

Dr. Parastoo Azizi Namini
#200-418 Eglinton Av W Toronto ON M5N1A2
Phone: 647.479.8410 Fax: 6474800879

Consultation Request

Date: 2025-10-24

| | | | |
|-------------|---|-------------------|--|
| Consultant: | LMC Diabetes, and Endocrinology (Bayview) | Patient: | PEART, PATRICIA YVONNE |
| Urgency | Non-Urgent | Address: | 145 Marlee Avenue, Apt 1715 York, ON M6B 3H3 |
| Service: | Endocrinology | Phone: | 647-774-4553 |
| Phone: | 1.866.701.3636 x450 | Cell Phone: | 647-774-4553 |
| Fax: | 18775622778 | Work Phone: | 647-607-2126 |
| Address: | LMC Diabetes & Endocrinology 1929 Bayview Ave Suite 107 Toronto, ON, M4G 3E8 | Email: | patricia.peart@gmail.com |
| | | Birthdate: | 1959-02-23 (y/m/d) |
| | | Sex: | F |
| | | Health Card No.: | (ON) 7578443207 RF |
| | | Appointment date: | |
| | | Time: | |
| | | Chart No.: | |

Clinician Reason for Consultation: Please see the attached requisition.

Administrative Note: Our understanding is that your office reliably and consistently contacts patients directly with appointment details. Accordingly, we do not plan to follow up with you directly in respect of an appointment date. Please advise us if this referral is declined, or if any extra information is required. Thank you.

Pertinent Clinical Information:

1. Migraine with Aura
2. Glaucoma
 - FU with Dr. Hess at Toronto Eye clinic
 - FU every six month.
3. Eczema
4. CTS
 - bilateral
 - Trial of splinting
5. N colonoscopy and gastroscopy; moderate sized hiatal hernia, occasional GERD.
6. Chronic mild anemia
 - Assessed by IM
7. Osteoporosis 2024

Current Medications:

1. APO-Propranolol, 10mg BID PRN
2. Lumidona
3. Restasis BID
4. Caltrate, Vitamin C, Vitamin D
5. Imvexxy local vaginal estrogen (started by OB in Sep/2025)

- B complex+Iron+Folate+Vit C.
- Multivitamin 50+ womrn one/day.

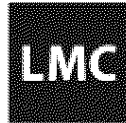
Allergies:

IBUPROFEN ATC Class

Signature:

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

Referring Practitioner: Azizi Namini, Parastoo (045717)



Diabetes & Endocrinology

Patient Referral Form

☐ Barrie ☒ Bayview ☐ Brampton ☐ Downtown ☐ Etobicoke ☐ Oakville ☐ Scarborough ☐ Vaughan

Patient Name: Patricia yvonne Peart **DOB:** 23/02/1959
{first name} {last name} {dd/mm/yyyy}

Health #: 7578443207 **Version Code:** RF **Uninsured Specify:**

Address: 145 Marlee Avenue, Apt 1715
{number} {street name} {unit}
 York M6B 3H3 patricia.peart@gmail.com
{city} {postal code} {e-mail address - required}
 647-774-4553 647-774-4553
{mobile # - Required} {home #} {work # with extension}

Language:

LMC uses an English automated phone message system. If preferred spoken language is different, please specify.

- ☒ Consultation & shared care ☐ Diabetes Education only ☐ Optometry Consultation
☐ Consultation only ☐ Canadian Diabetes Prevention Program (CDPP) ☐ Weight Management Program (Downtown only)
☐ Chiropody Assessment

| DIABETES/ENDOCRINOLOGY PLEASE SPECIFY: | The following investigations would be helpful: |
|--|--|
| <input type="radio"/> Diabetes <input type="radio"/> Type 1 <input type="radio"/> Type 2 <input type="radio"/> GDM | <input type="radio"/> FPG, A1C, Lipids, Renal Function, uACR |
| <input type="radio"/> Newly Diagnosed Diabetes | <input type="radio"/> FPG, A1C, Lipids, Renal Function, uACR |
| <input type="radio"/> Thyroid | <input type="radio"/> Thyroid function, Relevant imaging |
| <input checked="" type="radio"/> Osteoporosis | <input type="radio"/> BMD report <2 years, other relevant labs |
| <input type="radio"/> Lipids | <input type="radio"/> TC, LDL, HDL (<3 months), A1C |
| <input type="radio"/> PCOS | <input type="radio"/> LH, FSH, estrogen, testosterone, A1C |
| <input type="radio"/> Other (please specify): | |
| <input checked="" type="radio"/> Routine: | |
| <input type="radio"/> Urgent*: _____ | |

* Expect a 5 business day delay in processing referrals. If an assessment is required sooner, we recommend directing your patient to the nearest Emergency Department, or alternatively, try contacting one of our endocrinologists directly.

Notes: BMD: moderate risk; please see for query a candidate for Pharm therapy,

Current Medications: 1. APO-Propranolol, 10mg BID PRN
 2. Lumidona
 3. Restasis BID
 4. Caltrate, Vitamin C, Vitamin D
 5. Imvexxx local vaginal estrogen

Referred By: Azizi Namini, Parastoo

Physician Billing #: 045717

Physician Signature: Digitally created by Parastoo Azizi Namini 2025 10 24 13:11:46 **Parastoo Azizi Namini**

Date: 2025-10-24

New Patient Referrals:

T: 1.866.701.ENDO (3636)
E: referrals@lmc.ca

F: 1.877.LMC.APPT (562.2778)
W: www.LMC.ca/referrals



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418 EGLINTON AVENUE EAST TORONTO,
ONTARIO M5N 1A2
T. 647-479-8410
F. 647-480-0879

PATRICIA PEART
DOB: 1959/02/23
Tel. 647-774-4553
Exam Date: 2025/10/17
Report Date: 2025/10/17
Accession #: 2510177267

BONE MINERAL DENSITY (BMD):

A 66-year-old postmenopausal female on calcium and vitamin D supplements.
Comparison with Jun 22, 2017.

Bone density was performed using a GE Lunar Prodigy 7 Advance.

LUMBAR SPINE:

BMD of the lumbar spine, L1 to L4, equals 0.964 g/cm sq., or 82% mean value in young adult patients. T-score of -1.8.

LEFT HIP:

BMD of the femoral neck equals 0.632 g/cm sq., or 64% mean value in young adult patients. T-score of -2.9.

BMD of the total hip equals 0.733 g/cm sq., or 73% mean value in young adult patients.
T-score of -2.2.

OPINION:

1. Lumbar spine low bone mass, showing insignificant change of -0.8%
2. Left hip low bone mass, showing a slight further bone loss of -1.9 %.
3. Ten-year fracture risk is moderate (10-20%).
4. Optimal bone maintenance therapy and follow-up examination in 2 to 3 years.

BL

ADAMO C , MD, FRCPC

Final

| Version: 2 of 2 | | | | | | | |
|---|-----------------------|---------------------|---------------------|--|---------------------|--|--|
| Detail Results: Patient Info | | | | | Results Info | | |
| Patient Name: | PATRICIA YVONNE PEART | Home Phone: | (647) 774-4553 | Date of Service: | 2025-10-15 07:50:00 | | |
| Date of Birth: | 1959-02-23 | Work Phone: | | Reported on: | 2025-10-15 20:45:31 | | |
| Age: | 66 years | Sex: | F | Date Received: | 2025-10-16 03:42 | | |
| Health Care #: | 7578443207RF | Reported by: | LIFELABS ONTARIO | Report Status: | Completed | | |
| | | | | Client Ref. #: | 115851 | | |
| | | | | Accession #: | 2025-4W2880090 | | |
| Requesting Client: PARASTOO AZIZI NAMINI | | | | cc: Client: PARASTOO AZIZI NAMINI | | | |

HAEM1

| Test Name(s) | Result | Abn | Reference Range | Units | Date/Time Completed | Status | Lab Lic # |
|-----------------------------|--------|-----|-----------------|----------|---------------------|--------|-----------|
| Complete Blood Count | | | | | | | |
| WBC | 4.6 | | 4.0 - 11.0 | x E9/L | 2025-10-15 16:36:32 | F | 5687 |
| RBC | 4.68 | | 4.00 - 5.10 | x E12/L | 2025-10-15 16:36:32 | F | |
| Hemoglobin | 118 | L | 120- 160 | g/L | 2025-10-15 16:36:32 | F | |
| Hematocrit | 0.398 | | 0.350 - 0.450 | L/L | 2025-10-15 16:36:32 | F | |
| MCV | 85 | | 80 - 100 | fL | 2025-10-15 16:36:32 | F | |
| MCH | 25.2 | L | 27.5 - 33.0 | pg | 2025-10-15 16:36:32 | F | |
| MCHC | 296 | L | 305 - 360 | g/L | 2025-10-15 16:36:32 | F | |
| RDW | 12.9 | | 11.5 - 14.5 | % | 2025-10-15 16:36:32 | F | |
| Platelets | 283 | | 150 - 400 | x E9/L | 2025-10-15 16:36:32 | F | |
| Neutrophils | 1.9 | L | 2.0 - 7.5 | x E9/L | 2025-10-15 16:36:32 | F | |
| Lymphocytes | 2.1 | | 1.0 - 3.5 | x E9/L | 2025-10-15 16:36:32 | F | |
| Monocytes | 0.4 | | 0.2 - 1.0 | x E9/L | 2025-10-15 16:36:32 | F | |
| Eosinophils | 0.2 | | 0.0 - 0.5 | x E9/L | 2025-10-15 16:36:32 | F | |
| Basophils | 0.0 | | 0.0 - 0.2 | x E9/L | 2025-10-15 16:36:32 | F | |
| Immature Granulocytes | 0.0 | | 0.0 - 0.1 | x E9/L | 2025-10-15 16:36:32 | F | |
| Nucleated RBC | 0 | | | /100 WBC | 2025-10-15 16:36:32 | F | |

CHEM1

| Test Name(s) | Result | Abn | Reference Range | Units | Date/Time Completed | Status | Lab Lic # |
|--------------------|--|-----|-----------------|--------|---------------------|--------|-----------|
| Vitamin B12 | | | | | | | |
| Vitamin B12 | 624 | | >220 | pmol/L | 2025-10-15 19:48:01 | F | |
| | >220 pmol/L: Normal, deficiency unlikely 150-220 pmol/L: Borderline, deficiency is possible <150 pmol/L: Low, consistent with deficiency | | | | | | |

Ferritin

| | | | | | | | |
|----------|-----|--|--|------|---------------------|---|--|
| Ferritin | 462 | | | ug/L | 2025-10-15 19:50:04 | F | |
|----------|-----|--|--|------|---------------------|---|--|

CHEM1

| Test Name(s) | Result | Abn | Reference Range | Units | Date/Time Completed | Status | Lab Lic # |
|--------------|--------|-----|-----------------|-------|---------------------|--------|-----------|
|--------------|--------|-----|-----------------|-------|---------------------|--------|-----------|

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
 =>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

CHEM4

| Test Name(s) | Result | Abn | Reference Range | Units | Date/Time Completed | Status | Lab Lic # |
|--------------|--------|-----|-----------------|-------|---------------------|--------|-----------|
|--------------|--------|-----|-----------------|-------|---------------------|--------|-----------|

Sodium

| | | | | | | | |
|--------|-----|--|---------|--------|---------------------|---|--|
| Sodium | 140 | | 135-145 | mmol/L | 2025-10-15 19:38:59 | F | |
|--------|-----|--|---------|--------|---------------------|---|--|

Potassium

| | | | | | | | |
|-----------|-----|--|---------|--------|---------------------|---|--|
| Potassium | 4.6 | | 3.5-5.2 | mmol/L | 2025-10-15 19:38:59 | F | |
|-----------|-----|--|---------|--------|---------------------|---|--|

Calcium Ionized

| | | | | | | | |
|-----------------|------|--|-------------|--------|---------------------|---|--|
| Calcium Ionized | 1.29 | | 1.15 - 1.40 | mmol/L | 2025-10-15 18:34:54 | F | |
|-----------------|------|--|-------------|--------|---------------------|---|--|

| | | | | | | | |
|----|------|--|--|--|---------------------|---|--|
| pH | 7.44 | | | | 2025-10-15 18:34:54 | F | |
|----|------|--|--|--|---------------------|---|--|

| | | | | | | | |
|------------------------------------|------|--|-------------|--------|---------------------|---|--|
| Calcium Ionized Adjusted To pH 7.4 | 1.32 | | 1.15 - 1.40 | mmol/L | 2025-10-15 18:34:54 | F | |
|------------------------------------|------|--|-------------|--------|---------------------|---|--|

NOTE: Differences between the uncorrected ionized calcium result and the ionized calcium corrected to pH 7.4 are due to the sample having a pH significantly different from pH 7.4. Specimen pH may be artificially decreased due to delayed processing and may be increased when the specimen is exposed to air. Due to these factors, ionized calcium corrected to pH 7.4 should be interpreted with caution and used when the clinician has knowledge of the patients' acid/base status.

Phosphate

| | | | | | | | |
|-----------|-----|--|---------|--------|---------------------|---|--|
| Phosphate | 1.2 | | 0.8-1.5 | mmol/L | 2025-10-15 19:38:59 | F | |
|-----------|-----|--|---------|--------|---------------------|---|--|

Albumin

| | | | | | | | |
|---------|----|--|-------|-----|---------------------|---|--|
| Albumin | 41 | | 35-52 | g/L | 2025-10-15 19:38:59 | F | |
|---------|----|--|-------|-----|---------------------|---|--|

Bilirubin Total

| | | | | | | | |
|-----------------|---|--|-----|--------|---------------------|---|--|
| Bilirubin Total | 5 | | <20 | umol/L | 2025-10-15 19:38:59 | F | |
|-----------------|---|--|-----|--------|---------------------|---|--|

Alkaline Phosphatase

| | | | | | | | |
|----------------------|----|--|--------|-----|---------------------|---|--|
| Alkaline Phosphatase | 87 | | 35-120 | U/L | 2025-10-15 19:38:59 | F | |
|----------------------|----|--|--------|-----|---------------------|---|--|

Alanine Aminotransferase

| | | | | | | | |
|--------------------------|----|--|-----|-----|---------------------|---|--|
| Alanine Aminotransferase | 19 | | <36 | U/L | 2025-10-15 19:38:59 | F | |
|--------------------------|----|--|-----|-----|---------------------|---|--|

Magnesium

| | | | | | | | |
|-----------|------|--|-----------|--------|---------------------|---|--|
| Magnesium | 0.84 | | 0.70-1.00 | mmol/L | 2025-10-15 19:38:59 | F | |
|-----------|------|--|-----------|--------|---------------------|---|--|

Hemoglobin A1c

CHEM4

| Test Name(s) | Result | Abn | Reference Range | Units | Date/Time Completed | Status | Lab Lic # |
|---------------------------------|--------|-----|-----------------|-------|---------------------|--------|-----------|
| Hemoglobin A1C/Total Hemoglobin | 5.4 | | <6.0 | % | 2025-10-15 20:45:31 | F | |

Diabetes Canada 2018 Guidelines:

Screening and Diagnosis:

< 5.5 % Normal

5.5% - 5.9 % At risk

6.0% - 6.4 % Prediabetes

>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: <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.

Creatinine/GFR

| | | | | | | | |
|-----------------------------------|-----|---|-----------|--------|---------------------|---|--|
| Creatinine | 49 | L | 50-100 | umol/L | 2025-10-15 19:38:59 | F | |
| Glomerular Filtration Rate (eGFR) | 101 | | See below | | 2025-10-15 19:38:59 | F | |

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: =>60 mL/min/1.73m2

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

CHEM6

| Test Name(s) | Result | Abn | Reference Range | Units | Date/Time Completed | Status | Lab Lic # |
|--------------|--------|-----|-----------------|-------|---------------------|--------|-----------|
|--------------|--------|-----|-----------------|-------|---------------------|--------|-----------|

Lipid Assessment

| | | | | | | | |
|---------------------|--|---|--------|--------|---------------------|---|--|
| Hours After Meal | 9 | | | Hours | 2025-10-15 19:34:58 | F | |
| Triglyceride | 0.45 | | | mmol/L | 2025-10-15 19:38:59 | F | |
| | FASTING: <1.70 mmol/L NON-FASTING: <2.00 mmol/L | | | | | | |
| Cholesterol | 4.21 | | <5.20 | mmol/L | 2025-10-15 19:38:59 | F | |
| | Total cholesterol and HDL-C used for risk assessment and to calculate non HDL-C. | | | | | | |
| HDL Cholesterol | 1.16 | L | >=1.30 | mmol/L | 2025-10-15 19:38:59 | F | |
| | HDL-C <1.30 mmol/L indicates risk for metabolic syndrome. | | | | | | |
| Non HDL Cholesterol | 3.05 | | <4.20 | mmol/L | 2025-10-15 19:38:59 | F | |

PATRICIA YVONNE PEART 7578443207RF

CHEM6

| Test Name(s) | Result | Abn | Reference Range | Units | Date/Time Completed | Status | Lab Lic # |
|--------------|--------|-----|-----------------|-------|---------------------|--------|-----------|
|--------------|--------|-----|-----------------|-------|---------------------|--------|-----------|

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

| | | | | | | | |
|-----------------|------|-------|--|--------|---------------------|---|--|
| LDL Cholesterol | 2.83 | <3.50 | | mmol/L | 2025-10-15 19:38:59 | F | |
|-----------------|------|-------|--|--------|---------------------|---|--|

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.

| | | | | | | | |
|-----------------------------|-----|--|--|--|---------------------|---|--|
| Cholesterol/HDL Cholesterol | 3.6 | | | | 2025-10-15 19:38:59 | F | |
|-----------------------------|-----|--|--|--|---------------------|---|--|

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

CHEM28

| Test Name(s) | Result | Abn | Reference Range | Units | Date/Time Completed | Status | Lab Lic # |
|--------------|--------|-----|-----------------|-------|---------------------|--------|-----------|
|--------------|--------|-----|-----------------|-------|---------------------|--------|-----------|

Vitamin D-25 Hydroxy

| | | | | | | | |
|----------------------|------|---|--------------|--------|---------------------|---|--|
| 25-Hydroxy Vitamin D | 68.9 | L | 75.0 - 250.0 | nmol/L | 2025-10-15 19:34:58 | F | |
|----------------------|------|---|--------------|--------|---------------------|---|--|

Vit D Deficiency: 25.0 - 74.9

END OF REPORT

5687 - LifeLabs 100 International Blvd. Toronto Ontario M9W 6J6 Canada B