

Results FYI

mild inflammation and low iron levels.

Can discuss further here, or after discussing with naturopath if preferred

Regards

Dr Jacki

MURPHY, AILSA  
334 HERBERTON RD, ATHERTON. 4883  
**Phone:** 0438631680  
**Birthdate:** 23/01/1952 **Sex:** F **Medicare Number:** 4052283138  
**Your Reference:** 58B3F00EA3 **Lab Reference:** 684108124-E-E320  
**Laboratory:** SNP  
**Addressee:** DR JACKI J MCCORRY **Referred by:** DR JACKI J MCCORRY

**Name of Test:** S-INSULIN  
**Requested:** 07/09/2023 **Collected:** 13/09/2023 **Reported:** 14/09/2023  
05:07

**Clinical notes:** difficulty with weight gain despite good intake, query coeliac query nutritional impact

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**Insulin**

S-Insulin 5 ( 3 - 15 ) mU/L

Comments on Collection 684108124

Please note: The insulin reference interval only refers to a fasting collection

EA

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Tests Completed: Iron Studies, CRP, E/LFT, Vitamin B12, Folate (Serum), Homocysteine, Insulin, Active B12, FBE

Tests Pending : Copper (Serum), Zinc, Vitamin D, TTG Abs, Gliadin Abs

Sample Pending :

MURPHY, AILSA  
334 HERBERTON RD, ATHERTON. 4883  
**Phone:** 0438631680  
**Birthdate:** 23/01/1952 **Sex:** F **Medicare Number:** 4052283138  
**Your Reference:** 58B3F00EA3 **Lab Reference:** 684108124-H-H900  
**Laboratory:** SNP  
**Addressee:** DR JACKI J MCCORRY **Referred by:** DR JACKI J MCCORRY

**Name of Test:** .BLOOD COUNT  
**Requested:** 07/09/2023 **Collected:** 13/09/2023 **Reported:** 14/09/2023  
05:07

**Clinical notes:** difficulty with weight gain despite good intake, query coeliac query nutritional impact

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#### Haematology

<b>Haemoglobin</b>	140	( 110 - 160 )	g/L
Haematocrit	0.41	( 0.34 - 0.47 )	
Red cell count	4.3	( 3.7 - 5.4 )	10 <sup>12</sup> /L
MCV	95	( 80 - 100 )	fL
<b>White cell count</b>	5.6	( 3.5 - 10.0 )	10 <sup>9</sup> /L
Neutrophils	2.76	( 1.5 - 6.5 )	10 <sup>9</sup> /L
Lymphocytes	1.86	( 0.8 - 4.0 )	10 <sup>9</sup> /L
Monocytes	0.43	( 0 - 0.9 )	10 <sup>9</sup> /L
Eosinophils	0.48	( 0 - 0.6 )	10 <sup>9</sup> /L
Basophils	0.04	( 0 - 0.15 )	10 <sup>9</sup> /L
<b>Platelets</b>	140 L	( 150 - 400 )	10 <sup>9</sup> /L

Comments on Lab Id: 684108124

HA

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1964

Tests Completed: Iron Studies, CRP, E/LFT, Vitamin B12, Folate (Serum),  
Homocysteine, Insulin, Active B12, FBE

Tests Pending : Copper (Serum), Zinc, Vitamin D, TTG Abs, Gliadin Abs  
Sample Pending :

MURPHY, AILSA  
334 HERBERTON RD, ATHERTON. 4883  
**Phone:** 0438631680  
**Birthdate:** 23/01/1952 **Sex:** F **Medicare Number:** 4052283138  
**Your Reference:** 58B3F00EA3 **Lab Reference:** 684108124-C-H245  
**Laboratory:** SNP  
**Addressee:** DR JACKI J MCCORRY **Referred by:** DR JACKI J MCCORRY

**Name of Test:** .ANAEMIA  
**Requested:** 07/09/2023 **Collected:** 13/09/2023 **Reported:** 14/09/2023  
05:07

**Clinical notes:** difficulty with weight gain despite good intake, query  
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#### Haematinics

		Latest Results		
Date	30-Aug-22	13-Sep-23		
Time F-Fast	0900 F	0800 F		
Lab Id.	668497226	684108124	Reference	Units
Iron	22	7	(5-30)	umol/L

Transferrin	2.4	2.3	(1.9-3.1)	g/L
TIBC	60	57	(47-77)	umol/L
Trans Sat	37	12 L	(20-45)	%
Ferritin	179	170	(30-300)	ug/L
CRP		14 H	(<5)	mg/L
Vitamin B12		279	(>150)	pmol/L
Active B12		>128	(>35)	pmol/L
Folate serum		39	(>7.0)	nmol/L

Comments on Collection 13-Sep-23 0800 F:

Iron Studies

Essentially normal iron status.

Low saturation can indicate an inflammatory process, which may affect iron studies. However a ferritin level greater than 140 ug/L makes iron deficiency unlikely.

All patients with low or equivocal vitamin B12 results (400 pmol/L or less) will be routinely tested for holo-transcobalamin (active B12) to clarify the B12 status.

Both tests are now Medicare rebateable. Vitamin B12 concentrations over 400 pmol/L are generally considered replete.

Active B12 (holotranscobalamin) is the biologically active fraction of total serum B12, and should be a superior indicator of B12 status.

**Holotranscobalamin** level indicates Vitamin B12 deficiency unlikely.

Up to 15% of patients will have a deficiency of carrier protein (haptocorrin) that does not appear to result in a clinically recognisable Vitamin B12 deficiency despite low total Vitamin B12 levels.

EA

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Tests Pending : Copper (Serum), Zinc, Vitamin D, TTG Abs, Gliadin Abs

Sample Pending :

MURPHY, AILSA

334 HERBERTON RD, ATHERTON. 4883

Phone: 0438631680

Birthdate: 23/01/1952 Sex: F Medicare Number: 4052283138

Your Reference: 58B3F00EA3 Lab Reference: 684108124-C-C290

Laboratory: SNP

Addressee: DR JACKI J MCCORRY Referred by: DR JACKI J MCCORRY

Name of Test: S-C REACTIVE PROTEIN

Requested: 07/09/2023 Collected: 13/09/2023 Reported: 14/09/2023 05:07

**Clinical notes:** difficulty with weight gain despite good intake, query coeliac query nutritional impact

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**C Reactive Protein**

CRP 14 H ( <5 ) mg/L

Comments on Lab Id: 684108124

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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Homocysteine, Insulin, Active B12, FBE  
Tests Pending : Copper (Serum), Zinc, Vitamin D, TTG Abs, Gliadin Abs  
Sample Pending :

MURPHY, AILSA  
334 HERBERTON RD, ATHERTON. 4883  
Phone: 0438631680  
Birthdate: 23/01/1952 Sex: F Medicare Number: 4052283138  
Your Reference: 58B3F00EA3 Lab Reference: 684108124-C-C140  
Laboratory: SNP  
Addressee: DR JACKI J MCCORRY Referred by: DR JACKI J MCCORRY

Name of Test: S- ROUTINE CHEMISTRY  
Requested: 07/09/2023 Collected: 13/09/2023 Reported: 14/09/2023  
05:07

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#### Chemistry (serum)

Date	Latest Results			Reference	Units
	30-Aug-22	21-Mar-23	13-Sep-23		
Time F-Fast	0900 F	1338	0800 F		
Lab Id.	668497226	671512916	684108124		
Sodium	141	143	137	(135-145)	mmol/L
Potassium	4.0	3.6	4.1	(3.5-5.5)	mmol/L
Chloride	105	107	103	(95-110)	mmol/L
Bicarbonate	29	29	26	(20-32)	mmol/L
Anion Gap	7	7	8	(<16)	mmol/L
Calcium (Corr.)	2.21	2.32	2.20	(2.10-2.60)	mmol/L
Phosphate	1.14	1.10	1.01	(0.80-1.50)	mmol/L
Urea	5.8	5.9	4.7	(3.5-9.5)	mmol/L
Urate	0.223	0.200	0.191	(0.150-0.400)	mmol/L
Creatinine	66	63	60	(45-90)	umol/L
eGFR	82	86	88	(>59)	
Fast. Glucose	4.9		5.1	(3.6-6.0)	mmol/L
Random Glucose		4.7		(3.6-7.7)	mmol/L

Total Protein	69	69	70	(63-80)	g/L
Albumin	40	39	39	(32-44)	g/L
Globulin	29	30	31	(23-43)	g/L
T Bilirubin	17 H	11	12	(<16)	umol/L
ALP	41	45	50	(30-115)	U/L
AST	17	21	21	(10-35)	U/L
ALT	14	17	17	(5-30)	U/L
GGT	15	18	15	(5-35)	U/L
LDH	179	202	183	(<250)	U/L
Cholesterol	5.2	5.2	5.0	(<5.6)	mmol/L
Triglyceride	0.8			(<2.1)	mmol/L
Magnesium		1.02		(0.70-1.10)	mmol/L
Haemolysis Index	4	14	5	(<40)	mg/dL

CA

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Tests Pending : Copper (Serum), Zinc, Vitamin D, TTG Abs, Gliadin Abs

Sample Pending :

MURPHY, AILSA

334 HERBERTON RD, ATHERTON. 4883

Phone: 0438631680

Birthdate: 23/01/1952 Sex: F Medicare Number: 4052283138

Your Reference: 58B3F00EA3 Lab Reference: 684108124-E-E310

Laboratory: SNP

Addressee: DR JACKI J MCCORRY Referred by: DR JACKI J MCCORRY

Name of Test: S-HOMOCYSTEINE

Requested: 07/09/2023 Collected: 13/09/2023 Reported: 14/09/2023 05:07

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#### Homocysteine

Homocysteine 6.3 ( <15 ) umol/L

Comments on Collection 684108124

Serum homocysteine levels are markedly elevated (50 - 500 umol/L) in homocystinuria which is associated with childhood onset of ocular lens displacement, skeletal abnormalities and arterial and venous thromboses. Moderate elevations of serum homocysteine (16 - 100 umol/L) are seen in folic acid, vitamin B12 and pyridoxine deficiencies, several genetic defects, and renal failure. Elevated levels of serum homocysteine are associated with increased risk of atherosclerosis and venous thromboembolism.

EA

PDF Image Enhanced Report

A PDF version of this report with images is available until 13-09-2024. Copy and paste the URL below into your web browser and use PIN 2673 to access the report.

<https://sdrviewer.apps.sonichealthcare.com/?GUID=F48357DF-991F-4399-8BE2-420C64B42E35&hostCode=SNP&shareType=1>

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Iron Studies,CRP,E/LFT,Vitamin B12,Folate (Serum),  
Homocysteine,Insulin,Active B12,FBE  
Tests Pending : Copper (Serum),Zinc,Vitamin D,TTG Abs,Gliadin Abs  
Sample Pending :

MURPHY, AILSA  
334 HERBERTON RD, ATHERTON. 4883  
Phone: 0438631680  
Birthdate: 23/01/1952 Sex: F Medicare Number: 4052283138  
Your Reference: 58B3F00EA3 Lab Reference: 684108124-I-I907  
Laboratory: SNP  
Addressee: DR JACKI J MCCORRY Referred by: DR JACKI J MCCORRY

Name of Test: S-Coeliac Autoabs  
Requested: 07/09/2023 Collected: 13/09/2023 Reported: 14/09/2023  
07:07

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#### Coeliac Disease Autoantibodies

Tissue Transglutaminase IgA Abs	<1	(	<7	)	U/mL
Gliadin (deamidated) IgG Abs	<1	(	<7	)	U/mL

Comments on Lab Id: 684108124

The presence of coeliac disease is very unlikely (<5%).  
If suggestive symptoms, signs or family history, coeliac tissue typing or endoscopy may help exclude the disease further.

IA

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Tests Completed: Iron Studies,CRP,E/LFT,Vitamin B12,Folate (Serum),  
Homocysteine,Insulin,Active B12,FBE,TTG Abs,Gliadin Abs  
Tests Pending : Copper (Serum),Zinc,Vitamin D  
Sample Pending :

MURPHY, AILSA  
334 HERBERTON RD, ATHERTON. 4883  
Phone: 0438631680

**Birthdate:** 23/01/1952    **Sex:** F    **Medicare Number:** 4052283138  
**Your Reference:** 58B3F00EA3    **Lab Reference:** 684108124-E-E405  
**Laboratory:** SNP  
**Addressee:** DR JACKI J MCCORRY    **Referred by:** DR JACKI J MCCORRY

**Name of Test:** S-VITAMIN D  
**Requested:** 07/09/2023    **Collected:** 13/09/2023    **Reported:** 14/09/2023  
08:07

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Clinical Notes : difficulty with weight gain despite good intake, query coeliac query nutritional impact

	Latest Results				
Date	30-Aug-22	21-Mar-23	13-Sep-23		
Time F-Fast	0900 F	1338	0800 F		
Lab Id.	668497226	671512916	684108124	Reference	Units
Hydroxycalciferol	60	58	77	(50-150)	nmol/L

Comments on Collection 13-Sep-23 0800 F:  
According to the Position Statement 'Vitamin D and health in adults in Australia and New Zealand' MJA, 196(11):1-7, 2012, vitamin D status is defined as:

Vitamin D adequacy: >49 nmol/L at the end of winter  
(levels may need to be 10-20 nmol/L higher at the end of summer, to allow for seasonal decrease.)  
Mild vitamin D deficiency: 30-49 nmol/L  
Moderate vitamin deficiency: 12.5-29 nmol/L  
Severe vitamin D deficiency: < 12.5 nmol/L

SS

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Iron Studies,CRP,E/LFT,Vitamin B12,Folate (Serum),  
Homocysteine,Insulin,Active B12,Vitamin D,FBE,  
TTG Abs,Gliadin Abs  
Tests Pending : Copper (Serum),Zinc  
Sample Pending :