24/02/2023

REYNOLDS, ALISON
2 2 REED ST, COOLANGATTA. 4225
Phone: 04 14380437
Birthdate: 21/05/1975 **Sex:** F **Medicare Number:** 44377831111
Your Reference: **Lab Reference:** 23-71681785-CBC-0
Laboratory: QML Pathology
Addressee: DR MICHAELIA VERBEEK **Referred by:** DR MICHAELIA VERBEEK

Name of Test: MASTER FULL BLOOD COUNT
Requested: 23/02/2023 **Collected:** 24/02/2023 **Reported:** 24/02/2023 15:41

CUMULATIVE FULL BLOOD EXAMINATION

Date	25/10/21	10/02/22	24/10/22		24/02/23		
Time	13:09	14:53	10:22		08:30		
Lab No	67159361	29102369	71561701		71681785		
Hb	134	130	124		120	g/L	(115-160)
RCC	4.3	4.2	3.9		3.8	x10 ^12 /L	(3.6-5.2)
Hct	0.40	0.40	0.36		0.35		(0.33-0.46)
MCV	94	93	92		91	fL	(80-98)
MCH	31	31	32		32	pg	(27-35)
Plats	264	285	251		221	x10 ^9 /L	(150-450)
WCC	9.3	7.8	8.0		5.3	x10 ^9 /L	(4.0-11.0)
Neuts	6.0	4.9	5.0	57 %	3.0	x10 ^9 /L	(2.0-7.5)
Lymphs	2.2	2.0	2.1	29 %	1.5	x10 ^9 /L	(1.1-4.0)
Monos	0.8	0.6	0.6	10 %	0.5	x10 ^9 /L	(0.2-1.0)
Eos	0.09	0.16	0.24	3 %	0.16	x10 ^9 /L	(0.04-0.40)
Basos	0.09	0.08	0.08	1 %	0.05	x10 ^9 /L	(< 0.21)

71681785 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.

All haematology parameters are within normal limits for age and sex.

** FINAL REPORT - Please destroy previous report **

Tests Completed:FBC
Tests Pending :IRON STUDIES, SERUM VITAMIN B12, SE E/LFT, SE HDL
Tests Pending :SE C-REACTIVE PROTEIN

REYNOLDS, ALISON
2 2 REED ST, COOLANGATTA. 4225
Phone: 04 14380437
Birthdate: 21/05/1975 **Sex:** F **Medicare Number:** 44377831111
Your Reference: **Lab Reference:** 23-71681785-ISM-0
Laboratory: QML Pathology
Addressee: DR MICHAELIA VERBEEK **Referred by:** DR MICHAELIA VERBEEK

Name of Test: MASTER IRON STUDIES
Requested: 23/02/2023 **Collected:** 24/02/2023 **Reported:** 24/02/2023 18:16

Lab No	71561701	71681785
CRP	< 5	< 5 mg/L(0-6)

C-reactive protein (CRP) is a non-specific indicator of tissue damage.
The level rises rapidly (within 6-10 hours) after tissue injury, peaks at 48-72 hours and returns to normal within a few days. Common causes of markedly increased CRP include infection (particularly bacterial), trauma, surgery, myocardial infarction, many malignancies and inflammatory disorders.

Tests Completed:FBC, SE E/LFT, SE HDL, SE C-REACTIVE PROTEIN
Tests Pending :IRON STUDIES, SERUM VITAMIN B12

REYNOLDS, ALISON
2 2 REED ST, COOLANGATTA. 4225
Phone: 04 14380437
Birthdate: 21/05/1975 **Sex:** F **Medicare Number:** 44377831111
Your Reference: **Lab Reference:** 23-71681786-VD-0
Laboratory: QML Pathology
Addressee: DR MICHAELIA VERBEEK **Referred by:** DR MICHAELIA VERBEEK

Name of Test: VITAMIN D,SERUM
Requested: 23/02/2023 **Collected:** 24/02/2023 **Reported:** 24/02/2023 17:54

CUMULATIVE SERUM VITAMIN D

Date	24/02/23
Time	08:30
Lab No	71681786
Vitamin D3	145 nmol/L (> 49)

Tests Completed:SE VIT D
Tests Pending :

Your Reference: **Lab Reference:** 23-71681785-25T-0
Laboratory: QML Pathology
Addressee: DR MICHAELIA VERBEEK **Referred by:** DR MICHAELIA VERBEEK

Name of Test: E/LFT (MASTER)
Requested: 23/02/2023 **Collected:** 24/02/2023 **Reported:** 24/02/2023
17:16

CUMULATIVE SERUM/PLASMA BIOCHEMISTRY

Date	25/10/21	10/02/22	24/10/22	24/02/23		
Time	13:09	14:53	10:22	08:30		
Lab No	67159361	29102369	71561701	71681785		
	RANDOM	RANDOM	RANDOM	FASTING		FASTING
Sodium	137	136	136	136	mmol/L	(137-147)
Potass.	3.8	3.8	3.9	4.0	mmol/L	(3.5-5.0)
Chloride	104	103	101	98	mmol/L	(96-109)
Bicarb	25	24	26	23	mmol/L	(25-33)
An.Gap	12	13	13	19	mmol/L	(4-17)
Gluc	4.3	7.8	4.8	4.2	mmol/L	(3.0-6.0)
Urea	3.4	3.6	4.2	2.8	mmol/L	(2.0-7.0)
Creat	60	73	69	65	umol/L	(40-110)
eGFR	> 90	84	> 90	> 90	mL/min	(over 59)
Urate	0.18	0.16	0.17	0.18	mmol/L	(0.14-0.35)
T.Bili	8	6	6	17	umol/L	(2-20)
D.Bili	2	< 2	1	6	umol/L	(0-8)
Alk.P	54	85	70	43	U/L	(30-115)
GGT	12	8	7	10	U/L	(0-45)
ALT	23	22	16	17	U/L	(0-45)
AST	20	20	20	20	U/L	(0-41)
LD	192	162	194	152	U/L	(80-250)
Calcium	2.34	2.38	2.26	2.22	mmol/L	(2.15-2.60)
Corr.Ca	2.27	2.34	2.17	2.23	mmol/L	(2.15-2.60)
Phos	1.0	0.9	1.1	1.2	mmol/L	(0.8-1.5)
T.Prot	71	70	68	65	g/L	(60-82)
Alb	45	44	46	42	g/L	(35-50)
Glob	26	26	22	23	g/L	(20-40)
Chol	5.8	6.3	5.8	5.7	mmol/L	(3.6-6.9)
Trig	1.0	1.4	1.4	0.6	mmol/L	(0.3-2.2)
Lab No	67159361	29102369	71561701	71681785		
Date	25/10/21	10/02/22	24/10/22	24/02/23		

low
low
high
way higher now

Tests Completed:FBC, SE E/LFT, SE HDL, SE C-REACTIVE PROTEIN
Tests Pending :IRON STUDIES, SERUM VITAMIN B12

REYNOLDS, ALISON
2 2 REED ST, COOLANGATTA. 4225
Phone: 04 14380437
Birthdate: 21/05/1975 **Sex:** F **Medicare Number:** 44377831111
Your Reference: **Lab Reference:** 23-71681785-CRP-0
Laboratory: QML Pathology
Addressee: DR MICHAELIA VERBEEK **Referred by:** DR MICHAELIA VERBEEK

Name of Test: C REACTIVE PROTEIN
Requested: 23/02/2023 **Collected:** 24/02/2023 **Reported:** 24/02/2023
17:16

CUMULATIVE SERUM/PLASMA COMPLEMENT AND C-REACTIVE PROTEIN (CRP)

Date	24/10/22	24/02/23
Time	10:22	08:30

For Doctor clinical enquiries, please contact Dr Peter Davidson 07 3121 4444.
Patients should contact their referring doctor in regard to this result.

Tests Completed:ACTIVE VITAMIN B12, IRON STUDIES, FBC, SERUM VITAMIN B12, SE E/LFT
Tests Completed:SE HDL, SE C-REACTIVE PROTEIN
Tests Pending :

REYNOLDS, ALISON
2 2 REED ST, COOLANGATTA. 4225
Phone: 04 14380437
Birthdate: 21/05/1975 **Sex:** F **Medicare Number:** 44377831111
Your Reference: **Lab Reference:** 23-71681785-HDL-0
Laboratory: QML Pathology
Addressee: DR MICHAELIA VERBEEK **Referred by:** DR MICHAELIA VERBEEK

Name of Test: HDL CHOLESTEROL,SERUM
Requested: 23/02/2023 **Collected:** 24/02/2023 **Reported:** 24/02/2023 17:16

CUMULATIVE LIPID RISK REPORT

Date	24/02/23	
Time	08:30	
Lab No	71681785	
	FASTING	
		Target if HIGH RISK
Total Cholesterol	5.7 mmol/L	(below 4.0)
Triglycerides	0.6 mmol/L	(below 2.0)
CHOLESTEROL FRACTIONS		
HDL	2.26 mmol/L	(above 1.0)
LDL (calculated)*	3.17 mmol/L	(below 2.5)
Non-HDL cholesterol*	3.44 mmol/L	(below 3.3)
Total/HDL ratio**	2.5	

* 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"

71681785 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, SE C-REACTIVE PROTEIN
Tests Pending :IRON STUDIES, SERUM VITAMIN B12

REYNOLDS, ALISON
2 2 REED ST, COOLANGATTA. 4225
Phone: 04 14380437
Birthdate: 21/05/1975 **Sex:** F **Medicare Number:** 44377831111

CUMULATIVE IRON STUDIES

Date		24/10/22	24/02/23		
Time		10:22	08:30		
Lab No		71561701	71681785		
Iron			28	umol/L	(10-33)
TIBC			41	umol/L	(45-70)
Saturation			68	%	(16-50) high
Ferritin		40	62	ug/L	(25-290)

71681785 Comment:
Essentially normal iron stores.

Note: Any unusually high TIBC values in this setting may reflect states of high oestrogenic activity which may reflect liver disease in males or HRT/OCP use in females.

Tests Completed:IRON STUDIES, FBC, SE E/LFT, SE HDL, SE C-REACTIVE PROTEIN
Tests Pending :SERUM VITAMIN B12

REYNOLDS, ALISON
2 2 REED ST, COOLANGATTA. 4225
Phone: 04 14380437
Birthdate: 21/05/1975 **Sex:** F **Medicare Number:** 44377831111
Your Reference: **Lab Reference:** 23-71681785-BFM-0
Laboratory: QML Pathology
Addressee: DR MICHAELIA VERBEEK **Referred by:** DR MICHAELIA VERBEEK

Name of Test: MASTER VITAMIN B12 FOLATE
Requested: 23/02/2023 **Collected:** 24/02/2023 **Reported:** 24/02/2023 19:10

CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date		11/03/22	24/02/23		
Time		10:30	08:30		
Lab No		68411282	71681785		
B12 Total		260	197	pmol/L	(162-811)
Active B12		116	> 146	pmol/L	(> 35)
S.Fol.		21.4		nmol/L	

Comment:
71681785

Serum Vitamin B12 Assay:
Borderline low vitamin B12 result. Low readings may occur with early B12 depletion, but also may be misleadingly low in other conditions such as Myeloma, or folate deficiency. If there is clinical suspicion of B12 deficient state then correlation with Folate levels as well as Holo TC (Active B12) assay is recommended.

Holo TC Assay:
No suggestion of vitamin B12 deficiency.
High B12 levels are commonly seen with vitamin B12 replacement therapy.

Methodology:
B12 and Active B12 (HoloTC) assays performed on Siemens Atellica analyser.