

Patient: D'AMICO, DOMENICA

Lab No: 2022-206761373



Age: 47 years Gender: F

Reference #:

Date of Birth: Mar 27 1974

Patient ID: 2022206761373

HC #: 6086444376

Referring Site ID:

Patient's Phone: (905) 337-3897

Date of Service: Mar 17 2022 11:39

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

Reported on: Mar 21 2022 09:00

Telephone: (877) 849-3637
Toll Free: (877) 849-3637
Fax: (905) 795-9891

Ordered by: FINE DR. MICHAEL

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

#5407

WBC		5.7	4.0 - 11.0	x E9/L
RBC	HI	6.09	4.00 - 5.10	x E12/L
Hemoglobin	LO	115	120 - 160	g/L
Hematocrit		0.380	0.350 - 0.450	L/L
MCV	LO	62	80 - 100	fL
MCH	LO	18.9	27.5 - 33.0	pg
MCHC	LO	303	305 - 360	g/L
RDW	HI	17.0	11.5 - 14.5	%
Platelet Count		234	150 - 400	x E9/L

Differential

Neutrophils		3.9	2.0 - 7.5	x E9/L
Lymphocytes		1.4	1.0 - 3.5	x E9/L
Monocytes		0.3	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

Morphology

WBC Morphology	NORMAL
RBC Morphology	Few Elliptocytes/Ovalocytes Slight Hypochromasia Moderate Microcytosis
Platelet Morphology	NORMAL Film held for Pathologist's report.
Pathologist Review	-- RBC indices and features suggestive of thalassemia trait or hemoglobinopathy. C. Ye M.D., Pathologist

Biochemical Investigation of Anemias

Ferritin	91	5-272	ug/L
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General Chemistry

Hemoglobin A1C/Total Hemoglobin	5.1	<6.0	%
Diabetes Canada 2018 Guidelines:			

Screening and Diagnosis: < 5.5 % Normal			
5.5% - 5.9 % At risk			
6.0% - 6.4 % Prediabetes			

One or more results on this report are not accessible to you via my ehealth; please contact the ordering Health Care Provider for more information.

FINAL RESULTS

IMPORTANT:

This report contains confidential information intended for view by authorized person(s) only and should be disposed of securely (e.g. shredding) before discarding.

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General Chemistry

>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.

Sodium		140	135-145	mmol/L
Potassium		4.7	3.5-5.2	mmol/L
Creatinine		60	50-100	umol/L
Glomerular Filtration Rate (eGFR)		105		

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. Results for eGFR should be interpreted in concert with ACR.

Albumin		47	35-52	g/L
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Thyroid Function

Thyroid Stimulating Hormone [TSH]		1.61	0.32-4.00	mIU/L
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Serum Proteins

C Reactive Protein		4.2	<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).

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Microbiology

Stool Culture

Specimen Source		STOOL		
Collection Date		NOT GIVEN		
Collection Time		NOT GIVEN		
Culture Status		Final		
Culture Report		Enteric Culture No Salmonella, Shigella, Campylobacter, E. coli O157 or Yersinia isolated		

Parasitology

Ova and Parasites

Specimen Source		STOOL		#5687
Collection Date		NOT GIVEN		
Collection Time		NOT GIVEN		
Culture Report		Parasite PCR No Blastocystis hominis, Giardia lamblia, Entamoeba histolytica, Cryptosporidium species, Dientamoeba fragilis, or Cyclospora cayetanensis detected. If helminthic infestation is suspected, immunocompromised status or for immigration/refugee screening purposes please recollect stool sample in SAF container for microscopic examination.		

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