

Report to	HAYNE, LISA Shop 7, 63-65 Maitland St , Narrabri, NSW, 2390	Patient	MCDONALD, ROWENA 18 RIVERSIDE DR NARRABRI NSW 2390				
		Phone	0429965358	Age	36 years	Sex	F
		D.O.B	12/08/1987				
Ref. by/copy to	O'SULLIVAN, HUGH / HAYNE, LISA	Collect date	17/06/2024	Lab ref	24-26780451		
		Collect time	09:44 AM	Your ref			
		Reported	17/06/2024		10:14 PM		
Tests requested	VBF, FE, TFT, GLU, MBA, FBE						
Clinical notes							

VITAMIN B12 AND FOLATE STUDIES

Vitamin B12	457	pmol/L	(156-740)
Active B12	> 146	pmol/L	(> 40)

Serum Active B12 Assay:

This active B12 result indicates that the patient is likely to be vitamin B12 sufficient. Patients with renal impairment may still be B12 depleted despite an active B12 level within this range. For these patients, correlation with total B12, homocysteine and/or methylmalonate is required.

IRON STUDIES

Specimen Type: Serum			
Serum Iron	16	umol/L	(10-30)
Transferrin	27	umol/L	(32-48)
Transferrin Saturation	30	%	(13-45)
Serum Ferritin	144	ug/L	(30-165)

Transferrin may be decreased by inflammation (acute or chronic), or protein deficiency or loss. The ferritin concentration excludes iron deficiency.

THYROID PROFILE

Request Number	26780452	26780451
Date Collected	17 Jun 24	17 Jun 24
Time Collected	09:43	09:44
Specimen Type: Serum		
TSH (0.5-4.0) mIU/L	pending	2.1

Result(s) consistent with euthyroidism.

Please note the above reference intervals have been developed from a non-pregnant healthy general population study.

SURGERY USE

Normal
No Action/File
Patient Notified
Make Appoint.
Further Tests
Notes Required
Speak with Dr.
On Correct Treatment

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SERUM/PLASMA GLUCOSE

Fasting status	Fasting		
Serum	4.6	mmol/L	(3.4-5.4)

Normal glucose concentration.

SERUM CHEMISTRY

Specimen Type: Serum

Haemolysis	Nil		
Icterus	Nil		
Lipaemia	Nil		
Sodium	143	mmol/L	(135-145)
Potassium	4.6	mmol/L	(3.6-5.4)
Chloride	106	mmol/L	(95-110)
Bicarbonate	25	mmol/L	(22-32)
Anion Gap	17	mmol/L	(10-20)
Urea	5.9	mmol/L	(2.5-8.0)
Creatinine	80	umol/L	(45-90)
eGFR	85		mL/min/1.73sqM
Urate	0.30	mmol/L	(0.14-0.36)
Bilirubin	7	umol/L	(< 15)
AST	17	U/L	(< 30)
ALT	13	U/L	(< 30)
GGT	17	U/L	(< 30)
Alkaline Phosphatase	90	U/L	(20-105)
Protein	71	g/L	(60-82)
Albumin	43	g/L	(38-50)
Globulin	28	g/L	(20-39)
Calcium	2.35	mmol/L	(2.10-2.60)
Corrected Calcium	2.35	mmol/L	(2.10-2.60)
Phosphate	1.27	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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Report to **HAYNE, LISA**
Shop 7, 63-65 Maitland St
, Narrabri, NSW, 2390

Patient **MCDONALD, ROWENA**
18 RIVERSIDE DR NARRABRI NSW 2390

Phone 0429965358
D.O.B 12/08/1987 Age 36 years Sex F

Ref. by/copy to O'SULLIVAN, HUGH / HAYNE, LISA Collect date 17/06/2024 Lab ref 24-26780451
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HAEMATOLOGY

Date Collected 17 Jun 24
Time Collected 09:44
Specimen Type: EDTA

Hb	136	g/L	(115-165)	WBC	8.2	x10 ⁹	/L (4.0-11.0)
RCC	4.5	x10 ¹²	/L (3.9-5.8)	Neut	5.1	x10 ⁹	/L (2.0-7.5)
Hct	0.42		(0.34-0.47)	Lymp	2.5	x10 ⁹	/L (1.0-4.0)
MCV	93	fL	(79-99)	Mono	0.4	x10 ⁹	/L (0.2-1.0)
MCH	30	pg	(27-34)	Eos	0.2	x10 ⁹	/L (< 0.7)
MCHC	325	g/L	(320-360)	Baso	0.0	x10 ⁹	/L (< 0.2)
RDW	12.2	%	(10.0-17.0)				
Plat	274	x10 ⁹	/L (150-400)				

HAEMATOLOGY: FBC parameters are within reference range.

**SURGERY
USE**

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