

Patient: **BEVAN, WILLIAM GEORGE**

Lab No: **2022-276910198**



Age: 61 years Gender: M

Reference #:

Date of Birth: Jul 30 1960

Patient ID: 2022276910198

HC #: **6292181614**

Referring Site ID:

Patient's Phone: (416) 918-4318

Date of Service: Apr 01 2022 08:19

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

Ordered by: VICKERS DR. J.A.

Reported on: Apr 01 2022 16:26

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

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|------|------|--------|-------------------------|------------|
|------|------|--------|-------------------------|------------|

General Comments

ECG

Electrocardiogram

REPORTED UNDER SEPARATE COVER.

#5687

ECG Interpretation

Electrocardiogram

REPORTED UNDER SEPARATE COVER.

Hematology

| | | | | |
|----------------|-------|---------------|---------|-------|
| WBC | 5.6 | 4.0 - 11.0 | x E9/L | #5407 |
| RBC | 5.48 | 4.50 - 6.00 | x E12/L | |
| Hemoglobin | 167 | 135 - 175 | g/L | |
| Hematocrit | 0.492 | 0.400 - 0.500 | L/L | |
| MCV | 90 | 80 - 100 | fL | |
| MCH | 30.5 | 27.5 - 33.0 | pg | |
| MCHC | 339 | 305 - 360 | g/L | |
| RDW | 12.9 | 11.5 - 14.5 | % | |
| Platelet Count | 187 | 150 - 400 | x E9/L | |

CBC result obtained on minimum volume sample.
Suggest repeat sample if results do not correlate clinically.

Differential

| | | | |
|-----------------------|-----|-----------|----------|
| Neutrophils | 3.2 | 2.0 - 7.5 | x E9/L |
| Lymphocytes | 1.6 | 1.0 - 3.5 | x E9/L |
| Monocytes | 0.6 | 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 |

Biochemical Investigation of Anemias

| | | | |
|-------------|-----|---------|--------|
| Vitamin B12 | 501 | 138-652 | pmol/L |
| Ferritin | 84 | 22-275 | ug/L |

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

FINAL RESULTS

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Urinalysis

Urinalysis Chemical

| | | | | |
|------------------|-----------|--|-----------|--------|
| Collection Date | | 01-APR-2022 | | |
| Collection Time | | 08:19 | | |
| Appearance | | CLEAR | Clear | |
| | | New method implemented in October 2021. Reporting categories updated, reference intervals remain the same. | | |
| Colour | | YELLOW | Yellow | |
| Specific Gravity | | 1.020 | | |
| pH | | 5.0 | 5.0 - 8.0 | |
| Protein | | NEGATIVE | Negative | g/L |
| Glucose | | NEGATIVE | Negative | mmol/L |
| Ketones | | NEGATIVE | Negative | mmol/L |
| Blood | HI | TRACE | 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.

General Chemistry

| | | | | |
|---------------------------------|--|-----|-----------|--------|
| Glucose Fasting | | 5.5 | 3.6 - 6.0 | mmol/L |
| Hemoglobin A1C/Total Hemoglobin | | 5.4 | <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.

| | | | | |
|------------|--|-----|---------|--------|
| Sodium | | 141 | 135-145 | mmol/L |
| Potassium | | 4.7 | 3.5-5.2 | mmol/L |
| Creatinine | | 76 | 67-117 | umol/L |

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General Chemistry

| | | | | |
|-----------------------------------|--|----|--|--|
| Glomerular Filtration Rate (eGFR) | | 94 | | |
|-----------------------------------|--|----|--|--|

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.

| | | | | |
|----------------------------|--|----|-------|-----|
| Gamma Glutamyl Transferase | | 21 | 14-62 | U/L |
| Alanine Aminotransferase | | 32 | <50 | U/L |

Lipids

| | | | | |
|------------------|--|------|--|--------|
| Hours After Meal | | 12 | | Hours |
| Triglyceride | | 1.06 | | mmol/L |
| Cholesterol | | 3.69 | | mmol/L |
| HDL Cholesterol | | 0.77 | | 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 | | 2.92 | | mmol/L |
|---------------------|--|------|--|--------|

Non HDL-Cholesterol is not affected by the fasting status of the patient.

| | | | | |
|-----------------|--|------|--|--------|
| LDL Cholesterol | | 2.44 | | mmol/L |
|-----------------|--|------|--|--------|

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 | | 4.8 | | |
|---|--|-----|--|--|

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

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Lipids

-----!-----
! 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) | 12.9 | 3.5-24.5 | mmol/L |
| Albumin/Creatinine | 0.4 | < 2.0 | mg/mmol |

Thyroid Function

| | | | |
|-----------------------------------|------|-----------|-------|
| Thyroid Stimulating Hormone [TSH] | 0.44 | 0.32-4.00 | mIU/L |
|-----------------------------------|------|-----------|-------|

Tumour Markers

| | | | |
|---------------------------|-----|------|------|
| Prostate Specific Antigen | 1.1 | <4.0 | ug/L |
|---------------------------|-----|------|------|

Methodology: Abbott Architect immunoassay.
Results should not be interpreted in isolation as absolute evidence of the presence or absence of malignant disease.
Changes in serial results may be misleading unless all Total PSA results are from the same laboratory method.

Bone Markers

| | | | |
|---------------------|----------------|--------------|--------|
| 25-Hydroxyvitamin D | LO 63.4 | 75.0 - 250.0 | nmol/L |
|---------------------|----------------|--------------|--------|

Vit D Deficiency: 25.0 - 74.9
New method as of 14 February 2022.

Serology Non-Viral

Hepatitis B Immunity

| | | | |
|--------------------------------|-------|--------------|------|
| Hepatitis B Surface Ab [HBsAb] | 109.7 | Immune: >9.9 | IU/L |
|--------------------------------|-------|--------------|------|

A detected result is seen after naturally acquired Hepatitis B infection or after vaccination against Hepatitis B.

Anti-HBs can occasionally be present in the chronic carrier state. In all anti-HBs positive patients in whom natural infection is likely to have occurred, it is advisable to test for the presence of HBsAg at least one time to ensure

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Serology Non-Viral
Hepatitis B Immunity

that they are not chronic carriers.

Titres may decline below arbitrarily determined levels of antibody immunity or even become undetectable, but immunity may persist for life. New reagent formulation as of May 10, 2021 has reduced interference from high doses of biotin.

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