

BIRD, NATASHA J
8 BENNETT ST, BELLAMACK. 0830
Birthdate: 05/02/1992 Sex: F Medicare Number: 4351157575
Your Reference: Lab Reference: 24-84361609-CRP-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR BEENISH ASHRAF Referred by: DR BEENISH ASHRAF

Name of Test: C-REACTIVE PROTEIN (CRP) (CRP-0)
Requested: 02/05/2024 Collected: 07/05/2024 Reported: 08/05/2024
14:28

C-REACTIVE PROTEIN (Serum) (Reference Range < 5)

Date	Time	Result mg/L	Lab. No.
07/05/24	07:35	1	84361609

Instrument: Siemens Atellica

Requested Tests : TPO*, TF*, LFT*, EUC*, CRP, MG*, IRS*, HUI*, HAE, GL*, CA*,
BF*, PT*

BIRD, NATASHA J
8 BENNETT ST, BELLAMACK. 0830
Birthdate: 05/02/1992 Sex: F Medicare Number: 4351157575
Your Reference: Lab Reference: 24-84361609-GL-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR BEENISH ASHRAF Referred by: DR BEENISH ASHRAF

Name of Test: GLUCOSE, RANDOM/FASTING (GL-0)
Requested: 02/05/2024 Collected: 07/05/2024 Reported: 08/05/2024
14:31

GLUCOSE (Serum)

Glucose (Fasting). . . . : 4.3 mmol/L (< 5.5)

Normal <5.5; Impaired fasting 6.1-6.9; Diabetic >6.9 (F), >11.0 (random)

Comment :

Instrument: Siemens Atellica

Requested Tests : A12*, TPO, TF, LFT*, EUC*, CRP, MG*, IRS*, HUI*, HAE, GL,
CA*, BF, PT*

BIRD, NATASHA J
8 BENNETT ST, BELLAMACK. 0830
Birthdate: 05/02/1992 **Sex:** F **Medicare Number:** 4351157575
Your Reference: **Lab Reference:** 24-84361609-BF-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR BEENISH ASHRAF **Referred by:** DR BEENISH ASHRAF

Name of Test: B12 +RBC FOLATE ENQUIRIES (BF-0)
Requested: 02/05/2024 **Collected:** 07/05/2024 **Reported:** 08/05/2024
14:31

VITAMIN B12 and FOLATE (serum)

Vitamin B12 : 339 pmol/L (< 120 Deficient)
(150-750 Normal)

Serum Folate : 44.0 nmol/L (< 5.0 Deficient)
(=> 5.0 Normal)

COMMENT: Low-normal vitamin B12 with normal folate. B12 deficiency is not excluded and Active-B12 will be added.

Patient supplementation with high dose biotin may falsely increase serum folate (Atellica assay). If concerned with the result, consider withholding biotin for 24 hours prior to repeating the test. Please contact the laboratory for further information.

Instrument: Siemens Atellica

Requested Tests : A12*, TPO, TF, LFT*, EUC*, CRP, MG*, IRS*, HUI*, HAE, GL, CA*, BF, PT*

BIRD, NATASHA J
8 BENNETT ST, BELLAMACK. 0830
Birthdate: 05/02/1992 Sex: F Medicare Number: 4351157575
Your Reference: Lab Reference: 24-84361609-TF-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR BEENISH ASHRAF Referred by: DR BEENISH ASHRAF

Name of Test: THYROID FUNCTION TEST (TF-0)
Requested: 02/05/2024 Collected: 07/05/2024 Reported: 08/05/2024
14:32

CUMULATIVE THYROID FUNCTION TEST (serum)

	TSH (mIU/L) (0.40 - 4.00)	FT4 (pmol/L)	FT3 (pmol/L)	Lab.No.
07/05/24	2.13			84361609
84361609	Comment			

Instrument: Siemens Atellica

Requested Tests : A12*, TPO, TF, LFT*, EUC*, CRP, MG*, IRS*, HUI*, HAE, GL,
CA*, BF, PT*

BIRD, NATASHA J

8 BENNETT ST, BELLAMACK. 0830

Birthdate: 05/02/1992 Sex: F Medicare Number: 4351157575

Your Reference: Lab Reference: 24-84361609-TPO-0

Laboratory: WESTERN DIAGNOSTIC PATHOLOGY

Addressee: DR BEENISH ASHRAF Referred by: DR BEENISH ASHRAF

Name of Test: THYROID ANTIBODIES (NEW) (TPO-0)

Requested: 02/05/2024 Collected: 07/05/2024 Reported: 08/05/2024
14:32

THYROID ANTIBODIES (Serum)

* Antithyroid peroxidase (TPO) : 102 IU/mL (< 60)

Instrument: Siemens Atellica

Requested Tests : A12*, TPO, TF, LFT*, EUC*, CRP, MG*, IRS*, HUI*, HAE, GL,
CA*, BF, PT*

BIRD, NATASHA J
8 BENNETT ST, BELLAMACK. 0830
Birthdate: 05/02/1992 Sex: F Medicare Number: 4351157575
Your Reference: Lab Reference: 24-84361609-PT-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR BEENISH ASHRAF Referred by: DR BEENISH ASHRAF

Name of Test: PHOSPHATE (PT-0)
Requested: 02/05/2024 Collected: 07/05/2024 Reported: 08/05/2024
14:35

Phosphate (serum) . . . : 1.39 mmol/L (0.75 - 1.50)

Instrument: Siemens Atellica

Requested Tests : A12*, TPO, TF, LFT*, EUC*, CRP, MG*, IRS*, HUI*, HAE, GL,
CA*, BF, PT

BIRD, NATASHA J
8 BENNETT ST, BELLAMACK. 0830
Birthdate: 05/02/1992 **Sex:** F **Medicare Number:** 4351157575
Your Reference: **Lab Reference:** 24-84361609-CA-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR BEENISH ASHRAF **Referred by:** DR BEENISH ASHRAF

Name of Test: CALCIUM, CORRECTED SERUM (CA-0)
Requested: 02/05/2024 **Collected:** 07/05/2024 **Reported:** 08/05/2024
14:38

Calcium (serum) :	2.34 mmol/L	(2.10 - 2.60)
Albumin (serum) :	45 g/L	(38 - 50)
Corrected Calcium :	2.28 mmol/L	(2.10 - 2.60)

Instrument: Siemens Atellica

Requested Tests : A12*, TPO, TF, LFT, EUC, CRP, MG*, IRS, HUI*, HAE, GL, CA,
BF, PT

BIRD, NATASHA J
8 BENNETT ST, BELLAMACK. 0830
Birthdate: 05/02/1992 Sex: F Medicare Number: 4351157575
Your Reference: Lab Reference: 24-84361609-EUC-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR BEENISH ASHRAF Referred by: DR BEENISH ASHRAF

Name of Test: ELECTROLYTES INC CREAT (EUC-0)
Requested: 02/05/2024 Collected: 07/05/2024 Reported: 08/05/2024
14:38

CUMULATIVE ELECTROLYTES (Serum)

Date	Time	Na mmol/L (135 - 145)	K mmol/L (3.5 - 5.2)	Cl mmol/L (95 - 110)	HCO3 mmol/L (22 - 32)	Urea mmol/L (3.0 - 8.0)	Creat umol/L (45 - 90)	Lab.No.
07/05/24	07:35	140	4.5	104	28	5.5	63	84361609

eGFR : > 90 mL/min/1.73m²

EGFR by CKD-EPI formula (Med J Aust 2012; 197:222 -223).

84361609

Instrument: Siemens Atellica

Requested Tests : A12*, TPO, TF, LFT, EUC, CRP, MG*, IRS, HUI*, HAE, GL, CA,
BF, PT

BIRD, NATASHA J
8 BENNETT ST, BELLAMACK. 0830
Birthdate: 05/02/1992 Sex: F Medicare Number: 4351157575
Your Reference: Lab Reference: 24-84361609-IRS-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR BEENISH ASHRAF Referred by: DR BEENISH ASHRAF

Name of Test: IRON STUDIES ENQUIRIES (IRS-0)
Requested: 02/05/2024 Collected: 07/05/2024 Reported: 08/05/2024
14:38

CUMULATIVE IRON STUDIES (serum)

Date	Iron umol/L	Transferrin umol/L	TFN Satn %	Ferritin ug/L	Lab.No.
28/06/23	16	40	20	17	82696690
26/07/23	15	42	18	19	82578168
07/05/24	14	31	23	63	84361609

Ref: (11 - 27) (20 - 45) (15 - 55) (30 - 200)

84361609 Low-normal ferritin may indicate adequate iron stores, but iron deficiency is not excluded as co-existing inflammation or acute phase response may falsely raise ferritin. Correlate with clinical state.

- As ferritin is influenced by acute phase responses results in the lower-normal range (30-100) may not exclude iron deficiency.
- Ferritin levels >100 and < upper limit usually reflect adequate iron stores.
- Serum iron is useless in determining tissue iron stores.

Instrument: Siemens Atellica

Requested Tests : A12*, TPO, TF, LFT, EUC, CRP, MG*, IRS, HUI*, HAE, GL, CA, BF, PT

BIRD, NATASHA J
8 BENNETT ST, BELLAMACK. 0830
Birthdate: 05/02/1992 Sex: F Medicare Number: 4351157575
Your Reference: Lab Reference: 24-84361609-LFT-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR BEENISH ASHRAF Referred by: DR BEENISH ASHRAF

Name of Test: LIVER FUNCTION TESTS (LFT-0)
Requested: 02/05/2024 Collected: 07/05/2024 Reported: 08/05/2024
14:38

CUMULATIVE LIVER FUNCTION TEST (Serum)
Please note change in report format as of 14/12/2021

Collection Date: 07/05/24
Collection Time: 07:35
Lab No: 84361609

Bilirubin:	13	umol/L	(< 16)
Alk Phos:	70	U/L	(30 - 110)
Gamma GT:	10	U/L	(< 31)
ALT:	12	U/L	(< 31)
AST:	22	U/L	(< 31)
Albumin:	45	g/L	(38 - 50)
Protein:	71	g/L	(60 - 80)
Globulin Gap:	26	g/L	(22 - 38)

84361609

Instrument: Siemens Atellica

Requested Tests : A12*, TPO, TF, LFT, EUC, CRP, MG*, IRS, HUI*, HAE, GL, CA,
BF, PT

BIRD, NATASHA J
8 BENNETT ST, BELLAMACK. 0830
Birthdate: 05/02/1992 **Sex:** F **Medicare Number:** 4351157575
Your Reference: **Lab Reference:** 24-84361609-MG-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR BEENISH ASHRAF **Referred by:** DR BEENISH ASHRAF

Name of Test: MAGNESIUM (MG-0)
Requested: 02/05/2024 **Collected:** 07/05/2024 **Reported:** 08/05/2024
15:19

Magnesium (serum) . . . : 0.73 mmol/L (0.70 - 1.10)

Instrument: Siemens Atellica

Requested Tests : A12*, TPO, TF, LFT, EUC, CRP, MG, IRS, HUI*, HAE, GL, CA, BF,
PT

BIRD, NATASHA J

8 BENNETT ST, BELLAMACK. 0830

Birthdate: 05/02/1992 Sex: F Medicare Number: 4351157575

Your Reference: Lab Reference: 24-84361609-A12-0

Laboratory: WESTERN DIAGNOSTIC PATHOLOGY

Addressee: DR BEENISH ASHRAF Referred by: DR BEENISH ASHRAF

Name of Test: ACTIVE VITAMIN B12 (A12-0)

Requested: 02/05/2024 Collected: 07/05/2024 Reported: 08/05/2024

15:23

Holo TC Assay (Siemens Atellica) > 146 pmol/L (> 40)
(Serum Active Vitamin B12)

Comment:

No suggestion of vitamin B12 deficiency.

High B12 levels are commonly seen with vitamin B12 replacement therapy.

Instrument: Siemens Atellica

Requested Tests : A12, TPO, TF, LFT, EUC, CRP, MG, IRS, HUI*, HAE, GL, CA, BF, PT

BIRD, NATASHA J

8 BENNETT ST, BELLAMACK. 0830

Birthdate: 05/02/1992 Sex: F Medicare Number: 4351157575

Your Reference: Lab Reference: 24-84361609-HAE-0

Laboratory: WESTERN DIAGNOSTIC PATHOLOGY

Addressee: DR BEENISH ASHRAF Referred by: DR BEENISH ASHRAF

Name of Test: HAEM MASTER - ENQUIRIES (HAE-0)

Requested: 02/05/2024 Collected: 07/05/2024 Reported: 08/05/2024
10:53

ROUTINE HAEMATOLOGY (Whole Blood)

RCC	4.59	x 10 ¹² /L	HAEMOGLOBIN	134	(115 - 160)	g/L
	(3.80 - 5.80)		MCV	89	(80 - 98)	fL
HCT	0.410		MCHC	327	(315 - 360)	g/L
	(0.370 - 0.470)		RDW	14	(< 16)	%
MCH	29.2	pg				
	(27.0 - 34.0)					

PLATELETS 207 (150 - 450) x 10⁹/L

WHITE CELLS	5.6	(4.0 - 11.0)	x 10 ⁹ /L
Neut 43%	2.4	(2.0 - 8.0)	" "
Lymph 44%	2.5	(1.0 - 4.0)	" "
Mono 11%	0.6	(0.2 - 1.2)	" "
Eosin 2%	0.1	(< 0.7)	" "

Requested Tests : TPO*, TF*, LFT*, EUC*, CRP*, MG*, IRS*, HUI*, HAE, GL*, CA*,
BF*, PT*

BIRD, NATASHA J
 8 BENNETT ST, BELLAMACK. 0830
 Birthdate: 05/02/1992 Sex: F Medicare Number: 4351157576
 Your Reference: Lab Reference: 24-84361609-HUI-0
 Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
 Addressee: DR BEENISH ASHRAF Referred by: DR BEENISH ASHRAF
 Name of Test: HL7 URINE IODINE (HUI-0)
 Requested: 02/05/2024 Collected: 07/05/2024 Reported: 13/05/2024
 10:45

URINE IODINE TEST

BOEL	(RI)
Total Volume	Random
Urine Creatinine (SI)	10.8 mmol/L
N/A	
Urine Iodine (ug/L)	136 ug/L
N/A	
Urine Iodine (Crt corrected)	113 ug/L (> 100)

WHO Criteria for assessing median Urinary Iodine Excretion results in

populations:

- No deficiency : > 100 ug/L
- Mild Iodine deficiency : 50-99 ug/L
- Moderate Iodine deficiency : 20-49 ug/L
- Severe Iodine deficiency : < 20 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_EG_13.1_eng.pdf"](https://apps.who.int/iris/bitstream/handle/10665/85972/WHO_NMH_NHD_EG_13.1_eng.pdf)

BOEL = Biological Occupational Exposure Limit

RI = Reference Interval

Requested Tests : A12, TPO, TF, LFT, EUC, CRP, MG, IRS, HUI, HAE, GL, CA, BF, PT