pathology
11 Riverview Place, Metroplex on Gateway, Murarrie Qld 4172
Ph (07) 3121 4444

Pathology Report

DAHLSTROM, VERA

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

Patient **DALEY, BRIGITTE** **RPN 20 OAK ST MILLAA MILLAA QLD 4886**
Sex F Age 56 years DOB 14/12/1966
Report For DAHLSTROM, VERA
Ref. by/copy to DAHLSTROM, VERA

Requested 05/10/2023
Collected 05/10/2023 10:45 AM
Reported 06/10/2023 03:30 PM

Pathology Report

Serum Zinc	10	umol/L	(10-25)

Date			05/10/23	
Time			10:45	
Lab No			69985653	
Thyroglobulin AbII			38	IU/mL (< 4.6)
Thy. Peroxidase Ab			180	IU/mL (< 60)

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.

CUMULATIVE SERUM BIOCHEMISTRY

Date	05/10/23		
Time	10:45		
Lab No	69985653		
	FASTING		FASTING
Sodium	140	mmol/L	(137-147)
Potass.	4.4	mmol/L	(3.5-5.0)
Chloride	108	mmol/L	(96-109)
Bicarb	23	mmol/L	(25-33)

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An.Gap	13.4 13	mmol/L	(4-17)
Gluc	5.3	mmol/L	(3.0-6.0)
Urea	5.3	mmol/L	(2.5-7.5)
Creat	57	umol/L	(50-120)
eGFR	> 90	mL/min	(over 59)
Urate	0.38	mmol/L	(0.14-0.35)
T.Bili	25	umol/L	(2-20)
D.Bili	6	umol/L	(0-8)
Alk.P	56	U/L	(30-115)
GGT	16	U/L	(0-45)
ALT	25	U/L	(0-45)
AST	18	U/L	(0-41)
LD	185	U/L	(80-250)
Calcium	2.35	mmol/L	(2.15-2.60)
Corr.Ca	2.31	mmol/L	(2.15-2.60)
Phos	1.0	mmol/L	(0.8-1.5)
T.Prot	74	g/L	(60-82)
Alb	44	g/L	(35-50)
Glob	30	g/L	(20-40)
Chol	5.1	mmol/L	(3.9-7.4)
Trig	1.8	mmol/L	(0.3-2.2)
Lab No	69985653		
Date	05/10/23		

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CUMULATIVE SERUM HOMOCYSTEINE

Date	05/10/23		
Time	10:45		
Lab No	69985653		
Homocysteine	10.7	umol/L	(0.0-15.0)

69985653 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

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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)

Serum Copper	14	umol/L	(10-45)

CUMULATIVE SERUM COMPLEMENT AND C-REACTIVE PROTEIN (CRP)

Date	05/10/23
Time	10:45
Lab No	69985653
CRP	< 5 mg/L(0-6)

C-reactive protein (CRP) is a non-specific indicator of tissue damage.
The level rises rapidly (within 6-10 hours) after tissue injury, peaks at 48-72 hours and returns to normal within a few days. Common causes of markedly increased CRP include infection (particularly bacterial), trauma, surgery, myocardial infarction, many malignancies and inflammatory disorders.

CUMULATIVE IRON STUDIES

Date	05/10/23

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Time	10:45		
Lab No	69985653		
Iron	23	umol/L	(10-33)
TIBC	68	umol/L	(45-70)
Saturation	34	%	(16-50)
Ferritin	130	ug/L	(30-320)

CUMULATIVE SERUM VITAMIN D

Date	05/10/23		
Time	10:45		
Lab No	69985653		
Vitamin D3	57	nmol/L	(> 49)

69985653 We occasionally see evidence of functional vitamin deficiency and possibly accelerated bone loss with levels in the range of 50-70 nmol/L.

CUMULATIVE FULL BLOOD EXAMINATION

Date		05/10/23		
Time		10:45		
Lab No		69985653		
Hb		139	g/L	(115-160)
RCC		4.2	x10 ^12 /L	(3.6-5.2)
Hct		0.42		(0.33-0.46)
MCV		101	fL	(80-98)
MCH		34	pg	(27-35)
Plats		471	x10 ^9 /L	(150-450)
WCC		7.4	x10 ^9 /L	(4.0-11.0)
Neuts	51 %	3.8	x10 ^9 /L	(2.0-7.5)
Lymphs	37 %	2.7	x10 ^9 /L	(1.1-4.0)
Monos	9 %	0.7	x10 ^9 /L	(0.2-1.0)

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Eos	2 %	0.15	x10 ^9 /L	(0.04-0.40)
Basos	1 %	0.07	x10 ^9 /L	(< 0.21)

69985653 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.

Thrombocytosis may be seen in hyposplenic states, or occur as response to infection, inflammation, post-surgery/trauma, malignancy, bleeding, or in older patients an early Myeloproliferative Neoplasm (MPN). Correlate with E+LFTs, ESR/CRP, Iron Studies. If a MPN is a possibility, JAK2 molecular analysis is recommended.

** FINAL REPORT - Please destroy previous report **

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