

Fax Cover Sheet

To: LMC Scarborough
Phone:
Fax: 1 (877) 562-2778

Date: 2025-Oct-23

From: Dr. Julia Creider
Phone: (519) 850-3234
Fax: (519) 850-3238

Number of pages including cover: 15

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Re: Li Lv



Dr. Julia Creider, Endocrinologist

WELL Health Medical Centres, 140 Oxford Street East - Suite 300, London, ON N6A 5R9

Phone: (519) 850-3234 Fax: (519) 850-3238

2025-Oct-23

LMC Scarborough

Patient: Li Lv
PHN: 6246 067 901HY
Birthdate: 1975-Jun-28
Address: 23 Griffen Dr, Toronto M1B 1A3
Email: sunnylv628@gmail.com
Phone: (519) 671-2628

Dear LMC Scarborough,

Problem History: Hyperthyroidism [- Graves disease (+TRAB)]
FATTY LIVER

Active Medications: TAPAZOLE 5 MG TABLET
0.5 Tablet(s) Once daily X 90 Day(s) [Must do regular blood work for monitoring]

External Medications: None Recorded

Known Allergies: No Known Drug Allergies

Thank you for seeing Li Lv a 50 year old female with hyperthyroidism related to Graves disease on a low dose of Tapazole. She has moved to Scarborough and needs continued monitoring/care. I've attached my notes.

As per the CPSO guidelines, please kindly contact my patient directly with the appointment date and time. I would appreciate a copy of this notice for my files.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Creider', with a long horizontal flourish extending to the right.

Julia Creider, MD, FRCPC, Cert. Endo., DABOM (033488)

Electronically Reviewed to Expedite Delivery

Enclosures (13)

Fax Cover Sheet

To: Dr. Fengqin Si
Phone: (519) 601-8621
Fax: (519) 204-0729

Date: 2025-Jul-16

From: Dr. Julia Creider
Phone: (519) 850-3234
Fax: (519) 850-3238

Number of pages including cover: 3

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Re: Li Lv



Dr. Julia Creider, Endocrinologist

WELL Health Medical Centres, 140 Oxford Street East - Suite 300, London, ON N6A 5R9

Phone: (519) 850-3234 Fax: (519) 850-3238

2025-Jul-15

Dr. Si
990 Gainborough Road
London, ON N6H 5L4

Patient: Li Lv
PHN: 6246 067 901HY
Birthdate: 1975-Jun-28

Dear Dr. Si,

Li Lv was seen in follow up for hyperthyroidism.

Problem History: Hyperthyroidism - Graves' disease
FATTY LIVER

External Medications: None

Known Allergies: No Known Drug Allergies

Interval History: Li Lv was last seen in November 2024. She has been well since her last visit. She has not noticed any changes with her neck, no dysphagia, dyspnea or hoarseness. Her weight has been stable. We had her stop Tapazole in May. She has not had any eye symptoms.

Physical Exam: Weight 68.9kg, BMI 23.8, BP 142/85, HR 68
Head and Neck: There is no cervical lymphadenopathy. Thyroid is not enlarged. There are no palpable nodules. There is no signs of Graves Ophthalmopathy.
CV: There is a normal S1 and S2, with no murmurs heard.
Resp: The lungs are clear to the bases with no crackles or wheezes.
Other: There is no visible tremor.

Labs: July 2025 - TSH <0.01, Free T4 18, Free T3 5 - off
May 2025 - TSH 2.21, Free T4 13, Free T3 3.6
Mar 2025 - TSH 1.43, Free T4 13, Free T3 4.2
Jan 2025 - TSH 1.55, Free T4 13, Free T3 4.2 - 2.5mg
Nov 2024 - TSH 6.24, Free T4 11, Free T3 3.6
Oct 2024 - TSH 0.54, Free T4 12, Free T3 3.7 - 5mg
Sept 2024 - TSH <0.01, Free T4 18, Free T3 5.3
Aug 2024 - TSH 0.02, Free T4 15, Free T3 4.5
July 2024 - TSH 0.06, Free T4 14, Free T3 5 - 2.5mg
June 2024 - TSH 0.06, Free T4 9, Free T3 3.7 - 7.5mg
May 2024 - TSH 0.15, Free T4 18, Free T3 10.3 - off
April 2024 - TSH 37.06, Free T4 <5.4, Free T3 2.2 - 20mg daily
Mar 2024 - TSH <0.01, Free T4 8, Free T3 4 - 15mg BID
Feb 2024 - TRAB 27.9 (N <1.8)
Feb 2024 - TSH <0.01, Free T4 >50, Free T3 30.7, Hb 129, WBC 2.8, Neu 1.1
Jan 2024 - TSH <0.01

Assessment and Plans: Li Lv is a 50 year old woman with hyperthyroidism related to Graves' disease currently on no medication. Her TSH has become suppressed again. I will have her restart 2.5mg daily and provided req to do blood work every 2 months. She may move to Toronto in the fall so she will let us know if she does and I would refer her to someone in Toronto. Otherwise I will plan to see her in 6 months if she stays in London.



**MEDICAL
CENTRES**

Sincerely,

A handwritten signature in black ink, appearing to read "Julia Creider".

Julia Creider, MD, FRCPC, Cert. Endo., DABOM (033488)

Electronically Reviewed to Expedite Delivery

Fax Cover Sheet

To: Dr. Fengqin Si
Phone: (519) 601-8621
Fax: (519) 204-0729

Date: 2024-Nov-14

From: Dr. Julia Creider
Phone: (519) 850-3234
Fax: (519) 850-3238

Number of pages including cover: 3

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Re: Li Lv



Dr. Julia Creider, Endocrinologist

HealthPark Medical Clinics, 140 Oxford Street East - Suite 300, London, ON N6A 5R9

Phone: (519) 850-3234 Fax: (519) 850-3238

2024-Nov-14

Dr. Si
990 Gainborough Road
London, ON N6H 5L4

Patient: Li Lv
PHN: 6246 067 901HY
Birthdate: 1975-Jun-28

Dear Dr. Si,

Li Lv was seen in follow up for hyperthyroidism.

Problem History: Hyperthyroidism - Graves' disease
FATTY LIVER

External Medications: Tapazole 5mg daily

Known Allergies: No Known Drug Allergies

Interval History: Li Lv was last seen in May 2024. She has been well since her last visit. She has not noticed any changes with her neck, no dysphagia, dyspnea or hoarseness. Her weight has been stable. She is not having palpitations or tremor.

Physical Exam: Weight 67.7 kg, BMI 23.4, BP 152/88, HR 61
Head and Neck: There is no cervical lymphadenopathy. Thyroid is mildly enlarged. There are no palpable nodules. There is no signs of Graves Ophthalmopathy.
CV: There is a normal S1 and S2, with no murmurs heard.
Resp: The lungs are clear to the bases with no crackles or wheezes.
Other: There is no visible tremor.

Labs: Nov 2024 - TSH 6.24, Free T4 11, Free T3 3.6
Oct 2024 - TSH 0.54, Free T4 12, Free T3 3.7 - 5mg
Sept 2024 - TSH <0.01, Free T4 18, Free T3 5.3
Aug 2024 - TSH 0.02, Free T4 15, Free T3 4.5
July 2024 - TSH 0.06, Free T4 14, Free T3 5 - 2.5mg
June 2024 - TSH 0.06, Free T4 9, Free T3 3.7 - 7.5mg
May 2024 - TSH 0.15, Free T4 18, Free T3 10.3 - off
April 224 - TSH 37.06, Free T4 <5.4, Free T3 2.2 - 20mg daily
Mar 2024 - TSH <0.01, Free T4 8, Free T3 4 - 15mg BID
Feb 2024 - TRAB 27.9 (N <1.8)
Feb 2024 - TSH <0.01, Free T4 >50, Free T3 30.7, Hb 129, WBC 2.8, Neu 1.1
Jan 2024 - TSH <0.01

Assessment and Plans: Li Lv is a 49-year-old with hyperthyroidism related to Graves' disease. I will have her reduce her medication to 2.5 mg daily. I provided her a requisition to do blood work every 2 months for monitoring. Will let her know if her medication needs to change. I will see her in follow-up in 8 months.



Sincerely,

A handwritten signature in black ink, appearing to read "Julia Creider". The signature is fluid and cursive, with a large initial "J" and "C".

Julia Creider, MD, FRCPC, Cert. Endo. (033488)

Electronically Reviewed to Expedite Delivery

Fax Cover Sheet

To: Dr. Fengqin Si
Phone: (519) 601-8621
Fax: (519) 204-0729

Date: 2024-May-16

From: Dr. Julia Creider
Phone: (519) 850-3234
Fax: (519) 850-3238

Number of pages including cover: 2

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Re: Li Lv



Dr. Julia Creider, Endocrinologist

HealthPark Medical Clinics, 140 Oxford Street East - Suite 300, London, ON N6A 5R9

Phone: (519) 850-3234 Fax: (519) 850-3238

2024-May-16

Dr. Si
990 Gainborough Road
London, ON N6H 5L4

Patient: Li Lv
PHN: 6246 067 901NF
Birthdate: 1975-Jun-28

Dear Dr. Si,

Li Lv was seen in follow up for hyperthyroidism.

Problem History: Hyperthyroidism - Graves' disease
FATTY LIVER

External Medications: None

Known Allergies: No Known Drug Allergies

Interval History: Li Lv was last seen in February 2024. She has regained back some weight. She is not having palpitations or tremor. Her bowel movements are back to normal. She has no local symptoms in her neck, no dysphagia, dyspnea or hoarseness. We tapered down the tapazole and stopped it the last 2 weeks based on her blood work from April.

Physical Exam: Weight 66.7 kg, BMI 23, BP 142/84, HR 76

Labs: May 2024 - TSH 0.15, Free T4 18, Free T3 10.3 - off
April 224 - TSH 37.06, Free T4 <5.4, Free T3 2.2 - 20mg daily
Mar 2024 - TSH <0.01, Free T4 8, Free T3 4 - 15mg BID
Feb 2024 - TRAB 27.9 (N <1.8)
Feb 2024 - TSH <0.01, Free T4 >50, Free T3 30.7, Hb 129, WBC 2.8, Neu 1.1
Jan 2024 - TSH <0.01

Assessment and Plans: Li Lv a 48-year-old woman with hyperthyroidism related to Graves' disease. Her thyroid levels are going up again. I will have her restart Tapazole 7.5mg daily and continue monthly blood work. I will see her in follow up in 6 months.

Sincerely,

A handwritten signature in black ink, appearing to read "Julia Creider", with a stylized, flowing script.

Julia Creider, MD, FRCPC, Cert. Endo. (033488)

Electronically Reviewed to Expedite Delivery

Fax Cover Sheet

To: Dr. Fengqin Si
Phone: (519) 601-8621
Fax: (519) 204-0729

Date: 2024-Feb-13

From: Dr. Julia Creider
Phone: (519) 850-3234
Fax: (519) 850-3238

Number of pages including cover: 4

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Re: Li Lv



Dr. Julia Creider, Endocrinologist

HealthPark Medical Clinics, 140 Oxford Street East - Suite 300, London, ON N6A 5R9

Phone: (519) 850-3234 Fax: (519) 850-3238

2024-Feb-12

Dr. Si
990 Gainborough Road
London, ON N6H 5L4

Patient: Li Lv
PHN: 6246 067 901NF
Birthdate: 1975-Jun-28

Dear Dr. Si,

Thank you for this referral. Li Lv was seen for new onset hyperthyroidism.

Problem History: Hyperthyroidism
FATTY LIVER

External Medications: None

Known Allergies: No Known Drug Allergies

History of Presenting Illness: Li Lv is a 48-year-old woman referred for hyperthyroidism. She thinks the symptoms have been going on maybe since December. She has noticed a weight loss of about 20 pounds. She was having some palpitations but feels that is better now when she measures her heart rate at home it is in the 80s. She is also had a tremor though she feels is doing a bit better right now. She notices more frequent bowel movements. Sometimes she feels like something is stuck in her throat otherwise she does not have dysphagia or dyspnea. She does feel more fatigued.

Social History: She works as an early childhood educator. She has private drug coverage. She does not smoke or drink alcohol.

Physical Exam: Weight 57.8 kg, BMI 20, BP 151/77, HR 103

Head and Neck: There is no cervical lymphadenopathy. Thyroid is not enlarged. There are no palpable nodules. There is no signs of Graves Ophthalmopathy but there is a bit of lid lag.

CV: There is a normal S1 and S2, with no murmurs heard.

Resp: The lungs are clear to the bases with crackles or wheezes.

Other: There is no visible tremor.

Labs: Feb 2024 - TSH <0.01, Free T4 >50, Free T3 30.7, Hb 129, WBC 2.8, Neu 1.1
Jan 2024 - TSH <0.01

Assessment and Plans: Li Lv is a 48-year-old woman with new onset hyperthyroidism. Reviewed the pathophysiology of hyperthyroidism. The differential diagnosis would include Graves' disease or thyroiditis. This would not be consistent with a toxic nodule. Thus I told her she does not need an ultrasound. I will have her do blood work for the Graves antibody because if positive then she definitely needs anti-thyroidal medication. If it is a thyroiditis sometimes just using a beta-blocker can be enough.

However given how elevated her levels are I did prescribe an anti-thyroidal medication with Tapazole 15 mg twice a day. I discussed the side effects of agranulocytosis and hepatitis. I advised them to stop the medication if they develop a fever and sore throat or right upper quadrant pain and jaundice. She is to immediately call the office should any of these symptoms occur. I have also given them written instructions for their medication dose, side effects to monitor for, and when to stop the medication and contact the office.



Her provider her requisition to do blood work monthly and stressed the importance of this monitoring. I will also have her take the atenolol 25 mg daily. She had not started this prescription since her heart rate at home was lower. I explained that this can help with lowering the thyroid levels beyond just the heart rate. Once the levels are better then we can stop the atenolol. I will see her in follow-up in 3 months.

Sincerely,

A handwritten signature in black ink, appearing to read "Julia Creider". The signature is fluid and cursive, with a large initial "J" and "C".

Julia Creider, MD, FRCPC, Cert. Endo. (033488)
Electronically Reviewed to Expedite Delivery

Enclosures (1)

Patient: Mrs. Li Lv **Health #:** 6246067901NF [ON]
Birthdate: 1975-Jun-28 (48 Yr) **Gender:** Female
Home Phone: (519) 671-2628 **Cell Phone:** (519) 671-2628
Title: Information - Written Instructions
Provider: Creider, Julia **Appointment Date:** 2024-Feb-12
Referred By: Si, Fengqin
2024-Feb-12

Recommendations for Li Lv

1. Findings show that you have hyperthyroidism (low TSH normal and elevated free thyroid levels)
2. This can cause symptoms - weight loss, palpitations, tremor etc
3. Risk of complications long term if untreated - osteoporosis, atrial fibrillation (irregular heart beat that increases risk of stroke), thyroid storm
 - i. Differential diagnosis includes - Graves' disease, toxic nodule(s) or thyroiditis
 - ii. Depending on how levels respond over time can sometimes tell which one
4. Do antibody testing for Graves disease - will help confirm diagnosis
5. In the meantime we want to treat to improve levels/symptoms
6. Medication - Tapazole 15mg (3 tabs) TWICE A DAY (total 30mg (6tabs)/day)
 - i. Helps control the levels, must do blood work regularly to monitor - monthly
 - ii. We will call if there needs to be adjustment with medication
 - iii. Handout on side effects
 - iv. Because your levels are so high I would recommend trying to take a low dose of the atenolol 25mg (1/2 of 50mg tab) daily - as will help with the thyroid levels as well until the levels are better, it takes time for the the tapazole to have an effect
7. You can eat a regular diet just no excess iodine exposure/supplement
8. Follow up in 6 months

Please note: If you notice any unusual symptoms or if your condition gets worse, see me or go to emergency or call 911.

Patient

LV, LI

Home Phone

(519) 671-2628

Work Phone

Health #

6246067901HY

Sex

F

Patient ID

208913

Age

50 years

DOB

1975-Jun-28

Comments: PAID

2.5mg - continue same

Ordered By:

DR JULIA CREIDER

Reported By:

ALPHA

Alpha Requisition Number:

20043400

Collection Date:

2025-Sep-09

Reviewed:

2025-Sep-11 by JCreider

Reported :

2025-Sep-10

Updated On:

2025-Sep-11 10:24 AM

Flags

Results

Ref Range

SGPT (ALT)

10

< 33

U/L

Ordered By:

033488

Reported By:

ALPHA

Alpha Requisition Number:

20043400

Collection Date:

2025-Sep-09

Reviewed:

2025-Sep-11 by JCreider

Reported :

2025-Sep-10

Updated On:

2025-Sep-11 10:24 AM

Flags

Results

Ref Range

T.S.H. (ULTRA SENSITIVE)

0.62

0.32 - 4.00

mIU/L

Ordered By:

033488

Reported By:

ALPHA

Alpha Requisition Number:

20043400

Collection Date:

2025-Sep-09

Reviewed:

2025-Sep-11 by JCreider

Reported :

2025-Sep-10

Updated On:

2025-Sep-11 10:24 AM

Flags

Results

Ref Range

T4 FREE

14

9 - 19

pmol/L

Ordered By:

033488

Reported By:

ALPHA

Alpha Requisition Number:

20043400

Collection Date:

2025-Sep-09

Reviewed:

2025-Sep-11 by JCreider

Reported :

2025-Sep-10

Updated On:

2025-Sep-11 10:24 AM

Flags

Results

Ref Range

Free T3

4.0

2.6 - 5.8

pmol/L

Ordered By:

DR JULIA CREIDER

Reported By:

ALPHA

Alpha Requisition Number:

20025289

Collection Date:

2024-Feb-13

Reviewed:

2024-Feb-20 by JCreider

Reported :

2024-Feb-18

Updated On:

2025-Sep-11 10:24 AM

Flags

Results

Ref Range

THYROID RECEPTOR ANTIBODIES

27.9

IU/L

TRab

A

< 1.8

The cut-off of 1.8 IU/L provides a sensitivity of 97% and a specificity of 99% for Graves' disease.
Testing Site: St. Michael's Hospital, 30 Bond Street, Toronto ON M5B 1W8

REFERRED TO: HOSPITALS IN-COMMON LABORATORY
57 GERRAIS DR.
NORTH YORK ON. M3C 1Z2