

Lab ID 883095488

DOB 12/07/1977 (45 Yrs MALE)

Referrer Dr Beshoy Farah

Your ref.

Address BETTER HEALTH QUARTER SUITE 19 13 DIGITARIA DRIVE
GLEDSDOOD HILLS NSW 2557

Address 1 DASSAULT CL
RABY NSW 2566

Phone 0290521899

Phone 0414536762

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Requested 10/09/2022

Clinical Notes NO HISTORY

Collected 16/09/2022 11:35

Received 16/09/2022 16:33

Alpha 1 Antitrypsin (Abbott Architect Method)

Alpha 1 Antitrypsin	1.67	g/L	0.90 - 2.00
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Comments

Alpha-1-antitrypsin measurement as an indicator of deficiency may be affected by the presence of inflammation or by oral contraceptive use. If deficiency is suspected, alpha-1-antitrypsin phenotyping is recommended.

NATA ACCREDITATION NO 2178

Reported on 16-09-2022 22:50

Caeruloplasmin (Abbott Architect Method)

Caeruloplasmin	0.25	g/L	0.15 - 0.33
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Biochemistry

Test Name	Result	Units	Reference Interval
Status	Random		
Sodium	139	mmol/L	135 - 145
Potassium	4.6	mmol/L	3.5 - 5.5
Chloride	103	mmol/L	95 - 110
Bicarbonate	27	mmol/L	20 - 32
Urea	6.2	mmol/L	3.0 - 8.0
Creatinine	80	umol/L	60 - 110
eGFR	>90	mL/min/1.73m2	>59
● Calcium	2.64 H	mmol/L	2.15 - 2.55
Corrected Calcium	2.48	mmol/L	2.15 - 2.55
Magnesium	0.88	mmol/L	0.65 - 1.00
Phosphate	1.36	mmol/L	0.8 - 1.5
Total Bilirubin	10	umol/L	4 - 20
Alk Phos	76	U/L	35 - 110
● Gamma GT	94 H	U/L	5 - 50
LDH	180	U/L	120 - 250
AST	39	U/L	10 - 40
● ALT	60 H	U/L	5 - 40
Total Protein	74	g/L	68 - 85
● Albumin	51 H	g/L	39 - 50
Globulin	23	g/L	23 - 39
● Cholesterol	6.2 H	mmol/L	<5.5
● Triglycerides	2.1 H	mmol/L	<2.0

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 Interval
Iron	21.7	umol/L	5.0 - 30.0
Transferrin	2.6	g/L	2.0 - 3.2
TIBC (Calculated)	58	umol/L	46 - 70
Saturation	37	%	10 - 45
● Ferritin	437 H	ug/L	30 - 300

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Thyroid Function

Test Name	Result	Units	Reference Interval
TSH	2.90	mIU/L	0.40 - 3.50
Free T4	13.7	pmol/L	9.0 - 19.0
Free T3	4.4	pmol/L	2.6 - 6.0

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Hepatitis B Serology

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

Comments

No evidence of past or current hepatitis B infection or immunity (<10 IU/L).

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Hepatitis C Serology

Hepatitis C Ab (Abbott) Not Detected

Comments

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.

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Biomarkers

AFP 8 ug/L <11

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Haemoglobin A1c

Test Name	Result	Units	Reference Interval
HbA1c (IFCC)	29	mmol/mol	20 - 38
HbA1c (NGSP)	4.8	%	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 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.

Please note that of 19/08/2021, HbA1c measurement changed from the Biorad D-100 to the Sebia Capillars 3 method.

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Reported on 17-09-2022 00:29

Coagulation Studies

PT	11	s	9 - 13
INR	1.0		0.9 - 1.2
APTT	27	s	20 - 32
Thrombin Time	15	s	15 - 22
Fibrinogen	2.7	g/L	1.5 - 4.2

Comments

Coagulation studies are within reference limits.

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Haematology

Test Name	Result	Units	Reference Interval
Haemoglobin	161	g/L	130 - 180
Red cell count	5.5	$\times 10^{12}/L$	4.5 - 6.5
Haematocrit	0.47		0.39 - 0.54
MCV	86	fL	80 - 100
MCH	29.4	pg	27.0 - 32.0
MCHC	343	g/L	310 - 360
RDW	13.0		10.0 - 15.0
White cell count	8.4	$\times 10^9/L$	4.0 - 11.0
Neutrophils	4.95	$\times 10^9/L$	2.0 - 7.5
Lymphocytes	2.27	$\times 10^9/L$	1.0 - 4.0
Monocytes	0.68	$\times 10^9/L$	0.0 - 1.0
Eosinophils	0.41	$\times 10^9/L$	0.0 - 0.5
Basophils	0.07	$\times 10^9/L$	0.0 - 0.3
NRBC	<1.0	/100 WBC	<1
Platelets	279	$\times 10^9/L$	150 - 450

Comments

Full blood count is within reference limits

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Antinuclear Antibodies

ANA Not Detected

Comments

(Screened at a titre of 80)

PLEASE NOTE: As of 18/10/2021, ANA testing will be reported using Inova Hep2 slides. Occasional patients may react differently with this change in test system.

NATA ACCREDITATION NO 2178

Reported on 18-09-2022 19:31

Liver Kidney Microsomal Antibody

LKM Ab Not Detected

Comments

Please note: From 29/07/2021, this test is now performed on Inova tissue slides with a changed screening dilution. Some sera may react slightly differently in this new test system compared to our previous test system.

NATA ACCREDITATION NO 2178

Reported on 20-09-2022 15:17

Anti-Mitochondrial Antibody

AMA Ab Not Detected

Comments

Please note: From 29/07/2021, this test is now performed on Inova tissue slides with a changed screening dilution. Some sera may react slightly differently in this new test system compared to our previous test system.

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Smooth Muscle Antibody

SMA Ab	Detected *
Titre	160
Pattern	SMA-V

Comments

SMA-V (vessel) pattern detected; this is not typical for autoimmune hepatitis but occurs with normal persons, viral infections, other autoimmune diseases, graft versus host disease and malignancies.

Smooth muscle antibodies may occur in clinically normal persons, sometimes after viral infections but suggest the possibility of autoimmune chronic active hepatitis. Consider confirmation by extended autoimmune liver disease immunoblot assay.

Please note: From 29/07/2021, this test is now performed on Inova tissue slides with a changed screening dilution. Some sera may react slightly differently in this new test system compared to our previous test system.

NATA ACCREDITATION NO 2178

Reported on 20-09-2022 15:17

Anti-Saccharomyces Cerevisiae Antibody

ASCA IgG	Not Detected
ASCA IgA	Not Detected

Comments

Both IgA and IgG antibodies to Saccharomyces cerevisiae have been strongly associated with Crohn's disease and do not commonly occur with ulcerative colitis or in clinically normal persons. The presence of ASCA may increase the likelihood of Crohn's disease.

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Coeliac Serology

Deamidated Gliadin IgA	<1	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.

NATA ACCREDITATION NO 2178

Reported on 19-09-2022 08:50

Immunoglobulins

Immunoglobulin G	8.45	g/L	6.20 - 14.40
Immunoglobulin A	3.14	g/L	0.60 - 3.96
Immunoglobulin M	1.14	g/L	0.48 - 3.04

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Anti-Neutrophil Cytoplasmic Antibodies

ANCA Screen

Negative

Comments

PLEASE NOTE: As of 18/10/2021, ANCA testing will be reported using Inova slides. Occasional patients may react differently with this change in test system.

NATA ACCREDITATION NO 2178

Reported on 19-09-2022 10:13