Dynacare

115 Midair Court, Brampton, ON L6T 5M3

COLLECTION TIME 1CT
2020/01/09 18:55

LAB NUMBER: 98-11839501
STATUS: REPRINT
SERVICE DATE: 2020/01/09
REPORT DATE: 2020/01/10

PATIENT
SAMPLE,REPORT

ONTARIO

HEALTH NUMBER: 0000000001
DATE OF BIRTH: 1985/03/10
SEX: F
AGE: 34 Y
CHART:

CLIENT
GAMMA DYNACARE CLINICAL
CENTRAL BUILDING
MAIN FLR-115 MIDAIR CRT
BRAMPTON, ON 1CT
L6T 5M3 000
999
PHONE: 905-790-3515

Comments:

| CODES | TEST DESCRIPTION | RESULTS | REFERENCE RANGE | OUTSIDE NORMAL LIMITS |
|---|---|---|---|---|
| | **C H E M I S T R Y** | | | |
| | GLUCOSE SERUM FASTING | 5.1 | mmol/L | |
| | | 3.6 - 6.0 NORMAL FASTING GLUCOSE | | |
| | | 6.1 - 6.9 IMPAIRED FASTING GLUCOSE | | |
| | | >6.9 PROVISIONAL DIAGNOSIS OF DIABETES MELLITUS | | |
| | CREATININE | 85. | 55 - 100 umol/L | |
| | eGFR | 77. | >=60. mL/min/1.73m**2 | |
| | eGFR is calculated using the CKD-EPI 2009 equation. | | | |
| | Consistent with mildly decreased kidney function. However, in the absence of other evidence of kidney disease, eGFR values in this range do not fulfill the KDIGO criteria for chronic kidney disease. Interpret results in concert with ACR measurement. | | | |
| | For patients of African descent, the reported eGFR must be multiplied by 1.15. | | | |
| | URATE | 350. | 149 - 422 umol/L | |
| | CHOLESTEROL | 4.95 | DESIRED: < 5.20 mmol/L | |
| | TRIGLYCERIDES | 1.55 | < 1.70 mmol/L | |
| | HDL CHOLESTEROL | 1.25 | F: >=1.30 mmol/L | 1.25 |
| | LDL CHOLESTEROL CALC. | 2.99 | mmol/L | |

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KZEERD

Laboratory Report Result Inquiry
800.565.5721

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| | NON-HDL-CHOLESTEROL(CALC | 3.70 | mmol/L | |

Non HDL-cholesterol is calculated from total cholesterol and HDL-cholesterol and is not affected by the fasting status of the patient.

Treatment thresholds and targets based on 2016 CCS guidelines:

| Category | Consider initiating therapy if | Treatment target |
|---|---|---|
| Primary prevention | High FRS (>=20%); or Intermediate FRS (10-19%) and: LDL-C >=3.5 mmol/L, or non-HDL-C >=4.30 mmol/L, or ApoB >=1.20 g/L, or men >=50 and women >=60 y with >=1 additional CVD risk factor | LDL-C <2.00 mmol/L or >50% decrease; or ApoB <0.80 g/L; or non-HDL-C <2.60 mmol/L |
| Statin indicated conditions | Clinical atherosclerosis*; abdominal aortic aneurysm; diabetes mellitus (DM) and age >=40 y or >=30 y with 15 years duration (DM1); DM with microvascular disease; chronic kidney disease (age >=50 years) | LDL-C <2.00 mmol/L or >50% decrease; or ApoB <0.80 g/L; or non-HDL-C <2.60 mmol/L |
| Low-risk | LDL-C >=5.00 mmol/L | LDL-C >50% decrease |

*Consider target of LDL-C <1.8 mmol/L for subjects with ACS <=3 months.

TC/HDL-C RATIO 4.0

HIGH SENSITIVITY CRP 1.2 mg/L

| hs-CRP Value | Risk of cardiovascular event |
|---|---|
| < 1.0 mg/L | Low risk |
| 1.0-3.0 mg/L | Average risk |
| > 3.0 mg/L | High risk |

Note: hs-CRP values > 10 mg/L may be due to acute inflammation.

In intermediate CVD risk subjects, hsCRP >=2.0 mg/L may warrant further investigation.
Refer to Can J Cardiol 32 (2016) 1268.

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| | VITAMIN B12 | 200. | | pmol/L | 200. |
| | | DEFICIENCY: | < 148 | pmol/L | |
| | | INSUFFICIENCY: | 148 - 220 | pmol/L | |
| | | SUFFICIENCY: | > 220 | pmol/L | |
| | | 60% OF SYMPTOMATIC PATIENTS HAVE A HEMATOLOGIC OR NEUROLOGIC RESPONSE TO B12 SUPPLEMENTATION AT A LEVEL <148 pmol/L | | | |
| | FERRITIN | 85. | 12 - 109 | ug/L | |
| | ALT | 25. | <36 | U/L | |
| | TSH | 1.15 | 0.35 - 5.00 | mIU/L | |
| | T4 FREE | 15. | 12 - 22 | pmol/L | |
| | FREE T3 | 4.2 | 3.4 - 5.9 | pmol/L | |
| | HEMOGLOBIN A1c | 5.7 | | % | |
| | | NON-DIABETIC: | < 6.0 | % | |
| | | PREDIABETES: | 6.0 - 6.4 | % | |
| | | DIABETIC: | > 6.4 | % | |
| | | OPTIMAL CONTROL: | < 7.0 | % | |
| | | SUB-OPTIMAL CONTROL: | 7.0 - 8.4 | % | |
| | | INADEQUATE CONTROL: | > 8.4 | % | |
| | CORTISOL FASTING | 175. | 130 - 540 | nmol/L | |
| | DHEAS | 6.10 | 2.68 - 9.23 | umol/L | |
| | TESTOSTERONE | 0.9 | F: < 2.0 | nmol/L | |
| | PROGESTERONE | 7.5 | | nmol/L | |
| | | Follicular: | < 3.7 | | |
| | | Ovulatory: | < 57.2 | | |
| | | Luteal: | 3.4 - 83.6 | | |
| | | Post-menopausal: | < 0.7 | | |
| | ESTRADIOL | 110. | | pmol/L | |
| | | Follicular: | 45 - 854 | | |
| | | Ovulatory: | 151 - 1461 | | |
| | | Luteal: | 82 - 1251 | | |
| | | Post-menopausal: | < 202 | | |
| | | H E M A T O L O G Y | | | |
| | | --- | | | |
| | HEMOGLOBIN | 111. | 110 - 147 | g/L | |
| | HEMATOCRIT | 0.35 | 0.33 - 0.44 | l/l | |
| | RBC | 3.92 | 3.8 - 5.2 | x 10E12/L | |
| | RBC INDICES: MCV | 89. | 76 - 98 | fl | |

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| | . MCH | 28. | | 24 - 33 pg | |
| | . MCHC | 318. | | 313 - 344 g/L | |
| | RDW | 19. | | 12.5 - 17.3 | 19. |
| | WBC | 7.0 | | 3.2 - 9.4 x 10E9/L | |
| | E.S.R. | 10. | F: | 0 - 20 mm/hr | |
| | PLATELETS | 220. | | 155 - 372 x 10E9/L | |
| | MPV | 9.7 | | 4.0 - 14.0 fl | |
| | DIFFERENTIAL WBC'S : | | | | |
| | NEUTROPHILS | 5.3 | | 1.4 -6.3 x10E9/L | |
| | LYMPHOCYTES | 1.3 | | 1.0 -2.9 x10E9/L | |
| | MONOCYTES | 0.3 | | 0.2 -0.8 x10E9/L | |
| | EOSINOPHILS | 0.1 | | 0.0 -0.5 x10E9/L | |
| | BASOPHILS | 0.00 | | 0.00-0.09x10E9/L | |
| | SMEAR: | | | | |
| | PLATELETS: PLATELET MORPHOLOGY NORMAL | | | | |
| | RBC'S: ANISOCYTOSIS - SLIGHT | | | | |
| | POLYCHROMASIA - MILD | | | | |
| | WBC'S: WBC MORPHOLOGY NORMAL | | | | |

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| | | C H E M I S T R Y | | |
| 07 | 25 HYDROXY VITAMIN D | 150. | DEFICIENCY: < 25 nmol/L<br>INSUFFICIENCY: 25 - 75 nmol/L<br>SUFFICIENCY: 76 - 250 nmol/L<br>TOXICITY: > 250 nmol/L | |

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