

Patient: **SOARES, CIDALIA MARIA**

Lab No: **2021-ES1720642**

Age: 48 years Gender: F

Reference #:

Date of Birth: Jul 16 1972

Patient ID:

HC #: **6333827472**

Referring Site ID:

Patient's Phone: (416) 821-2900

Date of Service: Jun 21 2021 10:46

Ordered by: **KHAN DR. SAADIA**

Reported on: Jun 21 2021 20:47

Copy To:



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

Telephone: (877) 849-3637

Toll Free: (877) 849-3637

Fax: (905) 795-9891

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

#5407

WBC		4.1	4.0 - 11.0	x E9/L
RBC		4.48	4.00 - 5.10	x E12/L
Hemoglobin		136	120 - 160	g/L
Hematocrit		0.403	0.350 - 0.450	L/L
MCV		90	80 - 100	fL
MCH		30.4	27.5 - 33.0	pg
MCHC		337	305 - 360	g/L
RDW		11.8	11.5 - 14.5	%
Platelet Count		220	150 - 400	x E9/L

Differential

Neutrophils		2.3	2.0 - 7.5	x E9/L
Lymphocytes		1.1	1.0 - 3.5	x E9/L
Monocytes		0.4	0.2 - 1.0	x E9/L
Eosinophils		0.2	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

Biochemical Investigation of Anemias

Vitamin B12	HI	998	138-652	pmol/L
Ferritin		63	5-272	ug/L

Urinalysis

Urinalysis Chemical

Collection Date		21-JUN-2021		
Collection Time		10:46		
Colour		YELLOW	NONE/YELLOW	
Appearance		SLIGHTLY CLOUDY		
Specific Gravity		1.014	1.001 - 1.030	
pH		6.0	5.0 - 8.0	
Protein		NEGATIVE	NEGATIVE	g/L
Glucose		NEGATIVE	NEGATIVE	mmol/L
Ketones	HI	0.5	NEGATIVE	mmol/L
Erythrocytes	HI	0.3	NEGATIVE	mg/L
Borderline result for predicting hematuria (based on LifeLabs internal microscopy comparison study, 2019). Repeat if clinically indicated.				
Nitrite		NEGATIVE	NEGATIVE	
Leukocyte Esterase		NEGATIVE	NEGATIVE	WBC/uL

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General Chemistry				
Hemoglobin A1C/Total Hemoglobin		4.7	<6.0 % Diabetes Canada 2018 Guidelines: ----- Screening and Diagnosis: < 5.5 % Normal 5.5% - 5.9 % At risk 6.0% - 6.4 % Prediabetes >OR= 6.5 % Diabetes Mellitus If HbA1c >OR= 6.5 % and asymptomatic, confirm using Fasting Glucose, HbA1c or 75g OGTT. ----- Monitoring: <OR= 7.0 % Target in adults without comorbidities. Other targets may be more appropriate in children, elderly and patients with comorbidities. ----- Results may not accurately reflect mean blood glucose in patients with hemoglobin variants, disorders associated with abnormal erythrocyte turnover, severe renal and liver disorders.	
Thyroid Function				
Thyroxine Free [Free T4]		11	9-19 pmol/L	
Pituitary Function				
Follicle Stimulating Hormone [FSH]		39.7	IU/L	
		Follitropin (FSH) female reference intervals ----- Follicular: 3.0-8.0 IU/L Mid-cycle: 3.0-22.0 IU/L Luteal: 1.5-5.5 IU/L Post-menopausal: 27.0-133.0 IU/L		
Luteinizing Hormone [LH]		23.7	IU/L	
		Lutropin (LH) female reference intervals ----- Follicular: 2.0-12.0 IU/L Mid-cycle: 8.0-90.0 IU/L Luteal: 1.0-14.0 IU/L Post-menopausal: 5.0-62.0 IU/L		
Prolactin		7.5	5.0-27.0 ug/L	
Reproductive and Gonadal				
Estradiol		<40	pmol/L	
		Test repeated and results confirmed. Estradiol adult female reference intervals ----- Follicular: 77-921 pmol/L		

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Reproductive and Gonadal

Mid-cycle: 139-2382 pmol/L
Luteal: 77-1145 pmol/L
Post-menopausal: <103 pmol/L

NOTE: Fulvestrant has been shown to interfere with estradiol testing by this direct immunoassay. Results for patients taking this medication may be falsely elevated to a clinically-significant degree.

Some steroidal aromatase inhibitors are structurally related to estradiol and may interfere with some direct immunoassays.

Dehydroepiandrosterone [DHEA-S]
Testosterone Free

1.8 < 6.7 umol/L
7 < 30 pmol/L

Interpret free testosterone results with caution in presence of significant hypoalbuminemia.

Test method: calculation (Vermeulen A. et al, J Clin Endocrinol Metab 84:3666-3672, 1999)

#5687

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Ordered by: **BERNSTEIN DR. S.K.**

Copy To: **KHAN DR. SAADIA, BERNSTEIN DR. S.K.**

Lab No: **2021-ES1720631**

Reference #:

Patient ID:

Referring Site ID:

Date of Service: Jun 21 2021 10:44

Reported on: Jun 21 2021 18:29



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Hematology

WBC	LO	3.9	4.0 - 11.0	x E9/L
RBC		4.53	4.00 - 5.10	x E12/L
Hemoglobin		135	120 - 160	g/L
Hematocrit		0.413	0.350 - 0.450	L/L
MCV		91	80 - 100	fL
MCH		29.8	27.5 - 33.0	pg
MCHC		327	305 - 360	g/L
RDW		12.1	11.5 - 14.5	%
Platelet Count		208	150 - 400	x E9/L

Differential

Neutrophils		2.2	2.0 - 7.5	x E9/L
Lymphocytes		1.2	1.0 - 3.5	x E9/L
Monocytes		0.4	0.2 - 1.0	x E9/L
Eosinophils		0.2	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

Morphology

WBC Morphology	NORMAL
RBC Morphology	NORMAL
Platelet Morphology	NORMAL

General Chemistry

Glucose Fasting	5.1	3.6 - 6.0	mmol/L
Sodium	142	135-145	mmol/L
Potassium	4.3	3.5-5.2	mmol/L
Creatinine	59	50-100	umol/L
Glomerular Filtration Rate (eGFR)	104		

Normal eGFR is described as greater than or equal to 90 ml/min/1.73 m².

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.

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General Chemistry

Results for eGFR should be interpreted in concert with ACR.

Calcium		2.36	2.15-2.60	mmol/L
Phosphate		1.31	0.80-1.45	mmol/L
Urate		369	150-390	umol/L
Female Reference Intervals (umol/L)				
>or= 13yrs 150-390				
Postmenopausal 210-450				
Bilirubin Total		7	<20	umol/L
Alkaline Phosphatase		88	35-120	U/L
Alanine Aminotransferase	HI	53	<36	U/L

Lipids

Hours After Meal		12		Hours
Triglyceride		0.76		mmol/L
Cholesterol		4.07		mmol/L
HDL Cholesterol		1.25		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		2.82		mmol/L
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Non HDL-Cholesterol is not affected by the fasting status of the patient.

LDL Cholesterol		2.47		mmol/L
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Consider the non HDL-C value as an alternate lipid target if monitoring treatment in intermediate or high risk patients.

Cholesterol/HDL Cholesterol Lipid Target Values		3.3		
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Lipid Target Values should be based on patient 10 year CVD risk assessment.

! 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 !

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Test	Flag	Result	Reference Range - Units	Lab Lic. #
Thyroid Function				
Thyroid Stimulating Hormone [TSH]		2.41	0.32-4.00	mIU/L

Serum Proteins

C Reactive Protein	HI	7.4	<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.

New method as of April 04, 2021. Results are equivalent and reference cutoff is unchanged.