WELL Health

Fax Cover Sheet

To: LMC - Referrals
Phone: (866) 701-3636
Fax: 1 (877) 562-2778

Date: 24-Oct-2025

From: Dr. Saeed Riaz
Phone: (416) 249-0728
Fax: (416) 249-0732

Number of pages including cover: 8

Re: Josephine Okewu

WELL Health | MEDICAL CENTRES

#9603
1995 Weston Road
Toronto, ON
T: (416) 249-0728
F: (416) 249-0732

24-Oct-2025

LMC - Referrals

, ON

Patient:	Mrs. Josephine Okewu
PHN:	8468 589 422DY
Birthdate:	23-Sep-1988
Phone:	**H:** (000) 000-0000 **C:** (437) 225-3810
Address:	22 John St Toronto, ON M9N 0B1

REQUEST FOR CONSULTATION

Dear LMC - Referrals,

Please see Josephine Okewu, a 37 year old female for secondary amenorrhea.

Relevant findings and investigations are attached.
Please do not hesitate to contact me if you have any questions regarding the care of Josephine.

Medical History:
None Recorded
Surgical History:
None Recorded
Problem History:
None Recorded
Family History:
None Recorded
Active Medications:
rosuvastatin calcium 10 mg Oral Tablet
1 Tablet(s) QD X 90 Day(s)
APO-LEVOTHYROXINE 75 MCG TAB
1 Tablet(s) QD X 90 Day(s)
Known Allergies:
None Recorded
Surgical History:
None Recorded

Sincerely,

Dr. Saeed Riaz, MD
Billing No. 054087

Enclosures (5)

CALL 416-256-7278 OR EMAIL SUPPORT@MHLAB.CA

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www.mhlab.ca | support@mhlab.ca
1216 Lawrence Ave. West, Toronto ON M6A 1E2
PH:(416) 256-7278 FAX:(416) 256-7697

PRINTED DATE: 27 SEP 2025 8:50

PATIENT:	OHIP#	SPECIMEN ACC#:	PHYSICIAN: (2) PDFFAX
OKEWU, JOSEPHINE	8468589422DY	2509260609	- MD S Riaz
CHART#:	DATE OF BIRTH:	SERVICE DATE:	FAX: (416) 249-0732
22 JOHN ST.	23 SEP 1988	26 SEP 2025	REPORT DATE:
TORONTO, ON M9N 0B1	AGE: 37	COLLECTION DATE:	27 SEP 2025 8:50
| 4372253810	SEX: FEMALE	26 SEP 2025 11:26	STATUS:
			FINAL

TEST	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
HEMATOLOGY				
WBC		**3.9 L**	10**9/L	4.0-11.0
RBC	4.23		10**12/L	4.0-5.1
Hemoglobin		**115 L**	g/L	120-160
Hematocrit		**0.349 L**	L/L	0.36-0.48
Platelet Count	167		10**9/L	150-400
MCV	82.4		fL	80-98
MCH		**27.2 L**	pg	27.5-32.5
MCHC	330		g/L	320-360
RDW	13.2		%	11.5-14.5
DIFFERENTIAL COUNT				
Neutrophil		**1.8 L**	10**9/L	2.0-7.5
Lymphocyte	1.7		10**9/L	1.0-3.5
Monocyte	0.4		10**9/L	0.0-0.8
Eosinophil	0.1		10**9/L	0.0-0.5
Basophil	0.0		10**9/L	0.0-0.2
URINALYSIS				
SpecificGravity	1.012			1.010-1.030
pH	6.0		pH	5.5-8.0
Sugar (Urine)	Negative			
Protein (Urine)	Negative			
Ketone	Negative			
Blood	Negative			
Leukocytes	Negative			
Nitrite	Negative			
GENERAL CHEMISTRY				

****Note: Starting on October 1, 2023 routine chemistry testing will be performed on a new updated analyzer. The analyzer has been thoroughly validated and clients should note that there are some modifications to the reference ranges with the new methodologies. All reference ranges are shown on the patient reports. Any questions should be directed to the labs chemistry department.*

Glucose Fasting	4.3	mmol/L	3.6-6.0
HbA1C	4.7	%	<6.0

Screening: Normal glycemic control
Goal for monitoring Non-Diabetics refer to OAML communique dated May 2015, Available on request

Creatinine	79	umol/L	31-91

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TEST	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
eGFR		85 L		>=90

An eGFR from 60-89 mL/min/1.73 m2 is consistent with mildly decreased kidney function. However, in the absence of the other evidence of kidney disease,eGFR values in this range do not fulfill the KDIGO criteria for chronic kidney disease. Interpret result in concert with ACR measurment.
******Effective April 08, 2024, eGFR is calculated using the New 2021 CKD-EPI equation KDIGO 2012 guidelines highlighted the importance of eGFR and urine albumin creatinine ratio(ACR)in screening, diagnosis and management of CKD. Result for eGFR should be interpreted in concert with ACR*

Sodium	142		mmol/L	136-145
Potassium	4.3		mmol/L	3.5-5.1
Alk Phosphatase	53		U/L	34-104

Alkaline Phosphatase testing should be reserved for specific diagnosis, especially hepatobiliary and bone disorders. Its use in routine health screening is not appropriate.

ALT (SGPT)	24		U/L	7-52
Uric Acid		449 H	umol/L	137-393
Albumin	48		g/L	35-57
Cholesterol		7.87 H	mmol/L	<5.20
Triglycerides	1.25		mmol/L	<1.70
HDL Cholesterol	1.17		mmol/L	0.59-2.38
LDL Cholesterol		6.13 H	mmol/L	<3.36
Chol:HDL Ratio	6.7			
NON-HDL Choleste	6.70		mmol/L	

Non-HDL cholesterol is calculated from total cholesterol and HDL-C and is not significanlty affected by the fasting status of the patient
overnight fasting and early morning testing no longer needed for many lipid screening tests

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LIPID TARGET VALUES

10 years CVD risk	*Primary Tx Target*	*Alrenate Tx Target*

High or intermediate (FRS>=10%)	*LDL <= 2.0 mmol/L or >=50% decrease in LDL-C*	*Non-HDL-C <= 2.6 mmol/L*
Low(FRS<10%)	*>=50% decrease in LDL-C*	

Chol/HDL-C is not included in the 2012 CCS guidelines as a lipid initiation or treatment target but is recognized as an indicator of high CVD risk at Chol/HDL-C ratio>6.0

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TEST	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
Fasting	>10		Hours	

Consider the non-HDL-C value as an alternate lipid target if monitoring treatment is intermediate or high risk patients.

Bilirubin Total		18 H	umol/L	5-17
TSH Ultra-sens	2.31		mIU/L	0.35-4.94

Asymptomatic patients should generally not be screened for thyroid disease (exceptions include pregnant, post-partum, or post-menopausal women). Thyroid function in patients with suspected thyroid disease is best assessed with TSH as the sole screening test. It is not appropriate to order free-T4 and/or free-T3 in addition to TSH in the initial screen.

Free T4		5 L	pmol/L	8-15
Vitamin B12		986 H	pmol/L	133-675

Vitamin B12 assays should be considered for assessment of perphipheral neuropathy, megaloblastic anemia, or malabsorptive conditions. Routine screening should only be ordered on seniors and then only once every few years. In lieu of testing, oral supplementation should be considered for individuals suspected of vitamin B12 deficiency.

Ferritin		357 H	ug/L	30-300

Effective July 30 2024, Med-Health will start reporting serum Ferritin results as stated in 'Table 3' of the revised OAML guideline (CLP 002) for interpretation as follows:

<30 µg/L (adult)
<20 µg/L (pediatric)
Consistent with iron deficiency

30-50 µg/L (adult)
20-50 µg/L (pediatric)
Probable iron deficiency (in the absence of concomitant inflammation)

51-100 µg/L
Possible iron deficiency, if risk factors are present (in the absence of concomitant inflammation)

101- 300 µg/L
Iron deficiency unlikely (in the absence of concomitant inflammation)

Pediatric is set as <18 years of age

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TEST	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
FSH	3.00		IU/L	
	Female specific ranges			
	Mid-follicular phase: 3.8- 8.8 IU/L			
	Mid-cycle peak: 4.5- 22.5 IU/L			
	Mid-luteal phase: 1.8- 5.1 IU/L			
	Post-menopausal: 16.7-113.6 IU/L			
LH	1.05		IU/L	
	Female specific ranges			
	Mid-follicular phase: 2.1- 10.9 IU/L			
	Mid-cycle peak: 19.2-103.0 IU/L			
	Mid-luteal phase: 1.2- 12.9 IU/L			
	Post-menopausal: 10.9- 58.6 IU/L			
Progesterone	<0.25		nmol/L	
	NON-PREGNANT FEMALES:			
	Mid-follicular phase: 1- 5 nmol/L			
	Mid-luteal phase: 16- 59 nmol/L			
	Post-menopausal: 0- 2 nmol/L			
	PREGNANCY:			
	First trimester: 15-160 nmol/L			
	Second trimester: 62-144 nmol/L			
Estradiol	< 37		pmol/L	
Prolactin		**2.26 L**	ug/L	3.3-26.7
	Female specific ranges			
	Premenopausal 3.3 - 26.7ug/L			
	Post Menopausal 2.7 - 19.6ug/L			
Testosterone		**0.3 L**	nmol/L	0.4-2.0
MicroalbuminRDMU	<7.0		mg/L	
Urine Creatinine	6.89		mmol/L	
MAL/Creat Ratio2	**			

Unable to report the ratio as one or both of the components is outside the limits of detection.

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TEST	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE

General REF LAB

Sex Hormone Bind REFERRED OUT
(DYNA)

DYNA

Dynacare
Medical
Laboratories,
115
Midair
Court,
Brampton,
ON
L6T5M3

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