

Referrer Snp Patient Services

Address PATIENT SERVICES SONIC DX PO BOX 2014
BOWEN HILLS QLD 4006

Phone 1300732030

Lab ID 682710013

DOB 10/12/1974 (49 Yrs FEMALE)

Your ref.

Address 33 PALLADIUM BLVD
HOPE ISLAND QLD 4212

Phone 0416292202

Copy to Dr Olga Ellison (0755920948)
Dr Rebecca J Ryan (0756655100)
Dr Renee A Squires (0756576400)
Dr Garfield R Wright (0755968400)

Requested 04/10/2023

Clinical Notes Not Provided

Collected 23/01/2024 12:43

Received 23/01/2024 12:44

Test Name	Result	Units	Reference Interval
Sodium	136	mmol/L	135 - 145
Potassium	4.1	mmol/L	3.5 - 5.5
Chloride	106	mmol/L	95 - 110
Bicarbonate	23	mmol/L	20 - 32
Anion Gap	7	mmol/L	<16
Calcium (Corrected)	2.36	mmol/L	2.10 - 2.60
Phosphate	0.90	mmol/L	0.80 - 1.50
Urea	2.5	mmol/L	2.5 - 7.0
Uric Acid	0.308	mmol/L	0.150 - 0.400
Creatinine	81	umol/L	45 - 85
eGFR	74		>59
Random Glucose	4.8	mmol/L	3.6 - 7.7
Total Protein	69	g/L	64 - 81
Albumin	41	g/L	33 - 46
Globulin	28	g/L	23 - 43
Bilirubin	9	umol/L	<16
Alk Phos	64	U/L	20 - 105
AST	25	U/L	10 - 35
● ALT	32 H	U/L	5 - 30
Gamma GT	16	U/L	5 - 35
LDH	153	U/L	<250
Cholesterol	4.7	mmol/L	<5.6
Haemolysis Index	4		<40

CA

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

Reported on 23-01-2024 20:27



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C Reactive Protein

Test Name	Result	Units	Reference Interval
CRP	2.1	mg/L	<5

Comments

Interpretation: Elevation in CRP indicates disease activity of an inflammatory, infective or neoplastic nature. CRP is a more sensitive early indicator of an acute phase response than is the ESR. It also returns towards normal more rapidly with improvement or resolution of the disease process.

Artefactually decreased CRP values occur when patients are treated with antibiotics containing carboxypenicillins including Ticarcillin.

CA

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Haematology

Test Name	Result	Units	Reference Interval
Haemoglobin	127	g/L	115 - 165
Haematocrit	0.39		0.35 - 0.47
Red cell count	4.4	10 ¹² /L	3.9 - 5.6
MCV	89	fL	80 - 100
White cell count	8.5	10 ⁹ /L	3.5 - 12.0
Neutrophils	4.83	10 ⁹ /L	1.5 - 8.0
Lymphocytes	2.46	10 ⁹ /L	1.0 - 4.0
Monocytes	0.80	10 ⁹ /L	0 - 0.9
Eosinophils	0.35	10 ⁹ /L	0 - 0.6
Basophils	0.07	10 ⁹ /L	0 - 0.15
Platelets	339	10 ⁹ /L	150 - 400

HA

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Peripheral Blood Lymphocyte Surface Markers (Flow Cytometry)

White Cell Count		8.50	3.5 - 12.0	x10 ⁹ /L
Lymphocytes		2.46	1.0 - 4.0	x10 ⁹ /L
T Cells CD3	80.0	% 1.97	0.75 - 2.50	x10 ⁹ /L
T Helper CD4	56.4	% 1.39	0.50 - 1.90	x10 ⁹ /L
T Suppressor CD8	19.9	% 0.49	0.21 - 1.2	x10 ⁹ /L
CD4/CD8 Ratio		2.83	0.8 - 4.0	
NK Cells CD16+/CD3-	9.2	% 0.23	0.05 - 0.60	x10 ⁹ /L
B Cells CD19	8.0	% 0.20	0.05 - 0.60	x10 ⁹ /L
B Cells CD20	7.9	% 0.19	0.05 - 0.60	x10 ⁹ /L

Comments

Progress report.

NH

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Protein Studies

Albumin	41	33 - 46	g/L
Alpha 1	3	2 - 4	g/L
Alpha 2	8	4 - 9	g/L
Beta 1	4	2 - 6	g/L
Beta 2	4	2 - 6	g/L
Gamma	9	6 - 15	g/L
Total Protein	69	64 - 81	g/L
Immunoglobulin G (Total IgG)	9.59	5.76 - 15.36	g/L
Immunoglobulin G1 (IgG1)	5.81	4.05 - 10.11	g/L
Immunoglobulin G2 (IgG2)	2.49	1.69 - 7.86	g/L
Immunoglobulin G3 (IgG3)	0.216	0.110 - 0.850	g/L
Immunoglobulin G4 (IgG4)	2.820 H	0.030 - 2.010	g/L
Immunoglobulin A (Total IgA)	1.56	1.24 - 4.16	g/L
Immunoglobulin M (Total IgM)	1.51	0.48 - 3.1	g/L

Comments

An elevated IgG4 may be seen in some atopic individuals and in a rare multi-system plasmacytic disorder variably comprised of pancreatitis, pulmonary, renal and salivary gland infiltrates. The disease may be steroid responsive.

Normal electrophoretic pattern.

HV

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