

DAHLSTROM, VERA

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient	SAVAGE, CHARMAINE	48 BELLAMY DRIVE TOLGA QLD 4882	Requested	27/03/2024
Sex	F	Age 52 years	DOB	08/01/1972
Report For	DAHLSTROM, VERA		Collected	27/03/2024 08:10 AM
Ref. by/copy to	DAHLSTROM, VERA		Reported	08/04/2024 11:26 AM

Whole Blood Vitamin B6 19 ug/L (> 14)  
(as Pyridoxal-5-phosphate)

This result does not indicate vitamin B6 deficiency.

Levels exceeding 30 ug/L typically reflect recent absorption or supplementation.  
Very high levels exceeding 500 ug/L if sustained have been associated with neuropathy.

Note: As vitamin B6 is found predominantly within the red blood cells, patients with anaemia may misleadingly have mildly low results.

**COELIAC DISEASE SEROLOGY**

Gliadin IgG (deamidated peptide)	Negative	0.9 FLU (< 11.0)
TTG IgA (human recombinant)	Negative	1.0 FLU (< 17.0)

Negative serology makes the diagnosis of untreated coeliac disease unlikely provided the patient is on a gluten containing diet.

If a strong clinical suspicion exists, genetic testing for coeliac disease (HLA DQ2/DQ8) should be considered. A negative result for DQ2/DQ8 makes the diagnosis of coeliac disease highly unlikely. A small bowel biopsy may be required in the event of a positive DQ2/DQ8 result.

For enquiries, contact Dr Paul Campbell 07 3121 4444  
Patients should contact their referring doctor in regard to this result.

Pathology Report

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## ANTINUCLEAR ANTIBODY SEROLOGY

Anti-nuclear antibodies      Negative

The ANA test is negative at the screening dilution of 1:80. A negative ANA excludes SLE in most cases. Consider ENA screening for patients with features of Sjogren's syndrome (to detect antibodies to SS-A which may co-exist with a negative ANA). Anti-dsDNA antibody testing is usually not warranted with a negative ANA unless the clinical suspicion of SLE is high.

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Serum Zinc	10 umol/L	(10-25)
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Erythrocyte Sedimentation Rate      2   mm/hr      (1-30)

### CUMULATIVE SERUM VITAMIN D

Date 27/03/24

Time 08:10

Lab No 73444170

Vitamin D3 94 nmol/L (> 49)

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CUMULATIVE FULL BLOOD EXAMINATION

Date	27/03/24
Time	08:10
Lab No	73444170
Hb	137 g/L (115-160)
RCC	4.1 x10 <sup>12</sup> /L (3.6-5.2)
Hct	0.41 (0.33-0.46)
MCV	101 fL (80-98)
MCH	33 pg (27-35)
Plats	265 x10 <sup>9</sup> /L (150-450)
WCC	5.2 x10 <sup>9</sup> /L (4.0-11.0)
Neuts	56 % 2.9 x10 <sup>9</sup> /L (2.0-7.5)
Lymphs	34 % 1.8 x10 <sup>9</sup> /L (1.1-4.0)
Monos	8 % 0.4 x10 <sup>9</sup> /L (0.2-1.0)
Eos	2 % 0.10 x10 <sup>9</sup> /L (0.04-0.40)
Basos	0 % 0.00 x10 <sup>9</sup> /L (< 0.21)
E.S.R.	pending mm/hr (1-30)

73444170 Automated Comment:  
As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

Borderline Red Cell Macrocytosis: Recommend a review of haematinic profile (Iron/B12/Folate). Correlate Clinically.

**\*\* FINAL REPORT - Please destroy previous report \*\***

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Date	27/03/24
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Thyroglobulin AbII	1.3 IU/mL (< 4.6)
Thy. Peroxidase Ab	41 IU/mL (< 60)

These antibody levels are not suggestive of Thyroid inflammatory or rapidly progressing neoplasia. However 15% of Hashimoto's does not produce measurable antibodies. Prior autoimmune activity cannot be excluded.

Please note that as of 06/9/2021, QML Pathology changed to a reformulated Atellica Thyroglobulin Antibody (TgAbII) assay. The reference interval has been updated. Differences in individual patient results may be observed compared to the previous method. If further information is required please contact a Chemical Pathologist on (07) 3121 4444.

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CUMULATIVE SERUM HOMOCYSTEINE

Date 27/03/24  
Time 08:10  
Lab No 73444170

Homocysteine 12.8 umol/L (0.0-15.0)

73444170 High normal value.  
With this level, the heterozygous state for defects of  
transsulphuration (homocysteinaemia) is unlikely. However the  
risk of coronary artery disease may be mildly elevated over the  
baseline. This is independent of other risk factors.

Homocysteine Related Risk  
Plasma level (umol/L) Risk Average  
Below 9.0 No increase  
9.0 - 14.9 x 2  
15.0 - 19.9 x 3  
20.0 or greater x 4.5  
Risks approximated from New Eng J Med 1997 (337:230-236)

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CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date 27/03/24  
Time 08:10  
Lab No 73444170  
  
S.Fol. > 54.0 nmol/L (8.4-55.0)

Comment:  
73444170  
Serum Folate Assay:  
Adequate Serum Folate.  
In the absence of recent oral intake, a serum folate >13 nmol/L effectively rules out folate deficiency. Consider repeat fasting Folate, if there has been inadequate fasting, and clinical concern remains.

Methodology:  
B12 and Active B12 (HoloTC) assays performed on Siemens Atellica analyser.

For Doctor clinical enquiries, please contact Dr Peter Davidson 07 3121 4444.  
Patients should contact their referring doctor in regard to this result.

Red Cell Folate

We no longer perform this assay at present.  
Please contact a Haematologist on (07) 3121 4451 to discuss alternative testing.

Pathology Report