Healius Pathology Pty Ltd (ABN 84 007 190 043)
APA No. 000042 t/a QML Pathology
11 Riverview Place, Metroplex on Gateway, Murarrie Qld 4172
Ph (07) 3121 4444

Pathology Report

DAHLSTROM, VERA

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

Patient **COWAN, ANN-MARIE** **409 HOUGH RD KAIRI QLD 4872**
Sex F Age 59 years DOB 18/06/1964
Report For DAHLSTROM, VERA
Ref. by/copy to DAHLSTROM, VERA

Requested 09/11/2023
Collected 09/11/2023 08:30 AM
Reported 11/11/2023 06:24 PM

Serum Zinc	12	umol/L	(10-25)

CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	09/11/23		
Time	08:30		
Lab No	69985728		
TSH	1.4	mIU/L	(0.50-4.00)
free T4	12	pmol/L	(10-20)
free T3	4.9	pmol/L	(2.8-6.8)

Euthyroid level.

CUMULATIVE IRON STUDIES

Date	09/11/23		
Time	08:30		
Lab No	69985728		
Iron	17	umol/L	(10-33)
TIBC	55	umol/L	(45-70)
Saturation	31	%	(16-50)
Ferritin	178	ug/L	(30-320)

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CUMULATIVE SERUM BIOCHEMISTRY

Date	09/11/23		
Time	08:30		
Lab No	69985728		
	FASTING		FASTING
Sodium	139	mmol/L	(137-147)
Potass.	4.0	mmol/L	(3.5-5.0)
Chloride	106	mmol/L	(96-109)
Bicarb	28	mmol/L	(25-33)
An.Gap	9	mmol/L	(4-17)
Gluc	5.1	mmol/L	(3.0-6.0)
Urea	5.7	mmol/L	(2.5-7.5)
Creat	72	umol/L	(50-120)
eGFR	79	mL/min	(over 59)
Urate	0.30	mmol/L	(0.14-0.35)
T.Bili	12	umol/L	(2-20)
Alk.P	52	U/L	(30-115)
GGT	15	U/L	(0-45)
ALT	29	U/L	(0-45)
AST	28	U/L	(0-41)
LD	212	U/L	(80-250)
Calcium	2.34	mmol/L	(2.15-2.60)
Corr.Ca	2.30	mmol/L	(2.15-2.60)
Phos	1.1	mmol/L	(0.8-1.5)
T.Prot	69	g/L	(60-82)
Alb	44	g/L	(35-50)
Glob	25	g/L	(20-40)
Chol	5.6	mmol/L	(3.9-7.4)
Trig	1.0	mmol/L	(0.3-2.2)
Lab No	69985728		
Date	09/11/23		

CUMULATIVE SERUM COMPLEMENT AND C-REACTIVE PROTEIN (CRP)

Date	09/11/23
Time	08:30
Lab No	69985728

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Patient	**COWAN, ANN-MARIE**	**409 HOUGH RD KAIRI QLD 4872**	**Requested**	09/11/2023	
Sex	F	Age 59 years DOB 18/06/1964	**Collected**	09/11/2023	08:30 AM
Report For	DAHLSTROM, VERA		**Reported**	11/11/2023	06:24 PM
Ref. by/copy to	DAHLSTROM, VERA				

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.

Serum Copper	18	umol/L	(10-45)

CUMULATIVE SERUM VITAMIN D

Date	09/11/23		
Time	08:30		
Lab No	69985728		
Vitamin D3	77	nmol/L	(> 49)

CUMULATIVE FULL BLOOD EXAMINATION

Date	09/11/23		
Time	08:30		
Lab No	69985728		
Hb	141	g/L	(115-160)
RCC	4.7	x10 ^12 /L	(3.6-5.2)
Hct	0.44		(0.33-0.46)

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MCV		94	fL	(80-98)
MCH		30	pg	(27-35)
Plats		262	x10 ^9 /L	(150-450)
WCC		3.5	x10 ^9 /L	(4.0-11.0)
Neuts	50 %	1.8	x10 ^9 /L	(2.0-7.5)
Lymphs	41 %	1.4	x10 ^9 /L	(1.1-4.0)
Monos	7 %	0.2	x10 ^9 /L	(0.2-1.0)
Eos	1 %	0.04	x10 ^9 /L	(0.04-0.40)
Basos	1 %	0.04	x10 ^9 /L	(< 0.21)

69985728 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.

Neutropenia may be a transient effect of an acute viral infection. Persistent neutropenia may be seen as a result of certain infections, hypersplenism, SLE/Rheumatoid, drug side effect, and sometimes as an ethnic familial disorder, or in older patients an early myelodysplasia. Correlate Clinically as well as with E+LFTs, Viral Serology, Lymphocyte Markers, ANA/RF if clinically appropriate. Otherwise, suggest repeat at a later date.

** FINAL REPORT - Please destroy previous report **

Pathology Report

QML_ RTE001-AV3

Dept | Date of Service | For Clinical Enquiries | Perf. Branch | Quote 23-69985728