

Patient Address: 4 DAVID ST, CHEN-ting
D.O.B: 25/12/1955
Medicare No.: 2009035701
Lab. Reference: 23-26084205-MBA-0
Addressee: DR CHEN-TING YEN

Gender: F
IHI No.:
Provider: Laverty Pathology
Referred by: DR. CHEN-TING YEN

Date Requested: 20/11/2023
Date Collected: 20/11/2023
Specimen:
Subject(Test Name): SERUM CHEMISTRY (MBA-0)
Clinical Information:

Date Performed: 20/11/2023
Complete: Final

Clinical Notes : Monitoring blood tests as per lipid clinic's ...

		SERUM CHEMISTRY				
Request Number		17307577	19230077	23057033	26084205	
Date Collected		7 Jan 22	1 Jun 22	12 Jan 23	20 Nov 23	
Time Collected		09:37	08:50	08:55	10:26	
Specimen Type: Serum						
Haemolysis		Nil	Nil	Nil	Nil	
Icterus		Nil	Nil	Nil	Nil	
Lipaemia		Nil	Nil	Nil	Nil	
Na	(135-145) mmol/L	143	141	140	141	
K	(3.6-5.4) mmol/L	4.4	4.1	4.5	4.7	
Cl	(95-110) mmol/L	102	99	98	101	
HCO3	(22-32) mmol/L	24	26	24	24	
An Gap	(10-20) mmol/L	21	20	22	21	(border)
Urea	(2.5-9.0) mmol/L	7.6	6.6	8.0	5.4	
Creat	(45-90) umol/L	55	55	55	55	
eGFR	mL/min/1.73m ²	> 90	> 90	> 90	> 90	
Urate	(0.14-0.36) mmol/L		0.34	0.28		
Bili	(< 15) umol/L	12	15	6	13	
AST	(< 35) U/L	37	45	36	42	high.
ALT	(< 30) U/L	52	70	55	82	high.
GGT	(< 35) U/L	144	254	196	170	
Alk Phos	(30-115) U/L	126	145	127	101	
Protein	(60-82) g/L	74	79	75	74	
Albumin	(36-48) g/L	47	50	49	45	
Glob	(20-39) g/L	27	29	26	29	
Ca	(2.10-2.60) mmol/L		2.52	2.49		
Corr Ca	(2.10-2.60)		2.38	2.37		
PO4	(0.75-1.50) mmol/L		1.13	0.86		

eGFR >=90 mL/min/1.73m² usually indicates normal kidney function but does not exclude patients with early kidney damage (those with albuminuria, haematuria or abnormal kidney imaging).

Requested Tests : TFT, GLU, MBA, LIP, INS, FBE

Patient Name: MCKENZIE, ROBERTA
Patient Address: 4 DAVID ST, GLENBROOK 2773
D.O.B: 25/12/1955
Medicare No.: 2009035701
Lab. Reference: 23-26084205-FBE-0
Addressee: DR CHEN-TING YEN

Date Requested: 20/11/2023
Date Collected: 20/11/2023
Specimen:
Subject(Test Name): HAEMATOLOGY (FBE-0)
Clinical Information:

Gender: F
IHI No.:
Provider: Laverty Pathology
Referred by: DR. CHEN-TING YEN

Date Performed: 20/11/2023
Complete: Final

Clinical Notes : Monitoring blood tests as per lipid clinic's ...

	HAEMATOLOGY			
Request Number	17307577	19230077	23057033	26084205
Date Collected	7 Jan 22	1 Jun 22	12 Jan 23	20 Nov 23
Time Collected	09:37	08:50	08:55	10:26
Specimen Type: EDTA				
Hb (115-165) g/L	137	137	131	161
Hct (0.34-0.47)	0.42	0.42	0.41	0.49
RCC (3.9-5.8) x10 ¹² /L	4.6	4.7	4.5	5.5
MCV (79-99) fL	92	89	91	90
MCH (27-34) pg	30	29	29	29
MCHC (320-360) g/L	325	329	320	326
RDW (10.0-17.0) %	12.4	12.1	13.2	13.1
WBC (4.0-11.0) x10 ⁹ /L	7.6	8.5	14.6	6.5
Neut (2.0-7.5) x10 ⁹ /L	4.6	5.2	10.4	3.8
Lymph (1.0-4.0) x10 ⁹ /L	2.5	2.7	3.2	2.2
Mono (0.2-1.0) x10 ⁹ /L	0.4	0.5	0.7	0.3
Eos (< 0.7) x10 ⁹ /L	0.1	0.1	0.1	0.1
Baso (< 0.2) x10 ⁹ /L	0.0	0.0	0.1	0.1
Plat (150-400) x10 ⁹ /L	308	354	340	303

HAEMATOLOGY: FBC parameters show no significant abnormality.

Requested Tests : TFT*, GLU*, MBA*, LIP*, INS*, FBE

Patient Name: MCKENZIE, ROBERTA
Patient Address: 4 DAVID ST, GLENBROOK 2773
D.O.B: 25/12/1953
Medicare No.: 2009035701
Lab. Reference: 23-20084205-INS-0
Addressee: DR CHEN-TING YEN
Gender: F
HPI No.:
Provider: Lavery Pathology
Referred by: DR. CHEN-TING YEN
Date Requested: 20/11/2023
Date Collected: 20/11/2023
Specimen:
Subject/Test Name: SERUM INSULIN (INS-0)
Clinical Information:
Date Performed: 20/11/2023
Complete: Final

Clinical Notes : Monitoring blood tests as per lipid clinic's ...

SERUM INSULIN

Fasting status	Fasting
Haemolysis	Nil
Insulin	13 mU/L (< 10)

ASSESSMENT OF INSULIN RESISTANCE (FASTING SAMPLES ONLY)

< 10 - normal insulin sensitivity
10-14 - mild insulin resistance
> 14 - insulin resistance

Insulin results from non-fasting samples are difficult to interpret
although any result ≥ 60 mU/L is likely to indicate insulin resistance.

Requested Tests : TFT, GLU*, MBA*, LIP*, INS, FBE

Patient Name: MCKENZIE, ROBERTA
Patient Address: 4 DAVID ST, GLENBROOK 2773
D.O.B: 25/12/1955
Medicare No.: 2009035701
Lab. Reference: 23-26084205-GLU-0
Addressee: DR CHEN-TING YEN

Gender: F
IHI No.:
Provider: Lavery Pathology
Referred by: DR. CHEN-TING YEN

Date Requested: 20/11/2023
Date Collected: 20/11/2023
Specimen:
Subject(Test Name): GLUCOSE (GLU-0)
Clinical Information:

Date Performed: 20/11/2023
Complete: Final

Clinical Notes : Monitoring blood tests as per lipid clinic's ...

SERUM/PLASMA GLUCOSE

Request Number	17307577	19230077	23057033	26084205
Date Collected	7 Jan 22	1 Jun 22	12 Jan 23	20 Nov 23
Time Collected	09:37	08:50	08:55	10:26
Fasting status	Fasting	Fasting	Fasting	Fasting
Serum (3.4-5.4) mmol/L	5.7	5.2	5.8	5.9

Equivocally elevated fasting glucose result. If not recently performed, recommend follow-up assessment with an oral glucose tolerance test or HbA1c.

Requested Tests : TFT, GLU, MBA*, LIP, INS, FBE

Patient Name: MCKENZIE, ROBERTA
Patient Address: 4 DAVID ST, GLENBROOK 2773
D.O.B: 25/12/1955
Medicare No.: 2009035701
Lab. Reference: 23-26084205-TFT-0
Addressee: DR CHEN-TING YEN
Gender: F
IHI No.:
Provider: Lavery Pathology
Referred by: DR. CHEN-TING YEN
Date Requested: 20/11/2023
Date Collected: 20/11/2023
Date Performed: 20/11/2023
Complete: Final
Specimen:
Subject(Test Name): THYROID FUNCTION TEST (TFT-0)
Clinical Information:

Clinical Notes : Monitoring blood tests as per lipid clinic's ...

	THYROID PROFILE			
	17307577	19230077	23057033	26084205
Request Number	7	1	12	20
Date Collected	Jan 22	Jun 22	Jan 23	Nov 23
Time Collected	09:37	08:50	08:55	10:26
Specimen Type: Serum				
TSH (0.5-4.0) mIU/L	8.7	1.6	2.7	0.59
FT4 (10-20) pmol/L	16		22	
FT3 (3.5-6.0) pmol/L	4.4			

Thyroid hormone replacement therapy appears adequate.

Requested Tests : TFT, GLU*, MBA*, LIP*, INS*, FBE

Patient Address: 25/12/1955
D.O.B: 2009035701
Medicare No.: 23-26084205-LIP-0
Lab. Reference: DR CHEN-TING YEN
Addressee:

Gender: F
IHI No.:
Provider: Laverty Pathology
Referred by: DR. CHEN-TING YEN

Date Requested: 20/11/2023
Date Collected: 20/11/2023
Specimen:
Subject(Test Name): LIPID STUDIES (LIP-0)
Clinical Information:

Date Performed: 20/11/2023
Complete: Final

Clinical Notes : Monitoring blood tests as per lipid clinic's ...

LIPID STUDIES
Request Number 17307577 19230077 23057033 26084205
Date Collected 7 Jan 22 1 Jun 22 12 Jan 23 20 Nov 23
Time Collected 09:37 08:50 08:55 10:26
Specimen Type: Serum

Reference intervals are included for reference only, and interpretation / treatment goals should be guided by patient-specific cardiovascular risk assessment (see Australian Cardiovascular Risk Charts. Alternatively, the web-site www.cvdcheck.org.au can be accessed in order to complete a risk assessment for individual patients.)

Haemolysis	Nil	Nil	Nil	Nil
Icterus	Nil	Nil	Nil	Nil
Lipaemia	Nil	Nil	Nil	Nil

Fasting status		Fasting	Fasting	Fasting	Fasting
Chol (3.9-5.2)	mmol/L	6.1	6.0	6.9	9.1
Trig (0.5-1.7)	mmol/L	1.4	2.1	2.5	2.2
HDL (1.0-2.0)	mmol/L	2.0	2.0	2.3	1.7
LDL (1.5-3.4)	mmol/L	3.5	3.0	3.5	6.4
Non-HDL (< 3.4)	mmol/L	4.1	4.0	4.6	7.4
Chol/HDL(< 4.5)		3.0	3.0	3.0	5.4

NVDPA TARGET LIPID RANGES (MMOL/L) FOR PATIENTS AT HIGH / MODERATE RISK OF CARDIOVASCULAR DISEASE:

TOTAL CHOLESTEROL	<4.0
TRIGS (FASTING)	<2.0
HDL-C	>= 1.0
LDL-C	<2.0
NON HDL-C	<2.5

Increased LDL-C can be seen in hypothyroidism and nephrotic syndrome. Primary causes include polygenic hypercholesterolaemia, Familial Hypercholesterolaemia, Familial Defective ApoB-100 and Familial Combined Hyperlipoproteinaemia. Increased LDL-C is a risk factor for CVD. Assess overall risk and consider treatment.

Lipoprotein X may be seen in patients with cholestatic liver disease and lecithin-cholesterol acyl transferase deficiency.

Familial hypercholesterolaemia, an autosomal dominant cause of premature cardiovascular disease is likely (risk approximately 1 in 5). Recommend <http://www.athero.org.au/calculator> to calculate diagnostic score and <http://www.athero.org.au/physicians/what-is-familial->