

**AVIVA Medical Diagnostics and Specialist Clinic**

35 Upper Centennial Pkwy  
Stoney Creek ON, Canada  
L8J 3W2

# Fax Cover Sheet

To: LMC Healthcare Oakville  
Phone: (905) 337-0040  
Fax: 1(905) 337-0044

Date: 24-Oct-2025

From: Dr. TESTING SOUTHMOUNT  
Phone: (905) 662-3303  
Fax: (905) 662-3304

Number of pages including cover: 4

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Re:

Hello, we have received this in error. Please send out updated fax/contact information. Thank you!

Ralph Profetto Medicine Professional Corporation  
Dr. Ralph Profetto, BSc, MSc, MD, CCFP, FCFP  
Family Physician, Provider# 262550, CPSO# 52732  
198 Barton Street East  
Stoney Creek, Ontario L8E 2K2  
P: 905-662-4404 F: 905-662-1468

Oct 24, 2025

Dr. Netee Papneja  
Southmount Health Care Centre 35 Centennial Parkway  
2nd Floor - Fax: 905 662 3304  
Stoney Creek  
Phone: 905 662 3303 or 1-855-210-0757 Fax: 905 662 3304

Dear Dr. Netee Papneja:

**Re: Alexandra Barkovich May 26, 1995 Age: 30 yr HN: 7749 464 132 GF**  
905-928-2024 (H) 905-928-2024 (M)

**Address** 20 Pleasant Grove Terrace, Grimsby, ON, L3M 5G8  
**Email:** alexandrabarkovich@hotmail.com

**Reason for referral:** Thank you for seeing this lovely 30 year old female. She has had ongoing issues with weight gain post partum. Her OB was originally concerned about high TPOAb and TgAb. They are both quite elevated now, but her TSH and T4 are normal. Are you able to assess and advise, she would like your opinion. Thank you.

**Problem(s):**  
Left breast pain

**Past History:**  
tonsillectomy 2010  
HPV vaccine x3 (last given March 31, 2009)  
LAST PAP: June 2023 - Negative

**Medications:**  
PregVit High Dose Folic For use as directed for 3 months of 30 days  
Macrobid 100mg po BID for 7 days

**Allergies:**  
Amoxi Sugar-Rd 125 mg/5 ml Sus, Minor, Allergy, Jan 9, 2012

Yours truly,



Dr. Ralph Profetto

**Barkovich, Alexandra Marie****Age 30 yr #7291 Page 1/2****Oct 23, 2025****LIFELABS ONTARIO Lab Data****RP**

Accession Number

2025-LA2961112

Collection Date

Oct 23, 2025 1:02PM

Ordering Physician: Profetto, Ralph

Result Copy To: Profetto, Ralph

**Complete Blood Count**

Lab Licence #: 5407

Testing Location name and address; KENNEDY 6560 Kennedy Road Mississauga Ontario L5T 2X4 Canada B

WBC	6.5	4.0 - 11.0
RBC	4.70	4.00 - 5.10
Hb	145	120 - 160
Hct	0.424	0.350 - 0.450
MCV	90	80 - 100
MCH	30.9	27.5 - 33.0
MCHC	342	305 - 360
RDW	12.1	11.5 - 14.5
Platelets	239	150 - 400
Neutrophils #	3.2	2.0 - 7.5
Lymphocytes #	2.7	1.0 - 3.5
Monocytes #	0.6	0.2 - 1.0
Eosinophils #	0.1	0.0 - 0.5
Basophils #	0.0	0.0 - 0.2
Immature Granulocytes #	0.0	0.0 - 0.1
Nucleated RBC's as % of WBCs	0	

B12 367 &gt;220

&gt;220 pmol/L: Normal, deficiency unlikely

150-220 pmol/L: Borderline, deficiency is possible

&lt;150 pmol/L: Low, consistent with deficiency

Ferritin 77

In absence of concomitant inflammation, Ferritin levels can be interpreted as follows:

30-50 ug/L: Probable iron deficiency

51-100 ug/L: Possible iron deficiency, if risk factors are present

101-300 ug/L: Iron deficiency unlikely

=&gt;600 ug/L: Consider test for iron overload

In patients with concomitant inflammation, use Iron Studies, including TIBC and Transferrin Saturation, to assess Iron Deficiency status.

For guidance, see [www.hemequity.com/raise-the-bar](http://www.hemequity.com/raise-the-bar)

RBS 4.6 3.6 - 7.7

**Hemoglobin A1c**

Hb A1C 5.2 &lt;6.0

Diabetes Canada 2018 Guidelines:

Screening and Diagnosis:

&lt; 5.5 % Normal

5.5% - 5.9 % At risk

6.0% - 6.4 % Prediabetes

&gt;OR= 6.5 % Diabetes Mellitus\*\*\*

\*\*\*Regarding diagnosis: in the absence of symptomatic hyperglycemia, if a single laboratory test result is in the diabetes range, a repeat confirmatory laboratory test (FPG, A1C, 2hPG in a 75 g OGTT) must be done on another day for diagnosis confirmation.

Monitoring: &lt;OR= 7.0 %

Target in adults without comorbidities. Other targets may be more appropriate in children, elderly and patients with comorbidities.

Results may not accurately reflect mean blood glucose in patients with hemoglobin variants, disorders associated with abnormal erythrocyte turnover, severe renal and liver disorders.

**Barkovich, Alexandra Marie****Age 30 yr #7291 Page 2/2****Creatinine/GFR**

Cr	46 (L)	50 ~ 100
eGFR	>120	SEE BELOW

Results rule 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.

Reference interval:  $\Rightarrow$  60 mL/min/1.73m<sup>2</sup>

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

**Lipid Assessment**

Hours after a Meal	1	
TG	3.06 (H)	
FASTING: <1.70 mmol/L		
NON-FASTING: <2.00 mmol/L		
CHOL	4.65	<5.20
Total cholesterol and HDL-C used for risk assessment and to calculate non HDL-C.		
HDL	1.22 (L)	$\geq$ 1.30
HDL-C <1.30 mmol/L indicates risk for metabolic syndrome.		
NON-HDL	3.43	<4.20
Non HDL-Cholesterol is not affected by the fasting status of the patient.		
LDL	2.27	<3.50
LDL-C is calculated using the NIH equation.		

For additional LDL-C and non-HDL-C thresholds based on risk stratification, refer to 2021 CCS Guidelines. Can J Cardiol. 2021;37(8):1129-1150.

CHOL/HDL 3.8  
Cholesterol/HDL-C is not included in the 2021 CCS guideline as a lipid initiation or treatment target but is recognized as an indicator of high CVD risk at Cholesterol/HDL-C ratio  $\geq$ 6.0

Lab Licence #: 5687

Testing Location name and address: LifeLabs 100 International Blvd, Toronto Ontario M9W 6J6 Canada B  
TgAb 380 (H) <40

Test method: Roche Cobas immunoassay. Changes in serial results may be misleading unless all results are from the same laboratory method. Anti-Thyroglobulin antibody values up to 800 kIU/L may be seen in healthy people without demonstrable thyroid disease.

New reagent formulation as of August 14, 2023 has reduced interference for high doses of biotin.

**Thyroid Peroxidase Antibody**

TPOAb	268 (H)	<35
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Anti-Thyroid peroxidase antibody values up to 250 kIU/L may be seen in 5-10% of the normal population without demonstrable thyroid disease. This incidence increases with age.

**Thyroid Stimulating Hormone (TSH)**

Lab Licence #: 5407

Testing Location name and address: KENNEDY 6560 Kennedy Road Mississauga Ontario L5T 2X4 Canada B

TSH	3.89	0.32 ~ 4.00
Free Triiodothyronine (Free T3)		
Free T3	4.2	2.6 ~ 5.8
Free Thyroxine (Free T4)		
Free T4	10	9 ~ 19