

DAVID NWANKWO MEDICINE PROFESSIONAL CORPORATION

(Billing #026142)

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Oct 24, 2025

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LMC

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Phone: 416-237-0104 Fax: 1-877-562-2778

To Whom It May Concern:

Re: Hudson Wyatt Leroy Sep 6, 1996 Age: 29 yr

647-568-3649 (H) hudsonleroy@live.ca

2E-658 Queen St W

Toronto, ON M6J 1E5

Home: 647-568-3649

Business:

Mobile:

Email: hudsonleroy@live.ca

ID 29 yr, M ON 9461 916 422 MF

** pt seen in our walk-in clinic

ISSUE

- Type 1 DM

- had ENDO previously but another city - none since moved to Toronto

MEDS

Basaglar U-100 Insulin

freestyle libre sensors for t1dm

Admelog (U-100)

I would appreciate if you would see this patient in regards to the above. Recent labs attached

Thanks,

Electronically Signed

Re: Hudson Wyatt Leroy Sep 6, 1996 Age: 29 yr
647-568-3649 (H) hudsonleroy@live.ca

David Nwankwo, MD, CCFP, FCFP 026142

Leroy, Hudson Wyatt

Birth date 06/09/1996 #103068 Page 1/2

Jun 13, 2025

LifeLabs Medical Laboratories Lab Data (Updated)

DN



Accession Number

2025-1V1640801

Collection Date

Jun 13, 2025 12:00AM

Ordering Physician: Nwankwo, David

Primary Testing Location: 100 INTERNATIONAL BLVD TORONTO M9W 6J6 1(877)849-3637

ROUTINE CHEMISTRY I

Hb A1C

6.3 (HI)

<6.0

Diabetes Canada 2018 Guidelines:

Screening and Diagnosis:

< 5.5 % Normal

5.5% - 5.9 % At risk

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.

ROUTINE CHEMISTRY RENAL

Cr

77

67 - 117

eGFR

>120

SEE BELOW

Reference interval: =>60 mL/min/1.73m2

eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.

ROUTINE CHEMISTRY RENAL

5-YEAR KFRE

NOT APPLICABLE

<5

Results rule out CKD stage 3-5 and albuminuria. 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.

Microalbumin

12

No reference interval has been established for this test.

Urine Creatinine Random

19.8

No reference interval has been established for this test.

Microalbumin/Creatinine Ratio

0.6

<3.0

ROUTINE CHEMISTRY

Na

144

135 - 145

K

4.3

3.5 - 5.2

ALT

22

<50

LIPID ASSESSMENT

Hours Fasting

Not Available

TG

0.61

FASTING: <1.70 mmol/L

NON-FASTING: <2.00 mmol/L

Leroy, Hudson Wyatt**Birth date 06/09/1996 #103068 Page 2/2**

CHOL	3.57	<5.20
Total cholesterol and HDL-C used for risk assessment and to calculate non HDL-C.		
HDL	1.40	>=1.00
HDL-C <1.00 mmol/L indicates risk for metabolic syndrome.		
LDL	1.87	<3.50
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.		
NON-HDL	2.17	<4.20
Non HDL-Cholesterol is not affected by the fasting status of the patient.		
CHOL/HDL	2.6	
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		
SPECIAL CHEMISTRY II		
TSH	1.61	0.32 ~ 4.00