

ARMITAGE, RHIANNON
 UNIT 18 1 GLENMORE RIDGE DR, GLENMORE PARK. 2745
 Phone: 0417243462
 Birthdate: 05/12/1991 Sex: F Medicare Number: 2833088311
 Your Reference: 00108868 Lab Reference: 23-23620485-FBE-0
 Laboratory: Laverty Pathology
 Addressee: DR ANTHONY CAO Referred by: DR ANTHONY CAO

Name of Test: HAEMATOLOGY (FBE-0)
 Requested: 28/05/2023 Collected: 02/06/2023 Reported: 02/06/2023
 16:37

		HAEMATOLOGY		
Request Number		11806783	20782137	23620485
Date Collected		7 Aug 21	20 Aug 22	2 Jun 23
Time Collected		09:30	09:42	08:35
Specimen Type:	EDTA			
Hb (115-165)	g/L	149	145	144
Hct (0.34-0.47)		0.45	0.43	0.44
RCC (3.9-5.8)	x10 ¹² /L	5.0	4.9	4.9
MCV (79-99)	fL	91	89	89
MCH (27-34)	pg	30	30	29
MCHC (320-360)	g/L	329	336	330
RDW (10.0-17.0)	%	11.9	11.9	11.9
WBC (4.0-11.0)	x10 ⁹ /L	8.0	7.1	7.1
Neut (2.0-7.5)	x10 ⁹ /L	5.0	4.3	4.1
Lymph (1.0-4.0)	x10 ⁹ /L	2.3	2.1	2.3
Mono (0.2-1.0)	x10 ⁹ /L	0.6	0.6	0.6
Eos (< 0.7)	x10 ⁹ /L	0.1	0.1	0.1
Baso (< 0.2)	x10 ⁹ /L	0.1	0.1	0.0
Plat (150-400)	x10 ⁹ /L	238	232	241

HAEMATOLOGY: FBC parameters are within reference range.

Requested Tests : VBF*, TFT*, GLU, MBA, LIP, FE, FBE, A1C*

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 Your Reference: 00108868 Lab Reference: 23-23620485-MBA-0
 Laboratory: Lavery Pathology
 Addressee: DR ANTHONY CAO Referred by: DR ANTHONY CAO

Name of Test: SERUM CHEMISTRY (MBA-0)
 Requested: 28/05/2023 Collected: 02/06/2023 Reported: 02/06/2023
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SERUM CHEMISTRY

Request Number	20782137	23620485
Date Collected	20 Aug 22	2 Jun 23
Time Collected	09:42	08:35
Specimen Type: Serum		

Haemolysis	Nil	Nil
Icterus	Nil	Nil
Lipaemia	Nil	Nil

Na	(135-145)	mmol/L	140	138
K	(3.6-5.4)	mmol/L	4.2	4.5
Cl	(95-110)	mmol/L	102	99
HCO3	(22-32)	mmol/L	24	27
An Gap	(10-20)	mmol/L	18	16
Urea	(2.5-8.0)	mmol/L	4.4	5.7
Creat	(45-90)	umol/L	70	65
eGFR	mL/min/1.73m ²		> 90	> 90
Urate	(0.14-0.36)	mmol/L		0.35
Bili	(< 15)	umol/L	16	14
AST	(< 30)	U/L	22	25
ALT	(< 30)	U/L	17	30
GGT	(< 30)	U/L	14	14
Alk Phos	(20-105)	U/L	31	50
Protein	(60-82)	g/L	70	69
Albumin	(38-50)	g/L	42	43
Glob	(20-39)	g/L	28	26
Ca	(2.10-2.60)	mmol/L		2.32
Corr Ca	(2.10-2.60)	mmol/L		2.32
PO4	(0.75-1.50)	mmol/L		1.14

eGFR ≥ 90 mL/min/1.73m² usually indicates normal kidney function but does not exclude patients with early kidney damage (those with albuminuria, haematuria or abnormal kidney imaging).

Requested Tests : VBF*, TFT*, GLU, MBA, LIP, FE*, FBE*, A1C*

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Your Reference: 00108868 Lab Reference: 23-23620485-FE-0
Laboratory: Laverty Pathology
Addressee: DR ANTHONY CAO Referred by: DR ANTHONY CAO

Name of Test: IRON STUDIES (FE-0)
Requested: 28/05/2023 Collected: 02/06/2023 Reported: 02/06/2023
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IRON STUDIES			
Request Number	11806783	23620485	
Date Collected	7 Aug 21	2 Jun 23	
Time Collected	09:30	08:35	
Specimen Type: Serum			
Iron (10-30)	umol/L	30	14
T'ferrin(32-48)	umol/L	30	30
T. Sat. (13-45)	%	51	24
Ferritin(30-165)	ug/L	18	28

Although the transferrin saturation is normal, the mildly reduced ferritin suggests iron deficiency.

During the reproductive years, iron deficiency in women is usually due to multiparity or heavy menstrual losses. Investigation of the gastrointestinal tract for a source of blood loss may be indicated.

Requested Tests : VBF*, TFT*, GLU, MBA, LIP, FE, FBE*, A1C*

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Your Reference: 00108868 Lab Reference: 23-23620485-VBF-0
Laboratory: Laverty Pathology
Addressee: DR ANTHONY CAO Referred by: DR ANTHONY CAO

Name of Test: B12, FOLATE, R.C.FOLATE (VBF-0)
Requested: 28/05/2023 Collected: 02/06/2023 Reported: 02/06/2023
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VITAMIN B12 AND FOLATE STUDIES

Vitamin B12	403	pmol/L	(301-740)
Serum Folate	39.6	nmol/L	(> 9.0)

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

Requested Tests : VBF, TFT, GLU, MBA, LIP, FE, FBE, A1C*

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Your Reference: 00108868 Lab Reference: 23-23620485-TFT-0
Laboratory: Laverty Pathology
Addressee: DR ANTHONY CAO Referred by: DR ANTHONY CAO

Name of Test: THYROID FUNCTION TEST (TFT-0)
Requested: 28/05/2023 Collected: 02/06/2023 Reported: 02/06/2023
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THYROID PROFILE			
Request Number	20782137	23620485	
Date Collected	20 Aug 22	2 Jun 23	
Time Collected	09:42	08:35	
Specimen Type:	Serum		
TSH	(0.5-4.0) mIU/L	1.8	1.5

Result(s) consistent with euthyroidism.

Please note the above reference intervals have been developed from a non-pregnant healthy general population study.

Requested Tests : VBF, TFT, GLU, MBA, LIP, FE, FBE, A1C*

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Your Reference: 00108868 Lab Reference: 23-23620485-GLU-0
Laboratory: Laverty Pathology
Addressee: DR ANTHONY CAO Referred by: DR ANTHONY CAO

Name of Test: GLUCOSE (GLU-0)
Requested: 28/05/2023 Collected: 02/06/2023 Reported: 02/06/2023
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	<u>SERUM/PLASMA GLUCOSE</u>
Fasting status	Fasting
Serum	4.6 mmol/L (3.4-5.4)

Normal glucose concentration.

Requested Tests : VBF*, TFT*, GLU, MBA*, LIP, FE*, FBE*, A1C*

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Your Reference: 00108868 Lab Reference: 23-23620485-A1C-0
Laboratory: Laverty Pathology
Addressee: DR ANTHONY CAO Referred by: DR ANTHONY CAO

Name of Test: GLYCATED HAEMOGLOBIN (A1C-0)
Requested: 28/05/2023 Collected: 02/06/2023 Reported: 02/06/2023
17:13

GLYCATED HAEMOGLOBIN (HbA1c)

Specimen Type: EDTA			
HbA1c- NGSP	5.1	%	(4.0-6.0)
HbA1c- IFCC	32	mmol/mol	(20-42)

The WHO recommends that an HbA1c cut-off of $\geq 6.5\%$ (48 mmol/mol) is used to diagnose type 2 diabetes.

While it is recognised that HbA1c levels approaching this cut-off place patients at increasingly higher risk of developing diabetes ($<6.5\%$), there is no consensus as to exactly which cut-off at the lower end of the continuum to use for categorising patients as high risk. Various groups quote lower limits for at-risk patients that vary between 5.5% and 6.0% (37 and 42 mmol/mol).

Please note that HbA1c should not be used for diagnosing diabetes mellitus in the following circumstances:

- Children and young people
- Pregnancy - current or within the past 2 months
- Suspected Type 1 diabetes mellitus
- Symptoms of diabetes for <2 months
- Patients who are acutely ill
- Patients taking drugs that can cause rapid onset hyperglycaemia such as corticosteroids, antipsychotic drugs
- Acute pancreatic damage or pancreatic surgery
- Kidney failure
- Patients being treated for HIV infection

Please be cautious when requesting or interpreting HbA1c when patients:

- May have an abnormal haemoglobin
- May be anaemic
- May have an altered red cell lifespan (e.g. post-splenectomy)
- May have had a recent blood transfusion

Requested Tests : VBF, TFT, GLU, MBA, LIP, FE, FBE, A1C

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Laboratory: Laverty Pathology
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Name of Test: LIPID STUDIES (LIP-0)
Requested: 28/05/2023 Collected: 02/06/2023 Reported: 02/06/2023
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LIPID STUDIES

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
Icterus Nil
Lipaemia Nil

	Fasting		
Total Cholesterol	5.4	mmol/L	(3.6-5.2)
Triglycerides	1.2	mmol/L	(0.5-1.7)
HDL Cholesterol	1.2	mmol/L	(1.0-2.0)
LDL Cholesterol	3.6	mmol/L	(1.5-3.4)
Non-HDL Cholesterol	4.2	mmol/L	(< 3.4)
Cholesterol/HDL-C Ratio	4.5		(< 4.5)

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.

Requested Tests : VBF*, TFT*, GLU, MBA*, LIP, FE*, FBE*, A1C*