

PATIENT: SAROWAR, SABIH CHART#:	OHIP#	SPECIMEN ACC#: 2304180772	PHYSICIAN: (5) - MD FAX:
	DATE OF BIRTH:	SERVICE DATE: 18 APR 2023	REPORT DATE: 19 APR 2023 12:41
	AGE: 22 SEX: MALE	COLLECTION DATE: 18 APR 2023 14:45	STATUS: FINAL

TEST	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
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GENERAL CHEMISTRY

Glucose Fasting		4.1 L	mmol/L	4.3-6.4
HbA1C	4.9		%	<6.0
Screening: Normal glycemic control Goal for monitoring Non-Diabetics refer to OAML communique dated May 2015, Available on request				
Creatinine	87		umol/L	50-115
eGFR	108			>=90
Normal eGFR is described as greater than or equal to 90 ml/min/1.73m ² For patients of African descent, the reported eGFR must be multiplied by 1.15 Effective July 21, 2015, eGFR is calculated using the CKD-EPI 2009 equation KDIGO 2012 guidelines highlighted the importance of eGFR and urine albumin creatinine ratio(ACR)in screening, diagnosis and management of CKD. Result for eGFR should be interpreted in concert with ACR				
Sodium	137		mmol/L	136-144
Potassium	4.7		mmol/L	3.6-5.1
Alk Phosphatase		33 L	U/L	38-126
Alkaline Phosphatase testing should be reserved for specific diagnosis, especially hepatobiliary and bone disorders. Its use in routine health screening is not appropriate.				
ALT (SGPT)		11 L	U/L	17-63
Cholesterol		5.43 H	mmol/L	<5.20
Triglycerides	0.54		mmol/L	<1.50
HDL Cholesterol		1.62 H	mmol/L	1.03-1.54
LDL Cholesterol		3.56 H	mmol/L	<3.36
Chol:HDL Ratio	3.3			
NON-HDL Choleste	3.81		mmol/L	
Non-HDL cholesterol is calculated from total cholesterol and HDL-C and is not significantly affected by the fasting status of the patient overnight fasting and early morning testing no longer needed for many lipid screening tests				

LIPID TARGET VALUES

10 years CVD risk Primary Tx Target Alrenate Tx Target

High or intermediate (FRS>=10%) LDL <= 2.0 mmol/L or Non-HDL-C <= 2.6 mmol/L

Low(FRS<10%) >=50% decrease in LDL-C

>=50% decrease in LDL-C

Chol/HDL-C is not included in the 2012 CCS guidelines as a lipid initiation or treatment target but is recognized as an indicator of high CVD risk at Chol/HDL-C ratio>6.0

NOTE TO PATIENTS: Please contact your Health Care Provider for interpretation of this report

NOTE: This laboratory report contains confidential information intended for view by authorized person(s) only and should be disposed of securely (e.g. shredding) before discarding.

If gender is not provided this report cannot specify a range or flag abnormal results.

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Fasting	>10		Hours	
	<i>Consider the non-HDL-C value as an alternate lipid target if monitoring treatment is intermediate or high risk patients.</i>			
Bilirubin Total	7		umol/L	5-21
TSH Ultra-sens	1.21		mIU/L	0.35-4.94
	<i>Asymptomatic patients should generally not be screened for thyroid disease (exceptions include pregnant, post-partum, or post-menopausal women). Thyroid function in patients with suspected thyroid disease is best assessed with TSH as the sole screening test. It is not appropriate to order free-T4 and/or free-T3 in addition to TSH in the initial screen.</i>			
MicroalbuminRDMU	3.2		mg/L	
Urine Creatinine	11.58		mmol/L	
MAL/Creat Ratio1	0.3			
	<i>NORMAL MICROALBUMIN/CREATIN RATIO: <2.0 mg Albumin / mmol creatinine</i>			

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