



Consultation Request

Consult to:

Dr. Eyal Kraut
123 Edward street , 1500
Toronto, ON M5G 1E2

Phone: (416) 237-0104
Fax: (647) 478-2415
23-Oct-2025,

Patient:

Lynn, Stefanie Janine (F)
104 Kippendavie Avenue 1
Toronto, ON M4L 3R5

DOB: 07-Jan-1972 (53)
HC: OHIP 2310082280 WA
(416) 550-3310 (C)
(416) 550-3310 (H)
suchissteff@gmail.com

Please see this patient (whom I saw on 23-Oct-2025) in consultation regarding:

Please see this patient for suspected concern of MEN syndromes. She saw an internal medicine physician who has concerned about this given family history and investigations.

We also sent her for genetic testing and she was declined. They stated if this is warranted, endocrinology should refer instead.

Investigations summarized below:

- Thyroid imaging: tumour on thyroid initially ruled triad four, then downgraded to triad three; reported as stable despite growing 1mm in one week.
- Parathyroid imaging: parathyroid reported as looking "great", parathyroid issues ruled out.
- Soft tissue neck imaging: right submandibular gland simple cyst noted. Enlarged submandibular lymph nodes with normal morphology.
- Blood work: high white blood cell count (lifelong, possibly indicating chronic inflammation), normal PTH, normal calcium levels, normal phosphorus levels, normal thyroid hormone levels (TSH, T4), elevated lymphocyte level, borderline low other parameters, normal vitamin D (supplemented daily).
- Colonoscopy (February 22nd, performed after bleeding in January): serrated flat polyp, 7mm, removed from the left side.
- CT scan (September): no inflammation of the pancreas.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dr. Raut', with a stylized flourish underneath.

Dr. Abhishek Raut, Provider Number 028921

Attachments: 12 documents, CPP Information

Copy to:

Attachment - DI : Details

Sep 25, 2025 04:35

To: +16474906330

Page: 1/2

From: INSIGHT DIAGNOSTIC IMAGING

SPADINA ULTRASOUND

720 Spadina Avenue, Unit 200

Toronto, ON

Ph: (416) 519-9699 Fax: (416) 519-6899

Case #: DU253365 - 25-Sep-2025

Patient ID: 5232DU

REFERRAL INFORMATION

FAROOQUI, ADIL
2025 MIDLAND AVE 100
TORONTO, ONTARIO
M1P 3E2
Tel: (647) 722-2370 Fax: (647) 490-6330

PATIENT INFORMATION

LYNN, STEFANIE JANINE
D.O.B : 07-Jan-72 53y 8m Sex: F
1-104 KEPPENDAVIE AVENUE
TORONTO ON, M4L 3R5
Tel: (416) 550-3310
HC#: 2310 082 280 WA

Dear Dr. A. FAROOQUI,

On 25 Sep 2025, we examined the above patient.
Our examination yielded the following findings:
Clinical History: routine.

SOFT TISSUE ASSESSMENT - NECK:

The bilateral neck was scanned.
The cervical lymph nodes were assessed and appear unremarkable in size, shape, vascularity and overall appearance. They do not possess any significant features demonstrable with ultrasound.
The bilateral submandibular glands were assessed and appear unremarkable.
The bilateral parotid glands were assessed and appear unremarkable.

Bilateral, mildly enlarged submandibular lymph nodes measured:

- 1) 1.2 x 0.9 x 0.5 cm, right side
- 2) 0.7 x 0.8 x 0.7 cm, right side
- 3) 1.4 x 1.1 x 0.6 cm, left side
- 4) 1.0 x 0.8 x 0.6 cm, left side

A 0.5 x 0.4 x 0.4 cm cyst is seen at the right submandibular gland.

OPINION:

Right submandibular gland simple cyst.
Bilateral, mildly enlarged submandibular lymph nodes of normal morphology.

Page 1 of 2

DICTATED BUT NOT READ

A. VOURLAS, MD. F.R.C.P. (C)

cc: RAUT, ABHISHEK

25-Sep-25 14:32

Status:D:AV 25/09/2025 13:50 T:JR 25/09/25 14:39

* ANY CLINICAL OR PATHOLOGICAL FOLLOW-UP PERTINENT TO THIS EXAMINATION WOULD BE APPRECIATED

Attachment - DI : Details

Sep 25, 2025 04:35

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Page: 2/2

From: INSIGHT DIAGNOSTIC IMAGING

SPADINA ULTRASOUND

720 Spadina Avenue, Unit 200

Toronto, ON

Ph: (416) 519-9699 Fax: (416) 519-6899

Case #: DU253365 - 25-Sep-2025

Patient ID: 5232DU

REFERRAL INFORMATION

FAROOQUI, ADIL
2025 MIDLAND AVE 100
TORONTO, ONTARIO
M1P 3E2
Tel: (647) 722-2370 Fax: (647) 490-6330

PATIENT INFORMATION

LYNN, STEFANIE JANINE
D.O.B : 07-Jan-72 53y 8m Sex: F
1-104 KEPPENDAVIE AVENUE
TORONTO ON, M4L 3R5
Tel: (416) 550-3310
HC#: 2310 082 280 WA

Dear Dr. A. FAROOQUI,

On 25 Sep 2025, we examined the above patient.

Our examination yielded the following findings:

Clinical History: voice hoarseness; evaluate for thyroid, parathyroid hypplasia/nodule.

THYROID ULTRASOUND:

The right lobe of the thyroid measures 3.8 x 1.2 x 1.3 cm.

The left lobe of the thyroid measures 3.4 x 1.2 x 1.3 cm.

The isthmus measures 0.3 cm in thickness.

There is no abnormality of the vascularity or echo pattern.

There is a solid nodule of 3 mm in the left lobe upper pole.

OPINION:

Tiny, left lobe, ACR TIRADS 4 nodule.

Given absence of previous imaging, a follow-up examination in one to two years is suggested.

Page 2 of 2

Dictated but not read

A. VOURLAS, MD, F.R.C.P. (C)

cc: RAUT, ABHISHEK

25-Sep-25 14:32

Status: D:AV 25/09/2025 13:50 T:JR 25/09/25 14:39

* ANY CLINICAL OR PATHOLOGICAL FOLLOW-UP PERTINENT TO THIS EXAMINATION WOULD BE APPRECIATED

Attachment - DI : Details

Oct 03, 2025 04:51

To: +16474906330

Page: 1/1

From: INSIGHT DIAGNOSTIC IMAGING

CENTRAL
DIAGNOSTIC IMAGING
658 Danforth Ave., Main Floor
Toronto, ON
Ph: (416) 465-5735 Fax: (416) 465-1402

Case #: EG180997 - 03-Oct-2025

Patient ID: 5232DU

REFERRAL INFORMATION

FAROOQUI, ADIL
2025 MIDLAND AVE 100
TORONTO, ONTARIO
M1P 3E2
Tel: (647) 722-2370 Fax: (647) 490-6330

PATIENT INFORMATION

LYNN, STEFANIE JANINE
D.O.B : 07-Jan-72 53y 9m Sex: F
1-104 KEPPENDAVIE AVENUE
TORONTO ON, M4L 3R5
Tel: (416) 550-3310
HC#: 2310 082 280 WA

Dear Dr. A. FAROOQUI,

On 03 Oct 2025, we examined the above patient.

Our examination yielded the following findings:

Clinical History: voice hoarseness, evaluate thyroid or parathyroid.

THYROID ULTRASOUND:

Comparison is made with the previous study of September 25, 2025.

The right lobe of the thyroid measures 3.9 x 1.2 x 1.3 cm (previously 3.8 x 1.2 x 1.3 cm).

The left lobe of the thyroid measures 3.3 x 1.0 x 1.1 cm (previously 3.4 x 1.2 x 1.3 cm).

The isthmus measures 2.3 cm in thickness.

Nodules are seen as follows:

- 1) ACR TIRADS 3, right lobe lower pole, 0.4 x 0.4 x 0.4 cm, new
- 2) Left lobe upper pole, ACR TIRADS 3, stable, 0.3 x 0.3 x 0.2 cm (previously 0.3 x 0.2 x 0.2 cm)

There is a colloid cyst of 2 mm in the left lobe upper pole.

OPINION:

Benign thyroid nodules.

No evidence of parathyroid enlargement.

DICTATED BUT NOT READ

A. VOURLAS, MD. F.R.C.P. (C)

<CCDoctors>

03-Oct-25 16:42

Status:D:AV 03/10/2025 14:25 T:JR 03/10/25 16:46

* ANY CLINICAL OR PATHOLOGICAL FOLLOW-UP PERTINENT TO THIS EXAMINATION WOULD BE APPRECIATED

Attachment - DI : Details

Diagnostic Imaging Report

Name:	LYNN, STEFANIE (F)	Authoring Physician:	46364 ARVINTE ANDREI
DOB:	1972-01-07	Authored Date:	Not Provided
HC#:	2310082280(WA)	Deliver To:	Raut, Abhishek
Address:	1 - 104 KIPPENDAVIE AVENUE TORONTO CANON M4L3R5	Facility #:	4209
		Facility Name:	Toronto East General Hospital
		Facility Report #:	11499857
		Result Status:	Signed and released by author.

Date	Sub-class	Description
07-Sep-2025 22:45	CT	CT Angiogram Abdomen/Pelvis

CTA abdomen and pelvis

History: 53-year-old female, rule out renal artery dissection or infarction

Technique: [Helical axial imaging performed from the diaphragms to the ischial tuberosities through the chest, abdomen and pelvis with CTA protocol with sagittal, coronal and MIP reformats.]

Findings:

VASCULAR: No extravasation of contrast. Normal size, appearance and enhancement of the lower thoracic and abdominal aorta. No dissection. No aneurysmal dilatation.

Normal mesenteric arteries. Normal renal arteries, normal pelvic arteries and proximal lower extremity arteries.

CHEST: No suspicious lung nodules at lung bases.

ABDOMEN and PELVIS: 2.9 x 2.7 x 2.3 arterially enhancing lesion segment 6/7 of the liver, possibly an FNH and unchanged significant relief from previous imaging. Additional tiny arterial enhancing 1.2 x 1.0 cm lesion inferiorly in segment 7.

5 mm stone seen in the right renal pelvis. Mildly prominent right extrarenal pelvis but no hydronephrosis. No stones or hydronephrosis on the left.

There are 2 left renal arteries and one on the right. All renal arteries have a normal appearance. No renal artery dissection, stenosis or occlusion. No significant renal parenchymal abnormalities to suggest pyelonephritis or infarction. Normal renal veins.

Tortuous sigmoid with minimal uncomplicated diverticulosis. No acute diverticulitis.

No free fluid or fluid collections.

No significant osseous abnormalities at visualized levels.

SUMMARY:

Hospital Report Manager

Page:1 of 2

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DOB:	1972-01-07	Authored Date:	Not Provided
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Address:	1 - 104 KIPPENDAVIE AVENUE TORONTO CANON M4L3R5	Facility #:	4209
		Facility Name:	Toronto East General Hospital
		Facility Report #:	11499857
		Result Status:	Signed and released by author.

1. No aortic dissection or aneurysmal dilatation in the abdomen or pelvis.
2. 2 left renal arteries and one on the right. All renal arteries have a normal appearance. No renal artery dissection, stenosis or occlusion.
3. Arterially enhancing lesions in the liver, unchanged significant relief from previous imaging.
4. Nonobstructive right renal stone.

Few incidental findings and pertinent negatives as described in detail above.

Signed by: Arvinte, Andrei on 9/7/2025 11:33 PM

The report was created using a voice recognition system. If there are any concerns about content or accuracy, please fax to 416-469-6077

TEGH Patient MRN: 1423045

Ordering Physician: CPSO 104265 MAENG,ANDREW

Attachment - DI : Details

Diagnostic Imaging Report

Name: LYNN, STEFANIE (F)	Authoring Physician: 46364 ARVINTE ANDREI
DOB: 1972-01-07	Authored Date: Not Provided
HC#: 2310082280(WA)	Deliver To: Raut, Abhishek
Address: 1 - 104 KIPPENDAVIE AVENUE	Facility #: 4209
TORONTO	Facility Name: Toronto East General Hospital
CANON	Facility Report #: 11499793
M4L3R5	Result Status: Signed and released by author.

Date	Sub-class	Description
07-Sep-2025 19:00	CT	CT Acute Renal Protocol

CT RENAL COLIC

HISTORY: 53-year-old female, rule out stone

TECHNIQUE: [Helical axial imaging performed from the domes of the hemidiaphragms to the ischial tuberosities without administration of intravenous contrast.]

FINDINGS:

Liver: [No suspicious liver lesions]

Gallbladder and biliary ducts: [Normal gallbladder.] [No intra or extrahepatic biliary ductal dilatation.]

Pancreas: [No pancreatic lesions.] [No pancreatic duct dilatation.]

Spleen: [No abnormalities.]

Adrenal glands: [No abnormalities.]

Kidneys: [Bilateral renal lithiasis. There are 4 stones on the right largest measuring 5 mm in the proximal right extrarenal pelvis. There is a tiny 2 mm stone in the left kidney. No hydronephrosis or hydroureter on either side. No stones in the urinary bladder. Patient may have recently passed a stone.

GI: [Mildly tortuous sigmoid with minimal uncomplicated diverticulosis. No features to suggest acute diverticulitis.] [No small or large bowel loop obstruction.] [No gastroduodenal abnormalities.]

Arteries and veins: [No significant vascular abnormalities.]

Lymph nodes: [No significant lymphadenopathy by size criteria.

Pelvic organs: [Incidental pelvic phleboliths. Normal anteverted uterus..]

Bones/MSK: [No aggressive osseous lesions of the visualized levels.]

Lung bases: [No suspicious lung nodules at lung bases.]

SUMMARY: Bilateral nonobstructive renal lithiasis right worse than left. No

Hospital Report Manager

Page:1 of 2

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Name:	LYNN, STEFANIE (F)	Authoring Physician:	46364 ARVINTE ANDREI
DOB:	1972-01-07	Authored Date:	Not Provided
HC#:	2310082280(WA)	Deliver To:	Raut, Abhishek
Address:	1 - 104 KIPPENDAVIE AVENUE TORONTO CANON M4L3R5	Facility #:	4209
		Facility Name:	Toronto East General Hospital
		Facility Report #:	11499793
		Result Status:	Signed and released by author.

hydronephrosis or hydroureter on either side. No stones in the urinary bladder.
Patient may have recently passed a stone.

Few other incidental findings and pertinent negatives as described above.

NOTE: [Detailed evaluation of solid organs is limited by the absence of
intravenous contrast.]

Signed by: Arvinte, Andrei on 9/7/2025 7:19 PM

The report was created using a voice recognition system. If there are any
concerns about content or accuracy, please fax to 416-469-6077

TEGH Patient MRN: 1423045
Ordering Physician: CPSO 104265 MAENG,ANDREW

Attachment - DI : Details

Diagnostic Imaging Report

Name: LYNN, STEFANIE (F)	Authoring Physician: 017180 SHIN VINCENT
DOB: 1972-01-07	Authored Date: Not Provided
HC#: 2310082280(WA)	Deliver To: Raut, Abhishek
Address: 1 - 104 KIPPENDAVIE AVENUE	Facility #: 4209
TORONTO	Facility Name: Toronto East General Hospital
CANON	Facility Report #: 11524024
M4L3R5	Result Status: Signed and released by author.

Date	Sub-class	Description
15-Sep-2025 14:00	RF	Cystogram Voiding

Cystogram Voiding

FINDINGS: 7 selected images

Contrast can be seen within the right renal collecting system with no hydronephrosis. No definite filling defects identified within the right-sided stones on CT scan of September 7 not confidently identified.

Signed by: Shin, Vincent on 9/15/2025 6:22 PM

The report was created using a voice recognition system. If there are any concerns about content or accuracy, please fax to 416-469-6077

TEGH Patient MRN: 1423045

Ordering Physician: CPSO 77930 GROLL, RYAN

Attachment - DI : Details

Sep 25, 2025 04:50

To: +16474906330

Page: 1/2

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720 Spadina Avenue, Unit 200

Toronto, ON

Ph: (416) 519-9699 Fax: (416) 519-6899

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Patient ID: 5232DU

REFERRAL INFORMATION

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2025 MIDLAND AVE 100
TORONTO, ONTARIO
M1P 3E2
Tel: (647) 722-2370 Fax: (647) 490-8330

PATIENT INFORMATION

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D.O.B : 07-Jan-72 53y 8m Sex: F
1-104 KEPPENDAVIE AVENUE
TORONTO ON, M4L 3R5
Tel: (416) 550-3310
HC#: 2310 082 280 WA

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Our examination yielded the following findings:
Clinical History: routine.

SOFT TISSUE ASSESSMENT - NECK:

The bilateral neck was scanned.
The cervical lymph nodes were assessed and appear unremarkable in size, shape, vascularity and overall appearance. They do not possess any significant features demonstrable with ultrasound.
The bilateral submandibular glands were assessed and appear unremarkable.
The bilateral parotid glands were assessed and appear unremarkable.

Bilateral, mildly enlarged submandibular lymph nodes measured:

- 1) 1.2 x 0.9 x 0.5 cm, right side
- 2) 0.7 x 0.8 x 0.7 cm, right side
- 3) 1.4 x 1.1 x 0.6 cm, left side
- 4) 1.0 x 0.8 x 0.6 cm, left side

A 0.5 x 0.4 x 0.4 cm cyst is seen at the right submandibular gland.

OPINION:

Right submandibular gland simple cyst.
Bilateral, mildly enlarged submandibular lymph nodes of normal morphology.

Page 1 of 2

DICTATED BUT NOT READ

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cc: RAUT, ABHISHEK
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The isthmus measures 0.3 cm in thickness.

There is no abnormality of the vascularity or echo pattern.

There is a solid nodule of 3 mm in the left lobe upper pole.

OPINION:

Tiny, left lobe, ACR TIRADS 4 nodule.

Given absence of previous imaging, a follow-up examination in one to two years is suggested.

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cc: RAUT, ABHISHEK

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Attachment - Labs : Details

Patient Name: LYNN, STEFANIE JANINE Accession #: 302680536

Client: DR. ABHISHEK RAUT Birthdate: 07-JAN-1972 Sex: F
 ATTN: APPLETREE MED GRP 199 Phone #: (416) 550-3310
 20-1450 O'CONNOR DR. 1 Health #: 2310082280WA
 TORONTO, ON Date of Service: 25-SEP-25
 M4B 2T8 Printed: 30-SEP-25

Requesting physician: DR. ADIL FAROOQUI Reference #: Report status: FINAL

TEST NAME	RESULT	FLAG	REFERENCE RANGE	UNITS	USE LOG
WBC	8.5		4.0 - 11.0	x E9/L	10
RBC	4.52		4.00 - 5.10	x E12/L	
HEMOGLOBIN	141		120 - 160	g/L	
HEMATOCRIT	0.427		0.350 - 0.450	L/L	
MCV	95		80 - 100	fL	
MCH	31.2		27.5 - 33.0	pg	
MCHC	330		305 - 360	g/L	
RDW	13.0		11.5 - 14.5	%	
PLATELET COUNT	293		150 - 400	x E9/L	
NEUTROPHILS	4.1		2.0 - 7.5	x E9/L	
LYMPHOCYTES	3.7	HI	1.0 - 3.5	x E9/L	
MONOCYTES	0.4		0.2 - 1.0	x E9/L	
EOSINOPHILS	0.2		0.0 - 0.5	x E9/L	
BASOPHILS	0.1		0.0 - 0.2	x E9/L	
IMMATURE GRANULOCYTES	0.0		0.0 - 0.1	x E9/L	
NRBC	0			/100 WBC	

URINALYSIS: CHEMICAL

COLLECTION DATE	25-SEP-2025	
COLLECTION TIME	12:47	
APPEARANCE	CLEAR	Clear
COLOUR	YELLOW	Yellow
SPECIFIC GRAVITY	1.015	
pH	6.5	5.0 - 8.0
PROTEIN	NEGATIVE	Negative g/L
GLUCOSE	NEGATIVE	Negative mmol/L
KETONE	NEGATIVE	Negative mmol/L
BLOOD	NEGATIVE	Negative RBC/uL
NITRITE	NEGATIVE	Negative
LEUKOCYTES	NEGATIVE	Negative WBC/uL

Please see <https://tests.lifelabs.com/s/article/URINALYSIS-CHEMICAL-Ontario> for alternative reporting units.

HbA1C	5.8	<6.0	%
LYNN, STEFANIE JAN Continue on page: 2			
PND = Pending * = Not previously reported - = Edited Result			

The information in this report is confidential and intended solely for the addressee(s). Access to this report by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or any action taken in reliance on the information is prohibited. Please contact your local LifeLabs location for assistance and destruction of this material if you are not the intended recipient.

LifeLabs

180 BLOOR ST W TORONTO M5S 1T6 1(877)849-3637

Page: 2

Client:		Patient Name:	Accession #
DR. ABHISHEK RAUT		LYNN, STEFANIE JANINE	302680536
ATTN: APPLETREE MED GRP		Birthdate: 07-JAN-1972	Sex: F
20-1450 O'CONNOR DR.		Phone #: (416) 550-3310	
TORONTO, ON		Health #: 2310082280WA	
M4B 2T8		Date of Service: 25-SEP-25	
Requesting physician: DR. ADIL FAROOQUI		Reference #:	Printed: 30-SEP-25
		Report status:	FINAL

TEST NAME	RESULT	FLAG	REFERENCE RANGE	UNITS	TEST CODE
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.					
RENAL ASSESSMENT					
CREATININE	69		50-100	umol/L	
eGFR	91		See below		
Results rule 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.					
LYNN, STEFANIE JAN					
PND = Pending					
Continue on page: 3					
* = Not previously reported					
~ = Edited Result					

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XXX-FORMULE (Rev. 07/2019)



180 BLOOR ST W TORONTO M5S 1T6 1(877)649-3637

Page: 3

Patient Name: LYNN, STEFANIE JANINE		Accession # 302680536
Client: DR. ABHISHEK RAUT ATTN: APPLETREE MED GRP 20-1450 O'CONNOR DR. TORONTO, ON M4B 2T8	Birthdate: 07-JAN-1972 Sex: F Phone #: (416)550-3310 Health #: 2310082280WA Date of Service: 25-SEP-25 Printed: 30-SEP-25	
Requesting physician: DR. ADIL FAROOQUI	Reference #: Report status:	FINAL

TEST NAME	RESULT	FLAG	REFERENCE RANGE	UNITS	TEST LOCK
RENAL ASSESSMENT					
=====					
Reference interval: ≥ 60 mL/min/1.73m ²					
eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.					
SODIUM	139		135-145	mmol/L	
POTASSIUM	4.3		3.5-5.2	mmol/L	
ALANINE TRANSAMINASE (ALT)	12		<36	U/L	
ALKALINE PHOSPHATASE	87		35-120	U/L	
ALBUMIN	44		35-52	g/L	
CALCIUM	2.28		2.15-2.60	mmol/L	
MAGNESIUM	0.82		0.70-1.00	mmol/L	
PHOSPHATE	1.2		0.8-1.5	mmol/L	
25-HYDROXY VITAMIN D	100.1		75.0 - 250.0	nmol/L	
PARATHYROID HORMONE	3.6		1.6 - 6.9	pmol/L	
New Reagent Formulation as of July 4, 2025 has reduced interference for high doses of biotin.					
THYROID STIMULATING HORMONE	0.90		0.32-4.00	mIU/L	
FREE T4	10		9-19	pmol/L	
LYNN, STEFANIE JANINE FINAL REPORT					
PND = Pending * = Not previously reported ~ = Edited Result 3					

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Attachment - Labs : Details

Faxed by Dynacare on 2025/10/04 21:07:22 1 /1

DYNACARE LABORATORIES 115 MIDAIR CT, BRAMPTON L6T5M3		CUSTOMER SERVICE PHONE/FAX REPORT	
COLLECTION TIME 2025/10/03 11:22		AAM 62-56086576 FINAL	
		2025/10/03 2025/10/04	
LYNN, STEFANIE 1-104 KIPPENDAVIE AVE TORONTO ONTARIO M4L 3R5	2310082280 WA 1972/01/07 F 53 Y	DR. A. FAROOQUI APPLETREE MEDICAL GRP-GTA 2025 MIDLAND AVE SCARBOROUGH, ON M1P 3E2	AAM BRG03
PHONE: 416-550-3310		PHONE: 647-722-2370	
CODES TEST DESCRIPTION	RESULTS	REFERENCE RANGE	OUTSIDE NORMAL 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			
25 HYDROXY VITAMIN D	107.	DEFICIENCY: < 25 nmol/L INSUFFICIENCY: 25 - 75 nmol/L SUFFICIENCY: 76 - 250 nmol/L TOXICITY: > 250 nmol/L	

POSTING

1-800-565-5721

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Attachment - Labs : Details

Faxed by Dynacare on 2025/10/06 16:56:22 1 /3

DYNACARE LABORATORIES 115 MIDAIR CT, BRAMPTON L6T5M6		CUSTOMER SERVICE PHONE/FAX REPORT	
COLLECTION TIME 2025/10/03 11:22		AAM 62-56086576 FINAL 2025/10/03 2025/10/06	
LYNN, STEFANIE 1-104 KIPPENDAVIE AVE TORONTO ONTARIO M4L 3R5 PHONE: 416-550-3310	2310082280 WA 1972/01/07 F 53 Y	DR. A. FAROOQUI APPLETREE MEDICAL GRP-GTA 2025 MIDLAND AVE SCARBOROUGH, ON MLF 3E2 PHONE: 647-722-2370	AAM BRG03
CODES TEST DESCRIPTION		RESULTS	REFERENCE RANGE OUTSIDE NORMAL LIMITS

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C H E M I S T R Y			
CREATININE	77.	50 - 100	umol/L
eGFR	80.	>=60.	mL/min/1.73m**2
eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.			
An eGFR result >=60 mL/min/1.73m**2 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.			
CALCIUM	2.37	2.15 - 2.60	mmol/L
PHOSPHORUS	1.26	0.80 - 1.45	mmol/L
MAGNESIUM	0.86	0.65 - 1.05	mmol/L
ALBUMIN	45.	35 - 52	g/L
SODIUM	139.	136 - 146	mmol/L
POTASSIUM	4.1	3.7 - 5.4	mmol/L
ALKALINE PHOSPHATASE	74.	35-122	U/L
ALT	12.	<36	U/L
TSH	0.59	0.35 - 5.00	mIU/L
T4 FREE	13.	11 - 23	pmol/L
HEMOGLOBIN A1c	5.7		%
	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	%
PTE	2.7	1.6 - 6.9	pmol/L

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Attachment - Labs : Details

Faxed by Dynacare on 2025/10/06 16:56:22 2 /3

DYNACARE LABORATORIES 115 MIDAIR CT, BRAMPTON L6T5M3		CUSTOMER SERVICE PHONE/FAX REPORT	
COLLECTION TIME 2025/10/03 11:22		AAM 62-56086576 FINAL	
		2025/10/03 2025/10/06	
LYNN, STEFANIE 1-104 KIPPENDAVIE AVE TORONTO ONTARIO M4L 3R5	2310082280 WA 1972/01/07 F 53 Y	DR. A. FAROOQUI APPLETREE MEDICAL GRP-GTA 2025 MIDLAND AVE SCARBOROUGH, ON M1P 3E2	AAM BRG03
PHONE: 416-550-3310		PHONE: 647-722-2370	
CODES TEST DESCRIPTION	RESULTS	REFERENCE RANGE	OUTSIDE NORMAL LIMITS

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H E M A T O L O G Y			
HEMOGLOBIN	145.	110 - 147 g/L	
HEMATOCRIT	0.43	0.33 - 0.44 l/l	
RBC	4.7	3.8 - 5.2 x 10E12/L	
RBC INDICES: MCV	92.	76 - 98 fl	
MCH	31.	24 - 33 pg	
MCHC	337.	313 - 344 g/L	
RDW	13.8	12.5 - 17.3	
WBC	7.3	3.2 - 9.4 x 10E9/L	
PLATELETS	278.	155 - 372 x 10E9/L	
MPV	9.7	4.0 - 14.0 fl	
DIFFERENTIAL WBC'S :			
NEUTROPHILS	3.3	1.4 - 6.3 x10E9/L	
LYMPHOCYTES	3.4	1.0 - 2.9 x10E9/L	3.4
MONOCYTES	0.2	0.2 - 0.8 x10E9/L	
EOSINOPHILS	0.1	0.0 - 0.5 x10E9/L	
BASOPHILS	0.07	0.00 - 0.09x10E9/L	

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Attachment - Labs : Details

Faxed by Dynacare on 2025/10/06 16:56:22 3 /3

DYNACARE LABORATORIES 115 MIDAIR CT, BRAMPTON L6T5M3		CUSTOMER SERVICE PHONE/FAX REPORT	
		COLLECTION TIME	AAM 62-56086576 FINAL
		2025/10/03 11:22	
		2025/10/03	2025/10/06
LYNN, STEFANIE	2310082280 WA	DR. A. FAROOQUI	
1-104 KIPPENDAVIE AVE		APPLETREE MEDICAL GRP-GTA	
TORONTO	1972/01/07	2025 MIDLAND AVE	
ONTARIO		SCARBOROUGH, ON	
M4L 3R5	F 53 Y	MLP 3E2	AAM BRG03
PHONE: 416-550-3310		PHONE: 647-722-2370	
		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			

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	1.015	1.005 - 1.030	
BLOOD	NEG	NEGATIVE	
pH	5.5	5.0 - 8.0	
PROTEIN	NEG	NEGATIVE (g/L)	
UROBILINOGEN	3.2	3.2 - 16 umol/L	
NITRITE	NEG	NEGATIVE	
LEUKOCYTES	TRACE	NEGATIVE	TRACE
COLOUR	YELLOW	YELLOW	
APPEARANCE	CLEAR	CLEAR	

POSTING

1-800-565-5721

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Attachment - Labs : Details

Patient

Lynn, Stefanie Janine

Ordering Provider

ADIL FAROOQUI, (053115)

Date Of Service

17-Oct-2025

Sex Date of Birth

Female 07-Jan-1972

CC to Provider

None

Accession No

62-56271372

Health Number

OHIP (2310-082-280 WA 01/2026)

Status

Final

Test Name	Result	Attention	Reference Range/Units/Notes
AMYLASE	66.		30 - 110 U/L
LIPASE	27.		13 - 60 U/L

Attachment - Labs : Details

Lynn, Stefanie Janine

Accession #: 2025-302680536

Reference #:

Age: 53 year(s)

Facility ID: LIFELABS ONTARIO

Sex: Female

Collection Date: 25-Sep-2025 12:47

Date Of Birth: 07-Jan-1972

Received Date: 25-Sep-2025 22:50

PHN: 2310082280WA

Reported Date: 26-Sep-2025 02:13

Ordered By: ADIL FAROOQUI,

Reported To: ADIL FAROOQUI,
DR RAUT ABHISHEK,
APPLETREE MEDICAL, ,

Test	Flag	Result	Reference Range	Units
Complete Blood Count		Results are final		
Lab License #: 5687		Location Name and Address: LifeLabs, 100 International Blvd., Toronto, Ontario, M9W 6J6, Canada, B		
WBC		8.5	4.0 - 11.0	x E9/L
RBC		4.52	4.00 - 5.10	x E12/L
Hemoglobin		141	120- 160	g/L
Hematocrit		0.427	0.350 - 0.450	L/L
MCV		95	80 - 100	fL
MCH		31.2	27.5 - 33.0	pg
MCHC		330	305 - 360	g/L
RDW		13.0	11.5 - 14.5	%
Platelets		293	150 - 400	x E9/L
Neutrophils		4.1	2.0 - 7.5	x E9/L
Lymphocytes	H	3.7	1.0 - 3.5	x E9/L
Monocytes		0.4	0.2 - 1.0	x E9/L
Eosinophils		0.2	0.0 - 0.5	x E9/L
Basophils		0.1	0.0 - 0.2	x E9/L
Immature Granulocytes		0.0	0.0 - 0.1	x E9/L
Nucleated RBC		0		/100 WBC
Urinalysis Chemical		Results are final		
Collection Date		25-SEP-2025		
Collection Time		12:47		
Appearance		CLEAR	Clear	
Colour		YELLOW	Yellow	
Specific Gravity		1.015		
pH		6.5	5.0 - 8.0	
Protein		NEGATIVE	Negative	g/L
Glucose		NEGATIVE	Negative	mmol/L
Ketones		NEGATIVE	Negative	mmol/L
Erythrocytes		NEGATIVE	Negative	RBC/uL
Nitrite		NEGATIVE	Negative	
Leukocyte Esterase		NEGATIVE	Negative	WBC/uL

Attachment - Labs : Details

Lynn, Stefanie Janine

Age: 53 year(s)

Sex: Female

Date Of Birth: 07-Jan-1972

PHN: 2310082280WA

Ordered By: ADIL FAROOQUI,

Accession #: 2025-302680536

Facility ID: LIFELABS ONTARIO

Collection Date: 25-Sep-2025 12:47

Received Date: 25-Sep-2025 22:50

Reported Date: 26-Sep-2025 02:13

Reference #:

Reported To: ADIL FAROOQUI,
DR RAUT ABHISHEK,
APPLETREE MEDICAL, ,

Test	Flag	Result	Reference Range	Units
TEST COMMENT		Please see https://tests.lifelabs.com/s/article/URINALYSIS-CHEMICAL-Ontario for alternative reporting units.		
Sodium	Results are final			
Sodium	139		135-145	mmol/L
Potassium	Results are final			
Potassium	4.3		3.5-5.2	mmol/L
Calcium	Results are final			
Calcium	2.28		2.15-2.60	mmol/L
Phosphate	Results are final			
Phosphate	1.2		0.8-1.5	mmol/L
Albumin	Results are final			
Albumin	44		35-52	g/L
Alkaline Phosphatase	Results are final			
Alkaline Phosphatase	87		35-120	U/L
Alanine Aminotransferase	Results are final			
Alanine Aminotransferase	12		<36	U/L
Magnesium	Results are final			
Magnesium	0.82		0.70-1.00	mmol/L
Hemoglobin A1c	Results are final			

Attachment - Labs : Details

Lynn, Stefanie Janine

Accession #: 2025-302680536

Reference #:

Age: 53 year(s)

Facility ID: LIFELABS ONTARIO

Sex: Female

Collection Date: 25-Sep-2025 12:47

Date Of Birth: 07-Jan-1972

Received Date: 25-Sep-2025 22:50

PHN: 2310082280WA

Reported Date: 26-Sep-2025 02:13

Ordered By: ADIL FAROOQUI,

Reported To: ADIL FAROOQUI,
DR RAUT ABHISHEK,
APPLETREE MEDICAL, ,

Test	Flag	Result	Reference Range	Units
Hemoglobin A1C/Total Hemoglobin			<6.0	%
5.8				
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.				

Creatinine/GFR	Results are final			
Creatinine	69		50-100	umol/L

Attachment - Labs : Details

Lynn, Stefanie Janine

Age: 53 year(s)

Sex: Female

Date Of Birth: 07-Jan-1972

PHN: 2310082280WA

Ordered By: ADIL FAROOQUI,

Accession #: 2025-302680536

Facility ID: LIFELABS ONTARIO

Collection Date: 25-Sep-2025 12:47

Received Date: 25-Sep-2025 22:50

Reported Date: 26-Sep-2025 02:13

Reference #:

Reported To: ADIL FAROOQUI,
DR RAUT ABHISHEK,
APPLETREE MEDICAL, ,

Test	Flag	Result	Reference Range	Units
Glomerular Filtration Rate (eGFR)		91 Results rule 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. Reference interval: ≥ 60 mL/min/1.73m ² eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.	See below	
Thyroid Stimulating Hormone (TSH)	Results are final			
Thyroid Stimulating Hormone	0.90		0.32-4.00	mIU/L
Free Thyroxine (Free T4)	Results are final			
Free T4	10		9-19	pmol/L
Parathyroid Hormone [PTH]	Results are final			
Parathyroid Hormone [PTH] Intact	3.6		1.6 - 6.9	pmol/L
		New Reagent Formulation as of July 4, 2025 has reduced interference for high doses of biotin.		
Vitamin D-25 Hydroxy	Results are final			
25-Hydroxy Vitamin D	100.1		75.0 - 250.0	nmol/L

Attachment - Labs : Details

Gamma-Dynacare

Page 1 of 2

Patient

Lynn, Stefanie Janine

Ordering Provider

ADIL FAROOQUI, (053115)

Date Of Service

03-Oct-2025

Sex

Female

Date of Birth

07-Jan-1972

CC to Provider

None

Accession No

62-56086576

Health Number

OHIP (2310-082-280 WA 01/2026)

Status

Final

Test Name	Result	Attention	Reference Range/Units/Notes
25 HYDROXY VITAMIN D	107.		DEFICIENCY: < 25 nmol/L INSUFFICIENCY: 25 - 75 nmol/L SUFFICIENCY: 76 - 250 nmol/L TOXICITY: > 250 nmol/L
CREATININE	77.		50 - 100 umol/L
eGFR	80.		>=60. mL/min/1.73m**2 eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.
CREATININE	See Notes for Results		An eGFR result >=60 ml/min/1.73m**2 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.
CALCIUM	2.37		2.15 - 2.60 mmol/L
PHOSPHORUS	1.26		0.80 - 1.45 mmol/L
MAGNESIUM	0.86		0.65 - 1.05 mmol/L
ALBUMIN	45.		35 - 52 g/L
SODIUM	139.		136 - 146 mmol/L
POTASSIUM	4.1		3.7 - 5.4 mmol/L
ALKALINE PHOSPHATASE	74.		35-122 U/L
ALT	12.		<36 U/L
TSH	0.59		0.35 - 5.00 mIU/L
T4 FREE	13.		11 - 23 pmol/L
HEMOGLOBIN A1c	5.7		% 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 %
PTH	2.7		1.6 - 6.9 pmol/L
HEMOGLOBIN	145.		110 - 147 g/L

Attachment - Labs : Details

Gamma-Dynacare

Page 2 of 2

Patient

Lynn, Stefanie Janine

Ordering Provider

ADIL FAROOQUI, (053115)

Date Of Service

03-Oct-2025

Sex **Date of Birth**

Female 07-Jan-1972

CC to Provider

None

Accession No

62-56086576

Health Number

OHIP (2310-082-280 WA 01/2026)

Status

Final

Test Name	Result	Attention	Reference Range/Units/Notes
HEMATOCRIT	0.43		0.33 - 0.44 l/l
RBC	4.7		3.8 - 5.2 x 10E12/L
RBC INDICES: MCV	92.		76 - 98 fl
MCH	31.		24 - 33 pg
MCHC	337.		313 - 344 g/L
RDW	13.8		12.5 - 17.3
WBC	7.3		3.2 - 9.4 x 10E9/L
PLATELETS	278.		155 - 372 x 10E9/L
MPV	9.7		4.0 - 14.0 fl
DIFFERENTIAL WBC'S	3.3		1.4 - 6.3 x10E9/L
NEUTROPHILS			
LYMPHOCYTES		3.4	1.0 - 2.9 x10E9/L
MONOCYTES	0.2		0.2 - 0.8 x10E9/L
EOSINOPHILS	0.1		0.0 - 0.5 x10E9/L
BASOPHILS	0.07		0.00 - 0.09 x10E9/L
URINALYSIS CHEMICAL	NEG		NEGATIVE (mmol/L)
GLUCOSE			
BILIRUBIN	NEG		NEGATIVE
KETONES	NEG		NEGATIVE (mmol/L)
SPECIFIC GRAVITY	1.015		1.005 - 1.030
BLOOD	NEG		NEGATIVE
pH	5.5		5.0 - 8.0
PROTEIN	NEG		NEGATIVE (g/L)
UROBILINOGEN	3.2		3.2 - 16 umol/L
NITRITE	NEG		NEGATIVE
LEUKOCYTES		TRACE	NEGATIVE
COLOUR	YELLOW		YELLOW
APPEARANCE	CLEAR		CLEAR

Significant/Ongoing Medical Problems

Problem/Condition	Onset	Description	Notes
high functioning autism	7-Jul-2017		
Hyperkinetic syndrome of childhood	29-Sep-2015		