

Lab ID 297199162 DOB 06/07/1985 (34 Yrs FEMALE)

Referrer Dr Claudia Nicholson

Address SAPPHIRE MED CTR SHOP 2 & 3 95-99 BRONTE ROAD

BONDI JUNCTION NSW 2022

Phone 0281882568

Your ref. 00040607

Address 5/301 ALISON RD

COOGEE NSW 2034

Phone 0406125902

Copy to Ms Alexandra Middleton (0410503376) Requested 23/09/2019

Collected 24/09/2019 08:56 AEDT Received 24/09/2019 09:04 AEDT

Caeruloplasmin

(Abbott Architect Method)

Caeruloplasmin 0.25 g/L 0.17 - 0.43

Supervising Pathologist: GC, NT

NATA ACCREDITATION NO 2178

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## Biochemistry

| Test Name       | Result  | Units         | Reference<br>Interval |  |
|-----------------|---------|---------------|-----------------------|--|
| Status          | Fasting |               |                       |  |
| Sodium          | 140     | mmol/L        | 135 - 145             |  |
| Potassium       | 4.9     | mmol/L        | 3.5 - 5.5             |  |
| Chloride        | 105     | mmol/L        | 95 - 110              |  |
| Bicarbonate     | 29      | mmol/L        | 20 - 32               |  |
| Urea            | 3.9     | mmol/L        | 2.5 - 7.0             |  |
| Creatinine      | 60      | umol/L        | 45 - 85               |  |
| eGFR            | >90     | mL/min/1.73m2 | >59                   |  |
| Total Bilirubin | 13      | umol/L        | 3 - 15                |  |
| Alk Phos        | 47      | U/L           | 20 - 105              |  |
| Gamma GT        | 11      | U/L           | 5 - 35                |  |
| LDH             | 156     | U/L           | 120 - 250             |  |
| AST             | 25      | U/L           | 10 - 35               |  |
| ALT             | 19      | U/L           | 5 - 30                |  |
| Total Protein   | 68      | g/L           | 68 - 85               |  |
| Albumin         | 42      | g/L           | 37 - 48               |  |
| Globulin        | 26      | g/L           | 23 - 39               |  |
| Cholesterol     | 5.1     | mmol/L        | 3.9 - 5.5             |  |
| Triglycerides   | 0.7     | mmol/L        | 0.5 - 1.7             |  |

## Comments

eGFR (mL/min/1.73m2) calculated by CKD-EPI formula - see www.kidney.org.au

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#### Iron Studies

| Test Name                             | Result | Units  | Reference<br>Interval |  |
|---------------------------------------|--------|--------|-----------------------|--|
| Iron                                  | 22.2   | umol/L | 5.0 - 30.0            |  |
| <ul><li>Transferrin</li></ul>         | 1.8 L  | g/L    | 2.0 - 3.6             |  |
| <ul> <li>TIBC (Calculated)</li> </ul> | 42 L   | umol/L | 46 - 77               |  |
| <ul><li>Saturation</li></ul>          | 53 H   | %      | 10 - 45               |  |
| Ferritin                              | 75     | ug/L   | 15 - 200              |  |

#### Comments

? History of iron therapy. Recommend follow up iron studies.

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# C Reactive Protein (High Sens)

| Test Name | Result | Units | Reference<br>Interval |  |
|-----------|--------|-------|-----------------------|--|
| CRP       | <0.4   | mg/L  | 0.0 - 5.0             |  |

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#### **Glucose Tolerance Test**

Glucose load 75

Time Plasma Glucose

Fasting 4.7 mmol/L 3.6 - 6.0 2 Hours 3.9 mmol/L 3.6 - 7.7

#### **DIAGNOSTIC CRITERIA:**

Impaired Fasting Glycaemia (IFG) 6.1 - 6.9 mmol/L Impaired Glucose Tolerance (IGT) 7.8 - 11.0 mmol/L

#### Comments

Normal glucose results.

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### Glucose

| Test Name       | Result | Units  | Reference<br>Interval |  |
|-----------------|--------|--------|-----------------------|--|
| Glucose Fasting | 4.9    | mmol/L | 3.6 - 6.0             |  |

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#### Thyroid Function

| Test Name | Result | Units  | Reference<br>Interval |  |
|-----------|--------|--------|-----------------------|--|
| TSH       | 1.37   | mIU/L  | 0.40 - 3.50           |  |
| Free T4   | 11.2   | pmol/L | 9.0 - 19.0            |  |
| Free T3   | 4.5    | pmol/L | 2.6 - 6.0             |  |

#### Comments

Euthyroid values.

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#### Insulin

(Abbott Architect Method)

Insulin, Fasting 5 mU/L 0 - 20

## Comments

In a non-pregnant patient, serum insulin(s) >80 mU/L following a 75g oral glucose load and/or fasting insulin(s) >14 mU/L (in the absence of insulinoma) are consistent with insulin resistance. Post-load insulin(s) of 60 – 80 mU/L and/or fasting insulin(s) of 10 – 14 mU/L are suggestive of insulin resistance and follow-up may be indicated in the presence of risk factors such as obesity or a positive family history.

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IGF-1 (Liaison) 30 nmol/L 11 - 39

## Comments

IGF-1 testing performed on Diasorin Liaison XL. Reported by Sullivan and Nicolaides Pathology, a member of the Sonic Healthcare Group.

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#### **Thyroid Autoantibodies**

Thyroglobulin Ab **35.0 H** IU/mL <4.1 Thyroid Peroxidase Ab **25.4 H** IU/mL <5.6

#### Comments

High levels of thyroglobulin and thyroid peroxidase antibodies occur in Hashimoto's disease. Lower levels can occur in clinically normal persons and with other thyroid disorders.

From 06/09/17, Thyroid antibodies will be measured by the Abbott Architect (not Immulite) method and reported with new reference intervals.

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#### Haemoglobin A1c

| Test Name    | Result | Units    | Reference<br>Interval |  |
|--------------|--------|----------|-----------------------|--|
| HbA1c (IFCC) | 30     | mmol/mol | 20 - 38               |  |
| HbA1c        | 4.9    | %        | 4.0 - 5.6             |  |

### Comments

HbA1c less than 48 mmol/mol (6.5%) does not exclude a diagnosis of diabetes mellitus based upon elevated glucose results. The existing diagnostic criteria for fasting and random glucose levels and for oral glucose tolerance testing remain valid, and are the diagnostic tests of choice for gestational diabetes, type 1 diabetes and in the presence of conditions that interfere with HbA1c measurement. Conditions which may affect the measured HbA1c value include any of the haemolytic anaemias, anaemia of chronic disease, severe liver disease, vitamin B12 and/or folate deficiency, the haemoglobinopathies and regular phlebotomy performed for medical indications or for blood donation. It also should be noted that further investigation is required for any

in also should be noted that further investigation is required for any inexplicably low HbA1c level or significant discrepancy between HbA1c and glucose results.

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#### Reverse Triiodothyronine

Reverse T3 242 pmol/L 140 - 540

#### Comments

Reported by Sullivan and Nicolaides Pathology, a member of the Sonic Healthcare Group.

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#### Vitamin B12 and Folate

| Test Name    | Result | Units  | Reference<br>Interval |  |
|--------------|--------|--------|-----------------------|--|
| Vitamin B12  | 624    | pmol/L | 135 - 650             |  |
| Serum Folate | 43.5   | nmol/L | >7.0                  |  |

## Comments

From 8 March 2014, active B12 (holotranscobalamin) testing will be performed on all patients with low or equivocal (at or below 340 pmol/L) total B12 results. Both tests are eligible for a Medicare rebate under these circumstances.

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04/10/2019 13:31:35 AEST



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## Haematology

| Test Name        | Result | Units    | Reference<br>Interval |  |
|------------------|--------|----------|-----------------------|--|
| Haemoglobin      | 133    | g/L      | 119 - 160             |  |
| Red cell count   | 4.2    | x10^12/L | 3.8 - 5.8             |  |
| Haematocrit      | 0.38   |          | 0.35 - 0.48           |  |
| MCV              | 91     | fL       | 80 - 100              |  |
| MCH              | 31.5   | pg       | 27.0 - 32.0           |  |
| MCHC             | 347    | g/L      | 310 - 360             |  |
| RDW              | 12.1   |          | 10.0 - 15.0           |  |
| White cell count | 4.6    | x10^9/L  | 4.0 - 11.0            |  |
| Neutrophils      | 2.37   | x10^9/L  | 2.0 - 7.5             |  |
| Lymphocytes      | 1.68   | x10^9/L  | 1.0 - 4.0             |  |
| Monocytes        | 0.37   | x10^9/L  | 0.0 - 1.0             |  |
| Eosinophils      | 0.11   | x10^9/L  | 0.0 - 0.5             |  |
| Basophils        | 0.04   | x10^9/L  | 0.0 - 0.3             |  |
| NRBC             | <1.0   | /100 WBC | <1                    |  |
| Platelets        | 236    | x10^9/L  | 150 - 450             |  |
| ESR              | 8      | mm/h     | 1 - 22                |  |

#### Comments

Full blood count is within reference limits

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#### Coeliac Serology

| Deamidated Gliadin IgA      | 2  | U/mL | <15 |
|-----------------------------|----|------|-----|
| Deamidated Gliadin IgG      | <1 | U/mL | <15 |
| Tissue Transglutaminase IgA | <1 | U/mL | <15 |
| Tissue Transglutaminase IgG | <1 | U/mL | <15 |

## Comments

Performed on Bioplex 2200. This detects selective IgA deficiency (<0.07 g/L), an additional comment will be attached if detected.

In persons eating wheat (most days, last six weeks), negative serology effectively excludes coeliac disease/dermatitis herpetiformis. One elevated marker may occur without disease whereas two or more elevated (at four times the cutoff level) markers strongly predict coeliac disease which can be confirmed by biopsy.

Serology becomes negative on gluten free diet (6-9 months for IgA-deam gliadin and IgA-tTG, 9-15 months for IgG-deam gliadin and IgG-tTG). Without compliance, coeliac markers rise. Coeliac tissue-typing excludes coeliac disease risk by excluding HLA-DQ2 or DQ8 in persons with discordant serology or discordant serology-biopsy findings.

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## Immunoglobulins

| Immunoglobulin G | 9.52 | g/L | 6.20 - 14.40 |
|------------------|------|-----|--------------|
| Immunoglobulin A | 2.00 | g/L | 0.60 - 3.96  |
| Immunoglobulin M | 0.92 | g/L | 0.48 - 3.04  |

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| Allergy Serology   | kU/L                                   | Clas             | s  |
|--|--|------------------|--|
| Cat epithelium<br>Dog dander<br>Grass pollen<br>Dustmite<br>Alternaria alternata | <0.01<br><0.01<br>0.01<br>0.19<br>0.02 | 0<br>0<br>0<br>0 | Negative<br>Negative<br>Negative<br>Negative<br>Negative |

#### Comments

Values between 0.1 and 0.35 kU/L may be found in early, low level or resolving sensitisation. Not all sensitisations may result in clinical symptoms. The greater the sensitisation, the more likelihood of clinical significance. A higher specific IgE index (amount of allergen specific IgE/total IgE) may indicate greater clinical significance.

From November 2012, the laboratory will only accept Medicare reimbursement for requests of upto four single allergens or two mixes or two single allergens and one mix. Requests for more will be billed at \$25 and then \$5 per single allergen, \$10 per mixed allergen and \$40 per individual allergen component.

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