DUNN, JUDITH
28 BELROSE AVE, PETRIE. 4502
Birthdate: 12/06/1977 **Sex:** F **Medicare Number:** 44239037011
Your Reference: **Lab Reference:** 22-71437338-CBC-0
Laboratory: QML Pathology
Addressee: DR ASIYE DOXANAKIS **Referred by:** DR ASIYE DOXANAKIS

Name of Test: MASTER FULL BLOOD COUNT
Requested: 25/10/2022 **Collected:** 25/10/2022 **Reported:** 25/10/2022
22:49

CUMULATIVE FULL BLOOD EXAMINATION

	08/02/20		25/10/22		
Date	08:14		17:36		
Time	72102571		71437338		
Lab No					
Hb	134		136	g/L	(115-160)
RCC	4.7		4.7	x10 ^12 /L	(3.6-5.2)
Hct	0.42		0.42		(0.33-0.46)
MCV	90		90	fL	(80-98)
MCH	29		29	pg	(27-35)
Plats	290		290	x10 ^9 /L	(150-450)
WCC	9.6		11.1	x10 ^9 /L	(4.0-11.0)
Neuts	6.0	57 %	6.3	x10 ^9 /L	(2.0-7.5)
Lymphs	2.7	34 %	3.8	x10 ^9 /L	(1.1-4.0)
Monos	0.5	6 %	0.7	x10 ^9 /L	(0.2-1.0)
Eos	0.29	2 %	0.22	x10 ^9 /L	(0.04-0.40)
Basos	0.10	1 %	0.11	x10 ^9 /L	(< 0.21)

71437338 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.

A Mild Leucocytosis may be transient as a result of trauma/surgery or certain infections (e.g. bacterial/viral). Persistent Leucocytosis may reflect hyposplenism, or inflammatory disorders (including morbid obesity). Correlate Clinically as well as with E+LFTs, Serology, MSU, ESR/CRP, and Lymphocyte Markers, if clinically appropriate. Otherwise, suggest repeat at a later date.

** FINAL REPORT - Please destroy previous report **

Tests Completed:FBC
Tests Pending :TFT, IRON STUDIES, SE E/LFT, SE HDL

DUNN, JUDITH
28 BELROSE AVE, PETRIE. 4502
Birthdate: 12/06/1977 **Sex:** F **Medicare Number:** 44239037011
Your Reference: **Lab Reference:** 22-71437338-THY-0
Laboratory: QML Pathology
Addressee: DR ASIYE DOXANAKIS **Referred by:** DR ASIYE DOXANAKIS

Name of Test: THYROID TEST MASTER
Requested: 25/10/2022 **Collected:** 25/10/2022 **Reported:** 26/10/2022 01:32

CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	18/05/19	08/01/20	08/02/20	25/10/22	
Time	08:57	08:55	08:14	17:36	
Lab No	70931950	72098948	72102571	71437338	
TSH	2.1	1.2	1.5	1.8	mIU/L (0.50-4.00)

Euthyroid level. However if hypopituitarism (rare) is suspected, free T4 assay may be indicated.

Tests Completed:TFT, IRON STUDIES, FBC, SE E/LFT, SE HDL
Tests Pending :

DUNN, JUDITH
28 BELROSE AVE, PETRIE. 4502
Birthdate: 12/06/1977 **Sex:** F **Medicare Number:** 44239037011
Your Reference: **Lab Reference:** 22-71437338-ISM-0
Laboratory: QML Pathology
Addressee: DR ASIYE DOXANAKIS **Referred by:** DR ASIYE DOXANAKIS

Name of Test: MASTER IRON STUDIES
Requested: 25/10/2022 **Collected:** 25/10/2022 **Reported:** 26/10/2022 01:21

CUMULATIVE IRON STUDIES

Date			25/10/22	
Time			17:36	
Lab No			71437338	
Iron		8	umol/L	(10-33)
TIBC		48	umol/L	(45-70)
Saturation		17	%	(16-50)
Ferritin		66	ug/L	(25-290)

71437338 Comment:
The serum ferritin indicates essentially adequate iron stores.
The iron studies may reflect an infective or inflammatory process.
In the absence of infection/inflammation the ferritin level will probably be lower.

Tests Completed:IRON STUDIES, FBC, SE E/LFT, SE HDL
Tests Pending :TFT

DUNN, JUDITH
28 BELROSE AVE, PETRIE. 4502
Birthdate: 12/06/1977 **Sex:** F **Medicare Number:** 44239037011
Your Reference: **Lab Reference:** 22-71437338-HDL-0
Laboratory: QML Pathology
Addressee: DR ASIYE DOXANAKIS **Referred by:** DR ASIYE DOXANAKIS

Name of Test: HDL CHOLESTEROL,SERUM
Requested: 25/10/2022 **Collected:** 25/10/2022 **Reported:** 26/10/2022 01:14

CUMULATIVE LIPID RISK REPORT

Date	25/10/22	
Time	17:36	
Lab No	71437338	
	RANDOM	
		Target if HIGH RISK
Total Cholesterol	4.3 mmol/L	(below 4.0)
Triglycerides	1.0 mmol/L	(below 2.0)
CHOLESTEROL FRACTIONS		
HDL	0.93 mmol/L	(above 1.0)
LDL (calculated)*	2.92 mmol/L	(below 2.5)
Non-HDL cholesterol*	3.37 mmol/L	(below 3.3)
Total/HDL ratio**	4.6	

* 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"

71437338 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:FBC, SE E/LFT, SE HDL
Tests Pending :TFT, IRON STUDIES

DUNN, JUDITH
28 BELROSE AVE, PETRIE. 4502
Birthdate: 12/06/1977 **Sex:** F **Medicare Number:** 44239037011
Your Reference: **Lab Reference:** 22-71437338-25T-0
Laboratory: QML Pathology
Addressee: DR ASIYE DOXANAKIS **Referred by:** DR ASIYE DOXANAKIS

Name of Test: E/LFT (MASTER)
Requested: 25/10/2022 **Collected:** 25/10/2022 **Reported:** 26/10/2022 01:14

CUMULATIVE SERUM BIOCHEMISTRY

Date	08/02/20	25/10/22		
Time	08:14	17:36		
Lab No	72102571	71437338		
	FASTING	RANDOM		RANDOM
Sodium	140	136	mmol/L	(137-147)
Potass.	4.3	4.1	mmol/L	(3.5-5.0)
Chloride	103	100	mmol/L	(96-109)
Bicarb	25	27	mmol/L	(25-33)
An.Gap	16	13	mmol/L	(4-17)
Gluc	6.1	4.8	mmol/L	(3.0-7.7)
Urea	6.0	6.3	mmol/L	(2.0-7.0)
Creat	66	85	umol/L	(40-110)
eGFR	> 90	71	mL/min	(over 59)
Urate	0.37	0.44	mmol/L	(0.14-0.35)
T.Bili	8	7	umol/L	(2-20)
Alk.P	49	62	U/L	(30-115)
GGT	16	26	U/L	(0-45)
ALT	48	38	U/L	(0-45)
AST	24	22	U/L	(0-41)
LD	170	246	U/L	(80-250)
Calcium	2.31	2.36	mmol/L	(2.15-2.60)
Corr.Ca	2.38	2.29	mmol/L	(2.15-2.60)
Phos	1.2	1.3	mmol/L	(0.8-1.5)
T.Prot	69	74	g/L	(60-82)
Alb	40	45	g/L	(35-50)
Glob	29	29	g/L	(20-40)
Chol	4.0	4.3	mmol/L	(3.6-6.9)
Trig	0.8	1.0	mmol/L	(0.3-4.0)
Lab No	72102571	71437338		
Date	08/02/20	25/10/22		

Tests Completed:FBC, SE E/LFT, SE HDL
Tests Pending :TFT, IRON STUDIES

DUNN, JUDITH
28 BELROSE ST, PETRIE. 4502
Phone: 0401555537
Birthdate: 12/06/1977 **Sex:** F **Medicare Number:** 4423903701
Your Reference: **Lab Reference:** 15872401-C031-1
Laboratory: Medlab Pathology
Addressee: Dr ASIYE DOXANAKIS **Referred by:** Dr ASIYE DOXANAKIS

Name of Test: BIOCHEMISTRY-SERUM (SFGL,HDL,MBA)
Requested: 27/01/2022 **Collected:** 19/02/2022 **Reported:** 19/02/2022 16:52

Clinical notes: telehealth

Date Collected	**: 19/02/2022**		**Current**
Time Collected	**: N/S**		**Reference**
Episode	**: 15872401**	**Units**	**Range**
Fasting Status	: Fasting		
Gluc(fast,serum	: 6.0 *	mmol/L	(3.0-5.5)
T.Cholesterol	: 4.5	mmol/L	(<5.5)
Triglycerides	: 1.0	mmol/L	(<2.0)
HDL Cholesterol	: 1.0	mmol/L	(>0.9)
Non HDL-CHOL.	: 3.5 *	mmol/L	(<2.5)
LDL Cholesterol	: 3.0	mmol/L	(<3.5)
Chol/HDL Ratio	: 4.5		
Sodium	: 139	mmol/L	(135-145)
Potassium	: 4.6	mmol/L	(3.5-5.5)
Chloride	: 105	mmol/L	(95-110)
Bicarbonate	: 22	mmol/L	(19-32)
Urea	: 5.4	mmol/L	(2.5-8.0)
Creatinine	: 72	umol/L	(45-90)
eGFR	: 88	mL/min/1.73 m2	
Uric Acid	: 0.35	mmol/L	(0.15-0.42)
T.Bilirubin	: 8	umol/L	(<21)
Protein (Total)	: 68	g/L	(62-82)
Albumin	: 35	g/L	(35-50)
Globulin	: 33	g/L	(23-40)
Alk Phos	: 54	U/L	(30-110)
GGT	: 21	U/L	(0-50)
ALT	: 57 *	U/L	(0-40)
AST	: 26	U/L	(0-45)
LDH	: 234	U/L	(120-250)
Calcium(Total)	: 2.23	mmol/L	(2.10-2.60)
Calcium(Adjuste	: 2.33	mmol/L	(2.10-2.60)
Phosphate	: 1.04	mmol/L	(0.75-1.50)

Comments :

Date : 19/02/2022 Time : N/S Episode : 15872401
LIPID COMMENT:
Suggested optimal lipid treatment targets for patients are:
Total Cholesterol <4.0 mmol/L
LDL Cholesterol <2.0 mmol/L
HDL Cholesterol =/>1.0 mmol/L

Triglycerides <2.0 mmol/L
Non HDL-Chol <2.5 mmol/L
(Non HDL-Chol= Total Chol - HDL Chol)
Ref: National Vascular Disease Prevention Alliance (NVDPA) guideline.
Please also visit www.cvdcheck.org.au for CVD risk calculator.
eGFR 60-89 mL/min/1.73m2 corresponds to Kidney Function Stage 2
eGFR calculated using CKD-EPI formula.
For detailed information on eGFR, please check this website:
<http://www.kidney.org.au
Elevated ALT is noted. Possible causes include, but not limited to,
viral infection, fatty infiltration of liver and drugs.
Suggest further investigation if clinically indicated.

Requested Tests:FBC,ESR,SFGL,HDL,IS,MBA,GHB,CRP,TFT,PROL,VITD

Clinical History: telehealth

Tests pending: ESR IS GHB TFT PROL VITD

DUNN, JUDITH
28 BELROSE ST, PETRIE. 4502
Phone: 0401555537
Birthdate: 12/06/1977 **Sex:** F **Medicare Number:** 4423903701
Your Reference: **Lab Reference:** 15872401-C710-1
Laboratory: Medlab Pathology
Addressee: Dr ASIYE DOXANAKIS **Referred by:** Dr ASIYE DOXANAKIS

Name of Test: C-REACTIVE PROTEIN(Serum)
Requested: 27/01/2022 **Collected:** 19/02/2022 **Reported:** 19/02/2022 16:52

Clinical notes: telehealth

Date Collected	**: 19/02/2022**		**Current Reference Range**
Time Collected	**: N/S**		
Episode	**: 15872401**	**Units**	
CRP	**: 19.8 ***	mg/L	(<5.0)

Comments :

Date : 19/02/2022 Time : N/S Episode : 15872401
Patients with persistently unexplained CRP >10 mg/L should be examined for sources of
infection or inflammation.

Requested Tests:FBC,ESR,SFGL,HDL,IS,MBA,GHB,CRP,TFT,PROL,VITD

Clinical History: telehealth

Tests pending: ESR IS GHB TFT PROL VITD

DUNN, JUDITH
28 BELROSE ST, PETRIE. 4502
Phone: 0401555537
Birthdate: 12/06/1977 **Sex:** F **Medicare Number:** 4423903701
Your Reference: **Lab Reference:** 15872401-C103-1
Laboratory: Medlab Pathology
Addressee: Dr ASIYE DOXANAKIS **Referred by:** Dr ASIYE DOXANAKIS

Name of Test: IRON STUDIES , FERR (IS)
Requested: 27/01/2022 **Collected:** 19/02/2022 **Reported:** 19/02/2022 17:16

Clinical notes: telehealth

Date Collected	**: 19/02/2022**		**Current Reference Range**
Time Collected	**: N/S**		
Episode	**: 15872401**	**Units**	
Iron	: 9.4	umol/L	(7.0-26.0)
Transferrin	: 2.1	g/L	(2.0-3.7)
Saturation	: 18	%	(16-45)
Ferritin	: 58	ug/L	(15-200)

Requested Tests:FBC,ESR,SFGL,HDL,IS,MBA,GHB,CRP,TFT,PROL,VITD

Clinical History: telehealth

Tests pending: ESR GHB

DUNN, JUDITH
28 BELROSE ST, PETRIE. 4502
Phone: 0401555537
Birthdate: 12/06/1977 **Sex:** F **Medicare Number:** 4423903701
Your Reference: **Lab Reference:** 15872401-N010-1
Laboratory: Medlab Pathology
Addressee: Dr ASIYE DOXANAKIS **Referred by:** Dr ASIYE DOXANAKIS

Name of Test: THYROID PROFILE (SERUM) (TFT)
Requested: 27/01/2022 **Collected:** 19/02/2022 **Reported:** 19/02/2022 17:16

Clinical notes: telehealth

Date Collected	**: 19/02/2022**		**Current Reference Range**
Time Collected	**: N/S**		
Episode	**: 15872401**	**Units**	
TSH	: 1.20	mIU/L	(0.40-3.80)

Comments :

Date : 19/02/2022 Time : N/S Episode : 15872401
Trimester-specific TSH reference intervals in pregnancy (mIU/L):
1st Trimester-(0.1 - 2.5);
2nd Trimester-(0.2 - 3.0);
3rd Trimester-(0.3 - 3.0)

Ref: Stagnaro-Green A, Abalovich M, Alexander E, et al. Guidelines of the American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and postpartum. Thyroid. 2011;21:1081-1125.

Requested Tests:FBC,ESR,SFGL,HDL,IS,MBA,GHB,CRP,TFT,PROL,VITD

Clinical History: telehealth

Tests pending: ESR GHB

DUNN, JUDITH
28 BELROSE ST, PETRIE. 4502
Phone: 0401555537
Birthdate: 12/06/1977 **Sex:** F **Medicare Number:** 4423903701
Your Reference: **Lab Reference:** 15872401-N330-1
Laboratory: Medlab Pathology
Addressee: Dr ASIYE DOXANAKIS **Referred by:** Dr ASIYE DOXANAKIS

Name of Test: HORMONE PROFILE (SERUM) (PROL)
Requested: 27/01/2022 **Collected:** 19/02/2022 **Reported:** 19/02/2022 17:16

Clinical notes: telehealth

Date Collected	**: 19/02/2022**		**Current Reference Range**
Time Collected	**: N/S**		
Episode	**: 15872401**	**Units**	
==========	==========		
Serum Prolactin	: 198	mIU/L	(40-580)

Requested Tests:FBC,ESR,SFGL,HDL,IS,MBA,GHB,CRP,TFT,PROL,VITD

Clinical History: telehealth

Tests pending: ESR GHB

DUNN, JUDITH
28 BELROSE ST, PETRIE. 4502
Phone: 0401555537
Birthdate: 12/06/1977 **Sex:** F **Medicare Number:** 4423903701
Your Reference: **Lab Reference:** 15872401-N456-1
Laboratory: Medlab Pathology
Addressee: Dr ASIYE DOXANAKIS **Referred by:** Dr ASIYE DOXANAKIS

Name of Test: 25OH VITAMIN D(ABBOTT)
Requested: 27/01/2022 **Collected:** 19/02/2022 **Reported:** 19/02/2022 17:16

Clinical notes: telehealth

Date Collected	**: 19/02/2022**		**Current**
Time Collected	**: N/S**		**Reference**
Episode	**: 15872401**	**Units**	**Range**
25-OH Vitamin D	: 67	nmol/L	(50-150)

Comments :

Date : 19/02/2022 Time : N/S Episode : 15872401
This test is performed on the Abbott Architect.
<25 Deficient
25-49 Mildly deficient
50-150 Sufficient
>250 Potential intoxication

As of 1st November 2014, as per Medicare Benefits Schedule, the quantification of Vitamin D in serum is for the investigation of a patient who:

- has signs or symptoms of osteoporosis or osteomalacia; or
- has increased alkaline phosphatase and otherwise normal liver function tests; or
- has hyperparathyroidism, hypo- or hypercalcaemia, or hypophosphataemia; or
- is suffering from malabsorption (for example, because the patient has cystic fibrosis, short bowel syndrome, inflammatory bowel disease or untreated coeliac disease, or has had bariatric surgery); or
- has deeply pigmented skin, or chronic and severe lack of sun exposure for cultural, medical, occupational or residential reasons; or
- is taking medication known to decrease 25OH-D levels (for example, anticonvulsants); or
- has chronic renal failure or is a renal transplant recipient; or
- is less than 16 years of age and has signs or symptoms of rickets; or
- is an infant whose mother has established vitamin D deficiency; or
- is a exclusively breastfed baby and has at least one other risk factor mentioned in a paragraph in this item; or
- has a sibling who is less than 16 years of age and has vitamin D deficiency

Please kindly ensure that the indication for requesting this test is written on the request form.

Requested Tests:FBC,ESR,SFGL,HDL,IS,MBA,GHB,CRP,TFT,PROL,VITD

Clinical History: telehealth

Tests pending: ESR GHB

DUNN, JUDITH
28 BELROSE ST, PETRIE. 4502
Phone: 0401555537
Birthdate: 12/06/1977 **Sex:** F **Medicare Number:** 4423903701
Your Reference: **Lab Reference:** 15872401-A010-1
Laboratory: Medlab Pathology
Addressee: Dr ASIYE DOXANAKIS **Referred by:** Dr ASIYE DOXANAKIS

Name of Test: HAEMATOLOGY (FBC,ESR)
Requested: 27/01/2022 **Collected:** 19/02/2022 **Reported:** 19/02/2022 18:10

Clinical notes: telehealth Diabetic monitoring 3 monthly

Date Collected	**: 19/02/2022**		**Current Reference**
Time Collected	**: N/S**		
Episode	**: 15872401**	**Units**	**Range**
Haemoglobin	: 132	g/L	(115-160)
Total WCC	: 8.6	10^9/L	(4.0-11.0)
Platelet	: 292	10^9/L	(150-450)
RCC	: 4.7	10^12/L	(3.8-5.8)
Haematocrit	: 0.42		(0.36-0.47)
MCV	: 89	fL	(80-100)
MCH	: 28	pg	(27-32)
MCHC	: 317	g/L	(315-360)
Neutrophils	: 59	%	
	: 5.1	10^9/L	(2.0-8.0)
Lymphocytes	: 32	%	
	: 2.8	10^9/L	(1.0-4.0)
Monocytes	: 4	%	
	: 0.3	10^9/L	(0.0-1.0)
Eosinophils	: 4	%	
	: 0.3	10^9/L	(0.0-0.5)
Basophils	: 1	%	
	: 0.1	10^9/L	(0.0-0.3)
NRBC	: 0.00	/100wbc	(0.00-0.00)
RDW	: 14.7		(9.0-16.5)
ESR	: 26 *	mm/hr	(1-20)

Comments :

Date : 19/02/2022 Time : N/S Episode : 15872401
Full blood count normal.

Note: This test was performed on ALINITY H SERIES.
Note: Recent Update of Reference Intervals effective 9/9/2020.
ESR slightly elevated

Requested Tests:FBC,ESR,SFGL,HDL,IS,MBA,GHB,CRP,TFT,PROL,VITD

Clinical History: telehealth
Diabetic monitoring 3 monthly

Tests pending: GHB

DUNN, JUDITH
28 BELROSE ST, PETRIE. 4502
Phone: 0401555537
Birthdate: 12/06/1977 **Sex:** F **Medicare Number:** 4423903701
Your Reference: **Lab Reference:** 15872401-C206-1
Laboratory: Medlab Pathology
Addressee: Dr ASIYE DOXANAKIS **Referred by:** Dr ASIYE DOXANAKIS

Name of Test: HAEMOGLOBIN A1c
Requested: 27/01/2022 **Collected:** 19/02/2022 **Reported:** 19/02/2022 20:00

Clinical notes: telehealth Diabetic monitoring 3 monthly

Date Collected	**: 19/02/2022**		**Current**
Time Collected	**: N/S**		**Reference**
Episode	**: 15872401**	**Units**	**Range**
==========	==========		
HbA1c(NGSP)	: 6.2 *	%	(<6.1)
HbA1c(IFCC)	: 44 *	mmol/mol	(<43)

Comments :

Date : 19/02/2022 Time : N/S Episode : 15872401
Recommended HbA1c target ranges (mmol/mol) for adults with known DM:

=/<42 (=/<6.0%) Type 2 DM requiring lifestyle modification+/- metformin, or in pregnancy/planning pregnancy.
=/<48 (=/<6.5%) Type 2 DM requiring any antidiabetic agents other than metformin or insulin.
=/<53 (=/<7.0%) Type 2 DM of longer duration, or with cardiovascular disease, or requiring insulin.
General target for Type 1 DM, or in pregnancy/planning pregnancy.
=/<64 (=/< 8.0%) Type 1 or 2 DM with recurrent severe hypoglycaemia or hypoglycaemia unawareness.

Note: Achievement of HbA1c targets must be balanced against risk of severe hypoglycaemia.
Ref: `Position Statement of the Australian Diabetes Society' MJA 2009;191:339-344.

Recommended cut-off for diagnosing diabetes: =/> 6.5% (48 mmol/mol)

However, an HbA1c < 6.5% does not negate a diagnosis of diabetes based on elevated glucose parameters (fasting, random or oral glucose tolerance test).
These glucose parameters are also the diagnostic tests of choice for gestational DM, type 1 DM, and in the presence of conditions that interfere with HbA1c measurement.

Ref: `The role of HbA1c in the diagnosis of DM in Australia. Position statement of ADS, RCPA and AACB.' MJA 2012;191:1-3.

Requested Tests:FBC,ESR,SFGL,HDL,IS,MBA,GHB,CRP,TFT,PROL,VITD

Clinical History: telehealth
Diabetic monitoring 3 monthly