

Report to **Dr N Morris**
 South Windsor Medical Centre
 508a George St
 SOUTH WINDSOR 2756

Patient **NICOTERA, CATERINA**
 197A SIXTH AVE
 LLANDILO 2747

Page 1 of 6

Phone **47775120** Age **49 Years** Sex **F**
 D.O.B. **28/04/74**

Ref. by/copy to

Collect date **06/05/23** Lab ref **23-23621504**
 Collect time **09:55** Your ref **852168105140**
 Printed **07/05/23**

Tests requested **All requested tests have been reported.**
Completed - VBF,LIP,IRON,VITD

Clinical notes

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RESULTS ENQUIRIES 13 39 36

Clinical notes

IRON STUDIES

Specimen Type: Serum

Serum Iron	10	umol/L	(10-30)
Transferrin	39	umol/L	(32-48)
Transferrin Saturation	13	%	(13-45)
Serum Ferritin	48	ug/L	(30-165)

Normal iron studies.

SURGERY USE

Normal

No Action/File

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Further Tests

 Notes
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LIPID STUDIES

Request Number	20169495	23009118	23621504
Date Collected	28 Jul 22	8 Mar 23	6 May 23
Time Collected	08:37	08:44	09:55
Specimen Type:	Serum		

Reference intervals are included for reference only, and interpretation / treatment goals should be guided by patient-specific cardiovascular risk assessment (see Australian Cardiovascular Risk Charts. Alternatively, the web-site www.cvdcheck.org.au can be accessed in order to complete a risk assessment for individual patients.)

Haemolysis	Nil	Nil	Nil
Icterus	Nil	Nil	Nil
Lipaemia	Nil	Nil	Nil

Fasting status		Fasting	Fasting	Fasting
Chol (3.9-5.2)	mmol/L	6.2*	6.5*	5.8*
Trig (0.5-1.7)	mmol/L	3.2*	3.8*	2.2*
HDL (1.0-2.0)	mmol/L	1.2	1.4	1.7
LDL (1.5-3.4)	mmol/L	3.5*	3.4	3.1
Non-HDL (< 3.4)	mmol/L	5.0*	5.1*	4.1*
Chol/HDL (< 4.5)		5.2*	4.6*	3.4

 06/05/23 NICOTERA, CATERINA
 LIPID STUDIES

LAV-RTP-002-AV3

13422-103

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NVDPa TARGET LIPID RANGES (MMOL/L) FOR PATIENTS AT HIGH / MODERATE RISK
OF CARDIOVASCULAR DISEASE:

TOTAL CHOLESTEROL	<4.0
TRIGS (FASTING)	<2.0
HDL-C	>= 1.0
LDL-C	<2.0
NON HDL-C	<2.5

LDL-C exceeds target for higher risk patients and may be excessive in some individuals.

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Lavery
PATHOLOGY

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VITAMIN B12 AND FOLATE STUDIES

Vitamin B12	209*	pmol/L	(301-740)
Active B12	> 146	pmol/L	(> 40)
Serum Folate	24.9	nmol/L	(> 9.0)

Serum Vitamin B12 Assay:

DEFICIENCY	BORDERLINE	SUFFICIENCY
<150 pmol/L	150 - 300 pmol/L	>300 - 740 pmol/L

For patients with total B12 levels in the low or borderline range, testing for active B12 (holotranscobalamin II) will automatically be performed to resolve B12 status. Active B12 is the biologically active fraction of total serum B12, and a superior indicator of B12 status. Up to 15% of individuals may have a deficiency of the carrier protein haptocorrin, which does not result in clinical B12 deficiency, despite low total B12 levels.

Serum Active B12 Assay:

This active B12 result indicates that the patient is likely to be vitamin
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VITAMIN B12 AND FOLATE STUDIES

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B12 sufficient. Patients with renal impairment may still be B12 depleted despite an active B12 level within this range. For these patients, correlation with total B12, homocysteine and/or methylmalonate is required.

Folate Interpretation:

	DEFICIENCY	BORDERLINE	SUFFICIENCY
Serum Folate:	<4.5 nmol/L	4.5 - 9.0 nmol/L	>9.0 nmol/L
RBC Folate:	<340 nmol/L	340 - 570 nmol/L	>570 nmol/L

Serum Folate Assay:

In the absence of recent oral intake, a serum folate >9.0 nmol/L effectively rules out folate deficiency.

Red cell folates (RCF) are no longer processed routinely. If you have requested a RCF, and require a result for appropriate clinical reasons, this will need to be discussed and agreed with a Consultant Haematologist on +61290027085 or Dr. Lucinda Wallman, Consultant Pathologist in Immunology and Medical Director on telephone number +61 290057179

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PATHOLOGY

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VITAMIN D

Haemolysis

Nil

Serum 25(OH) Vitamin D

70

nmol/L

Suggested decision limits for Vitamin D status:

Sufficiency

51 -200

nmol/L

Mild deficiency

25 - 50

nmol/L

Marked deficiency

< 25

nmol/L

Toxicity

>250

nmol/L

References: Vitamin D and health in adults in Australia and New Zealand:
Position Statement. MJA 2012 June 18; 196(11), 686-687.

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