

CHART AUDIT TOOL

Chart #2

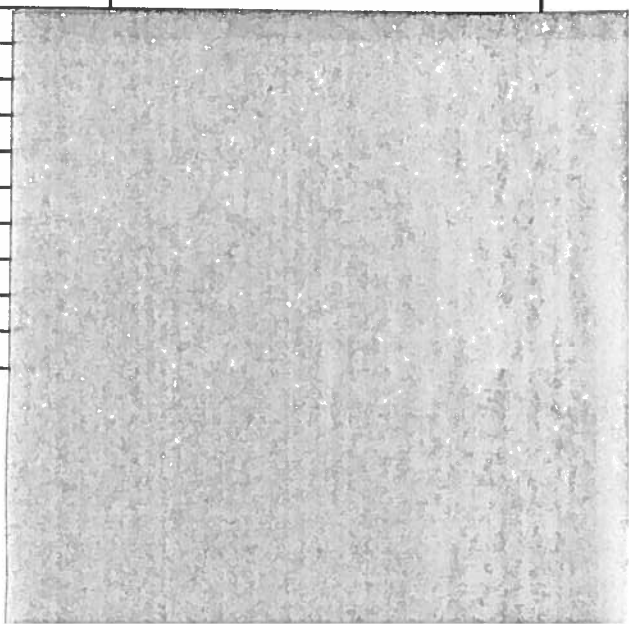
Instructions:

- Review this chart.
- Complete the Chart Audit tool
- Discuss the findings

CPE CPE

DATE	23/9/09	14/11/10								
Wt	149	141 1/2								
Ht		5' 3 1/2								
BP Sii	136/72	140/76								
:STAND										
Unne S/A										
Pap										
Mb (lab)										
WBC										
ESR										
Na										
K										
BUN										
Creat.										
Unc										
Glucose										
Cholest										
Trig										
HDL										
LDL										
TSH										
T4										
X-ray										
Mammogram										
EKG										
Injection										
Dose/Am'l										
Initials										

	Immunize	Date	Initial	Immunize	Date	Initial
	DaPTP HIB					
	DaPTP HIB					
	DaPTP HIB			Influenza		
	IMMR			Influenza		
	DaPTP Hib			Influenza		
	DaPTP			Pneumovoc		
	Td			Pneumovoc		
	Td					



Flow Sheet

scribble

ONSET	#	MAJOR PROBLEM	MEDICATION & DOSAGE	LAST REFILL	QTY
1990		Duodenal ulcer	Zantac 300mg HS		
		↑ cholesterol	Lopid 600mg BID	9/1/91	100
1987		nk b.c.a.	test strips - fast take	10/1/00	100x
1999		DMT	light scan (conducts)	10/1/00	100x
			altace 5mg	23/4/08	100x4
			Pravastatin 40 mg	2/8/11	100x3
			Motilomin 500 mg	2/8/11	150x3
			Ramipril 5 mg	2/8/11	100x3
			Betaderm Cr. 0.1%	30/11/10	30x3
			Zopiclone 7.5 mg	15/12/11	90x3
ALLERGIES		∅			
BLOOD TRANSFUSION:					
BLOOD GROUP					

6
8
8
8
8
8
8
8

SOCIAL	OCCUP:	FAMILY HEALTH
	at home	
HOUSEHOLD:	husband - disability pension.	FATHER: d. 70 ?MT many operations
		MOTHER: d. 76. "blood Ca"
		SIBS: only child
		Other Family

if children

YEAR/AGE	PAST ILLNESSES, SURGERY, PREGNANCIES	PERSONAL
	G 5 P 4 SA 1 TA	Smoking ∅
	Appendectomy	Alcohol ∅
	Cholecystectomy	Exercise
	Venose vein stripping L	Seat Belts
1987	R mastectomy - Ca.	Smoke Detec.
	Tubal ligation	Dental Care
02	cone biopsy	Hobbies
10	L mastectomy - Ca.	

DATE / VITAL SIGNS	SUBJECTIVE	OBJECTIVE	ASSESSMENT	PLANS
BP H T P May 6/12.	BP ✓ Feels well. Sugar 5 in e home.	Giv on Alaskan cruise end of July.		
	✓ look well BP 126/70 A stable B, R7C3-	FBS 5.8 HbA1C 6.3		
				M.
Aug 5/11	BP ✓ Feels well - energy good.	Enjoyed cruise w. wt st. Sugar st - 5 in + 6 in.		
	✓ look well BP 130/70. A stable B, R7C3-	bloodwork n/a yel.		
				M.
Nov 29/11	BP ✓ Dry rash l face x 2-3-wk occitely. Uses HC 5% cr i some relief. "new product. n/a makeup. NKA.	For FLS Sugar staying st.		
	✓ look well BP 140/72 HR 72 reg. face - small dry red patches.	Son in write wedding baby April - happy.		
B.P. H T P W T B M	B BP sl ↑ DM II st. Eczema B, FLS given l deltid. R7C3- - bloodwork prior. To locant HC re ezeema.			
				M
Feb 29/12	BP ✓ Feels well. energy good.	Needs x betamethasone - been cr - would rather have with.		
	✓ look well BP 134/72 A st B, Rx betamethasone - 1%. use on bad ptn 30p rat. R7C3-	FBS 5.7 HbA1C 6.5		
				M.



MARITAL STATUS DATE OF BIRTH
S M W D SEP

AGE



DRUG ALLERGIES

DATE / VITAL SIGNS

SUBJECTIVE

OBJECTIVE

ASSESSMENT

PLANS

BP Nov 16 / 110
H W BMI
T T
P T

Gm 82yo Had mastectomy, cax? - went well. Not rash a few days later - lasted 6 wks - itching - blistering, oozing. Had cold injury 1 wk after surgery. Stem - oldest dr the c bone ca - now in liver, also. 53yo.

P.O.S. nit is as nit cor nit o anpina. I approx 10 wks - last 10 lbs - surg - st f again. chronic const - senna tea good nit no joint aches.

soc. lives apt i husb. As above.

meds. Ramipril 5, 00, metformin 500mg am, 250, evng, pravastatin 40, 00.

of look and - fearful - appropriate.

Had NAD AB exam, cvHse on Br - nit ab mastectomy, scans clear - no illac @ ABC EXTC PV defended

BP
H W BMI
T T
P T

As + BP + chol DM 4 br ca - nit it

R Bloodwork before next visit - RUC? - MS given MS

Feb 2/11

BPK Feb she has had fever since Aug - 1 wk on 1 wk off - aches, hda, tired, sleep.

Sleep poor - up through night. wishes he sat - has tried out in past - varying success. Stem - dr having chemo.

of affect appropriate - fearful + time BP 130/80 Blackish stool.

As BP. DM stable

R. R. Sepidlow T. 5, st h p m30x3 RUC 3, M.





DATE / VITAL SIGNS	SUBJECTIVE	OBJECTIVE	ASSESSMENT	PLANS
B.P. H T W T B M I P T				
		1) ↑ BP, DM2, ↑ cholest. stable. flu-like illness		
		2) WBC normal, LFTs, R2C F16, 3-4 BP		
				m ²
Oct 23/09		For F15 - well - given rx		
Jan 4/10		BP ✓. Had NINI shot Nov 26 - h/o since then. Fronto occipital T1/T2 dx with relief. Worse am, evng. Had body aches initially. Daily h/o. H/o started immediate chemo shot.		
		1) no chills BP 140/80 HR 72 reg. neck red & swollen		
		2) BP ok tension h/o		
		3) T4y Alex tid lwh. Also one for mammo.		
		R1C 3-		m ²
Jan 4/10		mammo. Feb 10/10 @ 8:55. Pt notified 1		
Feb 19/10		1) Uti report. UA 100+ wbc/hpf - re sentra DS bid lwh		m ²
Apr 6/10	B.P. H T W T B M I P T	BP ✓ Had diff with winter - uri's, uti. H/o gradually. Recent FBS 5.6 HgbA1C 6.0		
		1) looks well BP 120/82		
		2) stable		
		3) R1C 3-		m ²
July 13/10.		BP ✓ FBS 6.0 HgbA1C 6.3. Found to have lobular ca of breast - having mastectomy Aug 3 - BHC. Hysteria. Could have had radiation or chemo - opted for surgery.		
		1) looks well. affect appropriate. BP 121/82		
		2) BP. suprost		
		3) Has opx Nov - see then		m ²

WELLBUTRIN[®] XL:

Recommended first-line therapy for adults with major depressive disorder¹
150 mg and 300 mg extended-release tablets

1. CANMAT Depression Work Group. Can J Psychiatry 2001;46(Suppl 1):38S-58S
Wellbutrin[®] XL is a trademark of The GlaxoSmithKline Group of Companies, and is used by Bivail under license

ONCE-DAILY

WELLBUTRIN[®] XL

bupropion HCl

Biovail Medical Information: 1 (866) 825-8120

Scanned

MARITAL STATUS	DATE OF BIRTH	AGE
S M W D SEP		



P
N
D
R

DRUG ALLERGIES

DATE / VITAL SIGNS	SUBJECTIVE	OBJECTIVE	ASSESSMENT	PLANS
B.P. Dec 3/06		BP ✓ Full re PM, Chol. FBS 5.7 HybA1C 6.3 Fchol 5.3		
H T	W T	B M		
P	T			
		Feels well.		
		<ul style="list-style-type: none"> look well BP 134/80 stable re all above RTC 3 - bloodwork prior m 		
Mar 2/09		BP ✓ Winter has been okay - no significant flus.		
		Feels well		
		<ul style="list-style-type: none"> look well BP 130/74 FBS 6.5 HybA1C 6.6 stable RTC 3 - Bloodwork prior. Book eye also m 		
June 1/09		BP ✓ Feels okay - energy not great - chronic. Amgard.		
		Needs 4 beta blockers one 1% cr - eye behind ears.		
		<ul style="list-style-type: none"> look well BP 136/70 FBS 7.0 HybA1C 6.5 Fchol 6.6 chol re ↑ BP - on st RTC sept - her eye - bloodwork prior m 		
B.P.				
H T	W T	B M		
P	T			
Sept 23/09		Eye Blyo. Not feeling great x 4 wks. Tired, blo, and nausea.		
		<ul style="list-style-type: none"> res. re - not clear as re not clear with angina so approved. normally not st & occ diarrhea & some gas with occ aches 		
		<ul style="list-style-type: none"> see home food - needs okay. Baby sits 3yo gr dtn 		
		<ul style="list-style-type: none"> meds: Ramipril 5, 09, metformin 500, am 250, evg pravastatin 40, 09. 		
		<ul style="list-style-type: none"> look well and vvv re clear with re - for re medication, re ABO EXT B PV returned. 		

WELLBUTRIN XL

Recommended first-line therapy for adults with major depressive disorder

150 mg and 300 mg extended-release tablets

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Wellbutrin XL is a trademark of The GlaxoSmithKline Group of Companies, and is used by Biovail under license.

ONCE-DAILY

WELLBUTRIN XL

bupropion HCl

Biovail Medical Information: 1 (866) 825-8120

CENTRAL MEDICAL LABORATORIES

212-388 Portage Avenue
Winnipeg, MB R3C 0C8

Phone: (204) 944-0757
Fax: (204) 957-1221
Email: lab@centralmed.mb.ca

Female
Birth Date:
Health No:
PHIN No:

Specimen Date: 25 Nov 08
Specimen Time: 08:40
Received Date: 25 Nov 08
Date Printed: 27 Nov 08

GLUCOSE

Glucose Fasting	5.4	3.9 - 6.4	mmol/L	#
Glycated Hemoglobin/A1c	6.3	4.7 - 6.4	%Total Hg	#

LIPIDS

Cholesterol Fasting	*5.3*	< 5.2	mmol/L	#
Triglycerides	1.09	0.1 - 2.2	mmol/L	#
HDL	1.1	>= 0.9	mmol/L	#
LDL Cholesterol	*3.7*	< 3.4	mmol/L	#
Cholesterol/HDL Ratio	4.8	<= 5.0		

REFERRED OUT

Ur Alb/Creat Ratio-Random St.Boniface Hospital Chemistry (204)237-2475

*** END OF REPORT ***

* Abnormal Result * # Normal Adjusted For Age and/or Gender

Patient:
Born
Location
Doctor:

History #

=====
Lab # C223245-8 Collected on 25 Nov 08 at 08:40
Your reference - 7 OAKS MED CENTRE

	RESULTS	REFERENCE	UNIT
URINE CHEMISTRY			
Random Sample			
Creatinine (Urine)	5.6		mmol/L
Albumin/Creatinine	2.3	Normal <2.8	mg/mmol
		Microalbuminuria 2.8-28	
		Overt Nephropathy >28	

CENTRAL MEDICAL LABORATORIES

212-388 Portage Avenue
Winnipeg, MB R3C 0C8

Phone: (204) 944-0757
Fax: (204) 957-1221
Email: lab@centralmed.mb.ca

Female
Birth Date:
Health No:
PHIN No:

e

Specimen Date: 24 Feb 09
Specimen Time: 08:52
Received Date: 24 Feb 09
Date Printed: 26 Feb 09

GLUCOSE

Glucose Fasting	*6.5*	3.9 - 6.4	mmol/L	#
Glycated Hemoglobin/A1c	*6.6*	4.7 - 6.4	%Total Hg	#

*** END OF REPORT ***

* Abnormal Result * # Normal Adjusted For Age and/or Gender

CENTRAL MEDICAL LABORATORIES

212-388 Portage Avenue
Winnipeg, MB R3C 0C8

Phone: (204) 944-0757
Fax: (204) 957-1221
Email: lah@centraimed.mb.ca

Female
Birth Date:
Health No:
PHIN No:

e

Specimen Date: 26 May 09
Specimen Time: 08:37
Received Date: 26 May 09
Date Printed: 27 May 09

CHEMISTRY

ALT(SGPT)	31	25 - 65	U/L	
AST(SGOT)	22	7 - 40	U/L	#

GLUCOSE

Glucose Fasting	*7.0*	3.9 - 6.4	mmol/L	#
Glycated Hemoglobin/Alc	*6.5*	4.7 - 6.4	%Total Hg	#

LIPIDS

Cholesterol Fasting	*6.6*	< 5.2	mmol/L	#
Triglycerides	1.45	0.1 - 2.2	mmol/L	
HDL	1.3	>= 0.9	mmol/L	#
LDL Cholesterol	*4.6*	< 3.4	mmol/L	#
Cholesterol/HDL Ratio	*5.1*	<= 5.0		

*** END OF REPORT ***

* Abnormal Result * # Normal Adjusted For Age and/or Gender

CENTRAL MEDICAL LABORATORIES

212-388 Portage Avenue
Winnipeg, MB R3C 0C8

Phone: (204) 944-0757
Fax: (204) 957-1221
Email: lab@centralmed.mb.ca
Medical Director: Dr. J. Naidoo

Female
Birth Date:
Health No:
PHIN No:

Specimen Date: 17 Sep 09
Specimen Time: 08:31
Received Date: 17 Sep 09
Date Printed: 18 Sep 09

HAEMATOLOGY

Hemoglobin	130	120 - 160	g/L	#
------------	-----	-----------	-----	---

ELECTROLYTES

Sodium (serum)	139.0	135 - 150	mmol/L	#
Potassium (serum)	4.5	3.5 - 5.3	mmol/L	#

CHEMISTRY

BUN (serum)	3.2	2.4 - 8	mmol/L	#
Creatinine (serum)	72	50 - 110	umol/L	#

GLUCOSE

Glucose Fasting	*6.7*	3.9 - 6.4	mmol/L	#
Glycated Hemoglobin/A1c	*6.8*	4.7 - 6.4	%Total Hg	#

LIPIDS

Cholesterol Fasting	*6.0*	< 5.2	mmol/L	#
Triglycerides	1.24	0.1 - 2.2	mmol/L	#
HDL	1.2	>= 0.9	mmol/L	#
LDL Cholesterol	*4.2*	< 3.4	mmol/L	#
Cholesterol/HDL Ratio	5.0	<= 5.0		

ENDOCRINOLOGY

TSH (Third Generation)	1.8357	0.35 - 4.94	mu/L	#
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REFERRED OUT

Ur Alb/Creat Ratio-Random St.Boniface Hospital Chemistry (204)237-2475

*** END OF REPORT ***

* Abnormal Result * # Normal Adjusted For Age and/or Gender

CENTRAL MEDICAL LABORATORIES

212-388 Portage Avenue
Winnipeg, MB R3C 0C8

Phone: (204) 944-0757
Fax: (204) 957-1221
Email: lab@centralmed.mb.ca
Medical Director: Dr. J. Naidoo

Female
Birth Date:
Health No:
PHIN No:

Specimen Date: 23 Sep 09
Specimen Time: 11:15
Received Date: 23 Sep 09
Date Printed: 01 Oct 09

HAEMATOTOLOGY

WBC Count	5.3	4.5 - 11	x 10 ⁹ /L	#
WBC Differential				
Cell Counts	%	(x10 ⁹ /L)		
Neutrophils	53.5	2.9		
Lymphocytes	31.9	1.7		
Monocytes	9.4	0.5		
Eosinophils	4.2	0.2		
Basophils	1.0	0.1		
Morphology				
RBC's and Platelets Appear:	Normal			
Sed Rate	26.0	<= 30.0	mm/hr	#

CHEMISTRY

ALT (SGPT)	33	25 - 65	U/L	
AST (SGOT)	19	7 - 40	U/L	#

*** END OF REPORT ***

* Abnormal Result * # Normal Adjusted For Age and/or Gender

BIOCHEMISTRY

face General Hospital

Patient:
Born
Location
Doctor:

History #

=====
Lab # C186357-4 Collected on 17 Sep 09 at 08:31
Your reference - SEVEN OAKS MEDICAL

	RESULTS	REFERENCE	UNIT
URINE CHEMISTRY			
Random Sample			
Creatinine (Urine)	6.4		mmol/L
Albumin/Creatinine	3.1*	Normal <2.8 Microalbuminuria 2.8-28 Overt Nephropathy >28	mg/mmol

CENTRAL MEDICAL LABORATORIES

212-388 Portage Avenue
Winnipeg, MB R3C 0C8

Phone: (204) 944-0757
Fax: (204) 957-1221
Email: lab@centralmed.mb.ca
Mo

Female
Birth Date:
Health No:
PHIN No:

Specimen Date: 30 Dec 09
Specimen Time: 08:34
Received Date: 30 Dec 09
Date Printed: 30 Dec 09

CHEMISTRY

ALT(SGPT)	30	25 - 65	U/L	
AST(SGOT)	19	7 - 40	U/L	#

GLUCOSE

Glucose Fasting	5.9	3.9 - 6.4	mmol/L	#
Glycated Hemoglobin/A1c	6.3	4.7 - 6.4	%Total Hg	#

LIPIDS

Cholesterol Fasting	*5.9*	< 5.2	mmol/L	#
Triglycerides	1.09	0.1 - 2.2	mmol/L	
HDL	1.3	>= 0.9	mmol/L	#
LDL Cholesterol	*4.1*	< 3.4	mmol/L	#
Cholesterol/HDL Ratio	4.5	<= 5.0		

*** END OF REPORT ***

* Abnormal Result * # Normal Adjusted For Age and/or Gender

DR. .

August 27, 2010

Dear Dr.

RE:
DOB: 1

Please find enclosed a copy of the tissue report from Mrs. recent mastectomy.

She did very well postoperatively; she had some slight redness to the incision so I did put her on Keflex. In discuss by phone I understand that she developed a rash from this and I have asked her to stop.

I did just discuss her case with Oncology and given the fact that she now has had bilateral mastectomies with a small volume of tumor I think it is reasonable not to start her on any Aromatase inhibitors or Tamoxifen.

She will just continue to see me in clinical follow-up.

Yours sincerely,

Encl.



DIAGNOSTIC SERVICES
OF MANITOBA
SERVICES DE DIAGNOSTIC
DU MANITOBA

Department of
Pathology

Victoria General Hospital
2340 Pembina Highway
Winnipeg, MB R3T 2E8
Phone: 204 477-3176
Fax: 204 269-7723

Surgical Pathology Report

AP No.

Name:	MRN:
Date of Birth:	Location: Unit 2 - Surgery
PHIN:	Encounter:
Physician(s):	Hosp/Clinic: Vgh Do Not Use
Copy to: Victoria Gen. Hospital	
Date Collected: 03/08/2010	Date Received: 04/08/2010

NATURE OF SPECIMEN:

Left breast tissue (medial double stitch, the incision is upper inner quadrant).

CLINICAL DATA:

Left simple mastectomy. 9 wire localized biopsy (left) breast invasive lobular carcinoma. Patient history right mastectomy presumed benign in 1987.

GROSS DESCRIPTION:

Specimen received fresh, cut and placed in formalin at 1326 h August 3 and labelled left breast tissue consists of an oriented left breast mastectomy specimen measuring 22.5 cm ML x 20 cm SI x 6 cm AP. Anteriorly the breast tissue is covered by an ellipse of skin including the nipple measuring 21.5 cm ML x 14.8 cm SI. The nipple is located roughly centrally. The nipple measures 1.3 cm SI x 1.2 cm ML and rises 0.8 cm above the skin. In the upper inner quadrant there is a slightly depressed puckered query well healed surgical scar measuring 4 cm in length x 0.2 cm in diameter. The edge of the scar is 1.2 cm from the closest skin line of resection. Spanning the lower inner and outer quadrant there is an ill defined light brown query skin lesion measuring 1.8 x 1 cm. The lesion is 1.5 cm from the closest skin line of resection. There is a query defect at the superior edge of the skin measuring 1 x 1 cm. The defect extends to the edge of the specimen to the skin. The breast tissue is inked as follows: red superior, orange inferior, green medial, yellow lateral, blue anterior, black posterior. On sectioning, the breast tissue is mostly fatty. In the upper inner quadrant there is a hemorrhagic firm biopsy cavity measuring 2.4 cm AP x 2 cm SI x 1.8 cm ML. The biopsy cavity is 1 cm from the posterior margin, 1.5 cm from the anterior margin and skin, 3.7 cm from the medial margin, 6 cm from the inferior margin, 7 cm from the superior margin, and 12 cm from the lateral margin. The biopsy cavity is deep to the scar at the skin surface. No definite residual lesion is grossly identified. No other gross lesions are identified. The majority of the breast tissue is fatty with a minimal amount of fibrous tissue. The breast tissue is trimmed to cassettes at 1351 h August 4, processed on August 5. A1 & A2 - longest AP axis of the lesion (A1 anterior including the skin, A2 posterior portion); A3 & A4 - biopsy cavity and closest posterior margin; A5 - biopsy cavity skin and surgical scar; A6 to A7 - anterior aspect of the biopsy cavity; A8 & A9 - medial wall of the biopsy cavity and the medial margin; A10 - lateral wall of the biopsy cavity; A11 - superior wall of the biopsy cavity; A12 - inferior wall of the biopsy cavity; A13 - cross section through the nipple; A14 - cross section through the skin lesion including the closest inferior skin margin; A15 - random sections through the upper inner quadrant; A16 - random sections through the upper outer quadrant; A17 - random sections through the lower inner quadrant; A18 - random sections through the lower outer quadrant; A19 - section through the query defect at the superior aspect of the skin. NAX.

Please see accompanying photograph for sectioning clarification.

P A T H O L O G Y S U R G I C A L

Page: 1/3

revised

MICROSCOPIC DESCRIPTION:

Sections show a biopsy cavity with a repair reaction including focal inflammation, fibrosis, fat necrosis and foreign body giant cell reaction to nonpolarizable material. Sections along the dermal scar shows foreign body giant cell reaction to polarizable foreign body material consistent with suture. A residual lobular carcinoma is present. The tumor consists of an invasive component as well as an in situ component. The in situ component is located 0.38 cm from the medial margin while the invasive component is located 1 cm from the medial margin. The size of the invasive tumor foci is approximately 0.5 cm. Section of the nipple is unremarkable. A section of a skin lesion shows a seborrheic keratosis with an acanthotic epidermis with pseudohorn cysts. There is no evidence of malignancy. Other sections of the breast shows focal fat necrosis and a mainly fatty breast.

DIAGNOSIS:

Breast, left, simple mastectomy.

- Residual carcinoma present, in situ lobular and moderately differentiated invasive lobular carcinoma.
- Size of invasive component approximately 0.5 cm.
- Invasive component located 1 cm from closest margin, medial margin.
- In situ component located 0.38 cm from closest margin, medial margin.
- Not identified in preformed spaces.
- Biopsy cavity with repair reaction, fat necrosis, fibrosis and foreign body giant cell reaction to polarizable and nonpolarizable material.
- pT1b NX MX.
- Skin with seborrheic keratosis.

Synoptic Report for Breast Cancer

Procedure:	Simple mastectomy.
Tumour Site:	Left breast.
Tumor Focality:	Solitary.
Size of Invasive Component:	0.5 cm.
Histologic Type:	Lobular.
Histologic Grade:	Moderately differentiated.
Non-invasive Carcinoma:	Present.
Surgical Margins:	Not involved, 1 cm from medial margin.
Lymphovascular Invasion:	Not identified.
Skin Involvement:	Not identified.
Nipple Involvement:	Not identified.
Microcalcifications:	Not seen.
Receptors:	Previously done.
Additional Pathologic Findings:	Seborrheic keratosis.
Lymph Nodes:	Not applicable.
pTNM:	pT1b NX MX.

Gamma-Dynacare Medical Laboratories

212-388 Portage Avenue
Winnipeg, MB R3C 0C8

Phone: (204) 944-0757
Fax: (204) 957-1221
Medical Director: Dr. J. Naidoo

Female
Birth Date:
Health No:
PHIN No:

To:

Winnipeg, MB

CML Ref#:
Ordered by:

Specimen Date: 24 Jan 11
Specimen Time: 08:40
Received Date: 24 Jan 11
Date Printed: 25 Jan 11

ELECTROLYTES

Sodium (serum)	*133.0*	135 - 150	mmol/L	#
Potassium (serum)	5.0	3.5 - 5.3	mmol/L	#

CHEMISTRY

ALT (SGPT)	26	25 - 65	U/L	#
AST (SGOT)	20	7 - 40	U/L	#
BUN (serum)	3.8	2.4 - 8	mmol/L	#
Creatinine (serum)	57	50 - 110	umol/L	#

eGFR = >60 ml/min/1.73 m sq

GLUCOSE

Glucose Fasting	5.2	3.9 - 6.4	mmol/L	#
Glycated Hemoglobin/Alc	*6.6*	4.7 - 6.4	%Total Hg	#

LIPIDS

Cholesterol Fasting	*5.9*	< 5.2	mmol/L	#
Triglycerides	1.18	0.1 - 2.2	mmol/L	#
HDL	1.2	>= 0.9	mmol/L	#
LDL Cholesterol	*4.2*	< 3.4	mmol/L	#
Cholesterol/HDL Ratio	4.9	<= 5.0		

ENDOCRINOLOGY

TSH (Third Generation)	1.9723	0.35 - 4.94	mu/L	#
------------------------	--------	-------------	------	---

*** END OF REPORT ***

* Abnormal Result * # Normal Adjusted For Age and/or Gender

DR.

L.C.S.C.

ON

Practice by referral only

June 20, 2011

Dear Dr.

**RE:
DOB:**

Mrs. [redacted] was in to see me in follow-up and there is no evidence of local recurrence in the left chest wall.

Given the small volume of tumor I have just elected to see her back on an annual basis.

Yours sincerely,

D.

f

Scanned

Gamma-Dynacare Medical Laboratories

212-388 Portage Avenue
Winnipeg, MB R3C 0C8

Phone: (204) 944-0757
Fax: (204) 957-1221
Medical Director: Dr. J. Naidoo
32

DATE:

Female
Birth Date:
Health No:
PHIN No:

To:

Specimen Date: 03 Aug 11
Specimen Time: 08:40
Received Date: 03 Aug 11
Date Printed: 04 Aug 11

GLUCOSE

Glucose Fasting	5.4	3.9 - 6.4	mmol/L	#
Glycated Hemoglobin/A1c	*6.1*	4 - 6	%Total Hg	#

*** END OF REPORT ***

* Abnormal Result * # Normal Adjusted For Age and/or Gender

50 Aug 11

Gamma-Dynacare Medical Laboratories

212-388 Portage Avenue
Winnipeg, MB R3C 0C8

Phone: (204) 944-0757
Fax: (204) 957-1221
Medical Director: Dr. J. Naidoo

184

Female
Birth Date: : -
Health No:
PHIN No: }

To:

Priority: Normal
Specimen Date: 24 Nov 11
Specimen Time: 08:34
Received Date: 24 Nov 11
Date Printed: 28 Nov 11

GLUCOSE

Glucose Fasting	*6.5*	3.9 - 6.4	mmol/L	#
Glycated Hemoglobin/A1c	*6.4*	4 - 6	%Total Hg	#

*** END OF REPORT ***

* Abnormal Result * # Normal Adjusted For Age and/or Gender

SCANNED

Gamma-Dynacare Medical Laboratories

212-388 Portage Avenue
Winnipeg, MB R3C 0C8

Phone: (204) 944-0757
Fax: (204) 957-1221
Medical Director: Dr. J. Naidoo

23

DARTKI

Female
Birth Date: ---
Health No: ---
PHIN No: ---

To: ---

Priority: Normal
Specimen Date: 22 Feb 12
Specimen Time: 08:45
Received Date: 22 Feb 12
Date Printed: 23 Feb 12

GLUCOSE

Glucose Fasting	5.7	3.9 - 6.4	mmol/L	#
Glycated Hemoglobin/A1c	*6.5*	4 - 6	%Total Hg	#

*** END OF REPORT ***

* Abnormal Result * # Normal Adjusted For Age and/or Gender

Scanned