

Laboratory Results Report

SMH
30 Bond Street
M58 1W8 Ontario
Canada

Pt. Name: LENSKYJ, ADAM ADOLF
Pt ID: 20061586151
DOB: 12/02/1940
Adm DTime: 01/01/2099
Nurs Sta: ENT - Otolaryngology Clinic
Dx:
Alog: Metoprolol, Penicillins

MRN: 2031473
Acct No: 00484143052
Age/Sex: 69Y/M
Atn Dr: Zirkle, Molly
Rm/Bed:

Routine Chemistry

	Normals	03/16/10 09:27	03/16/10 09:25	12/04/09 13:16	10/28/09 12:14	10/28/09 09:21	10/28/09 06:19
		D5160712	D5160712	D2041704	D0282390	D0280204	D0280556
Sodium	135-145 mmol/L					140	
Potassium	3.5-5.0 mmol/L					3.6	
Chloride	96-106 mmol/L					109 H	
Total CO2	22-30 mmol/L					24	
Anion Gap	8-16 mmol/L					7 L	
Glucose Random	4.0-7.8 mmol/L					8.6 H	
Glucose POC (Lifescan) (4) Comment: Pre Meal	4.0-7.8 mmol/L				7.8 (4)		10.4 H
Glucose Fasting	4.0-6.0 mmol/L	5.1					
Urea	3.0-7 mmol/L	8.0 H				2.8 L	
Creatinine	52-112 mmol/L	106		113 H		102	
Estimated GFR (eGFR)	mL/min/1.73 m2	>60 (1)		56 (3)			

(1) **For patients of African descent the reported eGRF must be multiplied by 1.21.** The estimated glomerular filtration rate (eGFR) provides an estimate of kidney function based on the patients serum creatinine, age, and gender. The creatine results are traceable to an international standard (IDMS). The eGFR calculation is only valid in patients with stable renal function. The calculation is not valid in patients who have extremely low or high body weight. High bilirubin values >300 umol/L will yield a falsely decreased creatinine value

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	D5160712	D5160712	D2041704	D0282390	D0280204	D0280556

and a false increase in eGFR. Other interferences in creatinine determination may include ketones or cephalosporin antibiotics.
(3) Consistent with stage 3 chronic kidney disease.
For patients of African descent the reported eGRF must be multiplied by 1.21. The estimated glomerular filtration rate (eGFR) provides an estimate of kidney function based on the patients serum creatinine, age, and gender. The creatine results are traceable to an international standard (IDMS). The eGFR calculation is only valid in patients with stable renal function. The calculation is not valid in patients who have extremely low or high body weight. High bilirubin values >300 umol/L will yield a falsely decreased creatinine value and a false increase in eGFR. Other interferences in creatinine determination may include ketones or cephalosporin antibiotics.

Cholesterol Fast	mmol/L	3.86
Triglyceride Fast	mmol/L	0.93
HDL-Cholesterol Fasting	mmol/L	1.29
LDL Calc Fast	mmol/L	2.15
TC HDL-C ratio Fast	mmol/L	2.99
Lipid Interpretation	Lab IDENTIFIER D5160712	Level of Risk Definition LDL-C TC/ (1)

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(1) LAB IDENTIFIER: D5160712

Level of Risk Definition	LDL-C	TC/HDL-C
High	10-year risk of CAD >20% or Hx of CVD or diabetes	Treatment Targets <2.0 <4.0
Moderate	10-year risk of CAD 10-19%	Treat when: >=3.5 >=5.0
Low	10-year risk of CAD <10%	>=5.0 >=6.0

High risk includes coronary artery disease (CAD), peripheral artery disease, cerebrovascular disease and most patients with diabetes. *Can J Cardiol 2006:22:913-27
*Can J Diabet.es 2006:30:230-40

A1C 0.046-0.060 **0.064 H**

Routine Chemistry

Normals	10/27/09 21:09	10/27/09 16:02	10/27/09 11:48	10/27/09 09:33	10/27/09 05:46	10/26/09 09:48
	D0273163	D0273171	D0273224	D0270260	D0270677	D0260145
Sodium	135-145 mmol/L			140		139
Potassium	3.5-5.0 mmol/L			3.7		3.6
Chloride	96-106 mmol/L			109 H		111 H
Total CO2	22-30 mmol/L			25		24

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