

Patient: TEST, RMA2

Lab No: 20-458153025

Patient ID: A9993



Age: 40 years Sex: M

Date of Birth: May 12 1980

PHN:

Patient's Phone:

Collected on: Jun 01 2020 09:07

Reported on: Jun 01 2020 12:15

Reported by: LifeLabs

LifeLabs Telephone: 604-431-7206
Toll Free: 1-800-431-7206
Fax: 604-412-4445

Ordered by: TRAINING Dr. TEST

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General Comments

Hours After Meal

hours pc: 8

VRL

Hematology

WBC	A	14.1	4.0-10.0	10 ⁹ /L
RBC		4.62	4.20-5.40	10 ¹² /L
Hemoglobin		138	135-170	g/L
Hematocrit		0.41	0.40-0.50	L/L
MCV		90	82-98	fl
MCH		29.9	27.5-33.5	pg
MCHC		333	300-370	g/L
RDW		14.1	11.5-14.5	%
Platelet Count	A	444	150-400	10 ⁹ /L

Differential

Neutrophils		2.1	2.0-7.5	10 ⁹ /L
Lymphocytes		2.0	1.0-4.0	10 ⁹ /L
Monocytes	A	2.0	0.1-0.8	10 ⁹ /L
Eosinophils	A	2.5	0.0-0.7	10 ⁹ /L
Basophils	A	3.0	0.0-0.2	10 ⁹ /L
Granulocytes Immature	A	2.5	0.0-0.1	10 ⁹ /L

ESR		4	2-30	mm/hr
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Coagulation Studies

Fibrinogen		2.10	2.00-4.10	g/L
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Biochemical Investigation of Anemias and Iron Overload

Iron		26	10.6-33.8	umol/L
Transferrin		3	2.00-3.30	g/L
Iron Saturation		0.35	0.13-0.50	
Vitamin B12		285	153-655	pmol/L

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

Ferritin	A	15	24-444	ug/L
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New interpretation effective Feb. 5, 2020

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Biochemical Investigation of Anemias and Iron Overload

Adults >18 y:
<15 ug/L: diagnostic of iron deficiency
15-30 ug/L: probable iron deficiency
>30 ug/L: iron deficiency unlikely
>100 ug/L: normal iron stores
=>600 ug/L: consider test for iron overload

See BC guideline for Iron Deficiency
Diagnosis and Management, 2019

General Chemistry

Glucose Fasting

4.0 3.3-5.5 mmol/L

Hemoglobin A1C

Hemoglobin A1C

4.7 4.5-6.0 %

Therapeutic target for most adults with type 1 or type 2 diabetes is <=7.0%. In the frail elderly and patients who are prone to hypoglycemia, target is <=8.5%. A1c >=6.5% meets the criterion for type 2 diabetes mellitus in adults. See 2018 Diabetes Canada guidelines.

Sodium

144 135-145 mmol/L

Potassium

4.0 3.5-5.0 mmol/L

Chloride

103 98-108 mmol/L

Bicarbonate

28 20-30 mmol/L

Urea

6.0 2.0-9.0 mmol/L

Creatinine

100 45-110 umol/L

Estimated GFR

81 >=60

Units for eGFR are mL/min/1.73sq.m
Kidney function estimate based on assumption of a stable serum creatinine concentration: diet, drugs, pregnancy, clinical state and muscle mass can affect accuracy of the estimate. Urinary ACR may assist interpretation.

See www.bcguidelines.ca/pdf/ckd.pdf

Calcium

2.33 2.10-2.60 mmol/L

Phosphate

1.10 0.8-1.5 mmol/L

Urate

324 150-430 umol/L

Total Protein

70 60-80 g/L

Albumin

45 35-50 g/L

Total Bilirubin

14 <17 umol/L

Conjugated Bilirubin

3 <8 umol/L

Alkaline Phosphatase

45 40-145 U/L

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General Chemistry				
Gamma GT		40	<49	U/L
Alanine Aminotransferase	A	59	<50	U/L
Aspartate Aminotransferase		31	<36	U/L
Lactate Dehydrogenase		136	<225	U/L
Lipids				
Cholesterol		4.69	2.00-5.19	mmol/L
LDL Cholesterol		2.98	1.50-3.40	mmol/L
		The optimal LDL cholesterol level for intermediate and high risk individuals is <= 2.00 mmol/L. If triglycerides are => 1.50 mmol/L, consider monitoring of alternate lipid targets non HDL-cholesterol or apoB. For low risk individuals with LDL cholesterol => 5.00 mmol/L, target reduction of LDL cholesterol => 50 percent. See Can J Cardiol 2013 vol 29 pgs 151 to 167.		
HDL Cholesterol		1.10	>0.99	mmol/L
Chol/HDL (Risk Ratio)		4.26	<4.9	
Triglycerides		1.34	<2.21	mmol/L
Investigation of Carbohydrate Metabolism				
Insulin Fasting				
Insulin Fasting		51	20-180	pmol/L
		Insulin levels vary considerably and must be interpreted in relation to the serum glucose.		
Thyroid Function				
TSH		2.15	0.32-5.04	mU/L
Serum Proteins				
C Reactive Protein (High Sensitivity)		2.0	<4.8	mg/L
		Interpretation: This high sensitivity CRP method is sensitive to 0.3 mg/L and is suitable for coronary artery disease assessment and detection of active inflammation.		
Bone Markers				
25-Hydroxyvitamin D		100	75-150	nmol/L
		This is the test of choice to assess Vitamin D status when indicated. Testing		

BRL

VRL

BRL: Burnaby Reference Laboratory, 3680 Gilmore Way, Burnaby, BC
VRL: Victoria Reference Laboratory, 3201-4464 Markham Street, Victoria, BC

FINAL RESULTS

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Bone Markers

asymptomatic patients at low risk of deficiency is not usually required in view of the safety and low cost of supplementation.

<25: deficient

25-74: insufficient

>200: toxic

Total 25-OH Vitamin D represents the sum of 25-Hydroxylated Vitamin D2 and Vitamin D3 species.