

Report to	HAYNE, LISA Shop 7, 63-65 Maitland St , Narrabri, NSW, 2390	Patient	WRIGHT, JACK 22 MUSKHEART CCT POTTSVILLE NSW 2489				
		Phone	0467966943	Age	34 years	Sex	M
		D.O.B	17/09/1989				
Ref. by/copy to	WOODFORD, BRAD / HAYNE, LISA	Collect date	08/05/2024	Lab ref	24-26780187		
		Collect time	10:50 AM	Your ref			
Tests requested	GLU, MBA, FBE, TFT, LIP	Reported	26/06/2024		06:29 PM		
Clinical notes							

Clinical Notes : On thyroxine last taken 08.00am 50mcg.

SERUM/PLASMA GLUCOSE

Request Number	25594918	26780187
Date Collected	11 Jan 24	8 May 24
Time Collected	08:51	10:50
Fasting status	Fasting	Random
Serum (3.4-7.7) mmol/L	5.3	4.6

Normal glucose concentration.

**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 CHEMISTRY

Request Number	25594918	26780187
Date Collected	11 Jan 24	8 May 24
Time Collected	08:51	10:50
Specimen Type: Serum		

Haemolysis		Nil	Nil
Icterus		Nil	Nil
Lipaemia		Nil	Nil
Na	(135-145) mmol/L	144	140
K	(3.6-5.4) mmol/L	5.0	4.9
Cl	(95-110) mmol/L	103	103
HCO3	(22-32) mmol/L	25	25
An Gap	(10-20) mmol/L	21	17
Urea	(2.5-7.5) mmol/L	6.5	6.8
Creat	(60-110) umol/L	95	95
eGFR	mL/min/1.73sqM	87	89
Urate	(0.20-0.42) mmol/L	0.46	0.49
Bili	(< 20) umol/L	10	8
AST	(< 40) U/L	29	37
ALT	(< 40) U/L	53	50
GGT	(< 40) U/L	35	30
Alk Phos	(35-110) U/L	74	71
Protein	(60-82) g/L	74	72
Albumin	(38-50) g/L	47	48
Glob	(20-38) g/L	27	24
Ca	(2.10-2.60) mmol/L	2.53	2.45
Corr Ca	(2.10-2.60) mmol/L	2.45	2.35
PO4	(0.75-1.50) mmol/L	1.15	0.88
Mg	(0.70-1.10) mmol/L	0.90	

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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HAEMATOLOGY

Request Number	25594918	26780187
Date Collected	11 Jan 24	8 May 24
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Specimen Type: EDTA		
Hb (130-180) g/L	155	148
Hct (0.40-0.54)	0.47	0.45
RCC (4.5-6.5) x10 ¹² /L	5.1	4.7
MCV (79-99) fL	92	94
MCH (27-34) pg	30	31
MCHC (320-360) g/L	328	333
RDW (10.0-17.0) %	12.4	12.4
WBC (4.0-11.0) x10 ⁹ /L	6.9	7.2
Neut (2.0-7.5) x10 ⁹ /L	3.2	3.7
Lymph(1.0-4.0) x10 ⁹ /L	2.8	2.7
Mono (0.2-1.0) x10 ⁹ /L	0.5	0.5
Eos (< 0.7) x10 ⁹ /L	0.3	0.3
Baso (< 0.2) x10 ⁹ /L	0.1	0.1
Plat (150-400) x10 ⁹ /L	334	310

HAEMATOLOGY: FBC parameters are within reference range.

Clinical Notes : On thyroxine last taken 08.00am 50mcg.

THYROID PROFILE

Request Number	25594918	26780187
Date Collected	11 Jan 24	8 May 24
Time Collected	08:51	10:50
Specimen Type: Serum		
TSH (0.5-4.0) mIU/L	4.9	5.5
FT4 (10-20) pmol/L	12	11

The TSH is mildly elevated. This may indicate that thyroid hormone replacement should be reviewed.

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LIPID STUDIES

Request Number 25594918 26780187
Date Collected 11 Jan 24 8 May 24
Time Collected 08:51 10:50
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	Nil
Icterus	Nil	Nil
Lipaemia	Nil	Nil

Fasting status	Fasting	Random
Chol (3.6-5.2) mmol/L	6.1	6.7
Trig (0.5-1.7) mmol/L	2.1	2.1

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

High levels of cholesterol can be seen in disorders of apolipoprotein metabolism, nephrotic syndrome, endocrine dysfunction or cholestasis.

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No Action/File

Patient
Notified

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