**Allison Geffen**
201-3029 Carling Ave Ottawa Ontario K2B 8E8
Tel: 613-721-0978 Fax: 613-596-0496

Consultation Request

| | | | |
|---|---|---|---|
| Date: | 2025-10-23 | Patient: | ALBERT, MICHELLE |
| Status: | Non-Urgent | Address: | 81-3415 Uplands Dr 81-3415 Uplands Dr Gloucester, OT, ON |
| Service: | endocrinologist | Phone: | 613-292-1018 |
| Consultant: | Malakieh, Nadia | Work Phone: | |
| Phone: | 613-505-9704 | Cell Phone: | 613-292-1018 |
| Fax: | 613-505-9707 | Email: | michelle.albert@ocdsb.ca |
| Address: | Unit 208 4100 Strandherd Drive Ottawa ON K2J0V2 | Birthdate: | 1984-05-10 (y/m/d) |
| | | Sex: | F |
| | | Health Card No.: | (ON) 4392210656 JX |
| | | Appointment date: | |
| | | Time: | |
| | | Chart No.: | |

Reason for consultation:

REFERRING FOR PCOS, MENORRHAGIA W pHX IRON DEF ANEMIA, MILD HYPERPROLACTIN, OBESITY - difficulty with weight loss

Pertinent Clinical Information:

IDA 7/25 (ferritin 5, Hg 107) - new* Cholecystectomy 4/24 QCH ER - biliary colic (Surg Dr Bruce Gay) Abn Pap -ASCUS (9/16 colposcopy,2015,2008 Dysplasia clinic Riverside, dr Cargill) q3y BMI=33 (2/21, 11/22) (Phx GDM) - LEAF Weight clinic 11/23, 7/24 (20 lb wt loss) TMJ dysfx (bite guard)2023 Gastroscopy = normal 3/17 (Bx neg, celiac neg, h pylori neg) *GI=Dr SEKAR Endometrial Polyp resection 5/16 GYNE = Dr COCHEN Hysteroscopy/Curettage Endometrium Keloid scar (DERM =DrLaBerge) (*Dr CARGILL - 11/19 ASCUS PAP - need repeat q6m*=Nx3) PCOS/DUB/irregular cycles/dysmenorrhea G1 T1 L1 C/S 9/19 Civic TOH Emergency C/S Chorioamnionitis *GDM 9/19 **monitor A1c/FBG/weight** Obesity (2011 weight loss) Prolactin elevated 34 NYD 12/18 - referred Endo R ear tube childhood 5/19 Incompetent cervix preg/Cerclage/Bedrest (*D/C colposcopy clinic 11/16, Pap q3y) (*Blood Transfusion post delivery TOH Civic) 6/20 Paronychia Toe (cerclage preg) Asthma - inactive (11/21 covid pos) cervical polypectomy Emergency C/Section for chorioamnionitis (2019 Dr Cargill, Yvonne)

Current Medications:

MOUNJARO KWIKPEN 5 MG/0.6 ML WEEK 5-8: 5 MG SC INJ WEEKLY, THEN DECIDE IF STAY ON THIS DOSE OR INCREASE Qty:4 Repeats:2
TECTA DR 40 MG TABLET 1 po od for ? gerd (*7 /25 trial) Qty:30 Repeats:1
**DISCONTINUE SAXENDA, REPLACING WITH MOUNJARO
MOUNJARO KWIKPEN 2.5 MG/0.6 ML *to REPLACE Saxenda 3/25: START 2.5 mg SC INJ WEEKLY X 4 WEEKS Qty:4 weeks Repeats:0
CIPRALEX 10 MG TABLET 1 po od for mood/anxiety Qty:90 Repeats:3
RUPALL 10 MG TABLET 1 po od Antihistamine Qty:30 Repeats:0
DYMISTA 137-50 MCG NASAL SPRAY 1 spray per nostril BID Qty:1 Repeats:0
CLAVULIN 875 TABLET 1 po bid for sinus infection x 10 days Qty:20 Repeats:1
OMNARIS 50 MCG NASAL SPRAY 1-2 nasal spray od-bid for acute sinusitis Qty:1 Repeats:0

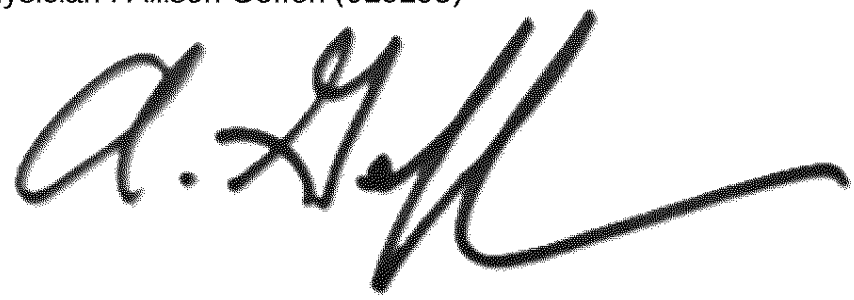
Allergies:

No Known Drug Allergies

Referring Practitioner : Allison Geffen (010193)

MRP : Geffen, Allison (010193)

Requesting Physician : Allison Geffen (010193)
Signature:



**LEAF Weight Management Clinic**

1980 Ogilvie Road
Ottaw a ON, Canada
K1J 9L3

# Fax Cover Sheet

To: Dr. Allison Sigal Geffen
Phone: (613) 596-9840
Fax: (613) 596-0496

Date: 2024-Apr-18

From: Dr. Colette Hansen
Phone: (613) 701-1222
Fax: (613) 701-1223

Number of pages including cover: 3



Re: Michelle Albert

LEAF
WEIGHT MANAGEMENT CLINIC

www.leafwmc.com

Phone: 613-701-1222
Fax: 613-701-1223
Email: info@leafwmc.com
Address: 1980 Ogilvie Road
Ottawa, ON K1J 9L3

2024-Apr-18

Dr. Geffen
201-3029 Carling Ave
Ottawa, ON K2B 8E8

**Patient:** Mrs. Michelle Albert
**PHN:** 4392 210 656JX
**Birthdate:** 1984-May-10

Dear Dr. Geffen,

I met with Michelle by video in follow-up on 2024-Apr-18. She completed our ROOT program today. This is an update on her progress and a summary of her program results.

Informed consent was obtained from this patient to communicate and provide care using virtual and other telecommunications tools. This patient has been explained the risks related to unauthorized disclosure or interception of personal health information and steps they can take to help protect their information. We have communicated that care provided through video or audio communication cannot replace the need for physical examination or an in-person visit for some disorders or urgent problems and the patient understands the need to seek urgent care in an emergency department as necessary.

## PROGRAM SUMMARY

Starting Weight: 222 pounds
Ending Weight: 205 pounds
Weight Change: -18 pounds

## ASSESSMENT

**Reason for Visit**
Follow up on weight management care plan.

Meal pattern: three meals per day, healthy snack in the morning

Program outcomes: improved portion control and meal structure, eliminated habitual evening snacking, decreased intake of restaurant sourced meals, better awareness of triggers for emotional eating and strategies for stress management, developed a better routine with physical activity

**Measurements**

**Self-Reported Height:** 67 Inches (2024-Apr-18)
**Self-Reported Weight**: 205 lbs (2024-Apr-18)
**Calculated BMI**: 32.1 Kg/m2 (2024-Apr-18)

**Weight Classification:** None Recorded

**Physical Activity:**
Cardiovascular - walks during work break 3x week, afternoon walks with daughter

**Meals:**

First Meal - ProFlex protein shake - self made - banana, protein , ice , PB
Second Meal - leftovers typically or homemade protein bowls and veggies
Third Meal - chicken or beef with vegetable, rice, roommate orders Hello Fresh (planning to stop)

**Snacks:**

First Snack - morning: fruit
Second Snack - afternoon: fruits or veg or nuts
timing - evening , btu also in the dya if someone brings in donuts
choices - chips. salty food
reasons - stress makes her eat fast food, cravings

**Meal Replacement Consumption**
**Protein Supplement**: 7 servings per week

## DIAGNOSIS

**Nutrition Diagnosis**
Excessive energy intake and undesirable food choices related to competing values for behaviour change as evidenced by estimated intake inconsistent with estimated need and intake of high calorie density or large portions.

**From Previous**: unresolved and improving.

## INTERVENTION

**Nutrition Prescription**
Energy modified (1400 to 1600 calories), nutrient-dense, structured meal plan with meal replacement as commercial product at one meals per day positioned at breakfast.

**Nutrition & Health Behaviour Education**
energy and calorie awareness.

**Resources Provided**
meal planning aid

**Nutrition Counselling**
self monitoring and stimulus control.

**Goals**
Maintaining positive behaviours change

## MONITORING AND EVALUATION

The patient will follow-up with LEAF physician with an appointment on May 23, 2024.

Thank you for letting me participate in the care of your patient.

Colette Hansen, MS, RD, CBE
CDO: 15055

| Detail Results: Patient Info | | | | Results Info | |
|---|---|---|---|---|---|
| Patient Name: | MICHELLE ALBERT | Home Phone: | (613)292-1018 | Date of Service: | 2025-10-20 16:46 |
| Date of Birth: | 1984-05-10 | Work Phone: | | Date Received: | 2025-10-21 21:02 |
| Age: | 41 years | Sex: | F | Report Status: | Final |
| Health #: | 4392210656 | Patient Location: | GDML | Client Ref. #: | |
| | | | | Accession #: | YU-56302473 |
| Requesting Client: A.S. GEFFEN | | cc: Client: | | | |

## CHEMISTRY

| Test Name(s) | Result | Abn | Reference Range | Units | Date/Time Completed | Status |
|---|---|---|---|---|---|---|
| FERRITIN | | | | | | |
| FERRITIN | 8 | L | 30 - 125.00 | ug/L | 2025-10-21 20:53:31 | F |
| Result consistent with Iron Deficiency<br>For guidance, see www.hemequity.com/raise-the-bar | | | | | | |
| TSH | 2.84 | N | 0.35 - 5.00 | mIU/L | 2025-10-21 20:53:31 | F |
| HEMOGLOBIN A1c | 5.4 | N | <= 5.99 | % | 2025-10-21 20:53:31 | F |
| | 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 % | | | | | |
| LH | 24.5 | N | | IU/L | 2025-10-21 20:53:31 | F |
| | Follicular: 1.9 - 14.6 | | | | | |
| | Ovulatory: 12.2 - 118.0 | | | | | |
| | Luteal: 0.7 - 12.9 | | | | | |
| | Post-menopausal: 5.3 - 65.4 | | | | | |
| FSH | 5 | N | | IU/L | 2025-10-21 20:53:31 | F |
| | Follicular: 3 - 15 | | | | | |
| | Ovulatory: 5 - 23 | | | | | |
| | Luteal: 1 - 9 | | | | | |
| | Post-menopausal: 16 - 157 | | | | | |
| PROLACTIN | | | | | | |
| PROLACTIN | 25 | H | <= 23.99 | ug/L | 2025-10-21 20:53:31 | F |
| | Roche Diagnostics Electrochemiluminescence Immunoassay | | | | | |
| | (ECLIA). | | | | | |
| | Values obtained with different assay methods or | | | | | |
| | kits may not be comparable and cannot be | | | | | |
| | used interchangeably. | | | | | |

Testing for the potential presence of macroprolactin is suggested in asymptomatic hyperprolactinemic patients. If clinically indicated, "Macroprolactin" testing should be requested on an OHIP laboratory requisition. A fresh blood sample (serum) will need to be collected.

MICHELLE ALBERT

## HEMATOLOGY

| Test Name(s) | Result | Abn | Reference Range | Units | Date/Time Completed | Status |
|---|---|---|---|---|---|---|
| HEMOGLOBIN | 119 | N | 110 - 147.000 | g/L | 2025-10-21 20:53:31 | F |
| HEMATOCRIT | 0.37 | N | 0.33 - 0.440 | L/L | 2025-10-21 20:53:31 | F |
| RBC | 4.7 | N | 3.8 - 5.200 | x 10*12/L | 2025-10-21 20:53:31 | F |
| RBC INDICES: MCV | 79 | N | 76 - 98.000 | fL | 2025-10-21 20:53:31 | F |
| MCH | 25 | N | 24 - 33.000 | pg | 2025-10-21 20:53:31 | F |
| MCHC | 318 | N | 313 - 344.000 | g/L | 2025-10-21 20:53:31 | F |
| RDW | 17.7 | H | 12.5 - 17.3 | | 2025-10-21 20:53:31 | F |
| WBC | 6.3 | N | 3.2 - 9.400 | x 10*9/L | 2025-10-21 20:53:31 | F |
| PLATELETS | 271 | N | 155 - 372.000 | x 10*9/L | 2025-10-21 20:53:31 | F |
| MPV | 9.1 | N | 4.0 - 14.000 | fL | 2025-10-21 20:53:31 | F |
| DIFFERENTIAL WBC'S | | | | | | |
| NEUTROPHILS | 3.6 | N | 1.4 - 6.3 | x 10*9/L | 2025-10-21 20:53:31 | F |
| LYMPHOCYTES | 2.1 | N | 1.0 - 2.9 | x 10*9/L | 2025-10-21 20:53:31 | F |
| MONOCYTES | 0.3 | N | 0.2 - 0.8 | x 10*9/L | 2025-10-21 20:53:31 | F |
| EOSINOPHILS | 0.1 | N | 0.0 - 0.5 | x 10*9/L | 2025-10-21 20:53:31 | F |
| BASOPHILS | 0.00 | N | 0.00 - 0.09 | x 10*9/L | 2025-10-21 20:53:31 | F |
| INR | | | | | | |
| INR | | | 0.9 - 1.3 | | 2025-10-21 20:53:31 | F |
| | GUIDELINES: | | SUGGESTED INR RANGE: | | | |
| | 1. Most clinical conditions indicating anticoagulant therapy | | 2.0 - 3.0 | | | |
| | 2. Patients with mechanical prosthetic heart valves | | 2.5 - 3.5 | | | |

**********
* NOTE: SPECIMEN RECEIVED NSQ. TESTING NOT PERFORMED *
* DUE TO INAPPROPRIATE ANTICOAGULANT/BLOOD RATIO. *
**********

END OF REPORT

| Detail Results: Patient Info | | | | Results Info | |
|---|---|---|---|---|---|
| Patient Name: | MICHELLE ALBERT | Home Phone: | (613)292-1018 | Date of Service: | 2025-07-14 14:27 |
| Date of Birth: | 1984-05-10 | Work Phone: | | Date Received: | 2025-07-16 17:46 |
| Age: | 41 years | Sex: | F | Report Status: | Final |
| Health #: | 4392210656 | Patient Location: | GDML | Client Ref. #: | |
| | | | | Accession #: | YU-55038500 |
| Requesting Client: A.S. GEFFEN | | cc: Client: | | | |

## CHEMISTRY

| Test Name(s) | Result | Abn | Reference Range | Units | Date/Time Completed | Status |
|---|---|---|---|---|---|---|
| GLUCOSE SERUM RANDOM | 5.7 | N | 3.6 - 7.70 | mmol/L | 2025-07-15 17:23:15 | F |
| | 3.6 - 7.7 Normal random glucose | | | | | |
| | 7.8 - 11.0 Potentially at risk for diabetes; | | | | | |
| | consider repeat fasting | | | | | |
| | >11.0 Provisional diagnosis of Diabetes Mellitus | | | | | |
| CREATININE | | | | | | |
| CREATININE | 62 | N | 50 - 100.00 | umol/L | 2025-07-15 17:23:15 | F |
| eGFR | 111 | N | 60 - 99999.99 | mL/min/1.73 m*2 | 2025-07-15 17:23:15 | F |
| | 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. | | | | | | |
| HOURS FASTING | NA | N | | hrs | 2025-07-15 17:23:15 | F |
| CHOLESTEROL | 4.75 | N | <= 5.19 | mmol/L | 2025-07-15 17:23:15 | F |
| | Total cholesterol and HDL-C used | | | | | |
| | for risk assessment and to calculate non-HDL-C. | | | | | |
| TRIGLYCERIDES | 1.29 | N | <= 1.69 | mmol/L | 2025-07-15 17:23:15 | F |
| | If nonfasting, | | | | | |
| | triglycerides <2.00 mmol/L desired. | | | | | |
| HDL CHOLESTEROL | 1.31 | N | 1.30 - 9999.00 | mmol/L | 2025-07-15 17:23:15 | F |
| | F: >=1.30 mmol/L | | | | | |
| | HDL-C <1.30 mmol/L indicates risk for metabolic syndrome. | | | | | |
| LDL CHOLESTEROL CALC. | 2.91 | N | <= 3.49 | mmol/L | 2025-07-15 17:23:15 | F |
| | 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 | 3.44 | N | <= 4.19 | mmol/L | 2025-07-15 17:23:15 | F |
| TC/HDL-C RATIO | 3.6 | N | | | 2025-07-15 17:23:15 | F |
| VITAMIN B12 | 308 | N | 221 - 918 | pmol/L | 2025-07-15 17:23:15 | F |
| | 60% of symptomatic patients have a | | | | | |

MICHELLE ALBERT

## CHEMISTRY

| Test Name(s) | Result | Abn | Reference Range | Units | Date/Time Completed | Status |
|---|---|---|---|---|---|---|
| | 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 | | | | | |
| FERRITIN | | | | | | |
| FERRITIN | 5 | L | 30 - 125.00 | ug/L | 2025-07-15 17:23:15 | F |
| Result consistent with Iron Deficiency<br>For guidance, see www.hemequity.com/raise-the-bar | | | | | | |
| SODIUM | 138 | N | 136 - 146.00 | mmol/L | 2025-07-15 17:23:15 | F |
| POTASSIUM | 3.8 | N | 3.7 - 5.4 | mmol/L | 2025-07-15 17:23:15 | F |
| ALT | 21 | N | <= 35.99 | U/L | 2025-07-15 17:23:15 | F |
| TSH | 1.58 | N | 0.35 - 5.00 | mIU/L | 2025-07-15 17:23:15 | F |
| HEMOGLOBIN A1c | 5.5 | N | <= 5.99 | % | 2025-07-15 17:23:15 | F |
| | 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 % | | | | | |
| RHEUMATOID FACTOR | <10 | N | <= 13.99 | IU/mL | 2025-07-15 20:09:49 | F |
| CRP | 2.4 | N | <= 7.99 | mg/L | 2025-07-15 20:09:49 | F |
| GLUCOSE SERUM RANDOM | 5.7 | N | 3.6 - 7.70 | mmol/L | 2025-07-16 17:37:01 | F |
| | 3.6 - 7.7 Normal random glucose | | | | | |
| | 7.8 - 11.0 Potentially at risk for diabetes; | | | | | |
| | consider repeat fasting | | | | | |
| | >11.0 Provisional diagnosis of Diabetes Mellitus | | | | | |
| CREATININE | | | | | | |
| CREATININE | 62 | N | 50 - 100.00 | umol/L | 2025-07-16 17:37:01 | F |
| eGFR | 111 | N | 60 - 99999.99 | mL/min/1.73 m*2 | 2025-07-16 17:37:01 | F |
| | 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. | | | | | | |
| HOURS FASTING | NA | N | | hrs | 2025-07-16 17:37:01 | F |
| CHOLESTEROL | 4.75 | N | <= 5.19 | mmol/L | 2025-07-16 17:37:01 | F |
| | Total cholesterol and HDL-C used | | | | | |
| | for risk assessment and to calculate non-HDL-C. | | | | | |
| TRIGLYCERIDES | 1.29 | N | <= 1.69 | mmol/L | 2025-07-16 17:37:01 | F |
| | If nonfasting, | | | | | |
| | triglycerides <2.00 mmol/L desired. | | | | | |

MICHELLE ALBERT

## CHEMISTRY

| Test Name(s) | Result | Abn | Reference Range | Units | Date/Time Completed | Status |
|---|---|---|---|---|---|---|
| HDL CHOLESTEROL | 1.31 | N | 1.30 - 9999.00 | mmol/L | 2025-07-16 17:37:01 | F |
| | F: >=1.30 mmol/L | | | | | |
| | HDL-C <1.30 mmol/L indicates risk for metabolic syndrome. | | | | | |
| LDL CHOLESTEROL CALC. | 2.91 | N | <= 3.49 | mmol/L | 2025-07-16 17:37:01 | F |
| | 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 | 3.44 | N | <= 4.19 | mmol/L | 2025-07-16 17:37:01 | F |
| TC/HDL-C RATIO | 3.6 | N | | | 2025-07-16 17:37:01 | F |
| VITAMIN B12 | 308 | N | 221 - 918 | pmol/L | 2025-07-16 17:37:01 | F |
| | 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 | | | | | |
| FERRITIN | | | | | | |
| FERRITIN | 5 | L | 30 - 125.00 | ug/L | 2025-07-16 17:37:01 | F |
| Result consistent with Iron Deficiency<br>For guidance, see www.hemequity.com/raise-the-bar | | | | | | |
| SODIUM | 138 | N | 136 - 146.00 | mmol/L | 2025-07-16 17:37:01 | F |
| POTASSIUM | 3.8 | N | 3.7 - 5.4 | mmol/L | 2025-07-16 17:37:01 | F |
| ALT | 21 | N | <= 35.99 | U/L | 2025-07-16 17:37:01 | F |
| TSH | 1.58 | N | 0.35 - 5.00 | mIU/L | 2025-07-16 17:37:01 | F |
| HEMOGLOBIN A1c | 5.5 | N | <= 5.99 | % | 2025-07-16 17:37:01 | F |
| | 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 % | | | | | |

## HEMATOLOGY

| Test Name(s) | Result | Abn | Reference Range | Units | Date/Time Completed | Status |
|---|---|---|---|---|---|---|
| HEMOGLOBIN | 107 | L | 110 - 147.000 | g/L | 2025-07-15 17:23:15 | F |
| HEMATOCRIT | 0.35 | N | 0.33 - 0.440 | L/L | 2025-07-15 17:23:15 | F |
| RBC | 4.6 | N | 3.8 - 5.200 | x 10*12/L | 2025-07-15 17:23:15 | F |
| RBC INDICES: MCV | 75 | L | 76 - 98.000 | fL | 2025-07-15 17:23:15 | F |
| MCH | 23 | L | 24 - 33.000 | pg | 2025-07-15 17:23:15 | F |
| MCHC | 308 | L | 313 - 344.000 | g/L | 2025-07-15 17:23:15 | F |
| RDW | 18.8 | H | 12.5 - 17.3 | | 2025-07-15 17:23:15 | F |
| WBC | 6.1 | N | 3.2 - 9.400 | x 10*9/L | 2025-07-15 17:23:15 | F |

MICHELLE ALBERT

## HEMATOLOGY

| Test Name(s) | Result | Abn | Reference Range | Units | Date/Time Completed | Status |
|---|---|---|---|---|---|---|
| E.S.R. | 8 | N | 0 - 20.000 | mm/hr | 2025-07-15 17:23:15 | F |
| PLATELETS | 257 | N | 155 - 372.000 | x 10*9/L | 2025-07-15 17:23:15 | F |
| MPV | 8.7 | N | 4.0 - 14.000 | fL | 2025-07-15 17:23:15 | F |
| DIFFERENTIAL WBC'S | | | | | | |
| NEUTROPHILS | 3.4 | N | 1.4 - 6.3 | x 10*9/L | 2025-07-15 17:23:15 | F |
| LYMPHOCYTES | 2.2 | N | 1.0 - 2.9 | x 10*9/L | 2025-07-15 17:23:15 | F |
| MONOCYTES | 0.3 | N | 0.2 - 0.8 | x 10*9/L | 2025-07-15 17:23:15 | F |
| EOSINOPHILS | 0.1 | N | 0.0 - 0.5 | x 10*9/L | 2025-07-15 17:23:15 | F |
| BASOPHILS | 0.06 | N | 0.00 - 0.09 | x 10*9/L | 2025-07-15 17:23:15 | F |
| SMEAR | | | | | | |
| CONSULTANT'S REPORT TO FOLLOW. | | <--- | | | | |
| HEMOGLOBIN | 107 | L | 110 - 147.000 | g/L | 2025-07-16 17:37:01 | F |
| HEMATOCRIT | 0.35 | N | 0.33 - 0.440 | L/L | 2025-07-16 17:37:01 | F |
| RBC | 4.6 | N | 3.8 - 5.200 | x 10*12/L | 2025-07-16 17:37:01 | F |
| RBC INDICES: MCV | 75 | L | 76 - 98.000 | fL | 2025-07-16 17:37:01 | F |
| MCH | 23 | L | 24 - 33.000 | pg | 2025-07-16 17:37:01 | F |
| MCHC | 308 | L | 313 - 344.000 | g/L | 2025-07-16 17:37:01 | F |
| RDW | 18.8 | H | 12.5 - 17.3 | | 2025-07-16 17:37:01 | F |
| WBC | 6.1 | N | 3.2 - 9.400 | x 10*9/L | 2025-07-16 17:37:01 | F |
| E.S.R. | 8 | N | 0 - 20.000 | mm/hr | 2025-07-16 17:37:01 | F |
| PLATELETS | 257 | N | 155 - 372.000 | x 10*9/L | 2025-07-16 17:37:01 | F |
| MPV | 8.7 | N | 4.0 - 14.000 | fL | 2025-07-16 17:37:01 | F |
| DIFFERENTIAL WBC'S | | | | | | |
| NEUTROPHILS | 3.4 | N | 1.4 - 6.3 | x 10*9/L | 2025-07-16 17:37:01 | F |
| LYMPHOCYTES | 2.2 | N | 1.0 - 2.9 | x 10*9/L | 2025-07-16 17:37:01 | F |
| MONOCYTES | 0.3 | N | 0.2 - 0.8 | x 10*9/L | 2025-07-16 17:37:01 | F |
| EOSINOPHILS | 0.1 | N | 0.0 - 0.5 | x 10*9/L | 2025-07-16 17:37:01 | F |
| BASOPHILS | 0.06 | N | 0.00 - 0.09 | x 10*9/L | 2025-07-16 17:37:01 | F |
| SMEAR | | | | | | |

SMEAR REFERRED TO PATHOLOGIST FOR REVIEW.
** PLEASE REVIEW THIS REPORT AS ADDITIONAL TESTING
HAS BEEN ADDED/REPORTED.

CONSULTANT'S REPORT

QUERY IRON STATUS.
REVIEWED BY DR. LINDA LACROIX M.D., F.R.C.P.

## AUTOIMMUNE/IMMUNOHEMATOLOGY

| Test Name(s) | Result | Abn | Reference Range | Units | Date/Time Completed | Status |
|---|---|---|---|---|---|---|
| ANTINUCLEAR AB. (ANA) | | | | | | |
| ANTINUCLEAR AB. (ANA) | NEGATIVE | N | NEGATIVE | | 2025-07-15 20:09:49 | F |

A negative test is strong evidence against a diagnosis of rheumatic disease but is not conclusive. Results should be interpreted in conjunction with other serological tests and clinical findings.

MICHELLE ALBERT

END OF REPORT