

Referrer Dr Paul Mason

Address ORTHOSPORTS P/L 47-49 BURWOOD ROAD
CONCORD NSW 2137

Phone 0297442666

Lab ID 943687370

Your ref. 943687370

Address 3 BRAIM PL
ISAACS ACT 2607

Phone 0418182554

DOB 22/08/1958 (65 Yrs MALE)

Copy to Dr Elizabeth Fraser (0262487005)

Requested 17/08/2023

Clinical Notes No Clinical Notes given

Collected 17/10/2023 08:11

Received 17/10/2023 08:11

GENERAL BIOCHEMISTRY

Test Name	Result	Units	Reference Interval	Comment
Bilirubin	11	umol/L	4 - 20	
Alk Phos	78	U/L	35 - 110	
AST	18	U/L	10 - 40	
ALT	18	U/L	5 - 40	
Gamma GT	19	U/L	5 - 50	
LDH	133	U/L	120 - 250	

Test Name	Result	Units	Reference Interval	Comment
● Chol.	8.7 H	mmol/L	3.5 - 5.5	HIGH
Trigs.	1.04	mmol/L	0.50 - 2.00	

Test Name	Result	Units	Reference Interval	Comment
Sodium	141	mmol/L	135 - 145	
Potassium	4.2	mmol/L	3.5 - 5.5	
Chloride	106	mmol/L	95 - 110	
Bicarb.	24	mmol/L	20 - 32	
Anion Gap	15	mmol/L	10 - 22	
Creatinine	71	umol/L	60 - 110	
eGFR	>90		>89	
Urea	7.2	mmol/L	3.5 - 9.0	

Test Name	Result	Units	Reference Interval	Comment
Fasting Glucose	5.5	mmol/L	3.6 - 6.0	
Total Protein	72	g/L	60 - 80	
Albumin	44	g/L	35 - 50	
Globulin	28	g/L	19 - 39	
Phosphate	1.03	mmol/L	0.80 - 1.50	
Calcium	2.41	mmol/L	2.10 - 2.60	
Ca (corr)	2.39	mmol/L	2.10 - 2.60	
Magnesium	0.80	mmol/L	0.70 - 1.05	

CA

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NATA ACCREDITATION NO 3448

17-10-2023 11:24

LIPID STUDIES

Test Name	Result	Units	Reference Interval	Comment
● Chol.	8.7 H	mmol/L	3.5 - 5.5	HIGH
HDL	1.4	mmol/L	>0.8	
● LDL	6.8 H	mmol/L	<3.5	HIGH
Trigs.	1.04	mmol/L	0.50 - 2.00	
● Tot/HDL	6.2 H	mmol/L	<5.1	HIGH
● Non-HDL Cholesterol	7.3 H	mmol/L	<4.0	HIGH

According to the current Lipid Management Guidelines (2012) the suggested targets are:

<4.0mmol/L Total Cholesterol (TC)

<2.0mmol/L Triglycerides (TG)

>=1.0mmol/L HDL Cholesterol (HDL-C)

<2.0mmol/L LDL Cholesterol (LDL-C)

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IRON STUDIES

Test Name	Result	Units	Reference Interval	Comment
Iron	22.3	umol/L	5.0 - 30.0	
Transferrin	2.9	g/L	2.0 - 3.2	
Saturation	31	%	10 - 45	
Ferritin	78	ug/L	30 - 300	

Iron studies within normal limits.

CA

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17-10-2023 11:50

CARDIAC AND MUSCLE MARKERS

Test Name	Result	Units	Reference Interval	Comment
CK	67	U/L	40 - 200	

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RANDOM URINE CHEMISTRY

Test Name	Result	Units	Reference Interval	Comment
Creatinine	11.15	mmol/L		

Test Name	Result	Units	Reference Interval	Comment
Protein	0.12	g/L		
Protein/creatinine	10.76	g/mol	3 - 20	

DS

NATA ACCREDITATION NO 3448

17-10-2023 18:44

THYROID FUNCTION TESTS

Test Name	Result	Units	Reference Interval	Comment
TSH	1.0	mIU/L	0.40 - 4.0	

CM

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17-10-2023 11:56

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DIABETES DIAGNOSIS AND MONITORING

Test Name	Result	Units	Reference Interval	Comment
HbA1c	5.4	%	4.3 - 6.4	
HbA1c mmol/mol	35	mmol/mol	23 - 47	
Fasting Glucose	5.5	mmol/L	3.6 - 6.0	

The currently accepted cut-off point for diagnosis of diabetes is an HbA1c level equal to or greater than 6.5% in patients with normal red cell turnover.

Ref: MJA 197/4:220-221 (2012)

HA

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17-10-2023 14:51

VASCULAR RISK MARKERS

Test Name	Result	Units	Reference Interval	Comment
Homocysteine	7.2	umol/L	5.0 - 14.5	

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17-10-2023 12:00

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SPECIFIC PROTEINS

Test Name	Result	Units	Reference Interval	Comment
IgA	1.84	g/L	0.70 - 4.00	

CA

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17-10-2023 11:24

RANDOM URINE MICROALBUMIN

Test Name	Result	Units	Reference Interval	Comment
Creatinine	11.15	mmol/L		
Albumin	12	mg/L	<21	
Albumin/creatinine	1.1	mg/mmol	<2.5	

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17-10-2023 18:25

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THYROID ANTIBODIES

Test Name	Result	Units	Reference Interval	Comment
Anti-thyroglobulin Ab	1	IU/mL	<5	
Anti-thyroid peroxidase Ab	2	IU/mL	<6	

CA

NATA ACCREDITATION NO 3448

17-10-2023 12:00

VITAMIN B12 AND FOLATE STUDIES

Test Name	Result	Units	Reference Interval	Comment
Vit. B12	549	pmol/L	>170	
Active B12	>128	pmol/L	>35	
Serum Folate	33.0	nmol/L	>5.9	

Normal active Vitamin B12 (Holo-transcobalamin) and total Vitamin B12
levels indicate normal Vitamin B12 status.

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17-10-2023 12:01

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HORMONE ASSAYS

Testosterone	26.9	nmol/L	8.0 - 38.0
SHBG	68	nmol/L	15 - 100
Calc Free Testosterone	365	pmol/L	130 - 720
FAI	39.6		14.0 - 65.0

CA

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17-10-2023 11:50

HORMONE ASSAYS

Fasting Glucose	5.5	3.6 - 6.0	mmol/L
Insulin (Fasting)	6.6	<10	mU/L

No evidence of insulin resistance.

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HAEMOCHROMATOSIS (HFE) GENE TYPING

Sample Type	EDTA blood
Method	Melt-curve genotyping
HFE: c.845G>A (C282Y)	Not Detected
HFE: c.187C>G (H63D)	Heterozygous
Interpretation	This result does not support a diagnosis of the most common type of HFE-related HH. In patients with iron overload, investigation for other causes (for example fatty liver disease, metabolic syndrome, and rarer genetic causes of HFE- and non-HFE-related HH) should be considered.

Test Information:

The vast majority (>90%) of patients with clinically characterised hereditary haemochromatosis are homozygous for the C282Y HFE variant, referred to as HFE-related HH (PMID 26153218). Genotyping is performed by melt curve analysis on extracted genomic DNA using the TIB MOLBIOL LightMix HFE kit for the detection of the HFE (LRG_749t1) variants c.845G>A (p.(Cys282Tyr), commonly known as "C282Y") and c.187C>G (p.(His63Asp), commonly known as "H63D") that are associated with HFE-related hereditary haemochromatosis (HH). This test will not detect other rare pathogenic HFE variants or genetic causes of non-HFE-related HH. Genetic test results may have significant implications for both the individual and their relatives. Corroboration of this result by reference to other clinical or laboratory information or by repeat testing may be warranted. As of November 2021, the S65C HFE variant is no longer reported, in accordance with best practice guidelines (PMID:26153218). Please contact the laboratory if this result is required.

SS

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20-10-2023 21:24

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HAEMATOLOGY

HAEMOGLOBIN	152	135 - 180	g/L
Haematocrit	0.46	0.40 - 0.54	L/L
Red cell count	4.8	4.5 - 6.5	x 10 ¹² /L
Mean cell volume	95	80 - 100	fL
Mean cell haemoglobin	31.5	27.0 - 33.0	pg
Mean cell haemoglobin conc.	330	310 - 360	g/L
WHITE CELL COUNT	5.8	4.0 - 11.0	x 10 ⁹ /L
Neutrophils 65.5 %	3.8	2.0 - 7.5	x 10 ⁹ /L
Lymphocytes 25.9 %	1.5	1.0 - 4.0	x 10 ⁹ /L
Monocytes 6.9 %	0.4	<1.1	x 10 ⁹ /L
Eosinophils 1.7 %	0.1	<0.6	x 10 ⁹ /L
Basophils 0.0 %	0.0	<0.3	x 10 ⁹ /L
Nucleated red cells	0		per hundred white cells
PLATELETS	209	150 - 400	x 10 ⁹ /L
Reticulocytes 0.9 %	43	30 - 100	x 10 ⁹ /L
E.S.R.	6	<31	mm/hr

Haematological parameters show no significant abnormality.

Please note: The ESR is a non-specific test and is not recommended for general screening. CRP is the most useful acute phase marker and is the preferred test for diagnosis and monitoring of inflammation/infection. For further information, please contact the Clinical Pathologist, Dr Paul Whiting on 02 62859895.

HA

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ALLERGY SPECIFIC IgE	IgE (kU/L)	Class
Aspergillus fumigatus	0.00	0 Negative
Alternaria alternata	0.00	0 Negative

Values between 0.1 and 0.35 kU/L may be found in early, low level or resolving sensitisation. Not all sensitisations may result in clinical symptoms. The greater the sensitisation, the more likelihood of clinical significance. A higher specific IgE index (amount of allergen specific IgE/total IgE) may indicate greater clinical significance.

TA

NATA ACCREDITATION NO 3448

19-10-2023 14:09

URINE SPECIMEN TYPE : Urine

CHEMISTRY

pH	5.5	Blood	Negative
Protein	Negative	Bilirubin	Negative
Glucose	Negative	Urobilinogen	Negative
Ketones	Trace	Specific Gravity	1.025 1.003 - 1.030

MICROSCOPY

Polymorphs	<10	(<10)	x10 ⁶ /L
Erythrocytes	<10	(<10)	x10 ⁶ /L
Epithelial cells	<10	(<10)	x10 ⁶ /L

CASTS

Nil

CRYSTALS

Nil

CULTURE

No growth.

AA

NATA ACCREDITATION NO 3448

18-10-2023 07:53

FINAL REPORT - Updated on 18/10/2023 at 07:53

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VITAMIN STUDIES

Thiamine Diphosphate	180	66 - 200	nmol/L
Vitamin B2 (FAD)	280	180 - 470	nmol/L
Vitamin B6 (P5P)	75	20 - 190	nmol/L

The B vitamins, vitamin B1(thiamine diphosphate or TDP), B2 (flavin adenine dinucleotide or FAD), and B6 (pyridoxal-5-phosphate or P5P), are measured and reported in their physiologically active forms in whole blood. Their absolute whole blood levels are more specific, and they rise and fall more rapidly than the indirect functional levels measured by enzymatic activity. Hence, blood samples should be collected fasting and prior to any supplementation. As the distribution of the vitamins is shared between the blood cells and the plasma, vitamin B levels may appear artefactually low in anaemic patients with low haematocrit.

To convert this Vitamin B6 result to mass units: nmol/L x 0.247 = mg/L

AR

NATA ACCREDITATION NO 3448

23-10-2023 23:45

HYPERTENSION STUDIES

Renin (Upright)	13	3.3 - 41	mU/L
Aldosterone (Upright)	237	100 - 950	pmol/L
Aldosterone/Renin Ratio	18	<70	

Aldosterone:Renin ratio of <70 makes primary aldosteronism unlikely. Calcium channel blocker and ACE inhibitor therapy tend to lower this ratio and make it unreliable in screening for primary aldosteronism.

SS

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19-10-2023 16:12

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SERUM AUTOANTIBODIES

GAD Antibodies	<10	<10	IU/mL
IA-2 Antibodies	<7.5	<7.6	U/mL
Zinc Transporter 8 (ZnT8) Abs	<10	<10	U/mL

GAD, IA2 and ZnT8 antibodies are associated with Type 1a diabetes mellitus. Their predictive ability depends on the number of antibodies present and family history of the proband. GAD antibodies are associated with an increasing number of neuroimmunologic syndromes including stiffman syndrome, autoimmune cerebellar degeneration and limbic encephalitis. However, it appears while the antigenic target is GAD67, all patients also make GAD65 antibodies. The preferred test is the GAD ELISA for both type 1 DM and Neuronal syndromes. The GAD ELISA has greater sensitivity and specificity.

The GAD/IA2/ZnT8 assays use biotin technology. The assay manufacturers have demonstrated there is no interference with results at serum concentrations <14ug/mL. Levels >14ug/mL would be rare and are only achieved following ingestion of large quantities of biotin in excess of 1G per day. As of the 21/07/2023 the IA2 and ZnT8 antibodies are performed on the RSR EIA assay. The new cut-off value for the RSR IA2 is <10 and the ZnT8 is <7.5. The GAD EIA has not changed and the cut-off remains as <10.

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23-10-2023 14:29

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COELIAC SEROLOGY

Test Name	Result	Units	Reference Interval	Comment
IgA	1.84	g/L	0.70 - 4.00	
Gliadin IgG Abs	< 1	U/mL	<7	
tTG	< 1	U/mL	<7	

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.

SS

NATA ACCREDITATION NO 3448

19-10-2023 07:34

TISSUE ANTIBODIES

Gastric Parietal Cell Ab(GPC) Not Detected

Screening titre - 1:80

SS

NATA ACCREDITATION NO 3448

19-10-2023 14:52

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LIPID SUBFRACTIONS

Cholesterol	8.87 H	3.90 - 5.50	mmol/L
Triglycerides	1.1	0.5 - 1.7	mmol/L
VLDL	0.50	0.16 - 0.67	mmol/L
IDL			
Mid C	0.88 H	0.23 - 0.62	mmol/L
Mid B	0.52 H	0.13 - 0.44	mmol/L
Mid A	0.72 H	0.16 - 0.67	mmol/L
LDL			
LDL 1	2.11 H	0.00 - 1.48	mmol/L
LDL 2	1.87 H	0.00 - 0.78	mmol/L
Small Dense LDL			
LDL 3	0.69 H	0.00 - 0.15	mmol/L
LDL 4	0.17 H	<0.01	mmol/L
LDL 5	0.03 H	<0.01	mmol/L
LDL 6	Not detected		
LDL 7	Not detected		
Total LDL	6.98 H	1.53 - 3.32	mmol/L
Total IDL	2.12 H	0.52 - 1.73	mmol/L
Total Small Dense LDL	0.88 H	0.00 - 0.15	mmol/L
HDL	1.39	1.04 - 2.67	mmol/L
Number of LDL Peaks	2 H	<2	
Mean Size (Research only)	264.4 L	268.0 - 400.0	A
Coronary Risk	Type B		

Type B (Abnormal) profile, based on the average LDL particle size.

Type B individuals show increased risk of adverse cardiac events.

SS

NATA ACCREDITATION NO 3448

24-10-2023 13:43

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THYROID ANTIBODIES

Thyroid Receptor Ab.	<0.9	<2.1	IU/L
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SS

NATA ACCREDITATION NO 3448

18-10-2023 15:02

Aspergillus Serology

Aspergillus fumigatus IgG	40.1	<70	mgA/L
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Please note: A slightly higher cut-off level for a positive result was introduced on 26/11/2012 for allergen specific IgG assays.

SS

NATA ACCREDITATION NO 3448

20-10-2023 11:59

INTRINSIC FACTOR ANTIBODIES

Intrinsic Factor Blocking Abs	Not Detected
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Intrinsic Factor antibodies are highly specific for pernicious anaemia but diminish over time. B12 therapy does not affect this assay. Parietal cell antibodies are less specific but persist longer. Testing both is recommended for investigation of pernicious anaemia.

SS

NATA ACCREDITATION NO 3448

19-10-2023 10:31

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HELICOBACTER SEROLOGY

H.pylori IgG	0.4	(<0.9 U/mL Negative) (0.9-1.1 U/mL Equivocal) (> 1.1 U/mL Positive)	U/mL
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No serological evidence of H.pylori infection.

SS

NATA ACCREDITATION NO 3448

19-10-2023 14:22

SPECIFIC PROTEIN - CRP ULTRA SENSITIVE

CRP	2.6	0.0 - 5.0	mg/L
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CYSTATIN C

This test was performed at **NSW HEALTH PATHOLOGY NORTH**

Date report received: 23.10.23

Reference Number: 617174484

	Result	Reference Interval	Units
Cystatin C	0.71	(0.40 - 0.99)	mg/L
GFR (Cys)	131		mL/min

Comments:

NATA/RCPA accreditation does not cover performance of this service.

SE

NATA ACCREDITATION NO 3448

23-10-2023 13:55