

Reported by: LifeLabs

Collected on: Oct 20 2018 07:10

Reported on: Oct 22 2018 14:00

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

Printed on: 2018-10-22 14:57
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Ordered by:
Reported to:

Test	Flag	Result	Reference Range - Units
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General Comments

Hours After Meal

hours pc: 13

Hematology

WBC	6.9	4.0-10.0	10 ⁹ /L
RBC	5.19	4.20-5.40	10 ¹² /L
Hemoglobin	157	135-170	g/L
Hematocrit	0.47	0.40-0.50	L/L
MCV	90	82-98	fl
MCH	30.3	27.5-33.5	pg
MCHC	335	300-370	g/L
RDW	12.0	11.5-14.5	%
Platelet Count	A 137	150-400	10 ⁹ /L

Differential

Neutrophils	3.3	2.0-7.5	10 ⁹ /L
Lymphocytes	2.7	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	0.1	0.0-0.2	10 ⁹ /L
Granulocytes Immature	0.0	0.0-0.1	10 ⁹ /L

For Hematology Reporting Changes and RBC Morphology Grading, please visit LifeLabs BC Website at http://www.lifelabs.com/sites/content_authoring/healthcare-providers/Physician%20Newsletters/HCP%20Newsletter%20June%202018%20FINAL.pdf

Biochemical Investigation of Anemias and Iron Overload

Ferritin	145	24-444	ug/L
Adults: <15: diagnostic of Iron Deficiency 15-50: Probable Iron Deficiency 51-100: Possible Iron Deficiency >100: Iron Deficiency unlikely persistently >600: Test for Iron overload			
Children: <12: diagnosis of Iron Deficiency http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/iron-overload			

FINAL RESULTS

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Test	Flag	Result	Reference Range - Units
General Chemistry			
Glucose Fasting	A	5.7 Indicates increased risk of developing type 2 diabetes. Re-screen more often than every 3 years. 2h Glucose Tolerance Test is indicated if 1 or more risk factors present. www.bcguidelines.ca/gpac/pdf/diabetes_appendix_a.pdf	3.3-5.5 mmol/L
Hemoglobin A1C			
Hemoglobin A1C		5.2 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.	4.5-6.0 %
Sodium		140	135-145 mmol/L
Potassium		4.4	3.5-5.0 mmol/L
Urea		7.0	2.0-9.0 mmol/L
Creatinine		97	45-110 umol/L
Estimated GFR		91 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	>=60
Calcium		2.39	2.10-2.60 mmol/L
Uric Acid		428	150-430 umol/L
Total Bilirubin		10	<17 umol/L
Alkaline Phosphatase		56	40-145 U/L
Gamma GT		15	<49 U/L
ALT		36	<50 U/L
AST		25	<36 U/L
Muscle Enzymes			
CK		44	<165 U/L

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Test	Flag	Result	Reference Range - Units
Lipids			
Cholesterol	A	5.30	2.00-4.59 mmol/L
LDL Cholesterol	A	3.36	1.50-3.00 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		1.70	>0.99 mmol/L
		New method effective September 17,2018, with improved specificity and reduced interferences in patients with liver disease.	
		For further information please contact the Bio-Chemist on call at 1-800-431-7206.	
Chol/HDL (Risk Ratio)		3.12	<4.9
Non HDL Cholesterol		3.60	mmol/L
		Non HDL-cholesterol is calculated from total cholesterol and HDL-C and is not affected by the fasting status of the patient. The optimal non HDL-cholesterol level for intermediate and high risk individuals is <= 2.60 mmol/L. See Can J Cardiol 2013 vol 29 pgs 151 to 167.	
Triglycerides		0.52	<2.21 mmol/L
Random Urine Chemistry			
Urine Creatinine			
Urine Creatinine		8.58	mmol/L
		No reference range has been established for this test.	
Urine (Micro)albumin			
ACR (Microalbumin/Creatinine Ratio)		<1.0	<2.0 mg/mmol
		Note: Reference interval for albumin/creatinine ratio as per BCMA/MSG guidelines.	
Thyroid Function			
TSH		2.09	0.32-5.04 mU/L

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<u>Adrenal Function</u>			
Cortisol			
AM Cortisol		449	125-536 nmol/L
		If dexamethasone has been given <130 nmol/L.	
<u>Tumour Markers</u>			
Prostate Specific Ag		0.44	<2.5 ug/L
		Changes in serial PSA levels may be misleading unless all PSA tests are performed by the same laboratory.	
<u>Reproductive and Gonadal</u>			
Estradiol		113	<157 pmol/L
		NOTE: Estrogen receptor antagonists and aromatase inhibitors have been shown to interfere with estradiol testing by some immunoassay technologies resulting in falsely elevated estradiol concentrations. For patients taking these medications, please interpret results with caution.	
DHEA Sulphate		5.1	<15.0 umol/L
Testosterone		22.5	8.4-28.8 nmol/L
Testosterone Free Calculated		412	115-577 pmol/L
		Method of Vermeulen	
Testosterone Bioavailable Calculated		9.6	2.7-13.5 nmol/L
		Method of Vermeulen Interpret BAT and cFT results with caution in presence of significant hypoalbuminemia.	
Sex Hormone Binding Globulin		44.1	10.0-70.0 nmol/L
		When assessing testosterone status, testosterone and SHBG should be tested on the same specimen.	
<u>Serum Proteins</u>			
C Reactive Protein (High Sensitivity)		1.0	<4.8 mg/L
		New reference range effective 09/11/2017.	
		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.	

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