WILLIAMS, FIONA
1613 KAPUTAR RD, NARRABRI. 2390
Birthdate: 02/02/1973 **Sex:** F **Medicare Number:** 4178671116
Your Reference: 00075029 **Lab Reference:** 24-25952166-FBE-0
Laboratory: Laverty Pathology
Addressee: DR YANXIA A WU **Referred by:** DR YANXIA A WU

Name of Test: HAEMATOLOGY (FBE-0)
Requested: 17/01/2024 **Collected:** 12/02/2024 **Reported:** 12/02/2024 21:43

Clinical notes: Hix of high BP.

Clinical Notes : Hix of high BP.

HAEMATOLOGY

Request Number			11099125	25952166
Date Collected			23 Apr 21	12 Feb 24
Time Collected			08:40	09:23
Specimen Type: EDTA				
Hb (115-165)	g/L		132	128
Hct (0.34-0.47)			0.41	0.41
RCC (3.9-5.8)	x10^12	/L	4.9	4.9
MCV (79-99)	fL		83	84
MCH (27-34)	pg		27	**26**
MCHC (320-360)	g/L		321	**312**
RDW (10.0-17.0)	%		12.3	12.6
WBC (4.0-11.0)	x10^9	/L	7.0	7.3
Neut (2.0-7.5)	x10^9	/L	4.8	4.7
Lymph (1.0-4.0)	x10^9	/L	1.5	1.8
Mono (0.2-1.0)	x10^9	/L	0.5	0.7
Eos (< 0.7)	x10^9	/L	0.1	0.1
Baso (< 0.2)	x10^9	/L	0.1	0.1
Plat (150-400)	x10^9	/L	317	295

HAEMATOLOGY: FBC parameters show no significant abnormality.

Requested Tests : VBF*, TFT*, UMA*, GLU*, MBA*, LIP*, FE*, FBE, A1C*

WILLIAMS, FIONA
1613 KAPUTAR RD, NARRABRI. 2390
Birthdate: 02/02/1973 **Sex:** F **Medicare Number:** 4178671116
Your Reference: 00075029 **Lab Reference:** 24-25952166-TFT-0
Laboratory: Laverty Pathology
Addressee: DR YANXIA A WU **Referred by:** DR YANXIA A WU

Name of Test: THYROID FUNCTION TEST (TFT-0)
Requested: 17/01/2024 **Collected:** 12/02/2024 **Reported:** 12/02/2024 21:56

Clinical notes: Hix of high BP.

Clinical Notes : Hix of high BP.

THYROID PROFILE

Request Number			11099125	25952166
Date Collected			23 Apr 21	12 Feb 24
Time Collected			08:40	09:23
Specimen Type: Serum				
TSH	(0.5-4.0)	mIU/L	1.8	1.3

Result(s) consistent with euthyroidism.

Requested Tests : VBF*, TFT, UMA*, GLU, MBA*, LIP*, FE*, FBE, A1C*

WILLIAMS, FIONA
1613 KAPUTAR RD, NARRABRI. 2390
Birthdate: 02/02/1973 **Sex:** F **Medicare Number:** 4[illegible]78671116
Your Reference: 00075029 **Lab Reference:** 24-25952166-GLU-0
Laboratory: Laverty Pathology
Addressee: DR YANXIA A WU **Referred by:** DR YANXIA A WU

Name of Test: GLUCOSE (GLU-0)
Requested: 17/01/2024 **Collected:** 12/02/2024 **Reported:** 12/02/2024 21:56

Clinical notes: Hix of high BP.

Clinical Notes : Hix of high BP.

SERUM/PLASMA GLUCOSE

Request Number			11099125	25952166
Date Collected			23 Apr 21	12 Feb 24
Time Collected			08:40	09:23
Fasting status			Fasting	Fasting
Serum	(3.4-5.4)	mmol/L	5.6	5.9

Equivocally elevated fasting glucose result. If not recently performed, recommend follow-up assessment with an oral glucose tolerance test or HbA1c.

Requested Tests : VBF*, TFT, UMA*, GLU, MBA*, LIP*, FE*, FBE, A1C*

WILLIAMS, FIONA
1613 KAPUTAR RD, NARRABRI. 2390
Birthdate: 02/02/1973 **Sex:** F **Medicare Number:** 4178671116
Your Reference: 00075029 **Lab Reference:** 24-25952166-MBA-0
Laboratory: Laverty Pathology
Addressee: DR YANXIA A WU **Referred by:** DR YANXIA A WU

Name of Test: SERUM CHEMISTRY (MBA-0)
Requested: 17/01/2024 **Collected:** 12/02/2024 **Reported:** 12/02/2024 22:01

Clinical notes: Hix of high BP.

Clinical Notes : Hix of high BP.

SERUM CHEMISTRY

Request Number			11099125	25952166
Date Collected			23 Apr 21	12 Feb 24
Time Collected			08:40	09:23
Specimen Type: Serum				
Haemolysis			Nil	Nil
Icterus			Nil	Nil
Lipaemia			Nil	Nil
Na	(135-145)	mmol/L	141	143
K	(3.6-5.4)	mmol/L	4.4	4.7
Cl	(95-110)	mmol/L	104	104
HCO3	(22-32)	mmol/L	25	24
An Gap	(10-20)	mmol/L	16	20
Urea	(2.5-9.0)	mmol/L	7.5	7.5
Creat	(45-90)	umol/L	60	60
eGFR	mL/min/1.73m^2		> 90	> 90
Urate	(0.14-0.36)	mmol/L	0.22	0.28
Bili	(< 15)	umol/L	4	7
AST	(< 35)	U/L	23	23
ALT	(< 30)	U/L	30	27
GGT	(< 35)	U/L	25	31
Alk Phos	(30-115)	U/L	95	81
Protein	(60-82)	g/L	66	68
Albumin	(38-50)	g/L	43	44
Glob	(20-39)	g/L	23	24
Ca	(2.10-2.60)	mmol/L	2.45	2.38
Corr Ca	(2.10-2.60)	mmol/L	2.45	2.36
PO4	(0.75-1.50)	mmol/L	1.16	0.94
Mg	(0.70-1.10)	mmol/L	0.75	

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).

Requested Tests : VBF*, TFT, UMA*, GLU, MBA, LIP, FE*, FBE, A1C*

WILLIAMS, FIONA
1613 KAPUTAR RD, NARRABRI. 2390
Birthdate: 02/02/1973 **Sex:** F **Medicare Number:** 4178671116
Your Reference: 00075029 **Lab Reference:** 24-25952166-LIP-0
Laboratory: Laverty Pathology
Addressee: DR YANXIA A WU **Referred by:** DR YANXIA A WU

Name of Test: LIPID STUDIES (LIP-0)
Requested: 17/01/2024 **Collected:** 12/02/2024 **Reported:** 12/02/2024 22:01

Clinical notes: Hix of high BP.

Clinical Notes : Hix of high BP.

LIPID STUDIES

Request Number	11099125	25952166
Date Collected	23 Apr 21	12 Feb 24
Time Collected	08:40	09:23
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	Nil
Icterus			Nil	Nil
Lipaemia			Nil	Nil
Fasting status			Fasting	Fasting
Chol	(3.9-5.2)	mmol/L	4.9	5.1
Trig	(0.5-1.7)	mmol/L	0.5	0.9
HDL	(1.0-2.0)	mmol/L	1.2	1.2
LDL	(1.5-3.4)	mmol/L	3.5	3.5
Non-HDL	(< 3.4)	mmol/L	3.7	3.9
Chol/HDL	(< 4.5)		4.1	4.2

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.

Requested Tests : VBF*, TFT, UMA*, GLU, MBA, LIP, FE*, FBE, A1C*

WILLIAMS, FIONA
1613 KAPUTAR RD, NARRABRI. 2390
Birthdate: 02/02/1973 **Sex:** F **Medicare Number:** 4178671116
Your Reference: 00075029 **Lab Reference:** 24-25952-66-A1C-0
Laboratory: Laverty Pathology
Addressee: DR YANXIA A WU **Referred by:** DR YANXIA A WU

Name of Test: GLYCATED HAEMOGLOBIN (A1C-0)
Requested: 17/01/2024 **Collected:** 12/02/2024 **Reported:** 12/02/2024 22:41

Clinical notes: Hix of high BP.

Clinical Notes : Hix of high BP.

GLYCATED HAEMOGLOBIN (HBA1c)

Specimen Type: EDTA			
HbA1c- NGSP	5.8	%	(4.0-6.0)
HbA1c- IFCC	40	mmol/mol	(20-42)

The WHO recommends that an HbA1c cut-off of >=6.5% (48 mmol/mol) is used to diagnose type 2 diabetes.

While it is recognised that HbA1c levels approaching this cut-off place patients at increasingly higher risk of developing diabetes (<6.5%), there is no consensus as to exactly which cut-off at the lower end of the continuum to use for categorising patients as high risk. Various groups quote lower limits for at-risk patients that vary between 5.5% and 6.0% (37 and 42 mmol/mol).

Please note that HbA1c should not be used for diagnosing diabetes mellitus in the following circumstances:
- Children and young people
- Pregnancy - current or within the past 2 months
- Suspected Type 1 diabetes mellitus
- Symptoms of diabetes for <2 months
- Patients who are acutely ill
- Patients taking drugs that can cause rapid onset hyperglycaemia such as corticosteroids, antipsychotic drugs
- Acute pancreatic damage or pancreatic surgery
- Kidney failure
- Patients being treated for HIV infection

Please be cautious when requesting or interpreting HbA1c when patients:
- May have an abnormal haemoglobin
- May be anaemic
- May have an altered red cell lifespan (e.g. post-splenectomy)
- May have had a recent blood transfusion

Requested Tests : VBF*, TFT, UMA*, GLU, MBA, LIP, FE*, FBE, A1C

WILLIAMS, FIONA
1613 KAPUTAR RD, NARRABRI. 2390
Birthdate: 02/02/1973 **Sex:** F **Medicare Number:** 4[illegible]78671116
Your Reference: 00075029 **Lab Reference:** 24-25952166-FE-0
Laboratory: Laverty Pathology
Addressee: DR YANXIA A WU **Referred by:** DR YANXIA A WU

Name of Test: IRON STUDIES (FE-0)
Requested: 17/01/2024 **Collected:** 12/02/2024 **Reported:** 12/02/2024 22:52

Clinical notes: Hix of high BP.

Clinical Notes : Hix of high BP.

IRON STUDIES

Request Number		11099125	25952166
Date Collected		23 Apr 21	12 Feb 24
Time Collected		08:40	09:23
Specimen Type: Serum			
Iron (10-30)	umol/L	11	
T'ferrin (32-48)	umol/L	27	
T. Sat. (13-45)		21	
Ferritin (30-165)	ug/L	82	216

High ferritin may indicate iron overload. Levels may also increase due to concurrent inflammation or liver disease. Suggest full iron studies, CRP and LFTs (if not already requested).

In some post-menopausal women, the ferritin concentration may approach the male upper reference limit of 300 ug/L.

Requested Tests : VBF*, TFT, UMA*, GLU, MBA, LIP, FE, FBE, A1C

WILLIAMS, FIONA
1613 KAPUTAR RD, NARRABRI. 2390
Birthdate: 02/02/1973 **Sex:** F **Medicare Number:** 4178671116
Your Reference: 00075029 **Lab Reference:** 24-25952_66-VBF-0
Laboratory: Laverty Pathology
Addressee: DR YANXIA A WU **Referred by:** DR YANXIA A WU

Name of Test: B12, FOLATE, R.C.FOLATE (VBF-0)
Requested: 17/01/2024 **Collected:** 12/02/2024 **Reported:** 12/02/2024 23:18

Clinical notes: Hix of high BP.

Clinical Notes : Hix of high BP.

VITAMIN B12 AND FOLATE STUDIES

Vitamin B12	296	pmol/L	(156-740)
Active B12	91	pmol/L	(> 40)

Serum Vitamin B12 Assay:

DEFICIENCY	BORDERLINE	SUFFICIENCY
<150 pmol/L	150 - 300 pmol/L	>300 - 740 pmol/L

For patients with total B12 levels in the low or borderline range, testing for active B12 (holotranscobalamin II) will automatically be performed to resolve B12 status. Active B12 is the biologically active fraction of total serum B12, and a superior indicator of B12 status. Up to 15% of individuals may have a deficiency of the carrier protein haptocorrin, which does not result in clinical B12 deficiency, despite low total B12 levels.

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.

Requested Tests : VBF, TFT, UMA*, GLU, MBA, LIP, FE, FBE, A1C

WILLIAMS, FIONA
1613 KAPUTAR RD, NARRABRI. 2390
Birthdate: 02/02/1973 **Sex:** F **Medicare Number:** 4178671116
Your Reference: 00075029 **Lab Reference:** 24-25952166-UMA-0
Laboratory: Laverty Pathology
Addressee: DR YANXIA A WU **Referred by:** DR YANXIA A WU

Name of Test: URINE MICROALBUMIN (UMA-0)
Requested: 17/01/2024 **Collected:** 12/02/2024 **Reported:** 12/02/2024 23:27

Clinical notes: Hix of high BP.

Clinical Notes : Hix of high BP.

URINE MICROALBUMIN

Urine Albumin	5.8	mg/L
Creatinine	16.5	mmol/L
Albumin/Creatinine ratio	0.4	mg/mmol creat (< 3.5)

Normal urine albumin: creatinine ratio.

If indicated, screening for chronic kidney disease with urine albumin:creatinine ratio (preferably on a first morning void spot urine sample) is recommended every 1-2 years, and annually in patients with diabetes or hypertension. (Kidney Health Australia, CKD Management in General Practice 2015)

Requested Tests : VBF, TFT, UMA, GLU, MBA, LIP, FE, FBE, A1C