

Care Clinic On Albion

Unit 207, 1525 Albion Road
Etobicoke, ON, Canada
M9V 5G5

Fax Cover Sheet

To: Dr. Hasnain Khandwala
Phone: (416) 645-1035
Fax: (416) 645-1036

Date: 2025-Oct-25

From: Dr. Pradip Gujaré
Phone: (647) 331-8343
Fax: (416) 234-5695

Number of pages including cover: 5

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Re: ISOLA WELCOME

Care Clinic on Albion

Dr. Pradip Gujare MD, CCFP

Unit 202 – 1525 Albion Road

Etobicoke ON M9V 5G5

Ph: 647.321.9242 AltPh: 416.747.9244 Fax: 416.224.5695

2025-Oct-25

Dr. Khandwala
1723 Kipling Avenue, 2B
Etobicoke, ON M9R 4E1

Patient: ISOLA WELCOME
HCN: 5341 080 827NN
Birthdate: 1961-Jun-20
Address: 2737 KIPLING AVE, APT 1412
Etobicoke, ON M9V 4C3
Phone: **H:** (416) 454-6113 **C:** (000) 000-0000

Dear Dr. Khandwala,

Please see ISOLA, a 64 Yr old female for uncontrolled diabetes . I appreciate your help with this.
Relevant findings and investigations are attached. Her last A1c is 11.7
Please do not hesitate to contact me if you have any questions regarding the care of ISOLA.

Problem History:

BENIGN ESSENTIAL HYPERTENSION
DIABETES MELLITUS
DISORDERS OF LIPOID METABOLISM

Active Medications:

JANUVIA 100 MG TABLET
1 Tablet(s) Once daily X 3 Mth30
baclofen 10 mg Oral Tablet
1 Tablet(s) Two times daily As Needed X 1 Week(s)
ARTHROTEC 50 MG-200 MCG TABLET
1 Capsule(s) Two times daily As Needed X 2 Week(s)
candesartan cilexetil 16 mg Oral Tablet
1 Tablet(s) Once daily X 3 Mth30
atorvastatin calcium 20 mg Oral Tablet
1 Tablet(s) Once daily X 3 Mth30
amlodipine besylate 5 mg Oral Tablet
1 Tablet(s) Once daily X 3 Mth30
JARDIANCE 25 MG TABLET
1 Tablet(s) Once daily X 3 Mth30
BP machine
1 Units Once daily X 1 Day(s) [Please monitor bp at home]
OMNARIS 50 MCG NASAL SPRAY
1 Spray(s) Two times daily As Needed X 1 Mth30
azithromycin 250 mg Oral Tablet
2 Tablet(s) Once daily X 1 Day(s) then
1 Tablet(s) Once daily X 4 Day(s)
JARDIANCE 25 MG TABLET

1 Tablet(s) Once daily X 3 Mth30 [dose increased]
amlodipine besylate 5 mg Oral Tablet
1 Tablet(s) Once daily X 3 Mth30
atorvastatin calcium 20 mg Oral Tablet
1 Tablet(s) Once daily X 3 Mth30
candesartan cilexetil 16 mg Oral Tablet
1 Tablet(s) Once daily X 3 Mth30 [dose increased to 16 mg]
JARDIANCE 10 MG TABLET
1 Tablet(s) Once daily X 3 Mth30
cephalexin 500 mg Oral Tablet
1 Tablet(s) Four times daily X 5 Day(s)
KOFFEX DM 15 MG/5 ML SYRUP
10 mL Three times daily As Needed X 1 Week(s)
JARDIANCE 10 MG TABLET
1 Tablet(s) Once daily X 3 Mth30 [increase dose to two tabs once daily after 1 week]
atorvastatin calcium 20 mg Oral Tablet
1 Tablet(s) Once daily X 3 Mth30
candesartan cilexetil 8 mg Oral Tablet
1 Tablet(s) Once daily X 3 Mth30
candesartan cilexetil 4 mg Oral Tablet
1 Tablet(s) Once daily X 3 Mth30 [Take this with the 8mg tablets]
OZEMPIC 0.25-0.5 MG (3 ML) PEN
0.25 mg Once a week X 4 Week(s) then
0.5 mg Once a week X 4 Week(s)

Known Allergies:

None Recorded

Sincerely,



Dr Pradip Gujare, MD
ON - Billing #: 038681
CPSO #114814
Family physician.

Unit 207, 1525 Albion Road
Etobicoke ON M9V 5G5
P: 416.747.8344 Alt P: 647.331.8343 F: 416.234.5695
Electronically Reviewed to Expedite Delivery

Enclosures

2025-Oct-18 - HEMATOLOGY
2025-Oct-18 - DIFFERENTIAL COUNT
2025-Oct-18 - GENERAL CHEMISTRY

Lab Results:				Generated On 2025-Oct-25	
Patient	Welcome, Isola	Home Phone	4164546113	Work Phone	
Health #	5341080827	Sex	F	Patient ID	15466
Age	64 years				
DOB	1961-Jun-20				
Ordered By: Gujaré Pradip Eknath Reported By:					
Collection Date: 2025-Oct-18					

	Results	Flags	Ref Range	
HEMATOLOGY				
WBC	8.4		4.0 - 11.0	10**9/L
RBC	5.04		4.0 - 5.1	10**12/L
Hemoglobin	130		120 - 160	g/L
Hematocrit	0.405		0.36 - 0.48	L/L
Platelet Count	333		150 - 400	10**9/L
MCV	80.4		80 - 98	fL
MCH	25.9	L	27.5 - 32.5	pg
MCHC	322		320 - 360	g/L
RDW	14.7	H	11.5 - 14.5	%

Ordered By: Gujaré Pradip Eknath Reported By:
Collection Date: 2025-Oct-18

	Results	Flags	Ref Range	
DIFFERENTIAL COUNT				
Neutrophil	4.0		2.0 - 7.5	10**9/L
Lymphocyte	3.6	H	1.0 - 3.5	10**9/L
Monocyte	0.5		0.0 - 0.8	10**9/L
Eosinophil	0.2		0.0 - 0.5	10**9/L
Basophil	0.1		0.0 - 0.2	10**9/L

Ordered By: Gujaré Pradip Eknath Reported By:
Collection Date: 2025-Oct-18

	Results	Flags	Ref Range	
GENERAL CHEMISTRY				
Glucose Fasting	10.4	H	3.6 - 6.0	mmol/L
HbA1C	11.7	H	< 6.0	%
Diagnosis:- Provisional diagnosis of diabetes in non-pregnant adults with suspected Type 2 diabetes				
Goal for monitoring Non-Diabetics refer to OAML communiqué dated May 2015, Available on request				
Creatinine	70		31 - 91	umol/L
eGFR	83	L	>= 90	
An eGFR from 60-89 mL/min/1.73 m2 is consistent with mildly decreased kidney function.				
However, in the absence of the other evidence of kidney disease,eGFR values in this range do not fulfill the KDIGO criteria for chronic kidney disease. Interpret result in concert with ACR measurment.				
*****Effective April 08, 2024, eGFR is calculated using the New 2021 CKD-EPI equation				
KDIGO 2012 guidelines highlighted the importance of eGFR and urine albumin creatinine ratio(ACR)in screening, diagnosis and management of				
Sodium	138		136 - 145	mmol/L
Potassium	4.5		3.5 - 5.1	mmol/L
ALT (SGPT)	17		7 - 52	U/L
Cholesterol	5.41	H	< 5.20	mmol/L
Triglycerides	1.30		< 1.70	mmol/L
HDL Cholesterol	1.47		0.59 - 2.38	mmol/L
LDL Cholesterol	3.35		< 3.36	mmol/L
Chol:HDL Ratio	3.7			
NON-HDL Choleste	3.94			mmol/L
Non-HDL cholesterol is calculated from total cholesterol and HDL-C and				

is not significantly affected by the fasting status of the patient
overnight fasting and early morning testing no longer needed for many
lipid screening tests

LIPID TARGET VALUES

10 years CVD risk	Primary Tx Target	Alternate Tx Target
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High or intermediate Fasting	LDL \leq 2.0 mmol/L or >10	Non-HDL-C \leq 2.6 mmol/L
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Hours

Consider the non-HDL-C value as an alternate lipid target if monitoring
treatment is intermediate or high risk patients.

MicroalbuminRDMU	9.5
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mg/L
mmol/L

Urine Creatinine	4.70
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MAL/Creat Ratio

2.0

NORMAL MICROALBUMIN/CREATIN RATIO: <2.8 mg Albumin / mmol creatinine

Note

Note: Starting on October 1, 2023 routine chemistry testing will be
performed on a new updated analyzer. The analyzer has been thoroughly
validated and clients should note that there are some modifications to
the reference ranges with the new methodologies. All reference ranges
are shown on the patient reports. Any questions should be directed to
the labs chemistry department.

eGFR CKD. Result for eGFR should be interpreted in concert with ACR

NON-HDL Cholesterol

(FRS \geq 10%)	\geq 50% decrease in LDL-C
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Low(FRS $<$ 10%)	\geq 50% decrease in LDL-C
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Chol/HDL-C is not included in the 2012 CCS guidelines as a lipid
initiation or treatment target but is recognized as an indicator of high
CVD risk at Chol/HDL-C ratio >6.0
