

Referrer **Assoc Prof Mark Savage** Lab ID **397457390** DOB **02/10/1978 (45 Yrs FEMALE)**  
Address **SANDHURST PODIATRY CONS 395 HIGH ST** Your ref. **397457390**  
GOLDEN SQUARE VIC 3555 Address **1/10 FREDERICK STREET**  
Phone **0354442173** FAWKNER VIC 3060  
Phone **0409023678**

Copy to Requested **15/06/2024**  
Clinical Notes **adrenal UNAVAILABLE: RISK OF INACCURATE TRANSCRIPTION** Collected **15/06/2024 09:38** Received **15/06/2024 09:42**

Test Name	Result	Units	Reference Interval
P ACTH:	4.3	pmol/L	1.6 - 13.9
Collection Time:	938	hours	

Dept Supervising Pathologist: Dr Andrew Carter

MELBOURNE PATHOLOGY NATA NO.:2133

Reported on 20-06-2024 16:23

Test Name	Result	Units	Reference Interval
S CORTISOL (AM):	313	nmol/L	133 - 537
Time of Collection:	09:38		

**Comments**

High dose biotin (>5 mg/day) may artefactually increase the cortisol result. 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.

Dept Supervising Pathologist: Dr Andrew Carter

MELBOURNE PATHOLOGY NATA NO.:2133

Reported on 16-06-2024 16:46

Referrer	Assoc Prof Mark Savage	Lab ID	397457390	DOB	02/10/1978 (45 Yrs FEMALE)
Address	SANDHURST PODIATRY CONS 395 HIGH ST GOLDEN SQUARE VIC 3555	Your ref.	397457390	Address	1/10 FREDERICK STREET FAWKNER VIC 3060
Phone	0354442173	Phone	0409023678		

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PLASMA METANEPHRINES			
P-Normetadrenaline	260	pmol/L	<730
P-Metadrenaline	130	pmol/L	<447
P-3 Methoxy tyramine	<50	pmol/L	<181

**Comments**

A catecholamine-producing tumour is unlikely.

MELBOURNE PATHOLOGY NATA NO.:2133

Reported on 21-06-2024 16:01

**Renin/Aldosterone Assays**

Aldosterone (Upright)	434	pmol/L	100 - 950
Renin (Upright)	19	mU/L	3.3 - 41
Aldosterone/Renin Ratio	23		<70

**Comments**

Aldosterone:Renin ratio of <70 makes primary aldosteronism unlikely.  
Calcium channel blocker and ACE inhibitor therapy tend to lower this ratio and make it unreliable in screening for primary aldosteronism.

MELBOURNE PATHOLOGY NATA NO.:2133

Reported on 19-06-2024 13:34