

Dr. Matthew Galati

SCARBOROUGH ON, Canada

Fax Cover Sheet

To: LMC Scarborough
Phone: (647) 695-3866 Ext. 1229
Fax: 1 (416) 309-0495

Date: 22-Oct-2025

From: Dr. MATTHEW GALATI
Phone: (416) 615-0000
Fax: (416) 673-9198

Number of pages including cover: 7

Confidential: This communication is intended only for the individual or institution to which it is addressed and should not be distributed, copied or disclosed to anyone else. The documents in this communication may contain personal, confidential or privileged information, which may be subject to the Freedom of information and Protection of Privacy Act, the Health Information Act and other legislation. If you have received this communication in error, please notify us immediately and return original transmission to us. Thank you for your co-operation and assistance.

Re: Amit Kumar



Dr. MATTHEW GALATI

520 Ellesmere Road, Suite 215, Scarborough, Ontario M1R 0B1
Phone: (416) 615-0000 Fax: (416) 673-9198

22-Oct-2025

LMC Scarborough
214-520 Ellesmere Road
SCARBOROUGH, ON
tel (647) 695-3866 ext. 1229
fax (416) 309-0495

Patient: Kumar, Amit
PHN: 4622 482 224AK
Birthdate: 01-Jan-1994 M
Address: 1202 York Mills Road #105
NORTH YORK, ON M3A 1Y1
Home: (437) 993-8975
Cell: (437) 993-8975
email: mr.ak1993@gmail.com

Dear LMC Scarborough:

Active Medications: levothyroxine sodium 137 mcg Oral Tablet [1 Tablet(s) Once daily X 90 Day(s)] , metformin HCL 500 mg Oral Tablet [1 Tablet(s) Two times daily X 90 Day(s)] , dapagliflozin propanediol 10 mg Oral Tablet [1 Tablet(s) Once daily X 90 Day(s)] , rosuvastatin calcium 20 mg Oral Tablet [1 Tablet(s) Once daily X 90 Day(s)] , hydrocortisone 1 % Topical Cream (Gram) [apply to affected area once daily], levothyroxine sodium 125 mcg Oral Tablet [1 Tablet(s) Once daily X 90 Day(s)] , FORXIGA 10 MG TABLET [1 Tablet(s) Once daily X 90 Day(s)]

Surgical/Medical History: PHIMOSIS - Dr Noakes (urology) - circumcision recommended, Knee - R knee chondromalacia patella, DIABETES MELLITUS, knee surgery - L knee for osteochondritis desicans, Hypothyroidism - Endocrinologist Dr Chen - TPO antibody positive- FNAB thyroid nodule - lymphocytic thyroiditis

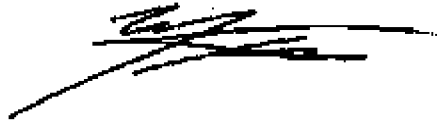
Known Allergies: Drug - Intolerance - None Known, Non-Drug - Allergy - None Known, Non-Drug - Intolerance - None Known, Drug - Allergy - None Known

Lifestyle Notes: Diet - Not well balanced, single, Exercise - No, Alcohol - Occasional, Smoking - Non-Smoker, Recreational Drugs - Nil, Occupation - Preparing for IT job

Family History: None Recorded

Please see this 31 Yr old M familiar to you regarding +++ uncontrolled diabetes and hypothyroid. please assess and treat

Sincerely,

A handwritten signature in black ink, appearing to read 'MATTHEW GALATI', with a long horizontal stroke extending to the right.

MATTHEW GALATI, MD

Electronically Reviewed to Expedite Delivery

Billing no. 040251

Enclosures (4)

Faxed by Dynacare on 2025/10/07 23:51:20 1 /3

DYNACARE LABORATORIES
115 MIDAIR CT, BRAMPTON L6T5MB

CUSTOMER SERVICE PHONE/FAX REPORT

COLLECTION TIME ERS 03-56130086 FINAL
2025/10/07 11:05

2025/10/07 2025/10/07

AMIT KUMAR, AMIT
#105-1202 YORK MILLS ROAD
NORTH YORK
ONTARIO
M3A 1Y1

4622482224 AK
1994/01/01
M 31 Y

DR. M. GALATI
ELLESMERE MEDICAL CLINIC
215-520 ELLESMERE RD
SCARBOROUGH, ON
M1R 0B1

ERS
BRG03

PHONE: 437-993-8975

PHONE: 416-615-0000

OUTSIDE
NORMAL
LIMITS

CODES	TEST DESCRIPTION	RESULTS	REFERENCE RANGE	LIMITS

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				

C H E M I S T R Y				

	GLUCOSE SERUM FASTING	17.4	mmol/L	17.4
	3.6 - 6.0 NORMAL FASTING GLUCOSE			
	6.1 - 6.9 IMPAIRED FASTING GLUCOSE			
	>6.9 PROVISIONAL DIAGNOSIS OF DIABETES MELLITUS			
	CREATININE	90.	60 - 110 umol/L	
	eGFR	101.	>=60. mL/min/1.73m**2	
	eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.			
	HOURS FASTING	12.	hours	
	CHOLESTEROL	6.06	< 5.20 mmol/L	6.06
	Total cholesterol and HDL-C used for risk assessment and to calculate non-HDL-C.			
R	TRIGLYCERIDES	9.00	< 1.70 mmol/L	9.00
	If nonfasting, triglycerides <2.00 mmol/L desired.			
	HDL CHOLESTEROL	0.69	mmol/L	0.69
	M: >=1.00 mmol/L			
	HDL-C <1.00 mmol/L indicates risk for metabolic syndrome.			

Faxed by Dynacare on 2025/10/07 23:51:20 2 /3

DYNACARE LABORATORIES
115 MIDAIR CT, BRAMPTON L6T5MB

CUSTOMER SERVICE PHONE/FAX REPORT

COLLECTION TIME ERS 03-56130086 FINAL
2025/10/07 11:05

2025/10/07 2025/10/07

AMIT KUMAR, AMIT
#105-1202 YORK MILLS ROAD
NORTH YORK
ONTARIO
M3A 1Y1

4622482224 AK
1994/01/01
M 31 Y

DR. M. GALATI
ELLESMERE MEDICAL CLINIC
215-520 ELLESMERE RD
SCARBOROUGH, ON
M1R 0B1

ERS
BRG03

PHONE: 437-993-8975

PHONE: 416-615-0000

OUTSIDE
NORMAL
LIMITS

CODES	TEST DESCRIPTION	RESULTS	REFERENCE RANGE	LIMITS

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				

	LDL CHOLESTEROL CALC.	2.05	< 3.50 mmol/L	
	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.			
	Triglycerides exceed 1.50 mmol/L. For dyslipidemia assessment, refer to apoB or non-HDL-C			
	NON-HDL-CHOLESTEROL (CALC	5.37	< 4.20 mmol/L	5.37
	If non-HDL-C >= 4.20 mmol/L in primary prevention setting for low risk patients (FRS 5.0-9.9%) or intermediate risk patients (FRS 10.0-19.9%), consider therapy. Therapy also suggested in low risk patients (FRS <10.0%) with non-HDL-C >= 5.8 mmol/L.			
	TC/HDL-C RATIO	8.8		
	SODIUM	135.	136 - 146 mmol/L	135.
	POTASSIUM	4.5	3.7 - 5.4 mmol/L	
	CK	118.	<225 U/L	
	ALT	19.	<46 U/L	
	TSH	39.90	0.35 - 5.00 mIU/L	39.90
	T4 FREE	10.	11 - 23 pmol/L	10.
	HEMOGLOBIN Alc	14.3	%	14.3
	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	%	

DYNACARE LABORATORIES
 115 MIDAIR CT, BRAMPTON L6T5MB

CUSTOMER SERVICE PHONE/FAX REPORT

COLLECTION TIME ERS 03-56130086 FINAL
 2025/10/07 11:05
 2025/10/07 2025/10/07

AMIT KUMAR,AMIT 4622482224 AK DR. M. GALATI
 #105-1202 YORK MILLS ROAD ELLESMERE MEDICAL CLINIC
 NORTH YORK 1994/01/01 215-520 ELLESMERE RD
 ONTARIO SCARBOROUGH, ON ERS
 M3A 1Y1 M 31 Y M1R 0B1 BRG03
 PHONE: 437-993-8975 PHONE: 416-615-0000

OUTSIDE
 NORMAL
 LIMITS

CODES	TEST DESCRIPTION	RESULTS	REFERENCE RANGE	LIMITS
-------	------------------	---------	-----------------	--------

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

H E M A T O L O G Y

HEMOGLOBIN	141.	129 - 165 g/L
HEMATOCRIT	0.44	0.39 - 0.49 l/l
RBC	5.4	4.2 - 5.8 x 10E12/L
RBC INDICES: MCV	82.	80 - 98 fl
. MCH	26.	24 - 33 pg
. MCHC	320.	313 - 344 g/L
RDW	14.0	12.5 - 17.3
WBC	5.2	3.2 - 9.4 x 10E9/L
PLATELETS	197.	155 - 372 x 10E9/L
MPV	10.2	4.0 - 14.0 fl
DIFFERENTIAL WBC'S :		
NEUTROPHILS	2.7	1.4 -6.3 x10E9/L
LYMPHOCYTES	1.9	1.0 -2.9 x10E9/L
MONOCYTES	0.4	0.2 -0.8 x10E9/L
EOSINOPHILS	0.1	0.0 -0.5 x10E9/L
BASOPHILS	0.00	0.00-0.09x10E9/L

DYNACARE LABORATORIES
115 MIDAIR CT, BRAMPTON L6T5MB

CUSTOMER SERVICE PHONE/FAX REPORT

COLLECTION TIME ERS 03-56130086 FINAL
2025/10/07 11:05
2025/10/07 2025/10/07

AMIT KUMAR,AMIT
#105-1202 YORK MILLS ROAD
NORTH YORK
ONTARIO
M3A 1Y1

4622482224 AK
1994/01/01
M 31 Y

DR. M. GALATI
ELLESMERE MEDICAL CLINIC
215-520 ELLESMERE RD
SCARBOROUGH, ON
M1R 0B1

ERS
BRG03

PHONE: 437-993-8975

PHONE: 416-615-0000

OUTSIDE
NORMAL
LIMITS

CODES	TEST DESCRIPTION	RESULTS	REFERENCE RANGE	OUTSIDE NORMAL LIMITS
-------	------------------	---------	-----------------	-----------------------

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

C H E M I S T R Y

ALBUMIN R U

ALBUMIN RANDOM U	3.	mg/L
ALBUMIN/CREAT RATIO	0.6	< 3.0 mg/mmol creat
5-YEAR KFRE		< 5%

An eGFR ≥ 60 ml/min/1.73m² and an ACR <3 mg/mmol rules out CKD stage G3-G5 and albuminuria. 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.

KFRE not indicated when eGFR ≥ 60 ml/min/1.73m²