Report to **IMEDICAL,**
1 Union st
, Pyrmont, NSW, 2009

Patient **SHARPE, DIMITY**
IMEDICAL C/O IMEDICAL 1 UNION ST
PYRMONT NSW 2009
Phone
D.O.B 08/06/1978 Age 45 years Sex F

Ref. by/copy to IMEDICAL,

Collect date 02/04/2024 Lab ref 24-25345252
Collect time 01:30 PM Your ref
Reported 03/04/2024 10:50 AM

Tests requested UTE, HOR, FE, FBE

Clinical notes

URINE TRACE METALS

			(RI)	BOEL
Total Volume	Random			
Urine Creatinine	12.4	mmol/L		N/A
Urine Iodine (ug/L)	350	ug/L		N/A
Urine Iodine (Crt corrected)	233	ug/L	(> 100)	

WHO Criteria for assessing iodine nutrition based on median urinary iodine concentrations in 6 years or older:

- Severe Iodine deficiency :	< 20 ug/L
- Moderate Iodine deficiency :	20-49 ug/L
- Mild Iodine deficiency :	50-99 ug/L
- Adequate Iodine intake :	100-199 ug/L
- Iodine intake above requirement :	200-299 ug/L
- Excessive Iodine intake :	>= 300 ug/L

For Pregnant women

- Insufficient Iodine intake :	< 150 ug/L
- Adequate Iodine intake :	150-249 ug/L
- Iodine intake above requirement :	250-499 ug/L
- Excessive Iodine intake :	>= 500 ug/L

For Lactating women

- Adequate Iodine intake :	>= 100 ug/L

Urine iodine (creatinine corrected) adjusts the measured result to account for changes in urine concentration. Please note: due to a high variability of an individual's urinary iodine concentration, spot urine iodine concentration is not useful for the diagnosis and treatment of individuals. For more detail refer to:
"https://apps.who.int/iris/bitstream/handle/10665/85972/WHO_NMH_NHD_EPG_13.1_eng.pdf"

BOEL = Biological Occupational Exposure Limit
RI = Reference Interval

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 HORMONE PROFILE

Specimen Type: Serum

Request Number	Date Collected	FSH IU/L	LH IU/L	PROG nmol/L	E2(ATEL) pmol/L	E2(BECK) pmol/L	LH/FSH Ratio
25345252	2 Apr 24	1	4.3	23	383		

Reference Ranges	FSH	LH	PROG	OESTRADIOL
Follicular	2-12	2-12	0.5-4.5	100-530
Midcycle	12-30	>15		235-1300
Luteal	2-12	2-15	10.6-89.1	205-790
Menopausal	>25	>10		<100
Prepubertal	<6	<4		

PLEASE NOTE:
'E2 (ATEL)' - Oestradiol by Siemens Atellica assay
'E2 (BECK)' - Oestradiol by Beckman Access assay

IRON STUDIES

Specimen Type: Serum

Serum Iron	21	umol/L	(10-30)
Transferrin	32	umol/L	(32-48)
Transferrin Saturation	34	%	(13-45)
Serum Ferritin	**12**	ug/L	(30-165)

Although the transferrin saturation is normal, the ferritin result below 15 ug/L indicates iron deficiency.

During the reproductive years, iron deficiency in women is usually due to multiparity or heavy menstrual losses. Investigation of the gastrointestinal tract for a source of blood loss may be indicated.

SURGERY USE

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HAEMATOLOGY

Date Collected 02 Apr 24
Time Collected 13:30
Specimen Type: EDTA

Hb	127	g/L	(115-165)	WBC	7.1	x10^9 /L	(4.0-11.0)
RCC	4.6	x10^12 /L	(3.9-5.8)	Neut	4.1	x10^9 /L	(2.0-7.5)
Hct	0.40		(0.34-0.47)	Lymp	2.4	x10^9 /L	(1.0-4.0)
MCV	87	fL	(79-99)	Mono	0.5	x10^9 /L	(0.2-1.0)
MCH	28	pg	(27-34)	Eos	0.1	x10^9 /L	(< 0.7)
MCHC	**318**	g/L	(320-360)	Baso	0.0	x10^9 /L	(< 0.2)
RDW	15.6	%	(10.0-17.0)				
Plat	281	x10^9 /L	(150-400)				

HAEMATOLOGY: FBC parameters show no significant abnormality.

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