

Patient: GURMANI, AMAN ZAHRA

Lab No: 2025-FT3081374

Age: 21 years Gender: F

Reference #:

Date of Birth: Feb 04 2004

Patient ID: 2025FT3081374

HC #: 4323609562 LM

Referring Site ID:

Patient's Phone: (519) 981-2915

Date of Service: Nov 04 2025 14:47

Ordered by: INIOWUARI DR. DEINMA

Reported on: Nov 07 2025 14:46

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Test	Flag	Result	Reference Range - Units	Lab Lic. #
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Hematology

#5407

WBC		8.7	4.0 - 11.0	x E9/L
RBC	HI	5.14	4.00 - 5.10	x E12/L
Hemoglobin		137	120- 160	g/L
Hematocrit		0.422	0.350 - 0.450	L/L
MCV		82	80 - 100	fL
MCH	LO	26.7	27.5 - 33.0	pg
MCHC		325	305 - 360	g/L
RDW		14.3	11.5 - 14.5	%
Platelet Count		332	150 - 400	x E9/L

Differential

Neutrophils	6.3	2.0 - 7.5	x E9/L
Lymphocytes	1.9	1.0 - 3.5	x E9/L
Monocytes	0.4	0.2 - 1.0	x E9/L
Eosinophils	0.0	0.0 - 0.5	x E9/L
Basophils	0.0	0.0 - 0.2	x E9/L
Immature Granulocytes	0.0	0.0 - 0.1	x E9/L
Nucleated RBC	0	/100 WBC	

Biochemical Investigation of Anemias

Vitamin B12	302	>220	pmol/L
>220 pmol/L: Normal, deficiency unlikely			
150-220 pmol/L: Borderline, deficiency is possible			
<150 pmol/L: Low, consistent with deficiency			

Ferritin

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

Lab -5407: KENNEDY, 6560 Kennedy Road, Mississauga, Ontario.

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FINAL RESULTS

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Urinalysis

Urinalysis Chemical

Collection Date	04-NOV-2025
Collection Time	14:47
Appearance	CLEAR
Colour	YELLOW
Specific Gravity	<=1.005 Low specific gravity indicates dilute urine. Suggest repeat testing with first morning urine if clinically indicated.
pH	6.0
Protein	NEGATIVE
Glucose	NEGATIVE
Ketones	NEGATIVE
Blood	NEGATIVE
Nitrite	NEGATIVE
Leukocytes	NEGATIVE

Please see <https://tests.lifelabs.com/s/article/URINALYSIS-CHEMICAL-Ontario> for alternative reporting units.

General Chemistry

Hemoglobin A1C/Total Hemoglobin

5.4 <6.0 %
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

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General Chemistry

Sodium		turnover, severe renal and liver disorders.	
Potassium		138	135-145 mmol/L
Creatinine		3.6	3.5-5.2 mmol/L
Glomerular Filtration Rate (eGFR)		50	50-100 umol/L
		>120	See below

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

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

Calcium	2.29	2.15-2.60	mmol/L
Albumin	45	35-52	g/L
Bilirubin Total	5	<20	umol/L
Alkaline Phosphatase	64	35-120	U/L
Alanine Aminotransferase	33	<36	U/L

Lipids

Hours After Meal	1	Hours
Triglyceride	1.82	mmol/L

Cholesterol	4.87	<5.20	mmol/L
Total cholesterol and HDL-C used for risk assessment and to calculate non HDL-C.			

HDL Cholesterol	1.18	>=1.30	mmol/L
HDL-C <1.30 mmol/L indicates risk for metabolic syndrome.			

Non HDL Cholesterol	3.69	<4.20	mmol/L
Non HDL-Cholesterol is not affected by the fasting status of the patient.			

LDL Cholesterol	2.96	<3.50	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.

4.1
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

Cholesterol/HDL Ratio

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Random Urine Chemistry

Albumin Creatinine Ratio Urine Random

5 Year KFRE

NOT APPLICABLE < 5 %

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.

Albumin (Urine)	2	mg/L
Creatinine (Urine)	3.2	mmol/L
Albumin/Creatinine	0.6	mg/mmol

Adrenal Function

Cortisol Random

Cortisol Random

184 80-535 nmol/L

Random cortisol should be interpreted in the context of the diurnal variation of cortisol.

Collection Time 14:51
Collection Date 04-NOV-2025

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