

Referrer **Dr Rutika Shaligram**

Address VALETTA STREET MEDICAL CENTRE 35 VALETTA ST
CLYDE VIC 3978

Phone 91125533

Lab ID **967742415**

DOB **30/06/1986 (37 Yrs FEMALE)**

Your ref.

Address 2/18 CABENA CRESCENT
CHADSTONE VIC 3148

Phone 0432148291

Copy to

Requested 09/05/2024

Clinical Notes acne

Collected 10/05/2024 09:29

Received 10/05/2024 09:36

Test Name	Result	Units	Reference Interval
S Iron:	9	umol/L	5 - 30
S Transferrin:	3.1	g/L	2.0 - 3.6
Transferrin Saturation:	12	%	10 - 45
● S Ferritin:	16 L	ng/mL	30 - 200

Dept Supervising Pathologist: Dr Andrew Carter

MELBOURNE PATHOLOGY NATA NO.:2133

Reported on 10-05-2024 15:32

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Test Name	Result	Units	Reference Interval
S Cholesterol:	5.2	mmol/L	3.5 - 5.5
● S Triglycerides:	2.3 H	mmol/L	< 1.7
● S HDL-Cholesterol:	1.13 L	mmol/L	> 1.20
S LDL-Cholesterol:	3.0	mmol/L	< 3.5
● Chol/HDLC	4.6 H		< 4.5
● Non HDL Cholesterol	4.1 H	mmol/L	< 3.9

Comments

LIPID TARGET LEVELS:

The treatment target levels for people at high risk of cardiovascular disease are:

Total Cholesterol	<4.0 mmol/L
Fasting Triglycerides	<2.0 mmol/L
HDL-Cholesterol	> 1.00 mmol/L
LDL-Cholesterol	<2.5 mmol/L (<1.8 mmol/L if very high risk)
Non-HDL Cholesterol	<3.3 mmol/L (<2.5 mmol/L if very high risk)

Source: AACB Harmonised Lipid Reporting Guideline - 2018.

Risk Calculator available at www.cvdcheck.org.au

Please note the reference interval for fasting triglycerides has been updated on 1/2/2024. Source: Eur Heart J. 2016 Jul 1;37(25):1944-58.

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Test Name	Result	Units	Reference Interval
S IgE:	70	kU/L	<100

Comments

High dose biotin (>5 mg/day) may artefactually decrease the IgE result obtained by this method. If the patient is taking 5-20 mg/day of biotin, suggest withhold for at least 8 hours before blood test (if taking 300 mg/day, withhold for at least 72 hours).

For clinical enquiries, please contact Chemical Pathologist
Dr Andrew Carter on 9287 7777.

Dept Supervising Pathologist: Dr Andrew Carter

MELBOURNE PATHOLOGY NATA NO.:2133

Reported on 10-05-2024 15:59

THYROID FUNCTION TESTS

Test Name	Result	Units	Reference Interval
TSH (Roche)	2.96	mU/L	0.5 - 5.0

Comments

A normal TSH is consistent with an euthyroid state.

Dept Supervising Pathologist: Dr Andrew Carter

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Test Name	Result	Units	Reference Interval
● 25-Hydroxy Vitamin D	37 L	nmol/L	50 - 250

Comments

This result indicates mild vitamin D deficiency.

Dept Supervising Pathologist: Dr Andrew Carter

MELBOURNE PATHOLOGY NATA NO.:2133

Reported on 10-05-2024 19:00

Test Name	Result	Units	Reference Interval
Holo-transcobalamin:	54	pmol/L	>37
Total Vitamin B12:	224	pmol/L	200 - 700

Comments

High dose biotin (>5 mg/day) may artefactually increase total Vitamin B12 and Folate results obtained by this method. If the patient is taking 5-20 mg/day of biotin, suggest withhold for at least 8 hours before blood test (if taking 300 mg/day, withhold for at least 72 hours).
For clinical enquiries please contact Chemical Pathologist Dr Ken Sikaris on 9287 7720.

Both levels of HoloTC (Holo-transcobalamin) and total Vitamin B12 are in the low-normal ranges. Vitamin B12 deficiency cannot be completely excluded. Consider fasting homocysteine for further clarification if clinically indicated.

For clinical enquiries please contact Chemical Pathologist Dr Ken Sikaris on 9287 7720.

Dept Supervising Pathologist: Dr Andrew Carter

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Test Name	Result	Units	Reference Interval
Beta hCG	<1	IU/L	<2

Specimen - serum

Comments

NOTE: High dose biotin (>5 mg/day) may artefactually decrease the result obtained by this method. If biotin interference needs to be excluded, please contact Chemical Pathologist Dr Ken Sikaris on 9287 7720.

Dept Supervising Pathologist: Dr Andrew Carter

MELBOURNE PATHOLOGY NATA NO.:2133

Reported on 10-05-2024 15:12

Helicobacter Breath Test

Test Name	Result	Units	Reference Interval
RESULT:	NEGATIVE		
DPM:	40		

Comments

Limits used for Interpretation;

<50 DPM Negative for Helicobacter pylori
50-200 DPM Indeterminate for Helicobacter pylori
>200 DPM Positive for Helicobacter pylori

DPM = Disintegrations per Minute

Dept Supervising Pathologist: Dr Andrew Carter

MELBOURNE PATHOLOGY NATA NO.:2133

Reported on 12-05-2024 15:11

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Clinical Notes **acne**

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Test Name	Result	Units	Reference Interval
S Sodium:	142	mmol/L	135 - 145
S Potassium:	4.6	mmol/L	3.5 - 5.5
S Chloride:	104	mmol/L	95 - 110
S Bicarbonate:	27	mmol/L	20 - 32
S Urea:	4.0	mmol/L	2.5 - 7.0
S Creatinine:	67	umol/L	45 - 85
eGFR	>90		>59
S Bilirubin:	6	umol/L	3 - 15
S Alkaline Phosphatase:	46	U/L	20 - 105
S Gamma-GT:	24	U/L	5 - 35
S ALT:	11	U/L	5 - 30
S AST:	17	U/L	10 - 35
S Total Protein:	68	g/L	64 - 81
S Albumin:	38	g/L	33 - 46
S Globulin:	30	g/L	23 - 41
Fasting S Glucose	5.9	mmol/L	3.6 - 6.0

Comments

eGFR is greater than 90 mL/min/1.73m2. No evidence of kidney disease.

Dept Supervising Pathologist: Dr Andrew Carter

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Test Name	Result	Units	Reference Interval
S FSH:	6.5	IU/L	
LH	7.3	IU/L	
S Oestradiol	156	pmol/L	
Progesterone	0.6	nmol/L	
S Testosterone	1.0	nmol/L	< 1.8
● SHBG	20 L	nmol/L	28 - 150
Free Test (VC)	23	pmol/L	1 - 34

Comments

Reference Intervals	FSH (IU/L)	LH (IU/L)	Oestradiol (pmol/L)	Progesterone (nmol/L)
Female:				
Follicular phase	2.8 - 9.3	2.8 - 7.6	46 - 607	0.6 - 4.7
Mid cycle	3.0 - 19.2	10.5 - 85	315 - 1828	2.4 - 9.4
Luteal phase (D21)	1.7 - 7.7	1.0 - 11.4	161 - 774	5.3 - 86
Postmenopausal	31 - 153	12.0 - 75	<200	0.3 - 2.5

PLEASE NOTE: High dose biotin (>5 mg/day) may artefactually affect the hormone results. If the patient is taking 5-20 mg/day of biotin, suggest withhold for at least 8 hours before blood test (if taking 300 mg/day, withhold for at least 72 hours).

For clinical enquiries, please contact Chemical Pathologist
Dr Ken Sikaris on 9287 7720.

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GLYCOHAEMOGLOBIN HbA1c

Test Name	Result	Units	Reference Interval
● ^HbA1c (NGSP) - Roche	6.1 H	%	4.4 - 5.6
● ^HbA1c (IFCC) - Roche	43 H	mmol/mol	25 - 38
Estimated Average Glucose	7.1	mmol/L	

Comments

HbA1c is now Medicare rebateable (once per year) for diagnosis of diabetes mellitus in high risk people. The diagnostic cut-off is HbA1c $\geq 6.5\%$ (48 mmol/mol).
For clinical enquiries, please contact Chemical Pathologist Dr Andrew Carter on ph:9287 7720.

^ HbA1c result generated by Roche Cobas immunoassay method.
* HbA1c result generated by Sebia capillary electrophoresis method.

Dept Supervising Pathologist: Dr Linda Saravanan

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Test Name	Result	Units	Reference Interval
HAEMOGLOBIN	122	g/L	115 - 160
Haematocrit	0.38		0.35 - 0.47
Red cell count	4.7	$\times 10^{12}/L$	3.7 - 5.2
M.C.V.	82	fL	80 - 100
● M.C.H.	26 L	pg	27 - 34
M.C.H.C.	319	g/L	310 - 360
RDW	13.0		11 - 17
PLATELETS	345	$\times 10^9/L$	150 - 450
WHITE CELL COUNT	7.4	$\times 10^9/L$	4.0 - 11.0
Neutrophils	3.1	$\times 10^9/L$	2.0 - 7.5
Lymphocytes	3.5	$\times 10^9/L$	1.0 - 4.0
Monocytes	0.5	$\times 10^9/L$	0 - 1.0
Eosinophils	0.3	$\times 10^9/L$	0 - 0.5
Basophils	0.0	$\times 10^9/L$	0 - 0.3

Comments

The red cell parameters are consistent with demonstrated iron deficiency. Concurrent thalassaemia or a haemoglobinopathy are unlikely as red cell parameters have been normal on at least one occasion previously.

Dept Supervising Pathologist: Dr Linda Saravanan

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Serum Specific IgE (Phadia Immucap)	kU/L	Class	
Dustmite	0.84	II	Moderate *
Staple Food Mix (Egg white, Milk, Codfish) (Wheat, Peanut, Soybean)	0.07	0	Negative
Bermuda (Couch) grass	0.03	0	Negative
Perennial rye grass	0.00	0	Negative

Comments

Values between 0.1 and 0.35 kU/L may be found in early, low level or resolving sensitisation. Not all sensitisations may result in clinical symptoms. The greater the sensitisation, the more likelihood of clinical significance. A higher specific IgE index (amount of allergen specific IgE/total IgE) may indicate greater clinical significance.

From November 2012, the laboratory will only accept Medicare reimbursement for requests of upto four single allergens or two mixes or two single allergens and one mix. Requests for more will be billed at \$25 and then \$5 per single allergen, \$10 per mixed allergen and \$40 per individual allergen component.

Drs G Unglik & J Bosco

MELBOURNE PATHOLOGY NATA NO.:2133

Reported on **13-05-2024 17:38**