# **Thyroid Function Tests**

06 May 2023 12:00:00 AM

**Date Received** 

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Clinician Comments

**Manly Medical Centre** 

Health Centre

**Dr Larry Liao** 

Doctor's Name

**Patient Details** 

Patient Name: LE ROUX, CALVI

**NHI No: TES6972** 

Date of Birth: 09-Jun-1993

TSH:1.2 mIU/L ( 0.27 - 4.20 )

Comment: Consistent with euthyroidism.

Ordered by: HANRAN LIAO

Laboratory: labtests

Observation date:06-May-2023

## **Lipid Tests**

06 May 2023 12:00:00 AM

**Date Received** 

Total 4.6, LDL 2.7, ratio 4.3 okay

**Clinician Comments** 

**Manly Medical Centre** 

Health Centre

**Dr Larry Liao** 

Doctor's Name

**Patient Details** 

Patient Name: LE ROUX, CALVIN

**NHI No: TES6972** 

Date of Birth: 09-Jun-1993

Fasting status:Non-fasting
Cholesterol:4.6 mmol/L ( < 5.0 )
Triglyceride:2.0 mmol/L ( < 2.0 ) H

HDL Cholesterol:1.07 mmol/L ( > 1.00 ) LDL cholesterol:2.7 mmol/L ( < 3.4 )

Chol/HDL Ratio: 4.3 (< 4.5)

Comment:For established CVD risk (including diabetes) NZGG optimal levels

are Cholesterol < 4.0, LDL < 2.0 and Chol/HDL ratio < 4.0.

Ordered by: HANRAN LIAO

Laboratory: labtests

Observation date:06-May-2023

## **Renal Function Tests**

06 May 2023 12:00:00 AM

**Date Received** 

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Clinician Comments

**Manly Medical Centre** 

Health Centre

**Dr Larry Liao** 

Doctor's Name

**Patient Details** 

Patient Name: LE ROUX, CALVIN

**NHI No: TES6972** 

Date of Birth: 09-Jun-1993

Sodium:139 mmol/L ( 135 - 145 ) Potassium:4.0 mmol/L ( 3.5 - 5.2 ) Creatinine:77 umol/L ( 60 - 105 )

eGFR:> 90 mL/min/1.73m2

Potassium may be falsely elevated due to delay in specimen separation.

Ordered by: HANRAN LIAO

Laboratory: labtests

Observation date:06-May-2023

## **Liver Function Tests**

06 May 2023 12:00:00 AM

**Date Received** 

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Clinician Comments

**Manly Medical Centre** 

Health Centre

### **Dr Larry Liao**

Doctor's Name

**Patient Details** 

Patient Name: LE ROUX, CALVIN

**NHI No: TES6972** 

Date of Birth: 09-Jun-1993

Total Bilirubin:12 umol/L ( < 25 ) Alk. Phosphatase:73 U/L ( 40 - 110 )

GGT:22 U/L ( < 60 ) ALT:24 U/L ( < 45 )

Total Protein:67 g/L ( 66 - 84 )

Albumin:40 g/L ( 32 - 48 ) Globulin:27 g/L ( 25 - 41 )

Ordered by: HANRAN LIAO

Laboratory: labtests

Observation date:06-May-2023

### **Urine Micro/culture**

06 May 2023 12:00:00 AM

**Date Received** 

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Clinician Comments

**Manly Medical Centre** 

Health Centre

**Dr Larry Liao** 

Doctor's Name

**Patient Details** 

Patient Name: LE ROUX, CALVIN

**NHI No: TES6972** 

Date of Birth: 09-Jun-1993

Urine Micro/Culture: MICROBIOLOGY

**SPECIMEN: URINE** 

MICROSCOPY: Ref. Range

Leucocytes < 10 x 10 e6 /L (< 10) Erythrocytes < 10 x 10 e6 /L (< 15)

### Epithelial Cells 0 x 10 e6 /L

#### **CULTURE:**

Culture is not routinely performed in the absence of pyuria.

Ordered by:HANRAN LIAO

Laboratory: labtests

Observation date:06-May-2023

## **Complete Blood Count**

06 May 2023 12:00:00 AM

Date Received

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Clinician Comments

**Manly Medical Centre** 

**Health Centre** 

**Dr Larry Liao** 

Doctor's Name

**Patient Details** 

Patient Name: LE ROUX, CALVIN

**NHI No: TES6972** 

Date of Birth: 09-Jun-1993

Haemoglobin:163 g/L (130 - 175)

RBC:5.50 x10e12/L (4.30 - 6.00)

HCT:0.47 L/L (0.40 - 0.52)

MCV:86 fL (80 - 99)

MCH:29.6 pg (27.0 - 33.0)

Platelets:237 x10e9/L ( 150 - 400 )

WBC:7.1 x10e9/L (4.0 - 11.0)

Neutrophils:4.3 x10e9/L (1.9 - 7.5)

Lymphocytes:1.9 x10e9/L (1.0 - 4.0)

Monocytes: 0.6 x10e9/L (0.2 - 1.0)

Eosinophils:  $0.1 \times 10e9/L (< 0.6)$ 

Basophils: 0.1 x10e9/L (0.0-0.2)

Ordered by: HANRAN LIAO

Laboratory: labtests

Observation date:06-May-2023

## **Diabetic Profile**

06 May 2023 12:00:00 AM

**Date Received** 

nad

**Clinician Comments** 

**Manly Medical Centre** 

Health Centre

**Dr Larry Liao** 

Doctor's Name

**Patient Details** 

Patient Name: LE ROUX, CALVIN

**NHI No: TES6972** 

Date of Birth: 09-Jun-1993

HbA1c:34 mmol/mol ( < 41 )

Comment: If used as a screening test, HbA1c result likely excludes diabetes. No need to repeat until next scheduled CVD risk assessment.

If diabetic and treated with insulin/sulphonylureas, HbA1c suggests excellent control, but risk of hypoglycaemia is increased.

Ordered by:HANRAN LIAO

Laboratory: labtests