BANK MEDICAL CENTRE

1935 Bank Street,
Ottawa, ON
K1V 8A3

confidential

fax

To: **<18775622778>**
Fax Number: 18775622778

From: **Bank Medical Centre**
Fax Number: 613-260-7188
Business Phone: 613-260-9889
Home Phone:

Pages: 12
Date/Time: 10/22/2025 5:49:50 PM
Subject: 122487

Fax

Dr. Shola Solomon
1935 Bank Street

Ottawa, ON, K1V 8A3
Phone: 613-260-9889
Fax: 613-260-7188

To:	Dr First Available Endocrinology MD
Fax:	1-877-562-2778
# of Pages	11 (including cover page)

Comments:

Dr. Shola Solomon
1935 Bank Street, suite 2
Ottawa, ON K1V 8A3
TEL: 613-260-9889 Ext 157 FAX:613-260-7188
Billing: 048442 CPSO-143312

Oct 22, 2025

Dr First Available Endocrinology MD
208-4100 Strandherd Dr
Ottawa, ON
K2J 0V2
Phone: 613-505-9704 Fax: 1-877-562-2778

Dear Dr First Available Endocrinology MD:

Re: Salvatore Lentini May 5, 1962 Age: 63 yr HN: 7004 130 311 CB
613-737-5121 (H) 613-794-8484 (M)

1444 Cavendish Road, Ottawa, ON K1H 6C3
613-737-5121 (H)

Priority «Routine»«Urgent»

Thank you for seeing, Salvatore Lentini, this 63 yr old male, for persistent abdomina pain and an incidental finding of bilateral lipid-containing adrenal adenomas.

The patient has been experiencing persistent abdominal pain. A CT abdomen with contrast was performed to characterize lesions found on a previous scan, which revealed bilateral lipid-containing adenomas measuring 1.7 cm on the right and 2.4 cm on the left. These adenomas are generally considered benign. The patient also reports high blood sugar levels in the morning. He had a cholecystectomy a few years ago. He underwent a colonoscopy and endoscopy last year (February) due to a family history of stomach cancer.

I would appreciate your opinion on whether the adrenal adenomas could be contributing to the patient's abdominal flank symptoms. I would also like your assessment regarding his high morning blood sugar levels.

Medical History:
- Diabetes
- High triglycerides

Surgical History:
- Cholecystectomy (a few years ago)

Re: Salvatore Lentini May 5, 1962 Age: 63 yr HN: 7004 130 311 CB
613-737-5121 (H) 613-794-8484 (M)

- Colonoscopy (February last year)
- Endoscopy (February last year)

Current Medications:
- Rybelsus (for appetite reduction)
- Novolog
- Freestyle
- Levemir
- Lantus
- Metformin
- Vitamin D 50,000 units once a week (almost normal levels)

Family History:
- Sister: Stomach cancer

Current Medical Problems
Patient Issues: left varicose veins

Past Medical History
Type 2 DM

Allergies
? Aeroallergen: Tree Pollen, Grass Pollen, Ragweed Pollen, Mold, Dust Mite

Immunizations
no immunizations recorded

Medications
imiquimod 5 % (235 mg /actuation) 1 application 1 time daily, PRN
Rybelsus 14 mg 1 time daily
cholecalciferol (vitamin d3) 50,000 unit (1250 mcg) 50 ,000 unit (1250 mcg) 1 capsule 1 time weekly for 3 months of 30 days
Invokana 300 mg 1 tablet 1 time daily for 90 days
carbamazepine 400 mg 1 tablet 2 times daily for 90 days
Freestyle libre 2 sensor Use 1 sensor as directed, as needed.
Coversyl 8 mg 1 tablet 1 time daily for 90 days
Norvasc 5 mg 1 time daily
metformin 500 mg 1 tablet 2 times daily for 90 days

Personal History

Re: Salvatore Lentini May 5, 1962 Age: 63 yr HN: 7004 130 311 CB
613-737-5121 (H) 613-794-8484 (M)

Thank you again for seeing Salvatore.

(Referring Provider> Shola Solomon 048442)

Yours truly,

Dr Shola Solomon

Mar 8, 2024 Ultrasound Abdomen SOLO/HAGR

Received: Mar 12, 2024

Canadian Diagnostic Network

CDNcare.ca

Nepean Imaging
1 Centerpointe Dr., suite #106
6137236924

Patient Name:	**Lentini, Salvatore (OHIP: 7004130311 FB)**
Date of Birth:	**05 May 1962**
Phone Number:	**(613) 737 5121**
Service Date:	**08 Mar 2024**
Referring Doctor:	**Dr. Shola Solomon (613) 521 5443**

ABDOMINAL ULTRASOUND

HISTORY: Abdominal pain

The gallbladder has been removed. The common bile duct is difficult to assess. There is a moderate degree of fatty liver. The pancreas is not well seen. The spleen, kidneys, aorta and IVC appear normal.

IMPRESSION: Fatty liver.

Transcribed by: V. C.: 09-Mar-2024

James Haroun
Dictated but not read

Accession Number	YU-53628078	
Collection Date	Mar 22, 2025 8:50AM	
Ordering Physician: Solomon, Shola		
FASTING		
FBS	**9.0 (H)**	3.6 - 6.00
3.6 - 6.0 NORMAL FASTING GLUCOSE		
6.1 - 6.9 IMPAIRED FASTING GLUCOSE		
>6.9 PROVISIONAL DIAGNOSIS OF DIABETES MELLITUS		
CREATININE		
Cr	72	60 - 110.00
eGFR	100	>=60
eGFR is calculated using the CKD-EPI 2021 equation		
which does not use a race-based adjustment.		
Change to equation and interpretation		
effective April 29, 2024.		
An eGFR result >=60 ml/min/1.73m**2 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.		
Hours Fasting	12	
CHOL	4.54	<=5.19
Total cholesterol and HDL-C used		
for risk assessment and to calculate non-HDL-C.		
TG	0.62	<=1.69
If nonfasting,		
triglycerides <2.00 mmol/L desired.		
HDL	1.44	1.00 - 9999.00
M: >=1.00 mmol/L		
HDL-C <1.00 mmol/L indicates risk for metabolic syndrome.		
LDL	2.82	<=3.49
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.		
NON-HDL	3.10	<=4.19
CHOL/HDL	3.2	
B12	245	221 - 918
60% of symptomatic patients have a		
hematologic or neurologic response to		
B12 supplementation at a level < 148 pmol/L		
Vitamin B12 Deficiency: < 148 pmol/L		
Vitamin B12 Insufficiency: 148 to 220 pmol/L		
Na	143	136 - 146.00
K	4.5	3.7 - 5.4
TSH	0.73	0.35 - 5.00
Hb A1C	**7.0 (H)**	<=5.99
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 %		
Hb	162	129 - 165.000
Hct	0.49	0.39 - 0.490
RBC	5.3	4.2 - 5.800
MCV	92	80 - 98.000
MCH	30	24 - 33.000
MCHC	329	313 - 344.000
RDW	14.1	12.5 - 17.300
WBC	5.4	3.2 - 9.400
Platelets	**148 (L)**	155 - 372.000
MPV	9.2	4.0 - 14.000
DIFFERENTIAL WBC'S		
Neutrophils #	3.5	1.4 - 6.3
Lymphocytes #	1.5	1.0 - 2.9

Monocytes #	0.2	0.2 - 0.8
Eosinophils #	0.1	0.0 - 0.5
Basophils #	0.00	0.00 - 0.09
Vitamin D (25 hydroxy)	**57 (L)**	76 - 250

INSUFFICIENCY: 25 - 75 nmol/L
SUFFICIENCY: 76 - 250 nmol/L
TOXICITY: > 250 nmol/L

Mar 27, 2025 HRM CT Abdomen Pelvis [Misc. CT Scan] SOLO

Diagnostic Imaging Report
CT, CTABPELW, CT Abd Pelvis W Contrast
Observation Date: 27/03/2025, 19:15
Author physician: Prud'homme
Queensway Carleton Hospital
Patient Name: LENTINI, SALVATORE
MRN: M942614537
Account#: QF0086268/25
DOB: 19620505
Age: 62
Sex: F
HCN: 7004130311-CB
Location: QOQDI.BA
Status: DEP REF
Exam DT: 27/03/25 1915
Ref. Phys: Solomon,Shola MD

Exam(s)/Accession No(s): Report Status: Signed

CT Abd Pelvis W Contrast
C005425682QOQ

CT ABDOMEN AND PELVIS

CLINICAL INDICATION: Right upper quadrant pain

TECHNIQUE: Enhanced axial imaging of the abdomen and pelvis is performed with sagittal and coronal reconstructions

COMPARISON: Sonogram report from March 8, 2024

FINDINGS:

LIVER: No suspicious focal liver lesions. The liver has a smooth contour. The hepatic veins and portal veins are patent
GALLBLADDER/BILE DUCTS: Prior cholecystectomy. No biliary dilatation
PANCREAS: Normal
SPLEEN: Normal. There is a small accessory splenule
ADRENALS: There is a 17 mm ovoid right adrenal lesion. The left adrenal demonstrates a low attenuating 24 mm lesion. These could represent lipid-containing adenomas but they can be characterized in follow-up with a noncontrast CT of the abdomen
KIDNEYS/URETERS: Small right mid cortical renal cyst measuring 14 mm. No stones or hydronephrosis bilaterally
BLADDER: Normal
GI TRACT: The stomach is unremarkable. The small bowel is normal. The appendix is normal. The colon has an unremarkable CT appearance
PERITONEUM: No fluid or nodularity
LYMPH NODES: No enlarged lymph nodes
AORTA/IVC: Unremarkable
ABDOMINAL WALL: No acute findings
PROSTATE/SEMINAL VESICLES: Unremarkable
BONES: Degenerative changes noted in the lower lumbar spine. No suspicious bony lesions
LUNG BASES: Clear

IMPRESSION: No acute findings. The cause for the patient's symptoms is not identified.
Incidental finding of bilateral low attending adrenal lesions. These may represent lipid-containing adenomas which could be confirmed with a follow-up noncontrast CT of the abdomen

This report was generated with voice recognition software and may contain spelling/phonetic errors.

Reported By: Prud'homme,Pierre MD
Signed By: Prud'homme,Pierre MD 28/03/25

cc:
Solomon,Shola MD

D: 28/03/25 0718
T: 28/03/25 0718 (PSCRIBE)

Oct 7, 2025 HRM CT Abdomen Pelvis [Misc. CT Scan] SOLO

Diagnostic Imaging Report
CT, CTABWOW, CT Abd WOW Contrast
Observation Date: 07/10/2025, 14:30
Author physician: Prud'homme
Queensway Carleton Hospital
Patient Name: LENTINI, SALVATORE
MRN: M942614537
Account#: QF0047171/26
DOB: 19620505
Age: 63
Sex: F
HCN: 7004130311-CB
Location: QOQDI.BA
Status: REG REF
Exam DT: 07/10/25 1430
Ref. Phys: Solomon,Shola MD

Exam(s)/Accession No(s): Report Status: Signed

CT Abd WOW Contrast
C005693278QOQ

CT ABDOMEN

CLINICAL INDICATION: Characterize adrenal lesions

TECHNIQUE: Study performed using adrenal protocol acquired in the axial plane with sagittal and coronal reconstructions

COMPARISON: Prior CT from March 27, 2025

FINDINGS:

LIVER: No focal lesions. Mild fatty infiltration
GALLBLADDER/BILE DUCTS: Prior cholecystectomy. No biliary dilatation
PANCREAS: Normal
SPLEEN: Unremarkable. Note is made of an accessory splenule
ADRENALS:
Right;
There is a 17 mm ovoid right adrenal lesion which has attenuation values in the negative Hounsfield unit range compatible with a lipid-containing adenoma.
Left;
There is an ovoid 24 mm left adrenal lesion which has attenuation values in the negative Hounsfield unit range consistent with a lipid-containing adenoma
KIDNEYS/URETERS: Unremarkable
GI TRACT: The imaged upper abdominal GI tract is unremarkable
PERITONEUM: No ascites
LYMPH NODES: No adenopathy
AORTA/IVC: Unremarkable
ABDOMINAL WALL: Unremarkable
BONES: No suspicious bony lesions
LUNG BASES: Clear

IMPRESSION: Bilateral lipid-containing adrenal adenomas

This report was generated with voice recognition software and may contain spelling/phonetic errors.

Reported By: Prud'homme,Pierre MD
Signed By: Prud'homme,Pierre MD 07/10/25

cc:
Solomon,Shola MD

D: 07/10/25 1621
T: 07/10/25 1621 (PSCRIBE)

Oct 17, 2025 DynaCare Laboratories (HL7) Lab Data (Updated) SOLO

Accession Number	YE-56275403	
Collection Date	Oct 17, 2025 3:29PM	
Ordering Physician: Solomon, Shola		
CREATININE		
Cr	64	60 - 110.00
eGFR	103	>=60
eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.		
Hours Fasting	NA.	
CHOL	5.15	<=5.19
Total cholesterol and HDL-C used for risk assessment and to calculate non-HDL-C.		
TG	**1.76 (H)**	<=1.69
If nonfasting, triglycerides <2.00 mmol/L desired.		
HDL	1.29	1.00 - 9999.00
M: >=1.00 mmol/L		
HDL-C <1.00 mmol/L indicates risk for metabolic syndrome.		
LDL CHOLESTEROL CALC.		
LDL	3.15	<=3.49
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.		
Triglycerides exceed 1.50 mmol/L. For dyslipidemia assessment, refer to apoB or non-HDL-C		
NON-HDL	3.86	<=4.19
CHOL/HDL	4.0	
Hb A1C	**6.8 (H)**	<=5.99
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 %	
ALBUMIN R U		
Microalbumin	<3	
Microalbumin/Creatinine Ratio	*.	<=2.99
Unable to report the ratio as one or both of the components is outside the limits of detection.		
5-YEAR KFRE		
Unable to perform calculation as one or more of the components is outside the limits of detection. An eGFR result >=60 ml/min/1.73m**2 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.

Vitamin D (25 hydroxy)	**71 (L)**	76	- 250

INSUFFICIENCY: 25 - 75 nmol/L
SUFFICIENCY: 76 - 250 nmol/L
TOXICITY: > 250 nmol/L