



MELBOURNE PATHOLOGY

Quality is in our DNA

URGENT PATHOLOGY REPORT

This report is intended for the referrer specified below and its contents are confidential. If you have received this document in error, please telephone Melbourne Pathology immediately on 03 92877952.

To: **DR KIM HAYES**
THRIVE MEDICAL WELLNESS
389 WATTLETREE RD
MALVERN EAST VIC 3145

Referred by : DR KIM HAYES
Reporting Lab : (2133) 103 Victoria Pde, Collingwood, Vic,
Requested : 27/03/2019
Collected : 30/03/2019 @ 0959 1/1

Lab ID: 351539855
UR: 351539855
MISS HEWAT, Dominique
1/26 LOWER PLENTY RD
ROSANNA VIC 3084

Patient tel#: 0439856335
DOB: 27/09/1992 SEX: F 26Y

Date	11/02/15	01/07/15	22/11/17	30/03/19		
Time F-Fast	1115	1340	1351	0959 F		
Lab Id.	327660601	329424639	345943967	351539855		
S 25OH VIT D	83	65	66	64	Units nmol/L	Reference (50-250)

Comments on Lab Id. 351539855 30/03/19 0959

VITD

Vitamin D levels should ideally be above 50 nmol/L in winter and 70 nmol/L in summer. Levels above 75 nmol/L may be desirable in people with osteoporosis or falls.

From 1st November 2014, Medicare rebates for vitamin D testing will continue to be available for patients at risk of Vitamin D deficiency such as all those with chronic lack of sun exposure. Further information is available at:
<http://www.msac.gov.au/internet/msac/publishing.nsf/Content/0014r-public>

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Zinc

Date 30/03/19
Time F-Fast 0959 F
Lab Id. 351539855
P-Zinc 11.7

Units Reference
umol/L (9.0-19.0)

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Patient tel#: 0439856335
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THYROID FUNCTION TESTS - SERUM

Date	11/02/15	01/07/15	22/11/17	30/03/19			
Time F-Fast	1115	1340	1351	0952 F			
Lab Id.	327660601	329424639	345943967	351631179	Units	Reference	C
S TSH(Roche)	1.74	1.42	1.55	1.26	mU/L	(0.5-5.0)	
S TgAb				<10	IU/mL	(<115)	L
S TPOAb				<10	IU/mL	(<35)	I

Comments on Lab Id. 351631179 30/03/19 0952

TSH

A normal TSH is consistent with an euthyroid state.

PLEASE NOTE: High dose biotin (>5 mg/day) may artefactually decrease the TSH result obtained by this method. If the patient is taking high dose biotin and interference needs to be excluded, please contact Chemical Pathologists on 9287 7720.

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Patient tel#: 0439856335
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B12/FOLATE

Date	11/02/15	01/07/15	30/03/19		
Time F-Fast	1115	1340	0952 F		
Lab Id.	327660601	329424639	351631179		
S FOL		22.7		Units	Reference
S Active B12	67	89	31	nmol/L	(>7.0)
S Total B12	216		111 L	pmol/L	(23-100)
				pmol/L	(200-700)

Comments on Lab Id. 351631179 30/03/19 0952

AB12

Active Vitamin B12 (Holo-transcobalamin) in low-normal range with a low total B12 indicates this patient is probably vitamin B12 deficient. Consider fasting homocysteine for further clarification if clinically indicated.

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Date	30/03/19		
Time F-Fast	0952 F		
Lab Id.	351631179		
P Homocyst.	7	Units umol/L	Reference (5-12)

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MULTIPLE BIOCHEMICAL ANALYSIS

Date	11/02/15	01/07/15	22/11/17	30/03/19		
Time F-Fast	1115	1340	1351	0952 F		
Lab Id.	327660601	329424639	345943967	351631179	Units	Reference
S SODIUM	140	141	142	138	mmol/L	(135-145)
S POTASSIUM	4.1	4.0	3.9	4.1	mmol/L	(3.5-5.5)
S CHLORIDE	102	103	106	104	mmol/L	(95-110)
S BICARB.	24	23	25	25	mmol/L	(20-32)
S UREA	3.4	3.3	3.0	3.6	mmol/L	(2.5-6.5)
S CREAT.	54	57	59	62	umol/L	(45-85)
eGFR	>90	>90	>90	>90		
S T-BIL.	5	9	8	18 H	umol/L	(3-15)
S ALP	56	53	45	50	U/L	(20-105)
S GGT	14	13	12	12	U/L	(5-35)
S ALT	14	16	8	10	U/L	(5-30)
S AST	11	13	14	12	U/L	(10-35)
S T-PROTEIN	72	74	71	69	g/L	(64-81)
S ALBUMIN	41	43	43	41	g/L	(33-46)
S GLOBULIN	31	31	28	28	g/L	(26-41)
S CALCIUM		2.40			mmol/L	(2.15-2.55)
S PHOSPHATE		1.28			mmol/L	(0.8-1.5)
S MAGNESIUM		0.86			mmol/L	(0.70-1.05)
S CK			49		U/L	(30-150)
S IRON		15	12	24	umol/L	(5-30)
S TRF		2.9	2.5	2.6	g/L	(2.0-3.6)
S TRF SAT.		21	19	37	%	(10-45)
S FERRITIN	56	50	69	82	ng/mL	(30-200)
S GLU(RAND)	5.4	5.4			mmol/L	(3.6-7.7)
S CA (Corr)		2.34			mmol/L	(2.15-2.55)

Comments on Lab Id. 351631179 30/03/19 0952

EUC

eGFR is greater than 90 mL/min/1.73m². No evidence of kidney disease.

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Patient tel#: 0439856335
DOB: 27/09/1992 SEX: F 26Y

MTHFR Genotyping

Specimen	EDTA Blood
MTHFR C677T	Mutation Not Detected
MTHFR A1298C	Heterozygous Mutation Detected

Please note these variants are known as c.665C>T, p.Ala222Val and c.1286A>C, p.Glu429Ala, according to HGVS nomenclature; RefSeqGene: NM_005957.4.

This patient is heterozygous for the A1298C variant of the MTHFR gene (c.1286A>C). Heterozygosity for this variant is common, occurring in approximately 35-40% of the population. Heterozygosity for this variant has not been shown to be associated with increased risk of thrombotic disease.

Test Information:

Testing was carried out by real-time PCR for two variants of the MTHFR gene, c.665C>T (p.Ala222Val, also known as "C677T") and c.1286A>C (p.Glu429Ala, also known as "A1298C").

NPAAC guidelines suggest that corroboration of genetic test results should be considered - e.g. by reference to other clinical or laboratory information or by repeat testing - as genetic tests may have medical implications for both the patient and their genetic relatives.

For clinician enquiries regarding these results, please contact Dr James Harraway (07 3377 8666).

This test performed by Sullivan and Nicolaides Pathology, a member of the Sonic Healthcare Group.

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HAEMATOLOGY

Date	11/02/15	01/07/15	22/11/17	24/08/18	30/03/19		
Time F-Fast	1115	1340	1351	1129	0952 F		
Lab Id.	327660601	329424639	345943967	348400178	351631179	Units	Reference
HAEMOGLOBIN	136	137	132	137	131	g/L	(115-160)
Hct	0.42	0.42	0.42	0.42	0.39		(0.35-0.47)
RBC	4.9	4.8	4.7	4.7	4.5	x10 ¹² /L	(3.7-5.2)
MCV	87	87	90	89	88	fL	(80-100)
MCH	28	28	28	29	29	pg	(27-34)
MCHC	322	326	312	326	332	g/L	(310-360)
RDW	13.3	12.6	12.8	12.3	12.4		(11-17)
PLATELETS	283	253	252	257	236	x 10 ⁹ /L	(150-450)
WHITE CELLS	6.8	9.1	5.5	5.6	6.0	x10 ⁹ /L	(4.0-11.0)
Neutrophils	4.6	6.8	3.3	3.3	3.7	x10 ⁹ /L	(2.0-7.5)
Lymphocytes	1.6	1.8	1.7	1.9	1.7	x10 ⁹ /L	(1.0-4.0)
Monocytes	0.5	0.5	0.4	0.4	0.5	x10 ⁹ /L	(0-1.0)
Eosinophils	0.1	0.0	0.2	0.1	0.1	x10 ⁹ /L	(0-0.5)
Basophils	0.0	0.0	0.0	0.0	0.0	x10 ⁹ /L	(0-0.3)
ESR	3	5	1 L	1 L	3	mm/hr	(3-12)

FBE
ESR

Specimen - EDTA
EDTA specimen

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Date	30/03/19		
Time F-Fast	0952 F		
Lab Id.	351631179	Units	Reference
Creat R-U	3.0	mmol/L	
R-U-Iodine	14 L	ug/L	(>100)

Comments on Lab Id. 351631179 30/03/19 0952

WHO classification of iodine deficiency: Urine Iodine levels

Not Iodine deficient:	>100 ug/L
Mild Iodine deficiency:	50 - 100 ug/L
Moderate Iodine deficiency:	20 - 49 ug/L
Severe Iodine deficiency:	<20 ug/L

To convert Iodine ug/L to Iodine nmol/L

ug/L x 7.88 = nmol/L

NHMRC recommends supplementation of 150ug/day of Iodine to ensure that all women who are pregnant, breastfeeding or considering pregnancy have adequate iodine status. Women should not take kelp (seaweed) supplements or kelp based products because they may contain varying levels of Iodine and may be contaminated with heavy metals such as mercury.

This test performed by Sullivan and Nicolaides Pathology, a member of the Sonic Healthcare Group.

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Lab Id.	329424639	345943967	348400178	351631179	Units	Reference
S CRP	<1	<1	<1	<1	mg/L	(<5)

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Anti-Nuclear Antibodies

ANA

Titre, Pattern

Detected *

1:80 Speckled

Speckled patterns occur in SLE, mixed connective tissue disease, systemic sclerosis, Sjogren's syndrome and other connective tissue disorders.

Suggest anti dsDNA antibodies and anti ENA antibodies on a new specimen if not already requested and clinically indicated.

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