



Vera Dahlstrom <restoringvitality1@gmail.com>

Catherine's blood tests Nov 2022

1 message

Catherine James <csjames1212@yahoo.com>

Wed, Nov 9, 2022 at 9:42 PM

Reply-To: Catherine James <csjames1212@yahoo.com>

To: Vera <vee.nat9@gmail.com>, Vera Dahlstrom <restoringvitality1@gmail.com>

Hello Vera,

Here's a collation of my most recent blood/ poo results. I don't know whether or not they've included the items you recommended (see below in bold).

Could I please book in with you for a review and advice (phone consultation unless you are going to Mag Island in the near future)?

Cheers,

Catherine x

0428 777 880

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Occult Blood 1

JAMES, CATHERINE S 9 APPIAN WAY, ARCADIA 4819

Phone: 0428777880 Sex: F Medicare Number: 4035015081

Birthdate: 05/07/1961 Your Reference: 3BFAB3DBA6

Lab Reference: 670478031-M-M513 Laboratory: SNP

Referred by: DR AILEEN P DOBBS Addressee: DR AILEEN P DOBBS

Name of Test: **OCCULT BLOOD 1**

Requested: 20/10/2022 Collected: 26/10/2022 Reported: 01/11/2022 07:51

Clinical Notes: ? prev iron def

Faeces Occult Blood 1

Occult Blood (Immunochemical) **Negative**

Comments: 670478031 Investigative protocol and additional interpretation of results available at the following weblink: <http://protocols.sonichealthcare.com/shared/IP605.pdf>

PLEDIA FOB #1@BWH

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, Iron Studies, E/LFT, TSH, Vitamin B12, Folate (Serum), Active B12, HbA1c, FBE, Occult Blood 1, Occult Blood 2, Occult Blood 3

Tests Pending: Sample Pending:

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Occult Blood 2

JAMES, CATHERINE S 9 APPIAN WAY, ARCADIA 4819

Phone: 0428777880 Sex: F Medicare Number: 4035015081

Birthdate: 05/07/1961 Your Reference: 3BFAB3DBA6

Lab Reference: 670478031-M-M523 Laboratory: SNP

Addressee: DR AILEEN P DOBBS Referred by: DR AILEEN P DOBBS

Name of Test: **OCCULT BLOOD 2**

Requested: 20/10/2022 Collected: 26/10/2022 Reported: 01/11/2022 07:51

Clinical Notes: ? prev iron def

Faeces Occult Blood 2

Occult Blood (Immunochemical) **Negative**

PLEDIA FOB #1@BWH

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, Iron Studies, E/LFT, TSH, Vitamin B12, Folate (Serum), Active B12, HbA1c, FBE, Occult Blood 1, Occult Blood 2, Occult Blood 3

Tests Pending: Sample Pending:

.....

Occult Blood 3

JAMES, CATHERINE S 9 APPIAN WAY, ARCADIA 4819

Phone: 0428777880 Sex: F Medicare Number: 4035015081

Birthdate: 05/07/1961 Your Reference: 3BFAB3DBA6

Lab Reference: 670478031-M-M533 Laboratory: SNP

Referred by: DR AILEEN P DOBBS Addressee: DR AILEEN P DOBBS

Name of Test: **OCCULT BLOOD 3**

Requested: 20/10/2022 Collected: 26/10/2022 Reported: 01/11/2022 07:51

Clinical Notes: ? prev iron def

Faeces Occult Blood 3

Occult Blood (Immunochemical) **Negative**

PLEDIA FOB #1@BWH

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, Iron Studies, E/LFT, TSH, Vitamin B12, Folate (Serum), Active B12, HbA1c, FBE, Occult Blood 1, Occult Blood 2, Occult Blood 3

Tests Pending: Sample Pending:

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HBA1C

JAMES, CATHERINE S 9 APPIAN WAY, ARCADIA 4819

Phone: 0428777880 Sex: F Medicare Number: 4035015081

Birthdate: 05/07/1961 Your Reference: 3BFAB3DBA6

Lab Reference: 670478031-H-E416 Laboratory: SNP

Referred by: DR AILEEN P DOBBS Addressee: DR AILEEN P DOBBS

Name of Test: **HBA1C**

Requested: 20/10/2022 Collected: 26/10/2022 Reported: 27/10/2022 18:51

Clinical Notes: ? prev iron def

HbA1c

HbA1c (NGSP) 5.9 (<6.5) %

HbA1c (IFCC) 40 (<48) mmol/mol

Comments on Collection 670478031

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

PDF Image Enhanced Report

A PDF version of this report with images is available until 27-10-2023. Copy and paste the URL below into your web browser and use PIN 0397 to access the report.

<https://sdrvviewer.apps.sonichealthcare.com/?GUID=8E5BF54F-283D-46D1-8809-DE21DF618AEE&hostCode=SNP> & shareType=1

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, Iron Studies, E/LFT, TSH, Vitamin B12, Folate (Serum), Active B12, HbA1c, FBE

Tests Pending: Occult Blood 1, Occult Blood 2, Occult Blood 3

Sample Pending:

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ANAEMIA

JAMES, CATHERINE S 9 APPIAN WAY, ARCADIA 4819

Phone: 0428777880 Sex: F Medicare Number: 4035015081

Birthdate: 05/07/1961 Your Reference: 3BFAB3DBA6

Lab Reference: 670478031-C-H245 Laboratory: SNP

Addressee: DR AILEEN P DOBBS Referred by: DR AILEEN P DOBBS

Name of Test: **ANAEMIA**

Requested: 20/10/2022 Collected: 26/10/2022 Reported: 27/10/2022 17:51

Clinical Notes: ? prev iron def

Haematinics

Iron 10 (5 – 30) $\mu\text{mol/L}$

Transferrin 2.1 (1.9 – 3.1) g/L

TIBC 52 (47 – 77) $\mu\text{mol/L}$

Saturation 19L (20 – 45) %

Ferritin 22L (30 – 300) $\mu\text{g/L}$

Vitamin B12 181 (>150) pmol/L

Iron deficient

Active B12 75 (>35) pmol/L

B12 Active over 100 and normal over 600

Folate (Serum) 25 (>7.0) nmol/L

Comments on Lab Id: 670478031

Results consistent with Iron Deficiency

Dietary iron deficiency is common in the elderly, however excessive blood loss should be considered initially.

All patients with low or equivocal vitamin B12 results (380 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 380 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 indicates Vitamin B12 deficiency unlikely. Up to 15% of patients will have a deficiency of carrier protein (haptocorrin) that does not appear to result in a clinically recognisable Vitamin B12 deficiency despite low total Vitamin B12 levels.

EA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, Iron Studies, E/LFT, TSH, Vitamin B12, Folate (Serum), Active B12, FBE Tests Pending : HbA1c, Occult Blood 1, Occult Blood 2, Occult Blood 3

Sample Pending:

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BLOOD COUNT

JAMES, CATHERINE S 9 APPIAN WAY, ARCADIA 4819

Phone: 0428777880 Sex: F Medicare Number: 4035015081

Birthdate: 05/07/1961 Your Reference: 3BFAB3DBA6

Lab Reference: 670478031-H-H900 Laboratory: SNP

Addressee: DR AILEEN P DOBBS Referred by: DR AILEEN P DOBBS

Name of Test: **BLOOD COUNT**

Requested: 20/10/2022 Collected: 26/10/2022 Reported: 27/10/2022 16:51

Clinical Notes: ? prev iron def

Haematology

Haemoglobin 118 (115 – 165) g/L

Haematocrit 0.38 (0.35 – 0.47)

Red cell count 3.9 (3.9 – 5.6) $10^{12}/L$

MCV 98 (80 – 100) fL

White cell count 3.9 (3.5 – 10.0) $10^9/L$

Neutrophils 1.77 (1.5 – 6.5) $10^9/L$

Lymphocytes 1.60 (0.8 – 4.0) $10^9/L$

Monocytes 0.43 (0 – 0.9) $10^9/L$

Eosinophils 0.10 (0 – 0.6) $10^9/L$

Basophils 0.04 (0 – 0.15) $10^9/L$

Platelets 195 (150 – 400) $10^9/L$

Comments on Lab Id: 670478031

HA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, Iron Studies, E/LFT, TSH, Vitamin B12, Folate (Serum),
FBE Tests Pending: Active B12, HbA1c, Occult Blood 1, Occult Blood 2, Occult Blood 3

Sample Pending:

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Thyroid Function Tests

JAMES, CATHERINE S 9 APPIAN WAY, ARCADIA 4819

Phone: 0428777880 Sex: F Medicare Number: 4035015081

Birthdate: 05/07/1961 Your Reference: 3BFAB3DBA6

Lab Reference: 670478031-E-E030 Laboratory: SNP

Addressee: DR AILEEN P DOBBS Referred by: DR AILEEN P DOBBS

Name of Test: S- THYROID FUNCTION

Requested: 20/10/2022 Collected: 26/10/2022 Reported: 27/10/2022 16:51

Clinical Notes: ? prev iron def

Thyroid Function Tests

TSH 2.8 (0.3 - 4.0) mIU/L

Comments on Collection 670478031

Euthyroid

EA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, Iron Studies, E/LFT, TSH, Vitamin B12, Folate (Serum),
FBE Tests Pending: Active B12, HbA1c, Occult Blood 1, Occult Blood 2, Occult Blood 3

Sample Pending:

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S- ROUTINE CHEMISTRY

JAMES, CATHERINE S 9 APPIAN WAY, ARCADIA 4819

Phone: 0428777880 Sex: F Medicare Number: 4035015081

Birthdate: 05/07/1961 Your Reference: 3BFAB3DBA6

Lab Reference: 670478031-C-C140 Laboratory: SNP

Addressee: DR AILEEN P DOBBS Referred by: DR AILEEN P DOBBS

Name of Test: **S- ROUTINE CHEMISTRY**

Requested: 20/10/2022 Collected: 26/10/2022 Reported: 27/10/2022 16:51

Clinical notes: ? prev iron def

Sodium 137 (135 – 145) mmol/L

Potassium 4.4 (3.5 – 5.5) mmol/L

Chloride 105 (95 – 110) mmol/L

Bicarbonate 26 (20 – 32) mmol/L

Anion Gap 6 (<16) mmol/L Anion Gap 10

Calcium (Corrected) 2.28 (2.10 – 2.60) mmol/L

Phosphate 1.54 H (0.80 – 1.50) mmol/L High phosphate

Urea 7.6 (3.0 – 8.5) mmol/L

Uric Acid 0.273 (0.150 – 0.400) mmol/L

Creatinine eGFR 69 (45 – 85) umol/L eGFR 82 (>59)

Fasting Glucose 5.3 (3.6 – 6.0) mmol/L could be lower. Watch tropical fruit intake.

Total Protein 66 (63 – 80) g/L

Albumin 38 (32 – 44) g/L

Albumin: Globulin 1: 1.35

Globulin 28 (23 – 43) g/L

Bilirubin 5 (<16) umol/L

Alk Phos 67 (30 – 115) U/L

AST 22 (10 – 35) U/L

ALT 19 (5 – 30) U/L

Gamma GT 14 (5 – 35) U/L

LDH 156 (120 – 250) U/L

Cholesterol 3.8 (<5.6) mmol/L

Triglyceride 0.6 (<2.1) mmol/L

Haemolysis Index 6 (<40)

Comments on Lab Id: 670478031

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, Iron Studies, E/LFT, TSH, Vitamin B12, Folate (Serum), FBE

Tests Pending: Active B12, HbA1c, Occult Blood 1, Occult Blood 2, Occult Blood 3 Sample Pending :

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S-_LIPID PROFILE

JAMES, CATHERINE S 9 APPIAN WAY, ARCADIA 4819

Phone: 0428777880 Sex: F Medicare Number: 4035015081

Birthdate: 05/07/1961 Your Reference: 3BFAB3DBA6

Lab Reference: 670478031-C-C847 Laboratory: SNP

Addressee: DR AILEEN P DOBBS Referred by: DR AILEEN P DOBBS

Name of Test: **S-_LIPID PROFILE**

Requested: 20/10/2022 Collected: 26/10/2022 Reported: 27/10/2022 16:51

Clinical notes: ? prev iron def

Lipid Profile

Cholesterol 3.8 (<5.6) mmol/L

Triglyceride 0.6 (<2.1) mmol/L

HDL 1.63 (>1.09) mmol/L

LDL 1.9 (<4.1) mmol/L

Tot Chol/HDL 2.3 (<4.6)

Non HDLC 2.17 (<3.81) mmol/L

Comments on Lab Id: 670478031

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).

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, Iron Studies, E/LFT, TSH, Vitamin B12, Folate (Serum), FBE

Tests Pending: Active B12, HbA1c, Occult Blood 1, Occult Blood 2, Occult Blood 3 Sample Pending:

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(See attached jpg for "Glycated Haemoglobin" info.)

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On Thursday, 7 April 2022 at 04:54:02 pm AEST, Vera <vee.nat9@gmail.com> wrote:

Hi Catherine,

Thanks for the email. Chronic kidney disease can affect vitamin D and blood counts as the kidneys are needed to activate vitamin D (and this could possibly cause bone pain) and also to make red blood cells. Tests I would recommended would include:

Vitamin D

Full blood count

Iron studies

B12, and/or active B12

Homocysteine (heart health and oxidative stress indicator)

General chemistry (electrolytes, kidney and liver function, cholesterol)

ESR and CRP (inflammation)

Thyroid function.

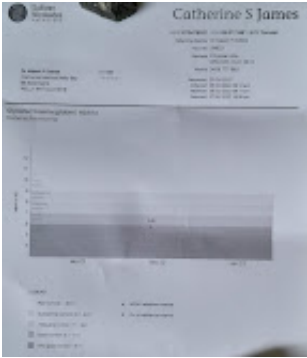
In the past we have tried her with N-acetyl cysteine for her mental health and it's also good for respiratory health. I think she may have stopped it some time ago while in Townsville and I didn't follow that up at the time. It may be worth a revisit?

If she has been on her medication for a long time, coming off it or even changing it could be very challenging but I'm no expert in this. This would need professional oversight.

For yourself: general chemistry, iron studies and full blood count would be standard. In the past you've had low B12, low iron and vitamin D. So definitely Active B12, and vitamin D would be good as well. Thyroid function, including freeT3 and freeT4 would be good as well due to family history and past symptoms of thinning eyebrows/puffy eyes/feeling cold, if these are still relevant? Being post-menopausal cholesterol, HDL, LDL also.

Hope this is helpful. Any questions let me know.

Vera.



CSJames_Glycated Haemoglobin_221104.jpg
500K