



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 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,



Dr. Abhishek Raut, Provider Number 028921

Attachments:12 documents, CPP Infomation

Copy to:

Attachment - DI : Details

Sep 26, 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, STEPHANIE 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

26-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

To: +16474906330

Page: 2/2

From: INSIGHT DIAGNOSTIC IMAGING

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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

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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 hypoplasia/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: +16474906300

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, STEPHANIE JANINE
D.O.B : 07-Jan-72 53y 9m Sex: F
1-104 KEPPENDAVIE AVENUE
TORONTO ON, M4L 3R5
Tel: (416) 550-3310
HCP: 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

Diagnostic Imaging Report

Name: LYNN, STEFANIE (F)	Authoring Physician: 46364 ARVINTE ANDREI
DOB: 1972-01-07	Authored Date: Not Provided
HCI#: 2310082280(WA)	Deliver To: Raut, Abhishek
Address: 1 - 104 KIPPENDAVIE AVENU	Facility #: 4209
TORONTO	Facility Name: Toronto East General Hospital
CANON	Facility Report #: 11499857
M4L3R5	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

Diagnostic Imaging Report

Name: LYNN, STEFANIE (F)	Authoring Physician: 46364 ARVINTE ANDREI
DOB: 1972-01-07	Authored Date: Not Provided
HCI#: 2310082280(WA)	Deliver To: Raut, Abhishek
Address: 1 - 104 KIPPENDAVIE AVENU 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

Diagnostic Imaging Report

Name: LYNN, STEFANIE (F)	Authoring Physician: 46364 ARVINTE ANDREI
DOB: 1972-01-07	Authored Date: Not Provided
HCM: 2310082280(WA)	Deliver To: Raut, Abhishek
Address: 1 - 104 KIPPENDAVIE AVENU TORONTO CANON M4L3R5	Facility #: 4209 Facility Name: Toronto East General Hospital Facility Report #: 11499793 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

Diagnostic Imaging Report

Name: LYNN, STEFANIE (F)	Authoring Physician: 46364 ARVINTE ANDREI
DOB: 1972-01-07	Authored Date: Not Provided
HCI#: 2310082280(WA)	Deliver To: Raut, Abhishek
Address: 1 - 104 KIPPENDAVIE AVENU 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

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 AVENU TORONTO CANON M4L3R5	Facility #: 4209 Facility Name: Toronto East General Hospital Facility Report #: 11524024 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

From: INSIGHT DIAGNOSTIC IMAGING

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720 Spadina Avenue, Unit 200
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Patient ID: 5232DU

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

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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

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Attachment - DI : Details

Sep 25, 2025 04:50

To: +16474906330

Page: 2/2

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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

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D.O.B : 07-Jan-72 53y 8m Sex: F
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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

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

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Attachment - Labs : Details

Patient Name: **LYNN, STEFANIE JANINE** Accession # **302680536**

Client: **DR. ABHISHEK RAUT**
ATTN: APPLETREE MED GRP
20-1450 O'CONNOR DR.
TORONTO, ON
M4B 2T8

Requesting physician: **DR. ADIL FAROOQUI**

Birthdate: **07-JAN-1972** Sex: **F**
 Phone #: **(416)550-3310**
 Health #: **2310082280WA**
 Date of Service: **25-SEP-25**
 Printed: **30-SEP-25**

Reference #:
 Report status: **FINAL**

TEST NAME	RESULT	FLAG	REFERENCE RANGE	UNITS	LAST LOGIC
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 %

X-URINUR (Rev 07/2015)

LYNN, STEFANIE JAN Continue on page: **2**
PND = Pending * = Not previously reported - = Edited Result

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Attachment - Labs : Details



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

Page: 2

Patient Name: **LYNN, STEFANIE JANINE** Accession # **302680536**

Client: **DR. ABHISHEK RAUT** Birthdate: **07-JAN-1972** Sex: **F**
ATTN: APPLETREE MED GRP Phone #: **(416)550-3310**
20-1450 O'CONNOR DR. 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	TEST ID
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Diabetes Canada 2018 Guidelines:

Screening and Diagnosis:

< 5.5 % Normal
5.7% - 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 (PPG, 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.

2020 FORM #B Rev. 07/2019

LYNN, STEFANIE JAN Continue on page: **3**
PND = Pending * = Not previously reported ~ = Edited Result

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Attachment - Labs : Details



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

Page: 3

Patient Name:		Accession #			
LYNN, STEPHANIE JANINE		302680536			
Client:		Birthdate: 07-JAN-1972 Sex: F			
DR. ABHISHEK RAUT ATTN: APPLETREE MED GRP 20-1450 O'CONNOR DR. TORONTO, ON M4B 2T8	199 1	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 CODE
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 FREE T4	0.90 10		0.32-4.00 9-19	mIU/L pmol/L	
LYNN, STEPHANIE JANINE FINAL REPORT 3 PND = Pending * - Not previously reported - = Edited Result					

WORK FORM 8072 (Rev. 07/2015)

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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 L6T5MB	CUSTOMER SERVICE PHONE/FAX REPORT		
		COLLECTION TIME	AAM 62-56086576 FINAL
		2025/10/03 11:22	2025/10/03 2025/10/04
<p>LYNN, STEFANIE 1-104 KIPPENDAVIE AVE TORONTO ONTARIO M4L 3R5</p> <p>PHONE: 416-550-3310</p>		<p>2310082280 WA DR. A. FAROOQUI APPLETREE MEDICAL GRP-GTA 2025 MIDLAND AVE SCARBOROUGH, ON AAM M1P 3E2 BRG03</p> <p>PHONE: 647-722-2370</p>	OUTSIDE NORMAL LIMITS
<p>CODES TEST DESCRIPTION RESULTS REFERENCE RANGE</p> <hr/> <p>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</p> <hr/>			
<p>C H E M I S T R Y</p> <hr/> <p>25 HYDROXY VITAMIN D 107. DEFICIENCY: < 25 nmol/L INSUFFICIENCY: 25 - 75 nmol/L SUFFICIENCY: 76 - 250 nmol/L TOXICITY: > 250 nmol/L</p>			

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1-800-565-5721

PAGE 1 OF 1 2025/10/04 21:03:49

Attachment - Labs : Details

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

DYNACARE LABORATORIES 115 MIDAIR CT, BRAMPTON L6T5MB	CUSTOMER SERVICE PHONE/FAX REPORT																																																																							
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1-800-565-5721

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Attachment - Labs : Details

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

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PHONE: 416-550-3310		PHONE: 647-722-2370		
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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)		
URIC UROBILINOGEN	3.2	3.2 - 16 umol/L		
NITRITE	NEG	NEGATIVE		
LEUKOCYTES	TRACE	NEGATIVE		
COLOUR	YELLOW	YELLOW		
APPEARANCE	CLEAR	CLEAR		
TRACE				

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1-800-565-5721

PAGE 3 OF 3 2025/10/06 16:51:47

Attachment - Labs : Details

Patient	Ordering Provider	Date Of Service
Lynn, Stefanie Janine	ADIL FAROOQUI, (053115)	17-Oct-2025
Sex	Date of Birth	Accession No
Female	07-Jan-1972	62-56271372
Health Number	CC to Provider	Status
OHIP (2310-082-280 WA 01/2026)	None	Final

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

Attachment - Labs : Details

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 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 TEST COMMENT	Flag	Result	Reference Range	Units
		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		

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Lynn, Stefanie Janine

Age: 53 year(s)
Sex: Female
Date Of Birth: 07-Jan-1972
PHN: 2310082280WA

Ordered By: ADIL FAROOQUI,

Accession #: 2025-302680536

Reference #:

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

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

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

Hemoglobin

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 Reported To: ADIL FAROOQUI, DR RAUT ABHISHEK, APPLETREE MEDICAL, ,	Reference #: See below	
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

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Patient	Ordering Provider	Date Of Service
Lynn, Stefanie Janine	ADIL FAROOQUI, (053115)	03-Oct-2025
Sex	Date of Birth	Accession No
Female	07-Jan-1972	62-56086576
Health Number	CC to Provider	Status
OHIP (2310-082-280 WA 01/2026)	None	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 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	
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 x 10E9/L	
NEUTROPHILS			3.4 1.0 - 2.9 x 10E9/L	
LYMPHOCYTES			0.2 - 0.8 x 10E9/L	
MONOCYTES	0.2		0.0 - 0.5 x 10E9/L	
EOSINOPHILS	0.1		0.00 - 0.09 x 10E9/L	
BASOPHILS	0.07			
URINALYSIS CHEMICAL	NEG		NEGATIVE (mmol/L)	
GLUCOSE			NEGATIVE	
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)	
UROBILINGEN	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		