

**Abirami Balasingam**

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## Consultation Request

Date:	2025-10-23	Patient:	MORGAN, ANTHONY JAMES
Status:	Priority	Address:	22 Lexington Ave Toronto, ON, M9V 2G6
Service:	Endocrinology	Phone:	416-749-4611
Consultant:	LMC, Mid Toronto	Work Phone:	416-432-0892
Phone:	416-645-2929	Cell Phone:	
Fax:	1-877-562-2778	Email:	chamberpot75@gmail.com
Address:	1929 Bayview Ave, Suite 107 M4G 3E8	Birthdate:	1950-11-04 (y/m/d)
		Sex:	M
		Health Card No.:	(ON) 2108312733 TA
		Appointment date:	
		Time:	
		Chart No.:	

## Reason for consultation:

poorly controlled DM  
A1C 15.4%

## Pertinent Clinical Information:

HYPERLIPIDEMIA OR- Ca PROSTATE-prostatectomy 4/11-(Kong) PE-3/15 Rt RENAL MASS(Kong)-  
partial nephrectomy UGI LEED-DUOD ULCER-7/17 NIDDM

## Current Medications:

NORVASC TAB 5MG 1 tab po od Mitte:90 days Repeats:0  
ACH-RAMIPRIL 2.5 MG CAPSULE 1 tab po od Mitte:90 d Repeats:0  
CRESTOR 10 MG TABLET 1 tab po qhs change in dose Mitte:90 d Repeats:0  
CRESTOR 5 MG TABLET 1 od Mitte:3 mo Repeats:0  
GLUCOMETER Qty:100 Repeats:0

## Allergies:

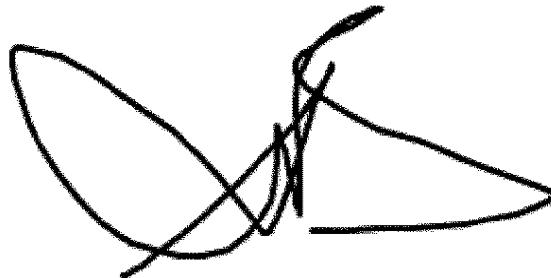
No Known Drug Allergies

Referring Practitioner : Dr. Balasingam, Abirami (725902)

MRP : Samuel, O. (216465)

Requesting Physician : Dr. Balasingam, Abirami (725902)

Signature:



Version: 1 of 2

Detail Results: Patient Info			Results Info		
Patient Name:	ANTHONY MORGAN	Home Phone:	(416)749-4611	Date of Service:	2025-10-21 15:41
Date of Birth:	1950-11-04	Work Phone:		Date Received:	2025-10-23 07:01
Age:	74 years	Sex:	M	Report Status:	Final
Health #:	2108312733	Patient Location:	GDML	Client Ref. #:	66-56321239
Requesting Client: A. BALASINGAM		cc: Client:			

**CHEMISTRY**

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
<b>ALBUMIN R U</b>						
ALBUMIN RANDOM U	68	N		mg/L	2025-10-22 23:38:02	F
ALBUMIN/CREAT RATIO	7.9	H	<= 2.99	mg/mmol creat	2025-10-22 23:38:02	F

**5-YEAR KFRE**

5-YEAR KFRE	<= 4.99	%	2025-10-22 23:38:02	F
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An ACR 3-60 mg/mmol indicates 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.

KFRE not indicated when eGFR >=60 ml/min/1.73m\*\*2  
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](http://kidneywise.ca)) for further management recommendations including when to refer to nephrology.

25 HYDROXY VITAMIN D	57	I.	76 - 250	nmol/I.	2025-10-22 23:38:02	F
INSUFFICIENCY: 25 - 75 nmol/L						
SUFFICIENCY: 76 - 250 nmol/L						
TOXICITY: > 250 nmol/L						

END OF REPORT