LMC DIABETES & ENDOCRINOLOGY

Patient Referral Form

○ Barrie ○ Mid-Toronto ○ Brampton ○ Etobicoke ○ Markham ○ Oakville ○ Thornhill

PATIENT INFORMATION:

Name: Hammoud, Mohammad AhmadRS 10812

Health Card: 429 FAITH DR Mississauga, ON L5R 3Y7 647-469-5797(M) M Mar 6, 1960 8513 425 887 FW

DOB: (dd/mm/yyyy)

Uninsured Specify:

Address: (unit)

(city) (postal code) (e-mail address)

(home #) (work # with extension) (other #)

DIABETES/ENDOCRINOLOGY PLEASE SPECIFY:

	The following investigations would be helpful:
○ Diabetes ○ Type 1 ✓ Type 2 ○ GDM	✓ FPG, A1C, Lipids, Renal Function, uACR
○ Newly Diagnosed Diabetes Rapid Triage (1-2 weeks)	○ FPG, A1C, Lipids, Renal Function, uACR

✓ Consultation & shared care ○ Consultation only

○ Thyroid	○ Thyroid function, Relevant imaging
○ Osteoporosis	○ BMD report <2 years, other relevant labs
○ Lipids	○ TC, LDL, HDL (<3 months), A1C
○ PCOS	○ LH, FSH, estrogen, testosterone, A1C
○ Other (please specify):	

Notes: 65 yr. old ♂ with DM_2, CAD, angioplasty a RA
Review medication
- methotrexate
- Folic acid

Current Medications: Janumet XR 50-1000 mg 2 tab OD
- Valsartan 80 mg OD
- Naproxen 375 mg BID
- Lyrica 25 mg TID
- Forxiga 10 mg PO OD
- atorvastatin 20 mg
- ezitimibe 10 mg OD
- bisoprolol 2.5 mg OD

Referred By: Dr. Reem Z. Salim

Referring Physician Billing #: 031044

Referring Physician Signature:

Date: 22 oct 2025

New Patient Referrals: T: 1.866.701.ENDO (3636) x450 F: 1.877.LMC.APPT (562.2778)
E: referrals@lmc.ca W: www.LMC.ca/referrals

V32015

6 pgs

Accession Number 2025-EA2870752
Collection Date Oct 14, 2025 10:41AM
Ordering Physician: FLORICA, [illegible]
Result Copy To: FLORICA, [illegible]
Result Copy To: Salim, Reem

ESR

Report Date Oct 14, 2025 7:17PM
Lab Licence #: 5407
Testing Location name and address: KENNEDY 6500 Kennedy Road Mississauga Ontario L5T 2X4 Canada B

ESR	6	[illegible]	- 20

Complete Blood Count

Report Date Oct 14, 2025 6:33PM

WBC	5.7	[illegible]	- 11.0
RBC	5.20	[illegible]	- 6.00
Hb	146	[illegible]	- 170
Hct	0.452	[illegible]	- 0.500
MCV	87	[illegible]	- 100
MCH	28.1	[illegible]	- 35.0
MCHC	323	[illegible]	- 360
RDW	15.0 (H)	[illegible]	- 14.5
Platelets	224	[illegible]	- 400
Neutrophils #	4.0	[illegible]	- 7.5
Lymphocytes #	1.1	[illegible]	- 3.5
Monocytes #	0.4	[illegible]	- 1.1
Eosinophils #	0.1	[illegible]	- 0.5
Basophils #	0.1	[illegible]	- 0.2
Immature Granulocytes #	0.0	[illegible]	- 0.1
Nucleated RBC's as % of WBCs	0		

Urinalysis Chemical

Report Date Oct 14, 2025 5:19PM

Collection Date	Oct 14, 2025		
Collection Time	10:41		
Urine Appearance	CLEAR	[illegible]	
Urine Colour	YELLOW	[illegible]	
Urine Specific Gravity	>=1.030		
Urine pH	6.0	[illegible]	- 8.0
Urine Protein	0.3 (H)	[illegible]	
Urine Glucose	>=55 (H)	Negative	
Urine Ketones	NEGATIVE	Negative	
Urine Erythrocytes	NEGATIVE	Negative	
Urine Nitrite	NEGATIVE	Negative	
Urine Leukocyte Esterase	NEGATIVE	Negative	
TEST COMMENT	Please see https://tests.lifelabs.com/s/article/		

URINALYSIS-CHEMICAL-Ontario for alternative reporting units.

Report Date Oct 14, 2025 6:53PM

FBS	8.7 (H)	[illegible]	- 6.4

Fasting Glucose greater than or equal to 7.0 mmol/L after an 8 hr fast can be used as a provisional diagnosis of diabetes mellitus. If asymptomatic, a repeat confirmation test using Fasting Glucose, HbA1c, or 75g OGTT must be done.

Report Date Oct 14, 2025 6:53PM

Albumin	44	[illegible]	- 52

Report Date Oct 14, 2025 6:53PM

ALT	37	[illegible]	- 52

Hemoglobin A1c

Report Date Oct 14, 2025 8:21PM

Hb A1C	8.0 (H)	[illegible]	- 6.0

Diabetes Canada 2018 Guidelines:

Screening and Diagnosis:
< 6.5 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

Report Date	Oct 14, 2025 6:53PM	
Cr	79	49 - 117
eGFR	95	>90 mL/min

Reference interval: =>60 mL/min/1.73m2

eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.

Lipid Assessment

Report Date	Oct 14, 2025 6:53PM	
Hours after a Meal	12	
TG	1.40	

FASTING: <1.70 mmol/L
NON-FASTING: <2.00 mmol/L

CHOL	3.07	<5.20

Total cholesterol and HDL-C used for risk assessment and to calculate non HDL-C.

HDL	1.07	> 1.00

HDL-C <1.00 mmol/L indicates risk for metabolic syndrome.

NON-HDL	2.00	<3.70

Non HDL-Cholesterol is not affected by the fasting status of the patient.

LDL	1.43	<3.50

LDL-C is calculated using the MLF equation.

For additional LDL-C and non-HDL-C thresholds based on risk stratification, refer to 2021 CCS Guidelines. Can J Cardiol. 2021;37:1129-1150.

CHOL/HDL	2.9	

Cholesterol/HDL-C is not included in the 2021 CCS guideline as a lipid initiation or treatment target but is recognized as an indicator of high CVD risk at Cholesterol/HDL-C ratio >5.0

Albumin Creatinine Ratio Urine Random

Report Date	Oct 16, 2025 4:49PM	
5 Year ESRD	NOT APPLICABLE	<5

Results indicate mild to moderate albuminuria reflecting increased risk of CKD progression. If this is the first result with an ACR >=3, confirm with at least 2 of 3 elevated results within 3 months.

If there is hematuria (>20rbc/hpf confirmed on urine microscopy), refer to nephrology.

Remeasure eGFR and urine ACR annually for patients with diabetes mellitus.

See the KidneyWise toolkit (kidneywise.ca) for further management recommendations including when to refer to nephrology.

Microalbumin	154	

No reference interval has been established for this test.

Urine Creatinine Random	9.1	

No reference interval has been established for this test.

Microalbumin/Creatinine Ratio	16.9 (H)	<3.0
Report Date	Oct 14, 2025 6:53PM	
C-Reactive Protein	1.6	<1.0

Test method: Abbott Alinity CRP, suitable for cardiovascular disease assessment and detection of active inflammation.
CRP >=1.0 mg/L is a risk-enhancing factor for cardiovascular disease, as defined in the Guidelines of the American Heart Association and the American College of Cardiology (JACC 2019; 74: e177).

Report Date	Oct 14, 2025 6:53PM	
RF	43 (A)	

Reference range:

Negative: <30 IU/mL
Intermediate: 30-50 IU/mL
Positive: >50 IU/mL

Feb 9, 2024 Ontario Laboratories Information System Lab Data RS

Accession Number 2024-EA6401226
Collection Date Feb 9, 2024 1:42PM
Ordering Physician: FLORICA, BRANDUSA
Result Copy To: FLORICA, BRANDUSA
Copy To physician was not uniquely identified.

Erythrocyte Sedimentation Rate - WHOLE BLOOD (Final)

- ESR	4	[illegible]	

Complete Blood Count - WHOLE BLOOD (Final)

- WBC	6.7	[illegible]	
- RBC	5.00	[illegible]	
- Hb	146	[illegible]	
- Hct	0.435	[illegible]	
- MCV	87	[illegible]	
- MCH	29.2	[illegible]	
- MCHC	336	[illegible]	
- RDW	14.7 (H)	[illegible]	
- Platelets	196	[illegible]	
- Neutrophils #	4.4	[illegible]	
- Lymphocytes #	1.4	[illegible]	
- Monocytes #	0.7	[illegible]	
- Eosinophils #	0.1	[illegible]	
- Basophils #	0.1	[illegible]	
- Immature Granulocytes #	0.0	[illegible]	
- Nucleated RBC's as % of WBCs	0		

Creatinine - SERUM (Final)

- Cr	95	[illegible]	
- eGFR	84		

An eGFR from 60-89 ml/min/1.73 m2 is consistent with mildly decreased kidney function. However, in the absence of other evidence of kidney disease, eGFR values in this range do not fulfill the KDIGO criteria for chronic kidney disease. Interpret results in context with ACR measurement.

Effective May 4 2015, eGFR is calculated using the CKD-EPI 2009 equation.

KDIGO 2012 guidelines highlight the importance of eGFR and urine albumin creatinine ratio (ACR) in screening, diagnosis and management of CKD. Results for eGFR should be interpreted in concert with ACR.

Alanine Aminotransaminase - SERUM (Final)

- ALT	24	[illegible]	

C Reactive Protein - SERUM (Final)

- C-Reactive Protein	1.9	[illegible]	

Test method: Abbott Alinity CRP, suitable for cardiovascular disease assessment and detection of active inflammation.
CRP >=2.0 mg/L is a risk-enhancing factor for cardiovascular disease, as defined in the Guidelines of the American Heart Association and the American College of Cardiology (JACC 2019; 74: e177 .