

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

1275 Finch Ave. West Downsview ON M3J 0L5

Tel: Fax:

Consultation Request

Date:	2025-10-24	Patient:	LEWIN MCPHERSON, VERONA E
Status:	Non-Urgent	Address:	1908-2425 Jane Street Toronto, ON, M3M 1B1
Service:	Endocrinology	Phone:	647-766-4893
Consultant:	LMC STEELES, ENDOCRINOLOGY	Work Phone:	
Phone:	905-763-8660	Cell Phone:	
Fax:	905-763-0708	Email:	mcphersonverona@gmail. com
Address:	1600 STEELES AVE.W.UNIT 5 VAUGHAN L4K 3B9	Birthdate:	1971-06-03 (y/m/d)
		Sex:	F
		Health Card No.:	(ON) 6297668581 KH
		Appointment date:	
		Time:	
		Chart No.:	

Reason for consultation:

DM Type 2

Pertinent Clinical Information:

Newly diagnosed DM Tye 2 hba1c 7.8 fasting glucose 9.Started on medication. Hence the referral to see the endocrinologist, for diet education and eye examination.

Current Medications:

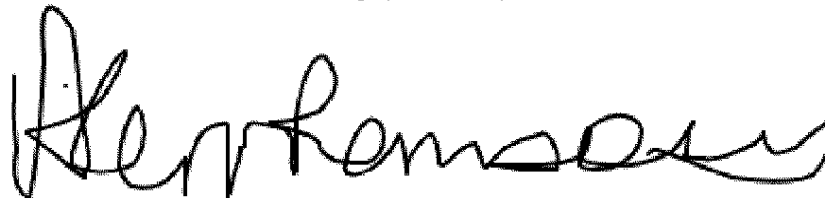
CRESTOR 5 MG TABLET one tablet po once daily for 1 month Qty:30 TABLET Repeats:2
METFORMIN 500 MG TABLET one tablet po bid for 1 month Qty:60 TABLET Repeats:2
TWINSTA 40 MG-5 MG TABLET one tablet po once dailyfor 2 week Qty:14 TABLET Repeats:1
ATENOLOL 50 MG-CHLORTHALIDONE 25 MG TABLET one tablet once daily for 1 month Qty:30
TABLET Repeats:0

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

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

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

Signature:



Faxed by Dynacare on 2025/10/21 00:43:28 1 /1

DYNACARE LABORATORIES
115 MIDAIR CT, BRAMPTON L6T5M6

CUSTOMER SERVICE PHONE/FAX REPORT

COLLECTION TIME 1AP AP-56286932 FINAL
2025/10/20 08:25

2025/10/20 2025/10/21

LEWIN MCPHERSON, VERONA
1908-2425 JANE ST
TORONTO
ONTARIO
M3M 1B16297668581 KH
1971/06/03
F 54 YDR. A. KERR-RAMSAY
102-1275 FINCH AVE W
NORTH YORK, ON
M3J 0L51AP
BRG12

PHONE: 647-766-4893

PHONE: 647-366-2273

OUTSIDE
NORMAL
LIMITS

CODES	TEST DESCRIPTION	RESULTS	REFERENCE RANGE	LIMITS

This report is intended only for the use of the addressee and contains confidential information. Any dissemination of this information is prohibited. If you have received this report in error please notify the sender at (905)790-3030 or 1-800-565-5721 and forward all documentation to Customer Service, 115 MIDAIR COURT, BRAMPTON, Ontario, L6T 5M3				

C H E M I S T R Y

R	ALBUMIN R U		
	ALBUMIN RANDOM U	<3.	mg/L
	ALBUMIN/CREAT RATIO	*.	< 3.0 mg/mmol creat

Unable to report the ratio as one or both of the components is outside the limits of detection.

5-YEAR KFRE < 5%

Unable to perform calculation as one or more of the components is outside the limits of detection.

An eGFR result ≥ 60 ml/min/1.73m² 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.

Faxed by Dynacare on 2025/10/20 20:57:22 1 /5

DYNACARE LABORATORIES
115 MIDAIR CT, BRAMPTON L6T5M6

CUSTOMER SERVICE PHONE/FAX REPORT

COLLECTION TIME 1AP AP-56286932 FINAL
2025/10/20 08:25

2025/10/20 2025/10/20

LEWIN MCPHERSON, VERONA
1908-2425 JANE ST
TORONTO
ONTARIO
M3M 1B1

6297668581 KH
1971/06/03
F 54 Y

DR. A. KERR-RAMSAY
102-1275 FINCH AVE W
NORTH YORK, ON
M3J 0L5

1AP
BRG12

PHONE: 647-766-4893

PHONE: 647-366-2273

OUTSIDE
NORMAL
LIMITS

CODES	TEST DESCRIPTION	RESULTS	REFERENCE RANGE	LIMITS
-------	------------------	---------	-----------------	--------

This report is intended only for the use of the addressee and contains confidential information. Any dissemination of this information is prohibited. If you have received this report in error please notify the sender at (905)790-3030 or 1-800-565-5721 and forward all documentation to Customer Service, 115 MIDAIR COURT, BRAMPTON, Ontario, L6T 5M3

C H E M I S T R Y

GLUCOSE SERUM FASTING	9.1	mmol/L	9.1
3.6 - 6.0 NORMAL FASTING GLUCOSE			
6.1 - 6.9 IMPAIRED FASTING GLUCOSE			
>6.9 PROVISIONAL DIAGNOSIS OF DIABETES MELLITUS			
UREA	4.9	2.5 - 8.1 mmol/L	
CREATININE	57.	50 - 100 umol/L	
eGFR	105.	>=60. mL/min/1.73m**2	
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	
PHOSPHORUS	1.28	0.80 - 1.45 mmol/L	
MAGNESIUM	0.90	0.65 - 1.05 mmol/L	
PROTEIN	80.	60 - 80 g/L	
ALBUMIN	46.	35 - 52 g/L	
BILIRUBIN TOTAL	9.	<23 umol/L	
URATE	413.	149 - 422 umol/L	

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
CHOLESTEROL	4.70	< 5.20 mmol/L
Total cholesterol and HDL-C used for risk assessment and to calculate non-HDL-C.		

Faxed by Dynacare on 2025/10/20 20:57:22 2 / 5

DYNACARE LABORATORIES
115 MIDAIR CT, BRAMPTON L6T5M6

CUSTOMER SERVICE PHONE/FAX REPORT

COLLECTION TIME 1AP AP-56286932 FINAL
2025/10/20 08:25

2025/10/20 2025/10/20

LEWIN MCPHERSON, VERONA
1908-2425 JANE ST
TORONTO
ONTARIO
M3M 1B1

6297668581 KH
1971/06/03
F 54 Y

DR. A. KERR-RAMSAY
102-1275 FINCH AVE W
NORTH YORK, ON
M3J 0L5

1AP
BRG12

PHONE: 647-766-4893

PHONE: 647-366-2273

OUTSIDE
NORMAL
LIMITS

CODES TEST DESCRIPTION	RESULTS	REFERENCE RANGE	LIMITS

This report is intended only for the use of the addressee and contains confidential information. Any dissemination of this information is prohibited. If you have received this report in error please notify the sender at (905)790-3030 or 1-800-565-5721 and forward all documentation to Customer Service, 115 MIDAIR COURT, BRAMPTON, Ontario, L6T 5M3			

TRIGLYCERIDES	1.26	< 1.70 mmol/L	
If nonfasting, triglycerides <2.00 mmol/L desired.			
HDL CHOLESTEROL	0.98	mmol/L	0.98
F: >=1.30 mmol/L			
HDL-C <1.30 mmol/L indicates risk for metabolic syndrome.			
LDL CHOLESTEROL CALC.	3.19	< 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	3.72	< 4.20 mmol/L	
TC/HDL-C RATIO	4.8		
IRON	17.	6 - 27 umol/L	
TIBC	58.	45 - 77 umol/L	
SATURATION	0.29	0.20 - 0.50 /l	
VITAMIN B12	629.	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			

Faxed by Dynacare on 2025/10/20 20:57:22 3 /5

DYNACARE LABORATORIES
115 MIDAIR CT, BRAMPTON L6T5M6

CUSTOMER SERVICE PHONE/FAX REPORT

COLLECTION TIME 1AP AP-56286932 FINAL
2025/10/20 08:25

2025/10/20 2025/10/20

LEWIN MCPHERSON, VERONA
1908-2425 JANE ST
TORONTO
ONTARIO
M3M 1B1

6297668581 KH
1971/06/03
F 54 Y

DR. A. KERR-RAMSAY
102-1275 FINCH AVE W
NORTH YORK, ON
M3J 0L5

1AP
BRG12

PHONE: 647-766-4893

PHONE: 647-366-2273

OUTSIDE
NORMAL
LIMITS

CODES	TEST DESCRIPTION	RESULTS	REFERENCE RANGE	LIMITS
-------	------------------	---------	-----------------	--------

This report is intended only for the use of the addressee and contains confidential information. Any dissemination of this information is prohibited. If you have received this report in error please notify the sender at (905)790-3030 or 1-800-565-5721 and forward all documentation to Customer Service, 115 MIDAIR COURT, BRAMPTON, Ontario, L6T 5M3

FERRITIN	201.	30 - 223 ug/L	
----------	------	---------------	--

In patients with concomitant inflammation, use Iron studies, including TIBC and Transferrin Saturation, to assess Iron Deficiency status.
In absence of concomitant inflammation, Ferritin levels can be interpreted as follows:
30-50: Probable iron deficiency
51-100: Possible iron deficiency, if risk factors are present
101-300: Iron deficiency unlikely
For guidance, see www.hemequity.com/raise-the-bar

SODIUM	140.	136 - 146 mmol/L	
POTASSIUM	4.4	3.7 - 5.4 mmol/L	
ALKALINE PHOSPHATASE	68.	35-122 U/L	
GGT	31.	< 36 U/L	
AST	22.	<31 U/L	
ALT	22.	<36 U/L	
TSH	2.70	0.35 - 5.00 mIU/L	
T4 FREE	15.	11 - 23 pmol/L	
T3 TOTAL	2.2	1.0 - 2.7 nmol/L	
HEMOGLOBIN A1c	7.8	%	7.8
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 %	

H E M A T O L O G Y

HEMOGLOBIN	146.	110 - 147 g/L
HEMATOCRIT	0.42	0.33 - 0.44 l/l

Faxed by Dynacare on 2025/10/20 20:57:22 4 /5

DYNACARE LABORATORIES
115 MIDAIR CT, BRAMPTON L6T5M6

CUSTOMER SERVICE PHONE/FAX REPORT

COLLECTION TIME 1AP AP-56286932 FINAL
2025/10/20 08:25

2025/10/20 2025/10/20

LEWIN MCPHERSON, VERONA
1908-2425 JANE ST
TORONTO
ONTARIO
M3M 1B1

6297668581 KH
1971/06/03
F 54 Y

DR. A. KERR-RAMSAY
102-1275 FINCH AVE W
NORTH YORK, ON
M3J 0L5

1AP
BRG12

PHONE: 647-766-4893

PHONE: 647-366-2273

OUTSIDE
NORMAL
LIMITS

CODES	TEST DESCRIPTION	RESULTS	REFERENCE RANGE	LIMITS
-------	------------------	---------	-----------------	--------

This report is intended only for the use of the addressee and contains confidential information. Any dissemination of this information is prohibited. If you have received this report in error please notify the sender at (905)790-3030 or 1-800-565-5721 and forward all documentation to Customer Service, 115 MIDAIR COURT, BRAMPTON, Ontario, L6T 5M3

RBC	4.7	3.8 - 5.2 x 10E12/L	
RBC INDICES: MCV	90.	76 - 98 fl	
. MCH	31.	24 - 33 pg	
. MCHC	345.	313 - 344 g/L	345.
RDW	13.3	12.5 - 17.3	
WBC	5.1	3.2 - 9.4 x 10E9/L	
PLATELETS	168.	155 - 372 x 10E9/L	
MPV	11.9	4.0 - 14.0 fl	
DIFFERENTIAL WBC'S :			
NEUTROPHILS	2.4	1.4 - 6.3 x10E9/L	
LYMPHOCYTES	1.9	1.0 - 2.9 x10E9/L	
MONOCYTES	0.4	0.2 - 0.8 x10E9/L	
EOSINOPHILS	0.2	0.0 - 0.5 x10E9/L	
BASOPHILS	0.05	0.00-0.09x10E9/L	

U R I N A L Y S I S

URINALYSIS CHEMICAL			
GLUCOSE	NEG	NEGATIVE (mmol/L)	
BILIRUBIN	NEG	NEGATIVE	
KETONES	NEG	NEGATIVE (mmol/L)	
SPECIFIC GRAVITY	1.020	1.005 - 1.030	
BLOOD	NEG	NEGATIVE	
pH	7.5	5.0 - 8.0	
PROTEIN	NEG	NEGATIVE (g/L)	
UROBILINOGEN	3.2	3.2 - 16 umol/L	
NITRITE	NEG	NEGATIVE	
LEUKOCYTES	NEG	NEGATIVE	
COLOUR	YELLOW	YELLOW	
APPEARANCE	CLEAR	CLEAR	

Faxed by Dynacare on 2025/10/20 20:57:22 5 /5

DYNACARE LABORATORIES
115 MIDAIR CT, BRAMPTON L6T5M3

CUSTOMER SERVICE PHONE/FAX REPORT

COLLECTION TIME 1AP AP-56286932 FINAL
2025/10/20 08:25
2025/10/20 2025/10/20

LEWIN MCPHERSON, VERONA	6297668581	KH	DR. A. KERR-RAMSAY	
1908-2425 JANE ST				
TORONTO	1971/06/03		102-1275 FINCH AVE W	
ONTARIO			NORTH YORK, ON	1AP
M3M 1B1	F	54 Y	M3J 0L5	BRG12

PHONE: 647-766-4893

PHONE: 647-366-2273

OUTSIDE
NORMAL
LIMITS

CODES TEST DESCRIPTION	RESULTS	REFERENCE RANGE	LIMITS
------------------------	---------	-----------------	--------

This report is intended only for the use of the addressee and contains confidential information. Any dissemination of this information is prohibited. If you have received this report in error please notify the sender at (905)790-3030 or 1-800-565-5721 and forward all documentation to Customer Service, 115 MIDAIR COURT, BRAMPTON, Ontario, L6T 5M3

T E S T (S) T O F O L L O W

ALBUMIN R U
5-YEAR K'FRE