

Dr. Autherine Kerr-Ramsay(BANT)**Finch**

1275 Finch Ave. West Downsview ON M3J 0L5

Tel: Fax:

Consultation Request

Date:	2025-10-24	Patient:	MCPHERSON, DEVON ANTHONY
Status:	Non-Urgent	Address:	1908-2425 Jane Street Toronto, ON, M3M 1B1
Service:	Endocrinology	Phone:	416-879-9472
Consultant:	LMC STEELES, ENDOCRINOLOGY	Work Phone:	
Phone:	905-763-8660	Cell Phone:	
Fax:	905-763-0708	Email:	devonmcperson2@gmail.com
Address:	1600 STEELES AVE.W.UNIT 5 VAUGHAN L4K 3B9	Birthdate:	1960-08-26 (y/m/d)
		Sex:	M
		Health Card No.:	(ON) 7022216142 LR
		Appointment date:	
		Time:	
		Chart No.:	

Reason for consultation:

DM Type 2

Pertinent Clinical Information:

Known to have DM type 2 maintained on medication. HB1C 9.6. Fasting glucose 15.9. Referred for endocrinologist to see the dietitian and eye examination.

Current Medications:

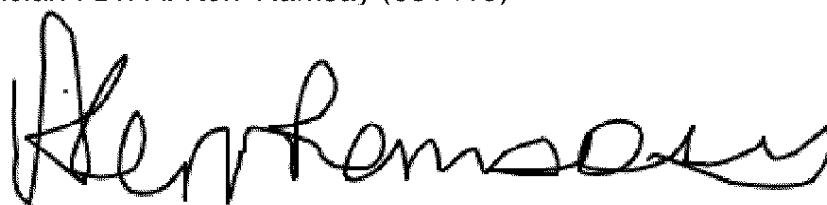
JARDIANCE 10 MG TABLET one tablet po once daily for 1 month Qty:30 TABLET Repeats:0
 METFORMIN 500 MG TABLET one tablet po bid for 3 month Qty:180 TABLET Repeats:0
 AMLODIPINE 2.5 MG TABLET one tablet po once daily in the mornings in the for 2 weeks Qty:14
 TABLET Repeats:0
 APO-PERINDOPRIL 4 MG TABLET one tablet bid for 2 weeks Qty:28 TABLET Repeats:1
 SYNTHROID 75 MCG TABLET one tablet once daily for 3 month Qty:90 TABLET Repeats:0

Referring Practitioner : Dr. A. Kerr-Ramsay (051410)

MRP : Kerr-Ramsay(BANT), Autherine (051410)

Requesting Physician : Dr. A. Kerr-Ramsay (051410)

Signature:



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DYNACARE LABORATORIES
115 MIDAIR CT, BRAMPTON L6T5MB

CUSTOMER SERVICE PHONE/FAX REPORT

COLLECTION TIME 1AP AP-56287074 FINAL
2025/10/20 08:41 2025/10/20 2025/10/21

MCPHERSON, DEVON ANTHON 7022216142 LR DR. A. KERR-RAMSAY
1908-2425 JANE ST TORONTO 1960/08/26 102-1275 FINCH AVE W
ONTARIO M3M 1B1 M 65 Y NORTH YORK, ON 1AP
M3J 0L5 BRG12
PHONE: 416-879-9472 PHONE: 647-366-2273

OUTSIDE
NORMAL
LIMITS

CODES TEST DESCRIPTION	RESULTS	REFERENCE RANGE	
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C H E M I S T R Y

GLUCOSE SERUM FASTING	15.9	mmol/L	15.9
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3.6 - 6.0 NORMAL FASTING GLUCOSE

6.1 - 6.9 IMPAIRED FASTING GLUCOSE

>6.9 PROVISIONAL DIAGNOSIS OF DIABETES MELLITUS

UREA	6.6	2.5 - 8.1	mmol/L
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CREATININE	105.	60 - 110	umol/L
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eGFR	68.	>=60.	mL/min/1.73m**2
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eGFR is calculated using the CKD-EPI 2021 equation

which does not use a race-based adjustment.

CALCIUM	2.55	2.15 - 2.60	mmol/L
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PHOSPHORUS	1.07	0.80 - 1.45	mmol/L
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MAGNESIUM	0.80	0.65 - 1.05	mmol/L
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PROTEIN	77.	60 - 80	g/L
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BILIRUBIN TOTAL	8.	<23	umol/L
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URATE	414.	220 - 512	umol/L
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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.	hours	
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CHOLESTEROL	3.88	< 5.20	mmol/L
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Total cholesterol and HDL-C used for risk assessment and to calculate non-HDL-C.

TRIGLYCERIDES	0.87	< 1.70	mmol/L
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If nonfasting, triglycerides <2.00 mmol/L desired.

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HDL CHOLESTEROL	1.09	mmol/L
		M: >=1.00 mmol/L
	HDL-C <1.00 mmol/L indicates risk for metabolic syndrome.	
LDL CHOLESTEROL CALC.	2.40	< 3.50 mmol/L
	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-CHOLESTEROL(CALC)	2.79	< 4.20 mmol/L
TC/HDL-C RATIO	3.6	
IRON	18.	umol/L
TIBC	53.	45 - 77 umol/L
SATURATION	0.34	0.20 - 0.50 /1
VITAMIN B12	938.	221 - 918 pmol/L
	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	
		938.

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FERRITIN	207.	30 - 517 ug/L	
<p>In patients with concomitant inflammation, use Iron studies, including TIBC and Transferrin Saturation, to assess Iron Deficiency status.</p> <p>In absence of concomitant inflammation, Ferritin levels can be interpreted as follows:</p> <p>30-50: Probable iron deficiency</p> <p>51-100: Possible iron deficiency, if risk factors are present</p> <p>101-300: Iron deficiency unlikely</p> <p>For guidance, see www.hemequity.com/raise-the-bar</p>			
SODIUM	139.	136 - 146 mmol/L	
POTASSIUM	4.6	3.7 - 5.4 mmol/L	
ALKALINE PHOSPHATASE	196.	40-129 U/L	196.
GGT	27.	< 60 U/L	
AST	18.	<37 U/L	
ALT	20.	<46 U/L	
TSH	1.53	0.35 - 5.00 mIU/L	
T4 FREE	16.	11 - 23 pmol/L	
T3 TOTAL	1.5	1.0 - 2.7 nmol/L	
HEMOGLOBIN A1c	9.6	%	9.6
<p>NON-DIABETIC: < 6.0 %</p> <p>PREDIABETES: 6.0 - 6.4 %</p> <p>DIABETIC: > 6.4 %</p> <p>OPTIMAL CONTROL: < 7.0 %</p> <p>SUB-OPTIMAL CONTROL: 7.0 - 8.4 %</p> <p>INADEQUATE CONTROL: > 8.4 %</p>			
H E M A T O L O G Y			
HEMOGLOBIN	146.	129 - 165 g/L	
HEMATOCRIT	0.44	0.39 - 0.49 l/l	

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RBC	4.7	4.2 - 5.8 x 10E12/L	
RBC INDICES: MCV	94.	80 - 98 f1	
.	MCH	24 - 33 pg	
.	MCHC	313 - 344 g/L	
RDW	13.0	12.5 - 17.3	
WBC	4.8	3.2 - 9.4 x 10E9/L	
PLATELETS	160.	155 - 372 x 10E9/L	
MPV	10.5	4.0 - 14.0 f1	
DIFFERENTIAL WBC'S :			
NEUTROPHILS	2.5	1.4 - 6.3 x10E9/L	
LYMPHOCYTES	1.6	1.0 - 2.9 x10E9/L	
MONOCYTES	0.5	0.2 - 0.8 x10E9/L	
EOSINOPHILS	0.1	0.0 - 0.5 x10E9/L	
BASOPHILS	0.00	0.00-0.09x10E9/L	
URINALYSIS			

URINALYSIS CHEMICAL			
GLUCOSE	28	NEGATIVE (mmol/L)	28
BILIRUBIN	NEG	NEGATIVE	
KETONES	NEG	NEGATIVE (mmol/L)	
SPECIFIC GRAVITY	1.026	1.005 - 1.030	
BLOOD	NEG	NEGATIVE	
pH	5.5	5.0 - 8.0	
PROTEIN	0.3	NEGATIVE (g/L)	0.3
UROBILINOGEN	3.2	3.2 - 16 umol/L	
NITRITE	NEG	NEGATIVE	
LEUKOCYTES	NEG	NEGATIVE	
COLOUR	YELLOW	YELLOW	
APPEARANCE	TURBID	CLEAR	TURBID

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C H E M I S T R Y

ALBUMIN R U		
ALBUMIN RANDOM U	50.	mg/L
ALBUMIN/CREAT RATIO	2.5	< 3.0 mg/mmol creat
5-YEAR KFRE		< 5%

An eGFR \geq 60 ml/min/1.73m **2 and an ACR <3 mg/mmol rules out CKD stage G3-G5 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.

KFRE not indicated when eGFR \geq =60 ml/min/1.73m **2		
25 HYDROXY VITAMIN D	89.	DEFICIENCY: < 25 nmol/L
		INSUFFICIENCY: 25 - 75 nmol/L
		SUFFICIENCY: 76 - 250 nmol/L
		TOXICITY: > 250 nmol/L