Stirling District Hospital
20 Milan Terrace
Stirling SA 5152
Tel: 08 8339 0233
Fax: 08 8370 9395

SA Heart
quality cardiac care

Pathology

Patient: DENNARD, Scott
Patient ID: 503903
DOB: 02/07/1994 (28 yrs)
Sex: Male

Date: 22/03/2023

Order Details

Test Name: ROUTINE HAEMATOLOGY, GENERAL CHEMISTRY, D-DIMER (FDP) QUANT/QUAL., C-REACTIVE PROTEIN, TROPONIN I TNIH
Collected Date: 03:15 PM 22/03/2023
Requesting Doctor: Dr JULIE DOWNIE (0420836T)
Copies To: Dr ANTHONY CHUANG, Dr ANTHONY CHUANG, ASHFORD HOSPITAL
Sending Facility: AUSTRALIAN CLINICAL LABS
Consulting Doctor: Dr ANTHONY CHUANG (461613HK)
Attending Doctor:
Admitting Doctor:
Order Status:
Tests Requested:
Clinical Notes:

Results

Item	Result	Units	Range	Abnormal
	C-REACTIVE PROTEIN			

CLINICAL NOTES: Chest pain.

BIOCHEMISTRY

C REACTIVE PROTEIN (CRP) SPECIMEN: SERUM

Date	Time	Lab No.		CRP	Units	Ref. Range
22/03/23	15:15	75807022	*	44.4	mg/L	(< 3.0)

In the setting of infection, CRP levels >100 mg/L are supportive of bacterial rather than viral aetiology.

Note results from this CRP assay should not be used for cardiac risk assessment. Please request the high sensitivity assay (hsCRP) instead.

QDD-R CRP-R TIH-R ESR-R FBE-R MBA-R

All tests on this request have now been completed

C-Reactive Protein	44.4 mg/L	(<3.0)	H
Comment:			N
	ROUTINE HAEMATOLOGY			

CLINICAL NOTES: Chest pain.

HAEMATOLOGY SPECIMEN: WHOLE BLOOD

Date:		22/03/23		08/02/23	23/05/22	(# Refers to current result only)	
Coll. Time:		15:15		11:30	10:50		
Lab Number:		75807022		73984239	61624682		
HAEMOGLOBIN		162	*	176	168	(125 - 175)	g/L
RBC		5.25		5.64	5.21	(4.50 - 6.50)	x10 ^12 /L
HCT		0.47		0.51	0.48	(0.40 - 0.55)	
MCV		90		91	93	(80 - 99)	fL
MCH		30.9		31.2	32.2	(27.0 - 34.0)	pg
MCHC		343		343	347	(310 - 360)	g/L
RDW		13.3		13.3	13.2	(11.0 - 15.0)	%
WCC		9.9		5.2	5.1	(4.0 - 11.0)	x10 ^9 /L
Neutrophils	*	8.3		3.8	3.1	(2.0 - 8.0)	x10 ^9 /L
Lymphocytes	*	0.9	**	0.4	1.2	(1.0 - 4.0)	x10 ^9 /L
Monocytes		0.5		0.8	0.4	(< 1.1)	x10 ^9 /L
Eosinophils		0.2		0.2	0.4	(< 0.7)	x10 ^9 /L
Basophils		0.0		0.0	0.0	(< 0.3)	x10 ^9 /L
PLATELETS	*	130		158	166	(150 - 450)	x10 ^9 /L
ESR		1				(1 - 15)	mm/h

#75807022 : There is a mild neutrophilia. There is a mild thrombocytopenia.

QDD-R CRP-R TIH-R ESR-R FBE-R MBA-R

All tests on this request have now been completed

HAEMOGLOBIN	162 g/L	(125-175)	N
RCC	5.25 x10^12/L	(4.5-6.5)	N
RDW	13.3 %	(11.0-15.0)	N
MCV	90 fL	(80-99)	N
Platelets	130 x10^9/L	(150-450)	L
ESR	1 mm/h	(1-15)	N
White Cell Count	9.9 x10^9/L	(4.0-11.0)	N
Lymphocytes	0.9 x10^9/L	(1.0-4.0)	L
Neutrophils	8.3 x10^9/L	(2.0-8.0)	H
Monocytes	0.5 x10^9/L	(<1.1)	N
Eosinophils	0.2 x10^9/L	(<0.7)	N
Basophils	0 x10^9/L	(<0.3)	N
HCT	0.47	(0.4-0.6)	N
MCH	30.9 pg	(27.0-34.0)	N
MCHC	343 g/L	(310-360)	N
COMMENT			N

#75807022 : There is a mild neutrophilia. There is a mild thrombocytopenia.

GENERAL CHEMISTRY

CLINICAL NOTES: Chest pain.

GENERAL CHEMISTRY — SPECIMEN: SERUM

	Sodium	138 mmol/L (135 - 145)	Calcium	2.19 mmol/L	(2.10 - 2.60)
	Pot.	3.7 mmol/L (3.5 - 5.2)	Adj. Ca	2.15 mmol/L	(2.10 - 2.60)
	Chlor.	102 mmol/L (95 - 110)			
	Bicarb.	29 mmol/L (22 - 32)	Phos.	1.30 mmol/L	(0.75 - 1.50)
			T.Prot.	68 g/L	(60 - 82)
	Urea	5.1 mmol/L (3.5 - 8.0)	Albumin	43 g/L	(35 - 50)
*	Creat.	58 umol/L (60 - 110)	Glob.	25 g/L	(23 - 39)
	eGFR	> 90 mL/min/1.73m2 (> 59)	Alk.Phos	66 U/L	(30 - 120)
	Urate	0.26 mmol/L (0.18 - 0.47)	Bili.	14 umol/L	(< 25)
			GGTP	13 U/L	(< 51)
			AST	21 U/L	(< 41)
			ALT	22 U/L	(< 51)
			LD	187 U/L	(50 - 280)

QDD-R CRP-R TIH-R ESR-R FBE-R MBA-R

All tests on this request have now been completed

Sodium	138 mmol/L	(135-145)	N
Potassium	3.7 mmol/L	(3.5-5.2)	N
Chloride	102 mmol/L	(95-110)	N
Bicarbonate	29 mmol/L	(22-32)	N
Urea	5.1 mmol/L	(3.5-8.0)	N
Creatinine	58 umol/L	(60-110)	L
Bilirubin (Total)	14 umol/L	(<25)	N
Total Protein	68 g/L	(60-82)	N
Albumin	43 g/L	(35-50)	N
Alkaline Phosphatase	66 U/L	(30-120)	N
AST	21 U/L	(<41)	N
Gamma GT	13 U/L	(<51)	N
Calcium	2.19 mmol/L	(2.1-2.6)	N
Phosphate	1.3 mmol/L	(0.8-1.5)	N
Urate	0.26 mmol/L	(0.2-0.5)	N
LD	187 U/L	(50-280)	N
ALT	22 U/L	(<51)	N
Globulin	25 g/L	(23-39)	N
eGFR	> 90 mL/min/1.7	(>59)	N
Adjusted Calcium	2.15 mmol/L	(2.1-2.6)	N

D-DIMER(FDP) QUANT/QUAL.

CLINICAL NOTES: Chest pain.

HAEMATOLOGY SPECIMEN: BLOOD

D-DIMER (FIBRINOGEN DEGRADATION PRODUCTS)

* D-Dimer Level 640 ng/mL (< 500)
D-Dimer Test Positive

COMMENT This patient has a positive D-dimer test. A positive D-dimer can be seen in thrombosis, liver disease, recent surgery, sepsis, trauma, pregnancy, carcinoma and DIC. Please interpret this result in conjunction with the clinical findings

Phoned at 3:51 pm on 22/03/2023 to 0883755222 by David Bellenger.

QDD-R CRP-R TIH-R ESR-R FBE-R MBA-R

All tests on this request have now been completed

Panel Free Text			N
D-Dimer Level, quantitative	640 ng/mL	(<500)	H
D-Dimer Level, qualitative	Positive		N
COMMENT			N

This patient has a positive D-dimer test. A positive D-dimer can be seen in thrombosis, liver disease, recent surgery, sepsis, trauma, pregnancy, carcinoma and DIC. Please interpret this result in conjunction with the clinical findings

TROPONIN I TNIH

CLINICAL NOTES: Chest pain.

BIOCHEMISTRY

CARDIAC MARKERS - TROPONIN I SPECIMEN:SERUM/PLASMA/BLOOD

Date: 22/03/23
Coll Time: 15:15
Lab Number: 75807022

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hsTNI (DIM) 4 (< 72) ng/L

75807022 Normal troponin I result with the high sensitivity assay indicates it is unlikely that there is significant myocardial damage. Note that troponin levels may take several hours after an episode of chest pain to become raised.

Troponin I is analysed using a high sensitivity method on a Siemens Dimension EXL system (SI units ng/L apply).
Note: gender and method specific Reference Intervals apply.

QDD-R CRP-R TIH-R ESR-R FBE-R MBA-R

All tests on this request have now been completed

Troponin I TNIH - EXL	4 ng/L	(<72)	N
Comment:			N

Normal troponin I result with the high sensitivity assay indicates it is unlikely that there is significant myocardial damage. Note that troponin levels may take several hours after an episode of chest pain to become raised.

INST COMMENT			N