HARRISON, INDRA
33 CORAL FERN CCT, MURWILLUMBAH. 2484
Phone: 0405204354
Birthdate: 29/04/2012 **Sex:** M **Medicare Number:** 3406134526
Your Reference: **Lab Reference:** 509300110-C-C140
Laboratory: SNP
Addressee: DR C WILLIAMS **Referred by:** DR CAMERON T WILLIAMS

Name of Test: S-_ROUTINE CHEMISTRY
Requested: 07/02/2024 **Collected:** 12/02/2024 **Reported:** 13/02/2024 03:33

Clinical notes: Clinical notes available on imaged request form.

Clinical Notes : Clinical notes available on imaged request form.

Sodium	138	(132 - 145)	mmol/L
Potassium	4.3	(3.5 - 5.5)	mmol/L
Chloride	105	(95 - 110)	mmol/L
Bicarbonate	24	(21 - 31)	mmol/L
Anion Gap	9	(<16)	mmol/L
Calcium (Corrected)	2.38	(2.20 - 2.65)	mmol/L
Phosphate	1.22	(1.00 - 1.90)	mmol/L
Urea	3.7	(2.5 - 6.5)	mmol/L
Uric Acid	0.253	(0.130 - 0.350)	mmol/L
Creatinine	38 L	(40 - 65)	umol/L
Random Glucose	4.9	(3.6 - 7.7)	mmol/L
Total Protein	80	(65 - 80)	g/L
Albumin	46	(35 - 47)	g/L
Globulin	34	(23 - 40)	g/L
Bilirubin	<5	(<16)	umol/L
Alk Phos	336	(120 - 350)	U/L
AST	24	(10 - 40)	U/L
ALT	15	(5 - 30)	U/L
Gamma GT	18	(5 - 20)	U/L
LDH	277	(<300)	U/L
Cholesterol	5.4 H	(<4.6)	mmol/L
Magnesium	0.82	(0.70 - 1.10)	mmol/L
Haemolysis Index	4	(<40)	

Comments on Lab Id: 509300110

Please note: eGFR cannot be calculated on patients less than 18 years old.

CA

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

Tests Completed: Phosphate,Calcium(Corr),Iron Studies,Magnesium , E/LFT,TSH,Vitamin B12,Active B12,Vitamin D
Tests Pending : FBE
Sample Pending :

HARRISON, INDRA

33 CORAL FERN CCT, MURWILLUMBAH. 2484
Phone: 0405204354
Birthdate: 29/04/2012 **Sex:** M **Medicare Number:** 3406134526
Your Reference: **Lab Reference:** 509300110-H-H900
Laboratory: SNP
Addressee: DR C WILLIAMS **Referred by:** DR CAMERON T WILLIAMS

Name of Test: .BLOOD COUNT
Requested: 07/02/2024 **Collected:** 12/02/2024 **Reported:** 13/02/2024 08:33

Clinical notes: Clinical notes available on imaged request form.

Clinical Notes : Clinical notes available on imaged request form.

Haematology

Haemoglobin	131	(110 - 150)	g/L
Haematocrit	0.39	(0.36 - 0.46)	
Red cell count	4.9	(4.0 - 5.6)	10*12/L
MCV	79	(77 - 95)	fL
White cell count	11.0	(5.0 - 12.0)	10*9/L
Neutrophils	3.76	(1.5 - 7.5)	10*9/L
Lymphocytes	3.85	(1.0 - 6.5)	10*9/L
Monocytes	0.78	(0 - 1.5)	10*9/L
Eosinophils	2.50 H	(0 - 0.6)	10*9/L
Basophils	0.08	(0 - 0.20)	10*9/L
Platelets	500	(150 - 600)	10*9/L

Comments on Lab Id: 509300110

The most common cause of eosinophilia in Australia is allergy. Other causes include drug response, collagen diseases, inflammation, XRT, malignancy and parasitic infections (eg. Strongyloides).

KP

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

Tests Completed: Phosphate,Calcium(Corr),Iron Studies,Magnesium , E/LFT,TSH,Vitamin B12,Active B12,Vitamin D,FBE,Film
Tests Pending :
Sample Pending :

HARRISON, INDRA
33 CORAL FERN CCT, MURWILLUMBAH. 2484
Phone: 0405204354
Birthdate: 29/04/2012 **Sex:** M **Medicare Number:** 3406134526
Your Reference: **Lab Reference:** 509300110-E-E405
Laboratory: SNP
Addressee: DR C WILLIAMS **Referred by:** DR CAMERON T WILLIAMS

Name of Test: S-VITAMIN D
Requested: 07/02/2024 **Collected:** 12/02/2024 **Reported:** 13/02/2024 03:33

Clinical notes: Clinical notes available on imaged request form.

Clinical Notes : Clinical notes available on imaged request
form.

25 Hydroxy Vitamin D

25-OH Vitamin D 106 (50 - 150) nmol/L
Comments on Collection 509300110

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

EA

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

Tests Completed: Phosphate,Calcium(Corr),Iron Studies,Magnesium ,
E/LFT,TSH,Vitamin B12,Active B12,Vitamin D
Tests Pending : FBE
Sample Pending :

HARRISON, INDRA
33 CORAL FERN CCT, MURWILLUMBAH. 2484
Phone: 0405204354
Birthdate: 29/04/2012 **Sex:** M **Medicare Number:** 3406134526
Your Reference: **Lab Reference:** 509300110-E-E030
Laboratory: SNP
Addressee: DR C WILLIAMS **Referred by:** DR CAMERON T WILLIAMS

Name of Test: S- THYROID FUNCTION
Requested: 07/02/2024 **Collected:** 12/02/2024 **Reported:** 13/02/2024 03:33

Clinical notes: Clinical notes available on imaged request form.

Clinical Notes : Clinical notes available on imaged request
form.

Thyroid Function Tests

TSH 2.7 (0.3 - 5.3) mIU/L

Comments on Collection 509300110

Euthyroid

EA

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

Tests Completed: Phosphate,Calcium(Corr),Iron Studies,Magnesium ,
E/LFT,TSH,Vitamin B12,Active B12,Vitamin D
Tests Pending : FBE
Sample Pending :

HARRISON, INDRA
33 CORAL FERN CCT, MURWILLUMBAH. 2484
Phone: 0405204354
Birthdate: 29/04/2012 **Sex:** M **Medicare Number:** 3406134526
Your Reference: **Lab Reference:** 509300110-C-H245
Laboratory: SNP
Addressee: DR C WILLIAMS **Referred by:** DR CAMERON T WILLIAMS

Name of Test: .ANAEMIA
Requested: 07/02/2024 **Collected:** 12/02/2024 **Reported:** 13/02/2024 03:33

Clinical notes: Clinical notes available on imaged request form.

Clinical Notes : Clinical notes available on imaged request form.

Haematinics

Iron	9	(5 - 25)	umol/L
Transferrin	3.1	(1.9 - 3.1)	g/L
TIBC	79 H	(47 - 77)	umol/L
Saturation	11 L	(20 - 45)	%
Ferritin	18 L	(30 - 200)	ug/L
Vitamin B12	340	(>150)	pmol/L
Active B12	29 L	(>35)	pmol/L

Comments on Lab Id: 509300110

Results are consistent with Iron Deficiency.
This may be due to poor oral iron intake or occasionally blood loss.
Dietary iron deficiency is more frequently seen in infants but is not unusual in older children.

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 confirms Vitamin B12 deficiency. Suggest investigation for Vitamin B12 malabsorption.
Check - intrinsic factor and parietal cell antibodies, Coeliac screen, folate and iron studies.

EA

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

Tests Completed: Phosphate,Calcium(Corr),Iron Studies,Magnesium , E/LFT,TSH,Vitamin B12,Active B12,Vitamin D
Tests Pending : FBE
Sample Pending :