Healius Pathology Pty Ltd (ABN 84 007 190 043)
APA No. 000042 t/a QML Pathology
11 Riverview Place, Metroplex on Gateway, Murarrie Qld 4172
Ph (07) 3121 4444

Pathology Report

DAHLSTROM, VERA

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

Patient **HALBERT, JAMES JIM** **17 EIGHTH AVE ATHERTON QLD 4883**
Sex M Age 77 years DOB 25/11/1946
Report For DAHLSTROM, VERA
Ref. by/copy to DAHLSTROM, VERA

Requested 19/01/2024
Collected 19/01/2024 08:20 AM
Reported 23/01/2024 02:54 PM

CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date	19/01/24		
Time	08:20		
Lab No	69985941		
Active B12	88	pmol/L	(> 35)
R.Fol.	1330	nmol/L	(545-3370)

Comment:
69985941
Holo TC Assay:
No vitamin B12 deficiency.

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.

Clinical:
Please note that Medicare requirements for folate testing reflect current best practice. Red cell folate will be reserved for patients with borderline values of serum folate (between 4.5 and 7.0) nmol/L).

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ANTINUCLEAR ANTIBODY SEROLOGY

Anti-nuclear antibodies Negative

The ANA test is negative at the screening dilution of 1:80. A negative ANA excludes SLE in most cases. Consider ENA screening for patients with features of Sjogren's syndrome (to detect antibodies to SS-A which may co-exist with a negative ANA).
Anti-dsDNA antibody testing is usually not warranted with a negative ANA unless the clinical suspicion of SLE is high.

For enquiries, contact Dr Paul Campbell 07 3121 4444
Patients should contact their referring doctor in regard to this result.

- Serum Zinc 8 umol/L (10-25)

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Dept Date of Service For Clinical Enquiries Perf. Branch Quote 24-69985941

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CUMULATIVE SERUM BIOCHEMISTRY

Date	19/01/24		
Time	08:20		
Lab No	69985941		
	FASTING		FASTING
Sodium	140	mmol/L	(137-147)
Potass.	3.4	mmol/L	(3.5-5.0)
Chloride	103	mmol/L	(96-109)
Bicarb	24	mmol/L	(25-33)
An.Gap	16	mmol/L	(4-17)
Gluc	4.6	mmol/L	(3.0-6.0)
Urea	6.7	mmol/L	(3.0-8.5)
Creat	80	umol/L	(60-140)
eGFR	82	mL/min	(over 59)
Urate	0.34	mmol/L	(0.12-0.45)
T.Bili	23	umol/L	(2-20)
D.Bili	6	umol/L	(0-8)
Alk.P	62	U/L	(30-115)
GGT	43	U/L	(0-70)
ALT	13	U/L	(0-45)
AST	12	U/L	(0-41)
LD	92	U/L	(80-250)
Calcium	2.18	mmol/L	(2.15-2.60)
Corr.Ca	2.27	mmol/L	(2.15-2.60)
Phos	1.0	mmol/L	(0.8-1.5)
T.Prot	63	g/L	(60-82)
Alb	39	g/L	(35-50)
Glob	24	g/L	(20-40)
Chol	5.8	mmol/L	(3.6-7.3)
Trig	1.3	mmol/L	(0.3-2.2)
Lab No	69985941		
Date	19/01/24		

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CUMULATIVE IRON STUDIES

Date	19/01/24			
Time	08:20			
Lab No	69985941			
Iron	26	umol/L	(10-33)	
TIBC	39	umol/L	(45-70)	
Saturation	67	%	(16-50)	
Ferritin	285	ug/L	(30-320)	

69985941 Comment:
Essentially normal iron stores.

CUMULATIVE SERUM COMPLEMENT AND C-REACTIVE PROTEIN (CRP)

Date	19/01/24		
Time	08:20		
Lab No	69985941		
CRP	+	8 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.

Serum Copper	12	umol/L	(10-30)

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CUMULATIVE FULL BLOOD EXAMINATION

Date		19/01/24		
Time		08:20		
Lab No		69985941		
Hb		135	g/L	(125-180)
RCC		4.0	x10 ^12 /L	(3.8-6.0)
Hct		0.42		(0.34-0.52)
MCV		104	fL	(80-98)
MCH		34	pg	(27-35)
Plats		220	x10 ^9 /L	(150-450)
WCC		7.3	x10 ^9 /L	(4.0-11.0)
Neuts	71 %	5.2	x10 ^9 /L	(2.0-7.5)
Lymphs	21 %	1.5	x10 ^9 /L	(1.1-4.0)
Monos	6 %	0.4	x10 ^9 /L	(0.2-1.0)
Eos	2 %	0.15	x10 ^9 /L	(0.04-0.40)
Basos	0 %	0.00	x10 ^9 /L	(< 0.21)

69985941 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.

Possible causes of a red cell macrocytosis include Deficiency of B12/Folate, Liver Disease, Thyroid Disorder, Relative Oestrogenic excess, Drug side-effect, Low grade haemolysis, or in older patients an early myelodysplasia. Correlate with E+LFTs, TFTs, B12/Folate and Reticulocyte count.

** FINAL REPORT - Please destroy previous report **

Pathology Report

Dept | Date of Service | For Clinical Enquiries | Perf. Branch | Quote 24-69985941