Ing Je Chen
Lake Shore
3857 Lake Shore Blvd W Toronto ON M8W 0A2
Tel: 416-354-2640 Fax: 647-729-2008

Consultation Request

Date:	2025-10-24	Patient:	SHENG, YAN
Status:	Non-Urgent	Address:	7 community Circle North York, ON, M2R 1W4
Service:	Endocrinology	Phone:	647-979-3399
Consultant:	Wong, Evelyn	Work Phone:	
Phone:	647-695-3866	Cell Phone:	
Fax:	416-309-0495	Email:	lynnxie6996@hotmail.com
Address:	520 Ellesmere Road Toronto	Birthdate:	1967-10-29 (y/m/d)
		Sex:	F
		Health Card No.:	(ON) 1593452301 GW
		Appointment date:	
		Time:	
		Chart No.:	

Reason for consultation:
57F with elevated ALP - bone source. Please assess.

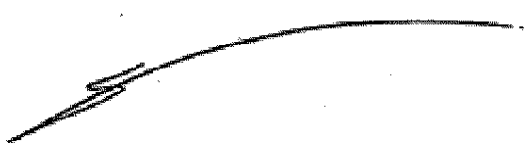
Pertinent Clinical Information:
OGD with metaplasia 2025
pre-diabetes, fatty liver
hypothyroidism, thyroid goitre, nodules

Significant Concurrent Problems:
dermatitis (Dr. C. Y. Wang - derm)

Current Medications:
clobetasol prn on hands, desonide prn on face/neck levothyroxine 88 mcg od

Allergies:
NKDA

Referring Practitioner : Dr. Chen, Ing Je (031313)
MRP : Chen, Ing Je (031313)
Requesting Physician : Dr. Chen, Ing Je (031313)
Signature:



WELL Health | DIAGNOSTIC CENTRES
Previously MyHealth | CENTRE

4949 Bathurst St, Unit #100, Toronto ON M2R 1Y1
TEL: 416-223-5460 FAX: 416 223 8335

Patient ▶	**SHENG, YAN**
HIN ▶	1593452301 GW
Patient ID ▶	1182334
DOB ▶	29-Oct-1967 (57) (F)
Phone ▶	(647) 979 3399
Study Date ▶	02-Jul-2025

Referring Physician ▶ Dr. Ing Je Chen TEL ▶ (647) 245 3018 FAX ▶ (647) 729 2008

Accession No ▶ 13939519, 13939520, 13939518, 13939517, 13939507, 13939508, 13939509

ULTRASOUND: ABDOMEN

CONCLUSION:

Probable hepatic steatosis in the appropriate clinical context.

CLINICAL HISTORY: Right upper quadrant pain.

COMPARISON: 12 - Apr - 2024

FINDINGS:

Scan Visibility	**Fair.**
Liver	Abnormal. **13.3 cm. Contour: Smooth. Echotexture: Normal.** Echogenicity: Increased.
Gallbladder	**Normal.**
Common Bile Duct	**Normal. 5 mm.**
Pancreas	**Head and body seen; tail not well seen.**
Spleen	**Normal. 8.3 cm.**
Right Kidney	**Normal. 10.8 cm.**
Left Kidney	**Normal. 11.2 cm.**
Aorta	**Normal.** Largest diameter: 2.0 cm.
IVC	**Not well seen.**
RLQ/LLQ	**Unremarkable.**

Reporting Physician ▶ Dr. Wael Shabana Reported On ▶ 02JUL2025 Technologist ▶ JW

Outcome analysis is a component of our Quality Assurance Program. Any clinical or pathological follow-up pertinent to this examination would be sincerely appreciated.

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Patient ▶	**SHENG, YAN**
HIN ▶	1593452301 GW
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Phone ▶	(647) 979 3399
Study Date ▶	02-Jul-2025

Pelvis Ltd.	**Unremarkable.**

Conclusion is at the top of this report.

Outcome analysis is a component of our Quality Assurance Program. Any clinical or pathological follow-up pertinent to this examination would be sincerely appreciated.
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Pds Diagnostic Imaging
2 Champagne Drive, Unit B23, Toronto, ON M3J 2C5
Tel: (416) 741-2766 Fax: (416) 741-6015

Name:	Sheng, Yan	**Ref. Doctor:**	Dr. Ing Je Chen ((647) 729 2008)
		Exam:	BMD (Baseline)
DOB:	29-Oct-1967 (56y-F)		
HC:	1593452301 DL		
Phone:	(647) 979 3399		
Exam Date:	30-Apr-2024		

EXAM: BONE MINERAL DENSITOMETRY

COMPARISON: No previous.

FINDINGS:

This method of reporting is based on the 2010 guidelines developed by Canadian Association of Radiologists and Osteoporosis Canada (CAROC).

It should be noted that adopting these new risk reporting guidelines will, in general, lower the fracture risk.

Bone density of the AP spine and the proximal left femur (hip) was performed using a G.E. Lunar Prodigy/Advance bone densitometer. A copy of the printout to which this report is based is appended.

This study is compared to the previous examination using the L1-L4 vertebral segments and total left hip as reference sites for comparison.

Both studies were performed using the same GE Prodigy bone densitometer.

The bone density of the L1 to L4 vertebral segments equals 0.951 gm/cm². The T-score is -1.9.
The bone density of the left femoral neck equals 0.720 gm/cm². The T-score is -2.3.
The bone density of the total left hip equals 0.730 gm/cm². The T-score is -2.2.

Diagnostic Category: Reduced bone mass

10-year Fracture Risk: Low

Fracture risk predicted for an individual by this system applies only for a finite period of time, and that risk will change with advancing age or with the development of new clinical risk factors.

Using this system in a patient on therapy only reflects the theoretical risk of a hypothetical patient who is treatment naive and does not reflect the risk reduction associated with therapy.

E. Korb MD.F.R.C.P.(C)
Electronically Signed by: Korb Ed (01 May 2024)

Date of dictation	Date of transcription	Transcriptionist	
01 May 2024	**01 May 2024**	**Ed Korb**	Page 1 of 2

ANY FINAL PATHOLOGICAL FOLLOW UP WOULD BE SINCERELY APPRECIATED

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Humber Valley IMAGING

Pds Diagnostic Imaging
2 Champagne Drive, Unit B23, Toronto, ON M3J 2C5
Tel: (416) 741-2766 Fax: (416) 741-6015

Name:	Sheng, Yan	**Ref. Doctor:**	Dr. Ing Je Chen ((647) 729 2008)
		Exam:	BMD (Baseline)
DOB:	29-Oct-1967 (56y-F)		
HC:	1593452301 DL		
Phone:	(647) 979 3399		
Exam Date:	30-Apr-2024		

Journal reference: Osteoporosis Canada 2010 Guidelines for the Assessment of Fracture Risk, Canadian Association of Radiologists.

OHIP rules for follow up BMD studies

1. Patients are limited to one baseline test (X145 or X146) in their lifetime.
2. Second test – low risk patient (X152/X153) is limited to a maximum of one test rendered not earlier than 36 months following the baseline test (X145/X146).
3. Subsequent test – low risk patient (X142/X148) is not eligible for payment when rendered earlier than 60 months following the second or any subsequent test.
4. Subsequent test - high risk patients (X149/X155) is limited to a maximum of one test every 12 months unless the ordering physician obtains written prior authorization from a medical consultant.

E. Korb MD.F.R.C.P.(C)
Electronically Signed by: Korb Ed (01 May 2024)

Date of dictation	Date of transcription	Transcriptionist	
01 May 2024	**01 May 2024**	**Ed Korb**	Page 2 of 2

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This report was generated using voice recognition software. If you require further clarification or notice a transcription error, please contact the facility.

Detail Results: Patient Info				Results Info	
Patient Name:	YAN SHENG	**Home Phone:**	(647) 979-3399	**Date of Service:**	2025-10-10 08:29:00
Date of Birth:	1967-10-29	**Work Phone:**		**Date Received:**	2025-10-20 16:00
Age:	57 years	**Sex:**	F	**Report Status:**	complete
Health #:	1593452301	**Patient Location:**	LIFELABS ONTARIO	**Client Ref. #:**	98106
				Accession #:	2025-6H2830015

Requesting Client: ING JE CHEN **cc: Client:** ING JE CHEN

HAEM1

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Complete Blood Count							
WBC	6.5		4.0 - 11.0	x E9/L	2025-10-10 17:32:38	F	5687
RBC	4.43		4.00 - 5.10	x E12/L	2025-10-10 17:32:38	F	
Hemoglobin	141		120- 160	g/L	2025-10-10 17:32:38	F	
Hematocrit	0.411		0.350 - 0.450	L/L	2025-10-10 17:32:38	F	
MCV	93		80 - 100	fL	2025-10-10 17:32:38	F	
MCH	31.8		27.5 - 33.0	pg	2025-10-10 17:32:38	F	
MCHC	343		305 - 360	g/L	2025-10-10 17:32:38	F	
RDW	12.2		11.5 - 14.5	%	2025-10-10 17:32:38	F	
Platelets	272		150 - 400	x E9/L	2025-10-10 17:32:38	F	
Neutrophils	3.5		2.0 - 7.5	x E9/L	2025-10-10 17:32:38	F	
Lymphocytes	2.5		1.0 - 3.5	x E9/L	2025-10-10 17:32:38	F	
Monocytes	0.4		0.2 - 1.0	x E9/L	2025-10-10 17:32:38	F	
Eosinophils	0.2		0.0 - 0.5	x E9/L	2025-10-10 17:32:38	F	
Basophils	0.1		0.0 - 0.2	x E9/L	2025-10-10 17:32:38	F	
Immature Granulocytes	0.0		0.0 - 0.1	x E9/L	2025-10-10 17:32:38	F	
Nucleated RBC	0			/100 WBC	2025-10-10 17:32:38	F	

HAEM3

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
INR (Prothrombin Time)							
INR	1.0		0.9 - 1.2		2025-10-10 16:07:47	F	

Prothrombin Time
International Normalized Ratio Therapeutic Range

Prophylaxis and treatment of
Thromboembolism 2.0 - 3.0

Patient with mechanical
prosthetic heart valve 2.5 - 3.5

CHEM4

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Glucose Fasting	6.1	H	3.6 - 6.0	mmol/L	2025-10-10 20:20:46	F	

Fasting Glucose from 6.1 - 6.9 mmol/L indicates prediabetes.

YAN SHENG

CHEM4

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Sodium	142		135-145	mmol/L	2025-10-10 20:20:46	F	
Potassium	4.0		3.5-5.2	mmol/L	2025-10-10 20:20:46	F	
Calcium	2.41		2.15-2.60	mmol/L	2025-10-10 20:20:46	F	
Bilirubin Total	11		<20	umol/L	2025-10-10 20:20:46	F	
Alkaline Phosphatase Isoenzymes							
Alkaline Phosphatase	174	H	35-120	U/L	2025-10-10 17:23:36	F	
Liver-1	NORMAL				2025-10-16 13:09:41	F	
Liver-2	NORMAL				2025-10-16 13:09:41	F	
Bone	INCREASED	A			2025-10-16 13:09:41	F	
Placental	ABSENT				2025-10-16 13:09:41	F	
Intestinal	NORMAL				2025-10-16 13:09:41	F	
Comments	Bone is usually seen in normal youth and in patients with bone disease. Increases can be seen in rheumatismal diseases, hyperparathyroidism, Paget disease and rachitism.				2025-10-16 13:09:41	F	
Alanine Aminotransferase	28		<36	U/L	2025-10-10 20:20:46	F	
Hemoglobin A1c							
Hemoglobin A1C/Total Hemoglobin	6.1	H	<6.0	%	2025-10-10 18:52:52	F	
	Diabetes Canada 2018 Guidelines: ---------- Screening and Diagnosis: < 5.5 % Normal 5.5% - 5.9 % At risk 6.0% - 6.4 % Prediabetes >OR= 6.5 % Diabetes Mellitus*** ***Regarding diagnosis: in the absence of symptomatic hyperglycemia, if a single laboratory test result is in the diabetes range, a repeat confirmatory laboratory test (FPG, A1C, 2hPG in a 75 g OGTT) must be done on another day for diagnosis confirmation. ---------- Monitoring: <OR= 7.0 % Target in adults without comorbidities. Other targets may be more appropriate in children, elderly and patients with comorbidities. ---------- Results may not accurately reflect mean blood glucose in patients with hemoglobin variants, disorders associated with abnormal erythrocyte turnover, severe renal and liver disorders.						
Creatinine/GFR							
Creatinine	35	L	50-100	umol/L	2025-10-10 20:20:46	F	
Glomerular Filtration Rate (eGFR)	116		See below		2025-10-10 20:20:46	F	

CHEM4

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
	Results rule out CKD stage 3-5. Assessment of urine ACR is required to definitively rule out or confirm CKD diagnosis. The KidneyWise toolkit (kidneywise.ca) recommends remeasuring eGFR and urine ACR annually for people with diabetes mellitus and less frequently in others unless clinical circumstances dictate otherwise. Reference interval: =>60 mL/min/1.73m2 eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.						

CHEM6

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Lipid Assessment							
Hours After Meal	15			Hours	2025-10-10 17:09:32	F	
Triglyceride	2.99	H		mmol/L	2025-10-10 20:20:46	F	
	FASTING: <1.70 mmol/L NON-FASTING: <2.00 mmol/L						
Cholesterol	5.36	H	<5.20	mmol/L	2025-10-10 20:20:46	F	
	Total cholesterol and HDL-C used for risk assessment and to calculate non HDL-C.						
HDL Cholesterol	0.92	L	>=1.30	mmol/L	2025-10-10 20:20:46	F	
	HDL-C <1.30 mmol/L indicates risk for metabolic syndrome.						
Non HDL Cholesterol	4.44	H	<4.20	mmol/L	2025-10-10 20:20:46	F	
	Non HDL-Cholesterol is not affected by the fasting status of the patient. If non-HDL-C >=4.20 mmol/L in primary prevention setting for low risk patients (FRS 5-9.9%) or intermediate risk patients (FRS 10-20%), consider therapy. Therapy also suggested in low risk patients (FRS <10%) with non-HDL-C >=5.8 mmol/L.						
LDL Cholesterol	3.23		<3.50	mmol/L	2025-10-10 20:20:46	F	
	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.						
Cholesterol/HDL Cholesterol	5.8				2025-10-10 20:20:46	F	
	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						

CHEM17

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Protein Electrophoresis							
Total Protein	73		60-80	g/L	2025-10-10 16:51:17	F	
Albumin	46.2		36.0-51.0	g/L	2025-10-14 11:42:26	F	

CHEM17

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Alpha 1 Globulin	2.4		2.0-4.0	g/L	2025-10-14 11:42:26	F	
Alpha 2 Globulin	6.2		5.0-9.0	g/L	2025-10-14 11:42:26	F	
Beta 1 Globulin	3.3		3.0-6.0	g/L	2025-10-14 11:42:26	F	
Beta 2 Globulin	2.9		2.0-5.0	g/L	2025-10-14 11:42:26	F	
Gamma Globulin	12.0		6.0-16.0	g/L	2025-10-14 11:42:26	F	
	Serum Protein electrophoresis does not suggest a monoclonal pattern. However, screening for plasma cell dyscrasias by this test alone can miss 8.6% of monoclonal proteins in a community setting*. Suggest follow-up with more sensitive tests, such as serum or urine immunofixation, if clinically indicated. *LifeLabs internal study.						

CHEM18

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Smooth Muscle Antibody							
Smooth Muscle Ab Titre	<1:20		<1:20		2025-10-16 14:03:19	F	
	Anti-Parietal cell antibody observed.						
Anti-Nuclear Antibodies							
Nuclear Antibody	POSITIVE	A	NEGATIVE		2025-10-20 15:32:32	F	
	Test performed using indirect immunofluorescence antibody technique.						
Nuclear Antibody Titre	1:160	H	< 1:80		2025-10-20 15:32:32	F	
Nuclear Antibody Pattern	Speckled pattern Homogeneous pattern				2025-10-20 15:32:32	F	
Nuclear Antibody Interpretation	Speckled pattern is seen in Sjogren's syndrome, SLE, subacute cutaneous lupus erythematosus, neonatal lupus erythematosus, congenital heart block, dermatomyositis, systemic sclerosis, SSc-autoimmune overlap syndrome, mixed connective tissues disease, and undifferentiated connective tissue disease. Follow up tests may include ENAs, if not already performed. Homogenous pattern is suggestive of SLE, chronic autoimmune hepatitis, and juvenile idiopathic arthritis. Follow up tests may include anti-dsDNA and/or ENAs, if not already performed.				2025-10-20 15:32:32	F	

CHEM28

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Parathyroid Hormone [PTH] Intact	2.9		1.6 - 6.9	pmol/L	2025-10-10 21:12:41	F	
	New Reagent Formulation as of July 4, 2025 has reduced interference for high doses of biotin.						

YAN SHENG

MICRO16

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Hepatitis A Immunity							
Anti-HAV IgG	NOT DETECTED				2025-10-10 17:09:32	F	
	Results indicate no exposure to Hepatitis A or no immunization to Hepatitis A.						
Hepatitis B Immunity							
Hepatitis B Surface Ab [HBsAb]	242.8		Immune: >9.9	IU/L	2025-10-10 17:09:32	F	
	An anti-HBs level of at least 10 IU/L is consistent with immunity to Hepatitis B if HBsAg is not detected. Patients with lower levels are also considered immune if they previously had a protective anti-HBs level.						

REFER1

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Public Health Test	Specimen referred to: Public Health Laboratories (PHL). Test results will be sent directly to the requesting physician from PHL. For result inquiries, call 1-877-604-4567.				2025-10-10 08:54:56	F	

END OF REPORT

5687 - LifeLabs 100 International Blvd. Toronto Ontario M9W 6J6 Canada B

Detail Results: Patient Info				Results Info	
Patient Name:	YAN SHENG	**Home Phone:**	(647) 979-3399	**Date of Service:**	2025-07-04 09:32:00
Date of Birth:	1967-10-29	**Work Phone:**		**Date Received:**	2025-07-05 10:00
Age:	57 years	**Sex:**	F	**Report Status:**	complete
Health #:	1593452301	**Patient Location:**	LIFELABS ONTARIO	**Client Ref. #:**	98106
				Accession #:	2025-6H1850128

Requesting Client: ING JE CHEN **cc: Client:** ING JE CHEN

HAEM1

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Complete Blood Count							
WBC	6.7		4.0 - 11.0	x E9/L	2025-07-04 14:16:06	F	5687
RBC	4.39		4.00 - 5.10	x E12/L	2025-07-04 14:16:06	F	
Hemoglobin	139		120- 160	g/L	2025-07-04 14:16:06	F	
Hematocrit	0.414		0.350 - 0.450	L/L	2025-07-04 14:16:06	F	
MCV	94		80 - 100	fL	2025-07-04 14:16:06	F	
MCH	31.7		27.5 - 33.0	pg	2025-07-04 14:16:06	F	
MCHC	336		305 - 360	g/L	2025-07-04 14:16:06	F	
RDW	13.1		11.5 - 14.5	%	2025-07-04 14:16:06	F	
Platelets	280		150 - 400	x E9/L	2025-07-04 14:16:06	F	
Neutrophils	3.5		2.0 - 7.5	x E9/L	2025-07-04 14:16:06	F	
Lymphocytes	2.6		1.0 - 3.5	x E9/L	2025-07-04 14:16:06	F	
Monocytes	0.4		0.2 - 1.0	x E9/L	2025-07-04 14:16:06	F	
Eosinophils	0.2		0.0 - 0.5	x E9/L	2025-07-04 14:16:06	F	
Basophils	0.1		0.0 - 0.2	x E9/L	2025-07-04 14:16:06	F	
Immature Granulocytes	0.0		0.0 - 0.1	x E9/L	2025-07-04 14:16:06	F	
Nucleated RBC	0			/100 WBC	2025-07-04 14:16:06	F	

HAEM3

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
INR (Prothrombin Time)							
INR	0.9		0.9 - 1.2		2025-07-04 14:03:44	F	

Prothrombin Time
International Normalized Ratio Therapeutic Range

Prophylaxis and treatment of
Thromboembolism 2.0 - 3.0

Patient with mechanical
prosthetic heart valve 2.5 - 3.5

CHEM1

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Vitamin B12	597		>220	pmol/L	2025-07-04 18:00:16	F	

>220 pmol/L: Normal, deficiency unlikely
150-220 pmol/L: Borderline,deficiency is possible
<150 pmol/L: Low, consistent with deficiency

CHEM1

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Ferritin	83			ug/L	2025-07-04 17:59:16	F	

In absence of concomitant inflammation, Ferritin levels can be interpreted as follows:

30-50 ug/L: Probable iron deficiency
51-100 ug/L: Possible iron deficiency, if risk factors are present
101-300 ug/L: Iron deficiency unlikely
=>600 ug/L: Consider test for iron overload

In patients with concomitant inflammation, use Iron Studies, including TIBC and Transferrin Saturation, to assess Iron Deficiency status.

For guidance, see www.hemequity.com/raise-the-bar

CHEM2

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Urinalysis Chemical							
Collection Date	04-JUL-2025				2025-07-04 16:16:46	F	
Collection Time	09:32				2025-07-04 16:16:46	F	
Appearance	CLEAR		Clear		2025-07-04 16:16:46	F	
Colour	YELLOW		Yellow		2025-07-04 16:16:46	F	
Specific Gravity	1.015				2025-07-04 16:16:46	F	
pH	5.5		5.0 - 8.0		2025-07-04 16:16:46	F	
Protein	NEGATIVE		Negative	g/L	2025-07-04 16:16:46	F	
Glucose	NEGATIVE		Negative	mmol/L	2025-07-04 16:16:46	F	
Ketones	NEGATIVE		Negative	mmol/L	2025-07-04 16:16:46	F	
Erythrocytes	NEGATIVE		Negative	RBC/uL	2025-07-04 16:16:46	F	
Nitrite	NEGATIVE		Negative		2025-07-04 16:16:46	F	
Leukocyte Esterase	NEGATIVE		Negative	WBC/uL	2025-07-04 16:16:46	F	
TEST COMMENT	Please see https://tests.lifelabs.com/s/article/URINALYSIS-CHEMICAL-Ontario for alternative reporting units.				2025-07-04 16:16:46	F	
Urinalysis Microscopic							
Erythrocytes	NEGATIVE		0-2	/HPF	2025-07-04 16:16:46	F	
Leukocytes	NEGATIVE		0-5	/HPF	2025-07-04 16:16:46	F	
Squamous Epithelial Cells	NEGATIVE			/HPF	2025-07-04 16:16:46	F	
Non Squamous Epithelial Cells	NEGATIVE		0-5	/HPF	2025-07-04 16:16:46	F	
Pathologic Casts	NEGATIVE		Negative	/HPF	2025-07-04 16:16:46	F	
Crystals	NEGATIVE				2025-07-04 16:16:46	F	

CHEM4

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Sodium	143		135-145	mmol/L	2025-07-04 15:59:20	F	
Potassium	4.3		3.5-5.2	mmol/L	2025-07-04 15:59:20	F	

CHEM4

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Calcium	2.39		2.15-2.60	mmol/L	2025-07-04 15:59:20	F	
Urate	276		150-390	umol/L	2025-07-04 15:59:20	F	
	Female Reference Intervals (umol/L) >or= 13yrs 150-390 Postmenopausal 210-450						
Albumin	49		35-52	g/L	2025-07-04 15:59:20	F	
Bilirubin Total	8		<20	umol/L	2025-07-04 15:59:20	F	
Alkaline Phosphatase	187	H	35-120	U/L	2025-07-04 15:59:20	F	
Alanine Aminotransferase	25		<36	U/L	2025-07-04 15:59:20	F	
Magnesium	0.82		0.70-1.00	mmol/L	2025-07-04 15:59:20	F	
Hemoglobin A1c							
Hemoglobin A1C/Total Hemoglobin	6.2	H	<6.0	%	2025-07-04 21:52:53	F	
	Diabetes Canada 2018 Guidelines: --- Screening and Diagnosis: < 5.5 % Normal 5.5% - 5.9 % At risk 6.0% - 6.4 % Prediabetes >OR= 6.5 % Diabetes Mellitus*** ***Regarding diagnosis: in the absence of symptomatic hyperglycemia, if a single laboratory test result is in the diabetes range, a repeat confirmatory laboratory test (FPG, A1C, 2hPG in a 75 g OGTT) must be done on another day for diagnosis confirmation. --- Monitoring: <OR= 7.0 % Target in adults without comorbidities. Other targets may be more appropriate in children, elderly and patients with comorbidities. --- Results may not accurately reflect mean blood glucose in patients with hemoglobin variants, disorders associated with abnormal erythrocyte turnover, severe renal and liver disorders.						
Creatinine/GFR							
Creatinine	39	L	50-100	umol/L	2025-07-04 15:59:20	F	
Glomerular Filtration Rate (eGFR)	113		See below		2025-07-04 15:59:20	F	
	Reference interval: =>60 mL/min/1.73m2 eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.						

CHEM6

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Lipid Assessment							
Hours After Meal	12			Hours	2025-07-04 15:59:20	F	
Triglyceride	2.67	H		mmol/L	2025-07-04 15:59:20	F	
	FASTING: <1.70 mmol/L NON-FASTING: <2.00 mmol/L						

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CHEM6

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Cholesterol	5.77	H	<5.20	mmol/L	2025-07-04 15:59:20	F	
	Total cholesterol and HDL-C used for risk assessment and to calculate non HDL-C.						
HDL Cholesterol	0.99	L	>=1.30	mmol/L	2025-07-04 15:59:20	F	
	HDL-C <1.30 mmol/L indicates risk for metabolic syndrome.						
Non HDL Cholesterol	4.78	H	<4.20	mmol/L	2025-07-04 15:59:20	F	
	Non HDL-Cholesterol is not affected by the fasting status of the patient. If non-HDL-C >=4.20 mmol/L in primary prevention setting for low risk patients (FRS 5-9.9%) or intermediate risk patients (FRS 10-20%), consider therapy. Therapy also suggested in low risk patients (FRS <10%) with non-HDL-C >=5.8 mmol/L.						
LDL Cholesterol	3.67	H	<3.50	mmol/L	2025-07-04 15:59:20	F	
	If LDL-C >=3.50 mmol/L in primary prevention setting for low risk patients (FRS 5-9.9%) or intermediate risk patients (FRS 10-20%), consider therapy. Therapy also suggested in low risk patients (FRS <10%) with LDL-C >4.99 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.						
Cholesterol/HDL Cholesterol	5.8				2025-07-04 15:59:20	F	
	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						

CHEM10

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Albumin Creatinine Ratio Urine Random							
5 Year KFRE	NOT APPLICABLE		< 5	%	2025-07-05 00:10:58	F	
	Results indicate mild to moderate albuminuria reflecting increased risk of CKD progression. If this is the first result with an ACR >=3, confirm with at least 2 of 3 elevated results within 3 months. If there is hematuria (>20rbc/hpf confirmed on urine microscopy), refer to nephrology. Remeasure eGFR and urine ACR annually for patients with diabetes mellitus. See the KidneyWise toolkit (kidneywise.ca) for further management recommendations including when to refer to nephrology.						
Albumin (Urine)	55			mg/L	2025-07-05 00:10:58	F	
	No reference interval has been established for this test.						
Creatinine (Urine)	7.1			mmol/L	2025-07-05 00:10:58	F	

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CHEM10

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
	No reference interval has been established for this test.						
Albumin/Creatinine	7.7	H	< 3.0	mg/mmol	2025-07-05 00:10:58	F	

CHEM11

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Thyroid Stimulating Hormone (TSH)							
Thyroid Stimulating Hormone	2.11		0.32-4.00	mIU/L	2025-07-04 17:59:16	F	
Free Triiodothyronine (Free T3)							
Free T3	3.5		2.6-5.8	pmol/L	2025-07-04 18:00:16	F	
Free Thyroxine (Free T4)							
Free T4	13		9-19	pmol/L	2025-07-04 17:59:16	F	

CHEM28

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Parathyroid Hormone [PTH] Intact	3.2		1.6 - 6.9	pmol/L	2025-07-04 17:19:17	F	
	New Reagent Formulation as of July 4, 2025 has reduced interference for high doses of biotin.						
Vitamin D-25 Hydroxy							
25-Hydroxy Vitamin D	133.8		75.0 - 250.0	nmol/L	2025-07-04 17:45:14	F	

MICRO3

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status	Lab Lic #
Urine Culture							
Specimen Source	URINE				2025-07-05 09:18:44	F	
Collection Date	04-JUL-2025				2025-07-05 09:18:44	F	
Collection Time	09:32				2025-07-05 09:18:44	F	
Culture Status	Final				2025-07-05 09:18:44	F	
Culture Report	Urine Culture NO SIGNIFICANT GROWTH; organism(s) recovered in low numbers.				2025-07-05 09:18:44	F	

END OF REPORT

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