

Patient name: SOWMAN, RENEE
10 BYRON COURT
GLENROY, 3046
Date of birth: 2/06/1978
Gender: F

Medicare No.: 34385005851
Lab. Reference: 24P331396-39323368
Requested By: DR GELLERT ROBERT ORGONAS
Requested: Friday, 26 April 2024
Performed: Friday, 26 April 2024
Test name: 25D,TSH
Provider name: St Vincent's Pathology

Name: Sowman, Renee
Address: 10 BYRON COURT
GLENROY. 3046
D.O.B.: 02/06/1978 **Gender:** F
Medicare No: 34385005851
IHI No:
Lab. Reference: 24P331396-39323368
Date Requested: 26/04/2024
Addressee: DR GELLERT ROBERT ORGONAS
Referred by: DR GELLERT ROBERT ORGONAS
Collected: 26/04/2024 15:30
Specimen:
Test Name: 25D,TSH
Clinical information: Ns

25D,TSH
Lab. Reference: 24P331396-39323368
Requested: 26/04/2024
Complete: Final
Collected: 26/04/2024
St Vincent's Pathology

Request No:	P331396					Units	Ref Range
Date:	26/04/24						
Time:	15:30						
SERUM/PLASMA							
TSH	3.89					uU/mL	0.35-4.94
25(OH)VitD	63.0					nmol/L	>50

RANGES/COMMENTS

25(OH) Vitamin D Reference Ranges From 6/7/2016
Vitamin D adequacy: ≥ 50 nmol/L at the end of winter (level may need to be 10-20 nmol/L higher at the end of summer, to allow for seasonal decrease).
Mild vitamin D deficiency: 30 - 49 nmol/L
Moderate vitamin D deficiency: 12.5 - 29 nmol/L
Severe vitamin D deficiency: <12.5 nmol/L
Vitamin D intoxication has been reported above 200 nmol/L
Reference: Vitamin D and Health in Adults in Australia and New Zealand:
A Position Statement. (Med J Aust 2012;196(11):686-687)

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Date:	26/04/24						
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Hb	123					g/L	115-165
WCC	7.4					$\times 10^9/L$	4.0-11.0
Plat	315					$\times 10^9/L$	150-400
HCT	0.38					l/l	0.37-0.47
RCC	4.12L					$\times 10^{12}/L$	4.20-5.40
MCV	91					fL	80-98
MCH	30					pg	27.0-32.0
MCHC	328					g/L	310-350
RDW	13.0					%	12.2-14.6

White Cell Differential
AUTO

Neut	4.2	x10 ⁹ /L	2.0-7.5
Lymph	2.5	x10 ⁹ /L	1.0-4.0
Mono	0.5	x10 ⁹ /L	0.2-0.8
Eos	0.2	x10 ⁹ /L	<0.4
Baso	0.0	x10 ⁹ /L	<0.2
NRBC	0.0	/100WCC	

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Random

GENERAL CHEMISTRY (serum/plasma)

Na Conc'n	140	mmol/L	135-145
Potassium	4.2	mmol/L	3.5-5.2
Chloride	106	mmol/L	95-110
TCO2	22	mmol/L	22-32
Anion Gap	16H	mmol/L	5-15
Creatinine	54	umol/L	45-90
eGFR	>90	mL/min/1.73m2	
Urea	4.1	mmol/L	2.1-7.1
Protein Tot	69	g/L	60-80
Albumin	40	g/L	35-50
ALP	50	U/L	30-110
GGT	7	U/L	0-35
ALT	7	U/L	0-35
AST	18	U/L	0-30
Bili Total	7	umol/L	1-20
Calcium	2.44	mmol/L	2.10-2.60
Ca (Corr)	2.44	mmol/L	2.10-2.60
Phosphate	1.34	mmol/L	0.75-1.50
Magnesium	0.88	mmol/L	0.70-1.10
Glucose	4.2	mmol/L	3.0-7.7
Osmo (Calc)		mmol/L	280-300
CK	52	U/L	30-150
hsTroponinI	<2	ng/L	<16

LIPIDS (serum/plasma)

Cholesterol	4.6	mmol/L	<5.5
Triglycer.	1.9H	mmol/L	<1.7
HDLc	1.52	mmol/L	>1.00
LDLC	2.2	mmol/L	<3.5
LDLC/HDLc	1.5	Ratio	<3.5
Chol/HDLc	3.0	Ratio	<4.5

IRON STUDIES (serum/plasma)

Ferritin	32	ug/L	30-200
Iron	9	umol/L	9.0-30.4
Transferrin	2.4	g/L	2.0-3.6
Traf Sat'n	15L	%	20-50

26/04/24 24P331396

* eGFR * CKD-EPI formula used from 11/4/2013 (MJA 2012;197:222)

Troponin I is measured with the Abbott Architect high sensitivity assay. The 99th percentiles are <26ng/L for men and <16ng/L for women. Detection of a rise and/or fall of TnI, with one reading above the 99th percentile, occurring in a clinical setting consistent with myocardial ischaemia, is consistent with myocardial infarction.

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B12	285	pmol/L	140-650
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