

Patient: THACKWRAY, JENNIFER LYNNE

Lab No: 2022-9A6940056



Age: 56 years Gender: F

Reference #:

Date of Birth: Jun 29 1965

Patient ID: 20229A6940056

HC #: 8265110455

Referring Site ID:

Patient's Phone: (226) 979-2005

Date of Service: Apr 04 2022 08:35

Address: 100 International Blvd.  
Toronto, Ontario  
Canada M9W 6J6

Ordered by: J.KIZIOR-HAJDUK DR. ANNA

Reported on: Apr 05 2022 17:42

Telephone: (877) 849-3637

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Fax: (905) 795-9891

Test	Flag	Result	Reference Range - Units	Lab Lic. #
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**Hematology**

#5407

WBC		4.4	4.0 - 11.0	x E9/L
RBC		4.52	4.00 - 5.10	x E12/L
Hemoglobin		144	120 - 160	g/L
Hematocrit		0.425	0.350 - 0.450	L/L
MCV		94	80 - 100	fL
MCH		31.9	27.5 - 33.0	pg
MCHC		339	305 - 360	g/L
RDW		12.7	11.5 - 14.5	%
Platelet Count		231	150 - 400	x E9/L

**Differential**

Neutrophils		2.8	2.0 - 7.5	x E9/L
Lymphocytes		1.0	1.0 - 3.5	x E9/L
Monocytes		0.5	0.2 - 1.0	x E9/L
Eosinophils		0.1	0.0 - 0.5	x E9/L
Basophils		0.0	0.0 - 0.2	x E9/L
Immature Granulocytes		0.0	0.0 - 0.1	x E9/L
Nucleated RBC		0		/100 WBC

**Urinalysis**

**Urinalysis Chemical**

Collection Date	04-APR-2022		
Collection Time	13:35		
Appearance	CLEAR	Clear	
Colour	YELLOW	Yellow	
Specific Gravity	<=1.005		
	Low specific gravity indicates dilute urine. Suggest repeat testing with first morning urine if clinically indicated.		
pH	6.5	5.0 - 8.0	
Protein	NEGATIVE	Negative	g/L
Glucose	NEGATIVE	Negative	mmol/L
Ketones	NEGATIVE	Negative	mmol/L
Blood	NEGATIVE	Negative	RBC/uL
Nitrite	NEGATIVE	Negative	
Leukocytes	NEGATIVE	Negative	WBC/uL

Please see <https://tests.lifelabs.com/Urinalysis/URINALYSIS-CHEMICAL.aspx?s=1> for alternative reporting units.

**FINAL RESULTS**

**IMPORTANT:**

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**Note to Health Care Providers:** This report has been printed by the patient.

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**General Chemistry**

Sodium		140	135-145	mmol/L
Potassium		4.8	3.5-5.2	mmol/L
Creatinine		84	50-100	umol/L
Glomerular Filtration Rate (eGFR)		67		

An eGFR from 60-89 ml/min/1.73 m2 is 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.

Effective May 4 2015, eGFR is calculated using the CKD-EPI 2009 equation.

KDIGO 2012 guidelines highlight the importance of eGFR and urine albumin creatinine ratio (ACR) in screening, diagnosis and management of CKD. Results for eGFR should be interpreted in concert with ACR.

**Lipids**

Hours After Meal		10		Hours
Triglyceride		2.50		mmol/L
Cholesterol		3.61		mmol/L
HDL Cholesterol		0.82		mmol/L

New formulation (24/Sep/2018): In some patients with abnormal liver function, the HDL-c result may be different due to the presence of lipoproteins with abnormal lipid distribution.

Non HDL Cholesterol		2.79		mmol/L
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Non HDL-Cholesterol is not affected by the fasting status of the patient.

LDL Cholesterol (Calculated)		1.65		mmol/L
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LDL-C calculation is decreased if fasting < or = 10 hours. Consider the Non HDL-C value as an alternate lipid target if monitoring treatment in intermediate or high risk patients.

Cholesterol/HDL Cholesterol		4.4		
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Lipid Target Values should be based on patient 10 year CVD risk assessment.

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**Lipids**

! High or Intermediate CVD risk

-----!  
Primary ! LDL-C < or = 2.0 mmol/L OR  
Tx target ! > or = 50% decrease in LDL-C

!  
Alternate ! Non HDL-C < or = 2.6 mmol/L OR  
Tx target ! ApoB < or = 0.8 g/L

-----!  
! Low CVD risk

-----!  
Primary !> or = 50% decrease in LDL-C  
Tx target !

**Random Urine Chemistry**

**Albumin Creatinine Ratio Urine**

Albumin (Urine)		<5	mg/L
Creatinine (Urine)	LO	1.6	2.5-20.0 mmol/L
Albumin/Creatinine		Unable to calculate Albumin/Creatinine Ratio as the concentration of the Albumin is less than the lower limit of the analytical range of the method.	

**Microbiology**

**Urine Culture**

Specimen Source	MIDSTREAM URINE
Collection Date	04-APR-2022
Collection Time	08:35
Culture Status	Final
Culture Report	Urine Culture Mixed growth of doubtful significance.

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