



Medical Laboratory Services

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1473 John Counter Blvd. Kingston K7M 8Z6 1(877)849-3637

Client
 MAPLE VIRTUAL HEALTH
 100-355 ADELAIDE ST W
 TORONTO, ON
 M5V 1S2

Patient
 MURPHY, ADRIENNE
 Birthdate 14-JAN-1993
 Sex F
 Phone # (514)465-5858
 Health # 9716501429

Accession
 WE8160355
 Date of Service
 04-AUG-2022
 Date Printed
 05-AUG-2022

Requesting Physician
 KELLY KNOLL

Reference No.

Report Status
 FINAL

TEST NAME	RESULT	FLAG	REFERENCE RANGE	UNITS	TEST LOC.
WBC	5.9		4.0 - 11.0	x E9/L	X0
RBC	4.49		4.00 - 5.10	x E12/L	
HEMOGLOBIN	136		120 - 160	g/L	
HEMATOCRIT	0.400		0.350 - 0.450	L/L	
MCV	89		80 - 100	fL	
MCH	30.3		27.5 - 33.0	pg	
MCHC	340		305 - 360	g/L	
RDW	12.8		11.5 - 14.5	%	
PLATELET COUNT	250		150 - 400	x E9/L	
NEUTROPHILS	3.0		2.0 - 7.5	x E9/L	
LYMPHOCYTES	1.5		1.0 - 3.5	x E9/L	
MONOCYTES	0.5		0.2 - 1.0	x E9/L	
EOSINOPHILS	0.8	HI	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	
NRBC	0			/100 WBC	
URINALYSIS: CHEMICAL					
COLLECTION DATE	04-AUG-2022				10
COLLECTION TIME	10:13				
APPEARANCE	CLEAR		Clear		
COLOUR	YELLOW		Yellow		
SPECIFIC GRAVITY	1.010				
pH	7.5		5.0 - 8.0		
PROTEIN	NEGATIVE		Negative	g/L	
GLUCOSE	NEGATIVE		Negative	mmol/L	
KETONE	NEGATIVE		Negative	mmol/L	
BLOOD	NEGATIVE		Negative	RBC/uL	
NITRITE	NEGATIVE		Negative		
LEUKOCYTES	15	HI	Negative	WBC/uL	

Please see <https://tests.lifelabs.com/Urinalysis/URINALYSIS-CHEMICAL.aspx?s=1> for alternative reporting units.

HbA1C

4.9

<6.0

%

Diabetes Canada 2018 Guidelines:

Screening and Diagnosis: < 5.5 % Normal

5.5% - 5.9 % At risk

6.0% - 6.4 % Prediabetes

MURPHY, ADRIENNE Continued on Page: 2

PND = Pending * = Not previously reported ~ = Edited Result



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	<p>>OR= 6.5 % Diabetes Mellitus If HbA1c >OR= 6.5 % and asymptomatic, confirm using Fasting Glucose, HbA1c or 75g OGTT.</p> <p>-----</p> <p>Monitoring: <OR= 7.0 % Target in adults without comorbidities. Other targets may be more appropriate in children, elderly and patients with comorbidities.</p> <p>-----</p> <p>Results may not accurately reflect mean blood glucose in patients with hemoglobin variants, disorders associated with abnormal erythrocyte turnover, severe renal and liver disorders.</p>				
CREATININE	72		50-100	umol/L	X0
eGFR	98				
	<p>Normal eGFR is described as greater than or equal to 90 ml/min/1.73 m2.</p> <p>For patients of African descent, the reported eGFR must be multiplied by 1.15.</p> <p>Effective May 4 2015, eGFR is calculated using the CKD-EPI 2009 equation.</p> <p>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.</p>				
SODIUM	139		135-145	mmol/L	
POTASSIUM	3.9		3.5-5.2	mmol/L	
ALANINE TRANSAMINASE (ALT)	25		<36	U/L	
CARDIOVASCULAR RISK ASSESSMENT					

HOURS FASTING	14			Hours	
TRIGLYCERIDES	0.87			mmol/L	
CHOLESTEROL	3.73			mmol/L	
HDL CHOLESTEROL	1.27			mmol/L	
	<p>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.</p>				

MURPHY, ADRIENNE Continued on Page: 3

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TEST NAME	RESULT	FLAG	REFERENCE RANGE	UNITS	TEST LOC.
CHOLESTEROL/HDL RATIO	2.9				
LDL CHOLESTEROL (CALCULATED)	2.06			mmol/L	
Consider the non HDL-C value as an alternate lipid target if monitoring treatment in intermediate or high risk patients.					
NON HDL CHOLESTEROL	2.46			mmol/L	
Non HDL-Cholesterol is not affected by the fasting status of the patient.					
LIPID TARGET VALUES	Lipid Target Values should be based on patient 10 year CVD risk assessment.				
----- ! High or Intermediate CVD risk -----					
Primary Tx target	! LDL-C < or = 2.0 mmol/L OR ! > or = 50% decrease in LDL-C				
Alternate Tx target	! Non HDL-C < or = 2.6 mmol/L OR ! ApoB < or = 0.8 g/L				
----- ! Low CVD risk -----					
Primary Tx target	! > or = 50% decrease in LDL-C !				

VITAMIN B12	820	HI	138-652	pmol/L	10
THYROTROPIN (SENSITIVE TSH)	1.74		0.32-4.00	mIU/L	
FERRITIN	53		5-272	ug/L	

MURPHY, ADRIENNE

FINAL REPORT

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