

DAHLSTROM, VERA

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

Patient	MCINTOSH, PENNY	PO BOX 1042 MALANDA QLD 4885	Requested	28/11/2023
Sex	F	Age 66 years DOB 17/02/1957	Collected	28/11/2023 08:30 AM
Report For	DAHLSTROM, VERA		Reported	03/12/2023 09:50 AM
Ref. by/copy to	DAHLSTROM, VERA			

URINARY IODINE

Corrected Iodine

Creatinine	4.7	mmol/L
Iodine	47	ug/L
Iodine	0.37	umol/L

WHO 2008 guidelines:
 Classification of iodine deficiency (Urine iodine ug/L):

> 99	Not iodine deficient
50-99	Mild iodine deficiency
20-49	Moderate iodine deficiency
< 20	Severe iodine deficiency

Levels in excess of 149 ug/L are regarded as adequate in pregnancy.
 Levels exceeding 300 ug/L (or above 500 ug/L in pregnancy) may carry a "Risk of adverse health consequences".

CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	28/11/23
Time	08:30
Lab No	69985787
TSH	3.2 mIU/L (0.50-4.00)
free T4	12 pmol/L (10-20)
free T3	5.2 pmol/L (2.8-6.8)

Euthyroid level.

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Serum Zinc 11 umol/L (10-25)

CUMULATIVE FERTILITY HORMONES

Date	28/11/23
Time	08:30
Lab No	69985787
SHBG	94 nmol/L (18-114)

CUMULATIVE SERUM VITAMIN D

Date	28/11/23
Time	08:30
Lab No	69985787
Vitamin D3	93 nmol/L (> 49)

CUMULATIVE IRON STUDIES

Date	28/11/23
Time	08:30
Lab No	69985787
Iron	14 umol/L (10-33)
TIBC	48 umol/L (45-70)
Saturation	29 % (16-50)

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Ferritin 149 ug/L (30-320)

CUMULATIVE SERUM BIOCHEMISTRY

Date	28/11/23
Time	08:30
Lab No	69985787
	FASTING
Sodium	139 mmol/L (137-147)
Potass.	4.5 mmol/L (3.5-5.0)
Chloride	106 mmol/L (96-109)
Bicarb	29 mmol/L (25-33)
An.Gap	9 mmol/L (4-17)
Gluc	5.0 mmol/L (3.0-6.0)
Urea	5.2 mmol/L (2.5-7.5)
Creat	76 umol/L (50-120)
eGFR	70 mL/min (over 59)
Urate	0.25 mmol/L (0.14-0.35)
T.Bili	8 umol/L (2-20)
Alk.P	80 U/L (30-115)
GGT	19 U/L (0-45)
ALT	29 U/L (0-45)
AST	29 U/L (0-41)
LD	229 U/L (80-250)
Calcium	2.38 mmol/L (2.15-2.60)
Corr.Ca	2.37 mmol/L (2.15-2.60)
Phos	1.4 mmol/L (0.8-1.5)
T.Prot	66 g/L (60-82)
Alb	43 g/L (35-50)
Glob	23 g/L (20-40)
Chol	5.9 mmol/L (3.6-7.3)
Trig	1.4 mmol/L (0.3-2.2)
Lab No	69985787
Date	28/11/23

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CUMULATIVE SERUM COMPLEMENT AND C-REACTIVE PROTEIN (CRP)

Date 28/11/23
 Time 08:30
 Lab No 69985787

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.

CUMULATIVE FULL BLOOD EXAMINATION

Date 28/11/23
 Time 08:30
 Lab No 69985787

Hb	133	g/L	(115-160)
RCC	4.6	x10 ¹² /L	(3.6-5.2)
Hct	0.41		(0.33-0.46)
MCV	91	fL	(80-98)
MCH	29	pg	(27-35)
Plats	378	x10 ⁹ /L	(150-450)
WCC	4.6	x10 ⁹ /L	(4.0-11.0)
Neuts	41 %	1.9	x10 ⁹ /L (2.0-7.5)
Lymphs	44 %	2.0	x10 ⁹ /L (1.1-4.0)
Monos	12 %	0.6	x10 ⁹ /L (0.2-1.0)
Eos	2 %	0.09	x10 ⁹ /L (0.04-0.40)
Basos	1 %	0.05	x10 ⁹ /L (< 0.21)

69985787 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.

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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