

Patient: BENNINGTON, ANNE

Lab No: 2023-YP3420068

Age: 62 years Gender: F

Reference #:

Date of Birth: Nov 18 1961

Patient ID:

#:

Referring Site ID:

Patient's Phone: (905) 484-1416

Date of Service: Dec 08 2023 08:23

Reported on: Dec 11 2023 12:10

LifeLabs

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Ordered by: CASTLEMAN ND DR. DAIANA

Copy To:

Test	Flag	Result	Reference Range - Units	Lab Lic
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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