

Patient

Mohamed, Adel Saad Ahmed

Ordering Provider

Amasha, Amro (051639)

Date Of Service

24-Oct-2025

Sex Date of Birth

Male 11-Aug-1960

CC to Provider

Health Number

OHIP (7885-767-827 XV NoExp)

Accession No

LL-56368435

Status

Final

Test Name	Result	Attention	Reference Range/Units/Notes
ALBUMIN R U	6.		mg/L
ALBUMIN RANDOM U			
ALBUMIN/CREAT RATIO	0.4		< 3.0 mg/mmol creat
GLUCOSE SERUM FASTING	6.0		mmol/L 3.6 - 6.0 NORMAL FASTING GLUCOSE 6.1 - 6.9 IMPAIRED FASTING GLUCOSE >6.9 PROVISIONAL DIAGNOSIS OF DIABETES MELLITUS
UREA	5.1		2.5 - 8.1 mmol/L
CREATININE		59.	60 - 110 umol/L
eGFR	104.		>=60. mL/min/1.73m**2 eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.
CALCIUM	2.41		2.15 - 2.60 mmol/L
ALBUMIN	43.		35 - 52 g/L
BILIRUBIN TOTAL	8.		<23 umol/L
HOURS FASTING	12.		hours
CHOLESTEROL		7.41	< 5.20 mmol/L Total cholesterol and HDL-C used for risk assessment and to calculate non-HDL-C.
TRIGLYCERIDES	1.24		< 1.70 mmol/L If nonfasting, triglycerides <2.00 mmol/L desired.
HDL CHOLESTEROL	1.42		mmol/L M: >=1.00 mmol/L HDL-C <1.00 mmol/L indicates risk for metabolic syndrome.
LDL CHOLESTEROL CALC.		5.49	< 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.

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NON-HDL-CHOLESTEROL(CALC)	5.99	If LDL-C >=3.50 mmol/L in primary prevention setting for low risk patients (FRS 5.0-9.9%) or intermediate risk patients (FRS 10.0-19.9%), consider therapy. Therapy also suggested in low risk patients (FRS <10.0%) with LDL-C >4.99 mmol/L. < 4.20 mmol/L
TC/HDL-C RATIO	5.2	
VITAMIN B12	181.	If non-HDL-C >= 4.20 mmol/L in primary prevention setting for low risk patients (FRS 5.0-9.9%) or intermediate risk patients (FRS 10.0-19.9%), consider therapy. Therapy also suggested in low risk patients (FRS <10.0%) with non-HDL-C >= 5.8 mmol/L.
FERRITIN	225.	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 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	141.	136 - 146 mmol/L
POTASSIUM	4.5	3.7 - 5.4 mmol/L
ALKALINE PHOSPHATASE	79.	40-129 U/L

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ALT	18.		<46 U/L
TSH	2.03		0.35 - 5.00 mIU/L
T4 FREE	12.		11 - 23 pmol/L
FREE T3	5.1		3.4 - 5.9 pmol/L
HEMOGLOBIN A1c	5.6		% 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 %
HEMOGLOBIN	138.		129 - 165 g/L
HEMATOCRIT	0.42		0.39 - 0.49 l/l
RBC	4.3		4.2 - 5.8 x 10E12/L
RBC INDICES: MCV	98.		80 - 98 fl
MCH	32.		24 - 33 pg
MCHC	325.		313 - 344 g/L
RDW	15.1		12.5 - 17.3
WBC	5.4		3.2 - 9.4 x 10E9/L
PLATELETS	250.		155 - 372 x 10E9/L
MPV	9.3		4.0 - 14.0 fl
DIFFERENTIAL WBC'S	2.8		1.4 - 6.3 x 10E9/L
NEUTROPHILS			
LYMPHOCYTES	1.8		1.0 - 2.9 x 10E9/L
MONOCYTES	0.5		0.2 - 0.8 x 10E9/L
EOSINOPHILS	0.2		0.0 - 0.5 x 10E9/L
BASOPHILS	0.05		0.00 - 0.09 x 10E9/L
5-YEAR KFRE			< 5%
			An eGFR >= 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 >=60 ml/min/1.73m**2

LONDON CENTRE FOR
ENDOCRINOLOGY & BONE HEALTH

Date of Referral Request: 31-Oct-2025

Referral to: Dr. Lisa-Ann Fraser Dr. Emily Brennan First Available

Patient Name: Adel Mohamed

Patient Address: Mohamed, Adel Saad Ahmed
102-1405 Stackhouse Ave London,
ON, Canada N5X 0P2

Patient Phone Number: H: (226) 503-5175

Patient Health Card: OHIP 7885-767-827 XV

Family Physician: Dr. A. Amasha

Reason for Referral: Familial hypercholesterolemia

Details: Dear Colleague,

Kindly review the following patient for possible familial hypercholesterolemia. Recent lipid profile results are as follows:

Total Cholesterol: 7.41 mmol/L

Investigations: (Please attach)

Referring Physician: Name (Please print): **Signature:**
Dr. Amasha Amro 

Billing Number: 051639 **Phone:** P: (519) 964-2331 **Fax Number:** F: (519) 964-2341