

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 01:31 AM

Tests requested **HOR, FE, FBE UTE***

Clinical notes

SERUM HORMONE PROFILE

Specimen Type: Serum								
Request	Date	FSH	LH	PROG	E2(ATEL)	E2(BECK)	LH/FSH	
Number	Collected	IU/L	IU/L	nmol/L	pmol/L	pmol/L	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**

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

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		Phone				
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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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