

# Blood Viscosity Profile

<b>Accession Number:</b> 1501	<b>Age:</b> 65	<b>Date Collected:</b> 11/1/2011	<b>Date Run:</b> 5/29/2015
<b>Patient Name:</b> John Doe	<b>Sex:</b> M	<b>Date Received:</b> 11/2/2011	<b>ReportDate:</b> 5/29/2015
<b>OutsidePatientID:</b>	<b>DOB:</b>	<b>Doctor ID:</b> 6055	<b>Tech:</b> MM
<b>Doctor Name:</b> Sample Reports	<b>Height:</b> 6ft 0in	<b>FaxNumber:</b> (201) 288-4157	
<b>Weight:</b> 200 lb	<b>Phlebotomy Vol:</b> 260.27 mL/month		
<b>Comments:</b>			

## Blood Viscosity Test Results

Test	Out of range	Results	Reference Range	Units
Systolic	High	50.8	30 - 44	mP
Diastolic	High	158.3	74 - 126	mP

## CBC Test Results

Test	Out of range	Results	Reference Range	Units	Quest
White Blood Cells		5	3.8 - 10.8	K/ $\mu$ L	
Red Blood Cells		5.56	4.2 - 5.8	M/ $\mu$ L	
Hemoglobin		16.2	13.2 - 17.1	g/dl	
Hematocrit	High	50.9	38.5 - 50	%	
MCV		91.5	80 - 100	fL	
MCH		29.2	27 - 33	pg	
MCHC	Low	31.9	32 - 36	g/dl	
RDW		13.3	11 - 15	%	
Platelets		298	140 - 400	K/ $\mu$ L	
BUN		19	7 - 25	mg/d	
Creatinine		1.03	0.7 - 1.25	mg/d	

## Blood Viscosity Results Interpretation

Systolic Result	Diastolic Result	Comments/Investigations	Potential Interventions
50	150	Check LDL, Tg, glucose Check Hct for mild-moderate erythrocytosis	Therapeutic phlebotomy per phlebotomy algorithm Nattokinase supplementation; hydration
44	126	Check LDL, Tg, glucose Check Hct for mild-moderate erythrocytosis	Hydration; nattokinase supplementation Determine if patient is eligible for phlebotomy
42	111		Hydration; natokinase supplementation Determine if patient is eligible for phlebotomy
37	89		
30	74	Check Hct/Hg for anemia Check medications	Dietary changes or medications for anemia correction Dosage changes or stop administering medication(s)

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## CBC Differential Results

Test	Out of range	Results	Reference Range	Units
Neutrophils		67.3		
Lymphocytes		22.6		
Monocytes		7.9		
Eosinophils		1.5		
Basophils		0.7		
Neutrophils, Absolute		3365	1500 - 7800	cells/ $\mu$
Lymphocytes, Absolute		1130	850 - 3900	cells/ $\mu$
Monocytes, Absolute		395	200 - 950	cells/ $\mu$
Eosinophils, Absolute		75	15 - 500	cells/ $\mu$
Basophils, Absolute		35	0 - 200	cells/ $\mu$

## Guidelines

### Hydration Guidelines

For all patients with blood viscosity levels above the optimum health range (systolic viscosity greater than 41 or diastolic viscosity greater than 110), therapeutic oral hydration is recommended. Hydrate one-half (1/2) of the patient's body weight in ounces daily, e.g., 100 oz of water daily for a 200 lb patient. Mineral supplementation and increases in hydration volume based on activity and humidity/temperature are discretionary for the clinician.

### Nattokinase Guidelines

For patients having hyperviscosity (i.e., greater than reference range values--systolic viscosity greater than 44 or diastolic viscosity greater than 126), administer 50 mg of nattokinase (or 1,000 fibrinolytic degradation units) three times daily with food, in addition to oral hydration as above. For patients who are also diagnosed with atrial fibrillation or having an artificial heart valve, dose 50 mg of nattokinase four times daily. Use nattokinase having activity of 20,000 fibrinolytic degradation units per gram. Nattokinase is contraindicated for patients with hemophilia. No contraindications with medications.

### Phlebotomy Guidelines

Balance and stabilize electrolyte levels (sodium, potassium) prior to administering any phlebotomy or IV hemodilution. Blood Viscosity Profile with patient's height, weight, and gender are required to determine the recommended phlebotomy volume for patients with hyperviscosity (i.e., greater than reference range values--systolic viscosity greater than 44 or diastolic viscosity greater than 126). Patients requiring less than 100 cc per month in blood volume removal are ineligible for phlebotomy and should be administered nattokinase and hydration as above. Patients requiring 100-250 cc of monthly blood volume removal may be phlebotomized without any pre-hydration by IV saline. In addition, these patients should receive oral hydration and nattokinase as above. Any patient requiring greater than 250 cc of blood volume removal should be hydrated using normal saline IV, in order to attain isovolemic phlebotomy. For isovolemic phlebotomy, administer the same volume of IV saline as the volume of phlebotomy: one-half before and one-half after phlebotomy. For any patient requiring greater than 250 cc monthly phlebotomy, a re-test for viscosity is required after one month prior to the next phlebotomy. These patients should also receive oral hydration and nattokinase as above. Therapeutic phlebotomy greater than 500 cc per month is not recommended for any patient.