

Patient: **PARLA, RAVI KUMAR KUMAR**

Lab No: **2023-272280216**

Reference #:

Patient ID: 2023272280216

Referring Site ID:



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

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

Age: 39 years Gender: M

Date of Birth: Jan 14 1984

HC #: **6324715181**

Patient's Phone: (905) 598-4725

Date of Service: Aug 16 2023 08:38

Reported on: Aug 16 2023 17:05

Ordered by: **DAWOOD DR. SHAMIM**

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

### General Comments

Reference Interval Note:

Please note change in methodologies for routine chemistry. Unless otherwise indicated, results are equivalent and reference intervals remain unchanged.

For a complete list of tests which have been changed, please visit <https://www.lifelabs.com>

#5407

### Hematology

|                |       |               |         |
|----------------|-------|---------------|---------|
| WBC            | 6.7   | 4.0 - 11.0    | x E9/L  |
| RBC            | 5.20  | 4.50 - 6.00   | x E12/L |
| Hemoglobin     | 150   | 135 - 175     | g/L     |
| Hematocrit     | 0.435 | 0.400 - 0.500 | L/L     |
| MCV            | 84    | 80 - 100      | fL      |
| MCH            | 28.8  | 27.5 - 33.0   | pg      |
| MCHC           | 345   | 305 - 360     | g/L     |
| RDW            | 13.1  | 11.5 - 14.5   | %       |
| Platelet Count | 228   | 150 - 400     | x E9/L  |

### Differential

|                       |     |           |          |
|-----------------------|-----|-----------|----------|
| Neutrophils           | 3.3 | 2.0 - 7.5 | x E9/L   |
| Lymphocytes           | 2.6 | 1.0 - 3.5 | x E9/L   |
| Monocytes             | 0.5 | 0.2 - 1.0 | x E9/L   |
| Eosinophils           | 0.2 | 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   |
| Nucleated RBC         | 0   |           | /100 WBC |

NOTE: As of JuLY 4, 2023 LifeLabs' pediatric reference ranges have been updated to reflect the following published resource: Bohn, et al. Int J Lab Hematol. 2020;00:1-11.

### Biochemical Investigation of Anemias

|  |     |         |        |
|--|-----|---------|--------|
| Vitamin B12  | 148 | 138-652 | pmol/L |
| Test repeated and results confirmed.               |     |         |        |
| >220 pmol/L: Normal, deficiency unlikely           |     |         |        |
| 150-220 pmol/L: Borderline, deficiency is possible |     |         |        |
| <150 pmol/L: Low, consistent with deficiency       |     |         |        |

### **FINAL RESULTS**

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| <b>General Chemistry</b>          |      |  |                         |            |
| Glucose Fasting                   | HI   | 7.1  | 3.6 - 6.0 mmol/L        |            |
|                                   |      | Fasting Glucose greater than or equal to 7.0 mmol/L after an 8 hr fast can be used as a provisional diagnosis of diabetes mellitus. If asymptomatic, a repeat confirmation test using Fasting Glucose, HbA1c, or 75g OGTT must be done.  |                         |            |
| Hemoglobin A1C/Total Hemoglobin   | HI   | 6.0  | <6.0 %                  |            |
|                                   |      | Diabetes Canada 2018 Guidelines:<br>-----<br>Screening and Diagnosis: < 5.5 % Normal<br>5.5% - 5.9 % At risk<br>6.0% - 6.4 % Prediabetes<br>>OR= 6.5 % Diabetes Mellitus<br>If HbA1c >OR= 6.5 % and asymptomatic, confirm using Fasting Glucose, HbA1c or 75g OGTT.<br>-----<br>Monitoring: <OR= 7.0 %<br>Target in adults without comorbidities. Other targets may be more appropriate in children, elderly and patients with comorbidities.<br>-----<br>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                         |      | 4.4  | 3.5-5.2 mmol/L          |            |
| Creatinine                        |      | 95   | 67-117 umol/L           |            |
| Glomerular Filtration Rate (eGFR) |      | 87   |                         |            |
|                                   |      | An eGFR from 60-89 ml/min/1.73 m2 is consistent with mildly decreased kidney function. However, in the absence of other evidence of kidney disease, eGFR values in this range do not fulfill the KDIGO criteria for chronic kidney disease. Interpret results in concert with ACR measurement.   |                         |            |
|                                   |      | 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               |            |
| Bilirubin Total                   | HI   | 25   | <20 umol/L              |            |

Lab - 5407: KENNEDY, 6560 Kennedy Road, Mississauga, Ontario.

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### General Chemistry

|                            |  |    |        |     |
|----------------------------|--|----|--------|-----|
| Alkaline Phosphatase       |  | 83 | 40-129 | U/L |
| Alanine Aminotransferase   |  | 36 | <50    | U/L |
| Aspartate Aminotransferase |  | 22 | <35    | U/L |

Effective May 29, 2023 this test is performed on a new analyzer; reported values might show up to 14% increase. Reference intervals are unchanged.

### Lipids

|                               |           |  |        |        |
|-------------------------------|-----------|--|--------|--------|
| Hours After Meal Triglyceride |           | 12   |        | Hours  |
|                               | <b>HI</b> | <b>3.49</b>  |        | mmol/L |
|                               |           | FASTING: <1.70 mmol/L<br>NON-FASTING: <2.00 mmol/L                               |        |        |
| Cholesterol                   |           | 3.81   | <5.20  | mmol/L |
|                               |           | Total cholesterol and HDL-C used for risk assessment and to calculate non HDL-C. |        |        |
| HDL Cholesterol               | <b>LO</b> | <b>0.76</b>  | >=1.00 | mmol/L |
|                               |           | HDL-C <1.00 mmol/L indicates risk for metabolic syndrome.                        |        |        |
| Non HDL Cholesterol           |           | 3.05   | <4.20  | mmol/L |
|                               |           | Non HDL-Cholesterol is not affected by the fasting status of the patient.        |        |        |
| LDL Cholesterol               |           | 1.77   | <3.50  | mmol/L |
|                               |           | LDL-C is calculated using the NIH equation.                                      |        |        |

For additional LDL-C and non-HDL-C thresholds based on risk stratification, refer to 2021 CCS Guidelines. Can J Cardiol. 2021;37(8):1129-1150.

Effective May 29, 2023 please note a change in decision limits that align with current clinical guidelines. In addition, Friedewald LDL-C equation is replaced by the new NIH LDL-C equation that has improved accuracy when triglycerides are high and/or LDL-C is low.

|                       |  |  |  |  |
|-----------------------|--|--|--|--|
| Cholesterol/HDL Ratio |  | 5.0  |  |  |
|                       |  | Cholesterol/HDL-C is not included in the 2021 CCS guideline as a lipid initiation or treatment target but is recognized as an indicator of high CVD risk at Cholesterol/HDL-C ratio >6.0 |  |  |

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