

Report to	IMEDICAL, 1 Union st , Pyrmont, NSW, 2009	Patient	DELANO, KYLIE IMEDICAL C/O IMEDICAL 1 UNION ST PYRMONT NSW 2009			
		Phone	0404090902			
		D.O.B	01/01/1964	Age	60 years	Sex F
Ref. by/copy to	IMEDICAL,	Collect date	15/04/2024	Lab ref	24-27875961	
		Collect time	01:25 PM	Your ref		
Tests requested	ASE, TSI, TFT, LIP, GLU, ASO, MBA	Reported	18/04/2024		11:00 AM	
Clinical notes						

Anti-Streptococcal DNase (ADNB): 90 U/mL (<200)

Anti-DNase B antibody levels peak at 4 - 6 weeks after infection and remain elevated for several months.

Antibiotic therapy may suppress the magnitude of the antibody response.

THYROID STIMULATING IMMUNOGLOBULIN (TSI)

Thyroid Stimulating Immunoglobulin < 0.1 IU/L (< 0.55)

The cutoff >0.55 IU/L signify there is a high risk of active Graves disease
For healthy individuals, level should be <0.1 IU/L.

Thyroid Stimulating Immunoglobulin is useful in the following settings:

- Aiding clinical evaluation in the confirmation or exclusion of Graves' disease
- Differentiating Graves' disease from disseminated autonomy of the thyroid gland
- Prognosis / decision-making when monitoring the course of Graves' disease
- In pregnancy to assess the risk of onset of hyperthyroidism in the foetus

THYROID PROFILE

Specimen Type: Serum

TSH	3.3	mIU/L	(0.5-4.0)
FT4	12	pmol/L	(10-20)
FT3	4.4	pmol/L	(3.5-6.5)

Result(s) consistent with euthyroidism.

SURGERY USE

Normal

No Action/File

Patient
Notified

Make
Appoint.

Further Tests

Notes
Required

Speak
with Dr.

On Correct
Treatment

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1 Union st
, Pyrmont, NSW, 2009

Patient **DELANO, KYLIE**
IMEDICAL C/O IMEDICAL 1 UNION ST
PYRMONT NSW 2009

Phone 0404090902
D.O.B 01/01/1964 Age 60 years Sex F

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Clinical notes

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	Random		
Total Cholesterol	4.7	mmol/L	(3.9-5.2)
Triglycerides	1.2	mmol/L	(0.5-1.7)
HDL Cholesterol	2.1	mmol/L	(1.0-2.0)
LDL Cholesterol	2.0	mmol/L	(1.5-3.4)
Non-HDL Cholesterol	2.6	mmol/L	(< 3.4)
Cholesterol/HDL-C Ratio	2.2		(< 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

SERUM/PLASMA GLUCOSE

Fasting status	Random		
Serum	4.7	mmol/L	(3.4-7.7)

Normal glucose concentration.

SURGERY USE

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IMMUNOLOGY

STREPTOCOCCAL SEROLOGY

Anti Streptolysin O < 25 IU/mL (< 200)

All testing performed on serum or plasma unless otherwise specified.

Please note that as of 21/09/2019, Lavery Pathology changed to the Atellica analyser for Anti Streptolysin O testing at our North Ryde laboratory. Comparison studies have shown good agreement between the methods and the reference intervals have not changed. If further information is required, please contact a Chemical Pathologist on 9005 7000.

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SERUM CHEMISTRY			
Specimen Type: Serum			
Haemolysis	Nil		
Icterus	Nil		
Lipaemia	Nil		
Sodium	138	mmol/L	(135-145)
Potassium	4.4	mmol/L	(3.6-5.4)
Chloride	102	mmol/L	(95-110)
Bicarbonate	23	mmol/L	(22-32)
Anion Gap	17	mmol/L	(10-20)
Urea	4.2	mmol/L	(2.5-9.0)
Creatinine	75	umol/L	(45-90)
eGFR	74		mL/min/1.73sqM
Urate	0.22	mmol/L	(0.14-0.36)
Bilirubin	18	umol/L	(< 15)
AST	18	U/L	(< 35)
ALT	11	U/L	(< 30)
GGT	15	U/L	(< 35)
Alkaline Phosphatase	78	U/L	(30-115)
Protein	67	g/L	(60-82)
Albumin	43	g/L	(36-48)
Globulin	24	g/L	(20-39)
Calcium	2.30	mmol/L	(2.10-2.60)
Corrected Calcium	2.30	mmol/L	(2.10-2.60)
Phosphate	1.37	mmol/L	(0.75-1.50)

eGFR values between 60 and 89 mL/min/1.73m2 should be interpreted with caution. These results are only consistent with CKD in the presence of other evidence such as microalbuminuria, proteinuria or haematuria.
Ref:Lamb EJ etal in Ann Clin Biochem 2005; 42:321-345.

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