

Seong Choe

3473 Weston Rd, #A Toronto Ontario M9M 0G4

Tel: 416-742-4646 Fax: 416-742-0138

Consultation Request

Date:	<u>2025-10-24</u>	Patient:	<u>ADAN, HAMSA MAHAMED</u>
Status:	<u>Non-Urgent</u>	Address:	<u>709-20 STONEHILL CRT. SCARBOROUGH, ON, M1W2Y6</u>
Service:	<u>Endocrinology</u>	Phone:	<u>437-443-9960</u>
Consultant:	<u>LMC, ENDOCRINOLOGY CENTRES</u>	Work Phone:	<u></u>
Phone:	<u>1-866-701-3636X 450</u>	Cell Phone:	<u></u>
Fax:	<u>1-877-562-2778</u>	Email:	<u>hamsaadan3@gmail.com</u>
Address:	<u>CENTRAL BOOKING TORONTO ONTARIO</u>	Birthdate:	<u>2004-01-08 (y/m/d)</u>
		Sex:	<u>M</u>
		Health Card No.:	<u>(ON) 4464203266 JB</u>
		Appointment date:	<u></u>
		Time:	<u></u>
		Chart No.:	<u>015600</u>

Reason for consultation:

LMC Scarborough

Gynecomastia

Obesity

Pertinent Clinical Information:

PMH...Migraine Headache 2023.

Testicular torsion ->Lt Orchidectomy & Rt Orchiopexy 2014

IBD related arthritis ? - 2019

Rt distal femur -Fibroma (23x8 mm) in MRI 2020 - No Sx

FH...Hep B -father.(pt was immunized).

both parents (halimo yusuf-mother. father -naleye)

Hep B immune

Vit D 17 only in 2021

Allergies:

NONE

Referring Practitioner : Dr. Seong Dong Choe (024364)

MRP : Choe, Seong (024364)

Requesting Physician : Dr. Seong Dong Choe (024364)

Signature:



Faxed by Dynacare on 2025/10/24 08:00:20 1 /1

DYNACARE LABORATORIES
115 MIDAIR CT, BRAMPTON L6T5MB

CUSTOMER SERVICE PHONE/FAX REPORT

COLLECTION TIME BB-56334712 FINAL
2025/10/22 12:36
2025/10/22 2025/10/24

ADAN, HAMSA MAHAMED 4464203266 CF DR. S.D. CHOE
709-20 THORNHILL COURT
TORONTO 2004/01/08 A-3473 WESTON RD
ONTARIO TORONTO, ON
M1W 2Y6 M 21 Y M9M 0G4 993

PHONE: 437-443-9960

PHONE: 416-742-4646

OUTSIDE
NORMAL
LIMITS

CODES TEST DESCRIPTION	RESULTS	REFERENCE RANGE	OUTSIDE NORMAL LIMITS

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C H E M I S T R Y

RHEUMATOID FACTOR	<10.	< 14 IU/mL
CRP	2.8	< 8.0 mg/L



NEUROCARE - NEUROLOGY, NEUROPHYSIOLOGY & BRAIN HEALTH

Dr. Jeremy D. Zung, MD, FRCPC, CSCN (EMG, EEG)
Neurologist & Neuromuscular Medicine Specialist

Unit 401 - 1110 Sheppard Av. East, North York, ON M2K 2W2
Phone: (416) 224-1922 Fax: (416) 224-0056 Email: neurocare.neurology@rogers.com

Oct 10, 2023

Dr. Seong Choe
3473 Weston Rd, Unit A
Toronto, ON
M9M 0G4

Dear Dr. Seong Choe:

Re: Hamsa Mahamed Adan Jan 8, 2004 Age: 19 yr HN: 4464 203 266 JB

Neurology Consult Note

Reason for referral: migraine?

Chief complaint: nonthunderclap headache for the last 4 months lasting 4 hours with photophobia, phonophobia, dizziness

History of presenting illness

This 19-year-old man reported the onset of nonthunderclap headaches 4 months ago. This can last for 4 hours at a time. They are severe and alleviated by lying down with photophobia and phonophobia and some dizziness with nausea. He went for an MRI which was apparently normal. No fever, chills, sweats, history of cancer, or other vision loss, diplopia, dysphagia, dysphonia, sensorimotor disturbance in the extremities. No Valsalva elicitation. No aura.

Advil or Tylenol do not particularly help. He previously tried sumatriptan/naproxen 85/500 mg which has not been very affective. These are severe for about 2-5 days in a month.

Past medical history

1. Testicular torsion, left orchidectomy & right orchiopexy 2014
2. IBD related arthritis 2019? but patient denied a history of IBD
3. Right distal femur fibroma 23 x 8 mm in MRI 2020

No glaucoma, kidney stones

Medications

1. Advil (2 days in last month; 5 times)
2. Tylenol (2 days in last month; 3 times)

Previous medications: Sumatriptan/naproxen 85/500 mg daily 3 times daily which did not help

Allergies: NKDA

Re: Hamsa Mahamed Adan Jan 8, 2004 Age: 19 yr HN: 4464 203 266 JB

Social history: He works as a crossing guard. He does not drink, smoke, or take recreational drugs.

Family history: Mother benign brain tumour, 2009 SMH removed ?meningioma

Physical examination

General: Well, no acute distress: BP 132/80 HR 92, Wt 101 kg Ht 182 cm. BMI 30.5

Mental status: Alert and provided coherent history

Cranial nerve: Discs normal. Pupils were equal and reactive to light and there was no relative afferent pupillary defect. Fixation was steady. Ductions were full and pursuit smooth. Saccades were fast and accurate in horizontal and vertical directions. Facial sensation and power were normal. Palate elevated midline with no dysarthria. There was no tongue atrophy or fasciculations, and tongue protruded midline.

Motor: Bulk and tone were normal. Power was 5/5 bilaterally in shoulder abduction, elbow flexion, elbow extension, finger extension, first dorsal interosseous abduction, hip flexion, knee flexion, knee extension, ankle dorsiflexion. Deep tendon reflexes were 2+ and symmetrical bilaterally at the biceps, triceps, brachioradialis, knees, and ankles. Plantar responses were downgoing bilaterally.

Sensory: Vibration and cold sensation were normal. Romberg sign was absent.

Coordination: Finger-nose testing was normal. There was no dysdiadochokinesia. Tandem gait was normal.

Gait: Normal, narrow-based, good arm swing, normal stride, fast turn, and normal toe and heel walking.

Investigations

MRI brain May 10, 2023: unremarkable, but motion degraded

Impression

This 19-year-old man presented with nonthunderclap headache for the last 4 months lasting 4 hours with photophobia, phonophobia, dizziness, occurring daily, but about 2-5 severe monthly. Neurological examination unremarkable. MRI brain unremarkable.

Working diagnosis: Episodic migraine with incipient chronification HIT-6 53

Plan

1. We discussed lifestyle changes
2. Topiramate he would like to try from 25 mg po daily to 100 mg daily. He is aware of side effects including sedation, cognitive disturbance, paresthesias
3. Abortive: rizatriptan 10 mg po daily prn; he is aware of side effects such as chest tightness
4. Follow up with me Feb 20, 2024

Re: Hamsa Mahamed Adan Jan 8, 2004 Age: 19 yr HN: 4464 203 266 JB

Sincerely,

A handwritten signature in black ink, appearing to be 'JZ' or similar, written in a cursive style.

Dr. Jeremy Zung, MD, FRCPC, CSCN (EMG, EEG)

Detail Results: Patient Info				Results Info	
Patient Name:	HAMSA ADAN	Home Phone:	(437)443-9960	Date of Service:	2025-10-22 12:36
Date of Birth:	2004-01-08	Work Phone:		Date Received:	2025-10-24 08:17
Age:	21 years	Sex:	M	Report Status:	Final
Health #:	4464203266	Patient Location:	GDML	Client Ref. #:	
		Accession #:		Accession #:	BB-56334712
Requesting Client: S.D. CHOE				cc: Client:	

MICROBIOLOGY

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
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URINE CULTURE

CULTURE:

Growth of $<10 \times 10^6$ cfu/L of urine. This colony count is not generally considered clinically significant.

CHEMISTRY

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
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GLUCOSE SERUM FASTING	4.4	N	3.6 - 6.00	mmol/L	2025-10-23 23:34:22	F
3.6 - 6.0 NORMAL FASTING GLUCOSE						
6.1 - 6.9 IMPAIRED FASTING GLUCOSE						
>6.9 PROVISIONAL DIAGNOSIS OF DIABETES MELLITUS						

CREATININE

CREATININE	73	N	60 - 110.00	umol/L	2025-10-23 23:34:22	F
eGFR	≥ 120	N	60 - 99999.99	mL/min/1.73 m ²	2025-10-23 23:34:22	F

eGFR 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	9	N	≤ 22.99	umol/L	2025-10-23 23:34:22	F
HOURS FASTING	12	N		hrs	2025-10-23 23:34:22	F
CHOLESTEROL	4.46	N	< 5.19	mmol/L	2025-10-23 23:34:22	F
Total cholesterol and HDL-C used for risk assessment and to calculate non-HDL-C.						
TRIGLYCERIDES	0.76	N	< 1.69	mmol/L	2025-10-23 23:34:22	F
If nonfasting, triglycerides < 2.00 mmol/L desired.						
HDL CHOLESTEROL	1.09	N	1.00 - 9999.00	mmol/L	2025-10-23 23:34:22	F
M: ≥ 1.00 mmol/L HDL-C < 1.00 mmol/L indicates risk for metabolic syndrome.						
LDL CHOLESTEROL CALC.	3.04	N	≤ 3.49	mmol/L	2025-10-23 23:34:22	F
LDL-C was calculated using the NIH equation.						

CHEMISTRY

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
For additional LDL-C and non-HDL-C thresholds based on risk stratification, refer to 2021 CCS Guidelines.						
NON-HDL-CHOLESTEROL(CALC)	3.37	N	<= 4.19	mmol/L	2025-10-23 23:34:22	F
TC/HDL-C RATIO	4.1				2025-10-23 23:34:22	F

FERRITIN

FERRITIN	119	N	30 - 334.00	ug/L	2025-10-23 23:34:22	F
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In patients with concomitant inflammation, use Iron studies, including TIBC and Transferrin Saturation, to assess Iron Deficiency status.
 In absence of concomitant inflammation, Ferritin levels can be interpreted as follows:
 30-50: Probable iron deficiency
 51-100: Possible iron deficiency, if risk factors are present
 101-300: Iron deficiency unlikely
 For guidance, see www.hemequity.com/raise-the-bar

SODIUM	141	N	136 - 146.00	mmol/L	2025-10-23 23:34:22	F
POTASSIUM	4.6	N	3.7 - 5.4	mmol/L	2025-10-23 23:34:22	F
ALKALINE PHOSPHATASE	79	N	40 - 129.00	U/L	2025-10-23 23:34:22	F
ALT	<10	N	<= 45.99	U/L	2025-10-23 23:34:22	F
TSH	2.34	N	0.35 - 5.00	mIU/L	2025-10-23 23:34:22	F
HEMOGLOBIN A1c	5.2	N	<= 5.99	%	2025-10-23 23:34:22	F
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 %						
TESTOSTERONE	20.2	N	7.6 - 31.40	nmol/L	2025-10-23 23:34:22	F
PROLACTIN	6	N	<= 17.99	ug/L	2025-10-23 23:34:22	F
Roche Diagnostics Electrochemiluminescence Immunoassay (ECLIA).						
Values obtained with different assay methods or kits may not be comparable and cannot be used interchangeably.						
RHEUMATOID FACTOR	<10	N	<= 13.99	IU/mL	2025-10-24 07:56:40	F
CRP	2.8	N	<= 7.99	mg/L	2025-10-24 07:56:40	F

HEMATOLOGY

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
HEMOGLOBIN	151	N	129 - 165.000	g/L	2025-10-23 23:34:22	F
HEMATOCRIT	0.45	N	0.39 - 0.490	L/L	2025-10-23 23:34:22	F
RBC	5.2	N	4.2 - 5.800	x 10*12/L	2025-10-23 23:34:22	F
RBC INDICES: MCV	88	N	80 - 98.000	fL	2025-10-23 23:34:22	F
MCH	29	N	24 - 33.000	pg	2025-10-23 23:34:22	F

HEMATOLOGY

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
MCHC	332	N	313 - 344.000	g/L	2025-10-23 23:34:22	F
RDW	12.9	N	12.5 - 17.3		2025-10-23 23:34:22	F
WBC	6.6	N	3.2 - 9.400	x 10 ⁹ /L	2025-10-23 23:34:22	F
PLATELETS	210	N	155 - 372.000	x 10 ⁹ /L	2025-10-23 23:34:22	F
MPV	11.2	N	4.0 - 14.000	fL	2025-10-23 23:34:22	F

DIFFERENTIAL WBC'S

NEUTROPHILS	3.7	N	1.4 - 6.3	x 10 ⁹ /L	2025-10-23 23:34:22	F
LYMPHOCYTES	2.2	N	1.0 - 2.9	x 10 ⁹ /L	2025-10-23 23:34:22	F
MONOCYTES	0.3	N	0.2 - 0.8	x 10 ⁹ /L	2025-10-23 23:34:22	F
EOSINOPHILS	0.1	N	0.0 - 0.5	x 10 ⁹ /L	2025-10-23 23:34:22	F
BASOPHILS	0.00	N	0.00 - 0.09	x 10 ⁹ /L	2025-10-23 23:34:22	F

URINALYSIS

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
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URINALYSIS CHEMICAL

GLUCOSE	NEG	N	- NEG	mmol/L	2025-10-23 23:34:22	F
BILIRUBIN	NEG	N	NEGATIVE		2025-10-23 23:34:22	F
KETONES	NEG	N	- NEG	mmol/L	2025-10-23 23:34:22	F
SPECIFIC GRAVITY	1.029	N	1.005 - 1.030		2025-10-23 23:34:22	F
BLOOD	NEG	N	NEGATIVE		2025-10-23 23:34:22	F
pH	5.5	N	5.0 - 8.0		2025-10-23 23:34:22	F
PROTEIN	NEG	N	- NEG	g/L	2025-10-23 23:34:22	F
UROBILINOGEN	16	N	- 32.99	umol/L	2025-10-23 23:34:22	F
NITRITE	NEG	N	NEGATIVE		2025-10-23 23:34:22	F
LEUKOCYTES	TRACE	A	NEGATIVE		2025-10-23 23:34:22	F
COLOUR	YELLOW	N	- YELLOW	YELLOW	2025-10-23 23:34:22	F
APPEARANCE	CLEAR	N	- CLEAR	CLEAR	2025-10-23 23:34:22	F

END OF REPORT

Patient: HAMSA MAHAMED ADAN | Health Number: 4464 203 266

Ministry of Health and Long-Term Care

Ontario Laboratories Information System (OLIS)

Generated from OLIS on 2025-10-24 11:27:50 by user Seong Choe

Patient	Provider	Report Details
Ontario Health Number: 4464 203 266 Patient Name: HAMSA MAHAMED ADAN Date of Birth: 2004-01-08 Age: 21 years Sex: M Home Address: 709-20 STONEHILL CRT M1W 2Y6 SCARBOROUGH, ON CAN Home : Telephone: (416) 502-0682Primary Residence Number Work :	Ordered By: IBRAHIM, MAGED SAMIR HANNA MD #: 75775 Address: BRIDLE TOWN MEDICAL CTRE UN 5-3245 FINCH AVE E M1W 4C1, SCARBOROUGH, ON, CAN	Report Status: Final Order Id: 2023-04615749 Alpha Laboratories Incorporated (Lab 5254) Order Date: 2023-03-06 Last Updated In OLIS: 2023-03-07 14:28:58 EST Specimen Received: 2023-03-06 16:08:21 EST (unless otherwise specified) Performing and Reporting Facility: Alpha Laboratories Incorporated (Lab 5254) Address: 1262 Don Mills Road M3B 2W7 North York, ON CAN

Report Comments:

Microbiology

Specimen Type	Collection Date/Time	Specimen Collected By
Serum	2023-03-06 14:54:00 EST	Alpha Laboratories Incorporated (SCC 3222)

Test Name(s)	Result	Abn	Reference Range	Units
Hepatitis B Virus Surface Antigen (Final)				
Hepatitis B virus Surface antigen	NEGATIVE			

Test Name(s)	Result	Abn	Reference Range	Units
Hepatitis B Virus Surface Antibody (Final)				
Hepatitis B virus Surface antibody	POS 51.8			IU/L

Specimen Comment

* RESULTS INDICATE IMMUNITY TO HEPATITIS B VIRUS INFECTION.

(Patient has either received HB vaccine or exposed to inactivated virus or acquired immunity from a remote natural infection with Hepatitis B virus in the past)

* In order to evaluate properly the patient's status regarding Hepatitis B virus infection and/or immunity, results of three Hepatitis B virus markers are required, namely HBsAg, Anti-HBc and Anti-HBs.

.

CC List

Name:
#:

Ordering Facility	Admitting Provider	Attending Provider
Address:	Name: #:	Name: #:

Demographic Info:

ADAN, HAMSA MAHAMED
4464203266 CF M
DOB: 2004-01-08

This report was received from the Hospital Report Manager (HRM) at 2024-08-01 17:07:02.0

SCARBOROUGH HEALTH NETWORK - BIRCHMOUNT
3030 Birchmount Rd, Scarborough, Ontario M1W 3W3

HAMSA MAHAMED ADAN
MRN: G0781750, DOB: 08/01/2004, Sex: Male
HCN: 4464203266
Acct #: 107986630
Adm: 01/08/2024, Dis:
Patient Phone: (647)762-9748
Procedure: CT Head Facial Bones
Accession Number: CT3309150
Authorizing Provider: GREWAL, TEJ JASKIRAT KAUR
Exam Date and Time: 01/08/2024 1623
PCP: CHOE, SEONG DONG
CC Providers:
GREWAL, TEJ JASKIRAT KAUR - Authorizing Provider
CHOE, SEONG DONG - Primary Care Provider

CT head and facial bones: non contrast

Indication: assaulted, right temporal hematoma, rule out bleed.

Comparison: None available.

Findings:

No midline shift. No hydrocephalus.
No mass or mass effect. No extra-axial collections. No evidence of hemorrhage.

Bones of the skull and skull base are unremarkable.
There is evidence of a well-corticated defect in the posterior arch of C1, in keeping with a congenital defect. No soft tissue stranding is identified at this level.

The paranasal sinuses and mastoid air cells are normally aerated.

Facial bones show no evidence of a fracture.

Opinion:

No acute intracranial abnormality.
No evidence of a fracture of the facial bones.

Interpreted by:
Steve Gazzola, MD

Signed by:
Steve Gazzola, MD
1/8/24

Final result

Message Unique ID: 20240801170157337^33431403.3014696^4841^DI^468120333^202408
011701^P^^F^107986630^55

Sending Facility ID: 4841

Sending Facility Report No.: 468120333

Date and Time of Report: Thu Aug 01 16:23:00 EDT 2024

Result Status: Signed by the responsible author and Released by health
records

Demographic Info:

ADAN, HAMSA MAHAMED
4464203266 RW M
DOB: 2004-01-08

This report was received from the Hospital Report Manager (HRM) at 2023-05-11 18:34:01.0

SCARBOROUGH HEALTH NETWORK - BIRCHMOUNT
3030 Birchmount Rd, Scarborough, Ontario M1W 3W3

HAMSA MAHAMED ADAN
MRN: G0781750, DOB: 08/01/2004, Sex: Male
HCN: 4464203266
Acct #: 92436650
Adm: 10/05/2023, Dis:
Patient Phone: (437)258-9528
Procedure: MR Head
Accession Number: MR1577087
Authorizing Provider: IBRAHIM, MAGED
Exam Date and Time: 10/05/2023 2032
PCP: CHOE, SEONG DONG
CC Providers:
IBRAHIM, MAGED - Authorizing Provider
CHOE, SEONG DONG - Primary Care Provider

MRI BRAIN

INDICATION: 19-year-old male with history of chronic headaches.

COMPARISON: None available.

TECHNIQUE: Routine multiplanar multisequence MRI brain without gadolinium.

FINDINGS:

Unfortunately image quality significantly degraded probably secondary to metallic artifact (dental hardware) as well as significant motion. Diffusion sequences are essentially nondiagnostic. Allowing for stated limitations no intra-/extra-axial hemorrhage, acute/subacute infarct, hydrocephalus, or significant mass/mass effect. T2/FLAIR signal appears within normal limits. Gray-white matter differentiation maintained. Ventricles and CSF spaces preserved. Midline and posterior fossa structures within normal limits. No cerebellar tonsillar ectopia. Limited evaluation of vascular flow voids at the skull base grossly unremarkable.

Paranasal sinuses are obscured. Expected signal void within the mastoid air cells. Bony calvarium intact. Globes/orbits and visualized extracranial soft tissues unremarkable.

IMPRESSION:

Image quality is notably degraded probably secondary to dental hardware and motion. Allowing for stated limitations no acute intracranial process or definitive MR explanation for headaches.

Interpreted by:
Martin James Shoichet, MD

Signed by:
Martin James Shoichet, MD
11/5/23

Final result

Message Unique ID: 20230511183218905^33431403.1576801^4841^DI^257770369^202305
111832^P^^F^92436650^52

Sending Facility ID: 4841

Sending Facility Report No.: 257770369

Date and Time of Report: Wed May 10 20:32:00 EDT 2023

Result Status: Signed by the responsible author and Released by health
records