

Patient: **GURMANI, AMAN ZAHRA**

Lab No: **2025-FT3081374**

Reference #:

Patient ID: 2025FT3081374

Referring Site ID:



Address: 100 International Blvd.
Toronto, Ontario
Canada M9W 6J6

Telephone: (877) 849-3637
Toll Free: (877) 849-3637
Fax: (905) 795-9891

Age: 21 years Gender: F

Date of Birth: Feb 04 2004

HC #: **4323609562 LM**

Patient's Phone: (519) 981-2915

Date of Service: Nov 04 2025 14:47

Reported on: Nov 07 2025 14:46

Ordered by: INIOWUARI DR. DEINMA

Copy To:

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	32		ug/L

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

FINAL RESULTS

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Urinalysis

Urinalysis Chemical

Collection Date	04-NOV-2025			
Collection Time	14:47			
Appearance	CLEAR	Clear		
Colour	YELLOW	Yellow		
Specific Gravity	<=1.005	Low specific gravity indicates dilute urine. Suggest repeat testing with first morning urine if clinically indicated.		
pH	6.0	5.0 - 8.0		
Protein	NEGATIVE	Negative	g/L	
Glucose	NEGATIVE	Negative	mmol/L	
Ketones	NEGATIVE	Negative	mmol/L	
Blood	NEGATIVE	Negative	RBC/uL	
Nitrite	NEGATIVE	Negative		
Leukocytes	NEGATIVE	Negative	WBC/uL	

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	%
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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

		turnover, severe renal and liver disorders.	
Sodium		138	135-145 mmol/L
Potassium		3.6	3.5-5.2 mmol/L
Creatinine		50	50-100 umol/L
Glomerular Filtration Rate (eGFR)		>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	HI	1.82	mmol/L
		FASTING: <1.70 mmol/L	
		NON-FASTING: <2.00 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	LO	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.

Cholesterol/HDL Ratio		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	

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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
No reference interval has been established for
this test.

Creatinine (Urine)

3.2 mmol/L
No reference interval has been established for
this test.

Albumin/Creatinine

0.6 < 3.0 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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