



Mr Kent B Twiname
14 Parramatta Street
Belgian Gardens QLD 4810

kenttwiname@bigpond.com

10/3/20

Dear Kent ,

Please find attached copy of results for your records. Homocysteine is a little elevated.

Kindly contact my receptionist on 4721 2022 for an appointment if you wish to discuss any aspects of these results further with me.

Check our website [Click here](#) for practice news.

Online appointments are now available on our website or from your mobile device.

No reply is necessary for this email.

Yours sincerely,

Dr Raymond Mullen
MBBS , FRACGP ,DipRACOG ,MACNEM ,Cert IM

Diagnostic Results: Mr Kent B Twiname

Result IDs: (214492 214477 214472 214469 214443 214442 214440 214439 214436 214432)

HAEMOGLOBIN A1C,BLOOD

Collection Date: 07:35 02/03/2020

CUMULATIVE GLYCATED HAEMOGLOBIN

Date	13/12/18	02/03/20
Time	09:17	07:35
Lab No	58062312	74685355

HbA1c Fraction	5.0	5.0	%
in SI units	31	31	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 diagnostic levels - RCPA 2014

< 6.1% (<43 mmol/mol) - current diabetes is excluded

6.1-6.4% (43-47 mmol/mol) - high risk for future diabetes

> 6.4% (>48 mmol/mol) - diabetes is likely

Unless patient has supportive symptoms or elevated plasma glucose values, repeat test is recommended.

Currently, Medicare will fund only one diagnostic test per year.

Sample may be collected at any time - fasting is not required.

Note - diabetes tolerance may be impaired by chronic illness, use of certain drugs including steroids, Cushing syndrome, etc. We would advise considering secondary forms in newly-diagnosed patients.

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

Tests Completed:FBC, SERUM FOLATE, SERUM VITAMIN B12, SE E/LFT, SE VIT D

Tests Completed:SE HOMOCYSTEINE, SE HDL, SE HIGH SENSITIVITY CRP, BL HBA1C, PSA, ESR

Tests Pending :

HIGH SENSITIVITY CRP,S

Collection Date: 07:35 02/03/2020

CUMULATIVE SERUM HIGH SENSITIVITY C-REACTIVE PROTEIN (CRP)

Date	02/03/20
Time	07:35
Lab No	74685355

CRP	0.5	mg/L	(0.0-6.0)
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C-reactive protein (CRP) is a non-specific indicator of tissue damage. Common causes of markedly increased CRP include infection, trauma, myocardial infarction, malignancy and inflammation.

In apparently healthy men and women who have an intermediate risk of cardiovascular disease, as assessed by major risk factors, CRP

can identify a higher risk subgroup with CRP > 3 mg/L.

Range(mg/L)	Risk Estimate
Up to 1.0	Low
1.0 to 3.0	Average
3.1 to 10.0	High
Over 10.0	Assess for acute inflammation

In known, stable, coronary disease a CRP > 1 mg/L has shown increased risk.

Reference: Circulation 2003;107:499-511 & 2007;115:1528-1536

Tests Completed:FBC, SERUM FOLATE, SERUM VITAMIN B12, SE E/LFT, SE VIT D
Tests Completed:SE HOMOCYSTEINE, SE HDL, SE HIGH SENSITIVITY CRP, PSA, ESR
Tests Pending :BL HBA1C

PROSTATE SPECIFIC ANTIGEN
Collection Date: 07:35 02/03/2020

CUMULATIVE PROSTATIC SPECIFIC ANTIGEN

Date	19/03/12	23/04/16	30/03/17	13/12/18	02/03/20
Time	09:35	08:46	09:13	09:17	07:35
Lab No	2534634	59461678	58062100	58062312	74685355
PSA	0.51	0.92	0.57	0.82	0.47 ug/L (< 3.50)

In response to enquiries, we list decade ranges which replace the previous age-related ranges. Decade ranges are as follows:

Age	Range
<50	<2.5
<60	<3.5
<70	<4.5
>=70	<6.5

However, for monitoring cancer treatment response, decade ranges are not relevant.

Note there has been no change to the assay and so results are directly historically comparable.

74685355 Progress value.

Tests Completed:FBC, SE E/LFT, SE VIT D, SE HDL, PSA, ESR
Tests Pending :SERUM FOLATE, SERUM VITAMIN B12, SE HOMOCYSTEINE
Tests Pending :SE HIGH SENSITIVITY CRP, BL HBA1C

FULL BLOOD COUNT
Collection Date: 07:35 02/03/2020

CUMULATIVE FULL BLOOD EXAMINATION		
Date	13/12/18	02/03/20
Time	09:17	07:35
Lab No	58062312	74685355

Hb	139		144	g/L	(130-180)
RCC	4.5		4.9	x10 ¹² /L	(4.0-6.0)
Hct	0.41		0.43		(0.36-0.52)
MCV	91		89	fL	(80-98)
MCH	31		30	pg	(27-35)
Plats	210		206	x10 ⁹ /L	(150-450)
WCC	3.2		3.7	x10 ⁹ /L	(4.0-11.0)
Neuts	1.7	54 %	2.0	x10 ⁹ /L	(2.0-7.5)
Lymphs	1.1	33 %	1.2	x10 ⁹ /L	(1.1-4.0)
Monos	0.4	12 %	0.4	x10 ⁹ /L	(0.2-1.0)
Eos	0.00	0 %	0.00	x10 ⁹ /L	(0.04-0.40)
Basos	0.03	1 %	0.04	x10 ⁹ /L	(< 0.21)
E.S.R.			pending	mm/hr	(1-20)

74685355 **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.

Mild leucopenia may be transient as a result of certain infections (eg viral). Persistent leucopenia may be seen with hypersplenism, SLE, drug toxicity, and sometimes as an ethnic familial disorder. Correlate Clinically as well as with E+LFTs, Viral Serology, Lymphocyte Markers, and ANA if clinically appropriate. Otherwise, suggest repeat at a later date.

**** FINAL REPORT - Please destroy previous report ****

Tests Completed:FBC

Tests Pending :SERUM FOLATE, SERUM VITAMIN B12, SE E/LFT, SE VIT D, SE HOMOCYSTEINE

Tests Pending :SE HDL, SE HIGH SENSITIVITY CRP, BL HBA1C, PSA, ESR

VITAMIN B12 FOLATE
Collection Date: 07:35 02/03/2020

CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date	02/03/20
Time	07:35
Lab No	74685355

B12 Total	550	pmol/L	(162-811)
S.Fol.	17.5	nmol/L	(8.4-55.0)

Comment:

74685355

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 assay performed on Siemens Diagnostics Centaur analyser.

Active B12 (HoloTC) assay performed on the Abbott Alinity analyser.

For Doctor clinical enquiries, please contact Dr Peter Davidson on number 07 3121 4605.

Tests Completed:FBC, SERUM FOLATE, SERUM VITAMIN B12, SE E/LFT, SE VIT D

Tests Completed:SE HOMOCYSTEINE, SE HDL, PSA, ESR

Tests Pending :SE HIGH SENSITIVITY CRP, BL HBA1C

E/LFT ()

Collection Date: 07:35 02/03/2020

CUMULATIVE SERUM BIOCHEMISTRY

Date	13/12/18	02/03/20
Time	09:17	07:35
Lab No	58062312	74685355
	FASTING	FASTING
Sodium	140	145 mmol/L (137-147)
Potass.	4.7	4.4 mmol/L (3.5-5.0)
Chloride	105	109 mmol/L (96-109)
Bicarb	30	30 mmol/L (25-33)
An.Gap	10	10 mmol/L (4-17)
Gluc	4.3	5.1 mmol/L (3.0-6.0)
Urea	6.1	6.5 mmol/L (3.0-8.5)
Creat	91	89 umol/L (60-140)
eGFR	79	81 mL/min (over 59)
Urate	0.34	0.39 mmol/L (0.12-0.45)
T.Bili	13	13 umol/L (2-20)
Alk.P	46	55 U/L (30-115)
GGT	11	12 U/L (0-70)
ALT	20	14 U/L (0-45)
AST	28	22 U/L (0-41)
LD	172	191 U/L (80-250)
Calcium	2.38	2.32 mmol/L (2.25-2.65)
C.Ca	2.34	2.33 mmol/L (2.25-2.65)
Phos	1.1	1.1 mmol/L (0.8-1.5)
T.Prot	65	66 g/L (60-82)
Alb	44	42 g/L (35-50)
Glob	21	24 g/L (20-40)
Chol	6.5	6.1 mmol/L (3.9-7.4)
Trig	0.6	0.9 mmol/L (0.3-2.2)
Lab No	58062312	74685355
Date	13/12/18	02/03/20

Tests Completed:FBC, SE E/LFT, SE VIT D, SE HDL, PSA, ESR
Tests Pending :SERUM FOLATE, SERUM VITAMIN B12, SE HOMOCYSTEINE
Tests Pending :SE HIGH SENSITIVITY CRP, BL HBA1C

HOMOCYSTEINE,SERUM

Collection Date: 07:35 02/03/2020

CUMULATIVE SERUM HOMOCYSTEINE

Date 02/03/20
Time 07:35
Lab No 74685355

Homocysteine + 15.3 umol/L (0.0-15.0)

74685355 This raised homocysteine concentration may be associated with an independent elevation of risk of vascular disease.

With this degree of elevation, the heterozygous state for a defect of transsulphuration (leading to raised homocysteine levels) is likely. However the elevation may be seen with renal impairment or a suboptimal dietary intake of folate or B12 or vitamin B6 (pyridoxine). Review of renal function or a four week trial of a multivitamin supplement may assist clarifying this.

Homocysteine Related Risk

Plasma level (umol/L)	Risk Average
Below 9.0	No increase
9.0 - 14.9	x 2
15.0 - 19.9	x 3
20.0 or greater	x 4.5

Risks approximated from New Eng J Med 1997 (337:230-236)

Tests Completed:FBC, SERUM FOLATE, SERUM VITAMIN B12, SE E/LFT, SE VIT D
Tests Completed:SE HOMOCYSTEINE, SE HDL, PSA, ESR
Tests Pending :SE HIGH SENSITIVITY CRP, BL HBA1C

VITAMIN D,SERUM

Collection Date: 07:35 02/03/2020

CUMULATIVE SERUM VITAMIN D

Date 02/03/20
Time 07:35
Lab No 74685355
Vitamin D3 104 nmol/L (> 49)

74685355
** Progress report.

Tests Completed:FBC, SE E/LFT, SE VIT D, SE HDL, PSA, ESR
Tests Pending :SERUM FOLATE, SERUM VITAMIN B12, SE HOMOCYSTEINE
Tests Pending :SE HIGH SENSITIVITY CRP, BL HBA1C

HDL CHOLESTEROL, SERUM

Collection Date: 07:35 02/03/2020

CUMULATIVE LIPID RISK REPORT

Date 02/03/20
Time 07:35
Lab No 74685355
FASTING

Target if

HIGH RISK

Total Cholesterol 6.1 mmol/L (below 4.0)
Triglycerides 0.9 mmol/L (below 2.0)

MEASURED CHOLESTEROL FRACTIONS

HDL (protective) 1.77 mmol/L (above 0.9)
LDL (atherogenic) 3.81 mmol/L (below 2.0)
Total/HDL ratio 3.4

(Note: the ratio is for use with the cardiovascular risk calculator.

Web-search: "Australian cardiovascular risk calculator")

74685355 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](#).

Tests Completed:FBC, SE E/LFT, SE VIT D, SE HDL, PSA, ESR

Tests Pending :SERUM FOLATE, SERUM VITAMIN B12, SE HOMOCYSTEINE

Tests Pending :SE HIGH SENSITIVITY CRP, BL HBA1C

ERYTHROCYTE SEDIMENT RATE

Collection Date: 07:35 02/03/2020

Erythrocyte Sedimentation Rate 2 mm/hr (1-20)

Tests Completed:FBC, ESR

Tests Pending :SERUM FOLATE, SERUM VITAMIN B12, SE E/LFT, SE VIT D, SE HOMOCYSTEINE

Tests Pending :SE HDL, SE HIGH SENSITIVITY CRP, BL HBA1C, PSA