

115 Midair Court,, , Brampton,, ON. L6T5M3  
TEL: (905) 790-3000 RESULT INQUIRY (905) 790-3030

PATIENT	HEALTH NUMBER	CLIENT
DREW-SMITH, THOMAS	0000000001	DR.G.A.JOHNSON
48 ABERDEEN RD.N. CAMBRIDGE	DATE OF BIRTH	
ONTARIO	03/08/1979	
N1S2X2	SEX	AGE
	M	42
PHONE	CHART	
(000) 000-0000		
COMMENTS		
CAN#: 000992170		

CODES	TEST DESCRIPTION	RESULT	REFERENCE RANGE	ABN
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C H E M I S T R Y

CREATININE	77.	60 - 110	umol/L
eGFR	106.	>=60.	mL/min/1.73m**2

eGFR is calculated using the CKD-EPI 2009 equation.

Normal eGFR.

For patients of African descent, the reported eGFR must be multiplied by 1.15.

PROTEIN	63.	60 - 80	g/L
ALBUMIN	46.	35 - 52	g/L
GLOBULIN	17.	17 - 32	g/L
BILIRUBIN TOTAL	11.	<23	umol/L
CHOLESTEROL	3.73	DESIRED: <	5.20 mmol/L
TRIGLYCERIDES	1.07	<	1.70 mmol/L
HDL CHOLESTEROL	1.13	M: >=1.00	mmol/L
LDL CHOLESTEROL CALC.	2.11		mmol/L
NON-HDL-CHOLESTEROL(CALC	2.60		mmol/L

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

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Treatment thresholds and targets based on 2016 CCS guidelines:

Category	Consider initiating therapy if	Treatment target
Primary prevention	High FRS ( $\geq 20\%$ ); or Intermediate FRS (10-19%) and: LDL-C $\geq 3.5$ mmol/L, or non-HDL-C $\geq 4.30$ mmol/L, or ApoB $\geq 1.20$ g/L, or men $\geq 50$ and women $\geq 60$ y with $\geq 1$ 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 $\geq 40$ y or $\geq 30$ y with 15 years duration (DM1); DM with microvascular disease; chronic kidney disease (age $\geq 50$ 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 $\geq 5.00$ mmol/L	LDL-C $> 50\%$ decrease

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

TC/HDL-C RATIO	3.3	
IRON	18.	7 - 29 umol/L
TIBC	52.	45 - 77 umol/L
SATURATION	0.35	0.20 - 0.50 /1
VITAMIN B12	411.	pmol/L

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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

ALKALINE PHOSPHATASE	76.	40-129 U/L
GGT	32.	< 60 U/L
AST	21.	<37 U/L
ALT	19.	<46 U/L
TSH	2.12	0.35 - 5.00 mIU/L
HEMOGLOBIN A1c	5.4	%

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 %

PROSTATE SPECIFIC AG.	1.02	0 - 2.50 ug/L
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THE REFERENCE RANGE SUGGESTED ABOVE IS FOR HEALTHY MALES  
 WITH DEMONSTRATED ABSENCE OF BENIGN PROSTATIC HYPERTROPHY  
 (BY DIGITAL RECTAL EXAMINATION OR TRANS-RECTAL ULTRASOUND).

CRP	4.6	< 8.0 mg/L
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