

*Please note: A substitute decision-maker is a person authorized under PHIPA to consent, on behalf of an individual, to disclose personal health information about the individual.

Signature: _____ Date: 2026-01-12

Home Tel: _____ Work Tel: _____

Witness Name: _____ Address: _____

Signature: *P. Athina* Date: 2026-01-12

Home Tel: (000) 000-0000 Work Tel: (000) 000-0000 (647) 668-1441

My Name: *PARTHENA MANOUSARIDS* Address: 15 Penzance Dr. ON, Canada MKK 4Z4

9186734993AX 1936-02-09

I understand the purpose for disclosing this personal health information to the person noted above. I understand that I can refuse to sign this consent form.

(First name and address of person requesting the information)

to Dr. Peter Polydoropoulos 416-461-0445

(Describe the personal health information to be disclosed)

Tel: 416-667-2488

consisting of:

(Name of person for whom you are the substitute decision-maker)

SARAH EAST
416-224-1111

the personal health information of

OR

(Describe the personal health information to be disclosed)

9934

Medical records

my personal health information consisting of:

to disclose

I, _____ (Print your name)

MA NOUSARIDS PARTHENA, authorize _____ (Print name of health information custodian)

Dr. Arman Boyatzian Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

Consent to Disclose Personal Health Information

416 298 7807

FAXED

Patient CPP

Social History

-widowed
no etoh
1PPD smoker
lives w/ daughter

Other Meds

Medical History

-COPD (AE, 1/2026)
HTN
HLD
Anemia
CHF
GERD

Ongoing Concerns
-COPD

Reminders

-cardiology q 6 mo (Dr. Chris Konstantinou)
George Grandson, has permission to discuss patients

Family History

Risk Factors

Allergies

Final result

Message Unique ID: 20231119085620525^33431403.2181813^4839^DI^405218428^202311
Sending Facility ID: 4839
Sending Facility Report No.: 405218428
Date and Time of Report: Sun Nov 19 08:30:00 EST 2023
Result status: Stored for the test

SCARBOROUGH HEALTH NETWORK - GENERAL
3030 Lawrence Ave E, Scarborough, Ontario, M1P 2V5

PARTHENA MANOUSARIDIS
MRN: H0581440, DOB: 09/02/1936, Sex: Female
HCN: 9186734993
Acct #: 99685886
Adm: 19/11/2023, Dis:
Patient Phone: (416)297-7804
Procedure: CT Renal Collc
Accession Number: CT2413021
Authorizing Provider: CHAN, CAROLINE
Exam Date and Time: 19/11/2023 0830
PCP: BOYRAZIAN, ARMEN
CC Providers:
CHAN, CAROLINE - Authorizing Provider
BOYRAZIAN, ARMEN - Primary Care Provider

CT ABDOMEN AND PELVIS:

HISTORY: Left flank pain.

TECHNIQUE: Unenhanced 5 mm multidetector helical CT slices are obtained of the abdomen and pelvis.

FINDINGS:

The lung bases are overall clear to the extent seen. There is no free air or free fluid to the extent seen.

Visualized portions of the liver demonstrates tiny hypodensity within segment 4 of the left lobe measuring 4 mm which appears unchanged. The gallbladder, pancreas, spleen, adrenals appear grossly unremarkable to the extent seen.

With respect to the kidneys, there does not appear to be hydronephrosis, hydroureter involving either kidney. No evidence of renal calculus. There are bilateral renal cortical hypodensities one of which appears isodense arising from the anterior left kidney measuring 2.2 cm which was shown to be a probable 1.9 cm cyst on the prior CT from 2020. No definite nonobstructing stones are seen involving either kidney. Some of the cysts are also hyperdense in appearance.

The stomach is not distended. No dilated small or large bowel loops are seen. Urinary bladder is not fully distended. There is moderate sigmoid diverticulosis without evidence of diverticulitis. No significant pelvic or para-aortic lymphadenopathy is seen. There is severe multilevel degenerative disc disease.

IMPRESSION:

There does not appear to be evidence of obstructive uropathy. There remain multiple renal densities most in keeping with cysts, some of which appear isodense and hyperdense. If indicated, follow-up may be obtained with nonurgent renal ultrasound.

There appears to be moderate sigmoid diverticulosis without definite evidence of diverticulitis. Therefore, a definite cause of left flank pain is not identified.

Interpreted by:
Janice Nazareno, MD

Signed by:
Janice Nazareno, MD
19/11/23

PARTHENA MANOUSARIDIS

MRN: H0581440, DOB: 09/02/1936, Sex: Female

HCN: 9186734993

Acct #: 99685886

Adm: 19/11/2023, Dis:

Patient Phone: (416)297-7804

Procedure: CT Chest Abdomen Angio

Accession Number: CT2413281

Authorizing Provider: CHAN, CAROLINE

Exam Date and Time: 19/11/2023 1250

PCP: BOYRAZIAN, ARMEN

CC Providers:

CHAN, CAROLINE - Authorizing Provider

BOYRAZIAN, ARMEN - Primary Care Provider

CT CHEST ABDOMEN ANGIO

INDICATION: Rule out aortic dissection

COMPARISON: CT renal colic in 19/11/2023

Findings:

Vascular:

There is extensive atherosclerotic ossification seen with in the aorta involving the ascending aorta, arch and descending aorta. No evidence of aneurysmal dilatation. The ascending aorta is mildly ectatic measuring 3.3 cm in AP dimension. There is no evidence of dissection or intramural hematoma along the full length of the aorta. The main pulmonary artery measures 2.8 cm, within normal limits.

The celiac artery, SMA, bilateral renal arteries and IMA are patent. The bilateral internal and external iliac arteries are also patent with no aneurysmal dilatation.

Nonvascular:

No mediastinal or hilar lymphadenopathy. The central airways are patent. Minor subsegmental atelectasis. No suspicious lung nodule or consolidation. Bilateral mild paraseptal emphysema. No pleural or pericardial effusion.

Limited evaluation of the abdominal organs in the arterial phase. Allowing for this, no suspicious abnormality in the liver, spleen, adrenals or pancreas. Bilateral renal cortical lesions are likely cysts. No enhancing renal lesion is appreciated. No hydronephrosis. No stones. No abdominalopelvic lymphadenopathy. No small or large bowel obstruction. No ascites. No free air.

Degenerative changes in the thoracic and lumbar spine, most severe at L1 to, L3-4, L4-5 and L5-S1. No fracture seen.

CONCLUSION:

No evidence of aortic dissection. No acute abnormality seen. Incidental findings as above.

Interpreted by:
Kalesha Hack, MD

Signed by:
Kalesha Hack, MD

19/11/23

Final result

Message Unique ID: 20231119140326086^33431403.2182601^4839^DI^405256847^202311
191403^P^^F^99685886^57
Sending Facility ID: 4839
Sending Facility Report No.: 405256847
Date and Time of Report: Sun Nov 19 12:50:00 EST 2023
Result Status: Signed by the responsible author and Released by health
Records

3050 Lawrence Ave. E.
Scarborough ON M1P 2V5
Manousaridis, Parthena
MRN: H0581440, DOB: 9/2/1936, Sex: F
OHIP: 9186734893AP
Acct #: 202266990
Adm: 19/11/2023, Dis: 19/11/2023



ED Provider Notes by Zeyu Li, MD at 19/11/2023 22:00

Author: Zeyu Li, MD
Filed: 20/11/2023 0:58
Editor: Zeyu Li, MD (Physician)
Service: Emergency Medicine
Date of Service: 19/11/2023 22:00
Author Type: Physician
Status: Signed

Hand over

Patient having left sided flank pain and hip pain
Sleeping on couch over the past few months
Due to mobility issues

CTA: normal no signs of dissection

However on repeat assessment hypertension at 210 to 220 systolic

Hydralazine given

Typical BP is 160s.

Patient already on multiple BP medications

Given script for hydralazine PRN

Follow up GP

Return if worsening symptoms, increasing swelling/redness, numbness, weakness or signs of infection

Return to ED if worsening symptoms, shortness of breath, chest pain, Abdo pain, fevers, or feeling generally unwell.

Zeyu Li, MD
20/11/23 0058

3050 Lawrence Ave. E.
Scarborough ON M1P 2V5
Manousaridis, Parthena
MRN: H0581440, DOB: 9/2/1936, Sex: F
OHIP: 9186734993AP
Acct #: 202265990
Adm: 19/11/2023, Dis: 19/11/2023



ED Provider Notes by Zeyu Li, MD at 19/11/2023 22:00

Author: Zeyu Li, MD
Filed: 20/11/2023 0:58
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Service: Emergency Medicine
Date of Service: 19/11/2023 22:00
Author Type: Physician
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Hand over

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Follow up GP

Return if worsening symptoms, increasing swelling/redness, numbness, weakness or signs of infection
Return to ED if worsening symptoms, shortness of breath, chest pain, Abdo pain, fevers, or feeling generally unwell.

Zeyu Li, MD
20/11/23 0058

3050 Lawrence Ave. E.
 Scarborough ON M1P 2V5
 Manousaridis, Parthena
 MRN: H0581440, DOB: 9/2/1936, Sex: F
 OHIP: 9186734993AP
 Acct #: 202265990
 Adm: 19/11/2023, Dis: —



ED Provider Notes by Caroline Chan, MD at 19/11/2023 6:50

Author: Caroline Chan, MD
 Service: Emergency Medicine
 Date of Service: 19/11/2023 6:50
 Author Type: Physician
 Status: Signed
 Editor: Caroline Chan, MD (Physician)

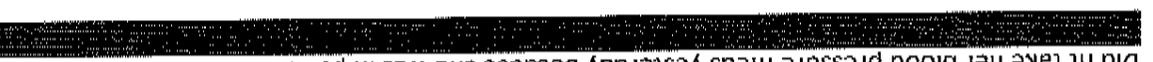


Triage Note at 19/11/2023 4:40
 Suspected COVID
 On a wheelchair, language barrier, accompanied by her grandson who translates
 Left flank pain since 1 week, pain worse last 3-4 days
 Denies dysuria or hematuria
 Feeling nauseous, no vomiting
 Took own pain medication one hour ago, no relief



HPI

Parthena Manousaridis is a 87 y.o. female presenting with Flank Pain
 Presenting with grandson who is translating.
 Started at flank pain and radiated to abdomen x 1 week, worse this evening. Saw FMD yesterday and requested CT as well as analgesics. Given Tylenol #2. Took one today.
 Nauseated, no vomiting.
 No fever/hematuria. Dysuria
 LBM - yesterday, no blood/diarrhea. At baseline melena - secondary to iron pills
 Didn't take her blood pressure meds yesterday because she was in pain.

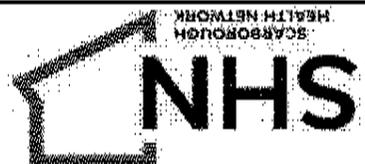


PMHx:

has a past medical history of Asthma, High cholesterol, Hypertension, and Hypothyroidism.
 No past surgical history on file.
 reports that she has been smoking cigarettes. She has a 65.00 pack-year smoking history. She has never used smokeless tobacco. She reports that she does not drink alcohol and does not use drugs.

Meds:
 Current Outpatient Medications

- atenolol (TENORMIN) 50 mg, oral, Daily
- atorvastatin (LIPITOR) 10 mg, oral, Daily
- budesonide-formoterol (SYMBICORT-200 TURBUHALER) 200-6 mcg/actuation aerosol powdr breath activated
- diltiazem (CARDIZEM 240 mg, oral, Daily (CD))
- docusate sodium (COLACE, SOFLAX) 200 mg, oral, Daily
- furosemide (LASIX) 80 mg, oral, 2 times daily



3050 Lawrence Ave. E.
Scarborough ON M1P 2V5

Manousaridis, Parthena
MRN: H0581440, DOB: 9/2/1936, Sex: F
CHIP: 9186734993AP
Acct #: 202265990
Adm: 19/11/2023, Dis: —

ED Provider Notes by Caroline Chan, MD at 19/11/2023 6:50 (continued)

• lansoprazole (PREVACID)	30 mg, oral, Daily
• levothyroxine (SYNTHROID)	88 mcg, oral, Every morning before breakfast
• prednisONE	50 mg, oral, Daily
• salbutamol	2 puffs, Inhalation, Every 4 hours PRN
	(VENTOLIN HFA) 100 mcg/actuation HFA aerosol inhaler

No Known Allergies

BP (i) 184/86 (BP Location: Left arm, Patient Position: Sitting) | Pulse (i) 54 | Temp 36.5° C (Tympanic) | Resp 20 | SpO2 95%

The patient is alert, in no acute distress, GCS 15.

Chest: No asymmetry in chest rise. No tenderness of chest. No tracheal deviation. No intercostal breathing. No audible wheezing. No rash.

Abdomen: soft, LLQ tender, non distended with no masses/hernia, No ecchymosis. Negative McBurneys, negative Murphy's. No rebound/guarding. No rash

CVA: left (MAXIMAL) tenderness x 2

ED course of 09/11/2023 13:46

Sun 19 Nov 2023

0902 CT Renal Colic

IMPRESSION:

There does not appear to be evidence of obstructive uropathy. There remain multiple renal densities most in keeping with cysts, some of which appear isodense and hypdense, if indicated, follow-up may be obtained with nonurgent renal ultrasound.

There appears to be moderate sigmoid diverticulosis without definite evidence of diverticulitis. Therefore, a definite cause of left flank pain is not identified.

0922

Patient's BF remains high despite receiving her home medications and captopril. Her pain is persistent with some improvement after morphine. POCUS: No AAA.

Given high BP, negative renal colic and continued

3050 Lawrence Ave. E.
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MRN: H0581440, DOB: 9/2/1936, Sex: F
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Acct #: 202265990
Adm: 19/11/2023, Dis: —



ED Provider Notes by Caroline Chan, MD at 19/11/2023 6:50 (continued)

1154 pain, will order aortic dissection CT. Grandson aware.
Patient is stable. BP is 184/86. Pain is improved.
Urinalysis is nil acute. BW relatively normal.
Had CTA to r/o dissection. Pending.

Handover Note

Case handed over to Dr. LI 13:44

87 y.o. female w/

Chief Complaint

Patient presents with

- Flank Pain

Recent Vitals: BP (l) 184/86 (BP Location: Left arm, Patient Position: Sitting) | Pulse (l) 54 | Temp 36.5 °C (Tympanic) | Resp 20 | SpO2 95%

Plan: flank pain and abo pain Left

CT renal colic is negative. U/a - nil acute.

POCUS: No AAA.

BP 226/99 - patient didn't take her antiHTN. Given 3 home antiHTN and captopril.

Follow-up with CTA to r/o dissection

Caroline Chan, MD
19/11/23 1346

Demographic Info:
MANOUSARIDIS, PARTHENA
9186734993 AP F
DOB: 1936-02-09

This report was received from the Hospital Report Manager (HRM) at 2023-11-19 14:19:46.0

PARTHENA MANOUSARIDIS

MRN: H0581440, DOB: 09/02/1936, Sex: Female

HQN: 9186734993

Acct #: 99685886

Adm: 19/11/2023, Dis:

Patient Phone: (416)297-7804

Procedure: CT Chest Abdomen Angio

Accession Number: CT2413281

Authorizing Provider: CHAN, CAROLINE

Exam Date and Time: 19/11/2023 1250

PCP: BOYRAZIAN, ARMEN

CC Providers:

CHAN, CAROLINE - Authorizing Provider

BOYRAZIAN, ARMEN - Primary Care Provider

CT CHEST ABDOMEN ANGIO

INDICATION: Rule out aortic dissection

COMPARISON: CT renal colic in 19/11/2023

Findings:

Vascular:

There is extensive atherosclerotic ossification seen with in the aorta involving the ascending aorta, arch and descending aorta. No evidence of aneurysmal dilatation. The ascending aorta is mildly ectatic measuring 3.3 cm in AP dimension. There is no evidence of dissection or intramural hematoma along the full length of the aorta. The main pulmonary artery measures 2.8 cm, within normal limits.

The celiac artery, SMA, bilateral renal arteries and IMA are patent. The bilateral internal and external iliac arteries are also patent with no aneurysmal dilatation.

Nonvascular:

No mediastinal or hilar lymphadenopathy. The central airways are patent. Minor subsegmental atelectasis. No suspicious lung nodule or consolidation. Bilateral mild paraseptal emphysema. No pleural or pericardial effusion.

Limited evaluation of the abdominal organs in the arterial phase. Allowing for this, no suspicious abnormality in the liver, spleen, adrenals or pancreas. Bilateral renal cortical lesions are likely cysts. No enhancing renal lesion is appreciated. No hydronephrosis. No stones. No abdominal lymphadenopathy. No small or large bowel obstruction. No ascites. No free air.

Degenerative changes in the thoracic and lumbar spine, most severe at L1 to, L3-4, L4-5 and L5-S1. No fracture seen.

CONCLUSION:

No evidence of aortic dissection. No acute abnormality seen. Incidental findings as above.

Interpreted by:
Kalesha Hack, MD

Signed by:
Kalesha Hack, MD

19/11/23

Final result



Trans thoracic Echocardiogram

Patient Information

Patient Name: MANOUSARIDIS, PARTHENA
Date of Birth: Feb 9, 1936 F
Patient ID: H0581440
Study Date: 2025-03-08 10:34 AM
Referring Physician: *

Summary and Recommendations

Normal biventricular size and systolic function. Calculated LVEF = 72% by Simpson's biplane method. Sigmoid septum with mild LVH and a small LVOT gradient of 15 mmHg measured with Valsalva. Diastolic dysfunction present. Mild left atrial enlargement. Severe mitral annular calcification with no definite mitral stenosis. Aortic valve sclerosis. Normal aorta. No previous study available for comparison.

Referral Information

Indication for referral
LV Function

Study Data

Imaging Protocol

Trans thoracic (TTE) echocardiogram 2D imaging)
Doppler imaging (spectral, colour, tissue doppler)

Quality

Technically difficult study, CCU, portable
Contrast echocardiographic study performed

Rest EKG

Sinus rhythm

Ventricular Function

Left Ventricle

Normal left ventricular size and systolic function
Left ventricular ejection fraction: 72% by Simpson's biplane method
Hyperdynamic left ventricular wall motion

Right Ventricle

RV S: 11.5 cm/s
TAPSE 1.8 cm
Right ventricular size and function is normal

Cardiac Structures

Mitral Valve

Mitral valve leaflets are mildly thickened. There is severe MAC. Mean mitral valve gradient: 3 mmHg at HR of 75 bpm.

Aortic Valve

The aortic valve is tricuspid

Tricuspid Valve

No aortic valvular regurgitation.

The tricuspid valve is normal in structure and function

Atria

The left atrium is mildly dilated

The right atrium area is normal

Aorta

ovale)

The ascending aorta is normal size

The aortic root is normal size

Great Veins

Intact atrial septum (No atrial septal defect or patent foramen

Trace tricuspid regurgitation: RVSP normal (<35 mmHg)

Pulmonic Valve

The pulmonic valve is normal in function

Pericardium

No pericardial effusion

Measurement

Morphometrics

Height: 149.85999999999999 cm
 Weight: 63.504 kg
 Systolic pressure 129 mmHg
 Diastolic pressure 69 mmHg
 BSA 1.6 m²
 Heart rate: 75 bpm

Cardiac Dimensions

LV basal septum (diastole) 1.3 cm
 LA diameter 3.9 cm
 LV dimension (diastole) 3.9 cm
 LV dimension (systole) 2.1 cm
 LV posterior wall (diastole) 1.2 cm
 LV mass 171.9 g
 LV mass (indexed) 108.5 g/m²
 Left atrial volume index: 39 ml/m²
 Right atrial area: 20 cm²

Diastolic function

Mitral valve A velocity 108 cm/sec
 Mitral valve E velocity 57 cm/sec
 Mitral valve E/A 0.53

Interpretation

Dr. Andrea Rosenbloom, 2025-03-09 12:50

Technologist: Yang, Han

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Demographic Info:
MANOUSARIDIS, PARTHENA
9186734993 AP F
DOB: 1936-02-09

This report was received from the Hospital Report Manager (HRM) at 2025-03-06 16:42:35.0

SCARBOROUGH HEALTH NETWORK - GENERAL
3030 Lawrence Ave E, Scarborough, Ontario, M1P 2V5

PARTHENA MANOUSARIDIS
MRN: H0581440, DOB: 09/02/1936, Sex: Female

HCM: 9186734993

Acct #: 114921985

Adm: 06/03/2025, Dis:

Patient phone: (416)297-7804

Procedure: XR Chest L w

Accession Number: CR4096505

Authorizing Provider: HODGE, MATTHEW JOHN

Exam Date and Time: 06/03/2025 1525

PCP: BOYRAZIAN, ARMEN

CC Providers:

HODGE, MATTHEW JOHN - Authorizing Provider

BOYRAZIAN, ARMEN - Primary Care Provider

Chest one view.

Heart size is normal. Mediastinum and hila appear normal. There appears to be some upper lobe redistribution which could represent pulmonary venous hypertension. No alveolar edema or pleural effusion is seen. There is no evidence of pneumothorax.

Interpreted by:
John Murphy, MD

Signed by:
John Murphy, MD

CC Recipients:

Matchew John Hodge, MD - In Basket (authorizing provider)

Final result

Message Unique ID: 20250306161408334^33431403.3757729^4839^DI^523073297^202503
061614^P^^F^114921985^38
Sending Facility ID: 4839
Sending Facility Report No.: 523073297
Date and Time of Report: Thu Mar 06 15:25:00 EST 2025
Result Status: Signed by the responsible author and Released by health records

3050 Lawrence Ave. E.
 Scarborough ON M1P 2V5
 Manousaridis, Parthena
 MRN: H0581440, DOB: 9/2/1936, Legal Sex: F
 OHIP: 9186734993AP
 Acct #: 203666821
 Adm: 6/3/2025, Dis: ---



ED Provider Notes by Matthew John Hodge, MD at 6/3/2025 16:45

Author: Matthew John Hodge, MD
 Service: Emergency Medicine
 Date of Service: 6/3/2025 16:45
 Status: Signed
 Editor: Matthew John Hodge, MD (Physician)

1502-1516, 1522-1535
 89-year-old female by EMS from home. No history from the patient, son says patient in bed yesterday feeling unwell. Patient lives with her daughter who called her brother, patient's son, this morning who advised to call 911. 911 crew arrived, describes patient is hypotensive and bradycardic with a heart rate of 36. Paced at 80 bpm by EMS with some improvement in blood pressure.

Past medical history nobody for hypertension, elevated cholesterol, hypothyroidism, asthma.

Exam: Alert, slightly tachypneic. Obese female.

Vitals:

06/03/25 1515 06/03/25 1528 06/03/25 1538

BP: (i) 92/49
 Pulse: 60
 Resp: 20
 Temp: (i) 35.8 °C
 SpO2: 100%
 Supplemental oxygen 100%

Oxygen Therapy: Supplemental oxygen
 O2 Delivery: Non-rebreather mask
 Method: Non-rebreather mask

O2 Flow Rate: 10 L/min

(L/min): Neck supple, fair air entry bilaterally with no other crackles or wheeze, slow regular S1/S2. No significant pedal edema.

Impression/plan: 89-year-old female, chest discomfort yesterday, unable to get out of bed today. Bradycardic and hypotensive. No fever. Patient complaining of chest discomfort from pacing. Reduced from 80 bpm to 60 and patient became hypotensive again. Increased to 70 beats at 70 mA and patient appears to be tolerating this okay. Norepinephrine at 4 mics per minute started for blood pressure support.

ED Course as of 06/03/25 1645

Thu 06 Mar 2025

1612 Creatinine(i): 214
 1642 UREA(i): 29.4
 1642 Potassium(ii): 6.3
 1642 Leukocyte(i): 11.1
 1642 pH, Venous(ii): 7.18
 1642 WB Lactate(i): 1.9
 1642 Hemoglobin(i): 110
 1642 POCT Glucose(i): 6.9
 1642 Bacterial(i): Occasional
 Hyperkalemia panel ordered.



3050 Lawrence Ave. E.
Scarborough ON M1P 2V5

Manousaridis, Parthena
MRN: H0581440, DOB: 9/2/1936, Legal Sex: F
OHIP: 9186734993AP
Acct #: 203666821
Adm: 6/3/2025, Dis: —

ED Provider Notes by Matthew John Hodge, MD at 6/3/2025 16:45 (continued)

Son at bedside, when asked if patient eating more citrus or mangoes, some comments patient has been eating a lot of things recently. Upon further clarification patient eating 7-8 dried figs a day for the last week. This may be the source of potassium causing symptomatic hyperkalemia.

2010-2014

Patient states feels better, blood pressure 10 89-year-old female, hypertension and bradycardia in the setting of hyperkalemia possibly due to increased fig ingestion. 0/48, RN to titrate norepinephrine to see if patient can support pressure without pressors. Urine output estimated to be 1500 cc. Repeat electrolytes, potassium now 5.7. Troponin pending. Critical care consult requested.

Matthew John Hodge, MD
06/03/25 2042

H0581440 MANOUSARIDIS, PARTHENA
DOB: 09-Feb-1936 89 Years Female

06-Mar-2025 9:10:52 PM
Scarborough Health Network (2)
General (04)
Emergency Department (49)

HR 94 [SR] Sinus rhythm
PR 221 [IABV] Prolonged PR interval
QRSD 94 [IMIC] Inferior infarct, old
QT 358
QTcB 449
QTcB 449
-- AXIS --
P 58
QRS -60
T 23

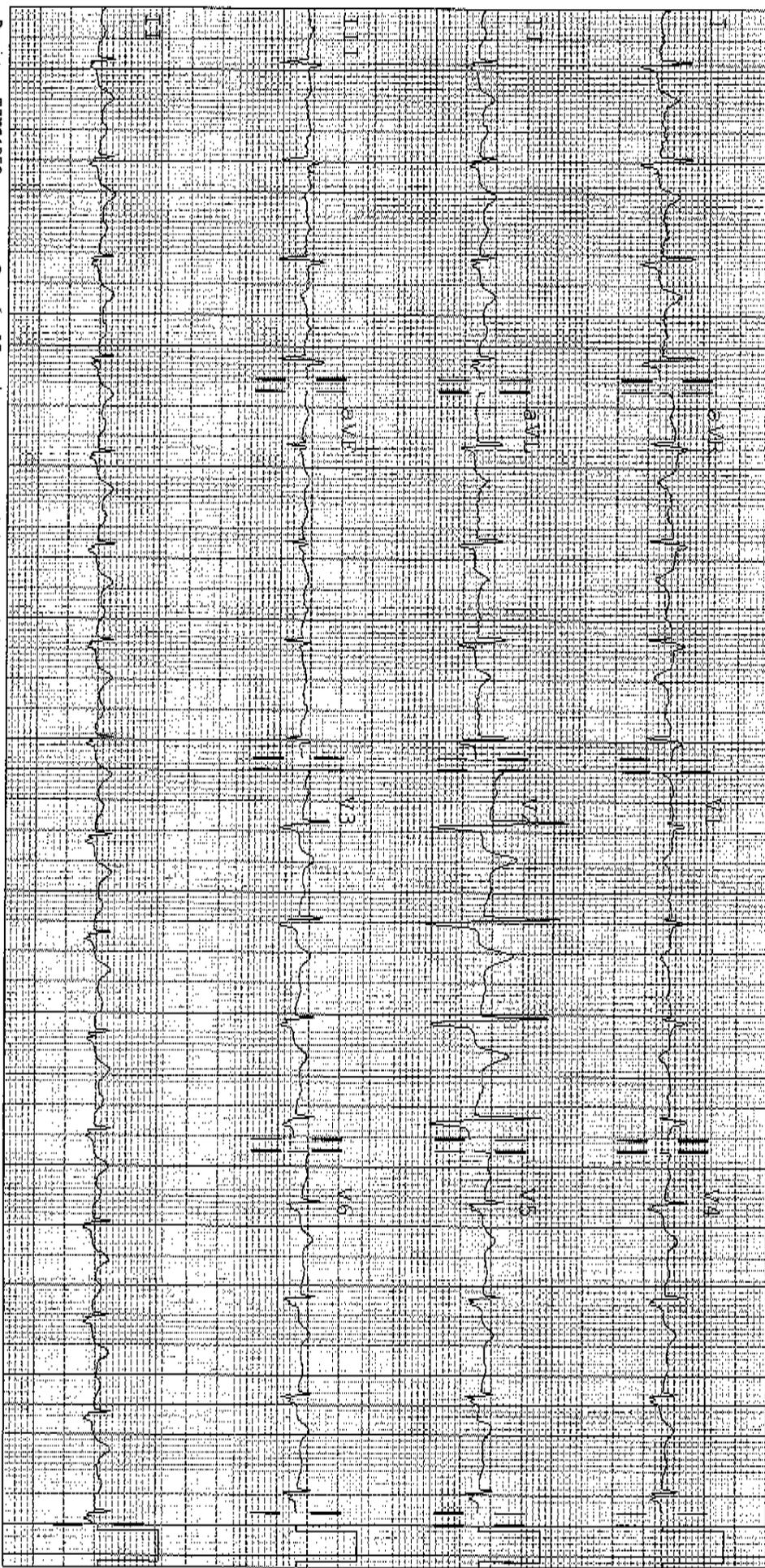
Room: 488

PATIENT AGE: Adult (19+)

Account #: 114921985
Order #: 523136259
Enc ID: 114921985

- ABNORMAL ECG -

12 Lead, Standard Placement Previous ECG: 07-Aug-2022 11:33:22 PM - Borderline Confirmed
Electronically Signed by: Dr Habbal, Mohamed 09-Mar-2025 18:13:35
Requested By: GUO, RAY



Device: TSHG4250 Speed: 25 mm/sec Tamb: 10 mm/mV Chest: 10 mm/mV F 60 ~ 0.15-100 Hz PH110C CL P?

Demographic Info:

MANOUSARIDIS, PARTHENA

9186734993 AP F

DOB: 1936-02-09

This report was received from the Hospital Report Manager (HRM) at 2025-03-09 18:17:31.0

SCARBOROUGH HEALTH NETWORK - GENERAL

3030 Lawrence Ave E, Scarborough, Ontario, M1P 2V5

PARTHENA MANOUSARIDIS

MRN: H0581440, DOB: 09/02/1936, Sex: Female

HON: 9186734993

Acct #: 114921985

Adm: 06/03/2025, Dis:

Patient Phone: (416)297-7804

Procedure: ECG 12-LEAD

Accession Number: 523136259

Authorizing Provider: GUO, RAY

Exam Date and Time: 06/03/2025 2056

PCP: BOYRAZIAN, ARMEN

CC Providers:

GUO, RAY - Authorizing Provider

BOYRAZIAN, ARMEN - Primary Care Provider

- ABNORMAL ECG -

SR

Sinus rhythm

normal P axis, V-rate 50-99

SR-sinus rhythm-normal P axis, V-rate 50-99

LAVB

Prolonged PR interval

PR >215, V-rate 91-120

LAVB-Prolonged PR interval-PR >215, V-rate 91-120

IMIO

Inferior infarct, old

Q >35ms, II III aVF

IMIO-Inferior infarct, old-Q >35ms, II III aVF

94

221

58

94

358

449

-60

23

Message Unique ID: 20250309181425501^33430005.755615^4839^DI^523136259^2025030

91814^P^F^114921985^39

Sending Facility ID: 4839

Sending Facility Report No.: 523136259

Date and Time of Report: Thu Mar 06 21:10:00 EST 2025

Result Status: Signed by the responsible author and Released by health

records



3050 Lawrence Ave. E.
 Scarborough ON M1P 2V5
 Manousaridis, Parthena
 MRN: H0581440, DOB: 9/2/1936, Legal Sex: F
 OHIP: 9186734993AP
 Acct #: 203666821
 Adm: 6/3/2025, Dis: —

Consults by Ray Guo, MD at 6/3/2025 21:56

Author: Ray Guo, MD
 Filed: 6/3/2025 21:56
 Service: Critical Care
 Author Type: Physician
 Date of Service: 6/3/2025 21:56
 Status: Signed

1. Consult to Intensivist [523097501] ordered by Matthew John Hodge, MD at 06/03/25 2030

Critical Care Note

DEMOGRAPHICS

Name: Parthena Manousaridis
 HFN: H0581440
 Hospital Admission Date: 6/3/2025
 ID: 89 y.o. female

MEDICAL HISTORY

Reason for Admission
 Bradycardia

History Of Present Illness and Course In Hospital

Parthena Manousaridis is a 89 y.o. female presenting with Bradycardia.

Past Medical History:

- Asthma
- High cholesterol
- Hypertension
- Hypothyroidism

History reviewed. No pertinent surgical history.

ID: 89F from home

RFA: bradycardia/hypotension

HPI:

Son reports several day history of increased fatigue, lethargy, and decreased PO intake.

EM5 called as she was unable to ambulate today. Found to be bradycardic and hypotension.

She was started on transcutaneous pacing with PRN opiates for pain

In the ER: she was noted to be hyperkalemic and this was treated with shifting and calcium.

Her potassium improved from 6.3 to 5.7 however she was still requiring transcutaneous pacing and thus ICU was consulted.

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Consults by Ray Guo, MD at 6/3/2025 21:56 (continued)

Medications

(Not in a hospital admission)

Allergies

Patient has no known allergies.

ASSESSMENT:

NEUROLOGICAL

LOC:

GCS: 15 E4V5M6 (06/03/25 1550)

RASS:

CARDIOVASCULAR

NIBP: (i) 134/53(67) [92/49 - 153/26] (06/03/25 2130)

ART:

HR: 82 [60 - 106] (06/03/25 2130) Paced

6/3/2025: HS Troponin 10 ng/L; Lactate 1.9 mmol/L (H)

Norepinephrine 1 mcg/min [1 - 4] (06/03/25 2129)

RESPIRATORY

O2 Therapy: 45 % [45 % - 45 %] via Heated High Flow Nasal Cannula (HHFC) (06/03/25 2110)
SpO2: 99 % [86 % - 100 %] (06/03/25 2130)
Resp: 14 [14 - 58] (06/03/25 2130)

Oral Secretions (last day)

None

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Consults by Ray Guo, MD at 6/3/2025 21:56 (continued)

Date/Time	Action	Medication	Dose
06/03/25 2130	Given	dalteparin (FRAGMIN) pre-filled syringe	5,000 Units
			5,000 Units

INFECTIOUS DISEASES

Temperature: 36.5 °C, (06/03/25 1957) [Temp Min: 35.8 °C Max: 36.5 °C]
 6/3/2025: Leukocyte 11.1 x10E9/L (H)
 Antimicrobials:

Labs:

CBC/Lytes/Cr

Results from last 7 days

Lab	Date/Time	Value	Unit
HEMOGLOBIN	06/03/25 1800	110	L
LEUKOCYTE		11.1	H
PLATELETS		143	L
SODIUM	06/03/25 1321	132	L
POTASSIUM	06/03/25 57H	5.7	HH
CHLORIDE	06/03/25 107	104	
CO2	06/03/25 17L	18	L
ANION GAP	06/03/25 8	10	
UREA		29.4	H
CREATININE		214	H
WHOLE BLOOD LACTATE		1.9	H

Extended Lytes

Results from last 7 days

Lab	Date/Time	Value	Unit
ALBUMIN	06/03/25 1513	41	

Liver Enzymes

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Consults by Ray Guo, MD at 6/3/2025 21:56 (continued)

Results from last 7 days

Lab	06/03/25	1513
ALT		11
ALK PHOS		79
BILIRUBIN TOTAL		5

ABG

Results from last 7 days

Lab	06/03/25	1513
CALCIUM ION		1.13 L

VBG

Results from last 7 days

Lab	06/03/25	1513
PH VEN		7.18 LL
PCO2 VEN		51
CALCIUM ION		1.13 L

Coagulation

Results from last 7 days

Lab	06/03/25	1517
INR		0.97
APTT		33

Cardiac

Results from last 7 days

Lab	06/03/25	1800
HS TROPONIN I		10
BNP		--
		166 H

POCT Glucose

Results from last 7 days

Lab	06/03/25	2031	06/03/25	6.6 H
POCT		7.4 H		9.0 H
GLUCOMETER				6.0
				6.9 H

CRP/Ferritin/D-dimer

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Consults by Ray Guo, MD at 6/3/2025 21:56 (continued)

Micro:
No results found for the last 90 days.

Imaging:
No imaging results found

IMPRESSION
89 y.o. female with Bradycardia

PROBLEM LIST
* Bradycardia

Assessment & Plan - by Ray Guo, MD at 6/3/2025 21:22

Etiology: suspect related to renal failure and hyperkalemia with additional contribution from atenolol use

Plan:

Start isuprel -> wean off transcutaneous pacing

TPPM at bedside if required

Check thyroid indices

Cardiology consult

ECHO

Renal failure

Assessment & Plan - by Ray Guo, MD at 6/3/2025 21:12

Progressive renal failure followed by Dr. Pratt in the community

Plan:

IVF hydrate

Shift potassium - dextrose/insulin

Calcium IV

Promote urinary excretion - IVF bolus + lasix

Promote GI excretion - lokaema

Serial lytes

Preventative health care

Assessment & Plan - by Ray Guo, MD at 6/3/2025 21:13

DVT proph: fragmin

Stress ulcer proph: not on IMV

Full code - as discussed with son

Family: son updated at the bedside

2030-2150



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Consults by Ray Guo, MD at 6/3/2025 21:56 (continued)



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Acct #: 203666821
Adm: 6/3/2025, Dis: —

Consults by Andrea Rosenbloom at 7/3/2025 12:29

Author: Andrea Rosenbloom
Filed: 7/3/2025 13:00
Editor: Andrea Rosenbloom (Physician)
Service: Cardiology
Date of Service: 7/3/2025 12:29
Author Type: Physician
Status: Signed

1. Inpatient consult to Cardiology [523136276] ordered by Ray Guo, MD

INPATIENT CARDIOLOGY CONSULTATION

Patient Identification:

Parthena Manousaridis is a 89 y.o. female, no English.
History was obtained from the daughter at the bedside.
Date of Admission: 6/3/2025; Length of Stay: 1

Reason for Consultation:

Inpatient consult to Cardiology
Consult performed by: Andrea Rosenbloom
Consult ordered by: Ray Guo, MD
Reason for consult: Bradycardia

Past Medical History:

- Asthma
- High cholesterol
- Hypertension
- Hypothyroidism

Past Medical History:

Diagnosis:

Date:

Current Inpatient Medications:

- ceftriaXone 1 g intravenous q24h
- dalteparin 5,000 Units subcutaneous Nightly

On Levophed drip.

Current Outpatient Medications

Medication

- atenolol (TENORMIN) 50 mg, oral, Nightly
- dapagliflozin (FORXIGA) 10 mg, oral, Every evening
- diltiazem (TIAZAC) 360 mg, oral, Every morning
- docosate sodium (COLACE, SOFLAX) 200 mg, oral, Nightly
- domperidone (MOTILUM) 10 mg, oral, 2 times daily before meals



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Consults by Andrea Rosenbloom at 7/3/2025 12:29 (continued)

- ferrous fumarate (PALAFER, EURO-FER) 300 mg, oral, Every evening
- furosemide (LASIX) 40 mg, oral, 2 times daily
- irbesartan (AVAPRO) 300 mg, oral, Every morning
- lansoprazole (PREVACID) 30 mg, oral, 2 times daily
- levothyroxine (SYNTHROID) 88 mcg, oral, Every morning before breakfast
- rosuvastatin (CRESTOR) 20 mg, oral, Nightly
- salbutamol (VENTOLIN HFA) 100 mcg/actuation 2 puffs, inhalation, Every 4 hours PRN HFA aerosol inhaler
- sennosides (SENOKOT) 8.6 mg tablet 1 tablet, oral, Nightly
- spironolactone (ALDACTONE) 25 mg, oral, Every morning

Medication Allergies:

Patient has no known allergies.

History of Present Illness:

Parthena Manousardis is a 89 y.o. female presenting with several days history of increasing fatigue, lethargy and decreased p.o. intake. EMS called yesterday as patient was unable to ambulate. Found to be bradycardic with a heart rate in the 40s and hypotensive and was started on transcutaneous pacing. In the ER she was noted to be hyperkalemic and was treated with shifting and calcium. Although her potassium improved, she was still requiring pacing and ICU was consulted. Isuprel was started and beta-blockers/calcium blockers were held.

Heart rate now 70-90 and Isuprel discontinued. On Levophed for BP support. Ceftriaxone added for possible sepsis.

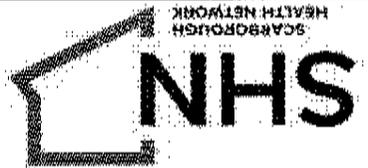
Patient lying in bed and denies any symptoms of chest pain, shortness of breath or dizziness.

Physical Examination:

Blood pressure (i) 98/49, pulse 72, temperature 36.5 °C, temperature source Tympanic, resp. rate 11, weight 67.7 kg, SpO2 96%.
SpO2: 96 %, Oxygen Therapy: Supplemental oxygen, O2 Flow Rate (L/min): 6 L/min, FIO2 (%): 35 %, O2 Delivery Method: Heated High Flow Nasal Cannula (HHFNC), (06/03/25 1957)
Chest: Clear anteriorly
Cardiovascular: Normal, soft heart sounds.

Investigations:

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Consults by Andrea Rosenbloom at 7/3/2025 12:29 (continued)

Lab	07/03/25	06/03/25	06/03/25
	0541	2320	1513
LEUKOCYTE	12.7 H	--	11.1 H
HEMOGLOBIN	111 L	--	110 L
TOTAL	117	113 L	--
HEMOGLOBIN	152	--	143 L
PLATELETS	10.2 H	--	7.8 H
ABSOLUTE			
NEUTROPHIL			
S			
ABSOLUTE	1.3 L	--	2.2
LYMPHOCYTE			
S			
ABSOLUTE	0.0	--	0.0
EOSINOPHILS			

Results from last 7 days

Lab	07/03/25	06/03/25	06/03/25
	0541	2328	1800
SODIUM	138	138	132 L
POTASSIUM	4.2	4.7	5.7 H
CHLORIDE	104	103	107
UREA	--	--	--
CREATININE	150 H	164 H	--
BILIRUBIN	6	--	--
TOTAL			
ALK PHOS	73	--	--

Results from last 7 days

Lab	06/03/25	06/03/25
	1800	1513
HS TROPONIN I	10	--
BNP	--	166 H

Results from last 7 days

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Consults by Andrea Rosenbloom at 7/3/2025 12:29 (continued)

Results from last 7 days

Lab	07/03/25	06/03/25	06/03/25
PH VEN	--	--	7.18 LL
PCO2 VEN	--	--	51
HCO3 VEN	--	--	19 L
HCO3	25	23	--
WHOLE BLOOD LACTATE	--	--	1.9 H
PH ART	7.36	7.31 L	--
PCO2	43	45	--
PO2	86	142 H	--

No results found for: "CRP", "DDIMER"

Lab Results

Component

INR

0.97

06/03/2025

INR

1.02

19/11/2023

INR

0.98

02/07/2023

TSH 6.05, free T4 10

XR Chest 1 vw

Chest one view.

Heart size is normal. Mediastinum and hila appear normal. There appears to be some upper lobe redistribution which could represent pulmonary venous hypertension. No alveolar edema or pleural effusion is seen. There is no evidence of pneumothorax.

Assessment & Plan:

Parthena Manousaridis is a 89 y.o. female who presented with bradycardia and hypotension in the setting of a possible infection. Her bradycardia and hypotension were likely aggravated by hyperkalemia as well as her beta-blocker and calcium channel blocker therapy. It has now resolved with treatment of the hyperkalemia and holding her medication. Although the patient's daughter was not aware of a history of CHF, I wonder if the patient has had this, given that she is on Aldactone and an SGLT2 inhibitor.

Agree with holding diltiazem, atenolol, Aldactone and ibesartan for now.

Awaiting echocardiogram. I will follow along in hospital. If patient is confirmed to have CHF and/or reduced EF, she should not be restarted on diltiazem and atenolol. Bisoprolol or carvedilol could eventually be used for CHF once BP recovers.

Andrea Rosenbloom, MD, CM, FRCPC, FACC

Consults by Andrea Rosenbloom at 7/3/2025 12:29 (continued)

Manousaridis, Parthena
Scarborough ON M1P 2V5
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OHIP: 9186734993AP
Acct #: 203666821
Adm: 6/3/2025, Dis: —



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OHIP: 9186734993AAP
Acct #: 203666821
Adm: 6/3/2025, Dis: 11/3/2025



Discharge Summary by Wilson Kwong, MD at 11/3/2025 11:26

Author: Wilson Kwong, MD
Service: Internal Medicine
Date of Service: 11/3/2025 11:26
Author Type: Physician
Status: Signed
Editor: Wilson Kwong, MD (Physician)

General Internal Medicine Discharge Summary

89 y.o. female admitted to hospital with bradycardia and AKI. Briefly, patient presents to hospital with weakness, found to be profoundly bradycardic and hypotensive, required transcatheter pacing with significant hyperkalemia as well. Initially in ICU, subsequently transferred to medical floor once medically stable.

Admission Date: 6/3/2025
Discharge Date: 11/03/25

Primary Diagnosis: Bradycardia

Social: Home with family

Code Status: Full code [confirmed this admission]

Course in Hospital:

1. Bradycardia: Likely secondary to AKI/hyperkalemia, with beta-blocker usage as well. For now, diltiazem and atenolol will both remain on hold, and should be reevaluated by patient's usual physicians as an outpatient. However was relatively stable, as well as patient's general hemodynamics. Echocardiogram did not reveal any significant acute findings. Although we did discuss reinitiating a beta-blocker, with cardiology stating either bisoprolol or carvedilol should be used, preference was to wait until she is evaluated as an outpatient since her heart rate was still occasionally in the 60s (and she did not want to make changes right before discharge). She will follow-up with her family physician to reassess reinitiating these medications.

2. AKI: Continues to be some fluctuations in kidney function, likely prerenal in nature and resulted in hyperkalemia, which since resolved. At time of discharge, I did change patient's Lasix dose from 40 mg p.o. twice daily to p.o. daily given that she was euvolemic and creatinine did bump up on the twice daily regimen. Can be reevaluated as an outpatient. Irbesartan and spironolactone still on hold, can be re-initiated by family physician as an outpatient, blood pressure was well-controlled here in hospital.

Wilson Kwong MD

General Internal Medicine

Past Medical History:

Past Medical History:

- Asthma
- High cholesterol
- Hypertension
- Hypothyroidism

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Discharge Summary by Wilson Kwong, MD at 11/3/2025 11:26 (continued)

Medications:

Your medication list

CHANGE how you take these medications

Next Dose	Last Dose	Instructions	Given	Due
		Take 1 tablet		

furosemide 40 mg tablet
 Commonly known as: LASIX
 Start taking on: 12 March 2025
 mouth daily.

What changed: when to take this

CONTINUE taking these medications

Next Dose	Last Dose	Instructions	Given	Due
		dapagliflozin 10 mg tablet		

Commonly known as: FORXIGA

docusate sodium 100 mg capsule

Commonly known as: COLACE, SOFLAX

domperidone 10 mg tablet

Commonly known as: MOTILIMUM

ferrous fumarate 300 mg (100 mg iron) capsule

Commonly known as: PALAFER, EURO-FER

lansoprazole 30 mg capsule

Commonly known as: PREVACID

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Discharge Summary by Wilson Kwong, MD at 11/3/2025 11:26 (continued)

Next Dose: _____
Last Dose: _____
Given: _____
Instructions: _____
Due: _____

levothyroxine 88 mcg tablet
Commonly known as: SYNTHROID

rosuvastatin 20 mg tablet
Commonly known as: CRESTOR

salbutamol 100 mcg/actuation HFA aerosol
Inhaler
Commonly known as: VENTOLIN HFA

sennosides 8.6 mg tablet
Commonly known as: SENOKOT

STOP taking these medications

atenolol 50 mg tablet
Commonly known as: TENORMIN

diltiazem 180 mg 24 hr capsule
Commonly known as: TIAZAC

irbesartan 300 mg tablet
Commonly known as: AVAPRO

spironolactone 25 mg tablet
Commonly known as: ALDACTONE

Where to Get Your Medications

Manousaridis, Parthena
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Discharge Summary by Wilson Kwong, MD at 11/3/2025 11:26 (continued)

You can get these medications from any pharmacy
 Bring a paper prescription for each of these medications
 • furosemide 40 mg tablet

Results from last 7 days
 Labs, Microbiology and Investigations:

Lab	08/03/25	08/03/25	07/03/25	06/03/25	06/03/25
HEMOGLOBIN	103 L	--	111 L	--	110 L
TOTAL HEMOGLOBIN	--	133	117	<>	--
HEMATOCRIT	0.30 L	--	0.33 L	--	0.34
PLATELETS	127 L	--	152	--	143 L

< > = values in this interval not displayed.

Results from last 7 days

Lab	11/03/25	10/03/25	09/03/25	08/03/25	07/03/25	06/03/25
SODIUM	135 L	137	136	139	138	132 L
POTASSIUM	4.0	4.3	4.4	4.4	4.2	6.3 HH
CHLORIDE	101	102	104	108	104	104
UREA	--	--	9.2 H	13.9 H	--	29.4 H
BILIRUBIN TOTAL	--	--	--	--	6	5
ALK PHOS	--	--	--	--	73	79
ALT	--	--	--	--	11	11

< > = values in this interval not displayed.

Recent Results (from the past 72 hour(s))
 ECG 12 lead

Collection Time: 09/03/25 11:17

Result Value Reference Range

Heart Rate	70	bpm
P-R Interval	174	ms
P Front Axis	69	deg
QRSD Interval	93	ms
QT Interval	407	ms
QTcB	441	ms
QRS Axis	-48	deg
T Wave Axis	28	deg

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Discharge Summary by Wilson Kwong, MD at 11/3/2025 11:26 (continued)

Serum, Electrolytes

Collection Time: 09/03/25 17:59

Result	Value	Ref Range
Sodium	136	136 - 145
Potassium	4.4	3.5 - 5.1
Chloride	104	101 - 111
CO2	26	22 - 32
Anion Gap	6	4 - 12 mmol/L

Glucose, Random

Collection Time: 09/03/25 17:59

Result	Value	Ref Range
Glucose Random	7.6	4.0 - 11.0

Urea

Collection Time: 09/03/25 17:59

Result	Value	Ref Range
Bun	9.2 (H)	2.6 - 7.2

Creatinine

Collection Time: 09/03/25 17:59

Result	Value	Ref Range
Creatinine	79	53 - 106

eGFR

Collection Time: 09/03/25 17:59

Result	Value	Ref Range
Calcium, Total	2.02 (L)	2.20 - 2.68

Magnesium

Collection Time: 09/03/25 17:59

Result	Value	Ref Range
Magnesium	0.83	0.68 - 1.11

Phosphorous

Collection Time: 09/03/25 17:59

Result	Value	Ref Range
Phosphate	0.91	0.85 - 1.35

Albumin

Collection Time: 09/03/25 17:59

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Discharge Summary by Wilson Kwong, MD at 11/3/2025 11:26 (continued)

Result Value Ref Range
 Albumin 33 (L) 35 - 49 g/L
 HS Troponin
 Collection Time: 09/09/25 17:59

Result Value Ref Range
 HS Troponin 33 ng/L

Electrolyte
 Collection Time: 10/03/25 9:06
 Result Value Ref Range
 Sodium 137 136 - 145 mmol/L

Potassium 4.3 3.5 - 5.1 mmol/L
 Chloride 102 101 - 111 mmol/L
 CO2 25 22 - 32 mmol/L
 Anion Gap 10 4 - 12 mmol/L

Collection Time: 10/03/25 9:06
 Result Value Ref Range
 Creatinine 107 (H) 53 - 106 umol/L

eGFR 43
 HS Troponin
 Collection Time: 10/03/25 9:06
 Result Value Ref Range
 HS Troponin 25 ng/L

Electrolyte
 Collection Time: 11/03/25 7:22
 Result Value Ref Range
 Sodium 135 (L) 136 - 145 mmol/L

Potassium 4.0 3.5 - 5.1 mmol/L
 Chloride 101 101 - 111 mmol/L
 CO2 27 22 - 32 mmol/L
 Anion Gap 7 4 - 12 mmol/L

Collection Time: 11/03/25 7:22
 Result Value Ref Range
 Creatinine 102 53 - 106 umol/L

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 Adm: 6/3/2025, Dis: 11/3/2025



Echocardiogram (March 10th):Referral Information****

Indication for referral:
 LV Function
 Cardiovascular History:
 Risk Factors:
 Symptoms:
 Medications:
 Study Data
 Imaging Protocol:
 Transthoracic (TTE) echocardiogram 2D imaging)
 Doppler imaging (spectral, colour, tissue doppler)
 Quality:
 Technically difficult study, CCU , portable
 Contrast echocardiographic study performed
 Rest EKG:
 Sinus rhythm
 Ventricular Function
 Left Ventricle:
 Normal left ventricular size and systolic function
 Left ventricular ejection fraction: 72 % by Simpson's biplane method
 Hyperdynamic left ventricular wall motion
 LV diastolic function mildly abnormal (grade 1)
 Proximal septal (sigmoid) hypertrophy. Peak LVOOT gradient 15 mmHg with Valsalva. Mild LVH.
 Right Ventricle:
 RV S' 11.5 cm/s
 TAPSE 1.8 cm
 Right ventricular size and function is normal
 Cardiac Structures
 Mitral Valve:
 Mitral valve leaflets are mildly thickened. There is severe MAC.
 Mean mitral valve gradient: 3 mmHg at HR of 75 bpm.
 Aortic Valve:
 The aortic valve is tricuspid
 The aortic valve is mildly sclerotic without leaflet restriction
 No aortic valvular regurgitation.
 Tricuspid Valve:
 The tricuspid valve is normal in structure and function
 Trace tricuspid regurgitation.
 RVSP normal (<35 mmHg)
 Pulmonic Valve:
 The pulmonic valve is normal in function
 Atria:
 The left atrium is mildly dilated
 The right atrium area is normal
 Intact atrial septum (No atrial septal defect or patent foramen ovale)
 Aorta:

3050 Lawrence Ave. E.
Scarborough ON M1P 2V5
Manousardis, Parthena
MRN: H0581440, DOB: 9/2/1936, Legal Sex: F
OHIP: 9186734993AP
Acct #: 203666821
Adm: 6/3/2025, Dis: 11/3/2025



Discharge Summary by Wilson Kwong, MD at 11/3/2025 11:26 (continued)

The ascending aorta is normal size
The aortic root is normal size
Pulmonary Artery:
Great Veins:
Inferior vena cava is not dilated and collapses >50% suggesting Right atrial pressure of 3 mmHg.
Pulmonary Veins:
Pericardium:
No pericardial effusion.
Extracardiac:
Measurement
Morphometrics:
Height: 149.85999999999999 cm
Weight: 63.504 kg
Systolic pressure 129 mmHg
Diastolic pressure 69 mmHg
BSA 1.6 m²
Heart rate: 75 bpm
Cardiac Dimensions:
LV basal septum (diastole) 1.3 cm
LA diameter 3.9 cm
LV dimension (diastole) 3.9 cm
LV dimension (systole) 2.1 cm
LV posterior wall (diastole) 1.2 cm
LV mass 171.9 g
LV mass (indexed) 108.5 g/m²
Left atrial volume index: 39 ml/m²
Right atrial area: 20 cm²
Systolic function:
Diastolic function:
Mitral valve A velocity 108 cm/sec
Mitral valve E velocity 57 cm/sec
Mitral valve E/A 0.53
Mitral Valve:
Mitral valve deceleration time 0.29 sec
MV gradient maximum 6.6 mmHg
Mitral valve gradient-mean 2 mmHg
Aortic Valve:
Aortic valve gradient - mean 6 mmHg
Aortic valve velocity - maximum 158 cm/sec
LVOT velocity maximum 137 cm/sec
LVOT VTI 26.2 cm
Tricuspid Valve:
TR pressure - maximum 12.9 mmHg
TR velocity maximum 179.4 cm/sec
RVSP(TR) 15.9 mmHg
Aorta:
Aortic root diameter 3.5 cm
Ascending aorta diameter 3.4 cm

Manousaridis, Parthena
MRN: H0581440, DOB: 9/2/1936, Legal Sex: F
OHIP: 9186734993AP
Acct #: 203666821
Adm: 6/3/2025, Dis: 11/3/2025

3050 Lawrence Ave. E.
Scarborough ON M1P 2V5



Discharge Summary by Wilson Kwong, MD at 11/3/2025 11:26 (continued)

Summary and Recommendations

Normal biventricular size and systolic function. Calculated LVEF = 72% by Simpson's biplane method. Sigmoid septum with mild LVH and a small LVOT gradient of 15 mmHg measured with Valsalva. Diastolic dysfunction present. Mild left atrial enlargement. Severe mitral annular calcification with no definite mitral stenosis. Aortic valve sclerosis. Normal aorta. No previous study available for comparison.

XR Chest 1 vw [523073297]
Order Status: Completed
Narrative:
Chest one view.
Collected: 06/03/25 1610
Updated: 06/03/25 1614

Heart size is normal. Mediastinum and hila appear normal. There appears to be some upper lobe redistribution which could represent pulmonary venous hypertension. No alveolar edema or pleural effusion is seen. There is no evidence of pneumothorax.

Demographic Info:
MANOUSARIDIS, PARTHENA
9186734993 AX F
DOB: 1936-02-09

This report was received from the Hospital Report Manager (HRM) at 2026-01-06 20:07:51.0

SCARBOROUGH HEALTH NETWORK - GENERAL
3030 Lawrence Ave E, Scarborough, Ontario, M1P 2V5

MRN: H0581440, DOB: 09/02/1936, Sex: Female
PARTHENA MANOUSARIDIS

HCN: 9186734993

Acct #: 124596661

Adm: 06/01/2026, Dis:

patient phone: (416)297-7804

Procedure: XR Chest

Accession Number: CR5688869

Authorizing Provider: GREWAL, TEJ JASKIRAT KAUR

Exam Date and Time: 06/01/2026 1650

PCP: BOYRAZIAN, ARMEN

CC Providers:

GREWAL, TEJ JASKIRAT KAUR - Authorizing Provider

BOYRAZIAN, ARMEN - Primary Care Provider

Chest radiograph

Indication:89F SOB ro pna,

Lungs clear. Cardiomediastinal silhouette within normal limits. No pleural effusions. No worrisome osseous findings.

Interpretation:

No acute intrathoracic abnormality.

Interpreted by: Christina Marie Chingko, MD

Signed by: Christina Marie Chingko, MD

6/1/26

CC Recipients:

Tej Jaskirat Kaur Grewal, MD - In Basket (authorizing provider)

Final result

Message Unique ID: 20260106194532516^33431403.4858946^4839^DI^592091547^202601061945^P^F^124596661^43

Sending Facility ID: 4839

Sending Facility Report No.: 592091547

Date and Time of Report: Tue Jan 06 16:50:00 EST 2026

Result Status: Signed by the responsible author and released by health records



ED Provider Notes by Alexandra Katerina Aliferis, MD at 6/1/2026 15:36

Author: Alexandra Katerina Aliferis, MD
 Service: Critical Care
 Author Type: Resident

Filed: 6/1/2026 21:15
 Date of Service: 6/1/2026 15:36
 Status: Attested

Editor: Alexandra Katerina Aliferis, MD (Resident)
 Related Notes: Original Note by Alexandra Katerina Aliferis, MD (Resident) filed at 6/1/2026 19:29
 Co-signer: Tej Jaskirat Kaur Grewal, MD at 7/1/2026 16:40
 Attestation signed by Tej Jaskirat Kaur Grewal, MD at 7/1/2026 16:40

PT was seen and assessed.
 Agree w/ dr. Aliferis' note.

AECOPD

No SOB at time of discharge
 Ambulated without difficulty

RTED if sx worsen, chest pain, fever or other concerns
 Advised fu w/ Dr. Boyrazian for FU as soon as possible

History of presenting illness

14:35 Brought in via w/c accompanied by daughter stated she is coughing and has breathing difficulty and has congested cough x four days, today is getting worse, also feeling dizzy and was unsteady on feet today, normally she walk at home with cane also c/o back pain also had chest pain yesterday, chest congested, no fever at triage, took tylenol at 1000 hr today

89 F OSB

Productive cough w mucus, fatigue x last 4-5 days

Some very mild SOB over last few days

Feeling fatigued, not eating/drinking at baseline

Today in AM had 7-8 eps of L sided chest sharp twitch.

Non radiating to neck or arm. had a second of L arm parasthesia earlier today that resolved but not related to CP
 Lasting 1 second or so
 Last ep 12pm

No associated SOB lightheadedness diaphoresis, nausea.

Not exertional- occurred at rest.

Yesterday cleaned even whiel sick, no CP

No hx CPOE or SOBOE

Not pleuritic

Person no hx MI, no stents

Current smoker

No tx for COPD

3050 Lawrence Ave. E.
 Scarborough ON M1P 2V5
 Manousaridis, Parthena
 MRN: H0581440, DOB: 9/2/1936, Legal Sex: F
 OHIP: 9186734993AX
 Acct #: 204607681
 Adm: 6/1/2026, Dis: 6/1/2026



ED Provider Notes by Alexandra Katerina Aliferis, MD at 6/1/2026 15:36 (continued)

Has puffer but didn't use today

No hx dvt/pe
 No hemotypsis
 No estrogen
 No recent sx imm trauma
 No ll swelling

Chronic lower back pain
 No acute change
 Normal bm and urination

Admitted for bradycardia and likely prerenal AKI Nov 2025
 -AKI, hyperkalemia and BB usage
 March 2025 echo Calculated LVEF = 72% by Simpson's biplane method. Sigmoid septum with mild LVH and a small LVOT
 gradient of 15 mmHg measured with Valsalva. Diastolic dysfunction present. Mild left atrial enlargement. Severe mitral
 annular calcification with no definite mitral stenosis. Aortic valve sclerosis. Normal aorta. No previous study available for
 comparison.

Past medical history

Past Medical History:

- Asthma
- High cholesterol
- Hypertension
- Hypothyroidism

Allergy

No Known Allergies

Medications

Prior to Admission medications

Medication	Sig	Start Date	End Date	Authorizing Provider
candesartan (ATACAND) 8 mg tablet	Take 1 tablet (8 mg total) by mouth daily.	22/7/25	22/7/26	Ryan Pratt, MD
dapagliflozin (FORXIGA) 10 mg tablet	Take 10 mg by mouth every evening.			External Provider, MD
docusate sodium (COLACE) tablet	Take 200 mg by mouth			External Provider, MD



ED Provider Notes by Alexandra Katerina Aliferis, MD at 6/1/2026 15:36 (continued)

External Provider, MD	SOFLAX) 100 mg capsule domperidone (MOTILUM) 10 mg tablet	nightly. Take 10 mg by mouth 2 (two) times a day before meals.
External Provider, MD	ferrous fumarate (PALAFER, EURO-FER) 300 mg (100 mg iron) capsule	Take 300 mg by mouth every evening.
Wilson Kwong, MD	furosemide (LASIX) 40 mg tablet	Take 1 tablet (40 mg total) by mouth daily. 12/3/25 11/4/25
External Provider, MD	lansoprazole (PREVACID) 30 mg capsule	Take 30 mg by mouth 2 (two) times a day.
External Provider, MD	levothyroxine (SYNTHROID) 88 mcg tablet	Take 88 mcg by mouth every morning before breakfast.
External Provider, MD	rosuvastatin (CRESTOR) 20 mg tablet	Take 20 mg by mouth nightly.
External Provider, MD	salmeterol (VENTOLIN HFA) 100 mcg/actuation HFA aerosol inhaler	Inhale 2 puffs every 4 hours as needed.
External Provider, MD	sennosides (SENOKOT) 8.6 mg tablet	Take 1 tablet by mouth nightly.

Physical exam

Vitals: Blood pressure ((i) 157/82, pulse 69, temperature 37.4 °C, temperature source Tympanic, resp. rate ((i) 24, SpO2 95%.

Alert and oriented to person place and time
 Skin well-perfused no acute distress
 Moving 4 limbs well

Gaeb no WOB. Diffuse exp wheezes, soft
 NHS no EHS no MS
 LL no edema erythema TTP

Assessment and Plan

89 F SOB, fatigue, URTI sx
 CP a few seconds, not on exertion
 Hgb at baseline
 Trop delta 14/15

CXR shows 3R sided pneumonia. Likely also aecOPD given exam.
 Sob resolved w/ puffers. Walk test N as below.

3050 Lawrence Ave. E.
 Scarborough ON M1P 2V5
 Manousaridis, Parthena
 MRN: H0581440, DOB: 9/2/1936, Legal Sex: F
 OHIP: 9186734993AX
 Acct #: 204607681
 Adm: 6/1/2026, Dis: 6/1/2026



ED Provider Notes by Alexandra Katerina Aliferis, MD at 6/1/2026 15:36 (continued)

DC home with prednisone, antibiotics, and advise to fu with gp in 1 week
 Given AVS by Dr Grewal who reviewed care and return to ed instructions

Orders Placed This Encounter

Procedures

- CBC and differential
- Electrolytes
- Creatinine
- Glucose, Random
- HS Troponin
- Blood Gas, Venous
- CBC auto differential
- Initiate contact isolation
- Initiate droplet isolation
- ECG 12 Lead - to be reviewed by Physician as per ED practice standards

ED Course as of 06/01/26 2057

Tue 06 Jan 2026

1537 Hemoglobin(!): 109
 At baseline
 1538 ECG 12 Lead - to be reviewed by Physician as per ED practice standards
 ECG no concerning ST T changes, NSR, wandering baseline
 1608 High Sensitive Troponin I: 14
 1608 High Sensitive Troponin I: 14
 Delta trop ordered- story, phx unlikely ACS. If delta trop negative, unlikely ACS
 1611 Cannot perc out but very unlikely PE- hx/workup more suggestive of pneumonia/
 aeCOPD
 1647 Leukocyte: 5.7
 1834 High Sensitive Troponin I: 15
 Delta trop 14/15
 1839 XR R sided pneumonia. Will tx. Also tx as aeCOPD with prednisone given current
 smoker, wheezy.
 1924 ECG 12 lead
 ECG NSR similar to previous
 2057 Pt ambulated with pulse oximetry. Pt saturating between 94-95%. Walking
 tolerated well, no SOB noted. No other distress noted upon ambulating pt.
 Moderate standby assistance x1, provided

Khadijah Azizi, RN
 06/01/26 2035

3050 Lawrence Ave. E.
 Scarborough ON M1P 2V5
 Manousaridis, Parthena
 MRN: H0581440, DOB: 9/2/1936, Legal Sex: F
 OHIP: 9186734993AX
 Acct #: 204607681
 Adm: 6/1/2026, Dis: 6/1/2026



ED Provider Notes by Alexandra Katerina Alieris, MD at 6/1/2026 15:36 (continued)

ED Course as of 06/01/26 2037
 Tue 06 Jan 2026

1537 Hemoglobin(!): 109
 At baseline

1538 ECG 12 lead - to be reviewed by Physician as per ED practice standards

ECG no concerning ST T changes, NSR, wandering baseline

1608 High Sensitive Troponin I: 14

1608 High Sensitive Troponin I: 14

Delta trop ordered- story, phx unlikely ACS. If delta trop negative, unlikely ACS

1611 Cannot perc out but very unlikely PE- hx/workup more suggestive of pneumonia/a

aecOPD

1647 Leukocyte: 5.7

1834 High Sensitive Troponin I: 15

Delta trop 14/15

1839 XR R sided pneumonia. Will tx. Also tx as aecOPD with prednisone given current

smoker, wheezy.

1924 ECG 12 lead

ECG NSR similar to previous

2057 Pt ambulated with pulse oximetry. Pt saturating between 94-95%. Walking

tolerated well, no SOB noted. No other distress noted upon ambulating pt.

Moderate standby assistance x1, provided

06/01/26 2035
 Khadijah Azizi, RN

Alexandra Katerina Alieris, MD
 06/01/26 1929

Alexandra Katerina Alieris, MD
 06/01/26 2115

Alpha Diagnostic Imaging
2130 Lawrence Ave E Suite 300, Scarborough, On M1R 3A6
Tel: 416-321-2670 Fax: 416-321-6591

Case #: 438828 - 26 Nov 2025

Patient ID: 9186734993 AP

REFERRAL INFORMATION

PATIENT INFORMATION

DR. ARMEN BOYRAZIAN
2130 LAWRENCE AVE E, SUITE 406, TORONTO, ON
M1R 3A6
P: (416) 298-0686, F: (416) 298 7807

Chest

CLINICAL HISTORY: Cough, COPD.

FINDINGS: February 25, 2023 for comparison.

Aortic calcification. Mild cardiomegaly. Some right perihilar and lower lung zone airspace opacity and prominent small airway inflammatory change. Component of infectious/inflammatory process such as pneumonia not excluded. Pleural spaces clear. No aggressive osseous lesion.

Stat report

Dr. Kennedy, Sean

The report is generated by voice recognition software. Please contact our Facility if there is any concern regarding the report.

CONFIDENTIALITY
The report is intended only for the use of the individual to whom or the entity to which it is addressed and does contain information which is confidential and privileged. Confidentiality and privilege are not lost by the email/fax having been sent to the wrong person. If you are not the intended recipient or the person responsible for delivery to the intended recipient, please notify us by telephone and return the email/fax to us immediately. Any distribution, reproduction or other use of this email/fax by an unintended recipient is prohibited.

Patient: Parthena Manousaridis
Health Card: 9186734993AP
Birthdate: 1936-02-09

Appointment Date: 2025-09-03
Practitioner: Dr. Kerry Graybiel
Originally Created On: September 3, 2025 at 10:38 AM EDT

Dear Dr. Boyrazian,

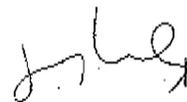
This patient remains asymptomatic from a vascular standpoint. No stroke-like symptoms.

A recent ultrasound is unchanged compared to previous. Moderate right ICA stenosis.

In the absence of attributable symptoms, right carotid revascularization not required at this juncture. I have recommended ongoing medical optimization. A repeat ultrasound will be arranged in 1 year and I will review again thereafter.

Thank you for involving me in the care of this patient.

Sincerely,



Dr. Kerry Graybiel, MD FRCSC, 89089
Electronically Reviewed to Expediate Delivery

Patient: Parthena Manousaridis

Health card: 9186734993AP

Birthdate: 1936-02-09

Appointment Date: 2025-08-29

Practitioner: Kelvin Leung

Originally Created On: August 29, 2025 at 12:59 PM EDT

Dear Dr. Boyrazian,

ID: 6-month telephone appointment follow up for atherosclerotic disease monitoring, consent obtain prior to call. Subjective history provided by George, Grandson.

Subjective:

The patient's grandson, George, reports that Parthena Manousaridis is doing fine, walking around, and still doing her chores. He states she sometimes experiences "a little bit of dizziness," which he attributes to her "overworking herself." He confirms she is taking blood pressure medication, which was reintroduced by her family doctor after being removed during a non-related hospitalisation, and her blood pressure has returned to normal levels. He confirms she smokes and states "she'll never stop."

ASCVD Guidelines Intake

Race: White

Diabetes: No

Smoker: Yes

Treatment for hypertension: Yes

Total cholesterol (Norm: 3.9-5.2 mmol/L): 6.14 (June 2025)

HDL cholesterol (Norm: 1.55-4.01 mmol/L): 0.97 (June 2025)

Systolic blood pressure (Norm: 100-120): 120

Current Statin Name:

Current Statin Dose:

Clinical ASCVD: Yes

Multiple ASCVD Risk Factors (e.g. PAD): Yes

Non-HDL cholesterol (Norm: <4.20 mmol/L): 5.17 (June 2025)

LDL cholesterol (Norm: <3.5 mmol/L): 4.00 (June 2025)

Triglyceride (Norm: <1.6 mmol/L): 2.58 (June 2025)

Most recent HbA1c: 5.4 (June 2025)

eGFR (Norm: ≥60 mL/min/1.73m2): 67

Urine ACR (Norm: <3.0 mg/mmol): 32

Objective:

- Deferred due to nature of telephone conversation

Assessment:

Patient, Parthena Manousaridis, remains stable and functional according to her grandson. She has a history of severe right internal carotid artery stenosis. She is currently asymptomatic for stroke-like symptoms. Her blood pressure management appears to be stable on medication, which was recently reintroduced. There is some uncertainty regarding her current cholesterol medication regimen. Smoking is an ongoing, acknowledged risk factor for cardiovascular disease. Dizziness is reported but attributed to overexertion.

Plan:

- Arrange for a repeat carotid ultrasound in 6 months, which will be one year from the previous February 2025 scan. This will be scheduled by the care team.

Patient:
Health Card:
Birthdate:

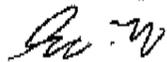
Parthena Manousaridis
9186734993AP
1936-02-09

- Continue to monitor for any stroke-like symptoms.
- Acknowledge ongoing smoking as a significant risk factor for vascular disease progression.
- Follow-up will occur after the 6-month ultrasound results are available.

Kevin Leung, NP

Reviewed with Dr. Kerry Graybiel, Vascular Surgeon

Sincerely,



Kevin Leung, 15104600

Electronically Reviewed to Expediate Delivery

Recommendations:
 Repeat in a year's time.

Paul Sandhu
 Paul Sandhu, MD FRCPC
 Electronically Signed on Studycast
 July 28, 2025 04:14 PM EDT

Conclusions:
 Moderate calcification of the mitral valve annulus.
 Mild mitral valve leaflet thickening with moderate
 calcification. Focal calcification of the posterior leaflet.
 Compared to prior study, no significant changes.

- 10. The aortic root is normal.
- 11. Normal pulmonary artery.
- 12. IVC is normal with respiratory variation.

Trans thoracic Echocardiogram
Study Report
 July 22, 2025
 MANOUSARIDIS, PARTHENA

HEART WELLNESS CARDIAC CLINICS

206-2130 Lawrence Avenue East
 Scarborough, Ontario M1K 3A6
 Ph (416) 755-0995 Fax (416) 615-0942





DIAGNOSTIC ASSESSMENT CENTRE

225-4810 Sheppard Avenue East
 Scarborough, Ontario M1S 4N6
 Ph (416) 291-7300 Fax (416) 291-0700

Bilateral Carotid Study Report

File Number: L2349
 Health Card Number: 9186 734 993 AP
 DOB: 1936-02-09
 Gender: F
 Height: 60 in
 BSA: 1.81 m²
 BMI: 31.25 kg/m²
 Study Quality: Good

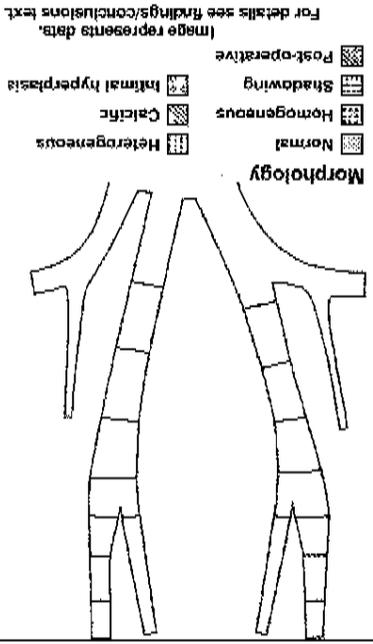
After informed consent, a duplex Carotid ultrasound was performed.

Conclusions: By velocity criteria, 50-69% stenosis in the right internal carotid artery.

July 28, 2025 08:25 AM EDT
 Dr. Kerry Graybiel
 Electronically Signed on Studycast

Recommendations: Vascular consultation recommended.

RIGHT		LEFT	
PSV	EDV	PSV	EDV
110	9	175	5
(cm/s) (cm/s)		(cm/s) (cm/s)	
Wavetform		Wavetform	
ECA	110	ECA	175
ICA-mid	180	ICA-mid	142
ICA-prox	199	ICA-prox	112
CCA-dis	98	CCA-dis	79
CCA-prox	85	CCA-prox	100
PSV ICA/CCA ratio: 2.03		PSV ICA/CCA ratio: 1.42	
EDV ICA/CCA ratio: 1.41		EDV ICA/CCA ratio: 1.29	
Vertebral PSV: 80 cm/s		Vertebral PSV: 34 cm/s	



Right Findings: Diffuse intimal thickening and scattered atheromatous plaque seen. Peak systolic velocity in the internal carotid artery measures 199 cm/sec. ICA/CCA ratio measures 2.0. Antegrade vertebral artery flow.

Left Findings: Diffuse intimal thickening and scattered atheromatous plaque seen. Peak systolic velocity in the internal carotid artery measures 112 cm/sec.

Dr. Ryan Pratt, FRCP(C)
Nephrology & Internal Medicine
 In association with Dr. Robert H. Ting and Dr. Paul Y.W. Tam

78 Corporate Drive, Unit #10
 Scarborough, Ontario
 M1H 5G4
 Phone (416) 279-0855
 Fax: (416) 279-0857

17-Jun-2025

Dr. Armen Boyrazian
 308-2130 LAWRENCE AVE EAST
 Scarborough, ON M1R 3A6

Patient: Parthena Manousaridis
PHN: 9186 734 993AP
DOB: 09-Feb-1936

Dear Dr. Boyrazian,

Problem History: None Recorded
Active Medications: None Recorded
External Medications: dexansoprazole 30 mg Oral Capsule, Delayed Release, Biphasic [1 Capsule(s) Two times daily X 1 Day(s)], APO-FUROSEMIDE 40 MG TABLET [1 Tablet(s) Two times daily X 1 Day(s)], JAMP SPIRONOLACTONE 25 MG TAB, dapagliflozin 10 mg Oral Tablet, APO-DOMPRIZONE 10 MG TABLET, AG-ATENOLOL 50 MG TABLET, diltiazem HCL 360 mg Oral Capsule, Ext Release 24 Hr, ferrous fumarate 300 mg (100 mg iron) Oral Tablet, ibesartan 300 mg Oral Tablet

Known Allergies: None Recorded
Family History: None Recorded
Alerts Imported: None Recorded
Imported Allergy: None Recorded
OTC Medications: None Recorded
Other History: None Recorded
Past Medical History: HTN - Hypertension, GERD, Carotid Artery Stenosis - Left
Past Surgical History: None Recorded
Reminders: None Recorded
Renal History: July 2023 - evaluated for GFR 55 and urine ACR 96.7, likely related to hypertensive nephrosclerosis
Social History: Greek-speaking
 67 pky ex-smoker

89F with stage III CKD (GFR 36)

Seen in follow-up accompanied by her son, last seen Feb 2025. Since then, she was hospitalized in March with severe bradycardia requiring temporary pacing and thought to be related to severe hyperkalemia. A number of her medications, including atenolol, ibesartan, spironolactone, and diltiazem were stopped during this admission, although she was placed on candesartan subsequently. She states she has not seen a cardiologist since she was discharged. Her BP at home is around 140-150 systolic. Her son admits that she eats a lot of bananas.

O/E:
 BP 150/79

Investigations:

June 11
Hb 124
Cr 74, GFR 67
Urine ACR 32
LDL 4
Na 139, K 4.4

A/P:

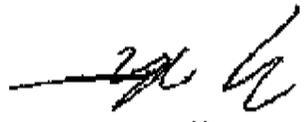
89F with improved stage II/III CKD. She continues to have severely increased albuminuria.

I provided her with a prescription for candesartan 8 mg daily to target a BP of 120-130 systolic. She is also taking dapagliflozin in terms of evidence-based therapies for CKD. I provided her with an illustrated handout of high-potassium foods to avoid and will check her electrolytes in 1 month.

Given her history of carotid artery stenosis and elevated CV risk, I also suggested beginning a statin and provided her with a prescription for atorvastatin 20 mg daily. I counselled her on risks of myalgias and she was agreeable to proceed.

F/U 6/12

Sincerely,



Ryan Pratt, MD
OHIP Billing #: 044090

Electronically Reviewed to Expedite Delivery

Dr. Ryan Pratt, FRCP(C)
Nephrology & Internal Medicine

In association with Dr. Robert H. Ting and Dr. Paul Y.W. Tam

78 Corporate Centre, Unit 110
Scarborough, Ontario
M1H 5G4
Phone (416)279-0855
Fax: (416)279-0857

04-Feb-2025

Dr. Armen Boyrazian
308-2130 LAWRENCE AVE EAST
Scarborough, ON M1R 3A6

Patient: Parthena Manousaridis
PHN: 9186 734 993AP
DOB: 09-Feb-1936

Dear Dr. Boyrazian,

Problem History: None Recorded

Active Medications: None Recorded

External Medications: dexiansoprazole 30 mg Oral Capsule, Delayed Release, Biphasic [1

Capsule(s) Two times daily X 1 Day(s)], APO-FUROSEMIDE 40 MG TABLET [1 Tablet(s) Two times daily X 1 Day(s)], JAMP SPIRONOLACTONE 25 MG TAB, dapagliflozin 10 mg Oral Tablet, APO-DOMPRIZONE 10 MG TABLET, AG-ATENLOL 50 MG TABLET, diltiazem HCL 360 mg Oral Capsule, EXT Release 24 Hr, ferrous fumarate 300 mg (100 mg Iron) Oral Tablet, irbesartan 300 mg Oral Tablet

Known Allergies: None Recorded

Family History: None Recorded

Alerts Imported: None Recorded

Imported Allergy: None Recorded

OTC Medications: None Recorded

Other History: None Recorded

Past Medical History: HTN - Hypertension, GERD, Carotid Artery Stenosis - Left

Past Surgical History: None Recorded

Reminders: None Recorded

Renal History: July 2023 - evaluated for GFR 55 and urine ACR 96.7, likely related to

hypertensive nephrosclerosis

Social History: Greek-speaking

67 pky ex-smoker

88F with stage III CKD (GFR 51)

Seen in follow-up accompanied by her son, last seen May 2024. She reports feeling well with home BP readings around 130. She takes OTC NSAIDs fairly regularly and took several doses of Advil around early January for a burn on her hand.

O/E:

BP 120/62

Investigations:

Dec 2

Hb 125

Cr 125, GFR 36
Urine ACR 23.2
Na 139, K 5
UA positive for 0.3 g/L protein

A/P: 88F with stage III CKD and declining GFR, likely related to drug effect (spironolactone/NSAIDs).

She is on appropriate doses of evidence-based therapies for CKD in terms of an ARB and SGLT2 inhibitor. Her proteinuria has responded well to these, along with diltiazem and spironolactone, and so I will continue her current medications. Of course, I also advised her to stop any and all NSAIDs and gave her son a list of some common OTC medications containing these.

F/U 4/12

Sincerely,



Ryan Pratt, MD
OHIP Billing #: 044090

Electronically Reviewed to Expedite Delivery

HEART WELLNESS CARDIAC CLINICS

2130 Lawrence Avenue East, Suite 206, Scarborough, Ontario M1R 3A6
Tel: (416) 755-0995 • Fax: (416) 615-0942

Name: MANOUSARIDIS, Parthena
Ref. Doctor: Dr. A. Boyrazian
Date of Birth: 09 February 1936
Patient ID: L2349
Health Card: 9186 734 993 AP
Date of Exam: 23 November 2024

FOLLOW-UP NOTE

Dear Dr. Boyrazian,

It was a great pleasure for me to see this pleasant 88-year-old lady, who has been having some shortness of breath. She has no chest pain. She has some fatigue and mild presyncope. She has had some screening investigations. Her 2D echo and Holter examination were negative and more recently, he had a stress test, which showed no evidence of ischemia or infarction.

IMPRESSION:

Thank you for allowing us to take part in her care. At this point, I will sign off on her. Overall, she is doing well from a cardiac perspective.

Sincerely yours,

Dr. R. Yanagawa, MD, PhD, FRCSC
Cardiac Surgeon
Associate Professor of Surgery

Dictated but not read: RY / R-1245778 / SAI
Date Reported : 23/11/2024
Date of Transcription : 25/11/2024

MANOUSARIDIS, Parthena, F-up, November 23, 2024

SCARBOROUGH CARDIAC DIAGNOSTIC CENTRE

2391 Eglinton Avenue East, Scarborough, Ontario M1K 2M5
Tel: (416) 750-9000 Fax: (416) 750-9004

Name	: MANOUSARIDIS, Parthena
Ref. Doctor	: Dr. R. Yanagawa
Date of Birth	: 09 February 1936
Health Card	: 9186734993 AP
Date of Exam	: 21 October 2024
Patient ID	: 37156

Dear Dr. Yanagawa,

Indication: Rule out ischemia.

Parasitine ECG:
 Resting cardiogram shows normal sinus rhythm. Heart rate was 66 beats per minute. Blood pressure was 140/60 mmHg.
 36 mg of intravenous Parasitine injected over 4 minutes.
 The patient had PVCs. No chest pains. No ischemic changes.
 This was reversed with intravenous Aminophylline 50 mg.

Nuclear Scan:
 Technetium Tetrofosmin was administered intravenously at rest and peak stress as per protocol. Resting images were obtained in the supine position and post-stress images in the supine and upright positions.

Stress and rest perfusion images demonstrate a small area of mild reduction of radiotracer uptake at the apical anterolateral wall that is not seen on stress upright imaging. Summed stress score is 1.13, which is within normal limits. Raw images demonstrate evidence of diaphragmatic and soft tissue attenuation.
 Gated images show resting and post-stress ejection fraction of 94% and 81% respectively. Resting end-diastolic volume is 57 mL and post stress is 53 mL. Resting end-systolic volume is 04 mL and post stress is 10 mL.

IMPRESSION:

1. Nondiagnostic Parasitine ECG.
2. Mild patchy radiotracer uptake is most likely related to attenuation artifact.
3. There is no convincing evidence of significant ischemia/infarction burden seen on this study.

Nuclear by:
Dr. Nandini Gupta, MD, FRCPC
 Cardiologist

Stress interpreted by:
Dr. Anup K. Gupta, MD, FACC, FRCPC, FSCAI
 Cardiologist

Dictated but not read: 30/10/2024/NG
 Transcribed on: 31/10/2024/BV

cc: HWCC

cc: Dr. A. Boyrazian

HEART WELLNESS CARDIAC CLINICS

2130 Lawrence Avenue East, Suite 206, Scarborough, Ontario M1R 3A6
Tel: (416) 755-0995 • Fax: (416) 615-0942

Name: MANOUSARIDIS, Parthena	Ref. Doctor: Dr. A. Boyrazian
Date of Birth: 09 February 1936	Patient ID:
Health Card: 9186 734 993 AP	Date of Exam: 24 September 2024

72-HOUR HOLTER RECORDING

This patient was recorded for 71 hours and total time analyzed was 69 hours.

1. The underlying rhythm was normal sinus rhythm with a mean heart rate of 82 beats per minute, maximum heart rate of 139 beats per minute and minimum heart rate of 46 beats per minute.
2. There were no ventricular and no supraventricular ectopic beats.
3. There were no paced beats, no pauses. There was T-wave inversion throughout the test. There were no symptoms.

IMPRESSION:

In summary, this patient has underlying normal sinus rhythm with diffuse T-wave inversion.

Dr. R. Yanagawa, MD., PhD., FRCSC
Cardiac Surgeon
Associate Professor of Surgery

Dictated but not read: RY/SAI
Date Reported : 02/11/2024
Date of Transcription : 04/11/2024



Trans thoracic Echocardiogram Study Report

File Number: L2349
Health Card Number: 8186 734 993 AP
DOB: 1936-02-09
Gender: F
HR: 45 bpm
Height: 60 in
BSA: 1.81 m²
BMI: 31.25 kg/m²
Study Quality: Good

Indications: SOB, CP, R/O CAD

Parameter	Value	Normal Range
LV Length D	8.6 cm	8.6 - 10.6
RV Length	5.3 cm	4.0 - 5.1
RV Base	4.0 cm	2.5 - 4.1
Left Atrium	4.0 cm	3.8 - 4.8
LA / BSA	2.2 cm	2.2 - 3.8
LA Volume / BSA	31.70 ml/m ²	1.5 - 2.3
LA Volume	64.0 ml	2.7 - 3.8
LA Area ES (A4C)	18.0 cm ²	1.5 - 2.3
LA Area ES (A2C)	15.0 cm ²	1.5 - 2.3
Mitral Valve	Normal	
MV Max Vel	1.0 m/s	0.8 - 1.2
MV Mean Grad	2.4 mmHg	0.8 - 1.2
MV E/A Ratio	0.8	0.8 - 1.2
MV Decal Time	275.3 ms	0.8 - 1.2
Septal E/W	12.0%	0.8 - 1.2
Septal E	6.88 cm/s	0.8 - 1.2
Septal E/W	6.18 cm/s	0.8 - 1.2
LV Length	11.7 cm	8.6 - 10.6
LV Mass / BSA	102.00 g/m ²	115 - 155
LV Mass	184.7 g	115 - 155
LV E/A Ratio	2.57	1.5 - 2.5
LV E Decal Time	228.3 ms	1.5 - 2.5
Septal E/W	12.0%	1.5 - 2.5
Septal E	6.88 cm/s	1.5 - 2.5
Septal E/W	6.18 cm/s	1.5 - 2.5
LA / Ao	1.7	1.5 - 2.5
Pulmonic Artery	0.5	0.5 - 1.0
AV Index	1.09 cm ² /m ²	0.5 - 1.0
AVA / BSA	2.0 cm ²	0.5 - 1.0
AVA (VTI)	1.84 cm ²	0.5 - 1.0
AVA (Vmax)	55.1 cm	0.5 - 1.0
AV VTI	8.7 mmHg	0.5 - 1.0
AV Mean Grad	16.0 mmHg	0.5 - 1.0
AV PK Grad	2.00 m/s	0.5 - 1.0
AV VTI	4.9 m/min	0.5 - 1.0
LVOT CO	108.8 ml	0.5 - 1.0
LVOT SV	28.8 cm	0.5 - 1.0
LVOT VTI	3.7 mmHg	0.5 - 1.0
LVOT PK Gr Repr	0.88 m/s	0.5 - 1.0
LVOT PK Vel	2.2 cm	0.5 - 1.0
LVOT Diam	2.2 cm	0.5 - 1.0
Aortic Valve	Normal	
ADD Ascending (Prox)	3.4 cm	1.8 - 2.2
ADD Ascending (Dist)	1.88 cm	1.8 - 2.2
Aorta	2.9 cm	1.8 - 2.2
TR PK Grad	30.5 mmHg	1.8 - 2.2
TR PK Vel	2.6 m/s	1.8 - 2.2
Tricuspid Valve	Normal	
MV E/W	12.71	1.8 - 2.2
MV E	13.40	1.8 - 2.2

Findings:
 1. Left ventricle cavity is normal in size.
 Normal global wall motion.
 Concentric hypertrophy of the left ventricle.
 Doppler evidence of grade I (impaired) diastolic dysfunction.
 2. Left atrial cavity is moderately dilated.
 Right atrial cavity is normal in size.
 Right ventricle cavity is normal in size.
 Normal right ventricular function.
 Structurally normal trileaflet aortic valve with no regurgitation.
 6. No mitral valve regurgitation.
 Moderate calcification of the mitral valve annulus.
 Structurally normal tricuspid valve with mild regurgitation.
 7. Structurally normal tricuspid valve with mild regurgitation.
 No evidence of significant pericardial effusion.
 10. The aortic root is normal.
 11. Normal pulmonary artery.
 12. IVC is normal with respiratory variation.

Conclusions:
 Left ventricle cavity is normal in size.
 Concentric hypertrophy of the left ventricle.
 Normal global wall motion.
 Doppler evidence of grade I (impaired) diastolic dysfunction.
 Calculated EF 69%.
 Left atrial cavity is moderately dilated.
 No mitral valve regurgitation.
 Moderate calcification of the mitral valve annulus.
 Structurally normal tricuspid valve with mild regurgitation.

Anup Gupta, MD, FRCP, FACC, FSCAI
 Structurally normal tricuspid valve with mild regurgitation.

<p>HEART WELLNESS CARDIAC CLINICS</p> <p>206-2130 Lawrence Avenue East Scarborough, Ontario M1R 3A6 Ph (416) 755-0995 Fax (416) 615-0942</p> <p>Trans thoracic Echocardiogram</p> <p>Study Report</p> <p>MANOUSARIDIS, PARTHENA</p> <p>September 24, 2024</p>	<p>Conclusions:</p> <p>Electronically Signed on Studycast September 25, 2024 02:04 PM EDT</p>
---	---

Case #: 398787 - 11 Mar 2024

Patient ID: 9186734993 AP

REFERRAL INFORMATION

PATIENT INFORMATION

DR. ARMEN BOYAZIAN
2130 LAWRENCE AVE E, SUITE 406
TORONTO, ON M1R 3A6
P: (416) 298 0666, F: (416) 298 7807

PARTHENA MANOUSARIDIS
09 Feb 1936 88y 1m F
P: (647) 668 1441

LEFT FOOT X-RAY

HISTORY: Pain

COMPARISON: 2020

FINDINGS:

Fore and Midfoot Joint(s): Generalized mild interphalangeal and moderate metatarsal tarsal joint degenerative changes. Minor 1st metatarsal hallux joint degenerative change evidenced by joint space narrowing also noted with mild hallux valgus and slightly prominent medial 1st metatarsal head. Tibiotalar and Subtal Joint(s): Normal joint appearances.

Calcaneal and Achilles Tendon Regions: Moderate calcaneal spur measuring 1 cm.
Osseous Structures: Shortened 4th metatarsal similar to prior.
Soft Tissues and Other Findings: No concerning findings.
Plantar Arch(es): No concerning findings.

IMPRESSION:

Generalized mild to moderate degenerative changes as described above. No significant change.

Dr. Yeung Eugene

The report is generated by voice recognition software. Please contact facility if there is any concerns regarding the report.

Date of dictation
11 Mar 2024

Date of transcription
11 Mar 2024

Page 1 of 1

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Dr. Ryan Pratt, FRCP(C)
Nephrology & Internal Medicine
In association with Dr. Robert H. Ting and Dr. Paul Y.W. Tam

78 Corporate Drive, Unit #10
Scarborough, Ontario
M1H 3G4
Phone (416)279-0855
Fax: (416)279-0857

05-Dec-2023

Dr. Armen Boyrazian
308-2130 LAWRENCE AVE EAST
Scarborough, ON M1R 3A6

Patient: Parthana Manousardis

PHN: 9186 734 993AP

DOB: 09-Feb-1936

Phone: H: (647) 668-1441 C: (000) 000-0000

Address: 15 PENZANCE DR
SCARBOROUGH, ON M1K 4Z4

REQUEST FOR CONSULTATION

Dear Dr. Boyrazian,

Problem History: None Recorded

Active Medications: None Recorded

External Medications: spironolactone 25 mg Oral Tablet [1 Tablet(s)] Three times/week X 1 Day (s) ; dexlansoprazole 30 mg Oral Capsule, Delayed Release, Biphasic [1 Capsule(s)] Two times daily X 1 Day(s) ; APO-FUROSEMIDE 40 MG TABLET [1 Tablet(s)] Two times daily X 1 Day(s) ; dapagliflozin 10 mg Oral Tablet, APO-DOMPERIDONE 10 MG TABLET, AG-ATENOLOL 50 MG TABLET, diltiazem HCL 360 mg Oral Capsule, Ext Release 24 Hr, ferrous fumarate 300 mg (100 mg iron) Oral Tablet, Irbesartan 300 mg Oral Tablet

Known Allergies: None Recorded

Family History: None Recorded

Alerts Imported: None Recorded

Imported Allergy: None Recorded

OTC Medications: None Recorded

Other History: None Recorded

Past Medical History: HTN - hypertension, GERD, Carotid Artery Stenosis - Left

Past Surgical History: None Recorded

Reminders: None Recorded

Renal History: July 2023 - evaluated for GFR 55 and urine ACR 96.7, likely related to hypertensive nephrosclerosis

Social History: Greek-speaking

67 pky ex-smoker

87F with stage III CKD and heavy proteinuria

Seen in follow-up accompanied by her grandson, last seen Sept 2023. Since then, she has been seen in the ED with severe HTN and flank pain, which was thought to be MSK-related. She states her BP at home is around 135-160/55-60. She reports resolution of her SOB and peripheral edema. She also quit smoking around 6 months ago. She reports some chronic dysuria.

Labs:
Nov 19
U/A: 5 g/L protein
Na 137, K 3.8
Cr 77, eGFR 64
Hb 134

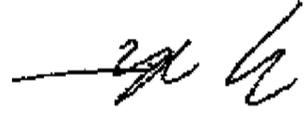
A/P:
87F with stage III CKD and heavy proteinuria, along with uncontrolled HTN.

She is on appropriate evidence-based therapies for CKD, including an ARB and SGLT2 inhibitor at maximum doses. She is also taking a non-dihydropyridine CCB, which may have additional antiproteinuric properties.

Will add spironolactone 25 mg 3x per week to attempt to control her BP and proteinuria better. Discussed risks of hyperkalemia and pt will go for BW 2/52 after starting this. I wonder if there some degree of hyperaldosteronism at play here, but will defer confirmatory testing until her BP is better-controlled.

F/U 5/12

Sincerely,



Ryan Pratt, MD
OHIP Billing #: 044090

Electronically Reviewed to Expedite Delivery

Dr. Kerry Graybiel MD FRCS
Vascular Surgery
Humber River Health
Own Health

Sincerely,

Thank you for involving me in the care of this patient.

A recent ultrasound demonstrates atheromatous plaque, but no hemodynamically significant lesions. This is likely erroneous, given severe right carotid stenosis reported on imaging studies just 1 year ago. In the absence of signs or symptoms attributable to carotid disease, there is no role for revascularization at this juncture, irrespective of severity of carotid disease. I have recommended ongoing medical optimization and surveillance. A repeat ultrasound will be arranged in 1 year, and I will review again thereafter.

This patient has been well since last clinical assessment. She has not developed signs or symptoms of TIA or stroke. No intermittent illness. I spoke with Ms. Manousaridis and her grandson, George, for ongoing assessment of carotid artery disease.

Dear Dr. Boyrazian,

Patient seen: 2023-10-11

RE: MANOUSARIDIS, PARTHENA 87 F 9186734993 AP

Boyrazian, A
2130 Lawrence Ave. East, Suite 206
Scarborough, ON M1R 3A6
Tel: (416) 755-0995
Fax: 416-615-0942

2023-10-11

WWW.OWNHEALTH.CA
PHONE: (289) 275-8826 FAX: (1289) 812-3778



Dr. Ryan Pratt, FRCPC(C)

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78 Corporate Drive, Unit #10
Scarborough, Ontario
M1H 3G4

Phone (416)279-0833
Fax: (416)279-0857

September 12, 2023

Dr. Armen Boyrazian
Fax: 416-298-7807

RE: MANOUSARIDIS, Parthena
DOB: 09 Feb 1936

Dear Dr. Boyrazian:

Parthena Manousaridis was seen today in follow-up. As you know, she is an 87 year old Greek woman with heavy proteinuria and stage III CKD. She was accompanied by her grandson. Please see my previous letter for details of her past medical history and medications. Of note, she is now taking ibesartan 300 mg daily, ferrous fumarate 300 mg daily, and furosemide 40 mg bid.

Mrs. Manousaridis reports her BP at home is around 140-150 systolic and the swelling in her legs is somewhat improved. Her grandson reports her breathing seems more labored and this is associated with a productive cough. There is no PND nor orthopnea. She was previously seen by respiratory but is no longer taking her inhaled medications. She notes no change in her urine output with the change in Lasix.

On examination, Mrs. M. appears somewhat dyspneic. Her BP was 150/52 in the seated position and there was +2 edema to her lower legs. HR was 84 bpm.

Bloodwork from August 21 shows a hemoglobin of 124, negative ANA, HbA1c 5.5, creatinine 83 with an eGFR of 54 mL/min, urine ACR unmeasurably high, sodium 143, potassium 5, bicarbonate 28, and 25-OH vitamin D 55.

Assessment:
Mrs. M. is an 87 year old woman with stable stage III CKD and heavy proteinuria.

Plan:

I prescribed dapagliflozin 10 mg daily to address her proteinuria. It may also mitigate her edema and borderline hyperkalemia. I discussed the risks of genital mycotic infection and dehydration and she was agreeable to proceed. I also increased her diltiazem to 360 mg daily to target a BP of < 125/75. Lastly, I prescribed 12 weeks of ergocalciferol 50,000 units weekly to address her vitamin D deficiency. I would be grateful if her GP would follow-up with her to ensure she is seen by her respirologist soon. Mrs. M. will be seen again in 3 months with repeat bloodwork.

It was a pleasure to be involved in her care.

Yours truly,

Ryan Pratt, M.D., F.R.C.P.C.

Dictated but not read

RE: MANOUSARIDIS, Parthena
DOB: 09 Feb 1936

NSAIDs may be contributing.

Plan:

07/18/2023 12:56 FAX 4162790857 DR. TAM

001/002

Dr. Ryan Pratt, FRCPC

Nephrology & Internal Medicine

In association with Dr. Robert H. Ting and Dr. Paul Y.W. Tam

78 Corporate Drive, Unit #10
Scarborough, Ontario
M1H 3G4

Phone (416)279-0855
Fax: (416)279-0857

July 18, 2023

Dr. Armen Boyrazian
FAX: 416-298-7807

RE: MANOUSARIDIS, Parthena
DOB: 09 Feb 1936

Dear Dr. Boyrazian:

Thank you for referring Parthena Manousaridis for nephrology assessment. As you know, she is an 87 year old Greek-speaking woman with proteinuria and HTN. She was accompanied by her grandson today.

Her past medical history is significant for: HTN, GERD, left carotid artery stenosis, and a 67 pky smoking history.

Her medications consist of: diltiazem 240 mg daily, atenolol 50 mg daily, domperidone 10 mg bid, lansoprazole 30 mg bid, furosemide 80 mg daily, and ibesartan 75 mg daily. She reports nearly daily use of OTC NSAIDs and ASA for relief of epigastric pain. She has no known drug allergies.

Mrs. Manousaridis reports several months of this epigastric pain and some associated SOB. She also notes some swelling in her extremities over this time, worse at the end of the day. She checks her BP at home and it seems quite labile, ranging from 130-170 systolic. She denies any change in her bowel habits or difficulty urinating. She has lost a small amount of weight recently. There is no family history of kidney disease.

On examination, Mrs. M. is a slight woman in no apparent distress. Her BP in the seated position was 174/64. Cardiac exam was normal and there were no adventitia. There was +2 edema to her mid-tibias.

Bloodwork from July 2 shows a sodium of 139, potassium 4.5, bicarbonate 30, creatinine 88 with an eGFR of 55 mL/min, calcium 2.27, phosphate 1.25, albumin 38, hemoglobin 129, HbA1c 5.4, ferritin 35, and urine ACR 96.7.

Assessment:

Mrs. M. is an 87 year old woman with severely increased albuminuria, likely due to hypertensive and age-related nephrosclerosis. Her HTN is not adequately controlled, and her frequent use of

3050 Lawrence Ave. E.
 Scarborough ON M1P 2V5
 Phone: 416-438-2911
 Fax: 416-431-8164
 Manousaridis, Parthena
 MRN: H0581440, DOB: 9/2/1936, Sex: F
 OHIP: 9186734993AP
 Acct #: 201864366
 Adm: 2/7/2023, Dis: —



Lab Results (continued)

Procedure	Component	Value	Ref Range	Date/Time
Procedure: Completed	INR	0.98	Specimen: Blood, Venous 0.8 - 1.2	Updated: 02/07/23 1241
Procedure: Completed	APTT [372338209] (Normal)	37	Specimen: Blood, Venous 24 - 38 s	Collected: 02/07/23 1157 Updated: 02/07/23 1241
Procedure: Completed	CBC and differential [372338203] (Abnormal)	Specimen: Blood, Venous		Collected: 02/07/23 1157 Updated: 02/07/23 1222

Narrative:
 The following orders were created for panel order CBC and differential.
 Procedure Abnormality Status
 CBC auto differential[372338219] Abnormal Final result

Please view results for these tests on the individual orders.

CBC auto differential [372338219] (Abnormal)
 Order Status: Completed Specimen: Blood, Venous
 Collected: 02/07/23 1157
 Updated: 02/07/23 1222

Leukocyte	6.1	4.0 - 11.0 x10E9/L
Erythrocytes	4.12	3.8 - 4.8 x10E12/L
Hemoglobin	129	117 - 151 g/L
Hematocrit	0.38	0.34 - 0.46 L/L
MCV	92	80 - 100 fL
MCH	31.3 ✓	25 - 31 pg
MCHC	340	320 - 360 g/L
RDW	14.3	10 - 16 %
Platelets	180	150 - 400 x10E9/L
MPV	9.4	7.4 - 9.4 fL
Relative Neutrophils	0.52	0.40 - 0.75 L/L
Relative Lymphocytes	0.34	0.20 - 0.45 L/L
Relative Monocytes	0.11 ✓	0.02 - 0.10 L/L
Relative Eosinophils	0.03	0.01 - 0.06 L/L
Relative Basophils	0.01	0.00 - 0.01 L/L
Absolute Basophils	3.2	2.0 - 7.5 x10E9/L
Absolute Neutrophils	2.1	1.5 - 4.0 x10E9/L
Absolute Lymphocytes	0.7	0.2 - 0.8 x10E9/L
Absolute Monocytes	0.2	0.0 - 0.4 x10E9/L
Absolute Eosinophils	0.0	0.0 - 0.1 x10E9/L
Absolute Basophils	0	/100 WBC

Imaging Results

XR Chest PA & LAT (In process)



3050 Lawrence Ave. E.
 Scarborough ON M1P 2V5
 Phone: 416-438-2911
 Fax: 416-431-8164

Manousandis, Parthena
 MRN: H0581440, DOB: 9/2/1936, Sex: F
 CHIP: 918673493AP
 Acct #: 201864366
 Adm: 2/7/2023, Dis: —

Manousandis, Parthena

ED 2/7/2023 - present
 Status: Current
 Scarborough Health - General
 Last attending: Adrienne Best, MD - with Treatment team
 Primary impression: Head injury
 Chief complaint: Head injury
 Emergency

Lab Results

Procedure	Component	Value	Ref Range	Date/Time
Urea [372338207] (Abnormal)	Bun	8.8	2.6 - 7.2 mmol/L	Collected: 02/07/23 1157 Updated: 02/07/23 1244
Magnesium [372338212] (Normal)	Magnesium	0.82	0.68 - 1.11 mmol/L	Collected: 02/07/23 1157 Updated: 02/07/23 1244
Phosphorus [372338213] (Normal)	Phosphate	1.25	0.85 - 1.35 mmol/L	Collected: 02/07/23 1157 Updated: 02/07/23 1244
Glucose, Random [372338206] (Normal)	Glucose Random	5.8	4.0 - 11.0 mmol/L	Collected: 02/07/23 1157 Updated: 02/07/23 1243
Lipase, Total [372338217] (Normal)	Lipase	20	4 - 39 U/L	Collected: 02/07/23 1157 Updated: 02/07/23 1243
Electrolytes [372338204] (Normal)	Sodium	139	136 - 145 mmol/L	Collected: 02/07/23 1157 Updated: 02/07/23 1243
	Potassium	4.5	3.5 - 5.1 mmol/L	
	Chloride	102	101 - 111 mmol/L	
	CO2	30	22 - 32 mmol/L	
	Anion Gap	7	4 - 12 mmol/L	
Creatinine [372338205]	Creatinine	88	53 - 106 umol/L	Collected: 02/07/23 1157 Updated: 02/07/23 1243
Alkaline Phosphatase (ALP) [372338214] (Normal)	Alkaline Phosphatase	72	34 - 104 U/L	Collected: 02/07/23 1157 Updated: 02/07/23 1243
Bilirubin, Total [372338216] (Normal)	Total Bilirubin	4	4 - 17 umol/L	Collected: 02/07/23 1157 Updated: 02/07/23 1243
Calcium [372338210] (Normal)	Calcium, Total	2.27	2.20 - 2.68 mmol/L	Collected: 02/07/23 1157 Updated: 02/07/23 1243
Albumin [372338211] (Normal)	Albumin	38	35 - 49 g/L	Collected: 02/07/23 1157 Updated: 02/07/23 1243
Alanine Aminotransferase (ALT) [372338215] (Normal)	ALT (SGPT)	12	7 - 22 U/L	Collected: 02/07/23 1157 Updated: 02/07/23 1243
Protime-INR [372338208] (Normal)				Collected: 02/07/23 1157

παρόχου υπηρεσιών υγείας σας. Μόνο ο πάροχος υπηρεσιών υγείας σας έχει τις γνώσεις και την εκπαίδευση για να παρέχει συμβουλές που είναι σωστές για σας.

Δικαιώματα πνευματικής ιδιοκτησίας

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Disclaimer: Medication list provided on this document is not exhaustive. Only medications reviewed, newly prescribed, modified or discontinued by your ED Provider will appear on the list.

Please return to the emergency department if your symptoms worsen after your initial emergency department visit.

Patient Phone Number

Home Phone 416-297-7804
Work Phone
Mobile Phone

AFTER VISIT SUMMARY



Parthena Manousaridis MRN: H0581440 2/7/2023 Scarborough Health - General Emergency 416-438-2911

Instructions

Read the attached information

Closed Head Injury Discharge Instructions (Greek)

Follow up with Michael Bazos in 3 days (around 5/7/2023)

Contact: 658 Danforth Ave Ste 202
Toronto ON M4J 5B9
416-466-3921

Today's Visit

Reason for Visit

Head injury

Diagnosis

Head injury

Lab Tests Completed

APTT

Alanine Aminotransferase (ALT)

Albumin

Alkaline Phosphatase (ALP)

Bilirubin, Total

CBC auto differential

Calcium

Creatinine

Electrolytes

Glucose, Random

Lipase, Total

Magnesium

Phosphorus

Protime-INR

Urea

Today's Visit (continued)

Imaging Tests

- CT Facial Bones
- CT Head
- XR Chest

Medications Given

acetaminophen (TYLENOL EXTRA STRENGTH) Last given at 11:49

 147/68	 36.5 °C	 51	 18
Oxygen Saturation 94%			

What's Next

You currently have no upcoming appointments scheduled.

Changes to Your Medication List

You have not been prescribed any medications.

MyChart

View your test results, look up past appointment information, eCheck-In for upcoming appointments, track your health, and more.

Go to the website below, click "Sign Up Now", and enter your personal activation code
<https://mychart.ouepic.ca/mychartprd/>
Activation Code: 8CT2T-N8JK7-NF4FY
Expires: 1/8/2023 14:50

Patient Education

Οδηγίες εξόδου για κλειστό τραυματισμό στο κεφάλι

Notice

Πρέπει να διαβάσετε προσεκτικά τις «Πληροφορίες για τον καταναλωτή - Χρήση και αποποίηση» παρακάτω για να καταλάβετε και να χρησιμοποιήσετε σωστά τις πληροφορίες αυτές.

Σημικά με το βήμα αυτό

Ένας τραυματισμός στο κεφάλι είναι οποιοδήποτε τραύμα στο κεφάλι. Αυτό μπορεί να συμβεί από χτύπημα ή μια ξαφνική δύναμη. Ένας κλειστός τραυματισμός στο κεφάλι σημαίνει ότι το χτύπημα στο κεφάλι δεν έπασσε το κρανίο. Συνήθως κλειστοί τραυματισμοί στο κεφάλι είναι διαστέρες και εγκεφαλικές κακώσεις. Εάν ο εγκεφαλος έχει τραυματιστεί, είναι εγκεφαλική κάκωση. Η βλάβη μπορεί να προκαλέσει οίδημα ή μιση στον εγκεφαλο. Ένας κλειστός εγκεφαλικός τραυματισμός μπορεί να είναι ήπιος ή σοβαρός. Θα εξαρτηθεί από το πόσο οίδημα και μιση υπάρχει στον εγκεφαλο.

Εγκεφαλική βλάβη



Οι ήμιοι κλειστοί τραυματισμοί στο κεφάλι δεν προκαλούν σοβαρά προβλήματα και βελτιώνονται σε μικρό χρονικό διάστημα. Μπορεί να αισθανθείτε καλά σε μερικές ώρες μετά τον τραυματισμό στο κεφάλι. Μπορεί να έχετε πόνους εγκεφαλική βλάβη ακόμη και εάν δεν είχατε ανώμαλα συνείδηση. Ορισμένα άτομα έχουν πονοκέφαλο και αισθάνονται απύνοη ή δεν έχουν τη δυνατότητα να θυμηθούν. Άλλα έχουν ναυτία ή κίνουον εμετό. Ορισμένα αισθάνονται υπνηλία ή συμπεριφέρονται ιδιότροπα ή εκνευρισμένα.

- Προβλήματα με το βάδισμα ή την ομιλία
- Προβλήματα με τη μνήμη ή με την προσοχή
- Προβλήματα με τον ύπνο
- Μεταβολές στη διάθεση ή τη συμπεριφορά
- Αλλαγές στην όραση
- Ενόχληση από τον θόρυβο ή το φως

Οι πιο σοβαροί τραυματισμοί χρειάζονται περισσότερο για να αποκατασταθούν και μπορεί να προκαλέσουν μακροχρόνια βλάβη και μακροχρόνιες αλλαγές.

Ποια φροντίδα απαιτείται στο σπίτι;

- Πιθανότατα τον γιατρό σας τι χρειάζεται να κάνατε όταν επιστρέψετε στο σπίτι. Βεβαιωθείτε ότι κάνατε επωθησεις εάν δεν καταβάλατε τι λέει ο γιατρός. Με αυτόν τον τρόπο θα γνωρίζετε τι πρέπει να κάνατε.
- Η φροντίδα στο σπίτι θα εξαρτηθεί από το πόση βλάβη υπέστη στον εγκέφαλο. Οι ήπιες περιπτώσεις μπορεί να χρειάζονται πολύ λίγη φροντίδα. Οι πολύ σοβαρές περιπτώσεις μπορεί να έχουν ως αποτέλεσμα μακροχρόνια αλλαγή στην ψυχική κατάσταση. Άτομα με σοβαρές περιπτώσεις μπορεί να χρειάζονται πολύ φροντίδα.
- Η αποκατάσταση μπορεί να χρειάζεται χρόνο, επομένως θα πρέπει να έχετε υπομονή.
- Βεβαιωθείτε ότι η οικογένεια και οι φίλοι σας γνωρίζουν σχετικά με τον τραυματισμό σας και πώς να βοηθήσουν.
- Έχετε έναν ενήλικα να σας παρακαλώσει για τις πρώτες 12 έως 24 ώρες μετά την επιστροφή σας στο σπίτι. Θα πρέπει να καλέσει τον γιατρό εάν έχετε οποιοδήποτε πρόβλημα. Είναι σημαντικό να διασφαλιστεί ότι αναπνέετε κανονικά, δεν κάνετε έμετο και δεν αναπνέετε όταν κοιμάστε.
- Αναπνεύστε. Μην ασκείτε σωματικά. Δεν πρέπει να χρησιμοποιείτε μηχανήματα γυμναστικής όπως διόργανο, ή να κάνετε άλλες βαριές δραστηριότητες. Η ελαφριά δραστηριότητα επιτρέπεται.
- Ξκουπάστε τον εγκέφαλό σας. Αποφύγετε δραστηριότητες που απαιτούν πολλή σκέψη ή εστίαση της προσοχής. Αποφύγετε την τηλεόραση, τους υπολογιστές και τα βιντεοπαιχνίδια. Πιθανότατα να κάνατε πορτοκάλια.
- Να είστε όσο το δυνατόν πιο άνετα. Τοποθετήστε παγκόσμιη ή μια σακούλα με παγωμένο αρσενικό τυλιγμένη με μια πετσέτα επάνω από την επώδυνη περιοχή. Πότε μη χρησιμοποιείτε πάγο απευθείας επάνω στο δέρμα. Μην αφήνετε τον πάγο τοποθετημένο για περισσότερο από 10 έως 15 λεπτά κάθε φορά.
- Η φροντίδα αποκατάστασης μπορεί να είναι πολύ σημαντική. Μπορεί να χρειάζεστε ειδική βοήθεια με:
 - Βασικές ικανότητες όπως βάρδια ή υγιεινή
 - Ικανότητες επικοινωνίας όπως ομιλία
 - Εγκυφαλικές ικανότητες όπως μνήμη, σκέψη και συγκέντρωση
- Βεβαιωθείτε ότι παρακολουθείτε στενά το πώς σας μετά από έναν τραυματισμό στο κεφάλι, ειδικά όταν βρισκόμαστε στο σχολείο ή σε εξωτερικούς χώρους.

- Δραστηριότητες που απαιτούν σκέψη ή ψυχική προσπάθεια, όπως διασπορά σπόρων, φύτευση και εμβολιασμοί.
- Η σωστή διασπορά των σπόρων και η σωστή φροντίδα των φυτών είναι απαραίτητα για την επιτυχία της καλλιέργειας. Η σωστή διασπορά των σπόρων και η σωστή φροντίδα των φυτών είναι απαραίτητα για την επιτυχία της καλλιέργειας.

Ποια δραστηριότητες είναι απαραίτητες;

Εάν σκοπεύετε να εμβολιάσετε ή να φτιάξετε τα φάρμακά σας, να έχετε κάποιον να σας το βοηθήσει ή να σας καταράξει ένα πρόγραμμα για να ακολουθήσετε. Ορισμένα εργαλεία όπως ένα χυμνήρι μπορεί να είναι απαραίτητα να εμβολιάσετε ή να φτιάξετε τα φάρμακά σας.

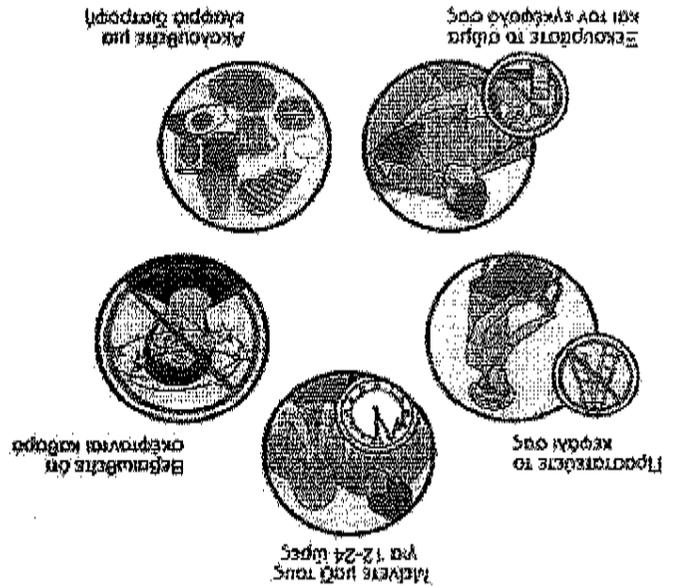
- Αφαιρέτηση του πόδου και του οδοντικού
- Αφαιρέτηση ή πρόληψη επιληπτικών κρίσεων
- Μέτρηση του οδοντικού στον εγκέφαλο
- Μέτρηση της πίεσης στον εγκέφαλο

Ο γιατρός μπορεί να ορίσει φάρμακα για:

Ποια φάρμακα μπορεί να απαιτούνται;

- Θα χρειαστεί να βιώσετε υπό στενή παρακολούθηση. Ο γιατρός σας μπορεί να ηρεμήσει φροντίδα παρακολούθησης. Αυτό μπορεί να σας βοηθήσει να ανακτήσετε την εγκεφαλική σας λειτουργία και να αναρρώσετε γρηγορότερα. Είναι σημαντικό να ηρεμήσετε σε όλες τις επιπτώσεις παρακολούθησης.
- Ο γιατρός σας μπορεί να σας ζητήσει να κάψετε επιπτώσεις στο ιατρείο για να ελέγξει την πρόοδό σας. Βεβαιωθείτε ότι τηρείτε αυτές τις επιπτώσεις.

Ποια φροντίδα παρακολούθησης απαιτείται;



Μετά από τραυματισμό στο κεφάλι

- Μεταβολές στη συμπεριφορά όπως εξάρσεις θυμού ή σκέψεις να βλάψετε τον εαυτό σας ή άλλους
 - Έντονη υπνηλία (μεγαλύτερη από την αναμενόμενη) ή δυσκολία να κοιμηθείτε
 - Αδυναμία να θυμηθείτε πράγματα
 - Περισσότερη σύγχυση, υπνηλία, ή οποιαδήποτε αλλαγή στην εγρήγορση
- Προβλήματα με τον εγκέφαλό σας όπως:

Πότε χρειάζεται να καλέσω το γιατρό;

- Φοβάτε σκληρά κάποια και προσοστευτικό εξοπλισμό εάν εργαζόσαστε στις κατασκευές ή σε άλλα επικίνδυνα επαγγέλματα, ή εάν εργαζόσαστε σε σκάφος ή σε ψηλά μέρη.
- Αποφεύγετε τις επικίνδυνες δραστηριότητες που μπορεί να προκαλέσουν πτώσεις ή τραυματισμούς στο κεφάλι, παρόμοια δραστηριότητα.
- Φοβάτε κρουνό όταν οδηγείτε μοτοσυκλέτα, ποδήλατο, κάνετε σκιερισπορντ, πατινιά, σκι ή σνόουμπορντ, ή άλλη φοβάτε τον κατάλληλο προσοστευτικό εξοπλισμό όταν κάνετε σπορ.
- Πάντοτε να φοβάτε ζώνη όταν οδηγείτε ή ματαίετε σε αυτοκίνητο.
- Μην οδηγείτε όταν παίρνετε φάρμακα για τον πόνο ή φάρμακα που σας προκαλούν υπνηλία. Μην πίνετε αλκοόλ και οδηγείτε. Μην οδηγείτε εάν νοιώθετε κόπωση.

Τι μπορεί να γίνει για να προληφεί αυτό το πρόβλημα υγείας;

- Διαιταραχή της μνήμης, της μάθησης, ή της κρίσης
 - Προβλήματα επικοινωνίας. Αυτό μπορεί να οδηγήσει σε απογοητεύσεις, συγκρούσεις, και εμπόδων τραυματισμούς.
 - Αλλαγές στις εφές και τα συναισθήματα. Μπορεί να έχετε περισσότερο θυμό ή αλλαγές στη διάθεση τον περισσότερο χρόνο.
 - Προβλήματα ακοής, όσφρησης, ή όρασης
 - Επιληπτικές κρίσεις
 - Υψηλότερη πιθανότητα για άλλες ευκεφαλικές παθήσεις, όπως Αλτσχάιμερ και Πάρκινσον
- Ενας ευκεφαλικός τραυματισμός μπορεί να προκαλέσει αλλαγές στον τρόπο ζωής ενός ατόμου. Σε έναν σοβαρό τραυματισμό, οι αλλαγές μπορεί να περιλαμβάνουν ένα διαφορετικό επίπεδο συνείδησης ή ψυχικής κατάστασης, αδυναμία να επικοινωνήσουν με άλλους, ή αδυναμία αντίδρασης σε άτομα ή πράγματα. Άλλες αλλαγές μπορεί να περιλαμβάνουν:

Ποια προβλήματα θα μπορούσαν να παρουσιαστούν;

- Εάν είχατε επιληπτική κρίση, ελέγξτε την κρατική σας νοσηρεία όσον αφορά την όληση.
- Όταν επιστρέψετε στην εργασία σας, συζητήστε με το γιατρό σας και τον εργοδότη σας σχετικά με τον φόβο εργασίας σας. Μπορεί να χρειαστείτε κάποιο να ελέγχει την εργασία σας.
- Βεβαιωθείτε ότι οι δόκαλοι γινρίζουν το πρόβλημά σας εάν πηγαίνετε στο σχολείο.

• Ο πονοκέφαλος επιδεινώνεται ή έχει διαφορετική αιτιολογία

Προβλήματα με τα μάτια, τα αυτιά ή το στόμα σας, όπως:

• Πρόβλημα με την ομιλία ή κακή άρθρωση λόγου

• Άλλαξη στο μέγεθος της μίας κόρης (το κέντρο ή το μάκρο ή το βάθος του ματιού σας) σε σύγκριση με το άλλο μάτι

• Θολή όραση, διπλάσια, ή άλλα προβλήματα με την όρασή σας

• Αιμορραγία ή εκροή διαυγούς υγρού από τα αυτιά ή τη μύτη σας

Προβλήματα με το πύξινος κινεζότε ή αισθάνεστε όπως:

• Ναυτία και έμετος που δεν φεύγουν

• Ζάλη ή λιποθυμία

• Τρίκλαισμα ή πρόβλημα με το βάδισμα

• Αδυναμία ή μούδιασμα του χεριού, ποδιού, ή ενός μέρους του σώματός σας

• Δυσκαμψία του αυχένα

• Επληκτικές κρίσεις

• Απώλεια ελέγχου των σπυρών ή του εντέρου σας

Το πρόβλημα υγείας δεν βελτιώνεται ή αισθάνεστε χειρότερα

Επαναδιακάλια (Teach Back): σας βοηθά να καταλάβετε

Η μέθοδος «Δείτε με μου πώς» σας βοηθά να κατανοήσετε τις πληροφορίες που σας δίνονται. Αφού συζητήσετε με το προσωπικό, πείτε τους με δικά σας λόγια αυτά που μάθατε. Αυτό βοηθά να διασφαλιστεί ότι το προσωπικό έχει περιγράψει κάθε πτυχή με σαφήνεια. Βοηθά επίσης να εξηγηθούν πτυχές που μπορεί να δημιουργούν σύγχυση. Πριν επιστρέψετε στο σπίτι, βεβαιωθείτε ότι μπορείτε να κάψετε τα ακόλουθα:

• Μπορώ να σας μιλήσω σχετικά με την πρόβλησή μου.

• Μπορώ να σας πω τι θα κάνω για να ξεκουράσω τον εγχείματό μου.

• Μπορώ να σας πω τι θα κάνω εάν παρουσιάσω προβλήματα με το να θυμάμαι πράγματα.

Πού μπορώ να μάθω περισσότερα;

FamilyDoctor.org

<http://familydoctor.org/familydoctor/en/diseases-conditions/head-injuries/printviewall.html>

Χρήση πληροφοριών καταναλωτή και αποποίηση

Οι πληροφορίες αυτές δεν αποτελούν εξειδικευμένη ιατρική συμβουλή και δεν αντικαθιστούν τις πληροφορίες που λαμβάνετε από τον δικό σας πάροχο υπηρεσιών υγείας. Πρόκειται για μια συνοπτική ή/και αναφορικά των λεπτομερών πληροφοριών. ΔΕΝ περιλαμβάνει όλες τις πληροφορίες σχετικά με τις καταστάσεις, τις παθήσεις, τους τραυματισμούς, τις εξετάσεις, τις διαδικασίες, τις αγωγές, τις θεραπείες, τις οδηγίες εκδόσεων ή τις επιλογές πρόσθου ζυγίου που μπορεί να εφαρμοζονται στην περίπτωση σας. Για μια ολοκληρωμένη πληροφόρηση σχετικά με τις επιλογές για την υγεία και τη φροντίδα σας, θα πρέπει να συζητήσετε με το δικό σας πάροχο υπηρεσιών υγείας. Τις πληροφορίες αυτές δεν θα πρέπει να τις χρησιμοποιήσετε για να αποφασίσετε εάν θα πρέπει να αποχέσετε τις συμβουλές, οδηγίες ή συστάσεις του



3050 Lawrence Ave. E.
Scarborough ON M1P 2V5
Phone: 416-438-2911
Fax: 416-431-8164

Manousaridis, Parthena
MRN: H0581440, DOB: 9/2/1936, Sex: F
OHIP: 9186734993AP
Acct #: 201864366
Adm: 2/7/2023, Dis: —

Imaging Results (continued)

CT Head (Final result)

Result time 02/07/23 12:24:59

Final result by Sanjoy Kundu, MD (02/07/23 12:24:59)

Narrative:

CT Head:

Technique:

Axial unenhanced scans were performed through the brain.

Comparison: June 2008

Findings:

There is moderate ventricular and sulcal enlargement in keeping with moderate cerebral and cerebellar atrophy in keeping with the patient's age.

There is normal gray/white matter differentiation.

There is no evidence of an intracranial bleed.

There is a small subcortical hypodensity in the right frontal lobe which may represent a old infarct or remote posttraumatic change.

There is subcortical white matter change in both cerebral hemispheres suggestive of mild microangiopathic change.

The bony calvarium appears within normal limits.

The visualized paranasal sinuses appear within normal limits.

Summary:

No acute intracranial abnormality is observed.

CT Facial Bones (Final result)

Result time 02/07/23 12:29:02

Final result by Sanjoy Kundu, MD (02/07/23 12:29:02)

Narrative:

CT facial bones:

TECHNIQUE:

CT of the facial bones was performed with axial acquisition with coronal and sagittal reconstructions.

FINDINGS:

There is no evidence of a facial bone fracture.



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Manousandis, Parthena
MRN: H0581440, DOB: 9/2/1936, Sex: F
OHIP: 9186734993AP
Acct #: 201864366
Adm: 2/7/2023, Dis: —

Imaging Results (continued)

The paranasal sinuses appear well aerated.

There is moderate conchal bullosa of the right middle turbinate and mild conchal bullosa of the left middle turbinate.

Summary:

There is no evidence of a facial bone fracture.

ECG Results
None

HEART WELLNESS CARDIAC CLINICS

2130 Lawrence Avenue East, Suite 206, Scarborough, Ontario M1R 3A6
Tel: (416)755-0995 • Fax: (416) 615-0942

Name: MANOUSARIDIS, Parthena	Ref. Doctor: Dr. A. Boyrazian
Date of Birth: 09 February 1936	Patient ID:
Health Card: 9186 734 993 AP	Date of Exam: 11 May 2023

72-HOUR HOLTER RECORDING

This patient was recorded for 71 hours and total time analyzed was 70 hours.

1. The underlying rhythm was normal sinus rhythm with a mean heart rate of 61 beats per minute, maximum heart rate of 113 beats per minute and minimum heart rate of 43 beats per minute.
2. There were less than 1% ventricular ectopic beats, which include a few isolated PVCs. There were less than 1% supraventricular ectopic beats, which include a few isolated PACs as well as two short runs of nonsustained SVT, the longest run lasting 10 beats.
3. There were no paced beats, no pauses, no ST changes and no symptoms.

IMPRESSION:

In summary, this patient has a normal Holter.

Dr. R. Yamagawa, MD., PHD., FRCSC
Cardiac Surgeon
Assistant Professor of Surgery

Dictated but not read: RY/SAI
Date Reported : 18/05/2023
Date of Transcription : 19/05/2023

DIAGNOSTIC ASSESSMENT CENTRE



225-4810 Sheppard Avenue East
 Scarborough, Ontario M1S 4N6
 Ph (416) 291-7300 Fax (416) 291-0700

MANOUSARIDIS, PARTHENA
 May 11, 2023

Bilateral Carotid
 Study Report

File Number: L2349
 Health Card Number: 9186 734 993 AP
 DOB: 1936-02-09
 Gender: F
 Height: 60 in
 BSA: 1.81 m²
 BMI: 31.25
 Study Quality: Good
 Indications: PRESYNCOPE

After informed consent, a duplex Carotid ultrasound was performed.

Conclusions:

Diffuse intimal thickening and scattered atheromatous plaque throughout bilateral carotid arteries. By velocity criteria, 50-89% right internal carotid artery stenosis.

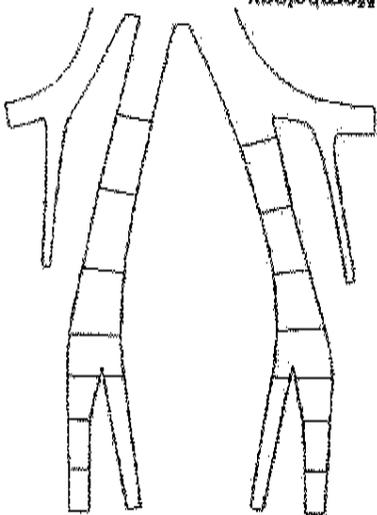
May 11, 2023 07:19 PM EDT
 Robert Yanagawa, MD, PhD, FRCSC
 Electronically Signed on Studycast

RIGHT

PSV	EDV	Waveform	(cm/s) (cm/s)
116	116	Multiplhasic	ECA
148	21	Monophasic	ICA-mid
309	48	Monophasic	ICA-prox
67	11	Monophasic	CCA-dis
72	12	Monophasic	CCA-prox
4.61	4.36	Normal	PSV ICA/CCA ratio:
Normal	Normal	Antegrade	EDV ICA/CCA ratio:
Normal	Normal	Antegrade	Vert. Art. Flow:
94 cm/s			Vertebral PSV:

LEFT

PSV	EDV	Waveform	(cm/s) (cm/s)
183	183	Multiplhasic	ECA
121	28	Monophasic	ICA-mid
131	30	Monophasic	ICA-prox
81	12	Monophasic	CCA-dis
68	11	Monophasic	CCA-prox
2.15	2.50	Normal	PSV ICA/CCA ratio:
Normal	Normal	Antegrade	EDV ICA/CCA ratio:
Normal	Normal	Antegrade	Vert. Art. Flow:
86 cm/s			Vertebral PSV:



Morphology

- Normal
- Heterogeneous
- Calcific
- Intimal hyperplasia
- Shadowing
- Post-operative

Peak systolic velocities in the right bifurcation, internal, external and common carotid arteries are within normal limits.

The right external carotid artery (ECA) waveform demonstrates a multiphasic flow pattern.

The right mid internal carotid artery (ICA-mid) waveform demonstrates a monophasic flow pattern. The right proximal internal

carotid artery (ICA-prox) waveform demonstrates a monophasic flow pattern.

The right distal common carotid artery (CCA-dis) waveform demonstrates a monophasic flow pattern. The right proximal

common carotid artery (CCA-prox) waveform demonstrates a monophasic flow pattern.

Right vertebral PSV 94 cm/sec.



225-4810 Sheppard Avenue East

Scarborough, Ontario M1S 4N6

Ph (416) 291-7300 Fax (416) 291-0700

MANOUSARIDIS, PARTHENA

May 11, 2023

Bilateral Carotid Study Report

Left Findings:

Peak systolic velocities in the left bifurcation, internal, external and common carotid arteries are within normal limits.
 The left external carotid artery (ECA) waveform demonstrates a multiphasic flow pattern.
 The left mid internal carotid artery (ICA-mid) waveform demonstrates a monophasic flow pattern. The left proximal internal carotid artery (ICA-prox) waveform demonstrates a monophasic flow pattern.
 The left distal common carotid artery (CCA-dis) waveform demonstrates a monophasic flow pattern.
 The left proximal common carotid artery (CCA-prox) waveform demonstrates a monophasic flow pattern.
 Left vertebral PSV 65 cm/sec.

Carotid Criteria Table

ICA	Degree of Stenosis(%)	Visual Plaque Size	Primary parameters			Additional parameters EDV (cm/s) ICA/CCA
			PSV (cm/s)	EDV (cm/s)	ICA/CCA	
Normal	Normal	Normal (MT, No plaque)	-	<40	-	
Minimal	1-15%	Increased (MT) >0.10 cm	-	<40	-	
16-49%	Moderate	Mild	<125	<40	<1.8	
50-69%	>=50%	Moderate	<125	<40	<1.8	
>=70%	>=50%	Marked lumen narrowing	125 - 230	40 - 99	2.0 - 4.0	
80-99%	>=50%	Marked lumen narrowing	>=230	100 - 140	>4.0	
Total occlusion	Near occlusion	Marked lumen narrowing	>=230	>140	-	
		No lumen, no flow	Low, undetectable	Undetectable	-	
COA/Bifurcation		Mild	-	-	-	
<50%		Moderate plaque by imaging	-	-	-	

Criteria reference: Grant et al. RSNA, 2003. Goette, MIT, 2004

Recommendations: no change from before

Conclusions:
Anup Gupta, MD, FRCPC, FACC, FSCAI
Electronically Signed on Studycast
May 12, 2023 01:16 PM EDT

HEART WELLNESS CARDIAC CLINICS



206-2130 Lawrence Avenue East
Scarborough, Ontario M1R 3A6
Ph (416) 755-0995 Fax (416) 615-0942

MANOUSARIDIS, PARTHENA
May 11, 2023

Trans thoracic Echocardiogram
Study Report

ALPHA DIAGNOSTIC IMAGING INC.
2130 LAWRENCE AVE. E, SUITE 300
SCARBOROUGH, ON M1R 3A6
Phone: (416) 321-2670 Fax: (416) 321-6591

Case #: MW224930 - 1-May-2023

Patient ID: 55397MW

REFERRAL INFORMATION

PATIENT INFORMATION

DR. BOYRAZIAN, ARMEN
406-2130 LAWRENCE AVE EAST
SCARBOROUGH, ONTARIO
M1R 3A6
P: (416) 298-0666, F: (416) 298-7807

MANOUSARIDIS, PARTHENA
D.O.B: 9-Feb-1936 87y 3m Sex: F
15 PENZANCE DR
SCARBOROUGH ON, M1K 4Z4
Tel: (647) 668-1441

EXAM DESCRIPTION:

Radiographic views of the lumbar spine including oblique views

CLINICAL INDICATION:

Back pain

COMPARISON:

October 2, 2017

FINDINGS:

5 lumbar-type vertebrae with marked scoliosis and possibly some degree of instability on AP view which has progressed compared to previous. Slight anterolisthesis of L4 on L5 measuring 4 mm.

Severe degenerative disc changes are seen at L5-S1. Moderate to severe changes are seen at other levels of the lumbar spine. Evidence of marked facet arthropathy at multiple levels.

IMPRESSION:

Severe degenerative appearing changes of the lumbar spine. There may be some degree of instability.

SHUCKETT, B., M.D., F.R.C.P.

1-May-2023 16:34

Status: D: 01/05/2023 16:30 T: 01/05/2023 16:34

P: 68 02/05/23 09:03

ALPHA DIAGNOSTIC IMAGING INC.
2130 LAWRENCE AVE. E, SUITE 300
SCARBOROUGH, ON M1R 3A6
Phone: (416) 321-2670 Fax: (416) 321-6591

Case #: MW224930 - 1-May-2023

Patient ID: 55397MW

REFERRAL INFORMATION

PATIENT INFORMATION

DR. BOYRAZIAN, ARMEN
406-2130 LAWRENCE AVE EAST
SCARBOROUGH, ONTARIO
M1R 3A6
P: (416) 298-0666, F: (416) 298-7807

MANOUSARIDIS, PARTHENA
D.O.B : 9-Feb-1936 87y 3m Sex: F
15 PENZANCE DR
SCARBOROUGH ON, M1K 4Z4
Tel: (647) 668-1441

EXAM DESCRIPTION:

AP and lateral views of the thoracic spine

CLINICAL INDICATION:

Back pain

COMPARISON:

None

FINDINGS:

Normal alignment of the thoracic spine. There are degenerative endplate changes of the disc spaces of the upper and mid thoracic spine. Evidence of some degree of demineralization. No other notable findings on radiography of the thoracic spine.

IMPRESSION:

Findings as discussed.

SHUCKETT, B., M.D, F.R.C.P

1-May-2023 16:29

Status: D: 01/05/2023 16:26 T: 01/05/2023 16:29

P: 02/05/23 09:03

HEART WELLNESS CARDIAC CLINICS

2130 Lawrence Avenue East, Suite 206, Scarborough, Ontario M1R 3A6
Tel: (416)755-0995 • Fax: (416) 615-0942

Name : MANOUSARIDIS, Parthena
Date of Birth: 09 February 1936
Health Card: 9186 734 993 AP
Ref. Doctor: Dr. A. Boyrazian
Patient ID : 508267
Date of Exam: 25 February 2023

48-HOUR HOLTER RECORDING

Normal sinus rhythm. PR is 0.16. QRS is 0.08.
Maximum heartbeats was 84 beats per minute, minimum 47 beats per minute, average 62 beats per minute.

There are isolated PVCs present.

There is a 08-beat run of atrial tachycardia, rate 136.

No ST changes. No pauses.

IMPRESSION:

Normal sinus rhythm. Benign arrhythmia.

DR. ANUP K. GUPTA, MD, FACC, FRCPC, FSCAI
Cardiologist

Dictated but not read: AKG/PM R-1066990/SAI
Date Reported : 09/03/2023
Date of Transcription : 04/03/2023

MANOUSARIDIS, Parthena, Holter, February 25, 2023

Recommendations: since before new LVH

Conclusions: regurgitation.
Anup Gupta, MD, FRCPC, FACC, FSCAI
Electronically Signed on Studycast
February 26, 2023 01:18 PM EST

HEART WELLNESS CARDIAC CLINICS

206-2130 Lawrence Avenue East
Scarborough, Ontario M1R 3A6
Ph (416) 755-0995 Fax (416) 615-0942



Trans thoracic Echocardiogram
Study Report

MANOUSARIDIS, PARTHENA
February 25, 2023

ALPHA DIAGNOSTIC IMAGING INC.
2130 LAWRENCE AVE. E, SUITE 300
SCARBOROUGH, ON M1R 3A6
Phone: (416) 321-2670 Fax: (416) 321-6591

Case #: MW223083 - 26-Feb-2023

Patient ID: 55397MW

REFERRAL INFORMATION

DR. BOYRAZIAN, ARMEN
308-2130 LAWRENCE AVE EAST
SCARBOROUGH, ONTARIO
M1R 3A6
P: (416) 298-0666, F: (416) 298-7807

PATIENT INFORMATION

MANOUSARIDIS, PARTHENA
D.O.B: 9-Feb-1936 87y 0m Sex: F
15 PENZANCE DR
SCARBOROUGH ON, M1K 4Z4
Tel: (647) 668-1441

EXAM DESCRIPTION:
CHEST (PA AND LATERAL)

CLINICAL INDICATION:
DIB

COMPARISON:
November 30, 2020

FINDINGS:
Aortic calcification consistent with atherosclerosis. Cardiomediastinal silhouette is unchanged.
Clear lungs. Clear pleural spaces. Bony thorax unchanged.
IMPRESSION:
No acute intrathoracic abnormality. No significant change.

J. Woo, M.D., F.R.C.P.

26-Feb-2023 15:40
Status: D: 26/02/2023 15:36 T: 26/02/2023 15:40
P: SG 27/02/23 09:09



WWW.OWNHEALTH.CA
PHONE: (289) 275-8826 or (888) 375-9810
FAX: (289) 812-3778

2022-09-14

RE: MANOUSARIDIS, PARTHENA 86 F 9186734993 AP

Dear Dr. Boyrazian,

Thank you for referring Ms. Manousaridis, for vascular surgery assessment regarding carotid artery disease. I spoke with her grandson George, by phone, on September 14.

This patient is experiencing intermittent lightheadedness, as well as headache, in the past several weeks. Prior to this, she suffered Covid-19 infection. She denies signs or symptoms suggestive of TIA, amaurosis fugax, or stroke. She is independent of her activities of daily living. She does not report calf claudication, or ischemic rest pain. There is no history of nonhealing pedal wounds.

With respect to comorbidities, this patient has past medical history significant for hypertension, and dyslipidemia. She is a smoker. She denies a history of coronary artery disease, or MI. Medications include a statin, and aspirin.

A recent ultrasound reveals greater than 70% right internal carotid artery stenosis.

I have a long discussion with this patient's grandson, regarding incidental right carotid artery stenosis. The carotid disease is not responsible for her current symptomatology. In the absence of attributable symptoms, the benefit of carotid revascularization, is marginal. I have therefore recommended medical optimization, with antiplatelet, and statin therapy, indefinitely. I have strongly encouraged smoking cessation. A repeat ultrasound will be arranged in one year, and I will review again thereafter.

Thank you for involving me in the care of this patient.

Sincerely,
Dr. Kerry Graybiel MD FRCSC
Vascular Surgery
Humber River Hospital
University of Toronto
Own Health



WWW.OWNHEALTH.CA
PHONE: (289) 275-8826 or (888) 375-9810
FAX: (1289) 812-3778

2022-09-14

RE: MANOUSARIDIS, PARTHENA 86 F 9186734993 AP

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Thank you for involving me in the care of this patient.

Sincerely,
Dr. Kerry Graybiel MD FRCS
Vascular Surgery
Humber River Hospital
University of Toronto
Own Health

HEART WELLNESS CARDIAC CLINICS

2130 Lawrence Avenue East, Suite 206, Scarborough, Ontario M1R 3A6

Tel: (416) 755-0995 • Fax: (416) 615-0942

Name: MANOUSARIDIS, Parthena
Date of Birth: 09 February 1936
Health Card: 9186 734 993 AP
Ref. Doctor: Dr. A. Boyrazian
Patient ID: L2349
Date of Exam: 20 August 2022

CONSULTATION NOTE

Dear Dr. Boyrazian,

It was a great pleasure for me to see this pleasant 86-year-old lady, who is rather frail. She is quite a heavy smoker and still smoking about a pack a day. From May, she is complaining of shortness of breath and productive cough. She has no fever, chills or rigors. She has had COVID vaccinations and she has not had COVID recently. She has no chest pain, presyncope, syncope or palpitations, but she does have quite severe fatigue.

PAST MEDICAL HISTORY: Her past medical and surgical history is significant for hypertension and hypercholesterolemia. She also has likely had some degree of emphysema or chronic obstructive pulmonary disease given that she is on puffers.

MEDICATIONS: Her medications currently include Atenolol, Lipitor, Diltiazem, Pantoprazole, Lasix, Levodopa, and Salbutamol.

PHYSICAL EXAMINATION: Cardiovascular examination shows S1 and S2 and no murmurs. She has wheezes bilaterally and some mild crackles bilaterally. She has no significant pedal edema.

INVESTIGATIONS: Her carotid duplex shows diffuse atheromas bilaterally with moderate hemodynamic stenosis of the right internal carotid artery. 2D echocardiogram shows good biventricular function with moderate mitral annular calcification, but no significant valvulopathy. Her Holter examination is normal.

IMPRESSION:

In summary, this is an 86-year-old lady, who likely has emphysema and COPD-related shortness of breath and productive cough. For our part, we will rule out a cardiac cause with a nuclear perfusion scan. Certainly, her shortness of breath could be an angina equivalent and she does have documented peripheral vascular disease. I do recommend that she see a respirologist.

Thank you for allowing us to take part in her care. We look forward to seeing her shortly.

Sincerely yours,

Dr. R. Yanagawa, MD, PhD, FRCSC
Cardiac Surgeon
Assistant Professor of Surgery

Dictated but not read: RY / R-1018258 / SAI
Date Reported : 20/08/2022
Date of Transcription : 22/08/2022

MANOUSARIDIS, Parthena, Consult, August 20, 2022

DIAGNOSTIC ASSESSMENT CENTRE



225-4810 Sheppard Avenue East
 Scarborough, Ontario M1S 4N6
 Ph (416) 291-7300 Fax (416) 291-0700

MANOUSARIDIS, PARTHENA
 August 20, 2022

Bilateral Carotid Study Report

File Number: S16026
 Health Card Number: 9186 734 993 AP
 DOB: 1936-02-09
 Gender: F
 Height: 63 in
 BSA: 1.93 m²
 BMI: 31
 Study Quality: Good
 Indications: PRE SYNCOPE

After informed consent, a duplex Carotid ultrasound was performed.

Conclusions:

Diffuse intimal thickening and scattered atheromatous plaque throughout bilateral carotid arteries. >70% hemodynamically significant plaque in the right internal carotid artery.

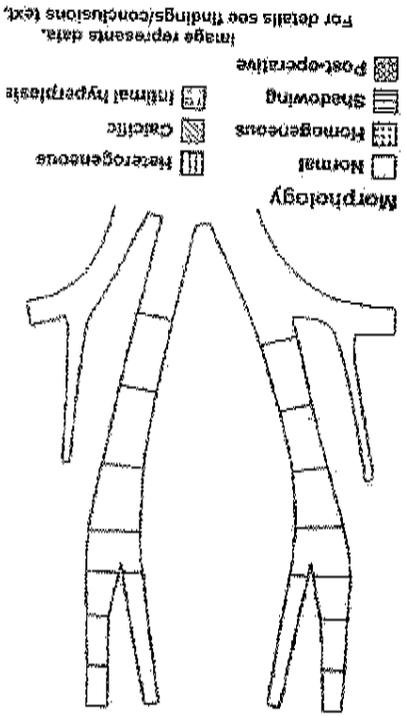
Robert Yanagawa, MD, PhD, FRCSC
 Electronically Signed on Studycast
 August 20, 2022 08:35 PM EDT

RIGHT

PSV	EDV	(cm/s) (cm/s)	Waveform
ECA	180	139	Multiphasic
ICA-mid	206	24	Monophasic
ICA-prox	344	82	Monophasic
CCA-dis	79	14	Monophasic
CCA-prox	74	12	Monophasic
EDV ICA/CCA ratio:	4.36		
EDV ICA/CCA ratio:	5.86		
Intimal Thickness:	Normal		
Vert. Art. Flow:	Antegrade		
Vertebral PSV:	143 cm/s		

LEFT

PSV	EDV	(cm/s) (cm/s)	Waveform
ECA	139	139	Multiphasic
ICA-mid	157	32	Monophasic
ICA-prox	117	25	Monophasic
CCA-dis	90	13	Monophasic
CCA-prox	77	13	Monophasic
EDV ICA/CCA ratio:	1.30		
EDV ICA/CCA ratio:	1.92		
Intimal Thickness:	Normal		
Vert. Art. Flow:	Antegrade		
Vertebral PSV:	41 cm/s		



Right Findings: Peak systolic velocities in the right bifurcation, internal, external and common carotid arteries are within normal limits.

The right external carotid artery (ECA) waveform demonstrates a multiphasic flow pattern. The right proximal internal carotid artery (ICA-mid) waveform demonstrates a monophasic flow pattern. The right proximal internal carotid artery (ICA-prox) waveform demonstrates a monophasic flow pattern. The right distal common carotid artery (CCA-dis) waveform demonstrates a monophasic flow pattern. The right proximal common carotid artery (CCA-prox) waveform demonstrates a monophasic flow pattern. Right vertebral PSV 143 cm/sec.



DIAGNOSTIC ASSESSMENT CENTRE

225-4810 Sheppard Avenue East
 Scarborough, Ontario M1S 4N6
 Ph (416) 291-7300 Fax (416) 291-0700

Bilateral Carotid Study Report

MANOUSARIDIS, PARTHENA
 August 20, 2022

Left Findings:

Peak systolic velocities in the left bifurcation, internal, external and common carotid arteries are within normal limits.
 The left external carotid artery (ECA) waveform demonstrates a multiphasic flow pattern.
 The left mid internal carotid artery (ICA-mid) waveform demonstrates a monophasic flow pattern. The left proximal internal carotid artery (ICA-prox) waveform demonstrates a monophasic flow pattern.
 The left distal common carotid artery (CCA-dif) waveform demonstrates a monophasic flow pattern. The left proximal common carotid artery (CCA-prox) waveform demonstrates a monophasic flow pattern.
 Left vertebral PSV 41 cm/sec.

Carotid Criteria Table

Degree of Stenosis(%)	Visual Plaque Size	Primary parameters			ICA
		PSV (cm/s)	EDV (cm/s)	ICA/CCA	
>80%	Mild	-	-	-	ECA
<50%	Moderate plaque by imaging	-	-	-	>50%
Normal	Normal IMT, No plaque	<126	<40	<1.5	Normal
Minimal	Increased IMT >0.10 cm	<125	<40	<1.8	Minimal
1-15%	Mild	<125	<40	<1.8	1-15%
15-49%	Moderate	125 - 230	40 - 99	2.0 - 4.0	15-49%
50-69%	Moderate	<125	<40	<1.8	50-69%
><50%	Moderate	125 - 230	40 - 99	2.0 - 4.0	><50%
>70%	Marked lumen narrowing	>230	100 - 140	>4.0	>70%
70-99%	Marked lumen narrowing	>230	100 - 140	>4.0	70-99%
Total occlusion	No lumen, no flow	Undetectable	Undetectable	Undetectable	Total occlusion

Criteria reference: Grant et al. RSNA, 2003. Gocke, MITT, 2004

HEART WELLNESS CARDIAC CLINICS

2130 Lawrence Avenue East, Suite 206, Scarborough, Ontario M1R 3A6

Tel: (416) 755-0995 • Fax: (416) 615-0942

Name: MANOUSARIDIS, Parthena	Ref. Doctor: Dr. A. Boyrazian
Date of Birth: 09 February 1936	Patient ID:
Health Card: 9186 734 993 AP	Date of Exam: 25 July 2022

48-HOUR HOLTER RECORDING

This patient was recorded for 44 hours and total time analyzed was 35 hours.

1. The underlying rhythm was normal sinus rhythm with a mean heart rate of 59 beats per minute, maximum heart rate of 72 beats per minute and minimum heart rate of 49 beats per minute.
2. There were less than 1% ventricular ectopic beats, which include a few occasional isolated PVCs and less than 1% supraventricular ectopic beats, which include a few occasional isolated PACs and three short runs of nonsustained SVT, the longest run lasting 6 beats.
3. There were no paced beats, no pauses, no ST changes, and no symptoms.

IMPRESSION:

In summary, this patient has underlying normal sinus rhythm with minor episodes of bradycardia. Overall, ectopy burden is low.

Dr. R. Yanagawa, MD., PhD., FRCSC
Cardiac Surgeon
Assistant Professor of Surgery

Dictated but not read: RY/SAI
Date Reported : 09/08/2022
Date of Transcription : 10/08/2022

ALPHA DIAGNOSTIC IMAGING INC.
2130 LAWRENCE AVE. E, SUITE 300
SCARBOROUGH, ON M1R 3A6
Phone: (416) 321-2670 Fax: (416) 321-6591

Case #: MW218084 - 18-Jul-2022

Patient ID: 65397MW

REFERRAL INFORMATION

DR. BOYRAZIAN, ARMEN
308-2130 LAWRENCE AVE EAST
SCARBOROUGH, ONTARIO
M1R 3A6
P: (416) 298-0666, F: (416) 298-7807

PATIENT INFORMATION

MANOUSARIDIS, PARTHENA
D.O.B : 9-Feb-1936 86y 5m Sex: F
15 PENZANCE DR
SCARBOROUGH ON, M1K 4Z4
Tel: (416) 297-7804

EXAM DESCRIPTION:
BILATERAL KNEE RADIOGRAPHS

CLINICAL INDICATION:

Bilateral knee Osteoarthritis.

COMPARISON:

November 30, 2020

FINDINGS:

Mild bilateral patellofemoral and minimal lateral compartment joint space narrowing. No fracture. The alignment appears anatomic. No significant joint effusion. The soft tissues are normal.

IMPRESSION:

Mild bilateral knee osteoarthritis.

DICTATED BUT NOT READ

GREENVILLE, J., M.D., F.R.C.P.

19-Jul-2022 17:09

Status: D: 19/07/2022 17:06 T: 19/07/2022 17:09

P: GS 20/07/22 10:33

ALPHA DIAGNOSTIC IMAGING INC.
2130 LAWRENCE AVE. E, SUITE 300
SCARBOROUGH, ON M1R 3A6
Phone: (416) 321-2670 Fax: (416) 321-6591

Case #: MW153128 - 29-Dec-2015

Patient ID: 55397MW

REFERRAL INFORMATION

DR. BOYRAZIAN, H A
406-2130 LAWRENCE AVE.
TORONTO, ONTARIO
M1R 3A6

PATIENT INFORMATION

MANOUSARIDIS, PARTHENA
D.O.B : 09-Feb-36 79y 10m Sex: F
15 PENZANCE DR
SCARBOROUGH ON, M1K 4Z4
Tel: (416) 297-7804

ABDOMINAL ULTRASOUND

History: Right renal stone.

Right kidney is 10 cm long and left kidney is 10.2 cm long.

There is a complex cyst in mid right kidney, with somewhat irregular perhaps slightly thickened septations, overall measuring 3.8 x 3.3 x 3.4 cm. In view of irregular septations, further assessment with CT of kidneys should be considered.

1.9 cm simple cyst is present in upper pole of right kidney and 1.2 cm simple cyst is present in lower pole of right kidney. 1.4 x 1.3 x 1.1 cm simple cyst is present in upper left kidney.

No stone is seen in right kidney.

Small 0.3 cm calcification in upper left kidney may be due to milk of calcium within adjacent tiny cyst. Appearance is less typical for stone. No hydronephrosis is seen.

Aorta and pancreas are poorly seen.

Echogenic liver suggests fatty infiltration. Some focal sparing is suspected anterior to porta.

Spleen is not well seen, but appears unremarkable.

No peritoneal fluid is seen.

IMPRESSION:

Limited visualization. Complex septated cyst mid right kidney. Correlation with multiphasic CT of kidneys should be considered, as possibility of cystic neoplasm is not excluded. Fatty liver with focal sparing.

DICTATED BUT NOT READ

M.B.C. Mah, M.D, F.R.C.P

30-Dec-15 09:48

Status:D:29/12/2015 T:AP 30/12/15 09:52 P:GS 30/12/15 10:15

Detail Results: Patient Info		Results Info				
Patient Name:	PARTHENA MANOUSARIDIS	Home Phone:	04162977804			
Date of Birth:	1936-02-09	Work Phone:				
Age:	90 years	Sex:	F			
Health #:	9186734993	Patient Location:	ALPHA			
Requesting Client: DR RYAN PRATT cc: Client: 2130 LAWRENCE AVE E						
BIOCHEMISTRY						
Test Name(s)	Result	Adm	Reference Range	Units	Date/Time Completed	Status
PARATHYROID HORMONE	10.0	H	2.0-9.4	pmol/L	2025-11-26 10:29	P
END OF REPORT						

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
BIOCHEMISTRY						
HbA1C	0.055		< 0.060		2025-11-26 10:29	F
HbA1C %	5.5			%	2025-11-26 10:29	F
refer to HbA1C % below NON-DIABETIC: < 6.0 % PRE-DIABETES: 6.0 - 6.4 % DIAGNOSIS OF TYPE 2 DIABETES: > 6.4 % OPTIMAL CONTROL: < 7.1 % SUB-OPTIMAL CONTROL: 7.1 - 8.5 %						
GLUCOSE RANDOM	4.5		3.6 - 11.0	mmol/L	2025-11-26 10:29	F
ALBUMIN QUANTITATIVE	42		36 - 50	g/L	2025-11-26 10:29	F
CREATININE	80		44 - 88	umol/L	2025-11-26 10:29	F
eGFR (Creatinine CKD-EPI)	60		> 59	mL/min/1.73 m ²	2025-11-26 10:29	F

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
HEMATOLOGY						
Complete Blood Count						
HEMOGLOBIN	122		115 - 155	g/L	2025-11-26 10:29	F
HEMATOCRIT	0.38		0.33 - 0.46	L/L	2025-11-26 10:29	F
W B C COUNT	7.8		4.0 - 11.0	x10E9/L	2025-11-26 10:29	F
R B C COUNT	4.04		3.60 - 5.20	x10E12/L	2025-11-26 10:29	F
MCV	95		80 - 100	fL	2025-11-26 10:29	F
MCH	30		27 - 33	pg	2025-11-26 10:29	F
MCHC	317	L	320 - 360	g/L	2025-11-26 10:29	F
RDW	14.0		11.5 - 14.5	%CV	2025-11-26 10:29	F
PLATELET COUNT	190		150 - 400	x10E9/L	2025-11-26 10:29	F
NEUTROPHILS	46		2.0 - 7.5	x10E9/L	2025-11-26 10:29	F
LYMPHOCYTES	2.3		1.0 - 4.0	x10E9/L	2025-11-26 10:29	F
MONOCYTES	0.7		0.0 - 1.2	x10E9/L	2025-11-26 10:29	F
EOSINOPHILS	0.2		0.0 - 0.7	x10E9/L	2025-11-26 10:29	F
BASOPHILS	0.0		0.0 - 0.4	x10E9/L	2025-11-26 10:29	F

Detail Results: Patient Info		Results Info	
Patient Name: PARTHENA MANOUSARIDIS Home Phone: 04162977804 Work Phone: Sex: F Patient Location: ALPHA	Date of Birth: 1936-02-09 Age: 90 years Health #: 9186734993	Date of Service: 2025-11-26 10:29 Date Received: 2025-11-27 07:00 Report Status: Final	Accession #: 26274363
Requesting Client: DR RYAN PRATT cc: Client: 2130 LAWRENCE AVE E			

BIOCHEMISTRY		Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
--------------	--	--------------	--------	-----	-----------------	-------	---------------------	--------

eGFR (Creatinine): 60-89 mL/min/1.73 m²
 Consistent with normal kidney function.
 eGFR's of >60 mL/min/1.73 m² are seen in almost half of the adult (>18 years) population of Ontario. Further screening for CKD in this patient group is therefore not recommended, unless the patient is already at high risk for CKD. Kidney disease may be present with mildly decreased GFR commonly due to diabetes or hypertension. Check kidney function: Proteinuria, with dipstick. If negative check urine Albumin/Creatinine ratio.

NOTE: 1) Result not validated for use in pregnant women, patients under 18 years of age, or extremes of muscle mass.
 2) eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.

ALBUMIN (RANDOM URINE)	71				mg/L	2025-11-26 10:29	F
CREATININE (RANDOM URINE)	3.9			2.5 - 19.2	mmol/L	2025-11-26 10:29	F
UR ALBUMIN/CREATININE RATIO	18.2	H	< 2.0		mg/mmol	2025-11-26 10:29	F
URIC ACID	315			140 - 380	umol/L	2025-11-26 10:29	F
SODIUM	140			135 - 145	mmol/L	2025-11-26 10:29	F
POTASSIUM	4.8			3.5 - 5.2	mmol/L	2025-11-26 10:29	F
CO 2 CONTENT (HCO3)	27			22 - 29	mmol/L	2025-11-26 10:29	F
CALCIUM	2.15			2.10 - 2.55	mmol/L	2025-11-26 10:29	F
PHOSPHORUS	1.11			0.74 - 1.52	mmol/L	2025-11-26 10:29	F
FERRITIN	129			30 - 300	ug/L	2025-11-26 10:29	F

<30 ug/L Result consistent with iron deficiency
 30 - 50 ug/L Probable iron deficiency in absence of concomitant inflammation
 51 - 100 ug/L Possible iron deficiency, if risk factors are present
 101 - 300 ug/L Iron deficiency unlikely in absence of concomitant inflammation

URINALYSIS		Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
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Specific Gravity	1.011			1.005 - 1.030		2025-11-26 10:29	F
pH	6.5			5.0 - 8.0		2025-11-26 10:29	F
Leukocytes	NEG			NEG	Leu/vL	2025-11-26 10:29	F
Nitrites	NEG			NEG		2025-11-26 10:29	F
Protein	TRACE		H	NEG	g/L	2025-11-26 10:29	F
Glucose	14		H	NEG	mmol/L	2025-11-26 10:29	F
Ketones	NEG			NEG	mmol/L	2025-11-26 10:29	F
Urobilinogen	3.2			3.2 - 16	umol/L	2025-11-26 10:29	F
Bilirubin	NEG			NEG		2025-11-26 10:29	F
Blood	NEG			NEG	RBC/c/L	2025-11-26 10:29	F
Colour	L YELLOW					2025-11-26 10:29	F
Clarity	CLEAR			CLEAR		2025-11-26 10:29	F

END OF REPORT

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
BIOCHEMISTRY PARATHYROID HORMONE	11.9	H	2.0-9.4	pmol/L	2025-06-11 08:44	F

Detail Results: Patient Info		Results Info	
Patient Name: PARTHENA MANOUSARIDIS	Home Phone: 04162977804	Date of Service: 2025-06-11 08:44	Accession #: 26264902
Date of Birth: 1936-02-09	Work Phone:	Date Received: 2025-06-12 15:30	Client Ref #: Final
Age: 90 years	Sex: F	Report Status: Final	Client Ref #: 26264902
Health #: 9186734993	Patient Location: ALPHA		
Requesting Client: DR RYAN PRAET		cc: Client: DR ARMEN BOYRAZIAN	

egFR (Creatinine CKD-EPI)	69	>60	mL/min/1.73 m ²	2025-06-11 08:44	F
CREATININE	72	44 - 88	umol/L	2025-06-11 08:44	F
ALBUMIN QUANTITATIVE	42	36 - 50	g/L	2025-06-11 08:44	F
GLUCOSE FASTING	4.8	3.6 - 6.0	mmol/L	2025-06-11 08:44	F
(Impaired fasting glucose : 6.1 - 6.9 mmol/L) NON-DIABETIC: <6.0% PRE-DIABETES: 6.0 - 6.4% DIAGNOSIS OF TYPE 2 DIABETES: >6.4% OPTIMAL CONTROL: <7.1% SUB-OPTIMAL CONTROL: 7.1 - 8.5%					
HbA1C %	5.4		%	2025-06-11 08:44	F

refer to HbA1C % below

HbA1C	0.054	< 0.060		2025-06-11 08:44	F
BIOCHEMISTRY					

BASOPHILS	0.0	0.0 - 0.4	x10E9/L	2025-06-11 08:44	F
EOSINOPHILS	0.1	0.0 - 0.7	x10E9/L	2025-06-11 08:44	F
MONOCYTES	0.4	0.0 - 1.2	x10E9/L	2025-06-11 08:44	F
LYMPHOCYTES	1.5	1.0 - 4.0	x10E9/L	2025-06-11 08:44	F
NEUTROPHILS	2.3	2.0 - 7.5	x10E9/L	2025-06-11 08:44	F
PLATELET COUNT	186	150 - 400	x10E9/L	2025-06-11 08:44	F
RDW	12.6	11.5 - 14.5	%CV	2025-06-11 08:44	F
MCHC	327	320 - 360	g/L	2025-06-11 08:44	F
MCH	31	27 - 33	pg	2025-06-11 08:44	F
MCV	94	80 - 100	fL	2025-06-11 08:44	F
R B C COUNT	4.06	3.60 - 5.20	x10E12/L	2025-06-11 08:44	F
W B C COUNT	4.3	4.0 - 11.0	x10E9/L	2025-06-11 08:44	F
HEMATOCRIT	0.38	0.33 - 0.46	L/L	2025-06-11 08:44	F
HEMOGLOBIN	124	115 - 155	g/L	2025-06-11 08:44	F

Complete Blood Count

HEMATOLOGY					
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Requesting Client: DR RYAN PRATT		cc: Client: DR ARMEN BOYRAZIAN	
Health #:	9186734993	Client Ref #:	26264902
Age:	90 years	Report Status:	Final
Date of Birth:	1936-02-09	Date Received:	2025-06-12 09:45
Home Phone:	04162977804	Date of Service:	2025-06-11 08:44
Work Phone:			
Sex:	F		
Patient Location:	ALPHA		
Patient Name: PARTHENA MANOUSARIDIS		Accession #: 26264902	

Detail Results: Patient Info Results Info

BIOCHEMISTRY		Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
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eGFR (Creatinine): 60-89 mL/min/1.73 m²
 Consistent with normal kidney function.
 eGFRs of >60 mL/min/1.73 m² are seen in almost half of the adult (>18 years) population of Ontario. Further screening for CKD in this patient group is therefore not recommended, unless the patient is already at high risk for CKD.
 Kidney disease may be present with mildly decreased GFR commonly due to diabetes or hypertension.
 Check kidney function: Proteinuria, with dipstick.
 If negative check urine Albumin/Creatinine ratio.
 NOTE: 1) Result not validated for use in pregnant women, patients under 18 years of age, or extremes of muscle mass.
 2) eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.

ALBUMIN (RANDOM URINE)	307				mg/L		2025-06-11 08:44	F
CREATININE (RANDOM URINE)	9.6				mmol/L	2.5 - 19.2	2025-06-11 08:44	F
UR ALBUMIN/CREATININE RATIO	32.0		H		mg/mmol	< 2.0	2025-06-11 08:44	F
URIC ACID	287				umol/L	140 - 380	2025-06-11 08:44	F
SODIUM	139				mmol/L	135 - 145	2025-06-11 08:44	F
POTASSIUM	4.4				mmol/L	3.5 - 5.2	2025-06-11 08:44	F
CO 2 CONTENT (HCO3)	25				mmol/L	22 - 29	2025-06-11 08:44	F
CALCIUM	2.18				mmol/L	2.10 - 2.55	2025-06-11 08:44	F
PHOSPHORUS	1.12				mmol/L	0.74 - 1.52	2025-06-11 08:44	F
FERITIN	120				ug/L	30 - 300	2025-06-11 08:44	F
IRON TOTAL	11				umol/L	7 - 30	2025-06-11 08:44	F
TRANSFERRIN	1.8		L		g/L	2.0 - 4.0	2025-06-11 08:44	F
TRANSFERRIN SATURATION	0.24		L			0.25 - 0.50	2025-06-11 08:44	F

URINALYSIS		Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
Specific Gravity	1.019					1.005 - 1.030	2025-06-11 08:44	F
pH	5.5					5.0 - 8.0	2025-06-11 08:44	F
Leukocytes	NEG					NEG	2025-06-11 08:44	F
Nitrites	NEG					NEG	2025-06-11 08:44	F
Protein	1.0		H			g/L	2025-06-11 08:44	F
Glucose	>=55		H			mmol/L	2025-06-11 08:44	F
Ketones	NEG					NEG	2025-06-11 08:44	F
Urobilinogen	3.2					3.2 - 16	2025-06-11 08:44	F
Bilirubin	NEG					NEG	2025-06-11 08:44	F
Blood	NEG					NEG	2025-06-11 08:44	F
Colour	L. YELLOW						2025-06-11 08:44	F

URINALYSIS

Test Name(s)	Result	Abn.	Reference Range	Units	Date/Time Completed	Status
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Clarity TURBID H CLEAR 2025-06-11 08:44 P

END OF REPORT

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
HbA1C	0.058		< 0.060		2024-12-02 08:34	F
refer to HbA1C % below						
HbA1C %	5.8			%	2024-12-02 08:34	F
NON-DIABETIC: < 6.0 % PRE-DIABETES: 6.0 - 6.4 % DIAGNOSIS OF TYPE 2 DIABETES: > 6.4 % OPTIMAL CONTROL: < 7.1 % SUB-OPTIMAL CONTROL: 7.1 - 8.5 %						
GLUCOSE FASTING	5.3		3.6 - 6.0	mmol/L	2024-12-02 08:34	F
(Impaired fasting glucose : 6.1 - 6.9 mmol/L)						
ALBUMIN QUANTITATIVE	43		36 - 50	g/L	2024-12-02 08:34	F
CREATININE	125	H	44 - 88	umol/L	2024-12-02 08:34	F
eGFR (Creatinine CKD-EPI)	36	L	>60	mL/min/1.73 m ²	2024-12-02 08:34	F

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
BIOCHEMISTRY						
HEMOGLOBIN	125		115 - 155	g/L	2024-12-02 08:34	F
HEMATOCRIT	0.37		0.33 - 0.46	L/L	2024-12-02 08:34	F
W B C COUNT	7.8		4.0 - 11.0	x10E9/L	2024-12-02 08:34	F
R B C COUNT	3.90		3.60 - 5.20	x10E12/L	2024-12-02 08:34	F
MCV	96		80 - 100	fL	2024-12-02 08:34	F
MCH	32		27 - 33	pg	2024-12-02 08:34	F
MCHC	335		320 - 360	g/L	2024-12-02 08:34	F
RDW	13.1		11.5 - 14.5	%CV	2024-12-02 08:34	F
PLATELET COUNT	193		150 - 400	x10E9/L	2024-12-02 08:34	F
NEUTROPHILS	4.3		2.0 - 7.5	x10E9/L	2024-12-02 08:34	F
LYMPHOCYTES	2.5		1.0 - 4.0	x10E9/L	2024-12-02 08:34	F
MONOCYTES	0.8		0.0 - 1.2	x10E9/L	2024-12-02 08:34	F
EOSINOPHILS	0.2		0.0 - 0.7	x10E9/L	2024-12-02 08:34	F
BASOPHILS	0.0		0.0 - 0.4	x10E9/L	2024-12-02 08:34	F

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
HEMATOLOGY						

Requesting Client: DR RYAN PRATT cc: Client: DR ARMEN BOYRAZIAN	
Patient Name: PARTHENA MANOUSARDIS Home Phone: 04162977804 Work Phone: Sex: F Patient Location: ALPHA	Health #: 9186734993 Age: 90 years Date of Birth: 1936-02-09 Report Status: Final Client Ref #: 26254096 Accession #: 26254096
Date of Service: 2024-12-02 08:34 Date Received: 2024-12-03 07:01	Results Info

BIOCHEMISTRY		Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
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eGFR (Creatinine): 30-59 mL/min/1.73 m²
 Consistent with moderate kidney disease, not necessarily chronic.
 Chronic kidney disease is diagnosed when GFR remains depressed for 3 months or more.
 Suggest repeat testing in 3-6 months along with urine ACR.
 Consider nephrology referral if serum creatinine increases by 30% or more on repeat, GFR remains depressed, or persistent proteinuria.
 NOTE: 1) Result not validated for use in pregnant women, patients under 18 years of age, or extremes of muscle mass.
 2) eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.

ALBUMIN (RANDOM URINE)	169	mg/L	2024-12-02 08:34	F
CREATININE (RANDOM URINE)	7.3	mmol/L	2024-12-02 08:34	F
UR ALBUMIN/CREATININE RATIO	23.2	mg/mmol	2024-12-02 08:34	F
5-YEAR KIDNEY FAILURE RISK	5	%	2024-12-02 08:34	F

The KidneyWise Clinical Toolkit recommends nephrology referral when 5-year Kidney Failure Risk is > or = 5%.

SODIUM	139	mmol/L	2024-12-02 08:34	F
POTASSIUM	5.0	mmol/L	2024-12-02 08:34	F
CO 2 CONTENT (HCO3)	23	mmol/L	2024-12-02 08:34	F
CALCIUM	2.28	mmol/L	2024-12-02 08:34	F
PHOSPHORUS	1.42	mmol/L	2024-12-02 08:34	F
FERRITIN	200	ug/L	2024-12-02 08:34	F

<30 ug/L Result consistent with iron deficiency
 30 - 50 ug/L Probable iron deficiency in absence of concomitant inflammation
 51 - 100 ug/L Possible iron deficiency; if risk factors are present
 101 - 300 ug/L Iron deficiency unlikely in absence of concomitant inflammation
 Please note change in reference range effective Oct 15, 2024

URINALYSIS		Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
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Specific Gravity	1.016		2024-12-02 08:34	F
pH	5.0	5.0 - 8.0	2024-12-02 08:34	F
Leukocytes	NEG	NEG	2024-12-02 08:34	F
Nitrites	NEG	NEG	2024-12-02 08:34	F
Protein	0.3	H	2024-12-02 08:34	F
Glucose	28	H	2024-12-02 08:34	F
Ketones	NEG	NEG	2024-12-02 08:34	F
Urobilinogen	3.2	3.2 - 16	2024-12-02 08:34	F
Bilirubin	NEG	NEG	2024-12-02 08:34	F
Blood	NEG	NEG	2024-12-02 08:34	F
Colour	L. YELLOW		2024-12-02 08:34	F

URINALYSIS

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
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Clarity

CLEAR

CLEAR

2024-12-02 08:34

F

END OF REPORT

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
HbA1C	0.056		< 0.060		2023-11-18 09:25	F
refer to HbA1C % below						
HbA1C %	5.6			%	2023-11-18 09:25	F
NON-DIABETIC: < 6.0 % PRE-DIABETES: 6.0 - 6.4 % DIAGNOSIS OF TYPE 2 DIABETES: > 6.4 % OPTIMAL CONTROL: < 7.1 % SUB-OPTIMAL CONTROL: 7.1 - 8.5 %						
GLUCOSE FASTING	5.7		3.6 - 6.0	mmol/L	2023-11-18 09:25	F
(Impaired fasting glucose : 6.1 - 6.9 mmol/L)						
ALBUMIN QUANTITATIVE	42		36 - 50	g/L	2023-11-18 09:25	F
CREATININE	76		44 - 88	umol/L	2023-11-18 09:25	F
eGFR (Creatinine CKD-EPI)	60	L	> 60	mL/min/1.73 m ²	2023-11-18 09:25	F

BIOCHEMISTRY						
Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
HEMOGLOBIN	140		115 - 155	g/L	2023-11-18 09:25	F
HEMATOCRIT	0.42		0.33 - 0.46	L/L	2023-11-18 09:25	F
W B C COUNT	6.7		4.0 - 11.0	x10E9/L	2023-11-18 09:25	F
R B C COUNT	4.35		3.60 - 5.20	x10E12/L	2023-11-18 09:25	F
MCV	97		80 - 100	fL	2023-11-18 09:25	F
MCH	32		27 - 33	pg	2023-11-18 09:25	F
MCHC	334		320 - 360	g/L	2023-11-18 09:25	F
RDW	12.1		11.5 - 14.5	%CV	2023-11-18 09:25	F
PLATELET COUNT	189		150 - 400	x10E9/L	2023-11-18 09:25	F
NEUTROPHILS	4.4		2.0 - 7.5	x10E9/L	2023-11-18 09:25	F
LYMPHOCYTES	1.5		1.0 - 4.0	x10E9/L	2023-11-18 09:25	F
MONOCYTES	0.7		0.0 - 1.2	x10E9/L	2023-11-18 09:25	F
EOSINOPHILS	0.1		0.0 - 0.7	x10E9/L	2023-11-18 09:25	F
BASOPHILS	0.0		0.0 - 0.4	x10E9/L	2023-11-18 09:25	F

Complete Blood Count						
Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
HEMATOLOGY						

Detail Results: Patient Info		Results Info	
Patient Name:	PARTHENA MANOUSARJDIS	Home Phone:	04162977804
Date of Birth:	1936-02-09	Work Phone:	
Age:	90 years	Sex:	F
Health #:	9186734993	Patient Location:	ALPHA
Requesting Client:	DR RYAN PRATT	cc: Client:	DR ARMEN BOYRAZIAN
Date of Service:	2023-11-18 09:25	Date Received:	2023-11-19 01:30
Report Status:	Final	Client Ref #:	
Accession #:	26232984		

BIOCHEMISTRY

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
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eGFR (Creatinine): 60-89 mL/min/1.73 m²
 Consistent with normal kidney function.
 eGFR's of >60 mL/min/1.73 m² are seen in almost half of the adult (>18 years) population of Ontario. Further screening for CKD in this patient group is therefore not recommended, unless the patient is already at high risk for CKD.
 Kidney disease may be present with mildly decreased GFR commonly due to diabetes or hypertension.
 Check kidney function: Proteinuria, with dipstick.
 If negative check urine Albumin/Creatinine ratio.
 NOTE: 1) Result not validated for use in drug dosing, pregnant women and patients under 18 years of age.

ALBUMIN (RANDOM URINE)	> 500.0			mg/L	2023-11-18 09:25	F
CREATININE (RANDOM URINE)	5.2		2.5 - 19.2	mmol/L	2023-11-18 09:25	F
UR ALBUMIN/CREATININE RATIO					2023-11-18 09:25	N

Unable to calculate the Albumin/Creatinine ratio as the concentration of the Microalbumin is greater than the upper limit of the analytical range of the method

URIC ACID	164		140 - 380	umol/L	2023-11-18 09:25	F
SODIUM	143		135 - 145	mmol/L	2023-11-18 09:25	F
POTASSIUM	4.1		3.5 - 5.2	mmol/L	2023-11-18 09:25	F
CHLORIDE	103		98 - 108	mmol/L	2023-11-18 09:25	F
CO 2 CONTENT (HCO3)	27		22 - 29	mmol/L	2023-11-18 09:25	F
CALCIUM	2.29		2.10 - 2.55	mmol/L	2023-11-18 09:25	F
PHOSPHORUS	1.34		0.74 - 1.52	mmol/L	2023-11-18 09:25	F
PERITIN	87		30 - 250	ug/L	2023-11-18 09:25	F
IRON TOTAL	12		7 - 30	umol/L	2023-11-18 09:25	F
TRANSFERRIN	2.3		2.0 - 4.0	g/L	2023-11-18 09:25	F
TRANSFERRIN SATURATION	0.21	L	0.25 - 0.50		2023-11-18 09:25	F

URINALYSIS

Test Name(s)	Result	Abn	Reference Range	Units	Date/Time Completed	Status
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Specific Gravity	1.023		1.005 - 1.030		2023-11-18 09:25	F
pH	7.0		5.0 - 8.0		2023-11-18 09:25	F
Leukocytes	NEG		NEG		2023-11-18 09:25	F
Nitres	NEG		NEG		2023-11-18 09:25	F
Protein	3+	H	NEG		2023-11-18 09:25	F
Glucose	3+	H	NEG		2023-11-18 09:25	F
Ketones	NEG		NEG		2023-11-18 09:25	F
Urobilinogen	NEG		NEG		2023-11-18 09:25	F
Bilirubin	NEG		NEG		2023-11-18 09:25	F
Blood	NEG		NEG		2023-11-18 09:25	F
Colour	L. YELLOW				2023-11-18 09:25	F
Clarity	CLEAR				2023-11-18 09:25	F

PARTHENA MANOUSARIDIS

END OF REPORT

Detail Results: Patient Info		Results Info	
Patient Name:	PARTHENA MANOUSARDIS	Home Phone:	04162977804
Date of Birth:	1936-02-09	Work Phone:	
Age:	90 years	Sex:	F
Health #:	9186734993	Patient Location:	ALPHA
Client Ref #:		Accession #:	26213819
Report Status:	Final	Date Received:	2023-01-15 09:30
Date of Service:	2023-01-14 09:48		

HBMATOLOGY		Complete Blood Count	
Test Name(s)	Result	Abn	Reference Range
HEMOGLOBIN	104	I	115 - 155
HEMATOCRIT	0.31	L	0.33 - 0.46
W B C COUNT	5.7		4.0 - 11.0
R B C COUNT	3.55	L	3.60 - 5.20
MCV	87		80 - 100
MCH	29		27 - 33
MCHC	335		320 - 360
RDW	13.5		11.5 - 14.5
PLATELET COUNT	186		150 - 400
NEUTROPHILS	3.0		2.0 - 7.5
LYMPHOCYTES	1.9		1.0 - 4.0
MONOCYTES	0.7		0.0 - 1.2
EOSINOPHILS	0.1		0.0 - 0.7
BASOPHILS	0.0		0.0 - 0.4

BIOCHEMISTRY		CREATININE	
Test Name(s)	Result	Abn	Reference Range
HEMOGLOBIN	104	I	115 - 155
HEMATOCRIT	0.31	L	0.33 - 0.46
W B C COUNT	5.7		4.0 - 11.0
R B C COUNT	3.55	L	3.60 - 5.20
MCV	87		80 - 100
MCH	29		27 - 33
MCHC	335		320 - 360
RDW	13.5		11.5 - 14.5
PLATELET COUNT	186		150 - 400
NEUTROPHILS	3.0		2.0 - 7.5
LYMPHOCYTES	1.9		1.0 - 4.0
MONOCYTES	0.7		0.0 - 1.2
EOSINOPHILS	0.1		0.0 - 0.7
BASOPHILS	0.0		0.0 - 0.4

BIOCHEMISTRY		CREATININE	
Test Name(s)	Result	Abn	Reference Range
CREATININE	66		44 - 88
eGFR (Creatinine CKD-EPI)	72		>60

eGFR (Creatinine): 60-89 mL/min/1.73 m²
 Consistent with normal kidney function.
 eGFRs of >60 mL/min/1.73 m² are seen in almost half of the adult (>18 years) population of Ontario. Further screening for CKD in this patient group is therefore not recommended, unless the patient is already at high risk for CKD, kidney disease may be present with mildly decreased GFR commonly due to diabetes or hypertension.
 Check kidney function: Proteinuria, with dipstick.
 If negative check urine Albumin/Creatinine ratio.

NOTE: 1) Result not validated for use in drug dosing, pregnant women and patients under 18 years of age.

ALBUMIN (RANDOM URINE)	580		mg/L	2023-01-14 09:48	F	
CREATININE (RANDOM URINE)	6.0		mmol/L	2023-01-14 09:48	F	
UR ALBUMIN/CREATININE RATIO	96.7	H	< 2.0	mg/mmol	2023-01-14 09:48	F
CHOLESTEROL TOTAL	2.73		< 5.20	mmol/L	2023-01-14 09:48	F
TRIGLYCERIDES	0.98		<= 1.70	mmol/L	2023-01-14 09:48	F

BIOCHEMISTRY

Test Name(s)	Result	Adm	Reference Range	Units	Date/Time Completed	Status
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HDL - Cholesterol	1.03	L	>= 1.30	mmol/L	2023-01-14 09:48	F
LDL - Cholesterol	1.25		See below	mmol/L	2023-01-14 09:48	F
NON-HDL-Cholesterol	1.70		See below	mmol/L	2023-01-14 09:48	F

10-yr Risk of Cardiovascular Disease (CVD) | Initiate therapy if: treatment targets: Recommended

High | Consider treatment | <= 2.0 mmol/L or FRS >= 20% | in all individuals | >= 50% decrease | in LDL-C

Intermediate | For LDL-C < 3.5 mmol/L | Alternate target: FRS 10-19% | Consider if Non-HDL-C | Non-HDL-C | >= 4.3 mmol/L | <= 2.6 mmol/L

Low | or Familial hyper- | >= 50% decrease | in LDL-C | LDL-C >= 5.0 mmol/L

FRS < 10% | cholesterolemia | in LDL-C

FRS = Framingham Risk Score. Non-HDL-C applies to non-fasting state.
 Calculated LDL-C (mmol/L) = Chol - (HDL-C + 0.46 x TG).

References: 2012 Update of the Canadian Cardiovascular Society Guidelines for the Diagnosis and Treatment of Dyslipidemia (Can J Cardiol 2013;29:151-167)

SPT (ALT)	11		< 33	U/L	2023-01-14 09:48	F
SODIUM	144		135 - 145	mmol/L	2023-01-14 09:48	F
POTASSIUM	4.6		3.5 - 5.2	mmol/L	2023-01-14 09:48	F
CHLORIDE	109	H	98 - 108	mmol/L	2023-01-14 09:48	F
FERRITIN	11	L	30 - 250	ug/L	2023-01-14 09:48	F
Vitamin B12	153		138 - 652	pmol/L	2023-01-14 09:48	F

END OF REPORT

PARTHENA MANOUSARIDIS
 Age: 90 y. Gender: F HC: 9186734993 SCARBOROUGH, ON
 MRP: BOYRAZIAN, ARMEN
 Printed Date: February 23, 2026
 User: Garboushian, Seta

Date Prescribed	Number of Prints	Medications
2025-11-26	2	ACETAMINOPHEN 500 MG 1-2 tabs q4-6 h prnQty:100 tabs Repeats:0
2025-11-26	1	ACETAMINOPHEN 500 MG 1-2 tabs q4-6 h prnQty:100 tabs Repeats:0
2025-11-26	2	BREZTRI AEROSPH 160-7-2-5 MCGuse 2 sprays BID, AEROSOL WITH ADAPTER LU Code: 638Qty:30 HFA AEROSOL WITH ADAPTER Repeats:0 w/ aerochamber LU Code: 638
2025-11-26	1	BREZTRI AEROSPH 160-7-2-5 MCGuse 2 sprays BID, AEROSOL WITH ADAPTER LU Code: 638Qty:30 HFA AEROSOL WITH ADAPTER Repeats:0 w/ aerochamber LU Code: 638
2025-07-16	1	ACETAMINOPHEN 500 MG 1-2 tabs q4-6 h prnQty:100 TABLET Repeats:0
2025-07-16	1	ACETAMINOPHEN 500 MG 1-2 tabs q4-6 h prnQty:100 TABLET Repeats:0
2025-07-16	1	ACETAMINOPHEN 500 MG 1-2 tabs q4-6 h prnQty:100 TABLET Repeats:0
2025-07-16	1	VENTOLIN HFA 100ug1-2 puffs every 4-6 hours as neededQty:1 METERED-DOSE AEROSOL Repeats:0
2025-07-16	1	VENTOLIN HFA 100ug1-2 puffs every 4-6 hours as neededQty:1 METERED-DOSE AEROSOL Repeats:0
2025-07-16	1	VENTOLIN HFA 100ug1-2 puffs every 4-6 hours as neededQty:1 METERED-DOSE AEROSOL Repeats:0
2025-07-16	1	SPIRIVA RESPIMAT 2.5 MCG INHAL2 puffs once dailyQty:1 ae Repeats:0
2025-07-16	1	SPIRIVA RESPIMAT 2.5 MCG INHAL2 puffs once dailyQty:1 ae Repeats:0
2025-07-16	1	SPIRIVA RESPIMAT 2.5 MCG INHAL2 puffs once dailyQty:1 ae Repeats:0
2025-07-02	1	ACH-CANDESARTAN 8 MG TABLET1 odQty:90 TABLET Repeats:3
2025-05-31	1	KOFFEX DM (SUCROSE FREE) 15MG15mls TID pm x 1/5zQty:200 SYRUP Repeats:0
2025-05-31	1	KOFFEX DM (SUCROSE FREE) 15MG15mls TID pm x 1/5zQty:200 SYRUP Repeats:0
2025-05-31	1	KOFFEX DM (SUCROSE FREE) 15MG15mls TID pm x 1/5zQty:200 SYRUP Repeats:0
2025-03-24	1	FUCIDIN OINTMENT 2%BIDQty:30 g Repeats:0
2025-03-24	1	CANDESARTAN 4 MG TABLETODQty:30 TABLET Repeats:0
2025-03-24	1	CANDESARTAN 4 MG TABLETODQty:30 TABLET Repeats:0
2025-03-24	1	CANDESARTAN 4 MG TABLETODQty:30 TABLET Repeats:0
2025-01-23	1	SILVER SULFADIAZINE 1 % TOPICAL CREAMApply a thin layer (1/16 inch or 0.2 centimeter) of the cream on your wounds 1-2 times a day.Qty:1 CREAM Repeats:0
2024-12-14	1	OMNARIS 50 MCG NASAL SPRAY1 spray each nostril BIDQty:1 AEROSOL, SPRAY WITH PUMP Repeats:0
2024-12-14	1	OMNARIS 50 MCG NASAL SPRAY1 spray each nostril BIDQty:1 AEROSOL, SPRAY WITH PUMP Repeats:0
2024-12-14	1	KOFFEX DM (SUCROSE FREE) 15MG15mls TID pm x 1/5zQty:200 SYRUP Repeats:0
2024-12-14	1	KOFFEX DM (SUCROSE FREE) 15MG15mls TID pm x 1/5zQty:200 SYRUP Repeats:0
2024-12-14	1	BETADERM 0.05 % CREAMOD to aQty:60 g Repeats:0
2024-12-14	1	BETADERM 0.05 % CREAMOD to aQty:60 g Repeats:0

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Date Prescribed	Number of Prints	Medications
2024-09-19	1	TEVA-Salbutamol CFC Free 100MCGShake Well & Inhale 12 Puffs Every 4 Hours When RequiredQty: 2 Repeats: 2
2024-09-16	1	TECTA 40MG1 ODQY:30 TABLET (ENTERIC-COATED) Repeats:2
2024-06-06	1	DAPAGLIFLOZIN 10 MG TABLET1 odQY:0 TABLET Repeats:0
2024-06-06	1	DILTIAZEM CD 180 MG CAPSULE,EXTENDED RELEASE 24 HR2 odQY:0 CAPSULE, EXTENDED RELEASE 24 HR Repeats:0
2024-06-06	1	JAMP SPIRONOLACTONE 25 MG TABQY:0 TABLET Repeats:0
2024-06-06	1	IRBESARTAN 300 MG TABLET1 odQY:0 TABLET Repeats:0
2024-06-06	1	APO-FUROSEMIDE 40 MG TABLET1 bidQY:0 TABLET Repeats:0
2024-06-06	1	TYLENOL WITH CODEINE NO. 2 TAB1 to 2 tab q 6 hours pmQY:100 TABLET Repeats:0
2024-06-06	1	BETADERM 0.05 % CREAMOD to aAQY:50 g Repeats:0
2024-06-06	1	OMNARIS 50 MCG NASAL SPRAY1 spray each nostril BIDQY:1 AEROSOL, SPRAY WITH PUMP Repeats:0
2024-06-06	1	BIO-DOMPERIDONE 10MG1 bid before mealsQY:180 Repeats:3
2024-06-06	1	AG-DOCUSATE SODIUM 100MG1 bid hsQY:180 Repeats:3
2024-06-06	1	FERROUS FUMARATE 300MG TABLETODQY:90 TABLET Repeats:0
2024-06-06	1	BIO-SENNOSIDES 8.6 MG TABLET1 at bed timeQY:0 TABLET Repeats:0
2024-06-06	1	BIO-SENNOSIDES 8.6 MG TABLET1 at bed timeQY:0 TABLET Repeats:0
2024-06-06	1	BIO-SENNOSIDES 8.6 MG TABLET1 at bed timeQY:0 TABLET Repeats:0
2024-06-06	1	BIO-SENNOSIDES 8.6 MG TABLET1 at bed timeQY:0 TABLET Repeats:0
2024-06-06	1	BIO-SENNOSIDES 8.6 MG TABLET1 at bed timeQY:0 TABLET Repeats:0
2024-06-06	1	BIO-SENNOSIDES 8.6 MG TABLET1 at bed timeQY:0 TABLET Repeats:0
2024-01-22	1	AZITHROMYCIN 250MGTAKE 2 TABLETS ON THE DAY 1 THEN TAKE 1 TABLET DAILY FROM DAYS 2-5QY:6 TABLET Repeats:0
2024-01-22	1	TYLENOL WITH CODEINE NO. 2 TAB1 to 2 tab q 6 hours pmQY:100 TABLET Repeats:0
2024-01-22	1	KOFFEX DM (SUCROSE FREE) 15MG15mls TID pm x 1/5QY:200 SYRUP Repeats:0
2024-01-22	1	IRBESARTAN 75 MG TABLETonce a dayQY:90 TABLET Repeats:3
2024-01-22	1	SENNOSIDES 8.6MG/DOCUSATE SODIUM 50MG/SENNOSIDES 8.6MG/SENNOSIDES 8.6MG TABLET2 tablets nocteQY:100 TABLET Repeats:0
2024-01-22	1	ACETAMINOPHEN 500 MG1-2 q4-6 h pmQY:100 TABLET Repeats:0
2024-01-22	1	HYDROVAL 0.2 % CREAMapply BID x 3 to 5 daysQY:50 grams Repeats:0 and oral antihistamine
2024-01-22	1	FERROUS FUMARATE 300MG TABLETODQY:90 TABLET Repeats:0
2024-01-22	1	ROSUVASTATIN 20 MG TABLETonce a dayQY:90 TABLET Repeats:3 stop atorvastatin
2024-01-22	1	TYLENOL ARTHRITIS ER 650MG TAB1 tab TID pmQY:100 TABLET, EXTENDED RELEASE Repeats:0
2023-12-16	1	OMNARIS 50 MCG NASAL SPRAY1 spray each nostril BIDQY:1 AEROSOL, SPRAY WITH PUMP Repeats:0

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Date Prescribed	Number of Prints	Medications
2023-11-18	1	HYDROVAL 0.2 % CREAM apply BID x 3 to 5 days Qty: 50 grams Repeats: 0 and oral antihistamine
2023-11-18	1	TYLENOL WITH CODEINE NO. 2 TAB1 to 2 tab q 6 hours pm Qty: 100 TABLET Repeats: 0
2023-09-20	1	HYDROVAL 0.2 % CREAM apply BID x 3 to 5 days Qty: 50 grams Repeats: 0
2023-09-20	1	TYLENOL ARTHRITIS ER 650MG TAB1 tab TID pm Qty: 100 TABLET, EXTENDED RELEASE Repeats: 0
2023-07-31	1	BETADERM 0.05 % CREAM OD to a Qty: 60 g Repeats: 0
2023-07-31	1	ACETAMINOPHEN 500 MG 1-2 q-4-6 h pm Qty: 0.0 TABLET Repeats: 0
2023-07-31	1	KOFFEX DM (SUCROSE FREE) 15MG15mls TID pm x 1/52 Qty: 200 SYRUP Repeats: 0
2023-05-15	1	SENNOSIDES 8.6MG/DOCCUSATE SODIUM 50MG/SENNOSIDES 8.6MG/SENNOSIDES 8.6MG TABLET 2 tablets nocte Qty: 100 TABLET Repeats: 0
2023-05-15	1	KOFFEX DM (SUCROSE FREE) 15MG15mls TID pm x 1/52 Qty: 200 SYRUP Repeats: 0
2023-05-15	1	TYLENOL WITH CODEINE NO. 2 TAB1 to 2 tab q 6 hours pm Qty: 100 TABLET Repeats: 0
2023-02-11	1	FERROUS FUMARATE 300MG TABLET OD Qty: 90 TABLET Repeats: 0
2023-01-04	1	SYMBICORT 200 TURBUHALER LU 330 Inhaler 2 Puffs Twice Daily & Rinse Mouth After Use Qty: 2 Repeats: 2 LU Code: 330
2023-01-04	1	TEVA-Salbutamol CFC Free 100MCG Shake Well & Inhale 12 Puffs Every 4 Hours When Required Qty: 2 Repeats: 2
2022-10-08	1	IRRESARTAN 75 MG TABLET once a day Qty: 90 TABLET Repeats: 3
2022-10-08	1	ROSUVASTATIN 20 MG TABLET once a day Qty: 90 TABLET Repeats: 3 stop atorvastatin
2022-09-23	1	TEVA-Salbutamol CFC Free 100MCG Shake Well & Inhale 12 Puffs Every 4 Hours When Required Qty: 1 Repeats: 1
2022-09-23	1	SYMBICORT 200 TURBUHALER LU 330 Inhaler 2 Puffs Twice Daily & Rinse Mouth After Use Qty: 1 Repeats: 1 LU Code: 330
2022-09-23	1	Betaderm 0.1% cream Apply to affected area twice daily Qty: 100 gm Repeats: 1
2022-08-22	1	Betaderm 0.1% cream Apply to affected area twice daily Qty: 100 Repeats: 0
2022-07-23	1	SYMBICORT 200 TURBUHALER LU 330 Inhaler 2 Puffs Twice Daily & Rinse Mouth After Use Qty: 1 Repeats: 0
2022-07-23	1	TEVA-Salbutamol CFC Free 100MCG Shake Well & Inhale 12 Puffs Every 4 Hours When Required Qty: 1 Repeats: 0
2022-05-02	1	TEVA-Salbutamol CFC Free 100MCG Shake Well & Inhale 12 Puffs Every 4 Hours When Required Qty: 1 Repeats: 0
2022-05-02	1	SYMBICORT 200 TURBUHALER LU 330 Inhaler 2 Puffs Twice Daily & Rinse Mouth After Use Qty: 1 Repeats: 0
2022-04-27	1	SYMBICORT 200 TURBUHALER LU 330 Inhaler 2 Puffs Twice Daily & Rinse Mouth After Use Qty: 1 Repeats: 0
2022-04-27	1	TEVA-Salbutamol CFC Free 100MCG Shake Well & Inhale 12 Puffs Every 4 Hours When Required Qty: 1 Repeats: 0
2022-04-26	1	diltiazem CD 240MG 1 od Qty: 90 Repeats: 3

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Date Prescribed	Number of Prints	Medications
2022-04-26	1	AG-ATORVASTATIN 10MG1 od hsQty:90 Repeats:3
2022-04-26	1	BIO-DOMPERIDONE 10MG1 bid before mealsQty:180 Repeats:3
2022-04-26	1	AG-DOCUSATE SODIUM 100MG1 bid hsQty:180 Repeats:3
2022-04-26	1	DEXLANSOPRAZOLE 30MG CAPSULE (DELAYED RELEASE)1 bid LU 293Qty:180 Repeats:3
2022-04-26	1	AG-ATORVASTATIN 50MG1 od hsQty:90 Repeats:3
2022-04-26	1	diltiazem CD 240MGodQty:7 Repeats:0
2022-04-26	1	SYNTHROID 88MCG TAB 88MCGod amQty:7 Repeats:0
2022-04-26	1	AG-ATORVASTATIN 10MGod hsQty:7 Repeats:0
2022-04-26	1	BIO-DOMPERIDONE 10MGbid before mealsQty:14 Repeats:0
2022-04-26	1	AG-DOCUSATE SODIUM 100MGbid hsQty:14 Repeats:0
2022-04-26	1	DEXLANSOPRAZOLE 30MG CAPSULE (DELAYED RELEASE)bid LU 293Qty:14 Repeats:0
2022-04-26	1	AG-ATORVASTATIN 50MGod hsQty:90 Repeats:3