



Taunton Health Centre
1290 Keith Ross Dr.
Oshawa, L1J 0C7
Ontario

FROM

Dr. Paul Titis

Phone: (905) 721-6887

TO

Phone:

Fax: (905) 721-6694

Fax: 1-877-562-2778

Sent: 10/24/25 at 10:47:42 AM

12 page(s) (including cover)

Subject:

Comments:

Dr. A. Paul Titis BSCH, MSc, MD, CCFP, FCFP
 Taunton Health Centre
 1290 Keith Ross Court
 Oshawa, ON
 L1J 0C7
 Phone: 905-721-6887 Fax: 905-721-6694
 Referral Number: 021383

Oct 9, 2025

Dr Sheliza Lalani
 LMC
 214-520 Ellesmere Rd
 Scarborough , ON
 M1R 0B1

Dear Dr Sheliza Lalani:

Re: Anna Solomon #277-09-0618 Feb 1, 2002 Age: 23 yr HN: 9989 162 434 CL
 289-928-5626 (H preferred) 905-439-1197 (M)

Phone: 289-928-5626
Address 104 BATHGATE CRES, Courtice, ON, L1B 0B3
PS # 43526
HC# 9989162434 CL

REQUEST FOR CONSULTATION

Reason for Referral : Please see this patient with unexplained weight loss. Seen by gastroenterology and has ruled out GI cause for this. She is continuing to eat the same amount of calories prior to her weight loss. Please see attached blood work and please assess and advise further.

Priority : Routine

Active Problem List

ANXIETY PANIC ATTACKS

ASTHMA

ACNE

PCOS

DEREALIZATION EXPERIENCES SEEING NEURO MRI NORMAL

History of Past Health

SEEN ENT FOR NASAL SEPTAL DEVIATION (NOV 2009): REASSURED NO INTERVENTION ADVISED

PNEUMONIA 2017

LEFT MYRINGOTOMY AND TUBE (MARCH 2010)

Risk Factors

no risk information recorded

Allergies

? Food: pomegranate juice

Current Medications

Tactupump Forte 0.3-2.5 % 1 application 1 time daily for 30 days
 psychological counselling for anxiety disorder

Re: Anna Solomon #277-09-0618 Feb 1, 2002 Age: 23 yr HN: 9989 162 434 CL
289-928-5626 (H preferred) 905-439-1197 (M)

rmt for anxiety disorder

Aerochamber use as directed

Alvesco 200 mcg/actuation 2 puffs 1 time daily

Drysol apply qhs once sweating has stopped decrease to 1-2 x weekly or as needed wash treated area in the morning

Ventolin Inhaler 1 2 puffs 4 times daily, PRN

Zoloft Various

Thank you for seeing her.

REFERRAL #: 021383

Yours truly,



Dr. Apostolos P Titis

Solomon, Anna Grace

Age 23 yr #43526 Page 3/11

Aug 15, 2025 

HRM EGD-oscropy

PPT/nnb

Medical Records Report

EGD

Service Date: 15/08/2025, 10:12

Author physician: HOMENAUTH

PS Suite insert: Information available in attachments



1690 Dersan Street
Pickering ON L1V 2P8
Endoscopy External
Procedure Report

Solomon, Anna Grace
MRN: C859730, DOB: 1/2/2002, Legal Sex: F
OHIP: 9989162434CL
Acct #: 303854238
Adm: 15/8/2025, Dis: —

Signing Physician:
HOMENAUTH, RAVI DEVINDRA
PCP:
Apostolos Titis, MD

Ordering Provider:
HOMENAUTH, RAVI DEVINDRA
Patient Name
Solomon, Anna Grace

CC:
No Recipients
Patient Phone
289-928-5626

See separate colonoscopy note dictated on same day

Signed by Ravi Devindra Homenauth on 15/8/2025 12:16

Additional Procedures

Providers

PCP
Apostolos Titis, MD
 905-721-6887
 1290 KEITH ROSS DRIVE
Oshawa ON L1H 7K4

Attending Provider
Ravi Devindra Homenauth
 905-231-2399
 307-300 ROSSLAND ROAD EAST
AJAX ON L1Z 0M1

Solomon, Anna Grace

Age 23 yr #43526 Page 5/11

Aug 15, 2025 

HRM Colonoscopy

PPT/nnb

Medical Records Report

COLONOSCOPY

Service Date: 15/08/2025, 10:12

Author physician: HOMENAUTH

PS Suite insert: Information available in attachments



1690 Dersan Street
Pickering ON L1V 2P8
Endoscopy External
Procedure Report

Solomon, Anna Grace
MRN: C859730, DOB: 1/2/2002, Legal Sex: F
OHIP: 9989162434CL
Acct #: 303854238
Adm: 15/8/2025, Dis: —

Signing Physician:
HOMENAUTH, RAVI DEVINDRA
PCP:
Apostolos Titis, MD

Ordering Provider:
HOMENAUTH, RAVI DEVINDRA
Patient Name
Solomon, Anna Grace

CC:
No Recipients
Patient Phone
289-928-5626

Procedure performed: Colonoscopy and EGD

Date of Procedure: August 15, 2025

Indication for procedure: Weight loss

Postoperative Diagnosis: Normal EGD normal colonoscopy.

Current History: This is a patient referred for upper and lower scopes. In summary this lady reports issues with weight loss. She is down to around 93 pounds but tends to be closer to 100 pounds. She does eat a regular diet eats 3 meals a day. She does not think that she is having any trouble with her intake. She denies really any GI issues such as abdominal pain nausea vomiting or diarrhea which could signify some type of malabsorption. Her blood work most recently was negative. She has a history of asthma and intermittent palpitations. She recently had a lumbar puncture for possible meningitis which has come back negative. On exam she looks well abdominal exam is unrevealing and no guarding or rebound. There is no known family history of IBD celiac disease or others. There is no history of pancreatic disease. Review of systems is otherwise unrevealing

Given the above we decided to proceed with an EGD and colonoscopy to further assess.

Consent: Risks and benefits were discussed prior to the procedure and reviewed again today including risk of bleeding, perforation and possible sedation risks. We also discussed a polyp miss rate of 5-10% depending on the quality of the bowel preparation. The patient agreed to proceed.

Anesthesia: The patient was given propofol sedation with anesthesia support and monitoring.

Procedure: The patient was placed in the left lateral position and a bite block was inserted. With the patient sedated, the Pentax gastroscope was inserted into the mouth and oropharynx then advanced down the esophagus into the stomach and duodenum as far as the D2-D3 junction. The scope was then retracted back into the stomach where it was assessed in forward and retroflexed view. The antrum, body, fundus and cardia appeared normal. The GE junction and squamocolumnar junction appeared healthy. The scope was then retracted and careful visualization of the esophagus was performed which did not reveal any abnormalities. Biopsies were taken from the stomach and duodenum. The procedure was then completed.

We then placed the patient in the left lateral position for a colonoscopy. A perianal and digital rectal exam was performed which was unrevealing. I then advanced the Pentax colonoscope all the way to the cecum and terminal ileum. The terminal ileum was intubated and appeared normal. Biopsies were taken. I then slowly retracted the scope having a

close look on the way out. The prep was good having a few pools of liquid that required suctioning everything looked normal on slow and careful withdrawal.

Retroflexion in the rectum was unrevealing

Impression: Normal upper and lower scopes

Plan: No cause for this patient's symptoms. I will simply recommend she continue with a healthy balanced diet rich in protein and fat. If her weight issues still continue to be bothersome perhaps she will need workup from an endocrine standpoint such as thyroid testing.

Signed by Ravi Devindra Homenauth on 15/8/2025 12:19

Additional Procedures

Providers

PCP

Apostolos Titis, MD

 905-721-6887

 1290 KEITH ROSS DRIVE

Oshawa ON L1H 7K4

Attending Provider

Ravi Devindra Homenauth

 905-231-2399

 307-300 ROSSLAND ROAD EAST

AJAX ON L1Z 0M1

Solomon, Anna Grace

Age 23 yr #43526 Page 8/11

Aug 15, 2025

HRM Pathology

PPT

Medical Records Report

TISSUE EXAM

Service Date: 15/08/2025, 12:10

Author physician: MOUSSA

PS Suite insert: Information available in attachments



Oshawa Hospital
1 Hospital Court
Oshawa, Ontario L1G 2B9
Tel: 905-433-4340
Fax: 905-721-4757

Ajax Pickering Hospital
580 Harwood Avenue
Ajax, Ontario L1S 2J4
Tel: 905-576-8711 ext. 11474
Fax: 905-428-5274

Solomon, Anna Grace

DOB: 1/2/2002 Age/Legal Sex: 23 yrs/Female
HCN: 9989162434CL MRN: C859730

Surgical Pathology (Final result)

SA25-58930

Authorizing Provider:	Ravi Devindra Homenauth	Ordering Provider:	Ravi Devindra Homenauth
Ordering Location:	Jerry Coughlan – Operating Room	Collected:	15/08/2025 1210
Pathologist:	Bassem Gamal Fahmy Moussa, MD FRCPC	Received:	15/08/2025 1215

Specimens

- A** Small Intestine, Duodenum
- B** Stomach
- C** Small Intestine, Terminal Ileum

Clinical Information

- A. RO celiac
- B. RO Hpylori
- C. RO IBD

Diagnosis

- A. Duodenum:
Small intestinal mucosa with no significant histologic abnormality
- B. Stomach:
Gastric mucosa with no significant histologic abnormality
No H. pylori organisms identified
- C. Terminal ileum:
Small intestinal mucosa with no significant histologic abnormality

Electronically signed by Bassem Gamal Fahmy Moussa, MD FRCPC on 29/8/2025 at 1433 EDT

Gross Description

- A. Small Intestine, Duodenum.
The specimen is received in formalin and labeled with the patient's identification, submitted as "SI duodenum" and consists of 4 pieces of tan soft tissue measuring 0.1-0.2 cm in maximum dimension. The specimen is submitted in toto in cassette A1.

P.F

- B. Stomach.

The specimen is received in formalin and labeled with the patient's identification, submitted as "stomach" and consists of 4 pieces of tan soft tissue measuring 0.2-0.4 cm in maximum dimension. The specimen is submitted in toto in cassette B1.

P.F

Patient: Solomon, Anna Grace MRN: C859730 Patient Location: Lakeridge Health Jerry Coughlan Hwc

C. Small Intestine, Terminal Ileum.

The specimen is received in formalin and labeled with the patient's identification, submitted as "SI terminal ileum" and consists of 3 pieces of tan soft tissue measuring 0.2-0.3 cm in maximum dimension. The specimen is submitted in toto in cassette C1.

P.F

Resulting Labs

LHAP LAB, 580 Harwood Ave S, Ajax ON L1S 2J4

Solomon, Anna Grace

Age 23 yr #43526 Page 11/11

Oct 9, 2025**DynaCare Laboratories (HL7) Lab Data (Unverified)**

Accession Number

27-56172479

Collection Date

Oct 9, 2025 2:33PM

Ordering Physician: Titis, Apostolos P

GLUCOSE SERUM RANDOM

4.9

3.6 - 7.70

mmol/L

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

56

50 - 100.00

umol/L

eGFR

>=120

>=60

mL/min/1.73m²eGFR is calculated using the CKD-EPI 2021 equation
which does not use a race-based adjustment.

An eGFR result >=60 mL/min/1.73m² 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.

BILIRUBIN TOTAL

8

<=22.99

umol/L

TSH

1.23

0.35 - 5.00

mIU/L

T4 FREE

14

11 - 23

pmol/L

HEMOGLOBIN A1c

5.2

<=5.99

%

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

137

110 - 147.000

g/L

HEMATOCRIT

0.40

0.33 - 0.440

L/L

RBC

4.3

3.8 - 5.200

x 10¹²/L

RBC INDICES: MCV

93

76 - 98.000

fL

MCH

32

24 - 33.000

pg

MCHC

339

313 - 344.000

g/L

RDW

13.9

12.5 - 17.300

WBC

4.2

3.2 - 9.400

x 10⁹/L

PLATELETS

248

155 - 372.000

x 10⁹/L

MPV

8.3

4.0 - 14.000

fL

DIFFERENTIAL WBC'S

NEUTROPHILS

2.4

1.4 - 6.3

x 10⁹/L

LYMPHOCYTES

1.3

1.0 - 2.9

x 10⁹/L

MONOCYTES

0.3

0.2 - 0.8

x 10⁹/L

EOSINOPHILS

0.2

0.0 - 0.5

x 10⁹/L

BASOPHILS

0.00

0.00 - 0.09

x 10⁹/L

THYROID PEROXIDASE AB

25

<=34.99

kIU/L