

Patient: XCROLON, PLIS

Lab No: 20-308153007

Patient ID: A9993



Age: 36 years Sex: M

Date of Birth: Sep 13 1983

PHN: 9698698258 BC

Patient's Phone: (581)167-4682

Collected on: Jun 01 2020 07:47

Reported on: Jun 01 2020 11:15

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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Test	Flag	Result	Reference Range - Units	Test Loc
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General Comments

Hours After Meal

hours pc: 4

BRL

Hematology

WBC	5.8	4.0-10.0	10 ⁹ /L
RBC	4.64	4.20-5.40	10 ¹² /L
Hemoglobin	143	135-170	g/L
Hematocrit	0.42	0.40-0.50	L/L
MCV	90	82-98	fl
MCH	30.8	27.5-33.5	pg
MCHC	344	300-370	g/L
RDW	12.1	11.5-14.5	%
Platelet Count	193	150-400	10 ⁹ /L

Differential

Neutrophils	2.6	2.0-7.5	10 ⁹ /L
Lymphocytes	2.3	1.0-4.0	10 ⁹ /L
Monocytes	0.5	0.1-0.8	10 ⁹ /L
Eosinophils	0.3	0.0-0.7	10 ⁹ /L
Basophils	0.0	0.0-0.2	10 ⁹ /L
Granulocytes Immature	0.0	0.0-0.1	10 ⁹ /L

Coagulation Studies

Fibrinogen	2.72	2.00-4.10	g/L
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Biochemical Investigation of Anemias and Iron Overload

Iron	21.5	10.6-33.8	umol/L
Transferrin	2.00	2.00-3.30	g/L
Iron Saturation	0.43	0.13-0.50	
Ferritin	24	24-444	ug/L

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 Random	4.5	3.3-11.0	mmol/L
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General Chemistry				
Hemoglobin A1C				
Hemoglobin A1C		5.0	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		145	135-145	mmol/L
Potassium		4.5	3.5-5.0	mmol/L
Chloride	A	89	98-108	mmol/L
Bicarbonate	A	35	20-30	mmol/L
Urea		6.1	2.0-9.0	mmol/L
Creatinine		84	45-110	umol/L
Estimated GFR		103	>=60	umol/L
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		2.34	2.10-2.60	mmol/L
Phosphate		1.0	0.8-1.5	mmol/L
Urate	A	120	150-430	umol/L
Total Protein		72	60-80	g/L
Albumin	A	21	35-50	g/L
Total Bilirubin		8	<17	umol/L
Conjugated Bilirubin	A	15	<8	umol/L
Alkaline Phosphatase		41	40-145	U/L
Gamma GT		11	<49	U/L
Alanine Aminotransferase		32	<50	U/L
Aspartate Aminotransferase		11	<36	U/L
Lactate Dehydrogenase		26	<225	U/L

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Lipids				
Cholesterol		5.11	2.00-5.19	mmol/L
LDL Cholesterol	A	0.86	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		3.11	>0.99	mmol/L
Chol/HDL (Risk Ratio)		1.64	<4.9	
Triglycerides	A	2.51	<2.21	mmol/L
Thyroid Function				
TSH		2.11	0.32-5.04	mU/L
Serum Proteins				
C Reactive Protein (High Sensitivity)		2.1	<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.		