

DAHLSTROM, VERA

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

Patient **BIMROSE, ROSEMARY** **PO BOX 105 MILLAA MILLAA QLD 4886**
Sex **F** Age **62 years** DOB **02/09/1961** Requested **30/11/2023**
Report For **DAHLSTROM, VERA** Collected **30/11/2023 08:05 AM**
Ref. by/copy to **DAHLSTROM, VERA** Reported **07/12/2023 11:07 AM**

Serum Reverse T3 (RT3) 375 pmol/L (170-539)

URINARY IODINE

Creatinine 2.0 mmol/L
Iodine 218 ug/L
Iodine 1.72 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".

+ TSH Stimulating Immunoglobulin 0.61 IU/L

Reference Ranges:
Negative < 0.10
Threshold 0.10 - 0.55
Active Graves' > 0.55

A negative level does not exclude mild or recovering Graves'.

Pathology Report

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Threshold levels may ALSO be seen with:

- . subacute thyroiditis
- . toxic nodules
- . acute, toxic Hashimoto's

Changes in trend may indicate progress of the underlying disease, irrespective of T4 levels.

CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	27/11/19	30/11/23	
Time	07:57	08:05	
Lab No	72804505	69985799	
TSH	6.0	9.6	mIU/L (0.50-4.00)
free T4	11	10	pmol/L (10-20)
free T3	4.1	3.8	pmol/L (2.8-6.8)
Thyroglobulin Ab	96		IU/mL (< 60)
Thyroglobulin AbII		257	IU/mL (< 4.6)
Thy. Peroxidase Ab	3400	3300	IU/mL (< 60)

The pattern of a normal free T4 with a mildly elevated TSH is suggestive of subclinical hypothyroidism.
 Alternately, this pattern also could be recovery after an intercurrent illness which depleted Thyroxine reserves.

Please note that as of 06/9/2021, QML Pathology changed to a reformulated Atellica Thyroglobulin Antibody (TgAbII) assay. The reference interval has been updated. Differences in individual patient results may be observed compared to the previous method. If further information is required please contact a Chemical Pathologist on (07) 3121 4444.

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Erythrocyte Sedimentation Rate 2 mm/hr (1-30)

CUMULATIVE FULL BLOOD EXAMINATION

Date 30/11/23
 Time 08:05
 Lab No 69985799

Hb	131	g/L	(115-160)
RCC	4.1	x10 ¹² /L	(3.6-5.2)
Hct	0.41		(0.33-0.46)
MCV	98	fL	(80-98)
MCH	32	pg	(27-35)
Plats	268	x10 ⁹ /L	(150-450)
WCC	8.3	x10 ⁹ /L	(4.0-11.0)
Neuts	60 %	5.0 x10 ⁹ /L	(2.0-7.5)
Lymphs	31 %	2.6 x10 ⁹ /L	(1.1-4.0)
Monos	6 %	0.5 x10 ⁹ /L	(0.2-1.0)
Eos	2 %	0.17 x10 ⁹ /L	(0.04-0.40)
Basos	1 %	0.08 x10 ⁹ /L	(< 0.21)
E.S.R.	pending	mm/hr	(1-30)

69985799 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.

All haematology parameters are within normal limits for age and sex.

** FINAL REPORT - Please destroy previous report **

Pathology Report