Patient Summary

06/09/2024

Mr Arvinder SINGH
72 Makaha Drive
Birkdale QLD 4159

DOB: 28/02/1978
Medicare No: 4242242959 3 **Expiry:** 00/00/0000
Health Fund: Medibank Private **Membership No:** 27850998T
Occupation:

Past History:
Nil significant

Current Problems:
Nil significant

Current Medications:
- Ciprofloxacin 500mg Tablets1 bd
- Dapagliflozin 10mg Tablets1 nocte
- Diamicron 60 mg MR Modified release tablets 60mg Modified release tablets1 mane with food
- Ezetimibe 10mg Tablets1 nocte
- Forxiga Tablets 10mg Tablets1 mane
- Lasix Tablets 40mg Tablets1 mane on an empty stomach
- Physiotens Tablets 200mcg Tablets1 bd
- Prednisolone 25mg Tablets2 mane with food
- Prednisone 5mg Tablets1 as directed with food
- Sotalol hydrochloride 80mg Tablets1 mane
- Trajenta Tablets 5mg Tablets1 mane

Allergies:
- Nil Known

Smoking History:
Not recorded

Alcohol Intake:
Alcohol Unticked

Social & Family History:

Prescription History:
06/09/2024 Linagliptin 5mg Tablets
06/09/2024 Prednisone 5mg Tablets
06/09/2024 Gliclazide 60mg Modified release tablets
23/08/2024 Sotalol hydrochloride 80mg Tablets
23/08/2024 Furosemide (frusemide) 40mg Tablets
23/08/2024 Furosemide (frusemide) 40mg Tablets
23/08/2024 Sotalol hydrochloride 80mg Tablets
23/08/2024 Moxonidine 200mcg Tablets
16/08/2024 Prednisolone 25mg Tablets
30/07/2024 Prednisolone 25mg Tablets
11/06/2024 Ezetimibe 10mg Tablets
11/06/2024 Ciprofloxacin 500mg Tablets (free text)
09/02/2024 Dapagliflozin 10mg Tablets

PATHOLOGY & RADIOLOGY RESULTS

QML - Reference No: 24-76780959 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 23/08/2024		
Copy to:	PRASHAR,DR. RAJAN BAIG,DR. WASIF		
Collected:	04/09/2024 - 8:30 AM	**Notified by:**	on 00/00/0000
Reported:	04/09/2024	**Message:**	

RANDOM URINE

	Total Protein	2800	mg/L	24h(0-150)
	Creatinine	3.6	mmol/L	24h(7.0-22.0)
+	Protein/Creatinine ratio	785	mg/mmol	(0-15)

The above range for the ratio refers to early morning collections.

Tests Completed:FBC, SE E/LFT, UR PROTEIN, SE C-REACTIVE PROTEIN, ESR
Tests Pending :URINE MCS

QML - Reference No: 24-76780959 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 23/08/2024		
Copy to:	PRASHAR,DR. RAJAN BAIG,DR. WASIF		
Collected:	04/09/2024 - 8:30 AM	**Notified by:**	on 00/00/0000
Reported:	04/09/2024	**Message:**	

SERUM CHEMISTRY - FASTING

--	Sodium	133	mmol/L		(137-147)
	Potassium	5.0	mmol/L		(3.5-5.0)
	Chloride	100	mmol/L		(96-109)
	Bicarbonate	27	mmol/L		(25-33)
	Other Anions	11	mmol/L		(4-17)
+++	Glucose	18.4	mmol/L	fasting	(3.0-6.0)
+++	Urea	22.4	mmol/L		(2.5-8.0)
++	Creatinine	179	umol/L		(60-130)
-	eGFR	38	mL/min		(over 59)
+	Uric Acid	0.48	mmol/L		(0.12-0.45)
	Total Bilirubin	6	umol/L		(2-20)
+	Alk. Phos.	119	U/L		(30-115)
+	Gamma G.T.	73	U/L		(0-70)
	ALT	36	U/L		(0-45)
	AST	12	U/L		(0-41)
++	LD	318	U/L		(80-250)
-	Calcium	2.05	mmol/L		(2.15-2.60)
+	Adjusted for Albumin	2.62	mmol/L		(2.15-2.60)
	Phosphate	1.1	mmol/L		(0.8-1.5)
---	Total Protein	44	g/L		(60-82)
---	Albumin	24	g/L		(35-50)
	Globulins	20	g/L		(20-40)
+	Cholesterol	7.6	mmol/L		(3.6-6.9)
+	Triglycerides	3.5	mmol/L	fasting	(0.3-2.2)

Tests Completed:FBC, SE E/LFT, SE C-REACTIVE PROTEIN, ESR
Tests Pending :UR PROTEIN, URINE MCS

QML - Reference No: 24-76780959 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 23/08/2024		
Copy to:	PRASHAR,DR. RAJAN BAIG,DR. WASIF		
Collected:	04/09/2024 - 8:30 AM	**Notified by:**	on 00/00/0000
Reported:	04/09/2024	**Message:**	

CUMULATIVE SERUM C-REACTIVE PROTEIN (CRP)

Date	24/07/24	05/08/24	04/09/24
Time	08:42	08:35	08:30
Lab No	74838687	74838883	76780959
CRP	+ 16	< 5 +	13 mg/L(0-6)

C-reactive protein (CRP) is a non-specific indicator of tissue damage.
The level rises rapidly (within 6-10 hours) after tissue injury, peaks at 48-72 hours and returns to normal within a few days. Common causes of markedly increased CRP include infection (particularly bacterial), trauma, surgery, myocardial infarction, many malignancies and inflammatory disorders.

Tests Completed:FBC, SE C-REACTIVE PROTEIN, ESR
Tests Pending :SE E/LFT, UR PROTEIN, URINE MCS

QML - Reference No: 24-76780959 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 23/08/2024		
Copy to:	PRASHAR,DR. RAJAN BAIG,DR. WASIF		
Collected:	04/09/2024 - 8:30 AM	**Notified by:**	on 00/00/0000
Reported:	04/09/2024	**Message:**	

+	Erythrocyte Sedimentation Rate	17	mm/hr	(1-15)

Tests Completed:FBC, ESR
Tests Pending :SE E/LFT, UR PROTEIN, URINE MCS, SE C-REACTIVE PROTEIN

QML - Reference No: 24-76780959 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 23/08/2024		
Copy to:	PRASHAR,DR. RAJAN BAIG,DR. WASIF		
Collected:	04/09/2024 - 8:30 AM	**Notified by:**	on 00/00/0000
Reported:	04/09/2024	**Message:**	

FULL BLOOD EXAMINATION

-	Haemoglobin		125	g/L	(135-180)
-	Red Cell Count		4.1	x10 ^12 /L	(4.2-6.0)
	Haematocrit		0.39		(0.38-0.52)
	Mean Cell Volume		95	fL	(80-98)
	Mean Cell Haemoglobin		30	pg	(27-35)
	Platelet Count		235	x10 ^9 /L	(150-450)
+	White Cell Count		11.4	x10 ^9 /L	(4.0-11.0)
+	Neutrophils	81 %	9.2	x10 ^9 /L	(2.0-7.5)
	Lymphocytes	12 %	1.4	x10 ^9 /L	(1.1-4.0)
	Monocytes	6 %	0.7	x10 ^9 /L	(0.2-1.0)
	Eosinophils	1 %	0.11	x10 ^9 /L	(0.04-0.40)
	Basophils	0 %	0.00	x10 ^9 /L	(< 0.21)

Automated Comment:
As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

Possible causes of a Normochromic Anaemia include infection/Inflammation, CKD, Combined deficiency of Iron/B12/Folate, Low grade haemolysis, and in elderly patients an early myelodysplasia. Correlate with E+LFTs, ESR/CRP, Iron Studies, B12/Folate and Reticulocyte count, and s.EPP if clinically appropriate. (Note: Mild anaemia may be a feature in later stages of Pregnancy but co-existing haematinic deficiency should be ruled-out)

Neutrophilia may be a transient response to acute infection or surgery /trauma. Persistent neutrophilia may be seen as a result of certain infections (e.g. Bacterial/viral), hyposplenism, inflammatory disorders (including morbid obesity), trauma/surgery, or if persistent may be a feature of an early Myeloproliferative Neoplasm (MPN). (Note: In Pregnancy, mild neutrophilia may be noted in the second and third trimesters). Correlate clinically as well as with E+LFTs, MSU, and ESR/CRP, if clinically appropriate. If a MPN is a possibility, BCR-ABL and JAK2 molecular analysis is recommended. Otherwise, suggest repeat at a later date.

** FINAL REPORT - Please destroy previous report **

Tests Completed:FBC
Tests Pending :SE E/LFT, UR PROTEIN, URINE MCS, SE C-REACTIVE PROTEIN, ESR

QML - Reference No: 24-76779543 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 17/08/2024		
Copy to:	PRASHAR,DR. RAJAN PEARSE,DR. GLEN		
Collected:	17/08/2024 - 10:20 AM	**Notified by:**	on 00/00/0000
Reported:	19/08/2024	**Message:**	

EXAMINATION OF URINE

Collection:	Mid stream urine		
Protein:	+++		
Glucose:	+		
Ketones:	Negative		

PHASE CONTRAST MICROSCOPY

Leucocytes:	20	x10 ^6 /L	(N.R. <10)
Erythrocytes:	> 1000	x10 ^6 /L	(N.R. <10)
Epithelial:	< 10	x10 ^6 /L	

CULTURE

No growth after overnight incubation.

Tests Completed:IRON STUDIES, FBC, SE E/LFT, UR PROTEIN, URINE MCS
Tests Pending :

QML - Reference No: 24-76779543 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 17/08/2024		
Copy to:	PRASHAR,DR. RAJAN PEARSE,DR. GLEN		
Collected:	17/08/2024 - 10:20 AM	**Notified by:**	on 00/00/0000
Reported:	17/08/2024	**Message:**	

SERUM CHEMISTRY - FASTING

	Sodium	137	mmol/L		(137-147)
+++	Potassium	5.9	mmol/L		(3.5-5.0)
+	Chloride	111	mmol/L		(96-109)
-	Bicarbonate	24	mmol/L		(25-33)
	Other Anions	8	mmol/L		(4-17)
++	Glucose	9.0	mmol/L	fasting	(3.0-6.0)
+++	Urea	23.1	mmol/L		(2.5-8.0)
+++	Creatinine	191	umol/L		(60-130)
-	eGFR	35	mL/min		(over 59)
	Uric Acid	0.44	mmol/L		(0.12-0.45)
	Total Bilirubin	8	umol/L		(2-20)
	Alk. Phos.	100	U/L		(30-115)
+	Gamma G.T.	77	U/L		(0-70)
	ALT	45	U/L		(0-45)
	AST	18	U/L		(0-41)
+	LD	296	U/L		(80-250)
-	Calcium	2.12	mmol/L		(2.15-2.60)
	Adjusted for Albumin	2.56	mmol/L		(2.15-2.60)
	Phosphate	1.5	mmol/L		(0.8-1.5)
--	Total Protein	50	g/L		(60-82)
--	Albumin	28	g/L		(35-50)
	Globulins	22	g/L		(20-40)
+	Cholesterol	7.4	mmol/L		(3.6-6.9)
+	Triglycerides	2.4	mmol/L	fasting	(0.3-2.2)

Tests Completed:IRON STUDIES, FBC, SE E/LFT, UR PROTEIN
Tests Pending :URINE MCS

QML - Reference No: 24-76779543 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 17/08/2024		
Copy to:	PRASHAR,DR. RAJAN PEARSE,DR. GLEN		
Collected:	17/08/2024 - 10:20 AM	**Notified by:**	on 00/00/0000
Reported:	17/08/2024	**Message:**	

RANDOM URINE

	Total Protein	5200	mg/L	24h(0-150)
	Creatinine	5.2	mmol/L	24h(7.0-22.0)
+	Protein/Creatinine ratio	998	mg/mmol	(0-15)

The above range for the ratio refers to early morning collections.

Tests Completed:IRON STUDIES, FBC, UR PROTEIN
Tests Pending :SE E/LFT, URINE MCS

QML - Reference No: 24-76779543 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 17/08/2024		
Copy to:	PRASHAR,DR. RAJAN PEARSE,DR. GLEN		
Collected:	17/08/2024 - 10:20 AM	**Notified by:**	on 00/00/0000
Reported:	17/08/2024	**Message:**	

IRON STUDIES

	Serum Iron	12	umol/L	(10-33)
-	Transferrin IBC	41	umol/L	(45-70)
	Transferrin Saturation	29	%	(16-50)
	Serum Ferritin Assay	244	ug/L	(30-320)

Comment:
Essentially normal iron stores.

Tests Completed:IRON STUDIES, FBC
Tests Pending :SE E/LFT, UR PROTEIN, URINE MCS

QML - Reference No: 24-76779543 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 17/08/2024		
Copy to:	PRASHAR,DR. RAJAN PEARSE,DR. GLEN		
Collected:	17/08/2024 - 10:20 AM	**Notified by:**	on 00/00/0000
Reported:	17/08/2024	**Message:**	

FULL BLOOD EXAMINATION

-	Haemoglobin		125	g/L	(135-180)
-	Red Cell Count		4.1	x10 ^12 /L	(4.2-6.0)
	Haematocrit		0.41		(0.38-0.52)
+	Mean Cell Volume		100	fL	(80-98)
	Mean Cell Haemoglobin		31	pg	(27-35)
	Platelet Count		244	x10 ^9 /L	(150-450)
++	White Cell Count		15.1	x10 ^9 /L	(4.0-11.0)
++	Neutrophils	87 %	13.1	x10 ^9 /L	(2.0-7.5)
	Lymphocytes	8 %	1.2	x10 ^9 /L	(1.1-4.0)
	Monocytes	5 %	0.8	x10 ^9 /L	(0.2-1.0)
	Eosinophils	0 %	0.00	x10 ^9 /L	(0.04-0.40)
	Basophils	0 %	0.00	x10 ^9 /L	(< 0.21)

Automated Comment:
As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

Neutrophilia may be a transient response to acute infection or surgery /trauma. Persistent neutrophilia may be seen as a result of certain infections (e.g. Bacterial/viral), hyposplenism, inflammatory disorders (including morbid obesity), trauma/surgery, or if persistent may be a feature of an early Myeloproliferative Neoplasm (MPN). (Note: In Pregnancy, mild neutrophilia may be noted in the second and third trimesters). Correlate clinically as well as with E+LFTs, MSU, and ESR/CRP, if clinically appropriate. If a MPN is a possibility, BCR-ABL and JAK2 molecular analysis is recommended. Otherwise, suggest repeat at a later date.

Macrocytic Anaemia:
This picture may result from early deficiency of B12/Folate, drug side effect, mild haemolysis or in the elderly a feature of an MDS or an Immunoproliferative disorder. Correlate with E+LFTs, ESR/CRP, Iron Studies, B12/Folate, TFTs, and Reticulocyte count, and s.EPP if clinically appropriate.

** FINAL REPORT - Please destroy previous report **

Tests Completed:FBC
Tests Pending :IRON STUDIES, SE E/LFT, UR PROTEIN, URINE MCS

QML - Reference No: 24-74838883 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 30/07/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN		
Collected:	05/08/2024 - 8:35 AM	**Notified by:**	on 00/00/0000
Reported:	09/08/2024	**Message:**	

AUTOANTIBODY SEROLOGY

Glomerular Basement Membrane Ab (FEIA): < 1.0 EliA U/mL (< 7.0)

No antibodies demonstrated

It has been found that up to 5% of Goodpasture's patients do not have detectable GBM antibodies.

For enquiries, contact Dr Paul Campbell 07 3121 4444
Patients should contact their referring doctor in regard to this result.

Tests Completed:SE IFE, HEP B / C, FBC, SE E/LFT, URINE MCS, SE FREE LIGHT CHAINS
Tests Completed:SE C-REACTIVE PROTEIN, ANCA, GBM AB, ESR, SE EPP, DNA AB, SE C4 COMP
Tests Completed:SE C3 COMP, ANA, HIV 1/2 AB
Tests Pending :

QML - Reference No: 24-74838883 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 30/07/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN		
Collected:	05/08/2024 - 8:35 AM	**Notified by:**	on 00/00/0000
Reported:	09/08/2024	**Message:**	

Anti dsDNA Antibody: < 7 IU/mL (0-7)

Anti dsDNA antibodies are measured by radioimmunoassay (RIA).
Double stranded DNA (dsDNA) antibodies are highly specific for Systemic Lupus Erythematosus (SLE). However, these antibodies are not present in all patients with SLE.

Anti dsDNA levels vary with disease activity and regular assessment is useful in patient monitoring.

For enquiries, contact Dr Paul Campbell 07 3121 4444
Patients should contact their referring doctor in regard to this result.

Tests Completed:SE IFE, HEP B / C, FBC, SE E/LFT, URINE MCS, SE FREE LIGHT CHAINS
Tests Completed:SE C-REACTIVE PROTEIN, ANCA, ESR, SE EPP, DNA AB, SE C4 COMP
Tests Completed:SE C3 COMP, ANA, HIV 1/2 AB
Tests Pending :GBM AB

QML - Reference No: 24-74838883 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 30/07/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN		
Collected:	05/08/2024 - 8:35 AM	**Notified by:**	on 00/00/0000
Reported:	08/08/2024	**Message:**	

ANTINUCLEAR ANTIBODY SEROLOGY

TITRE	PATTERN
1:160	Speckled
1:160	Homogeneous

A low titre ANA is present. Testing for anti-dsDNA and ENA is suggested in patients with suspected autoimmune disease. A low titre ANA may be found in a proportion of well individuals without clinical autoimmune disease.

A speckled pattern ANA may be associated with specific autoimmune disorders (e.g. Sjogren's syndrome) as well as organ specific autoimmune disorders (e.g. autoimmune thyroiditis) and chronic infective inflammatory or malignant disorders. Further antibody testing including anti-ENA, anti-dsDNA, rheumatoid factor or thyroid antibodies should be considered based on clinical presentation.

A homogeneous ANA pattern is associated with antibodies to double-stranded DNA, single-stranded DNA and histones, and may be seen in SLE or drug-induced lupus. Suggest further testing for antibodies to dsDNA and ENAs if not already performed.

DNA result to follow.

For enquiries, contact Dr Paul Campbell 07 3121 4444
Patients should contact their referring doctor in regard to this result.

Tests Completed:SE IFE, HEP B / C, FBC, SE E/LFT, URINE MCS, SE FREE LIGHT CHAINS
Tests Completed:SE C-REACTIVE PROTEIN, ANCA, ESR, SE EPP, SE C4 COMP, SE C3 COMP, ANA
Tests Completed:HIV 1/2 AB
Tests Pending :GBM AB, DNA AB

QML - Reference No: 24-74838883 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 30/07/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN		
Collected:	05/08/2024 - 8:35 AM	**Notified by:**	on 00/00/0000
Reported:	08/08/2024	**Message:**	

ANTI NEUTROPHIL CYTOPLASMIC ANTIBODIES

C-ANCA	(IFA)	Negative			
P-ANCA	(IFA)	Indeterminate			
MPO-ANCA	(FEIA)	NEGATIVE	1.0	IU/ml	(< 3.5)
PR3-ANCA	(FEIA)	NEGATIVE	0.2	IU/ml	(< 2.0)

An antinuclear antibody has been detected on this patient at the ANCA IFA screening dilution(1:20). This renders P-ANCA IFA detection indeterminate but does not affect MPO-ANCA or PR3-ANCA antibody determinations, which should be referred to.

Anti neutrophil cytoplasmic antibody (ANCA) screening dilution 1:20.

Negative ANCA serology makes the diagnosis of ANCA associated vasculitis (i.e Granulomatosis with polyangiitis, Microscopic polyangiitis but not Churg Strauss syndrome) less likely but not excluded. The majority of all types of vasculitis are not associated with ANCA.

For enquiries, contact Dr Paul Campbell 07 3121 4444
Patients should contact their referring doctor in regard to this result.

Tests Completed:SE IFE, HEP B / C, FBC, SE E/LFT, URINE MCS, SE FREE LIGHT CHAINS
Tests Completed:SE C-REACTIVE PROTEIN, ANCA, ESR, SE EPP, SE C4 COMP, SE C3 COMP
Tests Completed:HIV 1/2 AB
Tests Pending :GBM AB, DNA AB, ANA

QML - Reference No: 24-74838883 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 30/07/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN		
Collected:	05/08/2024 - 8:35 AM	**Notified by:**	on 00/00/0000
Reported:	07/08/2024	**Message:**	

SERUM PROTEIN ELECTROPHORETIC PATTERN

Total Protein	61	g/L	(60-82)
Albumin	31	g/L	(35-50)
Alpha 1-Globulin	3	g/L	(1-4)
Alpha 2-Globulin	4	g/L	(6-10)
Beta 1-Globulin	4	g/L	(3-5)
Beta 2-Globulin	8	g/L	(2-5)
Gamma Globulin	11	g/L	(7-15)

The low albumin is non-specific:
It may be associated with chronic infection or inflammation, liver disease, malignancy, or protein malnutrition.
No abnormal discrete bands were detected on immunofixation.

Tests Completed:SE IFE, HEP B / C, FBC, SE E/LFT, URINE MCS, SE FREE LIGHT CHAINS
Tests Completed:SE C-REACTIVE PROTEIN, ESR, SE EPP, SE C4 COMP, SE C3 COMP, HIV 1/2 AB
Tests Pending :ANCA, GBM AB, DNA AB, ANA

QML - Reference No: 24-74838883 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 30/07/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN		
Collected:	05/08/2024 - 8:35 AM	**Notified by:**	on 00/00/0000
Reported:	07/08/2024	**Message:**	

CUMULATIVE SERUM IMMUNOGLOBULIN FREE LIGHT CHAIN QUANTITATION

Date		05/08/24	
Time		08:35	
Lab No		74838883	
kappa FLC	++	73 mg/L	(3-19)
lambda FLC	+	57 mg/L	(6-26)
kappa/lambda ratio		1.28	(0.26-1.65)

74838883

The elevation of both free light chains in a normal ratio is seen with retention of the normal small excessive production of these. This typically occurs in renal impairment.

From 17/5/2021 Method: Freelite Immunoassay on Binding Site Optilite. The same method should be used if the patient is being monitored with serial measurements. In patients with CKD, a reference interval of 0.37-3.10 can be used for K/L ratio.

Tests Completed:HEP B / C, FBC, SE E/LFT, URINE MCS, SE FREE LIGHT CHAINS
Tests Completed:SE C-REACTIVE PROTEIN, ESR, SE C4 COMP, SE C3 COMP, HIV 1/2 AB
Tests Pending :SE IFE, ANCA, GBM AB, SE EPP, DNA AB, ANA

QML - Reference No: 24-74838883 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 30/07/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN		
Collected:	05/08/2024 - 8:35 AM	**Notified by:**	on 00/00/0000
Reported:	06/08/2024	**Message:**	

HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING

HIV antigen / HIV 1 HIV 2 antibody : Non reactive

In cases of possible HIV exposure, serology should be repeated in approximately 3 months.

The screening assay performed is an antigen/antibody combination test which detects HIV 1, HIV 2 antibodies and HIV P24 antigen.

Tests Completed:HEP B / C, FBC, SE E/LFT, URINE MCS, SE C-REACTIVE PROTEIN, ESR
Tests Completed:SE C4 COMP, SE C3 COMP, HIV 1/2 AB
Tests Pending :SE IFE, SE FREE LIGHT CHAINS, ANCA, GBM AB, SE EPP, DNA AB, ANA

QML - Reference No: 24-74838883 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 30/07/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN		
Collected:	05/08/2024 - 8:35 AM	**Notified by:**	on 00/00/0000
Reported:	06/08/2024	**Message:**	

HEPATITIS SEROLOGY

Hepatitis B surface antigen (HBsAg) : Negative

Hepatitis C IgG antibody (HCVIgG): Negative

If contact with hepatitis is suspected, please repeat serology as indicated.
INCUBATION PERIOD (HEPATITIS A): 2-8 weeks
(HEPATITIS B): 1-6 months
(HEPATITIS C): 1-6 months

Tests Completed:HEP B / C, FBC, SE E/LFT, URINE MCS, SE C-REACTIVE PROTEIN, ESR
Tests Completed:SE C4 COMP, SE C3 COMP
Tests Pending :SE IFE, SE FREE LIGHT CHAINS, ANCA, GBM AB, SE EPP, DNA AB, ANA
Tests Pending :HIV 1/2 AB

QML - Reference No: 24-74838883 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 30/07/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN		
Collected:	05/08/2024 - 8:35 AM	**Notified by:**	on 00/00/0000
Reported:	06/08/2024	**Message:**	

EXAMINATION OF URINE

Collection:	Mid stream urine		
Protein:	+++		
Glucose:	Trace		
Ketones:	Negative		

PHASE CONTRAST MICROSCOPY

Leucocytes:	20	x10 ^6 /L	(N.R. <10)
Erythrocytes:	> 1000	x10 ^6 /L	(N.R. <10)
Epithelial:	< 10	x10 ^6 /L	

CULTURE

No significant growth after overnight incubation.

Tests Completed:FBC, SE E/LFT, URINE MCS, SE C-REACTIVE PROTEIN, ESR, SE C4 COMP
Tests Completed:SE C3 COMP
Tests Pending :HEP B / C, SE FREE LIGHT CHAINS, ANCA, GBM AB, SE EPP, DNA AB, ANA
Tests Pending :HIV 1/2 AB

QML - Reference No: 24-74838883 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 30/07/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN		
Collected:	05/08/2024 - 8:35 AM	**Notified by:**	on 00/00/0000
Reported:	06/08/2024	**Message:**	

SERUM CHEMISTRY - FASTING

	Sodium	138	mmol/L		(137-147)
	Potassium	5.0	mmol/L		(3.5-5.0)
	Chloride	108	mmol/L		(96-109)
---	Bicarbonate	20	mmol/L		(25-33)
	Other Anions	15	mmol/L		(4-17)
	Glucose	4.6	mmol/L	fasting	(3.0-6.0)
+++	Urea	19.9	mmol/L		(2.5-8.0)
+++	Creatinine	215	umol/L		(60-130)
-	eGFR	31	mL/min		(over 59)
	Uric Acid	0.42	mmol/L		(0.12-0.45)
	Total Bilirubin	5	umol/L		(2-20)
	Alk. Phos.	91	U/L		(30-115)
	Gamma G.T.	49	U/L		(0-70)
	ALT	28	U/L		(0-45)
	AST	19	U/L		(0-41)
	LD	224	U/L		(80-250)
-	Calcium	2.09	mmol/L		(2.15-2.60)
	Adjusted for Albumin	2.42	mmol/L		(2.15-2.60)
	Phosphate	1.4	mmol/L		(0.8-1.5)
	Total Protein	61	g/L		(60-82)
-	Albumin	31	g/L		(35-50)
	Globulins	30	g/L		(20-40)
+	Cholesterol	7.5	mmol/L		(3.6-6.9)
	Triglycerides	2.2	mmol/L	fasting	(0.3-2.2)

Tests Completed:FBC, SE E/LFT, SE C-REACTIVE PROTEIN, ESR, SE C4 COMP, SE C3 COMP
Tests Pending :HEP B / C, URINE MCS, SE FREE LIGHT CHAINS, ANCA, GBM AB, SE EPP
Tests Pending :DNA AB, ANA, HIV 1/2 AB

QML - Reference No: 24-74838883 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 30/07/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN		
Collected:	05/08/2024 - 8:35 AM	**Notified by:**	on 00/00/0000
Reported:	06/08/2024	**Message:**	

CUMULATIVE SERUM C-REACTIVE PROTEIN (CRP)

Date		24/07/24	05/08/24	
Time		08:42	08:35	
Lab No		74838687	74838883	
CRP	+	16	< 5 mg/L	(0-6)

C-reactive protein (CRP) is a non-specific indicator of tissue damage.
The level rises rapidly (within 6-10 hours) after tissue injury, peaks at 48-72 hours and returns to normal within a few days. Common causes of markedly increased CRP include infection (particularly bacterial), trauma, surgery, myocardial infarction, many malignancies and inflammatory disorders.

Tests Completed:FBC, SE C-REACTIVE PROTEIN, ESR, SE C4 COMP, SE C3 COMP
Tests Pending :HEP B / C, SE E/LFT, URINE MCS, SE FREE LIGHT CHAINS, ANCA, GBM AB
Tests Pending :SE EPP, DNA AB, ANA, HIV 1/2 AB

QML - Reference No: 24-74838883 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 30/07/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN		
Collected:	05/08/2024 - 8:35 AM	**Notified by:**	on 00/00/0000
Reported:	06/08/2024	**Message:**	

Complement C4	0.32	g/L	(0.13-0.78)

Tests Completed:FBC, SE C-REACTIVE PROTEIN, ESR, SE C4 COMP, SE C3 COMP
Tests Pending :HEP B / C, SE E/LFT, URINE MCS, SE FREE LIGHT CHAINS, ANCA, GBM AB
Tests Pending :SE EPP, DNA AB, ANA, HIV 1/2 AB

QML - Reference No: 24-74838883 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 30/07/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN		
Collected:	05/08/2024 - 8:35 AM	**Notified by:**	on 00/00/0000
Reported:	06/08/2024	**Message:**	

-	Complement C3	1.03	g/L	(1.05-2.52)

Tests Completed:FBC, SE C-REACTIVE PROTEIN, ESR, SE C4 COMP, SE C3 COMP
Tests Pending :HEP B / C, SE E/LFT, URINE MCS, SE FREE LIGHT CHAINS, ANCA, GBM AB
Tests Pending :SE EPP, DNA AB, ANA, HIV 1/2 AB

QML - Reference No: 24-74838883 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 30/07/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN		
Collected:	05/08/2024 - 8:35 AM	**Notified by:**	on 00/00/0000
Reported:	05/08/2024	**Message:**	

++ Erythrocyte Sedimentation Rate 63 mm/hr (1-15)

Tests Completed:FBC, ESR
Tests Pending :HEP B / C, SE E/LFT, URINE MCS, SE FREE LIGHT CHAINS
Tests Pending :SE C-REACTIVE PROTEIN, ANCA, GBM AB, SE EPP, DNA AB, SE C4 COMP
Tests Pending :SE C3 COMP, ANA, HIV 1/2 AB

QML - Reference No: 24-74838883 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 30/07/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN		
Collected:	05/08/2024 - 8:35 AM	**Notified by:**	on 00/00/0000
Reported:	05/08/2024	**Message:**	

FULL BLOOD EXAMINATION

--	Haemoglobin		110	g/L	(135-180)
--	Red Cell Count		3.7	x10 ^12 /L	(4.2-6.0)
-	Haematocrit		0.35		(0.38-0.52)
	Mean Cell Volume		96	fL	(80-98)
	Mean Cell Haemoglobin		30	pg	(27-35)
	Platelet Count		359	x10 ^9 /L	(150-450)
	White Cell Count		10.5	x10 ^9 /L	(4.0-11.0)
+	Neutrophils	78 %	8.2	x10 ^9 /L	(2.0-7.5)
	Lymphocytes	12 %	1.3	x10 ^9 /L	(1.1-4.0)
+	Monocytes	10 %	1.1	x10 ^9 /L	(0.2-1.0)
	Eosinophils	0 %	0.00	x10 ^9 /L	(0.04-0.40)
	Basophils	0 %	0.00	x10 ^9 /L	(< 0.21)

Automated Comment:
As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

Possible causes of a Normochromic Anaemia include infection/Inflammation, CKD, Combined deficiency of Iron/B12/Folate, Low grade haemolysis, and in elderly patients an early myelodysplasia. Correlate with E+LFTs, ESR/CRP, Iron Studies, B12/Folate and Reticulocyte count, and s.EPP if clinically appropriate. (Note: Mild anaemia may be a feature in later stages of Pregnancy but co-existing haematinic deficiency should be ruled-out)

Neutrophilia and monocytosis.
This combination may be seen in setting of acute or chronic infection. It may be seen in hyposplenism or chronic inflammatory disorders, as well as Myelodysplasia/MPN syndromes in the elderly. Correlate Clinically as well as with ESR/CRP, MSU, Lysozyme and If an MDS/MPN is possible - BCR-ABL/JAK2 if clinically appropriate.

** FINAL REPORT - Please destroy previous report **

Tests Completed:FBC
Tests Pending :HEP B / C, SE E/LFT, URINE MCS, SE FREE LIGHT CHAINS
Tests Pending :SE C-REACTIVE PROTEIN, ANCA, GBM AB, ESR, SE EPP, DNA AB, SE C4 COMP
Tests Pending :SE C3 COMP, ANA, HIV 1/2 AB

QML - Reference No: 24-74838687 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 11/06/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN PEARSE,DR. GLEN LANDSBERG,DR. PETER		
Collected:	24/07/2024 - 8:42 AM	**Notified by:**	on 00/00/0000
Reported:	25/07/2024	**Message:**	

EXAMINATION OF URINE

Collection:	Mid stream urine		
Protein:	+++		
Glucose:	Trace		
Ketones:	Negative		

PHASE CONTRAST MICROSCOPY

Leucocytes:	20	x10 ^6 /L	(N.R. <10)
Erythrocytes:	> 1000	x10 ^6 /L	(N.R. <10)
Epithelial:	< 10	x10 ^6 /L	

CULTURE

No growth after overnight incubation.

Tests Completed:SE C-REACTIVE PROTEIN, ESR, UR PROTEIN, FBC, SE E/LFT, URINE MCS, PSA
Tests Pending :

QML - Reference No: 24-74838687 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 11/06/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN PEARSE,DR. GLEN LANDSBERG,DR. PETER		
Collected:	24/07/2024 - 8:42 AM	**Notified by:**	on 00/00/0000
Reported:	25/07/2024	**Message:**	

RANDOM URINE

	Total Protein	6500	mg/L	24h(0-150)
	Creatinine	5.8	mmol/L	24h(7.0-22.0)
+	Protein/Creatinine ratio	1114	mg/mmol	(0-15)

The above range for the ratio refers to early morning collections.

Tests Completed:SE C-REACTIVE PROTEIN, ESR, UR PROTEIN, FBC, SE E/LFT, PSA
Tests Pending :URINE MCS

QML - Reference No: 24-74838687 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 11/06/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN PEARSE,DR. GLEN LANDSBERG,DR. PETER		
Collected:	24/07/2024 - 8:42 AM	**Notified by:**	on 00/00/0000
Reported:	24/07/2024	**Message:**	

SERUM CHEMISTRY - FASTING

-	Sodium	135	mmol/L		(137-147)
+++	Potassium	5.9	mmol/L		(3.5-5.0)
	Chloride	107	mmol/L		(96-109)
	Bicarbonate	25	mmol/L		(25-33)
	Other Anions	9	mmol/L		(4-17)
+	Glucose	6.2	mmol/L	fasting	(3.0-6.0)
+++	Urea	14.9	mmol/L		(2.5-8.0)
+++	Creatinine	237	umol/L		(60-130)
--	eGFR	27	mL/min		(over 59)
	Uric Acid	0.41	mmol/L		(0.12-0.45)
	Total Bilirubin	10	umol/L		(2-20)
	Alk. Phos.	96	U/L		(30-115)
	Gamma G.T.	60	U/L		(0-70)
	ALT	29	U/L		(0-45)
	AST	27	U/L		(0-41)
+	LD	259	U/L		(80-250)
	Calcium	2.17	mmol/L		(2.15-2.60)
	Adjusted for Albumin	2.51	mmol/L		(2.15-2.60)
	Phosphate	1.3	mmol/L		(0.8-1.5)
	Total Protein	66	g/L		(60-82)
-	Albumin	31	g/L		(35-50)
	Globulins	35	g/L		(20-40)
	Cholesterol	6.7	mmol/L		(3.6-6.9)
+	Triglycerides	2.8	mmol/L	fasting	(0.3-2.2)

Tests Completed:SE C-REACTIVE PROTEIN, ESR, FBC, SE E/LFT, PSA
Tests Pending :UR PROTEIN, URINE MCS

QML - Reference No: 24-74838687 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 11/06/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN PEARSE,DR. GLEN LANDSBERG,DR. PETER		
Collected:	24/07/2024 - 8:42 AM	**Notified by:**	on 00/00/0000
Reported:	24/07/2024	**Message:**	

CUMULATIVE SERUM C-REACTIVE PROTEIN (CRP)

Date		24/07/24	
Time		08:42	
Lab No		74838687	
CRP	+	16	mg/L(0-6)

C-reactive protein (CRP) is a non-specific indicator of tissue damage.
The level rises rapidly (within 6-10 hours) after tissue injury, peaks at 48-72 hours and returns to normal within a few days. Common causes of markedly increased CRP include infection (particularly bacterial), trauma, surgery, myocardial infarction, many malignancies and inflammatory disorders.

Tests Completed:SE C-REACTIVE PROTEIN, ESR, FBC, PSA
Tests Pending :UR PROTEIN, SE E/LFT, URINE MCS

QML - Reference No: 24-74838687 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 11/06/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN PEARSE,DR. GLEN LANDSBERG,DR. PETER		
Collected:	24/07/2024 - 8:42 AM	**Notified by:**	on 00/00/0000
Reported:	24/07/2024	**Message:**	

Total PSA (Alinity)	0.41	ug/L	(0.25-2.50)

Progress assessment.

Please note change in PSA reference intervals on 21/11/2023.

It is important that the same method is used for serial testing because PSA values may differ between methods for different patients.

If interpretive assistance is required please contact a pathologist on (07) 3121 4444.

Guidelines regarding PSA testing available at: Click here

Tests Completed:ESR, FBC, PSA
Tests Pending :SE C-REACTIVE PROTEIN, UR PROTEIN, SE E/LFT, URINE MCS

QML - Reference No: 24-74838687 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 11/06/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN PEARSE,DR. GLEN LANDSBERG,DR. PETER		
Collected:	24/07/2024 - 8:42 AM	**Notified by:**	on 00/00/0000
Reported:	24/07/2024	**Message:**	

+++ Erythrocyte Sedimentation Rate 101 mm/hr (1-15)

Tests Completed:ESR, FBC
Tests Pending :SE C-REACTIVE PROTEIN, UR PROTEIN, SE E/LFT, URINE MCS, PSA

QML - Reference No: 24-74838687 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 11/06/2024		
Copy to:	BALAKRISHNAN,DR. DEEPA PRASHAR,DR. RAJAN PEARSE,DR. GLEN LANDSBERG,DR. PETER		
Collected:	24/07/2024 - 8:42 AM	**Notified by:**	on 00/00/0000
Reported:	24/07/2024	**Message:**	

FULL BLOOD EXAMINATION

--	Haemoglobin		114	g/L	(135-180)
--	Red Cell Count		3.8	x10 ^12 /L	(4.2-6.0)
-	Haematocrit		0.37		(0.38-0.52)
	Mean Cell Volume		97	fL	(80-98)
	Mean Cell Haemoglobin		30	pg	(27-35)
	Platelet Count		292	x10 ^9 /L	(150-450)
	White Cell Count		6.7	x10 ^9 /L	(4.0-11.0)
	Neutrophils	65 %	4.4	x10 ^9 /L	(2.0-7.5)
	Lymphocytes	18 %	1.2	x10 ^9 /L	(1.1-4.0)
	Monocytes	8 %	0.5	x10 ^9 /L	(0.2-1.0)
+	Eosinophils	8 %	0.54	x10 ^9 /L	(0.04-0.40)
	Basophils	1 %	0.07	x10 ^9 /L	(< 0.21)

Automated Comment:
As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

Possible causes of a Normochromic Anaemia include infection/Inflammation, CKD, Combined deficiency of Iron/B12/Folate, Low grade haemolysis, and in elderly patients an early myelodysplasia. Correlate with E+LFTs, ESR/CRP, Iron Studies, B12/Folate and Reticulocyte count, and s.EPP if clinically appropriate. (Note: Mild anaemia may be a feature in later stages of Pregnancy but co-existing haematinic deficiency should be ruled-out)

Eosinophilia - this may be seen in Atopic conditions. Correlate Clinically. Consider IgE +/- RAST.

** FINAL REPORT - Please destroy previous report **

Tests Completed:FBC
Tests Pending :SE C-REACTIVE PROTEIN, ESR, UR PROTEIN, SE E/LFT, URINE MCS, PSA

MATER LABORATORY SERVICES - Reference No: 24P407507 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 09/02/2024		
Copy to:	DR PETER LANDSBERG DR DEEPA BALAKRISHNAN DR RAJAN PRASHAR		
Collected:	03/06/2024 - 7:57 AM	**Notified by:**	on 00/00/0000
Reported:	05/06/2024	**Message:**	

Nil

MATER PATHOLOGY: Final Report

Creatinine	7.61		mmol/L	
Albumin	2676.5		mg/L	
Albumin / Creatinine Ratio	351.7	H	mg/mmol	(<2.5)

Microalbumin Comment:
Interpretation: Results consistent with established nephropathy if lower urinary tract and perineal pathology have been excluded.

CUMULATIVE REPORT

Request No:	P414009	P611881	P204613	P662778	P407507		
Coll Date:	04/07/18	14/10/19	03/03/20	25/08/21	03/06/24		
Coll Time:	07:36	*UNK*	07:51	08:40	07:57	Units	Ref Interval
Creatinine	8.46	5.64	8.04	4.66	7.61	mmol/L	
Alb/Creat		**65.9H**	**49.5H**	**130.6H**	**351.7H**	mg/mmol	<2.5

Clinical Notes : Nil

Pending: Nil

Complete: Erythrocyte Sed Rate, Urine MCS, General Chemistry, Lipid Studies, Microalbumin, HbA1C Monitoring, C-Reactive Protein, Full Blood Count

Thank you for referring ARVINDER SINGH to Mater Pathology.

MATER LABORATORY SERVICES - Reference No: 24P407507 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 09/02/2024		
Copy to:	DR PETER LANDSBERG DR DEEPA BALAKRISHNAN DR RAJAN PRASHAR		
Collected:	03/06/2024 - 7:57 AM	**Notified by:**	on 00/00/0000
Reported:	04/06/2024	**Message:**	

Nil

MATER PATHOLOGY: Final Report

SPECIMEN Lab No : M187046
Specimen Type : Urine

MICROSCOPY

Leucocyte Range	10-100	x10E6/L (<10)
Erythrocyte Range	>500	x10E6/L (<10)
Epithelial Cells	not seen	
Bacteria	few	

CULTURE
Enteric flora and Pseudomonas sp 10E7-10E8 cfu/L

COMMENT
Please note the report of mixed organisms.
Mixed organisms may represent colonisation or a polymicrobial infection. Please consider the mixed organisms reported when assessing result significance and determining antibiotic treatment.

Clinical Notes : Nil

Pending: Microalbumin

Complete: Erythrocyte Sed Rate, Urine MCS, General Chemistry, Lipid Studies, HbA1C Monitoring, C-Reactive Protein, Full Blood Count

Thank you for referring ARVINDER SINGH to Mater Pathology.

MATER LABORATORY SERVICES - Reference No: 24P407507 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 09/02/2024		
Copy to:	DR PETER LANDSBERG DR DEEPA BALAKRISHNAN DR RAJAN PRASHAR		
Collected:	03/06/2024 - 7:57 AM	**Notified by:**	on 00/00/0000
Reported:	04/06/2024	**Message:**	

Nil

MATER PATHOLOGY: Final Report

External Lab No: 00645326

Glucose	**7.1** H	mmol/L	(3.0-6.0)
HbA1c	5.4	%	(See Below)
HbA1c (SI Units)	36	mmol/mol	(See Below)

Comment:
HBA1C INTERPRETATION:In general, the HbA1c treatment goal for diabetes is less than or equal to 7 percent (53 mmol/mol). Less stringent targets may be considered for elderly patients and those with hypoglycaemia unawareness. NOTE:HbA1c results may be affected by the presence of fetal Hb or a rare haemoglobin variant. If this is suspected please contact the laboratory.

Request No:	P390345	P653837	P407507		
Date:	15/06/19	21/08/21	03/06/24		
Time:	08:16	08:33	07:57	Units	Ref Interval
Ext Lab No		00645326			
BLOOD MONITORING					
Glucose	**7.6H**	**8.3H**	**7.1H**	mmol/L	3.0-6.0
HbA1c	5.6	6.0	5.4	%	<6.5
HbA1c SI Units	38	42	36	mmol/mol	<48

COMMENTS: 03/06/24 07:57 24P407507
HBA1C INTERPRETATION:In general, the HbA1c treatment goal for diabetes is less than or equal to 7 percent (53 mmol/mol). Less stringent targets may be considered for elderly patients and those with hypoglycaemia unawareness. NOTE:HbA1c results may be affected by the presence of fetal Hb or a rare haemoglobin variant. If this is suspected please contact the laboratory.

COMMENTS: 21/08/21 08:33 21P653837
HBA1C INTERPRETATION:In general, the HbA1c treatment goal for diabetes is less than or equal to 7 percent (53 mmol/mol). Less stringent targets may be considered for elderly patients and those with hypoglycaemia unawareness. RECOMMENDATION:Suggest urine microalbumin, which is recommended at least annually in diabetes. NOTE:HbA1c results may be affected by the presence of fetal Hb or a rare haemoglobin variant. If this is suspected please contact the laboratory.

COMMENTS: 15/06/19 08:16 19P390345
HBA1C INTERPRETATION:The WHO recommends a level of 48 mmol/mol (6.5%) for HbA1c as the cut-off point for diagnosing type 2 diabetes in non-pregnant adults. The range 42-47 mmol/mol (6.0-6.4%) is considered to be "high risk". NOTE:HbA1c results may be affected by the presence of fetal Hb or a rare haemoglobin variant. If this is suspected please contact the laboratory.

Clinical Notes : Nil

Pending: Urine MCS, Microalbumin

Complete: Erythrocyte Sed Rate, General Chemistry, Lipid Studies, HbA1C Monitoring, C-Reactive Protein, Full Blood Count

Thank you for referring ARVINDER SINGH to Mater Pathology.

MATER LABORATORY SERVICES - Reference No: 24P407507 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 09/02/2024		
Copy to:	DR PETER LANDSBERG REPORT PENDING		
Collected:	03/06/2024 - 7:57 AM	**Notified by:**	on 00/00/0000
Reported:	03/06/2024	**Message:**	

Nil

MATER PATHOLOGY: Final Report

CUMULATIVE REPORT

Request No:	P414009	P390345	P653837	P407507		
Date:	04/07/18	15/06/19	21/08/21	03/06/24		
Time:	07:36	08:16	08:33	07:57	Units	Ref Int
SERUM PROTEINS						
CRP	**13H**	**11H**	**16H**	**14H**	mg/L	<6

Clinical Notes : Nil

Pending: Urine MCS, Microalbumin, HbA1C Monitoring

Complete: Erythrocyte Sed Rate, General Chemistry, Lipid Studies, C-Reactive Protein, Full Blood Count

Thank you for referring ARVINDER SINGH to Mater Pathology.

MATER LABORATORY SERVICES - Reference No: 24P407507 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 09/02/2024		
Copy to:	DR PETER LANDSBERG REPORT PENDING		
Collected:	03/06/2024 - 7:57 AM	**Notified by:**	on 00/00/0000
Reported:	03/06/2024	**Message:**	

Nil

MATER PATHOLOGY: Final Report

Fasting Status	Fasting		
Cholesterol	**6.0** H mmol/L	(2.6-5.5)	
Triglyceride	**3.4** H mmol/L	(0.5-2.0)	
HDL Cholesterol	**0.6** L mmol/L	(1.0-1.8)	
nonHDL Cholesterol	5.4 mmol/L		
LDL Cholesterol	**3.9** H mmol/L	(1.5-3.0)	
Cholesterol/HDL Ratio	10.0		

Lipid Studies Comment:
Interpretation: The Australian absolute cardiovascular disease risk calculation includes Total and HDL Cholesterol levels. This risk may be calculated at Click here. cvdcheck. org. au. Note: Lipid levels can be transiently depressed for about six weeks by intercurrent illness.

Lipid-Lowering Treatment Targets	mmol/L
Total Cholesterol	<4.0
Triglyceride	<2.0
HDL Cholesterol	>1.0
nonHDL Cholesterol	<2.5
LDL Cholesterol	<2.0

Time Loaded : 13:19:08

CUMULATIVE REPORT

Request No:	P524130	P390345	P204613	P653837	P407507		
Coll Date:	23/07/14	15/06/19	03/03/20	21/08/21	03/06/24		
Coll Time:	07:25	08:16	07:51	08:33	07:57	Units	Ref Interval
Ext Lab No		00069809		00645326			
Fast State	Fasting	Fasting	Fasting	Fasting	Fasting		
Chol	**5.6H**	5.4	4.9	5.0	**6.0H**	mmol/L	2.6-5.5
Trigs	**3.2H**	**2.4H**	**2.7H**	**3.7H**	**3.4H**	mmol/L	0.5-2.0
HDL Chol	**0.8L**	**0.8L**	**0.6L**	**0.7L**	**0.6L**	mmol/L	1.0-1.8
nonHDL Chol	4.8	4.6	4.3	4.3	5.4	mmol/L	
LDL Chol	3.4	**3.5H**	**3.1H**	2.6	**3.9H**	mmol/L	1.5-3.0
Chol/HDL	7.0	6.8	8.2	7.1	10.0		
Lipid Risk	1.5					X Pop Ave	

Clinical Notes : Nil

Pending: Urine MCS, Microalbumin, HbA1C Monitoring

Complete: Erythrocyte Sed Rate, General Chemistry, Lipid Studies, C-Reactive Protein, Full Blood Count

Thank you for referring ARVINDER SINGH to Mater Pathology.

MATER LABORATORY SERVICES - Reference No: 24P407507 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 09/02/2024		
Copy to:	DR PETER LANDSBERG REPORT PENDING		
Collected:	03/06/2024 - 7:57 AM	**Notified by:**	on 00/00/0000
Reported:	03/06/2024	**Message:**	

Nil

MATER PATHOLOGY: Final Report

Fasting Status	Fasting			
Sodium	136		mmol/L	(135-145)
Potassium	5.1		mmol/L	(3.5-5.2)
Chloride	108		mmol/L	(95-110)
Bicarbonate	24		mmol/L	(22-32)
Anion Gap	**4**	L	mmol/L	(5-15)
Calcium	2.20		mmol/L	(2.10-2.60)
Ca Alb Corr	2.51		mmol/L	(2.10-2.60)
Phosphate	1.44		mmol/L	(0.90-1.60)
Magnesium	0.8		mmol/L	(0.70-1.10)
Urea	**13.3**	H	mmol/L	(3.0-8.0)
Uric Acid	**0.51**	H	mmol/L	(0.15-0.50)
Creatinine	**190**	H	umol/L	(60-110)
eGFR	**36**	L	mL/min/1.73m2	(>59)
Osmo (calc)	292		mmol/L	(280-300)
Glucose	**7.1**	H	mmol/L	(3.0-5.5)
Total Protein	70		g/L	(65-87)
Albumin	**29**	L	g/L	(33-47)
Estimated Globulins	41		g/L	(24-41)
Bilirubin Total	12		umol/L	(<20)
AST	33		U/L	(10-45)
ALT	32		U/L	(5-45)
GGT	68		U/L	(10-70)
ALP	93		U/L	(30-110)
LD	216		U/L	(120-250)
Cholesterol	**6.0**	H	mmol/L	(2.6-5.5)
Triglyceride	**3.4**	H	mmol/L	(0.5-2.0)

Specimen Quality:
Haemolysis: No

Current Episode Comments:
Not haemolysed.

eGFRCom:
eGFR 30-59 ml/min/1.73m2 suggests moderate chronic kidney disease
and indicates the need for further investigation including assessment
of microalbuminuria and cardiovascular risk factors.

CUMULATIVE REPORT

Request No:	P414009	P390345	P204613	P653837	P407507		
Coll Date:	04/07/18	15/06/19	03/03/20	21/08/21	03/06/24		
Coll Time:	07:36	08:16	07:51	08:33	07:57	Units	Ref Interval
Fast State	Fasting	Fasting	Fasting	Fasting	Fasting		
Sodium	139	137	137	136	136	mmol/L	135-145
K	4.6	4.4	4.7	4.7	5.1	mmol/L	3.5-5.2
Chloride	102	105	104	102	108	mmol/L	95-110
Bicarbonate	28	30	24	25	24	mmol/L	22-32
Anion Gap	9	**2L**	9	9	**4L**	mmol/L	5-15
Calcium	2.27	2.22	2.31	2.23	2.20	mmol/L	2.10-2.60
Ca Alb Cor	2.39	2.41	2.43	2.37	2.51	mmol/L	2.10-2.60
Phosphate	1.35	1.22	1.19	1.22	1.44	mmol/L	0.90-1.60
Magnesium	0.7	0.7	**0.6L**	0.7	0.8	mmol/L	0.70-1.10
Urea	6.5	**8.7H**	7.9	**9.1H**	**13.3H**	mmol/L	3.0-8.0
Uric Acid	**0.52H**	**0.57H**	**0.59H**	0.40	**0.51H**	mmol/L	0.15-0.50
Creat	95	91	93	101	**190H**	umol/L	60-110
eGFR	86	90	87	78	**36L**		>59
Osmo (calc)	292	290	289	289	292	mmol/L	280-300
Glucose	**7.0H**	**7.6H**	**6.7H**	**8.3H**	**7.1H**	mmol/L	3.0-5.5
TProt	79	74	79	73	70	g/L	65-87

Albumin	37	34	37	36	**29L**	g/L	33-47
Est Globs	**42H**	40	**42H**	37	41	g/L	24-41
Bili Total	13	17	19	15	12	umol/L	<20
AST	**47H**	**49H**	44	38	33	U/L	10-45
ALT	**57H**	**86H**	**48H**	36	32	U/L	5-45
GGT	**102H**	**99H**	**93H**	**96H**	68	U/L	10-70
ALP	96	91	106	100	93	U/L	30-110
LD				229	216	U/L	120-250
Cholesterol	5.2	5.4	4.9	5.0	**6.0H**	mmol/L	2.6-5.5
Triglyceride	**3.9H**	**2.4H**	**2.7H**	**3.7H**	**3.4H**	mmol/L	0.5-2.0
Haemolysis	No	No	No	No	No		

Clinical Notes : Nil

Pending: Urine MCS, Microalbumin, HbA1C Monitoring

Complete: Erythrocyte Sed Rate, General Chemistry, Lipid Studies, C-Reactive Protein, Full Blood Count

Thank you for referring ARVINDER SINGH to Mater Pathology.

MATER LABORATORY SERVICES - Reference No: 24P407507 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 09/02/2024		
Copy to:	DR PETER LANDSBERG REPORT PENDING		
Collected:	03/06/2024 - 7:57 AM	**Notified by:**	on 00/00/0000
Reported:	03/06/2024	**Message:**	

Nil

MATER PATHOLOGY: Final Report

ESR CUMULATIVE REPORT

Req No:	P218531	P414009	P390345	P653837	P407507		
Date:	12/03/18	04/07/18	15/06/19	21/08/21	03/06/24		
Time:	08:50	07:36	08:16	08:33	07:57	Units	Ref Range
Sample	Blood	Blood	Blood	Blood	Blood		
ESR	**51H**	**48H**	**49H**	**51H**	**66H**	mm/h	0-28

Clinical Notes : Nil

Pending: Urine MCS, Microalbumin, HbA1C Monitoring, C-Reactive Protein

Complete: Erythrocyte Sed Rate, General Chemistry, Lipid Studies, Full Blood Count

Thank you for referring ARVINDER SINGH to Mater Pathology.

MATER LABORATORY SERVICES - Reference No: 24P407507 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Michael Burke on 09/02/2024		
Copy to:	DR PETER LANDSBERG REPORT PENDING		
Collected:	03/06/2024 - 7:57 AM	**Notified by:**	on 00/00/0000
Reported:	03/06/2024	**Message:**	

Nil

MATER PATHOLOGY: Final Report

Req No:	P414009	P390345	P204613	P653837	P407507		
Date:	04/07/18	15/06/19	03/03/20	21/08/21	03/06/24		
Time:	07:36	08:16	07:51	08:33	07:57	Units	Ref Range
BLOOD COUNT							
WCC	7.0	5.8	7.5	6.8	7.4	x10^9/L	4.0-11.0
Hb	160	161	157	140	133	g/L	130-180
Plat	281	277	289	257	274	x10^9/L	150-450
HCT	0.506	0.498	0.499	0.450	0.433	L/L	0.39-0.52
RCC	5.14	5.09	5.22	4.64	**4.49L**	x10^12/L	4.5-6.0
MCV	98.4	97.8	95.6	97.0	96.4	fL	80-100
MCH	31.1	31.6	30.1	30.2	29.6	pg	27.0-33.0
MCHC	316	323	315	311	**307L**	g/L	310-365
RDW	13.5	13.2	11.9	12.6	11.8	%	<16.5
White Cell Differential							
Neuts	4.94	3.60	5.10	4.41	4.82	x10^9/L	1.8-7.7
Lymphs	1.00	1.10	1.18	1.24	1.40	x10^9/L	1.0-4.0
Mono	0.55	0.58	0.59	0.48	0.61	x10^9/L	0.2-1.0
Eos	0.45	0.43	0.49	**0.57H**	0.46	x10^9/L	0.04-0.5
Baso	0.06	0.06	0.06	0.06	0.06	x10^9/L	<0.15
LeftShift	0.02	0.03	0.03	0.02	0.02	x10^9/L	
LeftShif%	0.3	0.5	0.4	0.3	0.3	%	<1.0

24P407507 03/06/24 07:57
Comments: Automated results, blood film not reviewed.
21P653837 21/08/21 08:33
Comments: Automated results, blood film not reviewed.
20P204613 03/03/20 07:51
Comments: Automated results, blood film not reviewed.
19P390345 15/06/19 08:16
Comments: Automated results, blood film not reviewed.
18P414009 04/07/18 07:36
Comments: Automated results, blood film not reviewed.

Clinical Notes : Nil

Pending: Erythrocyte Sed Rate, Urine MCS, General Chemistry, Lipid Studies, Microalbumin, HbA1C Monitoring, C-Reactive Protein

Complete: Full Blood Count

Thank you for referring ARVINDER SINGH to Mater Pathology.

QML - Reference No: 24-96015451 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Deepa Balakrishnan on 11/01/2024		
Copy to:	MATER ADULT,HOSPITAL BURKE,DR. MICHAEL LANDSBERG,DR. PETER GRAEME PRASHAR,DR. RAJAN		
Collected:	05/02/2024 - 6:52 AM	**Notified by:**	on 00/00/0000
Reported:	05/02/2024	**Message:**	

Serum Vitamin B12 Assay	454	pmol/L	(162-811)
Serum Folate Assay	28.2	nmol/L	(8.4-55.0)

Comment:

Serum Folate Assay:
Adequate Serum Folate.
In the absence of recent oral intake, a serum folate >13 nmol/L effectively rules out folate deficiency. Consider repeat fasting Folate, if there has been inadequate fasting, and clinical concern remains.

Serum Vitamin B12 Assay:
Essentially normal B12 levels, although liver disease if present may falsely elevate the level.

Methodology:
B12 and Active B12 (HoloTC) assays performed on Siemens Atellica analyser.

For Doctor clinical enquiries, please contact Dr Peter Davidson 07 3121 4444.
Patients should contact their referring doctor in regard to this result.

Tests Completed:TSH, IRON STUDIES, FBC, SERUM FOLATE, SERUM VITAMIN B12, SE E/LFT
Tests Completed:SE VIT D, UR MICROALBUMIN, SE HDL, BL HBA1C
Tests Pending :

QML - Reference No: 24-96015451 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Deepa Balakrishnan on 11/01/2024		
Copy to:	MATER ADULT,HOSPITAL BURKE,DR. MICHAEL LANDSBERG,DR. PETER GRAEME PRASHAR,DR. RAJAN		
Collected:	05/02/2024 - 6:52 AM	**Notified by:**	on 00/00/0000
Reported:	05/02/2024	**Message:**	

CUMULATIVE URINE ALBUMIN (MICROALBUMIN)

Date	06/12/22	11/08/23	05/02/24		
Time	06:56	09:03	06:52		
Lab No	71725622	96103671	96015451		
Albumin	1575	1477	494	mg/L	(0-30)
Creatinine	9.6	5.8	6.7	mmol/L	
Alb/Creat Ratio	160	250	74	mg/mmol	(< 2.5)

Exercise within 24 hours prior to collection may transiently increase albumin excretion.

As the ALBUMIN/CREATININE ratio is abnormal, a time overnight sample is suggested to confirm an elevated ALBUMIN EXCRETION RATE of 30 ug/min.

Tests Completed:TSH, IRON STUDIES, FBC, SE E/LFT, SE VIT D, UR MICROALBUMIN, SE HDL
Tests Completed:BL HBA1C
Tests Pending :SERUM FOLATE, SERUM VITAMIN B12

QML - Reference No: 24-96015451 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Deepa Balakrishnan on 11/01/2024		
Copy to:	MATER ADULT,HOSPITAL BURKE,DR. MICHAEL LANDSBERG,DR. PETER GRAEME PRASHAR,DR. RAJAN		
Collected:	05/02/2024 - 6:52 AM	**Notified by:**	on 00/00/0000
Reported:	05/02/2024	**Message:**	

IRON STUDIES

	Serum Iron	12	umol/L	(10-33)
-	Transferrin IBC	43	umol/L	(45-70)
	Transferrin Saturation	28	%	(16-50)
	Serum Ferritin Assay	159	ug/L	(30-320)

Comment:
Essentially normal iron stores.

Tests Completed:TSH, IRON STUDIES, FBC, SE E/LFT, SE VIT D, SE HDL, BL HBA1C
Tests Pending :SERUM FOLATE, SERUM VITAMIN B12, UR MICROALBUMIN

QML - Reference No: 24-96015451 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Deepa Balakrishnan on 11/01/2024		
Copy to:	MATER ADULT,HOSPITAL BURKE,DR. MICHAEL LANDSBERG,DR. PETER GRAEME PRASHAR,DR. RAJAN		
Collected:	05/02/2024 - 6:52 AM	**Notified by:**	on 00/00/0000
Reported:	05/02/2024	**Message:**	

SERUM CHEMISTRY - FASTING

	Sodium	138	mmol/L		(137-147)
+	Potassium	5.2	mmol/L		(3.5-5.0)
	Chloride	105	mmol/L		(96-109)
	Bicarbonate	26	mmol/L		(25-33)
	Other Anions	12	mmol/L		(4-17)
++	Glucose	7.6	mmol/L	fasting	(3.0-6.0)
+	Urea	9.1	mmol/L		(2.5-8.0)
	Creatinine	123	umol/L		(60-130)
	eGFR	61	mL/min		(over 59)
+++	Uric Acid	0.62	mmol/L		(0.12-0.45)
	Total Bilirubin	10	umol/L		(2-20)
	Alk. Phos.	88	U/L		(30-115)
	Gamma G.T.	67	U/L		(0-70)
	ALT	33	U/L		(0-45)
	AST	28	U/L		(0-41)
+	LD	258	U/L		(80-250)
	Calcium	2.20	mmol/L		(2.15-2.60)
	Adjusted for Albumin	2.44	mmol/L		(2.15-2.60)
	Phosphate	1.0	mmol/L		(0.8-1.5)
	Total Protein	71	g/L		(60-82)
-	Albumin	34	g/L		(35-50)
	Globulins	37	g/L		(20-40)
	Cholesterol	5.0	mmol/L		(3.6-6.9)
+	Triglycerides	2.4	mmol/L	fasting	(0.3-2.2)

Tests Completed:TSH, IRON STUDIES, FBC, SE E/LFT, SE VIT D, SE HDL, BL HBA1C
Tests Pending :SERUM FOLATE, SERUM VITAMIN B12, UR MICROALBUMIN

QML - Reference No: 24-96015451 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Deepa Balakrishnan on 11/01/2024		
Copy to:	MATER ADULT,HOSPITAL BURKE,DR. MICHAEL LANDSBERG,DR. PETER GRAEME PRASHAR,DR. RAJAN		
Collected:	05/02/2024 - 6:52 AM	**Notified by:**	on 00/00/0000
Reported:	05/02/2024	**Message:**	

CUMULATIVE LIPID RISK REPORT

	11/08/23	05/02/24		
Time	09:03	06:52		
Lab No	96103671	96015451		
	RANDOM	FASTING		Target if HIGH RISK
Total Cholesterol	5.2	5.0	mmol/L	(below 4.0)
Triglycerides	3.0	2.4	mmol/L	(below 2.0)
CHOLESTEROL FRACTIONS				
HDL	0.86	0.77	mmol/L	(above 1.0)
LDL (calculated)*	2.98	3.14	mmol/L	(below 2.5)
Non-HDL cholesterol*	4.34	4.23	mmol/L	(below 3.3)
Total/HDL ratio**	6.0	6.5		

* Secondary prevention LDL and non-HDL cholesterol targets are lower.
** The ratio is for use with the cardiovascular risk calculator.
   Web-search: "Australian cardiovascular risk calculator"

96015451 Treatment is recommended if clinically indicated or if calculated risk exceeds 15% absolute risk of CVD events over 5 years.

NVDPA 2012 Target ranges refer to HIGH RISK PATIENTS.

As of 7/3/22 LDL will no longer be measured routinely. LDL results will be calculated, in accordance with National harmonisation.

Tests Completed:TSH, IRON STUDIES, FBC, SE E/LFT, SE VIT D, SE HDL, BL HBA1C
Tests Pending :SERUM FOLATE, SERUM VITAMIN B12, UR MICROALBUMIN

QML - Reference No: 24-96015451 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Deepa Balakrishnan on 11/01/2024		
Copy to:	MATER ADULT,HOSPITAL BURKE,DR. MICHAEL LANDSBERG,DR. PETER GRAEME PRASHAR,DR. RAJAN		
Collected:	05/02/2024 - 6:52 AM	**Notified by:**	on 00/00/0000
Reported:	05/02/2024	**Message:**	

CUMULATIVE GLYCATED HAEMOGLOBIN

Date	10/05/22	06/12/22	11/08/23	05/02/24	
Time	07:10	06:56	09:03	06:52	
Lab No	69977940	71725622	96103671	96015451	
HbA1c Fraction	5.7	7.0	8.7	5.4	%
in SI units	39	53	71	35	mmol/mol

Note: Caution is needed in interpreting HbA1c results in the presence
of conditions affecting red blood cell survival times, which
may lead to either falsely high or falsely low HbA1c results.

HbA1c target levels - Aust Diab Society Position statement Sept 2009
< 8.1% (<65)- type 1 or 2 DM associated with recurrent hypoglycaemia
< 7.1% (<54)- GENERAL TARGET includes pregnant type 1 diabetics, long
term type 2 and type 2 requiring insulin
< 6.6% (<49)- recent type 2 DM requiring treatment other than
metformin or insulin
< 6.1% (<43)- recent type 2 DM requiring lifestyle +/- metformin only
or pregnant type 2 DM
Source: MJA 191 (6):339-346, 21 Sept 2009

For clinical enquiries, please contact Dr Appleton, Chang or Marshall

Tests Completed:TSH, FBC, SE VIT D, BL HBA1C
Tests Pending :IRON STUDIES, SERUM FOLATE, SERUM VITAMIN B12, SE E/LFT
Tests Pending :UR MICROALBUMIN, SE HDL

QML - Reference No: 24-96015451 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Deepa Balakrishnan on 11/01/2024		
Copy to:	MATER ADULT,HOSPITAL BURKE,DR. MICHAEL LANDSBERG,DR. PETER GRAEME PRASHAR,DR. RAJAN		
Collected:	05/02/2024 - 6:52 AM	**Notified by:**	on 00/00/0000
Reported:	05/02/2024	**Message:**	

CUMULATIVE SERUM VITAMIN D

Date	10/05/22	06/12/22	11/08/23	05/02/24
Time	07:10	06:56	09:03	06:52
Lab No	69977940	71725622	96103671	96015451
Vitamin D3	96	68	- 35	53 nmol/L (> 49)

96015451
** Progress report.
We occasionally see evidence of functional vitamin deficiency and possibly accelerated bone loss with levels in the range of 50-70 nmol/L.

Tests Completed:TSH, FBC, SE VIT D
Tests Pending :IRON STUDIES, SERUM FOLATE, SERUM VITAMIN B12, SE E/LFT
Tests Pending :UR MICROALBUMIN, SE HDL, BL HBA1C

QML - Reference No: 24-96015451 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Deepa Balakrishnan on 11/01/2024		
Copy to:	MATER ADULT,HOSPITAL BURKE,DR. MICHAEL LANDSBERG,DR. PETER GRAEME PRASHAR,DR. RAJAN		
Collected:	05/02/2024 - 6:52 AM	**Notified by:**	on 00/00/0000
Reported:	05/02/2024	**Message:**	

CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	10/05/22	06/12/22	11/08/23	05/02/24	
Time	07:10	06:56	09:03	06:52	
Lab No	69977940	71725622	96103671	96015451	
TSH	2.3	2.9	3.2	2.5	mIU/L (0.50-4.00)

Tests Completed:TSH, FBC
Tests Pending :IRON STUDIES, SERUM FOLATE, SERUM VITAMIN B12, SE E/LFT, SE VIT D
Tests Pending :UR MICROALBUMIN, SE HDL, BL HBA1C

QML - Reference No: 24-96015451 Status: F

Patient:	Arvinder SINGH	**Linked by:**	Dr Michael Burke
DOB:	28/02/1978	**Message:**	**No Action**
Address:	72 Makaha Drive Birkdale 4159		
Ordered by:	Dr Deepa Balakrishnan on 11/01/2024		
Copy to:	MATER ADULT,HOSPITAL BURKE,DR. MICHAEL LANDSBERG,DR. PETER GRAEME PRASHAR,DR. RAJAN		
Collected:	05/02/2024 - 6:52 AM	**Notified by:**	on 00/00/0000
Reported:	05/02/2024	**Message:**	

FULL BLOOD EXAMINATION

-	Haemoglobin		133	g/L	(135-180)
	Red Cell Count		4.3	x10 ^12 /L	(4.2-6.0)
	Haematocrit		0.43		(0.38-0.52)
+	Mean Cell Volume		99	fL	(80-98)
	Mean Cell Haemoglobin		31	pg	(27-35)
	Platelet Count		252	x10 ^9 /L	(150-450)
	White Cell Count		6.7	x10 ^9 /L	(4.0-11.0)
	Neutrophils	65 %	4.4	x10 ^9 /L	(2.0-7.5)
	Lymphocytes	19 %	1.3	x10 ^9 /L	(1.1-4.0)
	Monocytes	8 %	0.5	x10 ^9 /L	(0.2-1.0)
+	Eosinophils	7 %	0.47	x10 ^9 /L	(0.04-0.40)
	Basophils	1 %	0.07	x10 ^9 /L	(< 0.21)

Automated Comment:
As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

Eosinophilia - this may be seen in Atopic conditions. Correlate Clinically. Consider IgE +/- RAST.

Borderline macrocytic anaemia:
This picture may result from early deficiency of B12/Folate, drug side effect, mild haemolysis or in the elderly a feature of an MDS. Correlate Clinically. A review of haematinic status (B12/folate/Iron) may be prudent.

** FINAL REPORT - Please destroy previous report **

Tests Completed:FBC
Tests Pending :TSH, IRON STUDIES, SERUM FOLATE, SERUM VITAMIN B12, SE E/LFT, SE VIT D
Tests Pending :UR MICROALBUMIN, SE HDL, BL HBA1C