

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

1275 Finch Ave. West Downsview ON M3J 0L5

Tel: Fax:

Consultation Request

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

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:



Faxed by Dynacare on 2025/10/21 00:31:28 1 /4

DYNACARE LABORATORIES
115 MIDAIR CT, BRAMPTON L6T5M6

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
1908-2425 JANE ST
TORONTO
ONTARIO
M3M 1B1

7022216142 LR
1960/08/26
M 65 Y

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

1AP
BRG12

PHONE: 416-879-9472

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	15.9	mmol/L	15.9
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	
CREATININE	105.	60 - 110 umol/L	
eGFR	68.	>=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	1.07	0.80 - 1.45 mmol/L	
MAGNESIUM	0.80	0.65 - 1.05 mmol/L	
PROTEIN	77.	60 - 80 g/L	
BILIRUBIN TOTAL	8.	<23 umol/L	
URATE	414.	220 - 512 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	3.88	< 5.20 mmol/L
Total cholesterol and HDL-C used for risk assessment and to calculate non-HDL-C.		
TRIGLYCERIDES	0.87	< 1.70 mmol/L
If nonfasting, triglycerides <2.00 mmol/L desired.		

Faxed by Dynacare on 2025/10/21 00:31:28 2 /4

DYNACARE LABORATORIES
115 MIDAIR CT, BRAMPTON L6T5M6

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
1908-2425 JANE ST
TORONTO
ONTARIO
M3M 1B1

7022216142 LR
1960/08/26
M 65 Y

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

1AP
BRG12

PHONE: 416-879-9472

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

HDL CHOLESTEROL	1.09	mmol/L	
-----------------	------	--------	--

M: ≥ 1.00 mmol/LHDL-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.	7 - 29	umol/L
------	-----	--------	--------

TIBC	53.	45 - 77	umol/L
------	-----	---------	--------

SATURATION	0.34	0.20 - 0.50	/l
------------	------	-------------	----

VITAMIN B12	938.	221 - 918	pmol/L
-------------	------	-----------	--------

938.

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 2025/10/21 00:31:28 3 /4

DYNACARE LABORATORIES
115 MIDAIR CT, BRAMPTON L6T5M6

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
1908-2425 JANE ST
TORONTO
ONTARIO
M3M 1B1

7022216142 LR
1960/08/26
M 65 Y

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

1AP
BRG12

PHONE: 416-879-9472

PHONE: 647-366-2273

OUTSIDE
NORMAL
LIMITS

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			

FERRITIN	207.	30 - 517 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	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
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.	129 - 165 g/L	
HEMATOCRIT	0.44	0.39 - 0.49 l/l	

POSTING

1-800-565-5721

Faxed by Dynacare on 2025/10/21 00:31:28 4 /4

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
1908-2425 JANE ST
TORONTO
ONTARIO
M3M 1B1

7022216142 LR
1960/08/26
M 65 Y

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

1AP
BRG12

PHONE: 416-879-9472

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	4.2 - 5.8 x 10E12/L	
RBC INDICES: MCV	94.	80 - 98 fl	
. MCH	31.	24 - 33 pg	
. MCHC	330.	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 fl	
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	

U R I N A L Y S I S

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

Faxed by Dynacare on 2025/10/20 22:01:20 1 /1

DYNACARE LABORATORIES
115 MIDAIR CT, BRAMPTON L6T5M6

CUSTOMER SERVICE PHONE/FAX REPORT

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

2025/10/20 2025/10/20

MCPHERSON, DEVON ANTHON
1908-2425 JANE ST
TORONTO
ONTARIO
M3M 1B1

7022216142 LR
1960/08/26
M 65 Y

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

1AP
BRG12

PHONE: 416-879-9472

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

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 ≥ 60 ml/min/1.73m² 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 ≥ 60 ml/min/1.73m²

25 HYDROXY VITAMIN D	89.	DEFICIENCY:	< 25	nmol/L
		INSUFFICIENCY:	25 - 75	nmol/L
		SUFFICIENCY:	76 - 250	nmol/L
		TOXICITY:	> 250	nmol/L