature Granulocytes	0.01	0.00 - 0.05 10*3/uL		10/07/2026 1:33 PM PDT	UWMC Montlake Dept of Lab Med	
Absolute Neutrophil Comment	Comment not required			10/07/2026 1:33 PM PDT	UWMC Montlake Dept of Lab Med	
Nucleated RBC	0.00	0.00 10*3/uL		10/07/2026 1:33 PM PDT	UWMC Montlake Dept of Lab Med	
% Nucleated RBC	0	%		10/07/2026 1:33 PM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			10/07/2026 1:00 PM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

(ABNORMAL) COMPREHENSIVE METABOLIC PANEL - Final result (10/07/2026 1:00 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	136	135 - 145 meq/L		10/07/2026 2:02 PM PDT	UWMC Montlake Dept of Lab Med	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Potassium	4.2	3.6 - 5.2 meq/L		10/07/2026 2:02 PM PDT	UWMC Montlake Dept of Lab Med	
Chloride	103	98 - 108 meq/L		10/07/2026 2:02 PM PDT	UWMC Montlake Dept of Lab Med	
Carbon Dioxide, Total	32	22 - 32 meq/L		10/07/2026 2:02 PM PDT	UWMC Montlake Dept of Lab Med	
Anion Gap	**1 (L)**	4 - 12		10/07/2026 2:02 PM PDT	UWMC Montlake Dept of Lab Med	
Glucose	106	62 - 125 mg/dL		10/07/2026 2:02 PM PDT	UWMC Montlake Dept of Lab Med	
Urea Nitrogen	11	8 - 21 mg/dL		10/07/2026 2:02 PM PDT	UWMC Montlake Dept of Lab Med	
Creatinine	0.54	0.38 - 1.02 mg/dL		10/07/2026 2:02 PM PDT	UWMC Montlake Dept of Lab Med	
Total Protein (Beckman)	6.1	6.0 - 8.2 g/dL		10/07/2026 2:02 PM PDT	UWMC Montlake Dept of Lab Med	
Albumin	4.1	3.5 - 5.2 g/dL		10/07/2026 2:02 PM PDT	UWMC Montlake Dept of Lab Med	
Total Bilirubin (Beckman)	0.7	0.2 - 1.3 mg/dL		10/07/2026 2:02 PM PDT	UWMC Montlake Dept of Lab Med	
Calcium	**8.2 (L)**	8.9 - 10.2 mg/dL		10/07/2026 2:02 PM PDT	UWMC Montlake Dept of Lab Med	
AST (Beckman)	16	9 - 38 U/L		10/07/2026 2:02 PM PDT	UWMC Montlake Dept of Lab Med	
Alkaline Phosphatase (Total)	83	34 - 121 U/L		10/07/2026 2:02 PM PDT	UWMC Montlake Dept of Lab Med	
ALT (Beckman)	11	7 - 33 U/L		10/07/2026 2:02 PM PDT	UWMC Montlake Dept of Lab Med	
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2		10/07/2026 2:02 PM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			10/07/2026 1:00 PM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

CA 15-3 - Final result (10/23/2026 7:27 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
CA 15-3 (Beckman)	11	0 - 20 U/mL		10/23/2026 11:13 AM PDT	UWMC Montlake Dept of Lab Med	
Comment: By the Beckman DxI Immunoassay Analyzer						
CA 15-3 (Roche)	27	0 - 29 U/mL		10/23/2026 8:47 AM PDT	FHCC Clinical Laboratories	
Comment: By the Roche Cobas e801 Immunoassay Analyzer						

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			10/23/2026 7:27 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES	825 EASTLAKE AVE E	SEATTLE, WA 98109-4405, USA	206-606-1088
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	
FHCC Clinical Laboratories	825 Eastlake Ave E	Seattle, WA 98109-4405	

(ABNORMAL) CBC, ABS NEUTROPHIL - Final result (10/23/2026 7:27 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	**1.87 (L)**	4.3 - 10.0 10*3/uL		10/23/2026 7:42 AM PDT	FHCC Clinical Laboratories	
RBC	**3.48 (L)**	3.80 - 5.00 10*6/uL		10/23/2026 7:42 AM PDT	FHCC Clinical Laboratories	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Hemoglobin	**11.0 (L)**	11.5 - 15.5 g/dL		10/23/2026 7:42 AM PDT	FHCC Clinical Laboratories	
Hematocrit	**33 (L)**	36.0 - 45.0 %		10/23/2026 7:42 AM PDT	FHCC Clinical Laboratories	
MCV	95	81 - 98 fL		10/23/2026 7:42 AM PDT	FHCC Clinical Laboratories	
MCH	31.6	27.3 - 33.6 pg		10/23/2026 7:42 AM PDT	FHCC Clinical Laboratories	
MCHC	33.3	32.2 - 36.5 g/dL		10/23/2026 7:42 AM PDT	FHCC Clinical Laboratories	
Platelet Count	174	150 - 400 10*3/uL		10/23/2026 7:42 AM PDT	FHCC Clinical Laboratories	
RDW-CV	**15.5 (H)**	11.0 - 14.5 %		10/23/2026 7:42 AM PDT	FHCC Clinical Laboratories	
Neutrophils	**0.67 (L)**	1.80 - 7.00 10*3/uL		10/23/2026 7:42 AM PDT	FHCC Clinical Laboratories	
Immature Granulocytes	0.01	0.00 - 0.05 10*3/uL		10/23/2026 7:42 AM PDT	FHCC Clinical Laboratories	
Absolute Neutrophil Comment	Comment not required			10/23/2026 7:42 AM PDT	FHCC Clinical Laboratories	
Nucleated RBC	0.00	0.00 10*3/uL		10/23/2026 7:42 AM PDT	FHCC Clinical Laboratories	
% Nucleated RBC	0	%		10/23/2026 7:42 AM PDT	FHCC Clinical Laboratories	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			10/23/2026 7:27 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES	825 EASTLAKE AVE E	SEATTLE, WA 98109-4405, USA	206-606-1088
FHCC Clinical Laboratories	825 Eastlake Ave E	Seattle, WA 98109-4405	

(ABNORMAL) COMPREHENSIVE METABOLIC PANEL - Final result (10/23/2026 7:27 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	139	136 - 145 meq/L		10/23/2026 8:05 AM PDT	FHCC Clinical Laboratories	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Potassium	3.6	3.5 - 5.1 meq/L		10/23/2026 8:05 AM PDT	FHCC Clinical Laboratories	
Chloride	102	98 - 107 meq/L		10/23/2026 8:05 AM PDT	FHCC Clinical Laboratories	
Carbon Dioxide, Total	29	22 - 29 meq/L		10/23/2026 8:05 AM PDT	FHCC Clinical Laboratories	
Anion Gap	8	7 - 15		10/23/2026 8:05 AM PDT	FHCC Clinical Laboratories	
Glucose	96	62 - 125 mg/dL		10/23/2026 8:05 AM PDT	FHCC Clinical Laboratories	
Urea Nitrogen	11	6 - 20 mg/dL		10/23/2026 8:05 AM PDT	FHCC Clinical Laboratories	
Creatinine	0.73	0.50 - 1.00 mg/dL		10/23/2026 8:05 AM PDT	FHCC Clinical Laboratories	
Total Protein (Roche)	**6.3 (L)**	6.4 - 8.3 g/dL		10/23/2026 8:05 AM PDT	FHCC Clinical Laboratories	
Albumin	4.2	3.9 - 5.2 g/dL		10/23/2026 8:05 AM PDT	FHCC Clinical Laboratories	
Total Bilirubin (Roche)	0.9	0.0 - 1.1 mg/dL		10/23/2026 8:05 AM PDT	FHCC Clinical Laboratories	
Calcium	9.0	8.8 - 10.2 mg/dL		10/23/2026 8:05 AM PDT	FHCC Clinical Laboratories	
AST (Roche)	21	0 - 35 U/L		10/23/2026 8:05 AM PDT	FHCC Clinical Laboratories	
Alkaline Phosphatase (Total)	61	35 - 104 U/L		10/23/2026 8:05 AM PDT	FHCC Clinical Laboratories	
ALT (Roche)	18	0 - 43 U/L		10/23/2026 8:05 AM PDT	FHCC Clinical Laboratories	
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2		10/23/2026 8:05 AM PDT	FHCC Clinical Laboratories	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			10/23/2026 7:27 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES	825 EASTLAKE AVE E	SEATTLE, WA 98109-4405, USA	206-606-1088
FHCC Clinical Laboratories	825 Eastlake Ave E	Seattle, WA 98109-4405	

Carcinoembryonic Antigen (CARCINOEMBRYONIC ANTIGEN) - Final result (10/23/2026 7:27 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Carcinoembryonic Antigen (Beckman)	4.4	0.0 - 5.0 ng/mL		10/23/2026 9:07 AM PDT	FHCC Clinical Laboratories	

Comment:
This result was generated by the Beckman Access 2 automated immunoassay analyzer in the Fred Hutchinson Cancer Center laboratory. Significant change in lab result, rechecked by lab.

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Carcinoembryonic Antigen (Roche)	3.7	0.0 - 3.7 ng/mL		10/23/2026 8:03 AM PDT	FHCC Clinical Laboratories	

Comment:
For healthy smokers: results are expected to be <5.5 ng/mL By the Roche Cobas e801 Immunoassay Analyzer

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			10/23/2026 7:27 AM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES	825 EASTLAKE AVE E	SEATTLE, WA 98109-4405, USA	206-606-1088
FHCC Clinical Laboratories	825 Eastlake Ave E	Seattle, WA 98109-4405	

(ABNORMAL) CBC, ABS NEUTROPHIL - Final result (10/30/2026 12:56 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	**2.12 (L)**	4.3 - 10.0 10*3/uL		10/30/2026 1:48 PM PDT	UWMC Montlake Dept of Lab Med	
RBC	**3.53 (L)**	3.80 - 5.00 10*6/uL		10/30/2026 1:48 PM PDT	UWMC Montlake Dept of Lab Med	
Hemoglobin	**11.2 (L)**	11.5 - 15.5 g/dL		10/30/2026 1:48 PM PDT	UWMC Montlake Dept of Lab Med	
Hematocrit	**33 (L)**	36.0 - 45.0 %		10/30/2026 1:48 PM PDT	UWMC Montlake Dept of Lab Med	
MCV	93	81 - 98 fL		10/30/2026 1:48 PM PDT	UWMC Montlake Dept of Lab Med	
MCH	31.7	27.3 - 33.6 pg		10/30/2026 1:48 PM PDT	UWMC Montlake Dept of Lab Med	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
MCHC	34.0	32.2 - 36.5 g/dL		10/30/2026 1:48 PM PDT	UWMC Montlake Dept of Lab Med	
Platelet Count	169	150 - 400 10*3/uL		10/30/2026 1:48 PM PDT	UWMC Montlake Dept of Lab Med	
RDW-CV	**15.7 (H)**	11.0 - 14.5 %		10/30/2026 1:48 PM PDT	UWMC Montlake Dept of Lab Med	
Neutrophils	**0.77 (L)**	1.80 - 7.00 10*3/uL		10/30/2026 1:48 PM PDT	UWMC Montlake Dept of Lab Med	
Immature Granulocytes	0.01	0.00 - 0.05 10*3/uL		10/30/2026 1:48 PM PDT	UWMC Montlake Dept of Lab Med	
Absolute Neutrophil Comment	Comment not required			10/30/2026 1:48 PM PDT	UWMC Montlake Dept of Lab Med	
Nucleated RBC	0.00	0.00 10*3/uL		10/30/2026 1:48 PM PDT	UWMC Montlake Dept of Lab Med	
% Nucleated RBC	0	%		10/30/2026 1:48 PM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			10/30/2026 12:56 PM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

COMPREHENSIVE METABOLIC PANEL - Final result (10/30/2026 12:56 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	140	135 - 145 meq/L		10/30/2026 2:09 PM PDT	UWMC Montlake Dept of Lab Med	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Potassium	4.2	3.6 - 5.2 meq/L		10/30/2026 2:09 PM PDT	UWMC Montlake Dept of Lab Med	
Chloride	104	98 - 108 meq/L		10/30/2026 2:09 PM PDT	UWMC Montlake Dept of Lab Med	
Carbon Dioxide, Total	30	22 - 32 meq/L		10/30/2026 2:09 PM PDT	UWMC Montlake Dept of Lab Med	
Anion Gap	6	4 - 12		10/30/2026 2:09 PM PDT	UWMC Montlake Dept of Lab Med	
Glucose	93	62 - 125 mg/dL		10/30/2026 2:09 PM PDT	UWMC Montlake Dept of Lab Med	
Urea Nitrogen	12	8 - 21 mg/dL		10/30/2026 2:09 PM PDT	UWMC Montlake Dept of Lab Med	
Creatinine	0.47	0.38 - 1.02 mg/dL		10/30/2026 2:09 PM PDT	UWMC Montlake Dept of Lab Med	
Total Protein (Beckman)	6.5	6.0 - 8.2 g/dL		10/30/2026 2:09 PM PDT	UWMC Montlake Dept of Lab Med	
Albumin	4.4	3.5 - 5.2 g/dL		10/30/2026 2:09 PM PDT	UWMC Montlake Dept of Lab Med	
Total Bilirubin (Beckman)	0.8	0.2 - 1.3 mg/dL		10/30/2026 2:09 PM PDT	UWMC Montlake Dept of Lab Med	
Calcium	9.2	8.9 - 10.2 mg/dL		10/30/2026 2:09 PM PDT	UWMC Montlake Dept of Lab Med	
AST (Beckman)	17	9 - 38 U/L		10/30/2026 2:09 PM PDT	UWMC Montlake Dept of Lab Med	
Alkaline Phosphatase (Total)	50	34 - 121 U/L		10/30/2026 2:09 PM PDT	UWMC Montlake Dept of Lab Med	
ALT (Beckman)	14	7 - 33 U/L		10/30/2026 2:09 PM PDT	UWMC Montlake Dept of Lab Med	
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2		10/30/2026 2:09 PM PDT	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			10/30/2026 12:56 PM PDT	

Narrative

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

1st Extra Lime Green Top (1ST EXTRA LIME GREEN TOP) - Final result (11/01/2026 11:16 AM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
1st Extra Lime Green Top	Additional collection tube			11/01/2026 11:17 AM PST	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Plasma			11/01/2026 11:16 AM PST	11/01/2026 11:16 AM PST

Narrative

Authorizing Provider	Result Type	Result Status
Heemun Kwok	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

1ST EXTRA PEARL TOP - Final result (11/01/2026 11:16 AM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
1st Extra Pearl Top	Additional collection tube			11/01/2026 11:17 AM PST	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Plasma			11/01/2026 11:16 AM PST	11/01/2026 11:16 AM PST

Narrative

Authorizing Provider	Result Type	Result Status
Heemun Kwok	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

1st Extra Lavender Top (1ST EXTRA LAVENDER TOP) - Final result (11/01/2026 11:16 AM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
1st Extra Lavender Top	Additional collection tube			11/01/2026 11:17 AM PST	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Plasma			11/01/2026 11:16 AM PST	11/01/2026 11:16 AM PST

Narrative

Authorizing Provider	Result Type	Result Status
Heemun Kwok	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

1st Extra Blue Top (1ST EXTRA BLUE TOP) - Final result (11/01/2026 11:16 AM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
1st Extra Blue Top	Additional collection tube			11/01/2026 11:17 AM PST	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Plasma			11/01/2026 11:16 AM PST	11/01/2026 11:16 AM PST

Narrative

Authorizing Provider	Result Type	Result Status
Heemun Kwok	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

1st Extra Gold Top (1ST EXTRA GOLD TOP) - Final result (11/01/2026 11:16 AM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
1st Extra Gold Top	Additional collection tube			11/01/2026 11:17 AM PST	UWMC Montlake Dept of Lab Med	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Serum			11/01/2026 11:16 AM PST	11/01/2026 11:16 AM PST

Narrative

Authorizing Provider	Result Type	Result Status
Heemun Kwok	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
UWMC MONTLAKE DEPT OF LAB MED	1959 NE PACIFIC STREET MS 357110	SEATTLE, WA 98195-0001	206-598-6131
UWMC Montlake Dept of Lab Med	1959 NE Pacific Street MS 357110	Seattle, WA 98195-0001	

Patient: Yvonne K Franklin *MRN*: 1489586

Symonds, Lynn, MD
825 Eastlake Ave E
Box 358081
SEATTLE WA 98109-8081
Fax #: 206-606-2023
Evergreen Health Outreach

Franklin, Yvonne K 1489586
F, 47 yrs, 6/17/1979
8514 NE 128th ST, Kirkland WA 98034
H: 360-201-2728 M: 360-201-2728

See Values: Auto WBC (L), RBC (L), RDW (H)

Authorizing Provider

Lynn Symonds, MD	F: 206-606-2023

CBC with Absolute Neutrophil Count (Final result)

	Value	Range
Auto WBC	**3.03 (L)**	3.98 - 10.40 10*3/uL
RBC	**3.77 (L)**	3.93 - 5.22 10*6/uL
Hemoglobin	11.9	11.2 - 15.7 g/dL
Hematocrit	36.3	34.1 - 44.9 %
MCV	96.3	80.0 - 100.0 fL
MCH	31.6	25.6 - 32.2 pg
MCHC	32.8	32.5 - 36.0 g/dL
RDW	**15.3 (H)**	11.7 - 14.4 %
Platelets	251	150 - 450 10*3/uL
MPV	10.1	9.4 - 12.3 fL
Neutrophils Absolute	1.6	1.6 - 6.1 10*3/uL
NRBC#	<0.01	0.00 - 0.01 10*3/uL
nRBC per 100 Cells	0.0	0.0 - 0.2 %

Blood specimen 26KH-310H0322 from Blood, Venous Venipuncture. Ordered by Lynn Symonds, MD. Authorized by Lynn Symonds, MD. Collected: 11/6/2026 0937 Received: 0940. Verified: 11/6/2026 1325. Resulted by EHLABKIRK.

Resulting Labs

EHLABKIRK	EVERGREENHEALTH LABORATORY - KIRKLAND, 12040 NE 128th St, Kirkland WA 98034 Director: Dr Yanelba Toribio	425-899-3900

Legend

L - Low **H** - High

CC Recipients

Evergreen Health Outreach

Patient: Yvonne K Franklin *MRN*: 1489586

Symonds, Lynn, MD
825 Eastlake Ave E
Box 358081
SEATTLE WA 98109-8081
Fax #: 206-606-2023
Evergreen Health Outreach

Franklin, Yvonne K 1489586
F, 47 yrs, 6/17/1979
8514 NE 128th ST, Kirkland WA 98034
H: 360-201-2728 M: 360-201-2728

Authorizing Provider

Lynn Symonds, MD F: 206-606-2023

CMP (Final result)

	Value	Range
Anion Gap	9	5 - 16 mmol/L
Sodium	139	135 - 145 mmol/L
Potassium	4.2	3.4 - 5.3 mmol/L
Chloride	102	98 - 109 mmol/L
CO2	28	21 - 32 mmol/L
Glucose, Random	79	70 - 200 mg/dL
Calcium	9.5	8.5 - 10.5 mg/dL
BUN	18	6 - 20 mg/dL
Creatinine	0.6	0.6 - 1.2 mg/dL
BUN/Creatinine Ratio	30.00	11.00 - 35.00
eGFR	111.8	>60.0 mL/min/1.73m*2
Total Protein	6.8	6.0 - 8.0 g/dL
Albumin	4.7	3.5 - 5.0 g/dL
Globulin, Total	2.1	1.8 - 3.5 g/dL
A/G Ratio	2.2	1.0 - 2.2
Total Bilirubin	0.7	<0.2 - 1.5 mg/dL
ALT (SGPT)	27	5 - 50 U/L
AST	27	5 - 40 U/L
Alkaline Phosphatase	63	31 - 120 U/L

Blood specimen 26KH-310C0592 from Blood, Venous Venipuncture. Ordered by Lynn Symonds, MD. Authorized by Lynn Symonds, MD. Collected: 11/6/2026 0937 Received: 0940. Verified: 11/6/2026 1429. Resulted by EHLABKIRK.

Resulting Labs

EHLABKIRK EVERGREENHEALTH LABORATORY - KIRKLAND, 12040 NE 128th St, Kirkland WA 98034 425-899-3900
Director: Dr Yanelba Toribio

CC Recipients

Evergreen Health Outreach

POC Glucose, Whole Blood SCCA Manual (POC GLUCOSE, WHOLE BLOOD FHCC MANUAL) - Final result (11/16/2026 10:05 AM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Glucose, POCT	94	62 - 125 mg/dL			FHCC CLINICAL LABORATORIES, 825	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			11/16/2026 10:05 AM PST	

Narrative

Authorizing Provider	Result Type	Result Status
Lynn Symonds	LAB POINT OF CARE TEST ENTER EDIT ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
FHCC CLINICAL LABORATORIES, 825	825 Eastlake Ave E.	Seattle, WA 98109	

LABCORP

Labcorp available results

Source / Labcorp available results.txt

LABCORP | AVAILABLE RESULTS
Captured November 18, 2026 from the patient portal. Portal text export.

Celiac Disease Comprehensive • CEA+AFP+CA125+CA15 3+CA19 9... • CRP C+Fibrinogen+Homocysteine • CBC with Diff, Platelet, NLR • Comp. Metabolic Panel (14) • Testosterone Free with SHBG • TSH+T3+Free T4+T3 Free • Iron and TIBC • EBV Antibody Profile • G6PD,Qn,Bld and Red Cell Count • E2+Estrogen+E1 • Pregnenolone, MS • CMV Abs IgG/IgM • ANA 12 Plus Profile (RDL) • DHEA-Sulfate • Cortisol • IGF-1 • Reverse T3, Serum • Vitamin D, 25-Hydroxy • GGT With Reflex Amylase/Lipase • MMP-9 (Matrix metalloprot.-9) • Uric Acid • LDH • Erythrocyte Sedimentation Rate • Ceruloplasmin • Progesterone • Insulin • Ferritin N KHOSHKHES / Holistique Medical Center 11/11/2026 / In Progress / View chevron_right

"Result Details" [level=2]

"Patient: Yvonne Franklin"
"Service Date: 11/11/2026"
"Order From: N KHOSHKHES, Holistique Medical Center"
"Report Date: 11/17/2026"
Only Show Out-of-Range Results
"info_outline Where's the official report?":
text: Where's the official report?
These results are ready. Tests will move from In Progress to Complete when results are available.
"Celiac Disease Comprehensive"
text: Trend Results

"Deamidated Gliadin Abs, IgA"
- strong:
"2.1"
"0.0"
EliA U/mL
"6.9"
"Deamidated Gliadin Abs, IgG"
- strong:
<1.4
"Reference Interval: 0.0-6.9, Unit: EliA U/mL"

"t-Transglutaminase (tTG) IgA"
- strong:
<1.0
"Reference Interval: 0.0-6.9, Unit: EliA U/mL"
"t-Transglutaminase (tTG) IgG"
- strong:
<1.7
"Reference Interval: 0.0-6.9, Unit: EliA U/mL"
"Endomysial Antibody IgA"
Negative

"Reference Interval: Negative"
"Immunoglobulin A, Qn, Serum"
"152"
"87"
mg/dL
"352"
"CEA+AFP+CA125+CA15 3+CA19 9..."
text: Trend Results
"CEA"
- strong:

"3.5"
"0.0"
ng/mL
"4.7"
"AFP, Serum, Tumor Marker"
- strong:
"2.0"
"0.0"
ng/mL
"6.4"

"Cancer Antigen 15-3"
- strong:
"24.3"
"0.0"
U/mL
"25.0"
"CA 19-9"
- strong:
"13"
"0"

U/mL
"35"
"Cancer Antigen (CA) 125"
- strong:
"12.5"
"0.0"
U/mL
"38.1"
"CA 27.29"
- strong:

"19.3"
"0.0"
U/mL
"38.6"
"CRP C+Fibrinogen+Homocysteine"
text: Trend Results
"Acceptable Range Homocyst(e)ine"

Homocysteine is an amino acid produced in the body through metabolism. Normally, the body breaks down homocysteine with the help of vitamins B6, B12 and B9 (also known as folate). An elevated homocysteine level could suggest a vitamin deficiency and may be associated with increased cardiovascular risk or other health conditions.

Normal
≤ 14.5 umol/L
"6.0"
High
≥ 14.6 umol/L
"Acceptable Range C-Reactive Protein, Cardiac"
- strong:

"This test measures (at high sensitivity) the level of C-reactive protein: a substance made by the liver in response to inflammation, which may indicate the presence of an illness, injury, or infection. Persistently elevated CRP levels are associated with several diseases and conditions, including heart disease, diabetes, rheumatoid arthritis, and cancer."

Low Risk
≤ 0.99 mg/L
"0.71"
Average Risk
1.00-3.00 mg/L
High Risk
≥ 3.01 mg/L
"Fibrinogen Activity"
"357"
"209"

mg/dL
"464"
"CBC with Diff, Platelet, NLR"
text: Trend Results
"warning Low WBC"

Detects the number of white blood cells (leukocytes) in the body, cells that fight off infections and foreign agents that may infect the body. For example, high levels of WBCs may result from a number of conditions, including infection or inflammation, and low levels may result from others, including as a sign of a weakened immune system.

Low
≤ 2.9 10*3/uL
Moderately Low
3.0-3.3 10*3/uL
"3.2"
Normal
3.4-10.8 10*3/uL
Moderately High
10.9-11.5 10*3/uL
High

≥ 11.6 10*3/uL
"Acceptable Range RBC"
Measures the number of red blood cells (erythrocytes) in the blood. Red blood cells contain hemoglobin, a protein

that carries oxygen throughout the body. High levels of red blood cell counts with high hemoglobin and high hematocrit may indicate a disease of overproduction of blood cells.
Low
≤ 3.50 10*6/uL
Moderately Low
3.51-3.76 10*6/uL
Normal
3.77-5.28 10*6/uL
"3.84"

Moderately High
5.29-5.99 10*6/uL
High
≥ 6.00 10*6/uL
"Acceptable Range Hemoglobin"

Measures the amount of hemoglobin in the blood, the oxygen-carrying protein in red blood cells. Low amounts of hemoglobin combined with low red blood cell counts and low hematocrit may indicate anemia, which can have many causes (e.g., iron deficiency). High levels of hemoglobin with high red blood cell counts and high hematocrit may indicate a disease of overproduction of blood cells.

Low
≤ 11.0 g/dL
Normal
11.1-15.9 g/dL
"12.1"
High
≥ 16.0 g/dL
"Acceptable Range Hematocrit"

Measures the proportion of red blood cells to the fluid component (or plasma) in your blood. Low amounts of hematocrit combined with other results may indicate the presence of anemia, which can have many causes (e.g., iron deficiency). High levels of hematocrit with other results may indicate a disease of overproduction of blood cells.

Low
≤ 33.9 %
Normal
34.0-46.6 %
"37.0"
High
≥ 46.7 %
"Acceptable Range MCV"
Measures the average size of the red blood cells themselves. Lower or higher than normal MCV levels may be a sign of a health problem.
Low

≤ 74 fL
Moderately Low
75-78 fL
Normal
79-97 fL
"96"
Moderately High

98-102 fL
High
≥ 103 fL

"Acceptable Range MCH"
Measures MCH levels, the average amount of hemoglobin found in the red blood cells in the body.
Low
≤ 24.9 pg
Moderately Low
25.0-26.5 pg
Normal
26.6-33.0 pg
"31.5"
Moderately High

33.1-35.0 pg
High
≥ 35.1 pg
"Acceptable Range MCHC"
Measures MCHC levels, the average weight of hemoglobin based on the volume of red blood cells. A low MCHC value may be a sign of anemia or other conditions.
Low
≤ 29.9 g/dL
Moderately Low
30.0-31.4 g/dL
Normal

31.5-35.7 g/dL
"32.7"
Moderately High
35.8-37.0 g/dL
High
≥ 37.1 g/dL
"Acceptable Range RDW"

Measures the variation of size and volume of the body's red blood cells. Typically, red blood cells are relatively equal in shape and size - however, red blood cells can have a distorted shape or be smaller or larger than normal due to some health conditions and diseases. Low RDW values generally do not have clinical significance.

Low
≤ 11.6 %
Normal
11.7-15.4 %
"15.1"
Moderately High
15.5-16.5 %
High
≥ 16.6 %
"Acceptable Range Platelets"

Platelets are the cell components essential for blood clotting. Low levels can lead to bleeding risk and may be due to a variety of causes, such as liver disease, infections, medications, or bone marrow disorders. High levels can be

caused by inflammation or a bone marrow disorder, among other causes.

Low
≤ 100 10*3/uL
Moderately Low
101-149 10*3/uL
Normal
150-450 10*3/uL
"259"
Moderately High
451-499 10*3/uL
High

≥ 500 10*3/uL
"Neutrophils"

The percent of white blood cells that are neutrophils, the type of white blood cells that destroy bacteria and fungi and protect the body from infections. Increased levels of neutrophils may be the result of many conditions, including an immune response to infection, injury, inflammation, certain medications, or bone marrow disorder.

"55"
"Reference Interval: Not Estab., Unit: %"
"Lymphs"

The percent of white blood cells that are lymphocytes, the white blood cells that are vital to producing antibodies and helping the body fight against bacteria, viruses, and other threats. High lymphocyte levels may indicate an infection, inflammatory condition, or bone marrow disorder, among other causes. Many disorders can decrease the number of lymphocytes in the blood, but viral infections and undernutrition/malnutrition are the most common.

"29"
"Reference Interval: Not Estab., Unit: %"
"Monocytes"
The percent of white blood cells that are monocytes, the type of white blood cells responsible for breaking down germs or bacteria that enter the body. High levels of monocytes may indicate chronic infection, a blood disorder, inflammation, or other medical conditions
"7"
"Reference Interval: Not Estab., Unit: %"
"Eos"
The percent of white blood cells that are eosinophils in the body, a type of disease-fighting white blood cell. Usually, blood doesn't have a large number of eosinophils. The body may produce more of them in response to parasitic and fungal infections, allergic reactions, or other health problems.
"8"
"Reference Interval: Not Estab., Unit: %"

"Basos"

The percent of white blood cells that are basophils in your body, a type of white blood cell produced by bone marrow that helps the body fight parasitic infections, prevents blood clotting, and mediates allergic reactions. Low basophil levels may be due to an allergic reaction. In some cases, a high basophil level can result from certain blood cancers, autoimmune disease, or other conditions.

"1"
"Reference Interval: Not Estab., Unit: %"
"Acceptable Range Neutrophils (Absolute)"

Quantifies the number of neutrophils, the type of white blood cells that destroy bacteria and fungi and protect the body from infections. Increased levels of neutrophils may be the result of many conditions, including an immune response to infection, injury, inflammation, certain medications, or bone marrow disorder.

Low
≤ 1.1 10*3/uL
Moderately Low
1.2-1.3 10*3/uL
Normal
1.4-7.0 10*3/uL
"1.7"
Moderately High
7.1-9.9 10*3/uL
High

≥ 10.0 10*3/uL
"Acceptable Range Lymphs (Absolute)"

Quantifies the number of lymphocytes, the white blood cells that are vital to producing antibodies and helping the body fight against bacteria, viruses and other threats. High lymphocyte levels may indicate an infection, inflammatory condition, or bone marrow disorder, among other causes. Many disorders can decrease the number of lymphocytes in the blood, but viral infections and undernutrition/malnutrition are the most common.

Low
≤ 0.4 10*3/uL
Moderately Low
0.5-0.6 10*3/uL
Normal
0.7-3.1 10*3/uL
"0.9"
Moderately High
3.2-4.9 10*3/uL
High

≥ 5.0 10*3/uL
"Neut/Lymph Ratio"
- strong:
"1.9"
"0.0"
ratio
"2.9"
"Acceptable Range Monocytes(Absolute)"
Quantifies the number of monocytes, the type of white blood cells responsible for breaking down germs or bacteria that enter the body. High levels of monocytes may indicate chronic infection, a blood disorder, inflammation, or other medical conditions.
Low

≤ 0.0 10*3/uL
Normal
0.1-0.9 10*3/uL
"0.2"
Moderately High
1.0-1.1 10*3/uL

High
≥ 1.2 10*3/uL
"Acceptable Range Eos (Absolute)"
Quantifies the number of eosinophils in the body, a type of disease-fighting white blood cell. Usually, blood doesn't have a large number of eosinophils. The body may produce more of them in response to parasitic and fungal infections, allergic reactions, or other health problems.

Normal
≤ 0.4 10*3/uL
"0.3"
Moderately High
0.5-1.0 10*3/uL
High
≥ 1.1 10*3/uL
"Acceptable Range Baso (Absolute)"

Quantifies the number of basophils in your body, a type of white blood cell produced by bone marrow that helps the body fight parasitic infections, prevents blood clotting, and mediates allergic reactions. Low basophil levels may be due to an allergic reaction. In some cases, a high basophil level can result from certain blood cancers, autoimmune disease, or other conditions.

Normal
≤ 0.2 10*3/uL
"0.0"
Moderately High
0.3-0.4 10*3/uL
High
≥ 0.5 10*3/uL
"Immature Granulocytes"
Measures the percent of white blood cells in an early stage of development which are not usually present in significant amounts in the blood. The presence of immature cells may be due to a variety of causes.
"0"

"Reference Interval: Not Estab., Unit: %"
"Acceptable Range Immature Grans (Abs)"
Normal
≤ 0.1 10*3/uL
"0.0"
Moderately High
0.2 10*3/uL
High
≥ 0.3 10*3/uL
"Comp. Metabolic Panel (14)"

text: Trend Results
"warning High Glucose"
The primary type of sugar found in your blood. Glucose measures your blood sugar at a specific point in time, when your blood was collected. High levels of glucose may be a sign of pre-diabetes, diabetes, or other conditions.
Low
≤ 59 mg/dL
Moderately Low

60-69 mg/dL
Normal
70-99 mg/dL
Moderately High
100-125 mg/dL
"106"
High
≥ 126 mg/dL
"Acceptable Range BUN"
Blood Urea Nitrogen (BUN) is a protein waste product removed from the blood by the kidneys. High levels may be a sign that your kidneys are not working properly. They may also be a sign of dehydration, or other conditions. Low levels may be a sign of poor nutrition, or other conditions.
Low
≤ 5 mg/dL
Normal
6-24 mg/dL
"13"
Moderately High
25-40 mg/dL
High
≥ 41 mg/dL
"warning Low Creatinine"
A muscle-produced waste product filtered out by the kidneys. High levels may be a sign that your kidneys are not working properly, which can be caused by a number of conditions. Low levels may indicate decreased muscle mass or other conditions.
Low
≤ 0.56 mg/dL
"0.56"
Normal
0.57-1.00 mg/dL
High
≥ 1.01 mg/dL
"Acceptable Range eGFR"
Estimated Glomerular Filtration Rate (eGFR) is a calculation (factored from your serum creatinine level, age, and gender) used to determine your level of kidney function; the higher your eGFR number, the better your kidneys are working; low results may be a sign of kidney disease.
Kidney Failure
≤ 14 mL/min/1.73m2
Severely Decreased
15-29 mL/min/1.73m2
Moderately Decreased
30-44 mL/min/1.73m2
Mildly Decreased
45-59 mL/min/1.73m2
Normal
≥ 60 mL/min/1.73m2

"113"
"Acceptable Range BUN/Creatinine Ratio"

A comparison of BUN levels to creatinine levels, two waste products filtered by the kidneys. An increased ratio may be due to acute kidney disorders, dehydration, increased protein intake, gastrointestinal bleeding, and other causes. A low ratio can be seen in liver disease, pregnancy, poor nutrition, and other conditions.

Low
≤ 8
Normal
9-23
"23"
Moderately High
24-27
High
≥ 28
"Acceptable Range Sodium"

An electrically charged mineral (electrolyte) necessary for healthy muscle and nerve function that also helps maintain fluid balance. An abnormal sodium result most likely reflects abnormalities of water balance in the body that may have a number of causes.
Low
≤ 131 mmol/L
Moderately Low
132-133 mmol/L
Normal
134-144 mmol/L
"139"
Moderately High
145-147 mmol/L

High
≥ 148 mmol/L
"Acceptable Range Potassium"

An electrically charged mineral (electrolyte) vital to a cell's ability to take in nutrients and remove waste; it is also essential for muscle function and regulating fluid balance. High levels may reflect kidney disease, adverse effects of certain medications, or excessive potassium intake, among other conditions. Low levels may be due to diuretic use, poor nutrition, or gastrointestinal disorders, among other causes.

Low
≤ 3.2 mmol/L
Moderately Low
3.3-3.4 mmol/L
Normal
3.5-5.2 mmol/L
"4.0"
Moderately High
5.3-5.4 mmol/L
High

≥ 5.5 mmol/L
"Acceptable Range Chloride"
An electrically charged mineral (electrolyte) that helps regulate fluid and acid-base balance within the body. An abnormal result most likely reflects abnormalities of water balance in the body or an acid-base imbalance, which can be caused by a variety of conditions.
Low
≤ 91 mmol/L
Moderately Low
92-95 mmol/L
Normal
96-106 mmol/L
"100"

Moderately High
107-110 mmol/L
High
≥ 111 mmol/L
"Acceptable Range Carbon Dioxide, Total"
A waste product created by the body's metabolism that helps maintain the body's acid-base balance (pH) in the form of the electrolyte bicarbonate. Abnormal values may reflect an acid-base imbalance, which can be caused by a variety of conditions.
Low
≤ 17 mmol/L
Moderately Low
18-19 mmol/L

Normal
20-29 mmol/L
"24"
Moderately High
30-33 mmol/L
High
≥ 34 mmol/L
"Acceptable Range Calcium"
A mineral essential to bone and muscle health. Abnormal values may be a sign of parathyroid disease, vitamin D abnormalities, certain medications, and other causes.
Low

≤ 8.4 mg/dL
Moderately Low
8.5-8.6 mg/dL
Normal
8.7-10.2 mg/dL
"9.3"
Moderately High
10.3-10.5 mg/dL
High
≥ 10.6 mg/dL

"Acceptable Range Protein, Total"
Total protein is the total amount of proteins (including albumin and globulin) found in the blood that helps determine

overall nutritional status.
Low
≤ 5.4 g/dL
Moderately Low
5.5-5.9 g/dL
Normal
6.0-8.5 g/dL
"6.7"
Moderately High

8.6-9.2 g/dL
High
≥ 9.3 g/dL
"Acceptable Range Albumin"

Albumin is the main protein that circulates in the blood, which provides tissue nourishment, carries substances (such as hormones and drugs) in the blood and helps keep fluids within the blood vessels. Low levels may be a sign of malnutrition, or a disease of the liver, thyroid, or kidneys, among other conditions. Higher than normal levels of albumin may indicate dehydration, among other conditions.

Low
≤ 3.4 g/dL
Moderately Low
3.5-3.8 g/dL
Normal
3.9-4.9 g/dL
"4.7"
Moderately High
5.0-5.2 g/dL
High

≥ 5.3 g/dL
"Acceptable Range Globulin, Total"
A measure of a group of proteins that function to help transport nutrients and help the body fight infections. High levels may be associated with chronic inflammation, while low levels can be a sign of a weakened immune system.
Low
≤ 1.1 g/dL
Moderately Low
1.2-1.4 g/dL
Normal
1.5-4.5 g/dL
"2.0"

Moderately High
4.6-5.3 g/dL
High
≥ 5.4 g/dL
"Acceptable Range Bilirubin, Total"

Total bilirubin is a combination of both processed and unprocessed bilirubin in your body. Bilirubin is a waste product produced by the liver as it breaks down red blood cells. High levels may be a sign of liver or gallbladder disease, or excessive breakdown of red blood cells, among other conditions.

Normal
≤ 1.2 mg/dL
"1.1"
Moderately High
1.3-2.0 mg/dL
High
≥ 2.1 mg/dL
"Acceptable Range Alkaline Phosphatase"
Alkaline Phosphatase (ALP) is an enzyme found in the cells of the liver and other tissue. High levels of alkaline phosphatase (ALP) have various potential causes and may be a sign of liver, gallbladder, or bone disease.
Low

≤ 32 IU/L
Moderately Low
33-40 IU/L
Normal
41-116 IU/L
"58"
Moderately High
117-139 IU/L
High
≥ 140 IU/L

"AST (SGOT)"
Aspartate Aminotransferase (AST) is an enzyme found in the cells throughout the body but mostly in the cells of the heart and liver. High aspartate aminotransferase (AST) levels could be a sign of liver damage, among other conditions.
"21"
"Reference Interval: 15-59, Unit: IU/L"
"ALT (SGPT)"
Alanine Aminotransferase (ALT) is an enzyme found mostly in the cells of the liver and kidney. High levels of alanine aminotransferase (ALT) could be a sign of liver damage or infection, among other conditions.
"26"
"Reference Interval: 0-35, Unit: IU/L"
"Testosterone Free with SHBG"
text: Trend Results

"Testosterone, Serum (Total)"
- strong:
"31"
"Unit: ng/dL"
"% Free Testosterone"
- strong:
"0.4"
"Unit: %"
"Free Testosterone, S"
- strong:

"1.2"
"Unit: pg/mL"
"warning High Sex Hormone Binding Globulin"

- strong:
"136.0"
"Unit: nmol/L"
"Iron and TIBC"
text: Trend Results
"Acceptable Range Iron Bind.Cap.(TIBC)"
Measures the blood's capacity to bind iron with transferrin, a protein that combines with ferritin to deliver iron to new red blood cells. High levels may be a sign of iron deficiency, while low levels may indicate iron overload. Either may be caused by various conditions.

Low
≤ 199 ug/dL
Moderately Low
200-249 ug/dL
Normal
250-450 ug/dL
"289"
Moderately High
451-500 ug/dL
High

≥ 501 ug/dL
"Acceptable Range UIBC"

Measures the reserve capacity of transferrin, which is the portion that has not yet been saturated by iron. Transferrin is a protein that transports iron around in the body. High levels may be a sign of iron deficiency, while low levels may indicate iron overload. Either may be caused by various conditions.

Low
≤ 119 ug/dL
Moderately Low
120-130 ug/dL
Normal
131-425 ug/dL
"164"
Moderately High
426-450 ug/dL
High

≥ 451 ug/dL
"Acceptable Range Iron"

Measures the level of iron, an essential mineral that is an important component of hemoglobin that serves to carry oxygen throughout the body, so that the body can produce energy. Low iron levels may be a sign of iron deficiency, while high levels may indicate iron overload. Either may be caused by various conditions.

Low
≤ 18 ug/dL
Moderately Low
19-26 ug/dL
Normal
27-159 ug/dL

"125"
Moderately High
160-170 ug/dL
High

≥ 171 ug/dL
"Acceptable Range Iron Saturation"

Measures the percentage of iron bound to transferrin, a protein that transports iron around the body, which is calculated by dividing the serum level of iron by total iron binding capacity (TIBC). Low saturation levels may be a sign of iron deficiency, while high levels may indicate iron overload. Either may be caused by various conditions.

Low
≤ 11 %
Moderately Low
12-14 %
Normal
15-55 %
"43"
Moderately High
56-60 %
High

≥ 61 %
"EBV Antibody Profile"
text: Trend Results
"EBV Ab VCA, IgM"
- strong:
<36.0
"Reference Interval: 0.0-35.9, Unit: U/mL"
"warning High EBV Ab VCA, IgG"
- strong:
"209.0"

"0.0"
U/mL
"17.9"
"warning High EBV Nuclear Antigen Ab, IgG"
- strong:
"99.9"
"0.0"
U/mL
"17.9"
"Interpretation:" [level=6]

"EBV Interpretation Chart Key: Antibody Present + Antibody Absent - Interpretation VCA-IgM VCA-IgG EBNA-IgG No previous infection/ - - - Susceptible Primary infection (new + + - or recent) Past Infection +or- + + See comment below* + - - *Results indicate infection with EBV at some time however cannot predict the timing of the infection since antibodies to EBNA usually develop after primary infection or, alternatively, approximately 5-10% of patients with EBV never develop antibodies to EBNA."

"G6PD,Qn,Bld and Red Cell Count"
text: Trend Results
"G-6-PD, Quant"
"371"
"127"
U/10E12 RBC
"427"
"Comment:" [level=6]

"When decreased, G-6-PD, Quant. values are associated with acute hemolytic anemia when deficient individuals are exposed to oxidative stress, such as with certain medications (e.g., primaquine), infection, or ingestion of fava beans. Caution: In patients with acute hemolysis (e.g., abnormally low RBC values), testing for G-6-PD may be falsely normal because older erythrocytes with a higher enzyme deficiency have been hemolyzed. Young erythrocytes and reticulocytes have normal or near-normal enzyme activity. Normal values of G-6-PD may be measured for several weeks following a hemolytic event."

"E2+Estrogen+E1"
text: Trend Results
"Estrone, Serum"
- strong:
"29"
"Unit: pg/mL"
"Estradiol"
- strong:
Estradiol (E2) is produced by the ovaries and the most common type of estrogen. It regulates menstrual cycles in women and helps thicken the lining of the uterus. Estradiol levels fluctuate throughout the menstrual cycle, peak right before ovulation, and drop after ovulation occurs.
"10.0"

"Unit: pg/mL"
"Estrogens, Total"
- strong:
"51"
"Unit: pg/mL"
"Pregnenolone, MS"
text: Trend Results
"Pregnenolone, MS"
- strong:
"105"

"Unit: ng/dL"
"CMV Abs IgG/IgM"
text: Trend Results
"warning Abnormal Cytomegalovirus (CMV) Ab, IgG"
Positive
"Reference Interval: Negative"
"Cytomegalovirus (CMV) Ab, IgM"
Negative
"Reference Interval: Negative"
"DHEA-Sulfate"

text: Trend Results
"Acceptable Range DHEA-Sulfate"

Dehydroepiandrosterone sulfate (DHEA-S) is a hormone produced by the adrenal glands that plays an important role in the production of the male sex hormone testosterone and the female sex hormone estrogen, as well as other bodily functions. This test measures the amount of DHEA-S in the blood. DHEA-S levels gradually decline after the age of 30. Symptoms of high DHEA-S levels in women may include irregular menstruation, excessive hair growth, hair loss and infertility. Symptoms of low DHEA-S levels in men may include unexpected weight loss, low libido and erectile dysfunction.

Low
≤ 41.1 ug/dL
Normal
41.2-243.7 ug/dL
"158.0"
High
≥ 243.8 ug/dL
"Cortisol"
text: Trend Results
"Cortisol"

- strong:

Cortisol is a hormone made by the adrenal glands that helps control stress, metabolism, and immune function. Levels naturally change during the day, with higher levels in the morning and lower levels later in the day. Results can be affected by stress, exercise, pregnancy, and some medications. High levels may be linked to weight gain, high blood pressure, and mood changes, while low levels may cause fatigue, weight loss, or low blood pressure.

"24.4"
"Reference Interval: 6.2-19.4, Unit: ug/dL"
"IGF-1"
text: Trend Results
"warning High Insulin-Like Growth Factor I"
"310"
"70"
ng/mL
"225"
"Vitamin D, 25-Hydroxy"

text: Trend Results
"Vitamin D, 25-Hydroxy"
Vitamin D is a hormone that is produced in your skin in response to sunlight; it is essential to bone and mineral health. 25-hydroxyvitamin D (25-D) is the best measure of how much vitamin D is stored in your body. A prolonged deficiency in Vitamin D can pose health risks.
"61.1"
"Reference Interval: 20.0-100.0, Unit: ng/mL"
"GGT With Reflex Amylase/Lipase"
text: Trend Results
"Acceptable Range GGT"

Gamma-Glutamyl Transferase (GGT) is an enzyme primarily found in the liver. GGT plays a key role in the body's detoxification processes. Elevated levels are associated with diseases and conditions such as liver damage, bile duct issues, hepatitis, diabetes, cardiovascular disease, excessive alcohol consumption, non-alcoholic fatty liver

disease or other health conditions. GGT levels are often evaluated in the context of other liver function tests.

Normal
≤ 60 IU/L
"8"
High
≥ 61 IU/L
"Uric Acid"
text: Trend Results
"Acceptable Range Uric Acid"
- strong:

This test measures the amount of uric acid in the blood, a natural waste product formed when the body breaks down purines, which come from your body's cells and certain foods. Your diet, genetics and certain medications can all affect your uric acid levels. High levels may be related to gout, kidney problems or other conditions.

Low
≤ 2.5 mg/dL
Normal
2.6-6.2 mg/dL
"2.9"
High
≥ 6.3 mg/dL
"LDH"
text: Trend Results
"LDH"

"190"
"119"
IU/L
"226"
"Erythrocyte Sedimentation Rate"
text: Trend Results
"Erythrocyte Sedimentation Rate"
"8"
"0"
mm/hr

"32"
"Ceruloplasmin"
text: Trend Results
"warning Low Ceruloplasmin"
"18.6"
"19.0"
mg/dL
"39.0"
"Progesterone"
text: Trend Results

"Progesterone"
- strong:

Progesterone is a hormone produced by the ovaries, and is essential for regulating menstruation and supporting pregnancy. During ovulation, when the ovary releases an egg, progesterone levels increase, causing the uterine lining (endometrium) to thicken in preparation for pregnancy. If the egg is not fertilized, progesterone levels drop, the endometrium sheds, and the menstrual period begins. Low levels of progesterone may cause symptoms like irregular periods and mood changes and may be associated with difficulty conceiving. Elevated progesterone levels may indicate recent ovulation. Progesterone levels decrease as you age and enter menopause.

"0.3"
"Unit: ng/mL"
"Insulin"
text: Trend Results
"Acceptable Range Insulin"

The insulin test measures the amount of insulin in your blood. Insulin is a hormone made by your pancreas that helps move sugar from your blood into your cells for energy. When insulin works well, it helps keep your blood sugar at a healthy level. Insulin levels can change based on what and when you ate, your physical activity, certain medications, your body's sensitivity to insulin, and medical conditions such as diabetes or hormonal conditions.

Low
≤ 2.5 uIU/mL
Normal
2.6-24.9 uIU/mL
"3.9"
High
≥ 25.0 uIU/mL
"Ferritin"
text: Trend Results
"Ferritin"

Measures the amount of ferritin in the blood, a red-blood-cell protein that stores iron in your cells. High levels may indicate excessive iron storage or inflammation, among other conditions. Low levels may be a sign of iron deficiency, which can be caused by various conditions.
"96"
"Reference Interval: 30-216, Unit: ng/mL"

Trans. Growth Fact. beta 1* • Ammonia, Plasma N KHOSHKHES / Holistique Medical Center 11/11/2026 View chevron_right

"Result Details" [level=2]

"Patient: Yvonne Franklin"
"Service Date: 11/11/2026"
"Order From: N KHOSHKHES, Holistique Medical Center"
"Report Date: 11/18/2026"
Only Show Out-of-Range Results
"download Download Official Report":
text: Download Official Report
"Trans. Growth Fact. beta 1*"
text: Trend Results
"Trans. Growth Fact. beta 1*"

- strong:
"2905"

"2537"
pg/mL
"22306"
"Ammonia, Plasma"
text: Trend Results
"Ammonia, Plasma"
"32"
"31"

ug/dL
"155"

HNK1 (CD57) Panel N KHOSHKHES / Holistique Medical Center 11/11/2026 View chevron_right

"Result Details" [level=2]

"Patient: Yvonne Franklin"
"Service Date: 11/11/2026"
"Order From: N KHOSHKHES, Holistique Medical Center"
"Report Date: 11/13/2026"
Only Show Out-of-Range Results
"download Download Official Report":
text: Download Official Report
"HNK1 (CD57) Panel"
text: Trend Results
"warning High % CD8-/CD57+ Lymphs"

"34.8"
"2.0"
"%"
"17.0"
"Abs.CD8-CD57+ Lymphs"
"348"
"60"
/uL
"360"
"warning Low WBC"

Detects the number of white blood cells (leukocytes) in the body, cells that fight off infections and foreign agents that may infect the body. For example, high levels of WBCs may result from a number of conditions, including infection or inflammation, and low levels may result from others, including as a sign of a weakened immune system.

Low
≤ 2.9 10*3/uL
Moderately Low
3.0-3.3 10*3/uL
"3.2"
Normal
3.4-10.8 10*3/uL
Moderately High

10.9-11.5 10*3/uL
High

≥ 11.6 10*3/uL
"Acceptable Range RBC"
Measures the number of red blood cells (erythrocytes) in the blood. Red blood cells contain hemoglobin, a protein that carries oxygen throughout the body. High levels of red blood cell counts with high hemoglobin and high hematocrit may indicate a disease of overproduction of blood cells.
Low
≤ 3.50 10*6/uL
Moderately Low
3.51-3.76 10*6/uL
Normal
3.77-5.28 10*6/uL
"3.85"

Moderately High
5.29-5.99 10*6/uL
High
≥ 6.00 10*6/uL
"Acceptable Range Hemoglobin"

Measures the amount of hemoglobin in the blood, the oxygen-carrying protein in red blood cells. Low amounts of hemoglobin combined with low red blood cell counts and low hematocrit may indicate anemia, which can have many causes (e.g., iron deficiency). High levels of hemoglobin with high red blood cell counts and high hematocrit may indicate a disease of overproduction of blood cells.

Low
≤ 11.0 g/dL
Normal
11.1-15.9 g/dL
"12.3"
High
≥ 16.0 g/dL
"Acceptable Range Hematocrit"

Measures the proportion of red blood cells to the fluid component (or plasma) in your blood. Low amounts of hematocrit combined with other results may indicate the presence of anemia, which can have many causes (e.g., iron deficiency). High levels of hematocrit with other results may indicate a disease of overproduction of blood cells.

Low
≤ 33.9 %
Normal
34.0-46.6 %
"36.5"
High
≥ 46.7 %
"Acceptable Range MCV"
Measures the average size of the red blood cells themselves. Lower or higher than normal MCV levels may be a sign of a health problem.
Low

≤ 74 fL
Moderately Low
75-78 fL
Normal
79-97 fL
"95"
Moderately High
98-102 fL
High
≥ 103 fL

"Acceptable Range MCH"
Measures MCH levels, the average amount of hemoglobin found in the red blood cells in the body.
Low
≤ 24.9 pg
Moderately Low
25.0-26.5 pg
Normal
26.6-33.0 pg
"31.9"
Moderately High

33.1-35.0 pg
High
≥ 35.1 pg
"Acceptable Range MCHC"
Measures MCHC levels, the average weight of hemoglobin based on the volume of red blood cells. A low MCHC value may be a sign of anemia or other conditions.
Low
≤ 29.9 g/dL
Moderately Low
30.0-31.4 g/dL
Normal

31.5-35.7 g/dL
"33.7"
Moderately High
35.8-37.0 g/dL
High
≥ 37.1 g/dL
"Acceptable Range RDW"

Measures the variation of size and volume of the body's red blood cells. Typically, red blood cells are relatively equal in shape and size - however, red blood cells can have a distorted shape or be smaller or larger than normal due to some health conditions and diseases. Low RDW values generally do not have clinical significance.

Low
≤ 11.6 %
Normal
11.7-15.4 %
"14.9"
Moderately High

15.5-16.5 %
High
≥ 16.6 %
"Acceptable Range Platelets"

Platelets are the cell components essential for blood clotting. Low levels can lead to bleeding risk and may be due to a variety of causes, such as liver disease, infections, medications, or bone marrow disorders. High levels can be caused by inflammation or a bone marrow disorder, among other causes.

Low
≤ 100 10*3/uL
Moderately Low
101-149 10*3/uL
Normal
150-450 10*3/uL
"258"
Moderately High
451-499 10*3/uL
High

≥ 500 10*3/uL
"Neutrophils"

The percent of white blood cells that are neutrophils, the type of white blood cells that destroy bacteria and fungi and protect the body from infections. Increased levels of neutrophils may be the result of many conditions, including an immune response to infection, injury, inflammation, certain medications, or bone marrow disorder.

"51"
"Reference Interval: Not Estab., Unit: %"
"Lymphs"

The percent of white blood cells that are lymphocytes, the white blood cells that are vital to producing antibodies and helping the body fight against bacteria, viruses, and other threats. High lymphocyte levels may indicate an infection, inflammatory condition, or bone marrow disorder, among other causes. Many disorders can decrease the number of lymphocytes in the blood, but viral infections and undernutrition/malnutrition are the most common.

"32"
"Reference Interval: Not Estab., Unit: %"
"Monocytes"
The percent of white blood cells that are monocytes, the type of white blood cells responsible for breaking down germs or bacteria that enter the body. High levels of monocytes may indicate chronic infection, a blood disorder, inflammation, or other medical conditions
"7"
"Reference Interval: Not Estab., Unit: %"
"Eos"
The percent of white blood cells that are eosinophils in the body, a type of disease-fighting white blood cell. Usually, blood doesn't have a large number of eosinophils. The body may produce more of them in response to parasitic and fungal infections, allergic reactions, or other health problems.
"8"
"Reference Interval: Not Estab., Unit: %"

"Basos"

The percent of white blood cells that are basophils in your body, a type of white blood cell produced by bone marrow that helps the body fight parasitic infections, prevents blood clotting, and mediates allergic reactions. Low basophil levels may be due to an allergic reaction. In some cases, a high basophil level can result from certain blood cancers, autoimmune disease, or other conditions.

"2"
"Reference Interval: Not Estab., Unit: %"
"Acceptable Range Neutrophils (Absolute)"

Quantifies the number of neutrophils, the type of white blood cells that destroy bacteria and fungi and protect the body from infections. Increased levels of neutrophils may be the result of many conditions, including an immune response to infection, injury, inflammation, certain medications, or bone marrow disorder.

Low
≤ 1.1 10*3/uL
Moderately Low
1.2-1.3 10*3/uL
Normal
1.4-7.0 10*3/uL
"1.6"
Moderately High
7.1-9.9 10*3/uL
High

≥ 10.0 10*3/uL
"Acceptable Range Lymphs (Absolute)"

Quantifies the number of lymphocytes, the white blood cells that are vital to producing antibodies and helping the body fight against bacteria, viruses and other threats. High lymphocyte levels may indicate an infection, inflammatory condition, or bone marrow disorder, among other causes. Many disorders can decrease the number of lymphocytes in the blood, but viral infections and undernutrition/malnutrition are the most common.

Low
≤ 0.4 10*3/uL
Moderately Low
0.5-0.6 10*3/uL
Normal
0.7-3.1 10*3/uL
"1.0"
Moderately High
3.2-4.9 10*3/uL
High

≥ 5.0 10*3/uL
"Acceptable Range Monocytes(Absolute)"
Quantifies the number of monocytes, the type of white blood cells responsible for breaking down germs or bacteria that enter the body. High levels of monocytes may indicate chronic infection, a blood disorder, inflammation, or other medical conditions.
Low
≤ 0.0 10*3/uL
Normal
0.1-0.9 10*3/uL
"0.2"

Moderately High
1.0-1.1 10*3/uL

High
≥ 1.2 10*3/uL
"Acceptable Range Eos (Absolute)"
Quantifies the number of eosinophils in the body, a type of disease-fighting white blood cell. Usually, blood doesn't have a large number of eosinophils. The body may produce more of them in response to parasitic and fungal infections, allergic reactions, or other health problems.
Normal
≤ 0.4 10*3/uL
"0.3"
Moderately High
0.5-1.0 10*3/uL
High

≥ 1.1 10*3/uL
"Acceptable Range Baso (Absolute)"

Quantifies the number of basophils in your body, a type of white blood cell produced by bone marrow that helps the body fight parasitic infections, prevents blood clotting, and mediates allergic reactions. Low basophil levels may be due to an allergic reaction. In some cases, a high basophil level can result from certain blood cancers, autoimmune disease, or other conditions.

Normal
≤ 0.2 10*3/uL
"0.1"
Moderately High
0.3-0.4 10*3/uL
High
≥ 0.5 10*3/uL
"Immature Granulocytes"
Measures the percent of white blood cells in an early stage of development which are not usually present in significant amounts in the blood. The presence of immature cells may be due to a variety of causes.
"0"

"Reference Interval: Not Estab., Unit: %"
"Acceptable Range Immature Grans (Abs)"
Normal
≤ 0.1 10*3/uL
"0.0"
Moderately High
0.2 10*3/uL
High
≥ 0.3 10*3/uL

CMP14+eGFR • Iron and TIBC • C-Reactive Protein, Cardiac • Erythrocyte Sedimentation Rate • Copper, Serum or Plasma • Zinc, Plasma or Serum • Ferritin C ASCHTGEN / Seattle Integrative Oncology 09/29/2026 View chevron_right

"Result Details" [level=2]

"Patient: Yvonne Franklin"
"Service Date: 09/29/2026"
"Order From: C ASCHTGEN, Seattle Integrative Oncology"
"Report Date: 10/03/2026"
Only Show Out-of-Range Results
"download Download Official Report":
text: Download Official Report
"CMP14+eGFR"
text: Trend Results
"warning High Glucose"

The primary type of sugar found in your blood. Glucose measures your blood sugar at a specific point in time, when your blood was collected. High levels of glucose may be a sign of pre-diabetes, diabetes, or other conditions.
Low
≤ 59 mg/dL
Moderately Low
60-69 mg/dL
Normal
70-99 mg/dL
Moderately High
100-125 mg/dL
High

≥ 126 mg/dL
"127"
"Acceptable Range BUN"
Blood Urea Nitrogen (BUN) is a protein waste product removed from the blood by the kidneys. High levels may be a sign that your kidneys are not working properly. They may also be a sign of dehydration, or other conditions. Low levels may be a sign of poor nutrition, or other conditions.
Low
≤ 5 mg/dL
Normal
6-24 mg/dL
"15"
Moderately High

25-40 mg/dL
High
≥ 41 mg/dL
"Acceptable Range Creatinine"
A muscle-produced waste product filtered out by the kidneys. High levels may be a sign that your kidneys are not working properly, which can be caused by a number of conditions. Low levels may indicate decreased muscle mass or other conditions.
Low
≤ 0.56 mg/dL
Normal
0.57-1.00 mg/dL
"0.63"

High
≥ 1.01 mg/dL
"Acceptable Range eGFR"
Estimated Glomerular Filtration Rate (eGFR) is a calculation (factored from your serum creatinine level, age, and gender) used to determine your level of kidney function; the higher your eGFR number, the better your kidneys are working; low results may be a sign of kidney disease.
Kidney Failure
≤ 14 mL/min/1.73m2
Severely Decreased
15-29 mL/min/1.73m2
Moderately Decreased
30-44 mL/min/1.73m2

Mildly Decreased
45-59 mL/min/1.73m2
Normal
≥ 60 mL/min/1.73m2
"110"
"warning High BUN/Creatinine Ratio"

A comparison of BUN levels to creatinine levels, two waste products filtered by the kidneys. An increased ratio may be due to acute kidney disorders, dehydration, increased protein intake, gastrointestinal bleeding, and other causes. A low ratio can be seen in liver disease, pregnancy, poor nutrition, and other conditions.

Low
≤ 8
Normal
9-23
Moderately High
24-27
"24"
High
≥ 28
"Acceptable Range Sodium"

An electrically charged mineral (electrolyte) necessary for healthy muscle and nerve function that also helps maintain fluid balance. An abnormal sodium result most likely reflects abnormalities of water balance in the body that may have a number of causes.
Low
≤ 131 mmol/L
Moderately Low
132-133 mmol/L
Normal
134-144 mmol/L
"137"
Moderately High
145-147 mmol/L

High
≥ 148 mmol/L
"Acceptable Range Potassium"

An electrically charged mineral (electrolyte) vital to a cell's ability to take in nutrients and remove waste; it is also essential for muscle function and regulating fluid balance. High levels may reflect kidney disease, adverse effects of certain medications, or excessive potassium intake, among other conditions. Low levels may be due to diuretic use, poor nutrition, or gastrointestinal disorders, among other causes.

Low
≤ 3.2 mmol/L
Moderately Low
3.3-3.4 mmol/L
Normal
3.5-5.2 mmol/L
"4.0"
Moderately High
5.3-5.4 mmol/L
High

≥ 5.5 mmol/L
"Acceptable Range Chloride"
An electrically charged mineral (electrolyte) that helps regulate fluid and acid-base balance within the body. An abnormal result most likely reflects abnormalities of water balance in the body or an acid-base imbalance, which can be caused by a variety of conditions.
Low
≤ 91 mmol/L
Moderately Low
92-95 mmol/L
Normal
96-106 mmol/L
"99"

Moderately High
107-110 mmol/L
High
≥ 111 mmol/L
"Acceptable Range Carbon Dioxide, Total"
A waste product created by the body's metabolism that helps maintain the body's acid-base balance (pH) in the form of the electrolyte bicarbonate. Abnormal values may reflect an acid-base imbalance, which can be caused by a variety of conditions.
Low
≤ 17 mmol/L
Moderately Low
18-19 mmol/L

Normal
20-29 mmol/L
"25"
Moderately High
30-33 mmol/L
High
≥ 34 mmol/L
"Acceptable Range Calcium"
A mineral essential to bone and muscle health. Abnormal values may be a sign of parathyroid disease, vitamin D

abnormalities, certain medications, and other causes.
Low

≤ 8.4 mg/dL
Moderately Low
8.5-8.6 mg/dL
Normal
8.7-10.2 mg/dL
"8.9"
Moderately High
10.3-10.5 mg/dL
High
≥ 10.6 mg/dL

"Acceptable Range Protein, Total"
Total protein is the total amount of proteins (including albumin and globulin) found in the blood that helps determine overall nutritional status.
Low
≤ 5.4 g/dL
Moderately Low
5.5-5.9 g/dL
Normal
6.0-8.5 g/dL
"7.1"
Moderately High

8.6-9.2 g/dL
High
≥ 9.3 g/dL
"Acceptable Range Albumin"

Albumin is the main protein that circulates in the blood, which provides tissue nourishment, carries substances (such as hormones and drugs) in the blood and helps keep fluids within the blood vessels. Low levels may be a sign of malnutrition, or a disease of the liver, thyroid, or kidneys, among other conditions. Higher than normal levels of albumin may indicate dehydration, among other conditions.

Low
≤ 3.4 g/dL
Moderately Low
3.5-3.8 g/dL
Normal
3.9-4.9 g/dL
"4.7"
Moderately High
5.0-5.2 g/dL
High

≥ 5.3 g/dL
"Acceptable Range Globulin, Total"
A measure of a group of proteins that function to help transport nutrients and help the body fight infections. High levels may be associated with chronic inflammation, while low levels can be a sign of a weakened immune system.
Low
≤ 1.1 g/dL

Moderately Low
1.2-1.4 g/dL
Normal
1.5-4.5 g/dL
"2.4"

Moderately High
4.6-5.3 g/dL
High
≥ 5.4 g/dL
"Acceptable Range Bilirubin, Total"

Total bilirubin is a combination of both processed and unprocessed bilirubin in your body. Bilirubin is a waste product produced by the liver as it breaks down red blood cells. High levels may be a sign of liver or gallbladder disease, or excessive breakdown of red blood cells, among other conditions.

Normal
≤ 1.2 mg/dL
"0.7"
Moderately High
1.3-2.0 mg/dL
High
≥ 2.1 mg/dL
"warning High Alkaline Phosphatase"
Alkaline Phosphatase (ALP) is an enzyme found in the cells of the liver and other tissue. High levels of alkaline phosphatase (ALP) have various potential causes and may be a sign of liver, gallbladder, or bone disease.
Low

≤ 32 IU/L
Moderately Low
33-40 IU/L
Normal
41-116 IU/L
Moderately High
117-139 IU/L
"131"
High
≥ 140 IU/L

"AST (SGOT)"
Aspartate Aminotransferase (AST) is an enzyme found in the cells throughout the body but mostly in the cells of the heart and liver. High aspartate aminotransferase (AST) levels could be a sign of liver damage, among other conditions.
"24"
"Reference Interval: 15-59, Unit: IU/L"
"ALT (SGPT)"
Alanine Aminotransferase (ALT) is an enzyme found mostly in the cells of the liver and kidney. High levels of alanine aminotransferase (ALT) could be a sign of liver damage or infection, among other conditions.
"19"
"Reference Interval: 0-35, Unit: IU/L"
"Iron and TIBC"

text: Trend Results

"Acceptable Range Iron Bind.Cap.(TIBC)"
Measures the blood's capacity to bind iron with transferrin, a protein that combines with ferritin to deliver iron to new red blood cells. Low levels may be a sign of iron deficiency, while high levels may indicate iron overload. Either may be caused by various conditions.
Low
≤ 199 ug/dL
Moderately Low
200-249 ug/dL
Normal
250-450 ug/dL
"264"
Moderately High

451-500 ug/dL
High
≥ 501 ug/dL
"Acceptable Range UIBC"

Measures the reserve capacity of transferrin, which is the portion that has not yet been saturated by iron. Transferrin is a protein that transports iron around in the body. Low levels may be a sign of iron deficiency, while high levels may indicate iron overload. Either may be caused by various conditions.

Low
≤ 119 ug/dL
Moderately Low
120-130 ug/dL
Normal
131-425 ug/dL
"213"
Moderately High
426-450 ug/dL
High

≥ 451 ug/dL
"Acceptable Range Iron"

Measures the level of iron, an essential mineral that is an important component of hemoglobin that serves to carry oxygen throughout the body, so that the body can produce energy. Low iron levels may be a sign of iron deficiency, while high levels may indicate iron overload. Either may be caused by various conditions.

Low
≤ 18 ug/dL
Moderately Low
19-26 ug/dL
Normal
27-159 ug/dL
"51"
Moderately High
160-170 ug/dL
High

≥ 171 ug/dL
"Acceptable Range Iron Saturation"

Measures the percentage of iron bound to transferrin, a protein that transports iron around the body, which is calculated by dividing the serum level of iron by total iron binding capacity (TIBC). Low saturation levels may be a sign of iron deficiency, while high levels may indicate iron overload. Either may be caused by various conditions.

Low
≤ 11 %
Moderately Low
12-14 %
Normal
15-55 %
"19"
Moderately High
56-60 %
High

≥ 61 %
"C-Reactive Protein, Cardiac"
text: Trend Results
"Acceptable Range C-Reactive Protein, Cardiac"
- strong:

"This test measures (at high sensitivity) the level of C-reactive protein: a substance made by the liver in response to inflammation, which may indicate the presence of an illness, injury, or infection. Persistently elevated CRP levels are associated with several diseases and conditions, including heart disease, diabetes, rheumatoid arthritis, and cancer."

Low Risk
≤ 0.99 mg/L
Average Risk
1.00-3.00 mg/L
"1.00"
High Risk
≥ 3.01 mg/L
"Erythrocyte Sedimentation Rate"
text: Trend Results
"Erythrocyte Sedimentation Rate"

"13"
"0"
mm/hr
"32"
"Copper, Serum or Plasma"
text: Trend Results
"Copper, Serum or Plasma"
- strong:
"99"
"76"

ug/dL
"142"

"Zinc, Plasma or Serum"
text: Trend Results
"Acceptable Range Zinc, Plasma or Serum"
- strong:

Zinc is an important mineral that helps support your immune system and metabolism. It's found in foods such as red meat, chicken, oysters, beans, lentils, nuts and chickpeas. When you're deficient in zinc, you may experience symptoms like weight loss, loss of appetite, decreased immunity and hair loss.

Low
≤ 43 ug/dL
Normal
44-115 ug/dL
"71"
High
≥ 116 ug/dL
"Ferritin"
text: Trend Results
"Acceptable Range Ferritin"

- strong:
Measures the amount of ferritin in the blood, a red-blood-cell protein that stores iron in your cells. High levels may indicate excessive iron storage or inflammation, among other conditions. Low levels may be a sign of iron deficiency, which can be caused by various conditions.
Low
≤ 11 ng/mL
Moderately Low
12-14 ng/mL
Normal
15-150 ng/mL
"132"
Moderately High

151-180 ng/mL
High
≥ 181 ng/mL

Comp. Metabolic Panel (14) • Iron and TIBC • Vitamin D, 25-Hydroxy • C-Reactive Protein, Cardiac • Erythrocyte Sedimentation Rate • Copper, Serum or Plasma • Zinc, Plasma or Serum • Ferritin C ASCHTGEN / Seattle Integrative Oncology 08/31/2026 View chevron_right

"Result Details" [level=2]

"Patient: Yvonne Franklin"
"Service Date: 08/31/2026"
"Order From: C ASCHTGEN, Seattle Integrative Oncology"
"Report Date: 09/04/2026"
Only Show Out-of-Range Results
"download Download Official Report":
text: Download Official Report
"Comp. Metabolic Panel (14)"
text: Trend Results
"Acceptable Range Glucose"

The primary type of sugar found in your blood. Glucose measures your blood sugar at a specific point in time, when your blood was collected. High levels of glucose may be a sign of pre-diabetes, diabetes, or other conditions.
Low
≤ 59 mg/dL
Moderately Low
60-69 mg/dL
Normal
70-99 mg/dL
"96"
Moderately High
100-125 mg/dL

High
≥ 126 mg/dL
"Acceptable Range BUN"
Blood Urea Nitrogen (BUN) is a protein waste product removed from the blood by the kidneys. High levels may be a sign that your kidneys are not working properly. They may also be a sign of dehydration, or other conditions. Low levels may be a sign of poor nutrition, or other conditions.
Low
≤ 5 mg/dL
Normal
6-24 mg/dL
"11"
Moderately High

25-40 mg/dL
High
≥ 41 mg/dL
"Acceptable Range Creatinine"
A muscle-produced waste product filtered out by the kidneys. High levels may be a sign that your kidneys are not working properly, which can be caused by a number of conditions. Low levels may indicate decreased muscle mass or other conditions.
Low
≤ 0.56 mg/dL
Normal
0.57-1.00 mg/dL
"0.81"

High
≥ 1.01 mg/dL
"Acceptable Range eGFR"
Estimated Glomerular Filtration Rate (eGFR) is a calculation (factored from your serum creatinine level, age, and gender) used to determine your level of kidney function; the higher your eGFR number, the better your kidneys are working; low results may be a sign of kidney disease.
Kidney Failure
≤ 14 mL/min/1.73m2
Severely Decreased
15-29 mL/min/1.73m2
Moderately Decreased
30-44 mL/min/1.73m2

Mildly Decreased
45-59 mL/min/1.73m2
Normal
≥ 60 mL/min/1.73m2
"90"
"Acceptable Range BUN/Creatinine Ratio"

A comparison of BUN levels to creatinine levels, two waste products filtered by the kidneys. An increased ratio may be due to acute kidney disorders, dehydration, increased protein intake, gastrointestinal bleeding, and other causes. A low ratio can be seen in liver disease, pregnancy, poor nutrition, and other conditions.

Low
≤ 8
Normal
9-23
"14"
Moderately High
24-27
High
≥ 28
"Acceptable Range Sodium"

An electrically charged mineral (electrolyte) necessary for healthy muscle and nerve function that also helps maintain fluid balance. An abnormal sodium result most likely reflects abnormalities of water balance in the body that may have a number of causes.
Low
≤ 131 mmol/L
Moderately Low
132-133 mmol/L
Normal
134-144 mmol/L
"139"
Moderately High
145-147 mmol/L

High
≥ 148 mmol/L
"Acceptable Range Potassium"

An electrically charged mineral (electrolyte) vital to a cell's ability to take in nutrients and remove waste; it is also essential for muscle function and regulating fluid balance. High levels may reflect kidney disease, adverse effects of certain medications, or excessive potassium intake, among other conditions. Low levels may be due to diuretic use, poor nutrition, or gastrointestinal disorders, among other causes.

Low
≤ 3.2 mmol/L
Moderately Low
3.3-3.4 mmol/L
Normal
3.5-5.2 mmol/L
"4.1"
Moderately High
5.3-5.4 mmol/L
High

≥ 5.5 mmol/L
"Acceptable Range Chloride"
An electrically charged mineral (electrolyte) that helps regulate fluid and acid-base balance within the body. An abnormal result most likely reflects abnormalities of water balance in the body or an acid-base imbalance, which can be caused by a variety of conditions.
Low
≤ 91 mmol/L
Moderately Low
92-95 mmol/L
Normal
96-106 mmol/L
"103"

Moderately High
107-110 mmol/L
High
≥ 111 mmol/L
"Acceptable Range Carbon Dioxide, Total"
A waste product created by the body's metabolism that helps maintain the body's acid-base balance (pH) in the form of the electrolyte bicarbonate. Abnormal values may reflect an acid-base imbalance, which can be caused by a variety of conditions.
Low
≤ 17 mmol/L
Moderately Low
18-19 mmol/L

Normal
20-29 mmol/L
"23"
Moderately High
30-33 mmol/L
High
≥ 34 mmol/L
"warning Low Calcium"
A mineral essential to bone and muscle health. Abnormal values may be a sign of parathyroid disease, vitamin D

abnormalities, certain medications, and other causes.
Low

≤ 8.4 mg/dL
Moderately Low
8.5-8.6 mg/dL
"8.6"
Normal
8.7-10.2 mg/dL
Moderately High
10.3-10.5 mg/dL
High
≥ 10.6 mg/dL

"Acceptable Range Protein, Total"
Total protein is the total amount of proteins (including albumin and globulin) found in the blood that helps determine overall nutritional status.
Low
≤ 5.4 g/dL
Moderately Low
5.5-5.9 g/dL
Normal
6.0-8.5 g/dL
"6.7"
Moderately High

8.6-9.2 g/dL
High
≥ 9.3 g/dL
"Acceptable Range Albumin"

Albumin is the main protein that circulates in the blood, which provides tissue nourishment, carries substances (such as hormones and drugs) in the blood and helps keep fluids within the blood vessels. Low levels may be a sign of malnutrition, or a disease of the liver, thyroid, or kidneys, among other conditions. Higher than normal levels of albumin may indicate dehydration, among other conditions.

Low
≤ 3.4 g/dL
Moderately Low
3.5-3.8 g/dL
Normal
3.9-4.9 g/dL
"4.3"
Moderately High
5.0-5.2 g/dL
High

≥ 5.3 g/dL
"Acceptable Range Globulin, Total"
A measure of a group of proteins that function to help transport nutrients and help the body fight infections. High levels may be associated with chronic inflammation, while low levels can be a sign of a weakened immune system.
Low
≤ 1.1 g/dL

Moderately Low
1.2-1.4 g/dL
Normal
1.5-4.5 g/dL
"2.4"

Moderately High
4.6-5.3 g/dL
High
≥ 5.4 g/dL
"Acceptable Range Bilirubin, Total"

Total bilirubin is a combination of both processed and unprocessed bilirubin in your body. Bilirubin is a waste product produced by the liver as it breaks down red blood cells. High levels may be a sign of liver or gallbladder disease, or excessive breakdown of red blood cells, among other conditions.

Normal
≤ 1.2 mg/dL
"0.6"
Moderately High
1.3-2.0 mg/dL
High
≥ 2.1 mg/dL
"warning High Alkaline Phosphatase"
Alkaline Phosphatase (ALP) is an enzyme found in the cells of the liver and other tissue. High levels of alkaline phosphatase (ALP) have various potential causes and may be a sign of liver, gallbladder, or bone disease.
Low

≤ 32 IU/L
Moderately Low
33-40 IU/L
Normal
41-116 IU/L
Moderately High
117-139 IU/L
"137"
High
≥ 140 IU/L

"AST (SGOT)"
Aspartate Aminotransferase (AST) is an enzyme found in the cells throughout the body but mostly in the cells of the heart and liver. High aspartate aminotransferase (AST) levels could be a sign of liver damage, among other conditions.
"19"
"Reference Interval: 15-59, Unit: IU/L"
"ALT (SGPT)"
Alanine Aminotransferase (ALT) is an enzyme found mostly in the cells of the liver and kidney. High levels of alanine aminotransferase (ALT) could be a sign of liver damage or infection, among other conditions.
"14"
"Reference Interval: 0-35, Unit: IU/L"
"Iron and TIBC"

text: Trend Results

"Acceptable Range Iron Bind.Cap.(TIBC)"
Measures the blood's capacity to bind iron with transferrin, a protein that combines with ferritin to deliver iron to new red blood cells. Low levels may be a sign of iron deficiency, while high levels may indicate iron overload. Either may be caused by various conditions.
Low
≤ 199 ug/dL
Moderately Low
200-249 ug/dL
Normal
250-450 ug/dL
"256"
Moderately High

451-500 ug/dL
High
≥ 501 ug/dL
"Acceptable Range UIBC"

Measures the reserve capacity of transferrin, which is the portion that has not yet been saturated by iron. Transferrin is a protein that transports iron around in the body. Low levels may be a sign of iron deficiency, while high levels may indicate iron overload. Either may be caused by various conditions.

Low
≤ 119 ug/dL
Moderately Low
120-130 ug/dL
Normal
131-425 ug/dL
"219"
Moderately High
426-450 ug/dL
High

≥ 451 ug/dL
"Acceptable Range Iron"

Measures the level of iron, an essential mineral that is an important component of hemoglobin that serves to carry oxygen throughout the body, so that the body can produce energy. Low iron levels may be a sign of iron deficiency, while high levels may indicate iron overload. Either may be caused by various conditions.

Low
≤ 18 ug/dL
Moderately Low
19-26 ug/dL
Normal
27-159 ug/dL
"37"
Moderately High
160-170 ug/dL
High

≥ 171 ug/dL
"warning Low Iron Saturation"

Measures the percentage of iron bound to transferrin, a protein that transports iron around the body, which is calculated by dividing the serum level of iron by total iron binding capacity (TIBC). Low saturation levels may be a sign of iron deficiency, while high levels may indicate iron overload. Either may be caused by various conditions.

Low
≤ 11 %
Moderately Low
12-14 %
"14"
Normal
15-55 %
Moderately High
56-60 %
High

≥ 61 %
"Vitamin D, 25-Hydroxy"
text: Trend Results
"Acceptable Range Vitamin D, 25-Hydroxy"
- strong:
Vitamin D is a hormone that is produced in your skin in response to sunlight; it is essential to bone and mineral health. 25-hydroxyvitamin D (25-D) is the best measure of how much vitamin D is stored in your body. A prolonged deficiency in Vitamin D can pose health risks.
Deficient
≤ 19.9 ng/mL
Insufficient
20-29.9 ng/mL

Normal
30.0-100.0 ng/mL
"70.3"
High
≥ 100.1 ng/mL
"C-Reactive Protein, Cardiac"
text: Trend Results
"warning High C-Reactive Protein, Cardiac"
- strong:

"This test measures (at high sensitivity) the level of C-reactive protein: a substance made by the liver in response to inflammation, which may indicate the presence of an illness, injury, or infection. Persistently elevated CRP levels are associated with several diseases and conditions, including heart disease, diabetes, rheumatoid arthritis, and cancer."

Low Risk
≤ 0.99 mg/L
Average Risk
1.00-3.00 mg/L
High Risk
≥ 3.01 mg/L
"6.81"

"Erythrocyte Sedimentation Rate"
text: Trend Results
"Erythrocyte Sedimentation Rate"

"25"
"0"
mm/hr
"32"
"Copper, Serum or Plasma"
text: Trend Results
"Copper, Serum or Plasma"
- strong:
"114"
"76"

ug/dL
"142"
"Zinc, Plasma or Serum"
text: Trend Results
"Acceptable Range Zinc, Plasma or Serum"
- strong:

Zinc is an important mineral that helps support your immune system and metabolism. It's found in foods such as red meat, chicken, oysters, beans, lentils, nuts and chickpeas. When you're deficient in zinc, you may experience symptoms like weight loss, loss of appetite, decreased immunity and hair loss.

Low
≤ 43 ug/dL
Normal
44-115 ug/dL
"58"
High
≥ 116 ug/dL
"Ferritin"
text: Trend Results
"warning High Ferritin"

Measures the amount of ferritin in the blood, a red-blood-cell protein that stores iron in your cells. High levels may indicate excessive iron storage or inflammation, among other conditions. Low levels may be a sign of iron deficiency, which can be caused by various conditions.
Low
≤ 11 ng/mL
Moderately Low
12-14 ng/mL
Normal
15-150 ng/mL
Moderately High
151-180 ng/mL
"179"

High
≥ 181 ng/mL

DICOM study inventory

All studies listed in Visage / ZIP files are arranged by study date

“Verified ZIP” means the archive passed the ZIP integrity check and contained readable DICOM metadata. A partial ZIP also contains an empty object. Supplemental ZIPs are companion entries. “Transfer needed” is a missing or unusable export.

DATE	TIME	STUDY	EXPORT STATUS
2026-11-16	11:48	CT C SPINE W CONTRAST	Verified ZIP
2026-11-16	11:38	CT CHEST W CONTRAST	Transfer needed
2026-11-16	11:38	CT ABDOMEN AND PELVIS W CONTRAST	Verified ZIP
2026-11-16	11:38	CT T SPINE W CONTRAST	Verified ZIP
2026-11-16	11:33	CT CHEST W CONTRAST	Supplemental ZIP
2026-11-16	11:16	PET CT MID BODY	Partial ZIP
2026-11-16	—	CT C SPINE W CONTRAST	Supplemental ZIP
2026-11-08	11:39	**MRI L SPINE WO/W CONTRAST**	Verified ZIP
2026-11-08	11:39	MRI T SPINE WO/W CONTRAST	Verified ZIP
2026-11-08	11:39	MRI C SPINE WO/W CONTRAST	Verified ZIP
2026-10-30	13:29	XR T SPINE 2 VW	Verified ZIP
2026-10-30	13:29	XR L SPINE 2-3 VW	Verified ZIP
2026-09-24	18:37	**MRI BRAIN TUMOR/METASTASIS**	Verified ZIP
2026-09-24	18:37	**MRI L SPINE WO/W CONTRAST**	Partial ZIP
2026-09-24	09:21	CT THERAPY PLAN RAD ONC	Verified ZIP
2026-09-16	13:47	NIR ANGIO VERTEBROPLASTY	Partial ZIP
2026-08-28	12:53	XR T SPINE 2 VW	Verified ZIP

DICOM study inventory

All studies listed in Visage / ZIP files are arranged by study date

DATE	TIME	STUDY	EXPORT STATUS
2026-08-28	08:50	CT T-L SPINE W CONTRAST	Partial ZIP
2026-08-16	19:38	CT HEAD W/O CONTRAST	Partial ZIP
2026-08-12	15:45	CTA CHEST PE W CONTRAST	Partial ZIP
2026-07-28	14:22	XR T SPINE 3 VW	Transfer needed
2026-07-27	23:01	MRI C-T-L SPINE WO/W CONTRAST	Transfer needed
2026-07-27	20:00	CTA HEAD AND NECK ANGIO	Transfer needed
2026-07-27	14:52	CT FULL SPINE W CONTRAST	Transfer needed
2026-07-27	12:21	CT THERAPY PLAN RAD ONC	Transfer needed
2026-07-24	11:02	CT SUPERFICIAL BONE BX	Transfer needed
2026-07-22	14:55	POST PROCEDURE DIAG MAMMOGRAPHY LEFT	Transfer needed
2026-07-22	14:13	US GUIDED AXILLARY LYMPH NODE BX RIGHT	Transfer needed
2026-07-22	12:52	US GUIDED BREAST BX LEFT	Transfer needed
2026-07-21	07:22	PET MR F-18 FDG MID BODY	Transfer needed
2026-07-15	08:43	US BREAST LIMITED BILATERAL	Transfer needed
2026-07-15	08:24	MAMMOGRAPHY DIAG W/TOMO BILATERAL	Transfer needed
2026-07-13	09:37	CT ABDOMEN AND PELVIS W CONTRAST	Transfer needed
2026-07-13	09:37	CT CHEST W CONTRAST	Transfer needed

DICOM study inventory

All studies listed in Visage / ZIP files are arranged by study date

DATE	TIME	STUDY	EXPORT STATUS
2026-07-01	08:16	MRI T SPINE W/O CONTRAST	Transfer needed
2025-04-10	09:23	US BREAST LIMITED LEFT - IMAGING STORAGE	Transfer needed
2025-04-10	08:32	MAMMOGRAPHY DIAG W/TOMO BILATERAL - IMAGING STORAGE	Transfer needed
2022-05-09	08:56	US BREAST LIMITED LEFT - IMAGING STORAGE	Transfer needed
2021-12-29	10:31	US BREAST LIMITED BILATERAL - IMAGING STORAGE	Transfer needed
2021-12-29	09:16	MAMMOGRAPHY DIAG W/TOMO BILATERAL - IMAGING STORAGE	Transfer needed
2021-06-07	09:36	US BREAST LIMITED LEFT - IMAGING STORAGE	Transfer needed
2020-10-08	13:43	US BREAST LIMITED LEFT - IMAGING STORAGE	Transfer needed
2020-10-08	13:21	MAMMOGRAPHY DIAG W/TOMO LEFT - IMAGING STORAGE	Transfer needed
2020-10-03	13:22	MAMMOGRAPHY SCREEN W/TOMO BILATERAL - IMAGING STORAGE	Transfer needed

The May 11 Overlake spine X-rays have written reports in this PDF. The UW viewer inventory does not list their original images.