



Albany Medical Clinic
Patient caring since 1946

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Oct 21, 2025

Dr. Jonathan Vecchiarelli
1723 Kipling Ave
Suite 2B
Toronto, ON
M9R 4E1
Phone: 4166451035 Fax: 4166451036

Dear Dr. Jonathan Vecchiarelli:

Re: Linda Byrne Sep 9, 1955 Age: 70 yr HN: 7912 220 493 BW
416-463-5931 (H preferred)

Patient Contact Information
183 Gillard Avenue, , Toronto M4J 4N9
416-463-5931(H) (B) (M)
HC# ON 7912 220 493 BW
lindabyrne0909@gmail.com

I would be grateful if you would see this 70 yr old for diagnostic and management assistance for elevated FBS and 75g OGTT with a normal A1c.
Econsult was sent regarding this patient in the past.
Results are attached.

Hb A1C	0.056	<0.06
Glucose Tolerance 2h		
FBS	7.9	
2 Hour Post 75g Blood Sugar		14.3

I appreciate your assessment and advice.

ACTIVE MEDICATIONS:

Atenolol 50 mg Tablet 1 tablet 1 time daily for 3 months of 30 days Please adjust meds so they can all be dispensed together
AMLODIPINE 5 MG TABLET 1 tablet 1 time daily for 3 months of 30 days Note dose decrease
Ramipril 10 mg capsule 1 capsule 1 time daily for 90 days 1 CAP QD for 90 Day; Use as Directed
atorvastatin 20 mg 1 tablet 1 time daily for 3 months of 30 days

ACTIVE PROBLEMS:

dyslipidemia
Prior surgery: Right hip replacement (August 2005) Left hip replacement (April 2023)
Hypertension

PAST MEDICAL HISTORY:

Re: Linda Byrne Sep 9, 1955 Age: 70 yr HN: 7912 220 493 BW
416-463-5931 (H preferred)

Right total hip replacement - OA (2015 Aug)

med: advil, reactinine

ramipril 10mg daily

amlodipine 10mg daily

ALLERGIES

No known allergies

In accordance with new CPSO policies, please send us the appointment details for our records and please notify the patient directly with the appointment date and time.

Referring Physician: Dr. Talia Goldberg 043205

Regards,

A handwritten signature in cursive script, appearing to read 'T. Goldberg', written in black ink.

Dr. Talia Goldberg

Byrne, Linda Jean**Birth date 09/09/1955 #113725 Page 1/2****Aug 22, 2025**

TAGO

ECONSULT

QUESTION

69F, hx of HTN, dyslipidemia with recurrent high fasting blood sugar (most recently 10) despite a normal A1c. She is a relatively new patient to me but when I look back on previous bloodwork the pattern seems to be consistent. Given the normal A1c and elevated FBS in diabetic range can you help advise on management/diagnosis and if further work up should be done.

ANSWER:

Hello

I would have the patient complete a 75g OGTT, as the A1c may not accurately reflect glycemic control status. Finger prick glucometry QID for 1 week will also identify unidentified hyperglycemia. If there is a strong FHx of diabetes, then you'd have to consider MODY 2 diabetes, and would suggest genetic assessment to confirm. MODY 2 is benign and not associated with complications: so we don't generally treat unless A1c does rise > 7%

If MODY 2 ruled out, I would be inclined to treat a FG > 9 with metformin, regardless of the A1c.

J Vecchiarelli

Oct 21, 2025

Letter

TAGO

Needs Faxing

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