



Referrer **Dr Chaudhry F Masud**

Address **EACHAM MEDICAL CENTRE 17 CATHERINE ST
MALANDA QLD 4885**

Phone **0740965999**

Lab ID **686693660**

Your ref. **21716**

Address **48 BELLAMY DRIVE
TOLGA QLD 4882**

Phone **0435805605**

DOB **08/01/1972 (51 Yrs FEMALE)**

Copy to

Requested **04/12/2023**

Clinical Notes **Screening. AUB. Fasting.**

Collected **05/12/2023 07:52**

Received **05/12/2023 07:54**

Test Name	Result	Units	Reference Interval
Sodium	139	mmol/L	135 - 145
Potassium	3.5	mmol/L	3.5 - 5.5
Chloride	108	mmol/L	95 - 110
Bicarbonate	24	mmol/L	20 - 32
Anion Gap	7	mmol/L	<16
Calcium (Corrected)	2.27	mmol/L	2.10 - 2.60
Phosphate	0.85	mmol/L	0.80 - 1.50
● Urea	2.9 L	mmol/L	3.0 - 8.0
Uric Acid	0.226	mmol/L	0.150 - 0.400
Creatinine	67	umol/L	45 - 85
eGFR	>90		>59
Fasting Glucose	4.5	mmol/L	3.6 - 6.0
Total Protein	65	g/L	63 - 80
Albumin	39	g/L	32 - 44
Globulin	26	g/L	23 - 43
Bilirubin	8	umol/L	<16
Alk Phos	82	U/L	30 - 115
AST	17	U/L	10 - 35
ALT	13	U/L	5 - 30
Gamma GT	15	U/L	5 - 35
LDH	169	U/L	<250
● Cholesterol	6.5 H	mmol/L	<5.6
Triglyceride	1.7	mmol/L	<2.1
Haemolysis Index	5		<40

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Nicolaides**
PATHOLOGY

Quality is in our DNA

CHARMAINE SAVAGE

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Thyroid Function Tests

Test Name	Result	Units	Reference Interval
Free T4	13.2	pmol/L	9.0 - 19.0
TSH	3.0	mIU/L	0.3 - 4.0

5 Dec 2023



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Haematitics

Test Name	Result	Units	Reference Interval
Iron	17	umol/L	5 - 30
Transferrin	2.7	g/L	1.9 - 3.1
TIBC	69	umol/L	47 - 77
Saturation	25	%	20 - 45
● Ferritin	14 L	ug/L	30 - 300

Comments

Consistent with iron deficiency. During reproductive years, iron deficiency in women commonly reflects menstrual losses or multiparity. However, a low dietary iron intake should also be considered, and investigation of the GIT for a source of blood loss may be indicated.

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Bleeding Studies

Clotting Factors

INR	0.9	0.8 - 1.2	
PT	10	8 - 14	
APTT	48 H	23 - 38	s
Fibrinogen	2.90	1.80 - 4.20	g/L
Thrombin Clotting Time	16	13 - 23	s
Platelet Count	242	150 - 400	10 ⁹ /L

s - ACTIVATED PARTIAL THROMBOPLASTIN TIME

Comments

Prolonged APTT
Correlate with patient's medication and clinical history. If this is an unexpected result, suggest repeat to confirm in the first instance. If this prolongation persists, further investigation is recommended. Causes of prolonged APTT include factor deficiency, inhibitors, lupus anticoagulant and anticoagulant therapy.
A haematologist is available for consultation if required.

Dr Joseph Noye.

KO

Done for My Periods
Bleeding Gums
Nose Bleeds
swelling or pain in joints
Bleeding / Bruising easily
Blood in urine/stool

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Lipid Profile

Cholesterol	6.5 H	<5.6	mmol/L
Triglyceride	1.7	<2.1	mmol/L
HDL	1.67	>1.09	mmol/L
LDL	4.1 H	<4.1	mmol/L
Tot Chol/HDL	3.9	<4.6	mmol/L
Non HDLC	4.83 H	<3.81	mmol/L

Comments

LDL is now calculated by the Sampson equation which allows an accurate result at higher triglyceride levels.

The National Vascular Disease Prevention Alliance (NVDPA) guidelines recommend a target level of less than 2.5 mmol/L for non-HDL.

TARGET LEVELS:

The National Vascular Disease Prevention Alliance (NVDPA) treatment target levels for high risk people (known coronary heart and other arterial disease, diabetes, chronic renal failure, Aboriginal and Torres Strait Islander peoples and familial hyperlipidaemic conditions) are:

Total Cholesterol	<4.0 mmol/L
HDL-Cholesterol	>=1.00 mmol/L
Fasting Triglycerides	<2.0 mmol/L
Non-HDL Cholesterol	<2.5 mmol/L

Increased non-HDL Cholesterol is the most significant marker for subclinical atherosclerosis (ref: Cardiology Today 2013; 3(2): pp25-27).

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