

LAVERTY PATHOLOGY - Reference No: 24-26395255 Status: F
Patient: Michelle WHALEY Linked by: A/Prof David van der Poorten
DOB: 08/07/1988 Message: No Action
Address: 24 Goodin Rd BAULKHAM HILLS 2153
Ordered by: David VAN DER POORTEN on 19/03/2024
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Collected: 20/03/2024 - 10:10 AM Notified by: on 00/00/0000
Reported: 20/03/2024 Message:

PLASMA TRACE ELEMENTS

(RI)

Copper	20	umol/L	(12-24)
Zinc	11.0	umol/L	(10.0-18.0)
Selenium	1.60	umol/L	(0.80-1.90)

RI = Reference Interval

Requested Tests : VBF, TFT, STE, GLU, ESR, CRP, MBA, LIP, FE, FBE

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HAEMATOLOGY

Request Number	21346500	26395255
Date Collected	12 Dec 22	20 Mar 24
Time Collected	09:53	10:10
Specimen Type: EDTA		
ESR (< 30) mm/hr	13	31

Requested Tests : VBF, TFT, STE*, GLU, ESR, CRP, MBA, LIP, FE, FBE

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Message:

THYROID PROFILE

Specimen Type: Serum

TSH

2.1 mIU/L

(0.5-4.0)

Result(s) consistent with euthyroidism.

Please note the above reference intervals have been developed from a non-pregnant healthy general population study.

Requested Tests : VBF, TFT, STE*, GLU, ESR*, CRP, MBA, LIP, FE, FBE

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Message:

IRON STUDIES

Specimen Type: Serum

Serum Iron

5 umol/L

(10-30)

Transferrin

28 umol/L

(32-48)

Transferrin Saturation

9 %

(13-45)

Serum Ferritin

50 ug/L

(30-165)

Low transferrin saturation and low-normal ferritin noted. As the patient has concurrent inflammation, these results may indicate iron deficiency.

Requested Tests : VBF, TFT, STE*, GLU, ESR*, CRP, MBA, LIP, FE, FBE

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Message:

C-REACTIVE PROTEIN

Specimen Type: Serum
Serum CRP

9.9 mg/L (< 6.0)

Requested Tests : VBF, TFT, STE*, GLU, ESR*, CRP, MBA, LIP, FE, FBE

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VITAMIN B12 AND FOLATE STUDIES

Vitamin B12 445 pmol/L (156-740)

Serum Folate 50.3 nmol/L (> 9.0)

Folate Interpretation:

	DEFICIENCY	BORDERLINE	SUFFICIENCY
Serum Folate:	<4.5 nmol/L	4.5 - 9.0 nmol/L	>9.0 nmol/L
RBC Folate:	<340 nmol/L	340 - 570 nmol/L	>570 nmol/L

Serum Folate Assay:

In the absence of recent oral intake, a serum folate >9.0 nmol/L effectively rules out folate deficiency.

Red cell folates (RCF) are no longer processed routinely. If you have requested a RCF, and require a result for appropriate clinical reasons, this will need to be discussed and agreed with a Consultant Haematologist on +61290027085 or Dr. Lucinda Wallman, Consultant Pathologist in Immunology and Medical Director on telephone number +61 290057179

Requested Tests : VBF, TFT, STE*, GLU, ESR*, CRP, MBA, LIP, FE, FBE

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Message:

SERUM CHEMISTRY

Request Number	21346500	26395255
Date Collected	12 Dec 22	20 Mar 24
Time Collected	09:53	10:10
Specimen Type:	Serum	

Haemolysis	Nil	Nil
Icterus	Nil	Nil
Lipaemia	Nil	Nil

Na	(135-145)	mmol/L	138	138
K	(3.6-5.4)	mmol/L	4.4	4.6
Cl	(95-110)	mmol/L	101	104
HCO3	(22-32)	mmol/L	21	24
An Gap	(10-20)	mmol/L	20	15
Urea	(2.5-8.0)	mmol/L	2.9	7.4
Creat	(45-90)	umol/L	50	60
eGFR	mL/min/1.73m ²		> 90	> 90
Urate	(0.14-0.36)	mmol/L		0.23
Bili	(< 15)	umol/L	8	8
AST	(< 30)	U/L	13	23
ALT	(< 30)	U/L	10	21
GGT	(< 30)	U/L	9	14
Alk Phos	(20-105)	U/L	37	50
Protein	(60-82)	g/L	65	67
Albumin	(38-50)	g/L	39	41
Glob	(20-39)	g/L	26	26
Ca	(2.10-2.60)	mmol/L		2.31
Corr Ca	(2.10-2.60)	mmol/L		2.35
PO4	(0.75-1.50)	mmol/L		1.08
Mg	(0.70-1.10)	mmol/L		0.75

eGFR ≥ 90 mL/min/1.73m² usually indicates normal kidney function but does not exclude patients with early kidney damage (those with albuminuria, haematuria or abnormal kidney imaging).

Requested Tests : VBF, TFT, STE*, GLU, ESR*, CRP, MBA, LIP, FE, FBE

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Message:

LIPID STUDIES

Specimen Type: Serum

Reference intervals are included for reference only, and interpretation / treatment goals should be guided by patient-specific cardiovascular risk assessment (see Australian Cardiovascular Risk Charts. Alternatively, the

web-site [Click here](#) can be accessed in order to complete a risk assessment for individual patients.)

Haemolysis Nil
Icterus Nil
Lipaemia Nil

Fasting status	Fasting		
Total Cholesterol	5.0	mmol/L	(3.6-5.2)
Triglycerides	0.5	mmol/L	(0.5-1.7)
HDL Cholesterol	1.4	mmol/L	(1.0-2.0)
LDL Cholesterol	3.4	mmol/L	(1.5-3.4)
Non-HDL Cholesterol	3.6	mmol/L	(< 3.4)
Cholesterol/HDL-C Ratio	3.6		(< 4.5)

NVDPA TARGET LIPID RANGES (MMOL/L) FOR PATIENTS AT HIGH / MODERATE RISK OF CARDIOVASCULAR DISEASE:

TOTAL CHOLESTEROL	<4.0
TRIGS (FASTING)	<2.0
HDL-C	>= 1.0
LDL-C	<2.0
NON HDL-C	<2.5

LDL-C exceeds target for higher risk patients and may be excessive in some individuals.

Requested Tests : VBF, TFT, STE*, GLU, ESR*, CRP, MBA, LIP, FE, FBE

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SERUM/PLASMA GLUCOSE

Request Number	21346500	26395255
Date Collected	12 Dec 22	20 Mar 24
Time Collected	09:53	10:10
Fasting status	Random	Fasting
Serum (3.4-5.4) mmol/L	4.3	4.5

Normal glucose concentration.

Requested Tests : VBF, TFT, STE*, GLU, ESR*, CRP, MBA, LIP, FE, FBE

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DOB: 08/07/1988 Message: No Action
Address: 24 Goodin Rd BAULKHAM HILLS 2153
Ordered by: David VAN DER POORTEN on 15/12/2023
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Collected: 20/03/2024 - 10:40 AM Notified by: on 00/00/0000
Reported: 20/03/2024 Message:

Recent pregnancy IBD.

Clinical Notes : Recent pregnancy IBD.

SERUM INSULIN

Fasting status
Haemolysis

Fasting
Nil

Insulin 6 mU/L (< 10)

ASSESSMENT OF INSULIN RESISTANCE (FASTING SAMPLES ONLY)

< 10 - normal insulin sensitivity
10-14 - mild insulin resistance
> 14 - insulin resistance

Insulin results from non-fasting samples are difficult to interpret although any result ≥ 60 mU/L is likely to indicate insulin resistance.

Requested Tests : GLU, CRP, MBA, INS, FE, FBE

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Reported: 20/03/2024 Message:

Recent pregnancy IBD.

Clinical Notes : Recent pregnancy IBD.

IRON STUDIES

Request Number	26395255	26395334
Date Collected	20 Mar 24	20 Mar 24
Time Collected	10:10	10:40
Specimen Type: Serum		
Iron (10-30) umol/L	5	6

T'ferrin(32-48)	umol/L	28	29
T. Sat. (13-45)	%	9	11
Ferritin(30-165)	ug/L	50	51

Low transferrin saturation and low-normal ferritin noted. As the patient has concurrent inflammation, these results may indicate iron deficiency.

Requested Tests : GLU, CRP, MBA, INS, FE, FBE

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Clinical Notes : Recent pregnancy IBD.

SERUM/PLASMA GLUCOSE

Request Number	21346500	26395255	26395334
Date Collected	12 Dec 22	20 Mar 24	20 Mar 24
Time Collected	09:53	10:10	10:40
Fasting status	Random	Fasting	Fasting
Serum (3.4-5.0) mmol/L	4.3	pending	4.4

Please note the revised upper reference limit for fasting glucose as per ADIPS (Australasian Diabetes in Pregnancy Society) 2014. Some professional groups in Australia (e.g. RACGP) continue to advocate the use of the 1998 ADIPS criteria, which considers fasting glucose results below 5.5 mmol/L normal in pregnancy.

Requested Tests : GLU, CRP, MBA, INS*, FE*, FBE

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Recent pregnancy IBD.

Clinical Notes : Recent pregnancy IBD.

Request Number	C-REACTIVE PROTEIN	
Date Collected	26395255	26395334
Time Collected	20 Mar 24 10:10	20 Mar 24 10:40
Specimen Type: Serum		
CRP (< 6.0) mg/L	pending	10.2

C-reactive protein is an acute phase reactant which rapidly increases in response to tissue injury, such as inflammation or infection, and may remain elevated if tissue damage persists.

Requested Tests : GLU, CRP, MBA, INS*, FE*, FBE

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Message:

Recent pregnancy IBD.

Clinical Notes : Recent pregnancy IBD.

SERUM CHEMISTRY

Request Number	21346500	26395255	26395334
Date Collected	12 Dec 22	20 Mar 24	20 Mar 24
Time Collected	09:53	10:10	10:40
Specimen Type: Serum			

Haemolysis	Nil	pending	Nil
Icterus	Nil	pending	Nil
Lipaemia	Nil	pending	Nil
Na (134-142)	mmol/L	138	pending 141
K (3.6-5.4)	mmol/L	4.4	pending 4.3
Cl (97-108)	mmol/L	101	pending 103
HCO3 (19-29)	mmol/L	21	pending 25
An Gap (10-20)	mmol/L	20	17
Urea (2.0-5.5)	mmol/L	2.9	pending 7.2
Creat (40-75)	umol/L	50	pending 60
Bili (< 15)	umol/L	8	pending 8
AST (< 35)	U/L	13	pending 25
ALT (< 30)	U/L	10	pending 24
GGT (< 30)	U/L	9	pending 15
Alk Phos (20-105)	U/L	37	pending 55
Protein (60-82)	g/L	65	pending 70
Albumin (38-50)	g/L	39	pending 44
Glob (20-36)	g/L	26	26

Please note that routine reporting of eGFR is not recommended in pregnant women. Serum creatinine concentration is recommended as the standard test for kidney function in pregnant women. (Australasian Creatinine Consensus Working Group. Position Statement. August 2012). Please contact a

Chemical Pathologist if you require further information.

Requested Tests : GLU, CRP, MBA, INS*, FE*, FBE

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Recent pregnancy IBD.

Clinical Notes : Recent pregnancy IBD.

		<u>HAEMATOLOGY</u>		
Request Number		21346500	26395255	26395334
Date Collected		12 Dec 22	20 Mar 24	20 Mar 24
Time Collected		09:53	10:10	10:40
Specimen Type: EDTA				
Hb (105-145)	g/L	129	128	134
Hct (0.30-0.42)		0.40	0.41	0.42
RCC (3.3-4.9)	x10 ¹² /L	4.7	4.7	4.9
MCV (79-99)	fL	85	87	86
MCH (27-34)	Pg	27	27	27
MCHC (320-360)	g/L	319	314	317
RDW (10.0-17.0)	%	14.1	13.8	13.8
WBC (4.0-14.5)	x10 ⁹ /L	10.3	8.7	8.3
Neut (2.0-11.0)	x10 ⁹ /L	7.7	5.6	5.4
Lymph (1.0-4.0)	x10 ⁹ /L	1.8	2.2	2.1
Mono (0.2-1.0)	x10 ⁹ /L	0.6	0.6	0.5
Eos (< 0.7)	x10 ⁹ /L	0.1	0.3	0.2
Baso (< 0.2)	x10 ⁹ /L	0.1	0.1	0.1
Plat (150-400)	x10 ⁹ /L	238	281	261

HAEMATOLOGY: FBC parameters show no significant abnormality.

Requested Tests : GLU*, CRP*, MBA*, INS*, FE*, FBE



2613003698 1

PATIENT SURNAME: WHALEY
 GIVEN NAME(S): Michelle
 SEX: F
 DATE OF BIRTH: 8/07/1988
 TEL (HOME): 0434475451
 0434 475
 YOUR REFERENCE: GEN14749_000000023837
 TEL (BUS / MOBILE):
 TESTS REQUESTED: CRP, E/LFT - Electrolytes/Liver Function Tests, FBC, Iron Studies, Ca/Mg/Po4, Faecal Calprotectin
 UR No: CB15047

CLINICAL NOTES: ibd
 Do not send reports to My Health Record ☐
 Fasting ☐
 Non Fasting ☐
 Pregnant ☐
 Horm Therapy ☐
 LNMP ☐
 EDC ☐

EMERGENCY PHONE FAX BY TIME:
 PHONE/FAX No.:
 PRIVATE SCHEDULE MEDICARE ☒
 VETAFFAIRS/WORK COMP No.:
 PRACTITIONER'S SIGNATURE AND REQUEST DATE: [Signature] /20/08/24

COPY REPORTS TO:
 REFERRING PRACTITIONER (PROVIDER NUMBER, NAME, ADDRESS):
 A/Prof David van der Poorten
 Suite 4, Lakeview Private Hospital, 17-19 Solent Circuit
 NORWEST, NSW, 2153
 02 87110160
 Provider No: 232425TB

COLLECTION
 LOCATION INITIALS
 C D N H DR
 DATE TIME

HOSPITAL / WARD:
 Practitioner's Use Only (Reason for Patient unable to sign):
 Self Determined ☐
 Hospital status of patient at specimen collection or date of service:
 Private patient in a private hospital ☐ Yes ☐ No
 or approved day hospital facility ☐
 Private patient in a recognised hospital ☐
 Public patient in a recognised hospital ☐
 Outpatient of a recognised hospital ☐
 PATIENT'S SIGNATURE AND DATE: [Signature] / /
 MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973) I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner.
 Specimen/s checked by Patient Initial: _____
 I certify that I collected these samples from the named patient as per company protocol and I labelled the samples immediately.
 Signed: _____

																	Signed									
TUBES							URINE					SWABS				SLIDES		CONTAINERS			FROZEN	OTHER				
GEL	PLAIN	EDTA	EDTA 6 mL	GLUC	CITRATE	HEPARIN	BACTO	CYTO	24 HR	PCR	OTHER	ORANGE	BLUE	RED	YELLOW	BACTO	CYTO	FAECES	SEMEN	HISTO		DESCRIBE				
14 GIFFNOCK AVENUE, MACQUARIE PARK NSW 2113, AUSTRALIA Douglass Hanly Moir Pathology Pty Limited ABN 80 003 332 858 a subsidiary of Serpis Healthcare Ltd																										

14 GIFFNOCK AVENUE, MACQUARIE PARK NSW 2113, AUSTRALIA | Douglass Hanly Moir Pathology Pty Limited ABN 80 003 332 858, a subsidiary of Sonic Healthcare Limited ABN 24 004 196 909 APA 906

DOUGLASS HANLY MOIR PATHOLOGY
 14 GIFFNOCK AVENUE, MACQUARIE PARK NSW 2113, AUSTRALIA
 Douglass Hanly Moir Pathology Pty Limited
 ABN 80 003 332 858,
 a subsidiary of Sonic Healthcare Limited
 ABN 24 004 196 909 APA 906
LABORATORY (02) 9855 5222
FAX (02) 9878 5077
TOLL FREE 1800 222 365
RESULTS 1800 555 100
PATIENT COLLECTION LOCATIONS
 See Over
 MEDICARE CARD NUMBER: _____
 Initial: _____
 DATE: 8/07/1988
 GEN14749_000000023837
 POSTCODE: _____
 TEL (HOME): 0434475451
 0434 475 451
 TEL (BUS / MOBILE):
 CRP, E/LFT - Electrolytes/Liver Function Tests, FBC, Iron Studies, Ca/Mg/Po4, Faecal Calprotectin

PATIENT COPY

A/Prof David van der Poorten
 Suite 4, Lakeview Private Hospital, 17-19 Solent Circuit
 NORWEST, NSW, 2153
 02 87110160
 Provider No: 232425TB