

Patient: BENNINGTON, ANNE

Lab No: 2023-YP3420066

Reference #:

Patient ID:

Referring Site ID:

LifeLabs

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

Telephone: (877) 849-3
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Fax: (905) 795-9

Age: 62 years Gender: F

Date of Birth: Nov 18 1961

#:

Patient's Phone: (905) 484-1416

Date of Service: Dec 08 2023 08:23

Reported on: Dec 11 2023 12:10

Ordered by: CASTLEMAN ND DR. DAIANA

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Lipids

3.74

HI 4.94

<3.50 mmol/L

If LDL-C $\geq$ 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. 4.0

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

Thyroid Function

Thyroid Stimulating Hormone

Free T4

Free T3

✓ 2.22

0.32-4.00

mIU/L

11

9-19

pmol/L

4.1

2.6-5.8

pmol/L

Bone Markers

25-Hydroxy Vitamin D

LO 70.1

75.0 - 250.0

nmol/L

Vit D Deficiency: 25.0 - 74.9

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Chemical Investigation of Anemias

Vitamin B12

HI

657

138-652

pmol/L

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

#54

General Chemistry

Hemoglobin A1C/Total Hemoglobin

5.6

<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
If HbA1c >OR= 6.5 % and asymptomatic, confirm
using Fasting Glucose, HbA1c or 75g OGTT.

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.

Lipids

Hours After Meal
Triglyceride

1:86

✓ 12
0.85

Hours
mmol/L

FASTING: <1.70 mmol/L
NON-FASTING: <2.00 mmol/L

Cholesterol

HI

7.00

<5.20

mmol/L

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

HDL Cholesterol

1.94

✓ 1.74

>=1.30

mmol/L

HDL-C <1.30 mmol/L indicates risk for metabolic
syndrome.

Non HDL Cholesterol

HI

5.26

<4.20

mmol/L

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.

LDL Cholesterol