Patient Health Summary

Name: Mrs Melinda Boland
Address: 36 Quenda Drive
Canning Vale 6155
D.O.B.: 27/08/1977
Record No.:
Home Phone:
Work Phone:
Mobile Phone: 0410 630 092

Olympic Medical Centre
Unit 1A 83-85 Catalano Circuit
Canning Vale 6155
0894562911

Printed on 14th June 2024

Investigations:

BOLAND, MELINDA
36 QUENDA DR, CANNING VALE. 6155
Phone: 62538994
Birthdate: 27/08/1977 **Sex:** F **Medicare Number:** 6171971049
Your Reference: **Lab Reference:** 24-84611667-HAE-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR MARIANNE C INGLIS **Referred by:** DR MARIANNE C INGLIS

Name of Test: HAEM MASTER - ENQUIRIES (HAE-0)
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 11/06/2024 12:39

ROUTINE HAEMATOLOGY(Whole Blood)

RCC 4.63 x 10^12/L (3.80 - 5.80)	HAEMOGLOBIN	141	(115 - 160)	g/L
HCT 0.435 (0.370 - 0.470)	MCV	94	(80 - 98)	fL
MCH 30.5 pg (27.0 - 34.0)	MCHC	324	(315 - 360)	g/L
	RDW	12	(< 16)	%
	PLATELETS	191	(150 - 450)	x 10^9/L
	WHITE CELLS	5.7	(4.0 - 11.0)	x 10^9/L
	Neut 51%	2.9	(2.0 - 8.0)	" "
	Lymph 41%	2.3	(1.0 - 4.0)	" "
	Mono 6%	0.3	(0.2 - 1.2)	" "
	Eosin 2%	0.1	(< 0.7)	" "

Requested Tests : VID*, TF*, LFT*, EUC*, CRP*, LZP*, MG*, LPD*, IRS*, INS*, HOR*, HAE, GL*, CA*, BF*, AND*, PT*

BOLAND, MELINDA
36 QUENDA DR, CANNING VALE. 6155
Phone: 62538994
Birthdate: 27/08/1977 **Sex:** F **Medicare Number:** 6171971049
Your Reference: **Lab Reference:** 24-84611667-VID-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR MARIANNE C INGLIS **Referred by:** DR MARIANNE C INGLIS

Name of Test: VITAMIN D (VID-0)
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 11/06/2024 14:49

25-HYDROXY VITAMIN D (serum)

SERUM VITAMIN D STUDY
-- 25-hydroxy Vitamin D 51 nmol/L (> 50)

Instrument: Diasorin Liaison

Requested Tests : VID, TF*, LFT*, EUC*, CRP*, LZP*, MG*, LPD*, IRS*, INS*, HOR*, HAE, GL*, CA*, BF*, AND*, PT*

BOLAND, MELINDA
36 QUENDA DR, CANNING VALE. 6155
Phone: 62538994
Birthdate: 27/08/1977 **Sex:** F **Medicare Number:** 6171971049
Your Reference: **Lab Reference:** 24-84611667-CRP-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR MARIANNE C INGLIS **Referred by:** DR MARIANNE C INGLIS

Name of Test: C-REACTIVE PROTEIN (CRP) (CRP-0)
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 11/06/2024 15:36

C-REACTIVE PROTEIN (Serum) (Reference Range < 5)

Date	Time	Result mg/L	Lab. No.
11/06/24	07:57	< 1	84611667

Instrument: Siemens Atellica

Requested Tests : VID, TF*, LFT*, EUC*, CRP, LZP*, MG*, LPD*, IRS*, INS*, HOR*, HAE, GL*, CA*, BF*, AND*, PT

BOLAND, MELINDA
36 QUENDA DR, CANNING VALE. 6155
Phone: 62538994
Birthdate: 27/08/1977 **Sex:** F **Medicare Number:** 6171971049
Your Reference: **Lab Reference:** 24-84611667-PT-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR MARIANNE C INGLIS **Referred by:** DR MARIANNE C INGLIS

Name of Test: PHOSPHATE (PT-0)
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 11/06/2024 15:36

Phosphate (serum) . . . : 0.89 mmol/L (0.75 - 1.50)

Instrument: Siemens Atellica

Requested Tests : VID, TF*, LFT*, EUC*, CRP, LZP*, MG*, LPD*, IRS*, INS*, HOR*, HAE, GL*, CA*, BF*, AND*, PT

BOLAND, MELINDA
36 QUENDA DR, CANNING VALE. 6155
Phone: 62538994
Birthdate: 27/08/1977 **Sex:** F **Medicare Number:** 6171971049
Your Reference: **Lab Reference:** 24-84611667-MG-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR MARIANNE C INGLIS **Referred by:** DR MARIANNE C INGLIS

Name of Test: MAGNESIUM (MG-0)
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 11/06/2024 15:38

Magnesium (serum) . . . : 0.87 mmol/L (0.70 - 1.10)

Instrument: Siemens Atellica

Requested Tests : VID, TF*, LFT*, EUC, CRP, LZP*, MG, LPD*, IRS, INS*, HOR*, HAE, GL, CA, BF*, AND*, PT

BOLAND, MELINDA
36 QUENDA DR, CANNING VALE. 6155
Phone: 62538994
Birthdate: 27/08/1977 **Sex:** F **Medicare Number:** 6171971049
Your Reference: **Lab Reference:** 24-84611667-IRS-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR MARIANNE C INGLIS **Referred by:** DR MARIANNE C INGLIS

Name of Test: IRON STUDIES ENQUIRIES (IRS-0)
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 11/06/2024 15:38

CUMULATIVE IRON STUDIES (serum)

Date	Iron umol/L	Transferrin umol/L	TFN Satn %	Ferritin ug/L	Lab.No.
28/07/22	25	26	48	76	88301506
22/04/23				92	81738192
11/06/24	19	24	40	48	84611667
Ref:	(11 - 27)	(20 - 45)	(15 - 55)	(30 - 200)	

84611667 Low-normal ferritin may indicate adequate iron stores, but iron deficiency is not excluded as co-existing inflammation or acute phase response may falsely raise ferritin. Correlate with clinical state.

- As ferritin is influenced by acute phase responses results in the lower-normal range (30-100) may not exclude iron deficiency.
- Ferritin levels >100 and < upper limit usually reflect adequate iron stores.
- Serum iron is useless in determining tissue iron stores.

Instrument: Siemens Atellica

Requested Tests : VID, TF*, LFT*, EUC, CRP, LZP*, MG, LPD*, IRS, INS*, HOR*, HAE, GL, CA, BF*, AND*, PT

BOLAND, MELINDA
36 QUENDA DR, CANNING VALE. 6155
Phone: 62538994
Birthdate: 27/08/1977 **Sex:** F **Medicare Number:** 6171971049
Your Reference: **Lab Reference:** 24-84611667-GL-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR MARIANNE C INGLIS **Referred by:** DR MARIANNE C INGLIS

Name of Test: GLUCOSE, RANDOM/FASTING (GL-0)
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 11/06/2024 15:38

GLUCOSE (Serum)

Glucose (Fasting). . . . :	4.6	mmol/L	(< 5.5)

Normal <5.5; Impaired fasting 6.1-6.9; Diabetic >6.9 (F), >11.0 (random)

Comment :

Instrument: Siemens Atellica

Requested Tests : VID, TF*, LFT*, EUC, CRP, LZP*, MG, LPD*, IRS, INS*, HOR*, HAE, GL, CA, BF*, AND*, PT

BOLAND, MELINDA
36 QUENDA DR, CANNING VALE. 6155
Phone: 62538994
Birthdate: 27/08/1977 **Sex:** F **Medicare Number:** 6171971049
Your Reference: **Lab Reference:** 24-84611667-CA-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR MARIANNE C INGLIS **Referred by:** DR MARIANNE C INGLIS

Name of Test: CALCIUM, CORRECTED SERUM (CA-0)
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 11/06/2024 15:38

Calcium (serum) . . . . :	2.31	mmol/L	(2.10 - 2.60)
Albumin (serum) . . . . :	47	g/L	(38 - 50)
Corrected Calcium . . . :	2.21	mmol/L	(2.10 - 2.60)

Instrument: Siemens Atellica

Requested Tests : VID, TF*, LFT*, EUC, CRP, LZP*, MG, LPD*, IRS, INS*, HOR*, HAE, GL, CA, BF*, AND*, PT

BOLAND, MELINDA
36 QUENDA DR, CANNING VALE. 6155
Phone: 62538994
Birthdate: 27/08/1977 **Sex:** F **Medicare Number:** 6171971049
Your Reference: **Lab Reference:** 24-84611667-EUC-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR MARIANNE C INGLIS **Referred by:** DR MARIANNE C INGLIS

Name of Test: ELECTROLYTES INC CREAT (EUC-0)
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 11/06/2024 15:38

CUMULATIVE ELECTROLYTES (Serum)

Date	Time	Na mmol/L (135 - 145)	K mmol/L (3.5 - 5.2)	Cl mmol/L (95 - 110)	HCO3 mmol/L (22 - 32)	Urea mmol/L (3.0 - 8.0)	Creat umol/L (45 - 90)	Lab.No.
11/06/24	07:57	138	3.8	104	29	5.3	76	84611667

eGFR : 81 mL/min/1.73m^2

EGFR by CKD-EPI formula (Med J Aust 2012; 197:222 -223).

84611667

Instrument: Siemens Atellica

Requested Tests : VID, TF*, LFT*, EUC, CRP, LZP*, MG, LPD*, IRS, INS*, HOR*, HAE, GL, CA, BF*, AND*, PT

BOLAND, MELINDA
36 QUENDA DR, CANNING VALE. 6155
Phone: 62538994
Birthdate: 27/08/1977 **Sex:** F **Medicare Number:** 6171971049
Your Reference: **Lab Reference:** 24-84611667-LFT-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR MARIANNE C INGLIS **Referred by:** DR MARIANNE C INGLIS

Name of Test: LIVER FUNCTION TESTS (LFT-0)
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 11/06/2024 15:44

CUMULATIVE LIVER FUNCTION TEST (Serum)
Please note change in report format as of 14/12/2021

Collection Date:	11/06/24		
Collection Time:	07:57		
Lab No:	84611667		
Bilirubin:	**25**	umol/L	(< 16)
Alk Phos:	57	U/L	(30 - 110)
Gamma GT:	11	U/L	(< 36)
ALT:	**36**	U/L	(< 31)
AST:	24	U/L	(< 31)
Albumin:	47	g/L	(38 - 50)
Protein:	73	g/L	(60 - 80)
Globulin Gap:	26	g/L	(22 - 38)

84611667

Instrument: Siemens Atellica

Requested Tests : VID, TF, LFT, EUC, CRP, LZP*, MG, LPD, IRS, INS*, HOR*, HAE, GL, CA, BF*, AND*, PT

BOLAND, MELINDA
36 QUENDA DR, CANNING VALE. 6155
Phone: 62538994
Birthdate: 27/08/1977 **Sex:** F **Medicare Number:** 6171971049
Your Reference: **Lab Reference:** 24-84611667-LPD-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR MARIANNE C INGLIS **Referred by:** DR MARIANNE C INGLIS

Name of Test: LIPIDS WITH RISK RATIO (LPD-0)
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 11/06/2024 15:44

LIPIDS (Serum)

Date	Chol mmol/L (< 5.5)	Trig mmol/L (< 2.0)	HDL-C mmol/L (> 1.1)	LDL-C mmol/L (< 3.4)	Ratio (See) (Below)	Lab. No.
11/06/24 Fasting	4.6	1.0	1.8	2.3	2.6	84611667

Coronary Risk Ratio Ref Values: Average = 4.4 Twice Average = 7.0

84611667 Non-HDL-cholesterol: 2.8 mmol/L (reference interval: < 4.1 mmol/L).
Lipid-related cutoffs are intended to identify patients who may benefit from overall cardiovascular risk assessment, and do not necessarily represent treatment initiation thresholds or targets, which should be individualised to the patient. See www.cvdcheck.org.au

Instrument: Siemens Atellica

Requested Tests : VID, TF, LFT, EUC, CRP, LZP*, MG, LPD, IRS, INS*, HOR*, HAE, GL, CA, BF*, AND*, PT

BOLAND, MELINDA
36 QUENDA DR, CANNING VALE. 6155
Phone: 62538994
Birthdate: 27/08/1977 **Sex:** F **Medicare Number:** 6171971049
Your Reference: **Lab Reference:** 24-84611667-TF-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR MARIANNE C INGLIS **Referred by:** DR MARIANNE C INGLIS

Name of Test: THYROID FUNCTION TEST (TF-0)
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 11/06/2024 15:44

CUMULATIVE THYROID FUNCTION TEST (serum)

	TSH (mIU/L) (0.40 - 4.00)	FT4 (pmol/L)	FT3 (pmol/L)	Lab.No.
11/06/24	3.81			84611667

84611667 Comment
If pregnant, a different reference interval for TSH (0.05 - 3.5 mU/L) applies in the first trimester. Further information: Www.wdp.com.au/guides-publications

Instrument: Siemens Atellica

Requested Tests : VID, TF, LFT, EUC, CRP, LZP*, MG, LPD, IRS, INS*, HOR*, HAE, GL, CA, BF*, AND*, PT

BOLAND, MELINDA
36 QUENDA DR, CANNING VALE. 6155
Phone: 62538994
Birthdate: 27/08/1977 **Sex:** F **Medicare Number:** 6171971049
Your Reference: **Lab Reference:** 24-84611667-BF-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR MARIANNE C INGLIS **Referred by:** DR MARIANNE C INGLIS

Name of Test: B12 +RBC FOLATE ENQUIRIES (BF-0)
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 11/06/2024 15:48

VITAMIN B12 and FOLATE (serum)

Vitamin B12 . . . . . :	638 pmol/L	(< 120 Deficient) (150-750 Normal)
Serum Folate . . . . . :	32.0 nmol/L	(< 5.0 Deficient) (=> 5.0 Normal)

COMMENT: Normal vitamin B12 and folate status. Tissue deficiency is unlikely.

Patient supplementation with high dose biotin may falsely increase serum folate (Atellica assay). If concerned with the result, consider withholding biotin for 24 hours prior to repeating the test. Please contact the laboratory for further information.

Instrument: Siemens Atellica

Requested Tests : VID, TF, LFT, EUC, CRP, LZP*, MG, LPD, IRS, INS*, HOR*, HAE, GL, CA, BF, AND*, PT

BOLAND, MELINDA

36 QUENDA DR, CANNING VALE. 6155
Phone: 62538994
Birthdate: 27/08/1977 **Sex:** F **Medicare Number:** 6171971049
Your Reference: **Lab Reference:** 24-84611667-INS-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR MARIANNE C INGLIS **Referred by:** DR MARIANNE C INGLIS

Name of Test: INSULIN (INS-0)
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 11/06/2024 15:50

SERUM INSULIN (Atellica)

Insulin (Fasting) . . . . . :	4	mU/L	(Fasting < 10)

Instrument: Siemens Atellica

Requested Tests : VID, TF, LFT, EUC, CRP, LZP*, MG, LPD, IRS, INS, HOR, HAE, GL, CA, BF, AND*, PT

BOLAND, MELINDA
36 QUENDA DR, CANNING VALE. 6155
Phone: 62538994
Birthdate: 27/08/1977 **Sex:** F **Medicare Number:** 6171971049
Your Reference: **Lab Reference:** 24-84611667-HOR-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR MARIANNE C INGLIS **Referred by:** DR MARIANNE C INGLIS

Name of Test: HORMONES ENQUIRIES (HOR-0)
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 11/06/2024 15:50

(see below)
HORMONES (Serum)

FSH . . . . . :	4	IU/L	(see below)
LH . . . . . :	5	IU/L	(see below)
Oestradiol . . . . . :	749	pmol/L	
Progesterone . . . . . :	1	nmol/L	(see below)

Comment: Comment:
Not indicative of perimenopause, assuming no hormone therapy. Pattern suggestive of midcycle .

Cycle Phase Reference Ranges

	Follicular	Midcycle	Luteal	Perimenopausal
FSH	1 - 10	> 10	1 - 10	> 20
LH	1 - 10	> 10	1 - 10	> 20
Oestradiol	100 - 550	250 - 1300	200 - 800	< 120
Progesterone	1 - 3	4 - 6	> 6	< 3

Instrument: Siemens Atellica

Requested Tests : VID, TF, LFT, EUC, CRP, LZP*, MG, LPD, IRS, INS, HOR, HAE, GL, CA, BF, AND*, PT

BOLAND, MELINDA

36 QUENDA DR, CANNING VALE. 6155
Phone: 62538994
Birthdate: 27/08/1977 **Sex:** F **Medicare Number:** 6171971049
Your Reference: **Lab Reference:** 24-84611667-AND-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR MARIANNE C INGLIS **Referred by:** DR MARIANNE C INGLIS

Name of Test: ANDROGEN STUDY ENQUIRIES (AND-0)
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 11/06/2024 15:58

ANDROGENS (Serum)

Lab No	Date & Time	Testosterone (0.3 - 1.8) nmol/L	SHBG (25 - 120) nmol/L	Calculated Free Testo. (6 - 28) pmol/L	FAI
84611667	11/06/24 07:57	1.0	120	7	0.8

84611667 Comment:

Instrument: Siemens Atellica

Requested Tests : VID, TF, LFT, EUC, CRP, LZP*, MG, LPD, IRS, INS, HOR, HAE, GL, CA, BF, AND, PT

BOLAND, MELINDA
36 QUENDA DR, CANNING VALE. 6155
Phone: 62538994
Birthdate: 27/08/1977 **Sex:** F **Medicare Number:** 6171971049
Your Reference: **Lab Reference:** 24-84611667-LZP-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR MARIANNE C INGLIS **Referred by:** DR MARIANNE C INGLIS

Name of Test: HL7 ZINC SERUM (LZP-0)
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 13/06/2024 12:48

SERUM/PLASMA TRACE ELEMENTS

Zinc	12.0	umol/L	(10.0-18.0)

Requested Tests : VID, TF, LFT, EUC, CRP, LZP, MG, LPD, IRS, INS, HOR, HAE, GL, CA, BF, AND, PT