Report to **IMEDICAL,**
1 Union st
, Pyrmont, NSW, 2009

Patient **BROWN, LAUREN**
IMEDICAL C/O IMEDICAL 1 UNION ST
PYRMONT NSW 2009
Phone 0447531902
D.O.B 28/09/2004 Age 19 years Sex F

Ref. by/copy to IMEDICAL,
Collect date 08/12/2023 Lab ref 23-25594780
Collect time 08:03 AM Your ref
Reported 11/12/2023 02:16 PM
Tests requested ARV, SCP, FE, VBF, DVI, TFT, I12, LIP, MBA, GLU, FBE GGN*

Clinical notes

ARBOVIRUS SEROLOGY

ROSS RIVER SEROLOGY

Ross River virus IgG (EIA)	Not Detected
Ross River virus IgM (EIA)	Not Detected

BARMAH FOREST SEROLOGY

Barmah Forest IgG (EIA)	Not Detected
Barmah Forest IgM (EIA)	Not Detected

No evidence of exposure to Ross River virus or Barmah Forest virus. However, if history and clinical presentation are suggestive of infection, repeat testing in 2-3 weeks may be considered to exclude delayed seroconversion.

All testing performed on serum or plasma unless otherwise specified.

SERUM HIGH SENSITIVITY C-REACTIVE PROTEIN (CRP)

Request Number			25594780
Date Collected			8 Dec 23
Time Collected			08:03
hsCRP	(< 4.91)	mg/L	1.19

The CDC / AHA recommend the following hsCRP cut-off points (tertiles) for cardiovascular disease risk assessment:

hsCRP level (mg/L)	Relative Risk
<1.0	Low
1.0 - 3.0	Average
>3.0	High

The average of two CRP tests, ideally taken two weeks apart, produces a more stable estimate of this marker.

SURGERY USE
Normal
No Action/File
Patient Notified
Make Appoint.
Further Tests
Notes Required
Speak with Dr.
On Correct Treatment

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A CRP greater than 10mg/L should prompt a search for a source of infection or inflammation.

IRON STUDIES

Specimen Type: Serum

Serum Iron	30	umol/L	(10-30)
Transferrin	33	umol/L	(32-48)
Transferrin Saturation	**46**	%	(13-45)
Serum Ferritin	**192**	ug/L	(30-165)

Increased transferrin saturation and ferritin suggests iron overload. Suggest repeat fasting iron studies and, if results are confirmed, genetic testing for haemochromatosis. Also consider liver function tests, if not already performed.

VITAMIN B12 AND FOLATE STUDIES

Active B12	127	pmol/L	(> 40)

Serum Active B12 Assay:
This active B12 result indicates that the patient is likely to be vitamin B12 sufficient. Patients with renal impairment may still be B12 depleted despite an active B12 level within this range. For these patients, correlation with total B12, homocysteine and/or methylmalonate is required.

VITAMIN D

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Haemolysis	Nil	
Serum 25(OH) Vitamin D	112	nmol/L

Suggested decision limits for Vitamin D status:

Sufficiency	51 -200	nmol/L
Mild deficiency	25 - 50	nmol/L
Marked deficiency	< 25	nmol/L
Toxicity	>250	nmol/L

References: Vitamin D and health in adults in Australia and New Zealand: Position Statement. MJA 2012 June 18; 196(11),686-687.

THYROID PROFILE

Specimen Type: Serum

TSH	3.1	mIU/L	(0.5-4.0)

Result(s) consistent with euthyroidism.

Please note the above reference intervals have been developed from a non-pregnant healthy general population study.

SERUM VITAMIN B12

Request Number			25594780
Date Collected			8 Dec 23
Time Collected			08:03
B12	(156-740)	pmol/L	260

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LIPID STUDIES

Specimen Type: Serum

Reference intervals are included for reference only, and interpretation / treatment goals should be guided by patient-specific cardiovascular risk assessment (see Australian Cardiovascular Risk Charts. Alternatively, the web-site www.cvdcheck.org.au can be accessed in order to complete a risk assessment for individual patients.)

Haemolysis	Nil		
Icterus	Nil		
Lipaemia	Nil		
Fasting status	Fasting		
Total Cholesterol	4.1	mmol/L	(3.0-5.2)
Triglycerides	0.5	mmol/L	(0.5-1.7)
HDL Cholesterol	1.4	mmol/L	(1.0-2.0)
LDL Cholesterol	2.5	mmol/L	(1.5-3.4)
Non-HDL Cholesterol	2.7	mmol/L	(< 3.4)
Cholesterol/HDL-C Ratio	2.9		(< 4.5)

NVDPA TARGET LIPID RANGES (MMOL/L) FOR PATIENTS AT HIGH / MODERATE RISK OF CARDIOVASCULAR DISEASE:

TOTAL CHOLESTEROL	<4.0
TRIGS (FASTING)	<2.0
HDL-C	>= 1.0
LDL-C	<2.0
NON HDL-C	<2.5

LDL-C exceeds target for higher risk patients and may be excessive in some individuals.

SERUM CHEMISTRY

Specimen Type: Serum

Haemolysis	Nil		

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Clinical notes

Icterus	Nil		
Lipaemia	Nil		
Sodium	143	mmol/L	(135-145)
Potassium	4.9	mmol/L	(3.6-5.4)
Chloride	105	mmol/L	(95-110)
Bicarbonate	23	mmol/L	(22-32)
Anion Gap	20	mmol/L	(10-20)
Urea	4.5	mmol/L	(2.5-6.7)
Creatinine	75	umol/L	(45-90)
eGFR	> 90		mL/min/1.73m^2
Urate	0.20	mmol/L	(0.14-0.36)
Bilirubin	11	umol/L	(< 15)
AST	20	U/L	(< 30)
ALT	**30**	U/L	(< 30)
GGT	**39**	U/L	(< 30)
Alkaline Phosphatase	58	U/L	(35-115)
Protein	70	g/L	(60-82)
Albumin	45	g/L	(38-50)
Globulin	25	g/L	(20-39)
Calcium	2.42	mmol/L	(2.10-2.60)
Corrected Calcium	2.38	mmol/L	(2.10-2.60)
Phosphate	1.25	mmol/L	(0.75-1.50)
Creatine Kinase	81	U/L	(< 211)
Magnesium	0.79	mmol/L	(0.70-1.10)

eGFR >=90 mL/min/1.73m2 usually indicates normal kidney function but does not exclude patients with early kidney damage (those with albuminuria, haematuria or abnormal kidney imaging).

SERUM/PLASMA GLUCOSE

Fasting status	Fasting		
Serum	4.7	mmol/L	(3.4-5.4)

Normal glucose concentration.

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Clinical notes			

HAEMATOLOGY

Date Collected 08 Dec 23
Time Collected 08:03
Specimen Type: EDTA

Hb	137	g/L	(115-165)	WBC	5.4	x10^9 /L	(4.0-11.0)
RCC	4.5	x10^12 /L	(3.9-5.8)	Neut	2.8	x10^9 /L	(2.0-7.5)
Hct	0.41		(0.34-0.47)	Lymp	2.0	x10^9 /L	(1.0-4.0)
MCV	91	fL	(79-99)	Mono	0.4	x10^9 /L	(0.2-1.0)
MCH	30	pg	(27-34)	Eos	0.2	x10^9 /L	(< 0.7)
MCHC	333	g/L	(320-360)	Baso	0.1	x10^9 /L	(< 0.2)
RDW	13.0	%	(10.0-17.0)				
Plat	300	x10^9 /L	(150-400)				

HAEMATOLOGY: FBC parameters are within reference range.

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