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Oct 25, 2025

LMC Diabetes & Endocrinology
non
ON
Phone: 1-866-701-3636 ex 450 Fax: 1-877-562-2778

To Whom It May Concern:

Re: Isaac Amoako Apr 16, 1960 Age: 65 yr
647-891-7002 (H)

Yours truly,



Dr. Patrick Safieh, BSc, MD, CCFP (EM), FCFP

Amoako, Isaac

Birth date 16/04/1960 #20637 Page 1/3

Aug 29, 2025

 Accession Number
 Collection Date

Ordering Physician: Safieh, Patrick

Primary Testing Location: 100 INTERNATIONAL BLVD TORONTO M9W 6J6 1(877)849-3637

HEMATOLOGY I

WBC	4.6	4.0 ~ 11.0
RBC	5.04	4.50 ~ 6.00
Hb	141	135 ~ 175
Hct	0.441	0.400~ 0.500
MCV	88	80 ~ 100
MCH	28.0	27.5 ~ 33.0
MCHC	320	305 ~ 360
RDW	13.7	11.5 ~ 14.5
Platelets	238	150 ~ 400

HEMATOLOGY II

Neutrophils #	2.0	2.0 ~ 7.5
Lymphocytes #	1.4	1.0 ~ 3.5
Monocytes #	0.4	0.2 ~ 1.0
Eosinophils #	0.7 (HI)	0.0 ~ 0.5
Basophils #	0.0	0.0 ~ 0.2
Immature Granulocytes #	0.0	0.0 ~ 0.1
Nucleated RBC's	0	

ROUTINE CHEMISTRY I

FBS	5.5	3.6 ~ 6.0
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Testing Location: 6560 Kennedy Road Mississauga L5T 2X4 1(877)849-3637

Hb A1C	9.7 (HI)	<6.0
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Diabetes Canada 2018 Guidelines:

Screening and Diagnosis:

< 5.7 % Normal
 5.7% ~ 6.4 % At risk
 6.5% ~ 7.4 % Prediabetes
 >OR= 7.0 % 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: <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.

ROUTINE CHEMISTRY RENAL

Cr	97	67 ~ 117
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Testing Location: 6560 Kennedy Road Mississauga L5T 2X4 1(877)849-3637

eGFR	75	SEE BELOW
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Testing Location: 6560 Kennedy Road Mississauga L5T 2X4 1(877)849-3637

Reference interval: =>60 mL/min/1.73m²

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

ROUTINE CHEMISTRY RENAL

5-YEAR KFRE	NOT APPLICABLE	<5
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Amoako, Isaac**Birth date 16/04/1960 #20637 Page 2/3**

Results rule out CKD stage 3-5 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.

Microalbumin 56

No reference interval has been established for this test.

Urine Creatinine Random 25.2

No reference interval has been established for this test.

Microalbumin/Creatinine Ratio 2.2 <3.0

Diabetes Canada 2018 Guidelines reference cut-off is <2.0 mg/mmol.

ROUTINE CHEMISTRY

Na 140 135 - 145

Testing Location: 6560 Kennedy Road Mississauga L5T 2X4 1(877)849-3637

K 4.1 3.5 - 5.2

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LIPID ASSESSMENT

Hours Fasting 14

Testing Location: 6560 Kennedy Road Mississauga L5T 2X4 1(877)849-3637

TG 1.01

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FASTING: <1.70 mmol/L

NON-FASTING: <2.00 mmol/L

CHOL 5.12 <5.20

Testing Location: 6560 Kennedy Road Mississauga L5T 2X4 1(877)849-3637

Total cholesterol and HDL-C used for risk assessment and to calculate non HDL-C.

HDL 0.92 (LO) >=1.00

Testing Location: 6560 Kennedy Road Mississauga L5T 2X4 1(877)849-3637

HDL-C <1.00 mmol/L indicates risk for metabolic syndrome.

LDL 3.78 (HI) <3.50

Testing Location: 6560 Kennedy Road Mississauga L5T 2X4 1(877)849-3637

If LDL-C >=3.50 mmol/L in primary prevention setting for low risk patients (FRS 5-9.9%) or intermediate risk patients (FRS 10-20%), consider therapy. Therapy also suggested in low risk patients (FRS <10%) with LDL-C >4.99 mmol/L. 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.

NON-HDL 4.20 (HI) <4.20

Testing Location: 6560 Kennedy Road Mississauga L5T 2X4 1(877)849-3637

Non HDL-Cholesterol is not affected by the fasting status of the patient.

If non-HDL-C >=4.20 mmol/L in primary prevention setting for low risk patients (FRS 5-9.9%) or intermediate risk patients (FRS 10-20%), consider therapy. Therapy also suggested in low risk patients (FRS <10%) with non-HDL-C >=5.8 mmol/L.

CHOL/HDL 5.6

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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 >6.0

