



FAX

HRCP

Tel: 705-739-5691

Fax: 705-739-5627

To: Hani Ghalib Mohammed Alasaad

Re: BLACKSHAWW V1020095 (002).pdf

Fax Number: (705)737-0679

Phone: (705)737-0830

From: Referrals Out

Contact: Heather

Date: 10/22/2025 Wed

No. of Pages: 16 including cover page.

Please arrange a consultation for our patient and notify them directly of appointment information as well as our office.

Thank you

NOTE: This report is confidential under the Personal Health Information Protection Act, 2004 (PHIPA) and is intended for authorized individuals and the above named recipient(s). If you have received this in error, please notify the sender by fax at (705)797-3105 and destroy any copies you have. Any unauthorized distribution, disclosure or use of this document is strictly prohibited.

Cancer Program
North Simcoe Muskoka



Royal Victoria
Regional Health Centre



Ontario
Health

Date: 2025/10/21

Time: 9:50

Blackshaw, Wendy

V001020095

F

HC: 3302280312-DJ

3584 Timberline Ave
Severn, ON, L3V 0V8

DOB: 01/01/46
28/08/1979

AGE: 46
ADMIT DATE

(416) 407-0234

AP: Kappel, Coralea
FP: Bearey, Nabil Moustafa



VR 0019497/25

Reason for Referral

- ☐ Radiation Consultation
- ☐ Second Opinion
- ☐ Clinical Trials Consultation
- ☐ Follow-up care
- ☐ Cardiology Consultation
- ☐ Thoracic/Respirology Consultation

- ☐ Medical Oncology Consultation
- ☐ Surgical Consultation
- ☐ Palliative Consultation
- ☐ Gastroenterology Consultation
- ☐ Nephrology/Urology Consultation

- ☐ Plastic Surgery Consultation
- ☐ Neurology Consultation
- ☐ Orthopedic Consultation
- ☐ ENT Consultation

☒ Other endocrinology

Dear Dr. _____,

- ☒ WITHIN 2 WEEKS ☐ WITHIN 3 MTHS ☐ WITHIN 6 MTHS
☐ OTHER (specifically) _____ ☐ URGENT

Thank you for seeing _____

TNBC received chemo + immunotherapy

② surgery. Developed hypothyroidism

relapsed TNBC 142.7. Patient

counselled on importance of supplements.

Obtaining Sec 2 for another opinion.

If you require further information, please do not hesitate to let us know.

Yours sincerely,

Signature

- ☐ Dr. Allison Ball (034118)
- ☐ Dr. Cindi Cohen (041612)
- ☐ Dr. Jessica Conway (038494)
- ☐ Dr. Erica DiMaria (038673)
- ☐ Dr. Robert El-Maraghi (018146)
- ☐ Dr. Matthew Follwell (029154)
- ☐ Dr. Lauren Gerard (028450)
- ☐ Dr. Artin Ghassmian (048915)
- ☐ Dr. Adam Gladwish (036532)
- ☐ Dr. Juhu Kamra (015213)
- ☒ Dr. Coralea Kappel (049526)

- ☐ Dr. Rouslan Kotchikov (027014)
- ☐ Dr. Mukta Krishnan (018231)
- ☐ Dr. Isabel Li (024688)
- ☐ Dr. Dawn Ng (026915)
- ☐ Dr. Derek Nay (019647)
- ☐ Dr. Oluwabunmi Ogundimu (033849)
- ☐ Dr. Jonathan Peng (046902)
- ☐ Dr. Alida Pokoradi (049095)
- ☐ Dr. Sara Rask (024766)
- ☐ Dr. Kent Russell (028742)
- ☐ Dr. Sheilagh Sanders (038890)

- ☐ Dr. James Shaver (268136)
- ☐ Dr. Jessica Singh (030572)
- ☐ Dr. Christiaan Stevens (024351)
- ☐ Dr. Tiffany Tam (029123)
- ☐ Dr. Zachary Veitch (041594)
- ☐ Dr. Laura White (035564)
- ☐ Dr. Vivian Yan (038508)
- ☐ Dr. Fred Yoon (025066)
- ☐ Dr. Jason Yu (030037)
- ☐ Dr. Liang Zeng (046641)
- ☐ Harman Bhatiani, NP (728478)
- ☐ Jennifer Grando, NP (726127)

General

| | |
|-----------------------------------|---|
| Last Name BLACKSHAW | Address 3584 Timberline Ave |
| First Name WENDY | |
| Middle Name | |
| Maiden Name | City Severn |
| Date of Birth Aug 28, 1979 | County 3347 |
| Sex Female | Prov/State Ontario |
| SSN/SIN Country Canada | Country Canada |
| SSN/SIN - - | Postal/Zip Code L3V 0V8 |
| Status Active | Home Telephone |
| | Mobile Telephone (416)407-0234 |
| | Business Telephone |
| | Ext. |
| | Fax |
| | Email Address WENDYBLACKSHAW@GMAIL.COM |

IDs

| Identifier | Value | Entered On | Expiry Date |
|----------------|---------------|--------------|-------------|
| CP Account # | VR0013497/25 | Aug 08, 2025 | Active |
| OHIP | 3302280312-DJ | Aug 08, 2025 | Active |
| Residence Code | 3347 | Aug 08, 2025 | Active |
| V# | V001020095 | Aug 08, 2025 | Active |

Contacts

| Contact Name | Relationship | Home Phone | Business Phone | Cell Phone |
|--------------------------|--------------|---------------|----------------|------------|
| Emergency Contact | | | | |
| McDugall, Craig | Husband | (905)586-0099 | | |

Demographics

| | |
|--|--------------------------|
| Race: | Religion Desc: |
| Marital Status: Married | Language: English |
| Occupation: Costco | Ethnicity: |
| Advanced Directives: No advanced requests | |

Internal Physicians

| Provider | Relationship | Classification | Business Telephone |
|---------------------|---------------------|----------------|--------------------|
| Kappel, Dr. Coralea | Attending Physician | Physician | |

* End of Report *



**Royal Victoria
Regional Health Centre**

Medical Oncology Clinic Report
Royal Victoria Regional Health Centre
201 Georgian Drive
Barrie, ON L4M 6M2
Phone: (705)728-9090
Fax: (705)797-3105

| | |
|----------------------------------|-------------------------------------|
| Patient: Blackshaw, Wendy | MRN: V001020095 |
| DOB/Age/Sex: 28/08/1979 / 46 / F | Acct: VR0013497/25 |
| HCN: 3302280312-DJ | Outpt/ED Date: 21/10/25 Admit Date: |
| Address: 3584 Timberline Ave | Report Number: 2110-01576 |
| Severn, ON L3V 0V8 | Patient Location: V.CANCER |
| Phone Number: (416)407-0234 | Patient Rm/Bed: |

Attending Provider: Kappel, Coralea MD
Primary Care Provider (Family Provider): Beshay, Nabil M. MD
Copies To: Beshay, Nabil M. MD; Chaudhuri, Monica M. MD; Conway, Jessica L. MD; Kappel, Coralea MD

Clinic Report Progress Note
MEDICAL ONCOLOGY FOLLOW-UP
Date of service Oct 21st, 2025

DIAGNOSIS: A 45-year-old female, BRCA1 germline mutation, with a left breast invasive ductal carcinoma, cT2N0M0 TNBC
Recent echocardiogram LVEF 60 to 65%
PET scan no distant disease
1 cm lesion left breast inferomedial, biopsy shows benign lymph node
PICC line in situ
BRCA1 germline mutation

History of a right sided pT1b N0 triple negative breast cancer, status postlumpectomy and sentinel lymph node biopsy February 2008. This was followed by adjuvant chemotherapy with TC x 4 at William Osler cancer center, adjuvant radiation therapy and proceeded with bilateral mastectomy and subpectoral implants and oophorectomy given BRCA1 germline mutation.

MANAGEMENT PLAN:

1. Neoadjuvant dose dense AC-T with pembrolizumab, completed 3 cycles last 1 September 30, declined future chemotherapy despite options given development of immune related hypothyroidism. Discussed the importance of levothyroxine, however reluctant to start, referral to endocrinology.
2. Plan for surgery with Dr. Chaudhuri, this will hopefully be followed by adjuvant radiation
3. This will be followed by adjuvant treatment depending on final pathology, and if patient agreeable.

CURRENT STATUS:

I had the opportunity to see Wendy in clinic today. She has not yet started the levothyroxine as previously discussed. I emphasized the importance of initiating treatment, especially given her rising TSH levels now in the 140s. I explained that untreated hypothyroidism could lead to systemic symptoms, organ dysfunction, and, in severe cases, hospitalization or even mortality. Despite this,

Electronically signed by Coralea Kappel, M.D.



**Royal Victoria
Regional Health Centre**

Wendy remains somewhat hesitant to start levothyroxine due to concerns about the long-term nature of the medication.

I recommended a referral to endocrinology for a second opinion regarding her treatment. After a thorough discussion, which mirrors our conversation from the previous visit, Wendy reiterated that she does not wish to pursue any additional systemic therapies, despite several available options. She is instead inclined to pursue surgical intervention for her neck and will follow up with her surgeon to make the necessary arrangements.

Wendy understands that by opting out of chemotherapy, she may be increasing her risk of recurrence, particularly distally. We have agreed to schedule a postoperative follow-up to discuss potential adjuvant treatment options, though she acknowledges that she may decline them at that time.

Regarding her current symptoms, Wendy has experienced some mild weight gain but has not reported any overt signs or symptoms of hypothyroidism.

PHYSICAL EXAM:

On exam, she appears well no distress. ECOG 0. Left breast mass not appreciable.

INVESTIGATIONS:

Laboratory - Last 48 Hours

21/10/2025 07:53: WBC 7.72, RBC 3.89 L, Hgb 119, Hct 0.364, MCV 93.6, MCH 30.6, MCHC 327, RDW 15.9 H, Plt Count 306, MPV 9.1, Abs Immat Gran (auto) 0.12, Absolute Neuts (auto) 5.55, Absolute Lymphs (auto) 1.04, Absolute Monos (auto) 0.93, Absolute Eos (auto) 0.03, Absolute Basos (auto) 0.05, Absolute Nucleated RBC 0.03, Differential Method Complete, Prelim Abs Neut Count 5.55, Sodium 139, Potassium 4.0, Chloride 103, Total Carbon Dioxide 26, Anion Gap 10, Creatinine 74, eGFR 87, Random Glucose 5.0, Calcium 2.42, Phosphorus 1.12, Magnesium 0.82, Total Bilirubin 4, Direct Bilirubin < 2, ALT 36, Alkaline Phosphatase 94, Albumin 39, TSH 142.71 H, Free T4 3.6 L, Random Cortisol 310, Spec Hemolysis Index 1+ A

IMPRESSION:

1. Early TNBC: Wendy does not wish to pursue further neoadjuvant treatment and will go straight to surgery as mentioned above. Her surgeon is aware. We will plan to see her postoperatively to discuss adjuvant treatments if interested.
2. Hypothyroidism: Immune related hypothyroidism, however despite emphasizing the importance of levothyroxine unclear if this will be started by patient. I have made referral to endocrinology.

Coralea Kappel, MD, FRCPC
Medical Oncology Staff

NB: This report was generated using voice transcription (Dragon Medical One) and transcriptional errors, appear frequently. If the meaning is unclear, please contact me directly, and I would be happy to review, and provide an addendum if necessary.

Electronically signed by Coralea Kappel, M.D.



**Royal Victoria
Regional Health Centre**

Report Status: Signed

Dictated By: Kappel, Coralea MD

<Electronically signed by Coralea Kappel>

Dictated Date/Time: 21/10/25 1523

Transcribed Date/Time: 21/10/25 1523

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Electronically signed by Coralea Kappel, M.D.

Royal Victoria Regional Health Centre
Department of Pathology and Laboratory Medicine

201 Georgian Drive Barrie, ON L4M 6M2 (705) 728-9090

** Specimen Inquiry **

PATIENT: Blackshaw, Wendy**DoB:** 28/Aug/1979 46/F**Pt Phone:** (416) 407-0234**Reg Date:** 21/Oct/25**Status:** REG RCR**MRN:** V001020095**Acct#:** VR0013497/25**HCN:** 3302280312-DJ**Locn:** V.CANCER**Submitter:** Coralea Kappel**Spec#:** 2110:H00388U**Coll:** 21/Oct/25-0753**Barcode:** 334070**Rcvd:** 21/Oct/25-0800**Copy-to:** Nabil Moussa Salama Beshay**Status:** COMP

Monica Mitra Chaudhuri

| Test | Result | Flag | Reference | Site |
|-----------------------------|-------------|------|------------------------------|------|
| <i>Complete Blood Count</i> | | | | |
| White Blood Count | 7.72 | | 4.0-11.0 $\times 10^9/L$ | RVH |
| Red Blood Count | 3.89 | L | 4.00-5.50 $\times 10^{12}/L$ | RVH |
| Hemoglobin | 119 | | 115-160 g/L | RVH |
| Hematocrit | 0.364 | | 0.350-0.470 L/L | RVH |
| MCV | 93.6 | | 80-95 fL | RVH |
| MCH | 30.6 | | 27.0-33.0 pg | RVH |
| MCHC | 327 | | 310-360 g/L | RVH |
| RDW | 15.9 | H | 12.0-14.9 % | RVH |
| Platelet Count | 306 | | 150-400 $\times 10^9/L$ | RVH |
| MPV | 9.1 | | 7.0-11.0 fL | RVH |
| Differential | Complete | | | RVH |
| Prelim Neut Count | 5.55 | | $\times 10^9/L$ | RVH |
| Neutrophils, Abs | 5.55 | | 2.00-7.50 $\times 10^9/L$ | RVH |
| Lymphocytes, Abs | 1.04 | | 1.00-3.50 $\times 10^9/L$ | RVH |
| Monocytes, Abs | 0.93 | | 0.00-1.20 $\times 10^9/L$ | RVH |
| Eosinophils, Abs | 0.03 | | 0.00-0.50 $\times 10^9/L$ | RVH |
| Basophils, Abs | 0.05 | | 0.00-0.20 $\times 10^9/L$ | RVH |
| Immature Gran, Abs | 0.12 | | 0.00 $\times 10^9/L$ | RVH |
| Nucleated RBC, Abs | 0.03 | | 0.00 $\times 10^9/L$ | RVH |

RVH - Royal Victoria Regional Health

201 Georgian Drive, Barrie, ON L4M 6M2

Print Date/Time: 22/Oct/25-1154

By: MACNIE01RV

** END OF REPORT **

Page 1 of 1

Royal Victoria Regional Health Centre
Department of Pathology and Laboratory Medicine

201 Georgian Drive Barrie, ON L4M 6M2 (705) 728-9090

** Specimen Inquiry **

PATIENT: Blackshaw, Wendy**DoB:** 28/Aug/1979 46/F**Pt Phone:** (416) 407-0234**Reg Date:** 21/Oct/25**Status:** REG RCR**MRN:** V001020095**Acct#:** VR0013497/25**HCN:** 3302280312-DJ**Locn:** V.CANCER**Submitter:** Coralea Kappel**Spec#:** 2110:C00543U**Coll:** 21/Oct/25-0753**Barcode:** 334069**Rcvd:** 21/Oct/25-0800**Copy-to:** Nabil Moussa Salama Beshay
Monica Mitra Chaudhuri**Status:** COMP

| Test | Result | Flag | Reference | Site |
|---|--------|------|------------------|---------------|
| Glucose Random | 5.0 | | 4.0-7.8 mmol/L | RVH |
| Creatinine | 74 | | 49-90 umol/L | RVH |
| EGFR (CKD-EPI) | 87 | | mL/min | RVH |
| <p><i>Invalid for drug dosing, pregnancy, muscle mass extremes.</i></p> <p><i>Consistent with mildly decreased kidney function.</i> 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.</p> <p><i>The 2021 CKD-EPI equation (units - mL/min/1.73 m2) was used for this eGFR calculation which does not use a race-based adjustment. This modified equation is endorsed by the American Society of Nephrology, National Kidney Foundation and College of American Pathologists.</i></p> | | | | |
| Sodium | 139 | | 132-146 mmol/L | RVH |
| Potassium | 4.0 | | 3.5-5.1 mmol/L | RVH |
| Chloride | 103 | | 96-109 mmol/L | RVH |
| Total CO2 | 26 | | 21-32 mmol/L | RVH |
| Anion Gap Calc | 10 | | 5-15 mmol/L | RVH |
| Calcium | 2.42 | | 2.10-2.60 mmol/L | RVH |
| Magnesium | 0.82 | | 0.70-1.06 mmol/L | RVH |
| Phosphorous | 1.12 | | 0.80-1.60 mmol/L | RVH |
| Bilirubin Total | 4 | | <22 umol/L | RVH |
| Bilirubin Direct | < 2 | | <10 umol/L | RVH |
| ALT | 36 | | <49 U/L | RVH |
| Alkaline Phosphatase | 94 | | <120 U/L | RVH |
| Albumin | 39 | | 34-50 g/L | RVH |
| TSH | 142.71 | H | 0.55-4.78 mIU/L | RVH |
| Thyroxine Free | 3.6 | L | 11.5-22.7 pmol/L | RVH |
| Hemolysis Index | 1+ | A | None | RVH |
| <p><i>The effect of hemolysis with laboratory instrumentation is to falsely elevate acetaminophen, albumin, ALT, ammonia, AST, calcium, carbamazepine, cholesterol, CK, chloride, creatinine, digoxin, ethanol, HDL, gentamycin, GGT, glucose,</i></p> | | | | |
| Print Date/Time:22/Oct/25-1154 | | | | By:MACNHE01RV |

** CONTINUED ON NEXT PAGE **

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Royal Victoria Regional Health Centre
Department of Pathology and Laboratory Medicine
201 Georgian Drive Barrie, ON L4M 6M2 (705) 728-9090
** Specimen Inquiry **

| | | | |
|----------------------------------|-----------------------------|------------------------|--------------------|
| PATIENT: Blackshaw, Wendy | Acct#: VR0013497/25 | MRN: V001020095 | (Continued) |
| Spec#: 2110:C00543U | Coll: 21/Oct/25-0753 | | |

| Test | Result | Flag | Reference | Site |
|------|---|------|-----------|------|
| | <i>phosphorus, iron, potassium, LDH, lithium, magnesium, sodium, phenytoin, tobramycin, total protein, triglycerides, urea, vancomycin and valproic acid results.</i> | | | |
| | <i>Hemolysis also falsely decreases results for: ALKP, amylase, ASO, CO2, direct and total bilirubin, ferritin, haptoglobin, CRP, IgA, IgG, IgM, lactate, lipase, microalbumin, IPTH, procalcitonin, RF, salicylate, HCG, TIBC, transferrin, TSH and urate.</i> | | | |
| | <i>The absolute effect is a function of the degree of hemolysis.</i> | | | |
| | <i>Due to significant interference effect, a grading of 3+ hemolysis or greater renders the sample unsatisfactory for analysis of the above mentioned tests. Please re-order in Mediatech for repeat collection of these tests.</i> | | | |

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201 Georgian Drive, Barrie, ON L4M 6M2

Print Date/Time: 22/Oct/25-1154

By: MACNIE01RV

** END OF REPORT **

Page 2 of 2

Royal Victoria Regional Health Centre
Department of Pathology and Laboratory Medicine
 201 Georgian Drive Barrie, ON L4M 6M2 (705) 728-9090
 ** Specimen Inquiry **

PATIENT: Blackshaw, Wendy**DoB:** 28/Aug/1979 46/F**Pt Phone:** (416) 407-0234**Reg Date:** 21/Oct/25**Status:** REG RCR**MRN:** V001020095**Acct#:** VR0013497/25**HCN:** 3302280312-DJ**Locn:** V.CANCER**Submitter:** Coralea Kappel**Spec#:** 1010:H00566U**Coll:** 10/Oct/25-1223**Barcode:** 316350**Rcvd:** 10/Oct/25-1226**Copy-to:** Nabil Moussa Salama Beshay
Monica Mitra Chaudhuri**Status:** COMP

| Test | Result | Flag | Reference | Site |
|-----------------------------|-------------|------|------------------------------|------|
| <i>Complete Blood Count</i> | | | | |
| White Blood Count | 7.10 | | 4.0-11.0 $\times 10^9/L$ | RVH |
| Red Blood Count | 3.86 | L | 4.00-5.50 $\times 10^{12}/L$ | RVH |
| Hemoglobin | 117 | | 115-160 g/L | RVH |
| Hematocrit | 0.350 | | 0.350-0.470 L/L | RVH |
| MCV | 90.7 | | 80-95 fL | RVH |
| MCH | 30.3 | | 27.0-33.0 pg | RVH |
| MCHC | 334 | | 310-360 g/L | RVH |
| RDW | 13.3 | | 12.0-14.9 % | RVH |
| Platelet Count | 179 | | 150-400 $\times 10^9/L$ | RVH |
| MPV | 9.3 | | 7.0-11.0 fL | RVH |
| Differential | Complete | | | RVH |
| Prelim Neut Count | 3.06 | | $\times 10^9/L$ | RVH |
| Nucleated RBC, Abs | 0.12 | | 0.00 $\times 10^9/L$ | RVH |
| Neutrophils, Abs | 3.69 | | 2.00-7.50 $\times 10^9/L$ | RVH |
| Lymphocytes, Abs | 2.06 | | 1.00-3.50 $\times 10^9/L$ | RVH |
| Monocytes, Abs | 0.85 | | 0.00-1.20 $\times 10^9/L$ | RVH |
| Eosinophils, Abs | 0.07 | | 0.00-0.50 $\times 10^9/L$ | RVH |
| Basophils, Abs | 0.00 | | 0.00-0.20 $\times 10^9/L$ | RVH |
| Metamyelocytes, Abs | 0.21 | | $\times 10^9/L$ | RVH |
| Myelocytes, Abs | 0.14 | | $\times 10^9/L$ | RVH |
| Blasts, Abs | 0.07 | H | 0.00 $\times 10^9/L$ | RVH |
| Blasts % | 1.0 | | % | RVH |
| Band Neutrophil | Few | | | RVH |
| Elliptocytes | Few | | | RVH |

RVH - Royal Victoria Regional Health
 201 Georgian Drive, Barrie, ON L4M 6M2

Print Date/Time: 22/Oct/25-1155

By: MACNIE01RV

** END OF REPORT **

Page 1 of 1

Royal Victoria Regional Health Centre
Department of Pathology and Laboratory Medicine

201 Georgian Drive Barrie, ON L4M 6M2 (705) 728-9090

** Specimen Inquiry **

PATIENT: Blackshaw, Wendy**DoB:** 28/Aug/1979 46/F**Pt Phone:** (416) 407-0234**Reg Date:** 21/Oct/25**Status:** REG RCR**MRN:** V001020095**Acct#:** VR0013497/25**HCN:** 3302280312-DJ**Locn:** V.CANCER**Submitter:** Coralea Kappel**Spec#:** 1010:C00876U**Coll:** 10/Oct/25-1223**Barcode:** 316349**Rcvd:** 10/Oct/25-1226**Copy-to:** Nabil Moussa Salama Beshay

Monica Mitra Chaudhuri

Status: COMP

| Test | Result | Flag | Reference | Site |
|----------------|--------|------|----------------|------|
| Glucose Random | 6.3 | | 4.0-7.8 mmol/L | RVH |
| Creatinine | 65 | | 49-90 umol/L | RVH |
| EGFR (CKD-EPI) | 102 | | mL/min | RVH |

*Invalid for drug dosing, pregnancy, muscle mass extremes.**Normal eGFR.*

The 2021 CKD-EPI equation (units - mL/min/1.73 m²) was used for this eGFR calculation which does not use a race-based adjustment. This modified equation is endorsed by the American Society of Nephrology, National Kidney Foundation and College of American Pathologists.

| | | | | |
|-----------------------|-------|---|------------------|-----|
| Sodium | 143 | | 132-146 mmol/L | RVH |
| Potassium | 3.7 | | 3.5-5.1 mmol/L | RVH |
| Chloride | 104 | | 96-109 mmol/L | RVH |
| Total CO ₂ | 29 | | 21-32 mmol/L | RVH |
| Anion Gap Calc | 10 | | 5-15 mmol/L | RVH |
| Calcium | 2.42 | | 2.10-2.60 mmol/L | RVH |
| Magnesium | 0.76 | | 0.70-1.06 mmol/L | RVH |
| Phosphorous | 1.15 | | 0.80-1.60 mmol/L | RVH |
| Bilirubin Total | < 3 | | <22 umol/L | RVH |
| Bilirubin Direct | < 2 | | <10 umol/L | RVH |
| ALT | 18 | | <49 U/L | RVH |
| Alkaline Phosphatase | 95 | | <120 U/L | RVH |
| Albumin | 37 | | 34-50 g/L | RVH |
| TSH | 53.07 | H | 0.55-4.78 mIU/L | RVH |
| Thyroxine Free | 5.4 | L | 11.5-22.7 pmol/L | RVH |
| Hemolysis Index | 1+ | A | None | RVH |

The effect of hemolysis with laboratory instrumentation is to falsely elevate acetaminophen, albumin, ALT, ammonia, AST, calcium, carbamazepine, cholesterol, CK, chloride, creatinine, digoxin, ethanol, HDL, gentamicin, GGT, glucose, phosphorus, iron, potassium, LDH, lithium, magnesium, sodium, phenytoin, tobramycin, total protein, triglycerides, urea, vancomycin and valproic acid results.

Print Date/Time:22/Oct/25-1155

By:MACNHE01RV

** CONTINUED ON NEXT PAGE **

Page 1 of 2

Royal Victoria Regional Health Centre
Department of Pathology and Laboratory Medicine
201 Georgian Drive Barrie, ON L4M 6M2 (705) 728-9090
** Specimen Inquiry **

| | | | |
|----------------------------------|-----------------------------|------------------------|--------------------|
| PATIENT: Blackshaw, Wendy | Acct#: VR0013497/25 | MRN: V001020095 | (Continued) |
| Spec#: 1010:C00876U | Coll: 10/Oct/25-1223 | | |

| Test | Result | Flag | Reference | Site |
|------|---|------|-----------|------|
| | <i>Hemolysis also falsely decreases results for: ALKP, amylase, ASO, CO2, direct and total bilirubin, ferritin, haptoglobin, CRP, IgA, IgG, IgM, lactate, lipase, microalbumin, IPTH, procalcitonin, RF, salicylate, HCG, TIBC, transferrin, TSH and urate.</i> | | | |
| | <i>The absolute effect is a function of the degree of hemolysis.</i> | | | |
| | <i>Due to significant interference effect, a grading of 3+ hemolysis or greater renders the sample unsatisfactory for analysis of the above mentioned tests. Please re-order in Mediatech for repeat collection of these tests.</i> | | | |

RVH - Royal Victoria Regional Health
201 Georgian Drive, Barrie, ON L4M 6M2

| | |
|--------------------------------|---------------|
| Print Date/Time:22/Oct/25-1155 | By:MACNIE01RV |
|--------------------------------|---------------|

** END OF REPORT **
Page 2 of 2

Royal Victoria Regional Health Centre
Department of Pathology and Laboratory Medicine
 201 Georgian Drive Barrie, ON L4M 6M2 (705) 728-9090
 ** Specimen Inquiry **

PATIENT: Blackshaw, Wendy**DoB:** 28/Aug/1979 46/F**Pt Phone:** (416) 407-0234**Reg Date:** 21/Oct/25**Status:** REG RCR**MRN:** V001020095**Acct#:** VR0013497/25**HCN:** 3302280312-DJ**Locn:** V.CANCER**Submitter:** Isabel Li**Spec#:** 2909:H00516U**Coll:** 29/Sep/25-1016**Barcode:** 295362**Rcvd:** 29/Sep/25-1025**Copy-to:** Nabil Moussa Salama Beshay
Monica Mitra Chaudhuri**Status:** COMP

| Test | Result | Flag | Reference | Site |
|-----------------------------|----------|------|------------------------------|------|
| <i>Complete Blood Count</i> | | | | |
| White Blood Count | 7.66 | | 4.0-11.0 $\times 10^9/L$ | RVH |
| Red Blood Count | 4.46 | | 4.00-5.50 $\times 10^{12}/L$ | RVH |
| Hemoglobin | 134 | | 115-160 g/L | RVH |
| Hematocrit | 0.403 | | 0.350-0.470 L/L | RVH |
| MCV | 90.4 | | 80-95 fL | RVH |
| MCH | 30.0 | | 27.0-33.0 pg | RVH |
| MCHC | 333 | | 310-360 g/L | RVH |
| RDW | 12.8 | | 12.0-14.9 % | RVH |
| Platelet Count | 187 | | 150-400 $\times 10^9/L$ | RVH |
| MPV | 9.5 | | 7.0-11.0 fL | RVH |
| Differential | Complete | | | RVH |
| Prelim Neut Count | 3.92 | | $\times 10^9/L$ | RVH |
| Nucleated RBC, Abs | 0.07 | | 0.00 $\times 10^9/L$ | RVH |
| Neutrophils, Abs | 4.93 | | 2.00-7.50 $\times 10^9/L$ | RVH |
| Lymphocytes, Abs | 1.53 | | 1.00-3.50 $\times 10^9/L$ | RVH |
| Monocytes, Abs | 0.67 | | 0.00-1.20 $\times 10^9/L$ | RVH |
| Eosinophils, Abs | 0.00 | | 0.00-0.50 $\times 10^9/L$ | RVH |
| Basophils, Abs | 0.13 | | 0.00-0.20 $\times 10^9/L$ | RVH |
| Metamyelocytes, Abs | 0.13 | | $\times 10^9/L$ | RVH |
| Myelocytes, Abs | 0.27 | | $\times 10^9/L$ | RVH |
| Promyelocytes, Abs | 0.00 | | $\times 10^9/L$ | RVH |
| Blasts, Abs | 0.00 | | 0.00 $\times 10^9/L$ | RVH |
| Blasts % | 0.0 | | % | RVH |
| Plasma Cells, Abs | 0.00 | | $\times 10^9/L$ | RVH |
| Other cells, Abs | 0.00 | | $\times 10^9/L$ | RVH |

RVH - Royal Victoria Regional Health
 201 Georgian Drive, Barrie, ON L4M 6M2

Print Date/Time: 22/Oct/25-1155

By: MACNIE01RV

** END OF REPORT **

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Royal Victoria Regional Health Centre
Department of Pathology and Laboratory Medicine
 201 Georgian Drive Barrie, ON L4M 6M2 (705) 728-9090
 ** Specimen Inquiry **

PATIENT: Blackshaw, Wendy**DoB:** 28/Aug/1979 46/F**Pt Phone:** (416) 407-0234**Reg Date:** 21/Oct/25**Status:** REG RCR**MRN:** V001020095**Acct#:** VR0013497/25**HCN:** 3302280312-DJ**Locn:** V.CANCER**Submitter:** Isabel Li**Spec#:** 2909:C00755U**Coll:** 29/Sep/25-1016**Copy-to:** Nabil Moussa Salama Beshay
Monica Mitra Chaudhuri**Barcode:** 295361**Rcvd:** 29/Sep/25-1025**Status:** COMP

| Test | Result | Flag | Reference | Site |
|---|--------|------|--------------|------|
| Creatinine | 73 | | 49-90 umol/L | RVH |
| EGFR (CKD-EPI) | 89 | | mL/min | RVH |
| <p><i>Invalid for drug dosing, pregnancy, muscle mass extremes.</i></p> <p><i>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.</i></p> <p><i>The 2021 CKD-EPI equation (units - mL/min/1.73 m²) was used for this eGFR calculation which does not use a race-based adjustment. This modified equation is endorsed by the American Society of Nephrology, National Kidney Foundation and College of American Pathologists.</i></p> | | | | |
| Bilirubin Total | < 3 | | <22 umol/L | RVH |
| Bilirubin Direct | < 2 | | <10 umol/L | RVH |
| ALT | 35 | | <49 U/L | RVH |
| Alkaline Phosphatase | 95 | | <120 U/L | RVH |
| Hemolysis Index | 1+ | A | None | RVH |
| <p><i>The effect of hemolysis with laboratory instrumentation is to falsely elevate acetaminophen, albumin, ALT, ammonia, AST, calcium, carbamazepine, cholesterol, CK, chloride, creatinine, digoxin, ethanol, HDL, gentamycin, GGT, glucose, phosphorus, iron, potassium, LDH, lithium, magnesium, sodium, phenytoin, tobramycin, total protein, triglycerides, urea, vancomycin and valproic acid results.</i></p> <p><i>Hemolysis also falsely decreases results for: ALKP, amylase, ASO, CO₂, direct and total bilirubin, ferritin, haptoglobin, CRP, IgA, IgG, IgM, lactate, lipase, microalbumin, IPTH, procalcitonin, RF, salicylate, HCG, TIBC, transferrin, TSH and urate.</i></p> <p><i>The absolute effect is a function of the degree of hemolysis.</i></p> | | | | |

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By: MACNIE01RV

** CONTINUED ON NEXT PAGE **

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Royal Victoria Regional Health Centre
Department of Pathology and Laboratory Medicine
201 Georgian Drive Barrie, ON L4M 6M2 (705) 728-9090
** Specimen Inquiry **

| | | | |
|----------------------------------|-----------------------------|------------------------|--------------------|
| PATIENT: Blackshaw, Wendy | Acct#: VR0013497/25 | MRN: V001020095 | (Continued) |
| Spec#: 2909:C00755U | Coll: 29/Sep/25-1016 | | |

| Test | Result | Flag | Reference | Site |
|---|--------|------|-----------|------|
| <i>Due to significant interference effect, a grading of 3+ hemolysis or greater renders the sample unsatisfactory for analysis of the above mentioned tests. Please re-order in Mediatech for repeat collection of these tests.</i> | | | | |

RVH - Royal Victoria Regional Health
201 Georgian Drive, Barrie, ON L4M 6M2

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** END OF REPORT **
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Medication201 Georgian Drive
Barrie, ON L4M 6M2
(705)739-5661 Fax (705)739-5619**HRCP - Medical Oncology****Name:** BLACKSHAW, WENDY**Plan:** AC D1,15 Q28D+PEMB (sup)**Birth Date:** Aug 28, 1979**Age:** 46 yrs**Sex:** Female**Version:** 2.0**V#:** V001020095**Phase:** 1 - 90/90**CP Account #:** VR0013497/25**Date/Time of Visit:** Oct 22, 2025 11:39

| Medication | Last Given | Start Date | End Date |
|--|--------------------|--------------|-------------|
| Active Chemotherapy Agents | | | |
|  cyclophosphamide (Recon Soln) | Sep 30, 2025 12:56 | Sep 2, 2025 | |
|  DOXOrubicin (Solution) | Sep 30, 2025 12:44 | Sep 2, 2025 | |
| Active Non-Chemotherapy Agents | | | |
|  aprepitant (Capsule, Dose Pack) | | Sep 16, 2025 | |
|  dexamethasone (Tablet) | Sep 30, 2025 11:00 | Sep 2, 2025 | |
|  levothyroxine (Tablet) | | Oct 10, 2025 | |
|  netupitant-palonosetron (Capsule) | Sep 30, 2025 11:00 | Sep 2, 2025 | |
|  olanzapine (Tablet) | | Sep 2, 2025 | |
|  ondansetron (Tablet, Rapid Dissolve) | | Sep 16, 2025 | |
|  pegfilgrastim (Pen Injector) | | Sep 2, 2025 | |
| Active As Per Patient Agents | | | |
| betamethasone valerate (Cream) - (0.1 %) Cream Topical b.i.d. | | Unknown | |
| calcium (Tablet) - (1000 mg) Tablet Oral daily | | Unknown | |
| cholecalciferol (vitamin D3) (Tablet) - (25 mcg) Tablet Oral daily | | Unknown | |
| Symbicort-100 Turbuhaler (Aerosol Powdr Breath Activated) - Aerosol Powdr Breath Activated Inhalation | | Unknown | |
| Inactive Agents | | | |
| pembrolizumab (Solution) - 320 mg (at 4 mg/kg) (of 25 mg/mL) Solution Intravenous once in 0.9% Sodium Chloride 50 mL + OF 5 mL 55 mL (2) | Sep 02, 2025 09:55 | Sep 2, 2025 | Sep 2, 2025 |