

Lab ID 683975195

DOB 06/06/1977 (46 Yrs FEMALE)

Referrer Snp Patient Services

Your ref. 45377

Address PATIENT SERVICES SONIC DX PO BOX 2014
BOWEN HILLS QLD 4006

Address 7 CONNER PLACE
SUNRISE BEACH QLD 4567

Phone 1300732030

Phone 0406361665

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Requested 10/11/2023

Clinical Notes ? RA ? Early Menopause

Collected 15/11/2023 09:56

Received 15/11/2023 09:56

Copper

Copper-serum	14.7	13.0 - 25.0	umol/L
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CA

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Reported on 16-11-2023 14:49

Lead

Lead-blood	0.04	0 - 0.24	umol/L
Lead-blood	0.8	0 - 5	ug/dL

Comments

Blood lead < 5.1 ug/dL (0.25 umol/L), no action required

NHMRC Information Paper: Evidence on the effects of Lead on Human Health - May 2015
Safe Work Australia Health Monitoring Guide for Inorganic Lead (2020):
www.safeworkaustralia.gov.au/doc/lead-inorganic-health-monitoring

LJ

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Reported on 16-11-2023 16:33

Mercury

Mercury-blood	<5	<60	nmol/L
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Selenium

Selenium-plasma	1.0	0.7 - 2.0	umol/L
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Comments

As of 22/05/23 the SNP Reference Intervals for plasma selenium have been updated

LJ

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Reported on 16-11-2023 18:11

Zinc

Zinc-plasma	10.6	9.0 - 19.0	umol/L
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Test Name	Result	Units	Reference Interval
Sodium	137	mmol/L	135 - 145
Potassium	4.4	mmol/L	3.5 - 5.5
Chloride	106	mmol/L	95 - 110
Bicarbonate	25	mmol/L	20 - 32
Anion Gap	6	mmol/L	<16
Calcium (Corrected)	2.35	mmol/L	2.10 - 2.60
Phosphate	1.31	mmol/L	0.80 - 1.50
● Urea	2.0 L	mmol/L	2.5 - 7.0
Uric Acid	0.185	mmol/L	0.150 - 0.400
Creatinine	68	umol/L	45 - 85
eGFR	>90		>59
Fasting Glucose	5.2	mmol/L	3.6 - 6.0
Total Protein	67	g/L	64 - 81
Albumin	40	g/L	33 - 46
Globulin	27	g/L	23 - 43
Bilirubin	10	umol/L	<16
Alk Phos	49	U/L	20 - 105
AST	19	U/L	10 - 35
ALT	11	U/L	5 - 30
Gamma GT	9	U/L	5 - 35
LDH	127	U/L	<250
Cholesterol	4.8	mmol/L	<5.6
Triglyceride	0.7	mmol/L	<2.1
Magnesium	0.88	mmol/L	0.70 - 1.10
Haemolysis Index	3		<40

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C Reactive Protein

Test Name	Result	Units	Reference Interval
CRP	<0.4	mg/L	<5

Comments

Interpretation: Elevation in CRP indicates disease activity of an inflammatory, infective or neoplastic nature. CRP is a more sensitive early indicator of an acute phase response than is the ESR. It also returns towards normal more rapidly with improvement or resolution of the disease process.

Artefactually decreased CRP values occur when patients are treated with antibiotics containing carboxypenicillins including Ticarcillin.

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Lipid Profile

Cholesterol	4.8	<5.6	mmol/L
Triglyceride	0.7	<2.1	mmol/L
HDL	1.72	>1.09	mmol/L
LDL	2.8	<4.1	mmol/L
Tot Chol/HDL	2.8	<4.6	
Non HDLC	3.08	<3.81	mmol/L

Comments

The National Vascular Disease Prevention Alliance (NVDPA) guidelines recommend a target level of less than 2.5 mmol/L for non-HDLC.

TARGET LEVELS:

The National Vascular Disease Prevention Alliance (NVDPA) treatment target levels for high risk people (known coronary heart and other arterial disease, diabetes, chronic renal failure, Aboriginal and Torres Strait Islander peoples and familial hyperlipidaemic conditions) are:

Total Cholesterol	<4.0 mmol/L
HDL-Cholesterol	>=1.00 mmol/L
Fasting Triglycerides	<2.0 mmol/L
Non-HDL Cholesterol	<2.5 mmol/L

Increased non-HDL Cholesterol is the most significant marker for subclinical atherosclerosis (ref: Cardiology Today 2013; 3(2) : pp25-27).

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Thyroid Function Tests

Test Name	Result	Units	Reference Interval
TSH	1.5	mIU/L	0.3 - 3.5

Comments

Euthyroid

EA

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

Reported on 15-11-2023 22:32

Vitamin B1/B2/B6

Vitamin B6 (P5P)	190	20 - 190	nmol/L
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Comments

Elevated vitamin B6 is most likely due to excess consumption. B6 is present in many over the counter preparations (including magnesium supplements) and in energy drinks. B6 > 250 nmol/L is associated with peripheral neuropathy. For patients not consuming excess B6, elevated levels may indicate Hypophosphatasemia. This condition is rare and patients will have low alkaline phosphatase and high urine phosphoethanolamine.

EA

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Gonadal Hormones

FSH	5	IU/L
LH	10	IU/L
Oestradiol	2240	pmol/L
Progesterone	0.8	nmol/L

Reference	FSH	LH	Oestradiol	Progesterone
Limits	IU/L	IU/L	pmol/L	nmol/L
Follicular	2 - 10	2 - 7	110 - 180	<0.5 - 2.5
Mid-Cycle	7 - 24	9 - 74	550 - 1650	2.5 - 12.0
Luteal	1 - 10	1 - 9	180 - 840	12.0 - 90.0
Menopausal	20 - 140	10 - 65	<200	<2.2
OCP	<5	<9	<80	<1.5

Comments

Falsely elevated Abbott oestradiol levels may be seen in patients on fulvestrant (FASLODEX) or mifepristone (MIFEGYNE, MIFEPRE) therapies. This elevation can be observed in patients treated with mifepristone for up to two weeks post treatment.

EA

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Reported on 15-11-2023 22:32

Prolactin

Prolactin	309	<500	mIU/L
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Insulin

S-Insulin	4	3 - 15	mU/L
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Comments

Please note: The insulin reference interval only refers to a fasting collection

EA

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Reported on 15-11-2023 22:32

Dehydro Epiandrosterone Sulphate (DHEAS)

DHEAS	4.4	1.2 - 7.7	umol/L
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Comments

DHEAS is performed by Abbott CMIA.
As of 29/05/23 the SNP Reference Intervals for DHEAS have been amended to align with CALIPER Intervals for children and Abbott Intervals for adults.

EA

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25 Hydroxy Vitamin D

Test Name	Result	Units	Reference Interval
25-OH Vitamin D	66	nmol/L	50 - 150

Comments

According to the Position Statement 'Vitamin D and health in adults in Australia and New Zealand' MJA, 196(11):1-7, 2012, vitamin D status is defined as:

Vitamin D adequacy: >49 nmol/L at the end of winter
(levels may need to be 10-20 nmol/L higher at the end
of summer, to allow for seasonal decrease.)
Mild vitamin D deficiency: 30-49 nmol/L
Moderate vitamin deficiency: 12.5-29 nmol/L
Severe vitamin D deficiency: < 12.5 nmol/L

EA

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HbA1c

Test Name	Result	Units	Reference Interval
HbA1c (NGSP)	5.6	%	<6.5
HbA1c (IFCC)	38	mmol/mol	<48

Comments

The currently accepted cut-point for diagnosis of Type 2 Diabetes is an HbA1c level equal to or greater than 6.5% (48 mmol/mol) in patients with normal red blood cell turnover.

An abnormal screening HbA1c equal to or greater than 6.5% (48 mmol/mol) should be confirmed by a repeat HbA1c level as soon as possible, prior to any dietary adjustment or therapeutic intervention.

If the follow up HbA1c is less than 6.5% (48mmol/mol) then the patient does not have diabetes and should be rescreened in 12 months time.

(Ref: MJA 197/4:220-221 (2012))

Patients with HbA1c levels of 5.7 - 6.4% (38 - 46 mmol/mol) may still have a slightly increased risk of microvascular complications according to the AusDiab study.

The Medicare item for HbA1C for diagnosis of Diabetes Mellitus is limited to one test per 12 months; for monitoring Diabetes testing remains unchanged - 4 tests per 12 months.

Further information may be found at MBS online
<http://www9.health.gov.au/mbs/search.cfm>

An alternative test to monitor diabetes such as serum fructosamine is advisable in the presence of altered red cell lifespan.

HbA1c performed on the Sebia Cap3 analyser by capillary electrophoresis.

HA

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Reported on 16-11-2023 00:37

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Androgens

Testosterone	1.0	<2.2	nmol/L
SHBG	108	20.0 - 110.0	nmol/L
Calculated Free Testosterone	8	3 - 37	pmol/L

Comments

SHBG performed on the Abbott immunoassay.

The Vermuelen calculation is the preferred measurement of free testosterone, and overcomes some of the inaccuracies of the FAI ratio.

JH

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Reported on 15-11-2023 23:40

Cortisol

Cortisol am	139	100 - 535	nmol/L
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EA

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Parathyroid Hormone (PTH)

Intact Parathyroid Hormone 6.5 1.6 - 6.9 pmol/L

Comments

Normal result.

High dose biotin, as may be used in the treatment of Multiple Sclerosis, can interfere in the Roche PTH assay. If the patient is on high dose biotin (>5 mg/day) please contact the laboratory on 07 3377 8530.

JH

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

Reported on 15-11-2023 20:51

Haematology

Test Name	Result	Units	Reference Interval
ESR	1	mm/h	1 - 12

HA

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Haematinics

Test Name	Result	Units	Reference Interval
Iron	22	umol/L	5 - 30
Transferrin	2.8	g/L	1.9 - 3.1
TIBC	70	umol/L	47 - 77
Saturation	31	%	20 - 45
● Ferritin	14 L	ug/L	30 - 300
CRP	<0.4	mg/L	<5
● Vitamin B12	110 L	pmol/L	> 150
● Active B12	14 L	pmol/L	> 35
Folate (Serum)	35	nmol/L	> 7.0

Comments

Consistent with iron deficiency. During reproductive years, iron deficiency in women commonly reflects menstrual losses or multiparity. However, a low dietary iron intake should also be considered, and investigation of the GIT for a source of blood loss may be indicated.

All patients with low or equivocal vitamin B12 results (400 pmol/L or less) will be routinely tested for holo-transcobalamin (active B12) to clarify the B12 status.

Both tests are now Medicare rebateable. Vitamin B12 concentrations over 400 pmol/L are generally considered replete.

Active B12 (holotranscobalamin) is the biologically active fraction of total serum B12, and should be a superior indicator of B12 status. **Holotranscobalamin** level confirms Vitamin B12 deficiency. Suggest investigation for Vitamin B12 malabsorption. Check - intrinsic factor and parietal cell antibodies, Coeliac screen, folate and iron studies.

EA

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Haematology

Test Name	Result	Units	Reference Interval
Haemoglobin	131	g/L	115 - 165
Haematocrit	0.40		0.35 - 0.47
Red cell count	4.5	10 ¹² /L	3.9 - 5.6
MCV	90	fL	80 - 100
White cell count	4.2	10 ⁹ /L	3.5 - 12.0
Neutrophils	2.48	10 ⁹ /L	1.5 - 8.0
Lymphocytes	1.31	10 ⁹ /L	1.0 - 4.0
Monocytes	0.27	10 ⁹ /L	0 - 0.9
Eosinophils	0.08	10 ⁹ /L	0 - 0.6
Basophils	0.07	10 ⁹ /L	0 - 0.15
Platelets	259	10 ⁹ /L	150 - 400

HA

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Reported on 15-11-2023 21:23

Autoantibodies

Anti-Nuclear Abs (ANA) Negative (Titre <1:80)

Comments

A negative ANA is seen in normal individuals. Occasionally patients with active SLE have a negative ANA.

HS

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Coeliac Disease Autoantibodies

Tissue Transglutaminase IgA Abs	<1	<7	U/mL
Gliadin (deamidated) IgG Abs	7 H	<7	U/mL

Comments

The presence of coeliac disease is very unlikely (<5%).
If suggestive symptoms, signs or family history, coeliac tissue typing or
endoscopy may help exclude the disease further.

IA

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Reported on 16-11-2023 05:52

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Rheumatology Studies

Rheumatoid Factor (RF) Latex	<15	<30	IU/mL
CCP Abs	<1	<5	U/mL
HLA B27 (Flow Cytometry)	Negative		

Comments

80% of rheumatoid arthritis patients have a positive RF, usually in high titre. Positive results, usually in low titre, are also found in patients with chronic or viral infections, liver diseases, hypergammaglobulinaemia, connective tissue diseases, ankylosing spondylitis (10%), and normal people (1-5%, incidence increases with age).

CCP antibodies when combined with RF, give a sensitivity of around 85% for the detection of early rheumatoid arthritis.
Please note as of 14/4/2020 the RF reference interval has changed from <15 to <30 IU/mL

Cyclic citrullinated peptide (CCP) antibodies may be positive in some sero negative RA patients and appear earlier than RF in RA. CCP antibodies may predict more erosive disease and are a marker of disease severity.
CCP antibodies may be present in some chronic infections eg HIV, HCV and in those conditions are not associated with arthritis.
CCP antibodies have not been associated with Cryoglobulinaemia.
Testing for CCP antibodies is performed using Abbott CMIA.
An elevated CCP can be found in a significant number of patients with rheumatoid arthritis who have a negative RF. CCP antibodies may be detected in about 50-60% of patients with early RA (3-6 months after the beginning of symptoms).

HLA B27 is present in 10% of the normal population and does not by itself indicate that the patient has an autoimmune disease. HLA B27 is present in 90% of patients with ankylosing spondylitis and also occurs in patients with reactive arthritis, psoriatic arthritis, anterior uveitis and spondylarthritides associated with inflammatory bowel disease. Flow cytometry does not detect HLA B2706 or B27 Null alleles. These HLA alleles are not associated with ankylosing spondylitis or iritis. Testing performed on peripheral blood.

BB

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LAB ID **683975195** DOB **06/06/1977** (46Y Female)

Referring Doctor Dr Logan Shemer

Your ref. 45377

Address 7 Conner Place
SUNRISE BEACH QLD 4567

Phone 0406 361 665

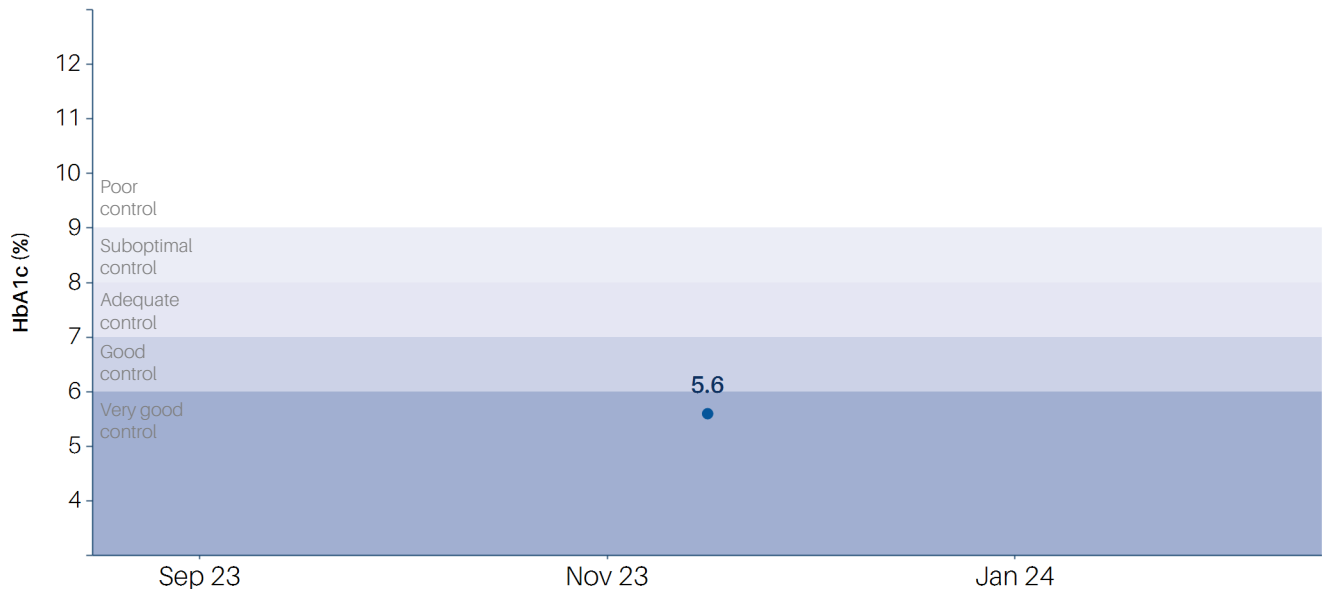
Dr Logan Shemer
Noosa Clinic
306a/90 Goodchap St
NOOSAVILLE QLD 4566

S23676
301A,301B,301C,301D,315B,31
5C,324A/---/---/---

Requested 10 Nov 2023
Collected 15 Nov 2023 09:56 am
Received 15 Nov 2023 09:56 am
Reported 16 Nov 2023 00:38 am

Glycated Haemoglobin | HbA1c

Diabetes Monitoring



LEGEND

- Poor control (> 9.0)
- Suboptimal control (8.1 - 9.0)
- Adequate control (7.1 - 8.0)
- Good control (6.1 - 7.0)
- Very good control (<6.1)
- Within reference interval
- Out of reference interval