

**Autherine Kerr-Ramsay(BANT)****Finch**

1275 Finch Ave. West Downsview ON M3J 0L5

Tel: Fax:

**Consultation Request**

Date:	2025-10-22	Patient:	TIKHONOV, SERGEY
Status:	Non-Urgent	Address:	32 Bowsfield Road North York, ON, M3J 3R6
Service:	Endocrinology	Phone:	647-278-6834
Consultant:	LMC STEELES, ENDOCRINOLOGY	Work Phone:	
Phone:	905-763-8660	Cell Phone:	
Fax:	905-763-0708	Email:	tihonovsergey@yahoo.co m
Address:	1600 STEELES AVE.W.UNIT 5 VAUGHAN L4K 3B9	Birthdate:	1967-06-25 (y/m/d)
		Sex:	M
		Health Card No.:	(ON) 1152076848 MY
		Appointment date:	
		Time:	
		Chart No.:	

**Reason for consultation:**newly diagnosed with DM Type 2**Pertinent Clinical Information:**

patient diagnosed with DM three years ago. but decided not take medication but instead tried diet and exercise. Recent labs showed hba1c 10.2 fasting glucose 11.2. Started on medication, Hence the referral to see endocrinology, consultation with dietitian, eye examination and foot examination

**Current Medications:**

JAMP-TELMISARTAN 40 MG TABLET one tablet po once daily for 1 month Qty:30 TABLET  
Repeats:0

JARDIANCE 10 MG TABLET one tablet po once daily for 1 month Qty:30 TABLET Repeats:0

METFORMIN 500 MG TABLET one tablet po bid for 1 month Qty:60 TABLET Repeats:2  
diclofenac gel 10%apply to the affected area tid for 2 week diclofenac gel 10% apply to the affected area tid for 2 week Qty:50 Repeats:0

TYLENOL BACK PAIN EXTRA TABLET one tablet po tid for 1 month Qty:90 TABLET Repeats:0

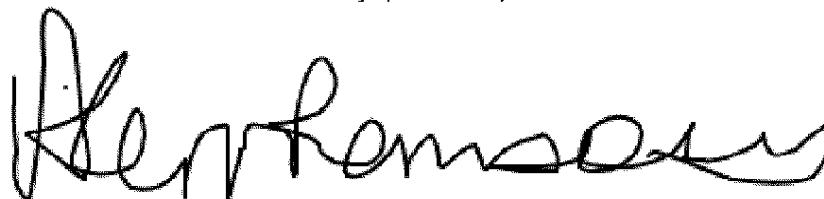
AURO-CYCLOBENZAPRINE 10 MG TAB one tablet po tid for 2 weeks Qty:42 TABLET Repeats:0

Referring Practitioner : Dr. A. Kerr-Ramsay (051410)

MRP : Kerr-Ramsay(BANT), Autherine (051410)

Requesting Physician : Dr. A. Kerr-Ramsay (051410)

Signature:



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DYNACARE LABORATORIES 115 MIDAIR CT, BRAMPTON L6T5MB		CUSTOMER SERVICE PHONE/FAX REPORT			
		COLLECTION TIME 2025/10/15 09:09	1AP AP-56224581 FINAL	2025/10/15 2025/10/17	
TIKHONOV, SERGEY 32 BOWSFIELD RD NORTH YORK ONTARIO M3J 3R6		1152076848 MY DR. A. KERR-RAMSAY			
		1967/06/25	102-1275 FINCH AVE W NORTH YORK, ON	1AP	
		M 58 Y	M3J 0L5	BRG12	
PHONE: 647-178-6834 FASTING			PHONE: 647-366-2273		
				OUTSIDE NORMAL	LIMITS
CODES TEST DESCRIPTION	RESULTS	REFERENCE RANGE			
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C H E M I S T R Y					
-----					
ALBUMIN R U					
ALBUMIN RANDOM U	215.		mg/L		
ALBUMIN/CREAT RATIO	13.5	< 3.0	mg/mmol creat		13.5
5-YEAR KFRE			< 5%		
<p>An ACR 3-60 mg/mmol indicates mild to moderate albuminuria reflecting increased risk of CKD progression. If this is the first result with an ACR &gt;=3, confirm with at least 2 of 3 elevated results within 3 months.</p> <p>KFRE not indicated when eGFR &gt;=60 ml/min/1.73m**2</p> <p>If there is hematuria (&gt;20rbc/hpf confirmed on urine microscopy), refer to nephrology.</p> <p>Remeasure eGFR and urine ACR annually for patients with diabetes mellitus.</p> <p>See the KidneyWise toolkit (kidneywise.ca) for further management recommendations including when to refer to nephrology.</p>					
CRP	1.0	< 8.0	mg/L		

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PROTEIN ELECTROPHORESIS						
TOTAL PROTEIN	68.	60	-	80	g/L	
ALBUMIN	43.	34	-	45	g/L	
ALPHA 1 GLOBULIN	2.	2	-	4	g/L	
ALPHA 2 GLOBULIN	6.	5	-	10	g/L	
BETA 1 GLOBULIN	4.	4	-	6	g/L	
BETA 2 GLOBULIN	4.	2	-	5	g/L	
GAMMA GLOBULIN	9.	7	-	15	g/L	
INTERPRETATION:						
Normal serum protein electrophoresis pattern, no apparent monoclonal band seen.						
GAMMOPATHY SCREEN No M-Protein Detected.						
H E M A T O L O G Y						
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HLA B27	NEGATIVE	NEGATIVE				
Dynacare has implemented a new three antibody assay for HLA-B27.						
Negative for HLA-B27.						
REVIEWED BY DR.MIRANDA WOZNIAK M.D., F.R.C.P. (C)						

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***** A U T O I M M U N E/ I M M U N O H E M A T O L O G Y ----- ANTINUCLEAR AB. (ANA) NEGATIVE NEGATIVE					
A negative test is strong evidence against a diagnosis of rheumatic disease but is not conclusive. Results should be interpreted in conjunction with other serological tests and clinical findings.					

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## C H E M I S T R Y

## ELECTROPHORESIS R U

PROTEIN URINE	0.37	g/L
ALBUMIN	67.	%
ALPHA 1 GLOBULIN	5.	%
ALPHA 2 GLOBULIN	8.	%
BETA GLOBULIN	10.	%
CAMMA GLOBULIN	11.	%

## INTERPRETATION:

Non Selective Pattern:  
Resembles pattern normally seen with serum.

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## C H E M I S T R Y

GLUCOSE SERUM FASTING	11.6	mmol/L	11.6
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3.6 - 6.0 NORMAL FASTING GLUCOSE

6.1 - 6.9 IMPAIRED FASTING GLUCOSE

>6.9 PROVISIONAL DIAGNOSIS OF DIABETES MELLITUS

CREATININE	85.	60 - 110	umol/L
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eCFR 92. >=60. mL/min/1.73m\*\*2

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

CALCIUM	2.38	2.15 - 2.60	mmol/L
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ALBUMIN	44.	35 - 52	g/L
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BILIRUBIN TOTAL	15.	<23	umol/L
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URATE	222.	220 - 512	umol/L
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The target for treatment of gout is a serum urate level  
< 360 umol/L (minimum). Lower serum concentrations may  
be required for alleviation of symptoms.

[Arthritis Care Research 64 (2012) 1431-1446]

HOURS FASTING	12.	hours	
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CHOLESTEROL	4.58	< 5.20	mmol/L
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Total cholesterol and HDL-C used  
for risk assessment and to calculate non-HDL-C.

TRIGLYCERIDES	2.42	< 1.70	mmol/L
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If nonfasting,  
triglycerides <2.00 mmol/L desired.

2.42

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*****			
HDL CHOLESTEROL	0.80	mmol/L M: >=1.00 mmol/L	0.80
	HDL-C <1.00 mmol/L indicates risk for metabolic syndrome.		
LDL CHOLESTEROL CALC.	2.81	< 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)	3.78	< 4.20 mmol/L	
TC/HDL-C RATIO	5.7		
VITAMIN B12	406.	221 - 918 pmol/L	
	60% of symptomatic patients have a hematologic or neurologic response to B12 supplementation at a level < 148 pmol/L		
	Vitamin B12 Deficiency: < 148 pmol/L		
	Vitamin B12 Insufficiency: 148 to 220 pmol/L		
SODIUM	139.	136 - 146 mmol/L	
POTASSIUM	4.8	3.7 - 5.4 mmol/L	
ALKALINE PHOSPHATASE	90.	40-129 U/L	
GGT	39.	< 60 U/L	
AST	24.	<37 U/L	
ALT	45.	<46 U/L	
TSH	6.51	0.35 - 5.00 mIU/L	6.51
T4 FREE	13.	11 - 23 pmol/L	
T3 TOTAL	1.6	1.0 - 2.7 nmol/L	

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HEMOGLOBIN A1c	10.2	%	10.2
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	%	

## H E M A T O L O G Y

HEMOGLOBIN	140.	129 - 165	g/L	
HEMATOCRIT	0.43	0.39 - 0.49	1/l	
RBC	4.7	4.2 - 5.8	x 10E12/L	
RBC INDICES: MCV	90.	80 - 98	f1	
.	MCH	30.	24 - 33	pg
.	MCHC	328.	313 - 344	g/L
RDW	13.3	12.5 - 17.3		
WBC	4.8	3.2 - 9.4	x 10E9/L	
E.S.R.	2.	M:	0 - 20 mm/hr	
PLATELETS	226.	155 - 372	x 10E9/L	
MPV	8.0	4.0 - 14.0	f1	
DIFFERENTIAL WBC'S :				
NEUTROPHILS	2.8	1.4 - 6.3	x10E9/L	
LYMPHOCYTES	1.5	1.0 - 2.9	x10E9/L	
MONOCYTES	0.3	0.2 - 0.8	x10E9/L	
EOSINOPHILS	0.0	0.0 - 0.5	x10E9/L	
BASOPHILS	0.00	0.00-0.09	x10E9/L	

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## U R I N A L Y S I S

## URINALYSIS CHEMICAL

GLUCOSE	14	NEGATIVE (mmol/L)	14
BILIRUBIN	NEG	NEGATIVE	
KETONES	NEG	NEGATIVE (mmol/L)	
SPECIFIC GRAVITY	1.024	1.005 - 1.030	
BLOOD	NEG	NEGATIVE	
pH	5.5	5.0 - 8.0	
PROTEIN	0.3	NEGATIVE (g/L)	0.3
UROBILINOGEN	3.2	3.2 - 16 umol/L	
NITRITE	NEG	NEGATIVE	
LEUKOCYTES	NEG	NEGATIVE	
COLOUR	YELLOW	YELLOW	
APPEARANCE	CLEAR	CLEAR	

## T E S T (S)      T O      F O L L O W

ELECTROPHORESIS R U  
ALBUMIN R U  
5-YEAR KFRE  
CRP  
PROTEIN ELECTROPHORESIS  
GAMMOPATHY SCREEN  
HLA B27  
ANTINUCLEAR AB. (ANA)