

Patient: FISKER, JULIA KARINA

Lab No: 2021-YV3220086



Age: 48 years Gender: F

Reference #:

Date of Birth: Aug 05 1973

Patient ID: 2021YV3220086

HC #: 9252554358

Referring Site ID:

Patient's Phone: (416) 998-8934

Date of Service: Nov 18 2021 08:30

Reported on: Nov 25 2021 14:10

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

Telephone: (877) 849-3637

Toll Free: (877) 849-3637

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Ordered by: SOUCY DR. E.

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Hematology

#5407

WBC		7.1	4.0 - 11.0	x E9/L
RBC		4.01	4.00 - 5.10	x E12/L
Hemoglobin		126	120 - 160	g/L
Hematocrit		0.377	0.350 - 0.450	L/L
MCV		94	80 - 100	fL
MCH		31.4	27.5 - 33.0	pg
MCHC		334	305 - 360	g/L
RDW		12.1	11.5 - 14.5	%
Platelet Count		304	150 - 400	x E9/L

Differential

Neutrophils		3.7	2.0 - 7.5	x E9/L
Lymphocytes		2.4	1.0 - 3.5	x E9/L
Monocytes		0.7	0.2 - 1.0	x E9/L
Eosinophils		0.2	0.0 - 0.5	x E9/L
Basophils		0.1	0.0 - 0.2	x E9/L
Immature Granulocytes		0.0	0.0 - 0.1	x E9/L
Nucleated RBC		0		/100 WBC

Erythrocyte Sedimentation Rate 24 2 - 30 mm/hr

Biochemical Investigation of Anemias

Vitamin B12	HI	>1476	138-652	pmol/L
Ferritin		174	5-272	ug/L

General Chemistry

Glucose Fasting		4.6	3.6 - 6.0	mmol/L
Creatinine		96	50-100	umol/L
Glomerular Filtration Rate (eGFR)		61		

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.

Lab -5687: LifeLabs, 100 International Blvd., Toronto, Ontario.
Lab -5407: KENNEDY, 6560 Kennedy Road, Mississauga, Ontario.

FINAL RESULTS

IMPORTANT:

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General Chemistry

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.

Calcium		2.32	2.15-2.60	mmol/L
Albumin		43	35-52	g/L
Calcium Corrected For Total Protein		2.26		mmol/L
Albumin		43	35-52	g/L
Bilirubin Total		4	<20	umol/L
Alkaline Phosphatase	HI	179	35-120	U/L
Alanine Aminotransferase	HI	65	<36	U/L

Muscle Enzymes

Creatine Kinase		61	33-165	U/L
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Thyroid Function

Thyroid Stimulating Hormone [TSH]		1.7	0.32-4.00	mIU/L
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Serum Proteins

C Reactive Protein	HI	15.4	<5.0	mg/L
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Test method: Roche Cobas CRP, suitable for cardiovascular disease assessment and detection of active inflammation.

CRP >=2.0 mg/L is a risk-enhancing factor for cardiovascular disease, as defined in the Guidelines of the American Heart Association and the American College of Cardiology (JACC 2019; 74: e177).

CRP results >=5.0 mg/L may be due to acute inflammation.

Complement Testing

Complement C3		1.54	0.90-1.80	g/L
Complement C4		0.34	0.15-0.53	g/L

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Immunology

#5687

Nuclear Antibody		POSITIVE	NEGATIVE	
Nuclear Antibody Titre	HI	=or>1:640	< 1:80	
Nuclear Antibody Pattern		Speckled pattern		
Nuclear Antibody Interpretatio		<p>Speckled pattern is seen in Sjogren's syndrome, SLE, subacute cutaneous lupus erythematosus, neonatal lupus erythematosus, congenital heart block, dermatomyositis, systemic sclerosis, SSc-autoimmune overlap syndrome, mixed connective tissues disease, and undifferentiated connective tissue disease.</p> <p>Follow up tests may include ENAs, if not already performed.</p>		
Extractable Nuclear Antibody		POSITIVE	Negative	
		<p>The ENA test screens for the presence of antibodies to SS-A, SS-B, RNP, Sm, Scl-70, and Jo-1.</p>		
Jo-1 Extractable Nuclear Antibody		<0.2	<1.0	AI
		<p>Tested by a multiplex flow immunoassay (BioPlex) method.</p> <p>Due to a change in manufacturer raw material, there may be a decrease in Jo-1 positive results. If a negative Jo-1 result does not correlate with clinical picture, please consider following up with ANA testing, if not already ordered.</p>		
Ribonucleoprotein Extractable Nuclear Antibody		0.7	<1.0	AI
		<p>Anti-RNP and anti-Sm antibodies are negative but anti-SmRNP antibodies are positive. The isolated presence of anti-SmRNP is a non-specific finding but is associated with an increased probability of SLE, or MCTD, or Sjogren's Syndrome.</p>		
SCL-70 Extractable Nuclear Antibody		<0.2	<1.0	AI
Smith Extractable Nuclear Antigen		<0.2	<1.0	AI
Sjogrens Syndrome-A Extractable Nuclear Antibody		<0.2	<1.0	AI
Sjogrens Syndrome-B Extractable Nuclear Antibody		<0.2	<1.0	AI
DNA Double Strand Antibody		<1	<5	IU/mL
		NEGATIVE		

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30% of SLE patients do not have antibodies to dsDNA.

Antibodies to native dsDNA are found in 60% of patients with SLE, and are highly specific for this condition. The antibody titre fluctuates with SLE disease activity(especially renal disease).

Tested by a multiplex flow immunoassay (BioPlex) method.

Bone Markers

25-Hydroxyvitamin D

130 75 - 250 nmol/L
Season, race and dietary intake affect 25-Hydroxy Vitamin D levels. Highest levels are found in the summer months and lowest levels during the winter.

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