

DAHLSTROM, Vera

QML Pathology

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient **GUNNELL, Jenny**
Sex **F** Age **52 years.** DOB **16/04/1969**
Report For **DAHLSTROM, Vera**
Ref. by/copy to

96 ELMS RD, UPPER BARRON, ATHERTON QLD

Requested 25/03/2022
Collected 25/03/2022 09:04 AM
Reported 12/04/2022 03:56 AM

CUMULATIVE SERUM BIOCHEMISTRY

Date	25/03/22
Time	09:04
Lab No	67859109
	FASTING
Sodium	141 mmol/L (137-147)
Potass.	4.4 mmol/L (3.5-5.0)
Chloride	105 mmol/L (96-109)
Bicarb	29 mmol/L (25-33)
An.Gap	11 mmol/L (4-17)
Gluc	5.2 mmol/L (3.0-6.0)
Urea	5.8 mmol/L (2.5-7.5)
Creat	64 umol/L (50-120)
eGFR	> 90 mL/min (over 59)
Urate	0.20 mmol/L (0.14-0.35)
T.Bili	8 umol/L (2-20)
Alk.P	49 U/L (30-115)
GGT	14 U/L (0-45)
ALT	17 U/L (0-45)
AST	18 U/L (0-41)
LD	152 U/L (80-250)
Calcium	2.48 mmol/L (2.15-2.60)
Corr.Ca	2.38 mmol/L (2.15-2.60)
Phos	1.2 mmol/L (0.8-1.5)
T.Prot	72 g/L (60-82)
Alb	46 g/L (35-50)
Glob	26 g/L (20-40)
Chol	5.7 mmol/L (3.9-7.4)
Trig	0.6 mmol/L (0.3-2.2)
Lab No	67859109
Date	25/03/22

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CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date 25/03/22
Time 09:04
Lab No 67859109

B12 Total	740	pmol/L	(162-811)
R.Fol.	1123	nmol/L	(545-3370)

Comment:

67859109

Serum Vitamin B12 Assay:
Essentially normal B12 levels, although liver disease if present may falsely elevate the level.

Methodology:

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

For Doctor clinical enquiries, please contact Dr Peter Davidson 07 3121 4444.

Patients should contact their referring doctor in regard to this result.

Clinical:

Please note that Medicare requirements for folate testing reflect current best practice. Red cell folate will be reserved for patients with borderline values of serum folate (between 4.5 and 7.0) nmol/L).

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CUMULATIVE FULL BLOOD EXAMINATION

Date 25/03/22
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Lab No 67859109

Hb	143	g/L	(115-160)
RCC	4.7	x10 ¹² /L	(3.6-5.2)
Hct	0.43		(0.33-0.46)
MCV	92	fL	(80-98)
MCH	31	pg	(27-35)
Plats	290	x10 ⁹ /L	(150-450)
WCC	4.8	x10 ⁹ /L	(4.0-11.0)
Neuts	49 %	2.4 x10 ⁹ /L	(2.0-7.5)
Lymphs	36 %	1.7 x10 ⁹ /L	(1.1-4.0)
Monos	8 %	0.4 x10 ⁹ /L	(0.2-1.0)
Eos	5 %	0.24 x10 ⁹ /L	(0.04-0.40)
Basos	2 %	0.10 x10 ⁹ /L	(< 0.21)

67859109 **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 ****

CUMULATIVE SERUM COMPLEMENT AND C-REACTIVE PROTEIN (CRP)

Date 25/03/22
Time 09:04
Lab No 67859109

CRP 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.

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CUMULATIVE SERUM HOMOCYSTEINE

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Homocysteine 8.8 umol/L (0.0-15.0)

67859109 Normal value.

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)

CUMULATIVE IRON STUDIES

Date 25/03/22
Time 09:04
Lab No 67859109

Iron	10	umol/L	(10-33)
TIBC	59	umol/L	(45-70)
Saturation	17	%	(16-50)
Ferritin	53	ug/L	(30-320)

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