

Pathology

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

Date: 26/03/2023

Order Details

Test Name: C-REACTIVE PROTEIN, GENERAL CHEMISTRY, CARDIAC MARKERS, TROPONIN I TNIH **Collected Date:** 08:15 AM 26/03/2023
Requesting Doctor: Dr ANTHONY CHUANG (461613HK)
Copies To: Dr ANTHONY CHUANG, ASHFORD HOSPITAL, ACU 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
CARDIAC MARKERS				

CLINICAL NOTES: /

BIOCHEMISTRY

CARDIAC/MUSCLE MARKERS

SPECIMEN: SERUM/PLASMA/WHOLE BLOOD

Date: 26/03/23
Coll. Time: 08:15
Lab Number: 75810660

CK	57	(< 201)	U/L
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75810660 Normal CK level.

CRP-C TIH-C CK-C MBA-C

All tests on this request have now been completed

CK	57 U/L	(<201)	N
Comment:	Normal CK level.		N

C-REACTIVE PROTEIN

CLINICAL NOTES: /

BIOCHEMISTRY

C REACTIVE PROTEIN (CRP)

SPECIMEN: SERUM

Date	Time	Lab No.	CRP	Units	Ref. Range
26/03/23	08:15	75810660	**	55.1	mg/L (< 3.0)
24/03/23	06:57	75810650	*	48.4	
23/03/23	06:55	75810538	**	98.4	
22/03/23	15:15	75807022	*	44.4	

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.

CRP-C TIH-W CK-W MBA-C

This request has other tests in progress at the time of reporting

C-Reactive Protein	55.1 mg/L	(<3.0)	H
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Comment:

N

GENERAL CHEMISTRY

CLINICAL NOTES: /

GENERAL CHEMISTRY

SPECIMEN: SERUM

Sodium	140 mmol/L (135 - 145)	Calcium	2.22 mmol/L (2.10 - 2.60)
Pot.	3.9 mmol/L (3.5 - 5.2)	Adj. Ca	2.31 mmol/L (2.10 - 2.60)
Chlor.	102 mmol/L (95 - 110)		
Bicarb.	29 mmol/L (22 - 32)	Phos.	1.40 mmol/L (0.75 - 1.50)
		T.Prot.	62 g/L (60 - 82)
Urea	4.2 mmol/L (3.5 - 8.0) *	Albumin	34 g/L (35 - 50)
Creat.	63 umol/L (60 - 110)	Glob.	28 g/L (23 - 39)
eGFR	> 90 mL/min/1.73m2 (> 59)	Alk.Phos	55 U/L (30 - 120)
Urate	0.24 mmol/L (0.18 - 0.47)	Bili.	6 umol/L (< 25)
		GGTP	14 U/L (< 51)
		AST	13 U/L (< 41)
		ALT	18 U/L (< 51)
		LD	111 U/L (50 - 280)

CRP-C TIH-W CK-W MBA-C

This request has other tests in progress at the time of reporting

Sodium	140 mmol/L	(135-145)	N
Potassium	3.9 mmol/L	(3.5-5.2)	N
Chloride	102 mmol/L	(95-110)	N
Bicarbonate	29 mmol/L	(22-32)	N
Urea	4.2 mmol/L	(3.5-8.0)	N
Creatinine	63 umol/L	(60-110)	N
Bilirubin (Total)	6 umol/L	(<25)	N
Total Protein	62 g/L	(60-82)	N
Albumin	34 g/L	(35-50)	L
Alkaline Phosphatase	55 U/L	(30-120)	N
AST	13 U/L	(<41)	N
Gamma GT	14 U/L	(<51)	N
Calcium	2.22 mmol/L	(2.1-2.6)	N
Phosphate	1.4 mmol/L	(0.8-1.5)	N
Urate	0.24 mmol/L	(0.2-0.5)	N
LD	111 U/L	(50-280)	N
ALT	18 U/L	(<51)	N
Globulin	28 g/L	(23-39)	N
eGFR	> 90 mL/min/1.7	(>59)	N
Adjusted Calcium	2.31 mmol/L	(2.1-2.6)	N

TROPONIN I TNIH

CLINICAL NOTES: /

BIOCHEMISTRY

CARDIAC MARKERS - TROPONIN I

SPECIMEN: SERUM/PLASMA/BLOOD

Date: 26/03/23 23/03/23 22/03/23
 Coll Time: 08:15 06:55 15:15
 Lab Number: 75810660 75810538 75807022

hsTNI (DIM) 6 4 4 (< 72) ng/L

75810660 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.

CRP-C TIH-C CK-C MBA-C

All tests on this request have now been completed

Troponin I TNIH - EXL	6 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
