

Health Summary Report

Prepared: March 26, 2026 • Source: My Health Records (MHR) + AHS Connect (MyChart) • DEMO DATA

Patient: Demo User

DOB: June 15, 1985

Provider: Dr. Sarah Mitchell

Specialty: Family Medicine

Allergy: Penicillin (Rash, Hives - Moderate)

Active conditions

Condition	ICD-10	Diagnosed	Status
Type 2 Diabetes Mellitus	E11.9	Sep 2023	Active
Essential Hypertension	I10	Nov 2022	Active
Hyperlipidemia	E78.5	Jun 2024	Active
Vitamin D Deficiency	E55.9	Dec 2024	Active

Lab results (December 10, 2024)

Ordered by Dr. Sarah Mitchell | Lab: Alberta Precision Laboratories | All results final

Test	Result	Reference range	Status
HbA1c	6.8%	< 6.0%	HIGH
Fasting Glucose	7.8 mmol/L	3.6 - 6.0	HIGH
Total Cholesterol	6.2 mmol/L	< 5.2	HIGH
LDL Cholesterol	4.2 mmol/L	< 3.4	HIGH
HDL Cholesterol	1.4 mmol/L	> 1.0	Normal
Triglycerides	1.3 mmol/L	< 1.7	Normal
eGFR	72 mL/min/1.73m ²	> 90	LOW
Creatinine	110 µmol/L	59 - 104	HIGH
ALT	52 U/L	7 - 56	Normal
25-Hydroxyvitamin D	32 nmol/L	75 - 250	LOW
TSH	2.1 mIU/L	0.4 - 4.0	Normal
Hemoglobin	145 g/L	135 - 175	Normal
WBC	7.2 x10 ⁹ /L	4.0 - 11.0	Normal
Platelets	250 x10 ⁹ /L	150 - 400	Normal

Active medications

Medication	Strength	Frequency	Route	Prescribed
Metformin	500 mg	Twice daily	Oral	Sep 2023
Lisinopril	10 mg	Once daily	Oral	Nov 2022
Atorvastatin	20 mg	Once daily (bedtime)	Oral	Jun 2024

Vitamin D3	2000 IU	Once daily	Oral	Dec 2024
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Vitals (December 10, 2024)

Temperature	Heart rate	Respiratory rate	SpO2
36.8 °C	76 bpm	16 breaths/min	97%

Immunizations

Vaccine	Date	Notes
COVID-19 mRNA (Pfizer-BioNTech)	Oct 15, 2024	5th dose
Influenza (2024-2025)	Nov 1, 2024	
Tdap (Tetanus, Diphtheria, Pertussis)	Mar 20, 2022	

Medical and family history

Condition	Type	Details
Laparoscopic appendectomy	Surgical	March 2015, uncomplicated
Coronary artery disease	Family (father)	MI at age 58
Type 2 diabetes	Family (mother)	Diagnosed at age 52

Suggested discussion points for provider

- **Diabetes control:** HbA1c 6.8% and fasting glucose 7.8 on Metformin 500mg BID suggest suboptimal control. Consider dose optimization (max 2000mg/day) or addition of a second agent (e.g., SGLT2 inhibitor such as empagliflozin, which may also benefit renal and cardiac outcomes).
- **Lipid management:** LDL 4.2 on Atorvastatin 20mg is well above guideline targets (< 2.0 mmol/L for patients with diabetes + family history of premature CAD). Consider dose increase to 40-80mg or addition of ezetimibe.
- **Kidney function:** eGFR 72 (Stage G2) with borderline creatinine at 110. Trend data is important here. If declining, medication adjustments may be needed. SGLT2 inhibitors have demonstrated renal protective benefits in this context.
- **Vitamin D:** Severely deficient at 32 nmol/L despite 2000 IU supplementation. Consider increasing to 4000-5000 IU daily or a loading protocol, with recheck in 3 months.
- **Cardiovascular risk:** Clustering of T2D + hypertension + hyperlipidemia + family history of MI at 58 and maternal diabetes significantly elevates 10-year cardiovascular event risk. Blood pressure readings are not present in these records. Home BP monitoring may be appropriate.
- **Missing data:** No blood pressure values in the electronic record despite active hypertension diagnosis on Lisinopril 10mg. Is BP at target?

Disclaimer: This report was generated from provincial health records (My Health Records / Netcare and AHS Connect / MyChart) by an AI assistant for informational purposes only. It is NOT medical advice. The discussion points are AI-generated suggestions, not clinical recommendations. Always consult your healthcare provider for interpretation and treatment decisions. This report uses DEMO/SAMPLE DATA and does not represent a real patient.