

Norring, Deborah

Birth date 13/01/1991 #167631 Page 1/6

Oct 23, 2025

LMC - Diabetes & Endocrinology Referral FormGMC



Patient Referral Form

PATIENT INFORMATION:

Name:	Deborah	Norring	DOB:	13/01/1991
	(first name)	(last name)		(dd/mm/yyyy)
Health Card:	ON 7069 305 915	Version Code:	Uninsured Specify:	
Address:	81 Monterey Dr			
	Ottawa, ON K2H7A9			
	(number)	(street name)	(unit)	
613-853-7060	(city)	(postal code)	(e-mail address)	
		613-853-7060	deborahnorring@gmail.com	
	(home #)	(work # with extension)	(other #)	

- ☒ Consultation & shared care ☐ Consultation only ☐ Diabetes Education only
☐ Diabetes Prevention - Health Coaching only ☐ Chiropody Assessment ☐ Optometry Consultation

DIABETES/ENDOCRINOLOGY PLEASE SPECIFY:

The following investigations would be helpful:

<input type="radio"/> Diabetes <input type="radio"/> Type 1 <input type="radio"/> Type 2 <input type="radio"/> GDM	<input type="radio"/> FPG, A1C, Lipids, Renal Function, uACR
<input type="radio"/> Newly Diagnosed Diabetes Rapid Triage (1-2 weeks)	<input type="radio"/> FPG, A1C, Lipids, Renal Function, uACR
<input checked="" type="radio"/> Thyroid	<input type="radio"/> Thyroid function, Relevant imaging
<input type="radio"/> Osteoporosis	<input type="radio"/> BMD report <2 years, other relevant labs
<input type="radio"/> Lipids	<input type="radio"/> TC, LDL, HDL (<3 months), A1C
<input type="radio"/> PCOS	<input type="radio"/> LH, FSH, estrogen, testosterone, A1C
<input type="radio"/> Other (please specify):	

Notes:

query Hashimoto's thyroiditis

Current Medications:

synthroid 100 mcg

Referred By: Dr. George M Condrut

019732

210-308 Palladium Drive

Referring Physician Billing #:

Kanata, ON K2V 1A1

Referring Physician Signature:

P:

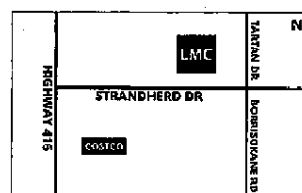
F:

Oct 23, 2025

Date:

New Patient Referrals:

T: 1.866.701.ENDO (3636)
E: referrals@lmc.ca
F: 1.877.LMC.APPT (562.2778)
W: www.LMC.ca/referrals



LMC OTTAWA
4100 Strandherd Drive,
Suite 208
Ottawa, ON K2J 0V2
T 613.505.9704
F 613.505.9707

LMC-V2-01052019

Norring, Deborah**Birth date 13/01/1991 #167631 Page 2/6**

81 Monterey Dr
Ottawa ON K2H7A9
613-853-7060(H)
613-853-7060(M)

Birthdate: Jan 13, 1991 Sex: F
Health #: ON 7069 305 915 valid; MOH does not have a valid mailing address; N..
Last Billed: Oct 23, 2025
MD: George Condut

Preferred Pharmacy IDA ROBERTSON 1861 ROBERTSON No Address Provided ON Phone: (613) 726-7999 Fax:

Family History

sister: MS
dad: early heart disease, etoh,
mom: healthy
mom's sibs: DM2

Problem List

Hashitomo's hypothyroid

Treatments

Synthroid 100 mcg po od (no sub)...

History of Past Health

fatty liver on abdo u/s

Allergies

? Amoxicillin oral-> r...

Immunization**Personal History**

engaged
dtr (Ella) 2010
ministry of health
nonsmoker,
no weed
etoh: once per year
exercise: starting at
gym 5x/week

Risk Factors

Norring, Deborah

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Feb 4, 2025

Ontario Laboratories Information System Lab B06



Accession Number

2025-XW0350842

Collection Date

Feb 4, 2025 12:57PM

Ordering Physician: MACLEAN, RICHARD STEWART

Result Copy To: MACLEAN, RICHARD STEWART

Complete Blood Count - WHOLE BLOOD (Final)

- WBC	10.3	4.0 - 11.0
- RBC	5.20 (H)	4.00 - 5.10
- Hb	142	120 - 160
- Hct	0.433	0.350 - 0.450
- MCV	83	80 - 100
- MCH	27.3 (L)	27.5 - 33.0
- MCHC	328	305 - 360
- RDW	13.1	11.5 - 14.5
- Platelets	348	150 - 400
- Neutrophils #	6.2	3.0 - 7.5
- Lymphocytes #	3.1	1.0 - 3.5
- Monocytes #	0.6	0.2 - 1.0
- Eosinophils #	0.4	0.0 - 0.5
- Basophils #	0.1	0.0 - 0.2
- Immature Granulocytes #	0.0	0.0 - 0.1
- Nucleated RBC's as % of WBCs	0	

Cobalamins - SERUM (Final)

- B12	319	>220
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>220 pmol/L: Normal, deficiency unlikely

150-220 pmol/L: Borderline, deficiency is possible

<150 pmol/L: Low, consistent with deficiency

Ferritin - SERUM (Final)

- Ferritin	24 (L)
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Result <30 ug/L consistent with iron deficiency.

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

Effective Sept 9, 2024, Clinical cut offs will
replace reference intervals for test
interpretation.

Urinalysis Chemical - URINE (Final)

- Collection Date	Feb 4, 2025
- Collection Time	125700
- Urine Appearance	CLEAR
- Urine Colour	YELLOW
- Urine Specific Gravity	1.010
- Urine pH	5.5
- Urine Protein	NEGATIVE
- Urine Glucose	NEGATIVE
- Urine Ketones	NEGATIVE
- Urine Erythrocytes	NEGATIVE
- Urine Nitrite	NEGATIVE
- Urine Leukocyte Esterase	NEGATIVE
- Specimen Comment	Please see

<https://tests.lifelabg.com/s/article/>

URINALYSIS-CHEMICAL-Ontario for alternative reporting units.

Glucose - SERUM (Final)

- RBS	4.6	3.6 - 7.7
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Sodium - SERUM (Final)

- Na	138	135 - 145
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Potassium - SERUM (Final)

- K	4.3	3.5 - 5.2
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Gamma Glutamyl Transferase - SERUM (Final)

- GGT	22	<44
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Alanine Aminotransaminase - SERUM (Final)

- ALT	22	<36
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Hemoglobin A1 C - WHOLE BLOOD (Final)

- Hb A1C	5.1	<6.0
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Diabetes Canada 2018 Guidelines:

Screening and Diagnosis:

< 5.5 % Normal

5.5% - 5.9 % At risk

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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 - SERUM (Final)

- Cr	72	50 - 100
- eGFR	97	SEE BELOW

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.

Lipid Assessment - SERUM (Final)

- Hours after a Meal	3	
- TG	1.48	
FASTING:	<1.70 mmol/L	
NON-FASTING:	<2.00 mmol/L	
- CHOL	5.52 (H)	<5.20
Total cholesterol and HDL-C used for risk assessment and to calculate non HDL-C.		
- HDL	1.32	>=1.30
HDL-C <1.30 mmol/L indicates risk for metabolic syndrome.		
- NON-HDL	4.20 (H)	<4.20
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	3.59 (H)	<3.50
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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.

- CHOL/HDL	4.2	
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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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Thyrotropin - SERUM (Final)

- TSH

9.49 (H)

0.32 - 4.00

Thyroxine Free - SERUM (Final)

- Free T4

12

9 - 19

May 22, 2025**Ontario Laboratories Information System Lab B06**

Accession Number

2025-XW1420018

Collection Date

May 22, 2025 7:27AM

Ordering Physician: MACLEAN, RICHARD STEWART

Result Copy To: MACLEAN, RICHARD STEWART

Complete Blood Count - WHOLE BLOOD (Final)

- WBC

8.5

4.0 - 11.0

- RBC

5.36 (H)

4.00 - 5.10

- Hb

146

120 - 160

- Hct

0.451 (H)

0.350 - 0.450

- MCV

84

80 - 100

- MCH

27.2 (L)

27.5 - 33.0

- MCHC

324

305 - 360

- RDW

13.4

11.5 - 14.5

- Platelets

362

150 - 400

- Neutrophils #

5.2

2.0 - 7.5

- Lymphocytes #

2.4

1.0 - 3.5

- Monocytes #

0.6

0.2 - 1.0

- Eosinophils #

0.3

0.0 - 0.5

- Basophils #

0.0

0.0 - 0.2

- Immature Granulocytes #

0.0

0.0 - 0.1

- Nucleated RBC's as % of WBCs

0

Ferritin - SERUM (Final)

- Ferritin

48

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.hemeguity.com/raise-the-bar

Thyroglobulin Antibodies - SERUM (Final)

- TgAb

120 (H)

<40

Test method: Roche Cobas immunoassay. Changes in serial results may be misleading unless all results are from the same laboratory method. Anti-Thyroglobulin antibody values up to 800 kIU/L may be seen in healthy people without demonstrable thyroid disease.

New reagent formulation as of August 14, 2023 has reduced interference for high doses of biotin.

Thyroid Microsomal Antibodies - SERUM (Final)

- TPOAb

175 (H)

<35

Anti-Thyroid peroxidase antibody values up to 250 kIU/L may be seen in 5-10% of the normal population without demonstrable thyroid disease. This incidence increases with age.

Thyrotropin - SERUM (Final)

- TSH

2.87

0.32 - 4.00

Triiodothyronine Free - SERUM (Final)

- Free T3

4.0

2.6 - 5.9

Thyroxine Free - SERUM (Final)

- Free T4

15

9 - 19

Oct 23, 2025**1COA**

This document "Report- Ultrasound Neck 08 Apr 2025_21588685.pdf" was included in the patient's reply to an Ocean secure message.

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ontario | action cancer
ontario

Cancer Care Ontario



CDNcare.ca

Nepean Imaging1 Centrepointe Dr., suite #106
16137236924

Patient Name: **Norring, Deborah (OHIP: 7069305915)**
Date of Birth: **13 Jan 1991**
Phone Number: **(613) 820 2720**
Service Date: **04 Apr 2025**
Referring Doctor: **Dr. Richard Maclean (613) 723 5697**

HISTORY: Throat discomfort with swelling.

NECK ULTRASOUND

The right lobe of the thyroid measures 5.3 x 1.9 x 1.7 cm and left lobe of the thyroid measures 4.8 x 1.5 x 1.6 cm. The thyroid gland is very heterogeneous. There are no discrete thyroid nodules.

There is no lymphadenopathy.

IMPRESSION: Markedly heterogeneous thyroid gland with no discrete thyroid nodules or masses.

Transcribed by: V. C.: 07-Apr-2025

James Haroun
Dictated but not read

NOTE: We are now integrated into the Neodin Champlain LHIN repository, hospital image sharing is now available. To learn more and to have access to your patients images please visit our website at <https://cdncares.ca/doctorsportal/>.

Thank you for trusting us with your patient's care.

N.B.: Nous sommes maintenant intégrés dans le référentiel du LHIN de Neodin Champlain, le partage d'images hospitalières est disponible. Pour en savoir plus et avoir accès aux images de vos patients, appelez-nous @ 613.291.3339 Ou allez sur le portail des médecins <https://cdncares.ca/doctorsportal/>.

Merci de nous faire confiance pour les soins de votre patient.

CONFIDENTIALITY

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