

DAHLSTROM, VERA

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

Patient	JEFFERS, PATRICIA MARY	16 TAMARIND ST KIRWAN QLD 4817	
Sex	F	Age 54 years DOB 04/02/1969	Requested 13/11/2023
Report For	DAHLSTROM, VERA		Collected 13/11/2023 06:26 AM
Ref. by/copy to	DAHLSTROM, VERA		Reported 21/11/2023 02:54 PM

Whole Blood Vitamin B6 56 ug/L (> 14)
 (as Pyridoxal-5-phosphate)

This result does not indicate vitamin B6 deficiency.

Levels exceeding 30 ug/L typically reflect recent absorption or supplementation.
 Very high levels exceeding 500 ug/L if sustained have been associated with neuropathy.

Note: As vitamin B6 is found predominantly within the red blood cells, patients with anaemia may misleadingly have mildly low results.

Serum Zinc 10 umol/L (10-25)

CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date	13/11/23
Time	06:26
Lab No	73793340

Active B12 > 146 pmol/L (> 35)

Comment:
 73793340

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

Pathology Report

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

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

Pathology Report

CUMULATIVE IRON STUDIES

Date	13/11/23
Time	06:26
Lab No	73793340
Iron	16 umol/L (10-33)
TIBC	46 umol/L (45-70)
Saturation	35 % (16-50)
Ferritin	127 ug/L (30-320)

CUMULATIVE SERUM HOMOCYSTEINE

Date	13/11/23
Time	06:26
Lab No	73793340
Homocysteine	8.2 umol/L (0.0-15.0)

73793340 Normal value.

Homocysteine Related Risk	
Plasma level (umol/L)	Risk Average
Below 9.0	No increase

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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)

Serum Copper 23 umol/L (10-45)

CUMULATIVE SERUM VITAMIN D
 Date 13/11/23
 Time 06:26
 Lab No 73793340
 Vitamin D3 103 nmol/L (> 49)

CUMULATIVE SERUM COMPLEMENT AND C-REACTIVE PROTEIN (CRP)
 Date 13/11/23
 Time 06:26
 Lab No 73793340
 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

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and inflammatory disorders.

CUMULATIVE SERUM BIOCHEMISTRY

Date	13/11/23
Time	06:26
Lab No	73793340
	FASTING
Sodium	140 mmol/L (137-147)
Potass.	4.0 mmol/L (3.5-5.0)
Chloride	103 mmol/L (96-109)
Bicarb	29 mmol/L (25-33)
An.Gap	12 mmol/L (4-17)
Gluc	5.1 mmol/L (3.0-6.0)
Urea	3.8 mmol/L (2.5-7.5)
Creat	91 umol/L (50-120)
eGFR	62 mL/min (over 59)
Urate	0.23 mmol/L (0.14-0.35)
T.Bili	11 umol/L (2-20)
Alk.P	70 U/L (30-115)
GGT	22 U/L (0-45)
ALT	13 U/L (0-45)
AST	15 U/L (0-41)
LD	120 U/L (80-250)
Calcium	2.41 mmol/L (2.15-2.60)
Corr.Ca	2.42 mmol/L (2.15-2.60)
Phos	1.0 mmol/L (0.8-1.5)
T.Prot	65 g/L (60-82)
Alb	42 g/L (35-50)
Glob	23 g/L (20-40)
Chol	4.8 mmol/L (3.9-7.4)
Trig	1.2 mmol/L (0.3-2.2)
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Date	13/11/23

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CUMULATIVE FULL BLOOD EXAMINATION

Date **13/11/23**
Time **06:26**
Lab No **73793340**

Hb	122	g/L	(115-160)
RCC	4.0	x10 ¹² /L	(3.6-5.2)
Hct	0.37		(0.33-0.46)
MCV	93	fL	(80-98)
MCH	30	pg	(27-35)
Plats	266	x10 ⁹ /L	(150-450)
WCC	5.4	x10 ⁹ /L	(4.0-11.0)
Neuts	59 %	3.2 x10 ⁹ /L	(2.0-7.5)
Lymphs	31 %	1.7 x10 ⁹ /L	(1.1-4.0)
Monos	7 %	0.4 x10 ⁹ /L	(0.2-1.0)
Eos	2 %	0.11 x10 ⁹ /L	(0.04-0.40)
Basos	1 %	0.05 x10 ⁹ /L	(< 0.21)

73793340 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 **

Pathology Report