



Patient Referral Form

☐ Barrie
 ☒ Mid-Toronto
 ☐ Brampton
 ☐ Etobicoke
 ☐ Markham
 ☐ Oakville
 ☐ Thornhill

PATIENT INFORMATION:

Name: SARONO, VALERIANA

DOB:

(dd/mm/yyyy)

Health Card:

Uninsured Specify:

Address:

HOME: 647-388-9776 Dr. Teku, Edo (126839)
 HIN: 8988829993 HC SEX: F DOB: 1962-09-12 AGE: 63.0
 212 BELGRAVIA AVE York ON M6E2M8
 SARONO, VALERIANA TUBOG
 CHART#: 001693

(unit)

(e-mail address)

(home #)

(work # with extension)

(other #)

DIABETES/ENDOCRINOLOGY PLEASE SPECIFY:

The following investigations would be helpful:

☐ Diabetes
 ☐ Type 1
 ☒ Type 2
 ☐ GDM

☒ FPG, A1C, Lipids, Renal Function, uACR

ATTACHED

☐ Newly Diagnosed Diabetes Rapid Triage (1-2 weeks)

☐ FPG, A1C, Lipids, Renal Function, uACR

☒ Consultation & shared care
 ☐ Consultation only

<input 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:

Current Medications:

63 Y.O. WOMAN WITH METFORMIN 500mg 2 TAB BID
 TYPE 2 D.M. NOT AT TARGET - OREMPIC 1mg WEEKLY (COST AS 1550E)
 WAS PLANNING TO SWITCH TO DIAMICRON

Referred By:

EDO TEKU, M.D., C.C.F.P.

Referring Physician Billing #: 126839

27 Roncevalles Ave, Suite 511
 Toronto, Ontario M6R 3B2

Referring Physician Signature:

Tel: 416-539-8181
 Fax: 416-539-8797

Date:

24/10/2025

Detailed Results - Patient Info				Results Info	
Patient Name:	VALERIANA SARONO	Home Phone:	(416)787-9776	Date of Service:	2025-10-18 09:18
Date of Birth:	1962-09-12	Work Phone:		Date Received:	2025-10-20 17:47
Age:	63 years	Sex:	F	Report Status:	Final
Health #:	8988829993	Patient Location:	GDML	Client Ref. #:	
				Accession #:	16-56279910
Requesting Client: EDO TEKU				cc: Client:	

CHEMISTRY						
Test Name(s)	Result	Abn	Reference Range	Unit	Date/Time Completed	Status
ALBUMIN R U						
ALBUMIN RANDOM U	102	N		mg/L	2025-10-18 22:12:33	F
ALBUMIN/CREAT RATIO	14.0	H	<= 2.99	mg/mmol creat	2025-10-18 22:12:33	F
GLUCOSE SERUM FASTING	11.8	H	3.6 - 6.00	mmol/L	2025-10-20 17:27:03	F
3.6 - 6.0 NORMAL FASTING GLUCOSE						
6.1 - 6.9 IMPAIRED FASTING GLUCOSE						
>6.9 PROVISIONAL DIAGNOSIS OF DIABETES MELLITUS						
CREATININE						
CREATININE	54	N	50 - 100.00	umol/L	2025-10-20 17:27:03	F
eGFR	100	N	60 - 99999.99	mL/min/1.73 m*2	2025-10-20 17:27:03	F
eGFR is calculated using the CKD-EPI 2021 equation						
which does not use a race-based adjustment.						
HOURS FASTING	12	N		hrs	2025-10-20 17:27:03	F
CHOLESTEROL	4.27	N	<= 5.19	mmol/L	2025-10-20 17:27:03	F
Total cholesterol and HDL-C used						
for risk assessment and to calculate non-HDL-C.						
TRIGLYCERIDES	2.17	H	<= 1.69	mmol/L	2025-10-20 17:27:03	F
If nonfasting,						
triglycerides <2.00 mmol/L desired.						
HDL CHOLESTEROL	1.14	L	1.30 - 9999.00	mmol/L	2025-10-20 17:27:03	F
F: >=1.30 mmol/L						
HDL-C <1.30 mmol/L indicates risk for metabolic syndrome.						
LDL CHOLESTEROL CALC.						
LDL CHOLESTEROL CALC.	2.28	N	<= 3.49	mmol/L	2025-10-20 17:27:03	F
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-CHOLESTEROL/CALC	3.13	N	<= 4.19	mmol/L	2025-10-20 17:27:03	F
TC/HDL-C RATIO	3.7	N			2025-10-20 17:27:03	F
SODIUM	136	N	136 - 146.00	mmol/L	2025-10-20 17:27:03	F

CHEMISTRY

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
POTASSIUM	4.5	N	3.7 - 5.4	mmol/L	2025-10-20 17:27:03	F
CHLORIDE	99	N	95 - 108.00	mmol/L	2025-10-20 17:27:03	F
ALT	29	N	≤ 35.99	U/L	2025-10-20 17:27:03	F
HEMOGLOBIN A1c	12.3	H	≤ 5.99	%	2025-10-20 17:27:03	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 %						

5-YEAR KFRE

5-YEAR KFRE	≤ 4.99	%	2025-10-20 17:27:03	F
-------------	--------	---	---------------------	---

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/1.73m²

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.

HEMATOLOGY

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
HEMOGLOBIN	150	H	110 - 147.000	g/L	2025-10-20 17:27:03	F
HEMATOCRIT	0.43	N	0.33 - 0.440	L/L	2025-10-20 17:27:03	F
RBC	4.8	N	3.8 - 5.200	x 10 ¹² /L	2025-10-20 17:27:03	F
RBC INDICES: MCV	90	N	76 - 98.000	fL	2025-10-20 17:27:03	F
MCH	31	N	24 - 33.000	pg	2025-10-20 17:27:03	F
MCHC	347	H	313 - 344.000	g/L	2025-10-20 17:27:03	F
RDW	13.4	N	12.5 - 17.3		2025-10-20 17:27:03	F
WBC	5.7	N	3.2 - 9.400	x 10 ⁹ /L	2025-10-20 17:27:03	F
PLATELETS	281	N	155 - 372.000	x 10 ⁹ /L	2025-10-20 17:27:03	F
MPV	8.5	N	4.0 - 14.000	fL	2025-10-20 17:27:03	F

DIFFERENTIAL WBC'S

NEUTROPHILS	3.7	N	1.4 - 6.3	x 10 ⁹ /L	2025-10-20 17:27:03	F
LYMPHOCYTES	1.4	N	1.0 - 2.9	x 10 ⁹ /L	2025-10-20 17:27:03	F
MONOCYTES	0.2	N	0.2 - 0.8	x 10 ⁹ /L	2025-10-20 17:27:03	F
EOSINOPHILS	0.2	N	0.0 - 0.5	x 10 ⁹ /L	2025-10-20 17:27:03	F
BASOPHILS	0.00	N	0.00 - 0.09	x 10 ⁹ /L	2025-10-20 17:27:03	F

END OF REPORT