

**M.Hassan Paywandi**

3905 Major Mackenzie Dr W. Unit 113 Vaughan Ontario L4H 4J9

Tel: (289) 304-4666 Fax: 289-304-4665

Consultation Request  
Please contact patient with appointment

Date:	<u>2025-10-22</u>	Patient:	<u>DASILVA, LAURA MARIE JESUS</u>
Status:	<u>Priority</u>	Address:	<u>2 Rossi Drive WOODBIDGE, ON, L4H 3K6</u>
Service:	<u>Endocrinologist</u>	Phone:	<u>416-209-5011</u>
Consultant:	<u>LMC, Vaughan</u>	Work Phone:	<u></u>
Phone:	<u>905-763-8660</u>	Cell Phone:	<u>416-209-5011</u>
Fax:	<u>1-877-562-2778</u>	Email:	<u>law law 13@hotmail.com</u>
Address:	<u>1600 Steeles Ave W #5, Concord, ON L4K 4M2</u>	Birthdate:	<u>1993-01-29 (y/m/d)</u>
		Sex:	<u>F</u>
		Health Card No.:	<u>(ON) 6220387754 BB</u>
		Appointment date:	<u></u>
		Time:	<u></u>
		Chart No.:	<u></u>

## Reason for consultation:

Many thanks for seeing this patient with newly diagnosed DM ( A1c 12)

## Pertinent Clinical Information:

She has not done b/w for years. In recent b/w A1c is 12.4, FPG 16.2. LDL 4.1. She reports polydypsia and polyuria for long time but thought is due to other causes. Bother her parents have DM.

I would be very grateful for your kind assessment.

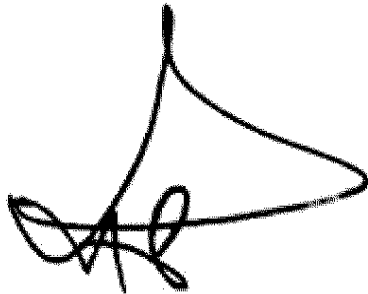
## Allergies:

No Known Drug Allergies

Referring Practitioner : Dr. Paywandi, M.Hassan (032676)

MRP : Paywandi, M.Hassan (032676)

Signature:



Detail Results: Patient Info				Results Info	
Patient Name:	LAURA DASILVA	Home Phone:	(416)209-5011	Date of Service:	2025-10-11 09:57
Date of Birth:	1993-01-29	Work Phone:		Date Received:	2025-10-15 08:47
Age:	32 years	Sex:	F	Report Status:	Final
Health #:	6220387754	Patient Location:	GDML	Client Ref. #:	
				Accession #:	51-56197562
Requesting Client: M. PAYWANDI				cc: Client:	

**MICROBIOLOGY**

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
URINE CULTURE						
SPECIMEN NOT YET SUBMITTED. <---						
GONORRHEA (NAAT-URINE)						
GONORRHEA (NAAT-URINE)			ND - ND		2025-10-11 10:04:55	F
SPECIMEN NOT YET SUBMITTED. <---						
CHLAMYDIA (NAAT-URINE)						
CHLAMYDIA (NAAT-URINE)			ND - ND		2025-10-11 10:04:55	F
SPECIMEN NOT YET SUBMITTED. <---						

**CHEMISTRY**

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
GLUCOSE SERUM FASTING	16.2	H	3.6 - 6.00	mmol/L	2025-10-12 01:45:40	F
3.6 - 6.0 NORMAL FASTING GLUCOSE						
6.1 - 6.9 IMPAIRED FASTING GLUCOSE						
>6.9 PROVISIONAL DIAGNOSIS OF DIABETES MELLITUS						
CREATININE						
CREATININE	59	N	50 - 100.00	umol/L	2025-10-12 01:45:40	F
eGFR	119	N	60 - 99999.99	mL/min/1.73 m <sup>2</sup>	2025-10-12 01:45:40	F
eGFR is calculated using the CKD-EPI 2021 equation						
which does not use a race-based adjustment.						

An eGFR result  $\geq 60$  mL/min/1.73m<sup>2</sup> rules 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.

CALCIUM	2.43	N	2.15 - 2.60	mmol/L	2025-10-12 01:45:40	F
PHOSPHORUS	1.23	N	0.80 - 1.45	mmol/L	2025-10-12 01:45:40	F
MAGNESIUM	0.73	N	0.65 - 1.05	mmol/L	2025-10-12 01:45:40	F
URATE						
URATE	176	N	149 - 422.00	umol/L	2025-10-12 01:45:40	F

The target for treatment of gout is a serum urate level < 360 umol/L (minimum). Lower serum concentrations may be required for alleviation of symptoms.  
[Arthritis Care Research 64 (2012) 1431-1446]

HOURS FASTING	12	N		hrs	2025-10-12 01:45:40	F
CHOLESTEROL	5.57	H	<= 5.19	mmol/L	2025-10-12 01:45:40	F

**CHEMISTRY**

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
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Total cholesterol and HDL-C used

for risk assessment and to calculate non-HDL-C.

TRIGLYCERIDES	1.42	N	<= 1.69	mmol/L	2025-10-12 01:45:40	F
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If nonfasting,

triglycerides &lt;2.00 mmol/L desired.

HDL CHOLESTEROL	0.88	L	1.30 - 9999.00	mmol/L	2025-10-12 01:45:40	F
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F: &gt;=1.30 mmol/L

HDL-C &lt;1.30 mmol/L indicates risk for metabolic syndrome.

**LDL CHOLESTEROL CALC.**

LDL CHOLESTEROL CALC.	4.10	H	<= 3.49	mmol/L	2025-10-12 01:45:40	F
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LDL-C was calculated using the

NIH equation.

For additional LDL-C and non-HDL-C thresholds

based on risk stratification,

refer to 2021 CCS Guidelines.

If LDL-C >=3.50 mmol/L in primary prevention setting for low risk patients (FRS 5.0-9.9%) or intermediate risk patients (FRS 10.0-19.9%), consider therapy. Therapy also suggested in low risk patients (FRS <10.0%) with LDL-C >4.99 mmol/L.

**NON-HDL-CHOLESTEROL(CALC)**

NON-HDL-CHOLESTEROL(CALC)	4.69	H	<= 4.19	mmol/L	2025-10-12 01:45:40	F
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If non-HDL-C >= 4.20 mmol/L in primary prevention setting for low risk patients (FRS 5.0-9.9%) or intermediate risk patients (FRS 10.0-19.9%), consider therapy. Therapy also suggested in low risk patients (FRS <10.0%) with non-HDL-C >= 5.8 mmol/L.

TC/HDL-C RATIO	6.3	N			2025-10-12 01:45:40	F
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IRON	14	N	6 - 27.00	umol/L	2025-10-12 01:45:40	F
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TIBC	75	N	45 - 77.00	umol/L	2025-10-12 01:45:40	F
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SATURATION	0.19	L	0.20 - 0.50 /1		2025-10-12 01:45:40	F
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VITAMIN B12	279	N	221 - 918	pmol/L	2025-10-12 01:45:40	F
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60% of symptomatic patients have a

hematologic or neurologic response to

B12 supplementation at a level &lt; 148 pmol/L

Vitamin B12 Deficiency: &lt; 148 pmol/L

Vitamin B12 Insufficiency: 148 to 220 pmol/L

**FERRITIN**

FERRITIN	81	N	30 - 109.00	ug/L	2025-10-12 01:45:40	F
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**CHEMISTRY**

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
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In patients with concomitant inflammation, use Iron studies, including TIBC and Transferrin Saturation, to assess Iron Deficiency status.

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

30-50: Probable iron deficiency

51-100: Possible iron deficiency, if risk factors are present

101-300: Iron deficiency unlikely

For guidance, see [www.hemequity.com/raise-the-bar](http://www.hemequity.com/raise-the-bar)

SODIUM	136	N	136 - 146.00	mmol/L	2025-10-12 01:45:40	F
POTASSIUM	4.6	N	3.7 - 5.4	mmol/L	2025-10-12 01:45:40	F
ALKALINE PHOSPHATASE	86	N	35 - 122.00	U/L	2025-10-12 01:45:40	F
ALT	13	N	<= 35.99	U/L	2025-10-12 01:45:40	F
TSH	0.90	N	0.35 - 5.00	mIU/L	2025-10-12 01:45:40	F
T4 FREE	19	N	11 - 23	pmol/L	2025-10-12 01:45:40	F
FREE T3	5.2	N	3.4 - 5.90	pmol/L	2025-10-12 01:45:40	F
HEMOGLOBIN A1c	12.4	H	<= 5.99	%	2025-10-12 01:45:40	F
NON-DIABETIC: < 6.0 %						
PREDIABETES: 6.0 - 6.4 %						
DIABETIC: > 6.4 %						
OPTIMAL CONTROL: < 7.0 %						
SUB-OPTIMAL CONTROL: 7.0 - 8.4 %						
INADEQUATE CONTROL: > 8.4 %						
INSULIN	93	N	15 - 174	pmol/L	2025-10-12 01:45:40	F
ZINC PLASMA						
ZINC PLASMA	15.1	N	8.0 - 16.6	umol/L	2025-10-15 08:34:12	F
Reference range based on						
non-occupationally exposed population.						
Effective July 28, 2025,						
please note the change						
in the reference interval due to optimization.						
The testing method remains unchanged.						

This is a Laboratory Developed Test; refer to Dynacare.ca for details.

LIPOPROTEIN(a)	21	N	<= 99.00	nmol/L	2025-10-15 08:34:12	F
Lp(a) was measured using						
Roche immunoturbidimetric method.						
Refer to 2021 CCS Guidelines.						
25 HYDROXY VITAMIN D	74	L	76 - 250	nmol/L	2025-10-15 08:34:12	F
INSUFFICIENCY: 25 - 75 nmol/L						
SUFFICIENCY: 76 - 250 nmol/L						
TOXICITY: > 250 nmol/L						

**HEMATOLOGY**

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
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HEMOGLOBIN	148	H	110 - 147.000	g/L	2025-10-12 01:45:40	F
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LAURA DASILVA

**HEMATOLOGY**

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
HEMATOCRIT	0.43	N	0.33 - 0.440	L/L	2025-10-12 01:45:40	F
RBC	5.0	N	3.8 - 5.200	x 10*12/L	2025-10-12 01:45:40	F
RBC INDICES: MCV	87	N	76 - 98.000	fL	2025-10-12 01:45:40	F
MCH	30	N	24 - 33.000	pg	2025-10-12 01:45:40	F
MCHC	343	N	313 - 344.000	g/L	2025-10-12 01:45:40	F
RDW	13.0	N	12.5 - 17.3		2025-10-12 01:45:40	F
WBC	6.4	N	3.2 - 9.400	x 10*9/L	2025-10-12 01:45:40	F
PLATELETS	254	N	155 - 372.000	x 10*9/L	2025-10-12 01:45:40	F
MPV	8.3	N	4.0 - 14.000	fL	2025-10-12 01:45:40	F

**DIFFERENTIAL WBC'S**

NEUTROPHILS	3.5	N	1.4 - 6.3	x 10*9/L	2025-10-12 01:45:40	F
LYMPHOCYTES	2.0	N	1.0 - 2.9	x 10*9/L	2025-10-12 01:45:40	F
MONOCYTES	0.5	N	0.2 - 0.8	x 10*9/L	2025-10-12 01:45:40	F
EOSINOPHILS	0.1	N	0.0 - 0.5	x 10*9/L	2025-10-12 01:45:40	F
BASOPHILS	0.13	H	0.00 - 0.09	x 10*9/L	2025-10-12 01:45:40	F

**URINALYSIS**

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
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URINALYSIS CHEMICAL

SPECIMEN NOT YET SUBMITTED.

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END OF REPORT