



**DOUGLASS
HANLY MOIR**

PATHOLOGY

Quality is in our DNA

Specialist Pathologists (02) 9855 5150 Toll free 1800 222 365

General enquiries (all hours) (02) 9855 5222 Results (02) 9855 5100

Douglas Hanly Moir Pathology Pty Limited ABN 80 003 332 858,
a subsidiary of Sonic Healthcare Limited ABN 24 004 196 909 APA 906

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Dr K Young

Dr Nihad Jackson

FAMILY PRACTICE
SUITE 4
61 SYDNEY ROAD
MANLY NSW 2095

J854

MAN/---/---/---/---

Mitchell BURRELL

Lab ID : 842109998

Patient

Your Ref :

182 A Fisher Rd North
Cromer 2099

Requested : 05/03/2020

Collected : 21/03/2020 08:22

Received : 21/03/2020 08:26

Printed : 25/03/2020 08:38

DOB : 25/05/1990 (29 Yrs)

Sex : Male

Ph : 0450422502

Herpes Simplex Virus Serology

Herpes Simplex 1 IgG
Herpes Simplex 2 IgG

Detected
Not Detected

Comment

These results are suggestive of infection with HSV-1.
If lesions are still present or if they recur confirmation of the
diagnosis by PCR is recommended as serology can be unreliable.

Haematology

Haemoglobin	137	g/L	(130-180)
Red cell count	* 4.4	$\times 10^{12}/L$	(4.5-6.5)
Haematocrit	0.41		(0.39-0.54)
MCV	93	fL	(80-100)
MCH	31.3	pg	(27.0-32.0)
MCHC	335	g/L	(310-360)
RDW	12.8		(10.0-15.0)
White cell count	5.4	$\times 10^9/L$	(4.0-11.0)
Neutrophils	2.00	$\times 10^9/L$	(2.0-7.5)
Lymphocytes	2.60	$\times 10^9/L$	(1.0-4.0)
Monocytes	0.52	$\times 10^9/L$	(0.0-1.0)
Eosinophils	0.20	$\times 10^9/L$	(0.0-0.5)
Basophils	0.06	$\times 10^9/L$	(0.0-0.3)
NRBC	<1.0	/100 WBC	(<1)
Platelets	265	$\times 10^9/L$	(150-450)

Comment

Full blood count is essentially normal

C Reactive Protein (High Sens)

CRP 0.8 mg/L (0.0-5.0)

Tests Completed: B12(s),Fol(s),LFT(s),Lipids(s),Alb(s),Cr(s),UCreat(s),E(s),Glu(p),Iron(s),HDL & LIPIDS,Ca(s),CRP(s)

Clinical Notes: NO HISTORY

Supervising Pathologist: IC, FH, GC, NT

RCPA
The Royal College of Pathologists of Australia
Accredited for compliance
with NPAAC Standards
and ISO 15189:
NATA Accreditation No.

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Biochemistry

Status	Fasting		
Sodium	141	mmol/L	(135-145)
Potassium	4.2	mmol/L	(3.5-5.5)
Chloride	108	mmol/L	(95-110)
Bicarbonate	27	mmol/L	(20-32)
Urea	4.9	mmol/L	(3.0-7.5)
Creatinine	75	umol/L	(60-110)
eGFR	> 90	mL/min/1.73m2	(> 59)
Calcium	2.39	mmol/L	(2.15-2.55)
Corrected Calcium	2.33	mmol/L	(2.15-2.55)
Magnesium	0.80	mmol/L	(0.65-1.00)
Total Bilirubin	16	umol/L	(4-20)
Alk Phos	77	U/L	(35-110)
Gamma GT	13	U/L	(5-50)
LDH	166	U/L	(120-250)
AST	23	U/L	(10-40)
ALT	15	U/L	(5-40)
Total Protein	78	g/L	(68-85)
Albumin	46	g/L	(39-50)
Globulin	32	g/L	(23-39)
Cholesterol	4.9	mmol/L	(3.9-5.5)
Triglycerides	0.6	mmol/L	(0.5-1.7)

Comment

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

Lipids and HDL

Status	Fasting		
Cholesterol	4.9	mmol/L	(3.9-5.5)
Triglycerides	0.6	mmol/L	(0.5-1.7)
HDL Cholesterol	1.2	mmol/L	(0.8-1.5)
LDL Cholesterol	3.4	mmol/L	(1.7-3.5)

Comment

According to current guidelines (Position Statement 2005),
suggested targets are:

HDL Cholesterol	> 1.0 mmol/L
LDL Cholesterol	< 2.0 mmol/L (for patients at high risk)
	< 2.5 mmol/L (for patients at lower risk)
Triglycerides	< 1.5 mmol/L

Glucose

Glucose Fasting	4.5	mmol/L	(3.6-6.0)
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Iron Studies

Iron	23.1	umol/L	(5.0-30.0)
Transferrin	2.5	g/L	(2.0-3.2)
TIBC (Calculated)	56	umol/L	(46-70)
Saturation	41	%	(10-45)
Ferritin	178	ug/L	(30-300)

Urine Chemistry

U-Creatinine	10.4	mmol/L	
R-U-Protein	0.07	g/L	
R-U-Protein/Creat Ratio	6.7	mg/mmol (< 10.0)	

Heavy Metals

Serum Zinc	13	umol/L	(10-18)
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Thyroid Function

TSH	1.41	mIU/L	(0.40-3.50)
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Vitamin B12 and Folate

Vitamin B12	335	pmol/L	(135-650)
Serum Folate	38.8	nmol/L	(> 7.0)

Comment

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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25-OH Vitamin D

Vitamin D 112 nmol/L (50-140)

Comment

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.

From 1st November 2014, Medicare rebates for vitamin D testing will apply to patients at risk of Vitamin D deficiency such as chronic lack of sun exposure.

HIV Antigen and Antibody

HIV 1/2 Antigen and Antibody Negative

Comment

If serum was taken less than 3 months after exposure, this result may not exclude HIV-1/HIV-2 infection. Therefore another serum specimen should be tested after that time.

Active B12

Active B12 > 128 pmol/L (> 35)

Androgens

Testosterone	14.7	nmol/L	(11.5-32.0)
SHBG	25	nmol/L	(15-50)
Free Androgen Index	58.8	%	(15-100)
Calculated Free Testosterone	336	pmol/L	(260-740)

Comment

For androgen assessment in males, free testosterone calculated using the Vermeulen equation is preferred to direct measurement and also overcomes the limitations that may be associated with the Free Androgen Index (FAI).

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Hepatitis B Serology

Hepatitis B Surface Ag **Not Detected**
Hepatitis B Surface Ab **< 10 IU/L**

Comment

Hepatitis B - No evidence of hepatitis B infection or immunity.

Hepatitis C Serology

Hepatitis C Ab (Abbott) **Not Detected**

Comment

Hepatitis C - No evidence of infection with Hepatitis C. Seroconversion is sometimes delayed and repeat testing up to 6 months post-exposure may be necessary to exclude infection.

Haemoglobin A1c

HbA1c (IFCC) **32** mmol/mol (20-38)
HbA1c **5.1** % (4.0-5.6)

Comment

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 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 inexplicably low HbA1c level or significant discrepancy between HbA1c and glucose results.

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