

Referrer Dr Corne Mare

Address DOCTORS AT PACIFIC FAIR 1615B HOOKER BVD  
BROADBEACH QLD 4218

Phone 0755702363

Lab ID 943955410

Your ref. 943955410

Address 17 MCINTOSH ST  
QUEANBEYAN NSW 2620

Phone 0468871099

DOB 06/08/1994 (29 Yrs FEMALE)

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## GENERAL BIOCHEMISTRY

Test Name	Result	Units	Reference Interval	Comment
Bilirubin	13	umol/L	3 - 15	
Alk Phos	64	U/L	20 - 105	
AST	16	U/L	10 - 35	
ALT	9	U/L	5 - 30	
Gamma GT	9	U/L	5 - 35	
LDH	141	U/L	120 - 250	

Test Name	Result	Units	Reference Interval	Comment
Sodium	140	mmol/L	135 - 145	
Potassium	3.6	mmol/L	3.5 - 5.5	
Chloride	106	mmol/L	95 - 110	
Bicarb.	24	mmol/L	20 - 32	
Anion Gap	14	mmol/L	10 - 22	

Test Name	Result	Units	Reference Interval	Comment
Total Protein	63	g/L	60 - 80	
Albumin	42	g/L	35 - 50	
Globulin	21	g/L	18 - 35	

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14-02-2024 11:25

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## IRON STUDIES

Test Name	Result	Units	Reference Interval	Comment
● Iron	31.6 H	umol/L	5.0 - 30.0	HIGH
Transferrin	2.5	g/L	2.0 - 3.6	
● Saturation	50 H	%	10 - 45	HIGH
Ferritin	38	ug/L	15 - 200	

Note high % saturation. If there has been no recent iron therapy, suggest follow up iron studies in 1-2 months to exclude early development of an iron overload state.

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14-02-2024 12:45

## THYROID FUNCTION TESTS

Test Name	Result	Units	Reference Interval	Comment
Free T4	14.3	pmol/L	9.0 - 19.0	
TSH	1.5	mIU/L	0.40 - 3.5	

Please note: Free T3 was not performed on this patient. If this patient has a clinical history that warrants free T3 testing, please contact the laboratory within 7 days to organise testing.

Paul Whiting, Clinical Pathologist. Ph 6285 9895.

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## THYROID ANTIBODIES

Test Name	Result	Units	Reference Interval	Comment
● Anti-thyroglobulin Ab	303 H	IU/mL	<5	HIGH
● Anti-thyroid peroxidase Ab	557 H	IU/mL	<6	HIGH

Raised levels of thyroid antibodies may occur in prodromal hypothyroidism before TSH elevations occur and may also be seen in thyrotoxicosis, thyroiditis, non-toxic goitre and thyroid cancer. The levels of thyroid antibodies seen in Graves' Disease and Hashimoto's can be normal, but are usually elevated.

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## VITAMIN B12 AND FOLATE STUDIES

Test Name	Result	Units	Reference Interval	Comment
Vit. B12	287	pmol/L	>170	
Active B12	97	pmol/L	>35	
Serum Folate	14.7	nmol/L	>5.9	

Normal active Vitamin B12 (Holo-transcobalamin) and total Vitamin B12 levels indicate normal Vitamin B12 status.

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## HORMONE ASSAYS

FSH	8	IU/L	(2-10) (7-22) (25-130)	Basal Level Midcycle Peak Post Menopause
LH	4	IU/L	(2-12) (8-89) (5-62)	Basal Level Midcycle Peak Post Menopause
Progesterone	<1.6	nmol/L	(<1.6) (3.8-50)	Follicular Luteal
Oestradiol	166	pmol/L	(<100) (<920) (140-2380) (<1145) (<100)	Prepuberty Early Follicular Preovulatory Peak Luteal Phase Post Menopause
Testosterone	1.4	nmol/L	<4.6	
SHBG	102	nmol/L	20 - 155	
Calc Free Testosterone	11	pmol/L	3 - 37	
FAI	1.4		0.5 - 5.0	

For interpretation of results, please refer to the printed ranges.

Progesterone interpretation:

Less than 6 nmol/L indicates no ovulation.

Between 6 and 22 nmol/L indicates possible ovulation.

Greater than 22 nmol/L indicates probable ovulation.

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## HAEMATOLOGY

HAEMOGLOBIN	155	115 - 165	g/L
Haematocrit	0.45	0.35 - 0.47	L/L
Red cell count	4.8	3.8 - 5.8	x 10 <sup>12</sup> /L
Mean cell volume	93	80 - 100	fL
Mean cell haemoglobin	32.0	27.0 - 33.0	pg
Mean cell haemoglobin conc.	344	310 - 360	g/L
WHITE CELL COUNT	3.9 L	4.0 - 11.0	x 10 <sup>9</sup> /L
Neutrophils 48.7 %	1.9 L	2.0 - 7.5	x 10 <sup>9</sup> /L
Lymphocytes 35.9 %	1.4	1.0 - 4.0	x 10 <sup>9</sup> /L
Monocytes 12.8 %	0.5	<1.1	x 10 <sup>9</sup> /L
Eosinophils 2.6 %	0.1	<0.6	x 10 <sup>9</sup> /L
Basophils 2.6 %	0.1	<0.3	x 10 <sup>9</sup> /L
Nucleated red cells	0		per hundred white cells
PLATELETS	270	150 - 400	x 10 <sup>9</sup> /L

Mild neutropenia. Follow up may be indicated.

HA

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## VITAMIN STUDIES

Test Name	Result	Units	Reference Interval	Comment
25-OH Vitamin D	89	nmol/L	50 - 140	

According to the Position Statement 'Vitamin D and health in adults in Australia and New Zealand' MJA, 196(11):686-687, 2012, Vitamin D status is defined as:

Mild Deficiency 30 - 49 nmol/L

Moderate Deficiency 12.5 - 29 nmol/L

Severe Deficiency <12.5 nmol/L

Vitamin D adequacy can be defined as a level >49 nmol/L at the end of winter - the level may need to be 10 - 20 nmol/L higher at the end of summer, to allow for seasonal decrease.

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## TRACE AND TOXIC ELEMENTS

P-ZINC	18.5	9.0 - 19.0	umol/L
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16-02-2024 16:56

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## VITAMIN STUDIES

Thiamine Diphosphate	180	66 - 200	nmol/L
Vitamin B2 (FAD)	220	180 - 470	nmol/L
Vitamin B6 (P5P)	110	20 - 190	nmol/L

The B vitamins, vitamin B1(thiamine diphosphate or TDP), B2 (flavin adenine dinucleotide or FAD), and B6 (pyridoxal-5-phosphate or P5P), are measured and reported in their physiologically active forms in whole blood. Their absolute whole blood levels are more specific, and they rise and fall more rapidly than the indirect functional levels measured by enzymatic activity. Hence, blood samples should be collected fasting and prior to any supplementation. As the distribution of the vitamins is shared between the blood cells and the plasma, vitamin B levels may appear artefactually low in anaemic patients with low haematocrit.

To convert this Vitamin B6 result to mass units: nmol/L x 0.247 = mg/L

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23-02-2024 01:23

## AMINE STUDIES

Blood Histamine	1.0	0.2 - 2.0	umol/L
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20-02-2024 14:13

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## TRACE ELEMENTS IN BLOOD

Copper	12	12 - 22	umol/L
Zinc	16	10 - 18	umol/L

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