Dorevitch PATHOLOGY

Specialist Diagnostic Services, ABN 84 007 190 043 APA 000042, trading as Dorevitch Pathology.

Pathology Report

RCPA NATA Accreditation Number 2304 Accredited for compliance with NPAAC standards and ISO 15189

HEIDELBERG LABORATORY Phone: 03 8345 6031 Dr. Philip Kostos

UR No:	**NA**	Dr Ref:	**00100993**	Lab Number:	24-30551190
Patient:	**SWEATMAN, BETHANY**			Receipt Date:	20/09/24
Address:	2/11A MURRAY ST, BRUNSWICK WEST VIC			Collected:	20/09/24 @ 09:20
Postcode:	3055	Phone:		Reported:	20/09/24 @ 15:37
DoB:	26/06/92	Gender:	Female	Age:	32 Years

Tests Requested: TFT*,MBI,LIP,FER*,BFO*,GS,VID*,FBE

*** = Tests Outstanding**

Doctor: DR STUART EMMERSON
INNER MORTH MEDICAL
260 LYGON ST,
BRUNSWICK EAST 3057

SERUM GLUCOSE

Fasting Status	Specimen	Result	Ref.Range
Fasting	9:20 AM	4.9 mmol/L	(4.0-6.0)

Note (1): Glucose reference ranges: Fasting 4.0-6.0, Random 4.0-7.8.
Consider further investigation including glucose tolerance test in people with fasting glucose 5.5-6.9 or random 7.8-11.0 mmol/L

Pregnancy(gestational diabetes screening): Normal fasting < 5.1 mmol/L

SERUM/PLASMA LIPID STUDIES - Fasting

Total Chol:	**5.4** mmol/L
Triglyceride:	0.8 mmol/L
HDL - C:	2.0 mmol/L
LDL - C:	3.0 mmol/L
NON HDL - C:	3.4 mmol/L
Chol/HDL Ratio:	2.7

Therapeutic targets vary depending on the patient's cardiovascular risk profile.

	T.Chol	Trig	HDL-C	LDL-C	Non HDL-C
Primary Prevention:	<4.0	<2.0	>=1.0	<2.0	<2.5
Secondary Prevention:		<2.0	>=1.0	<1.8	<2.5

National Vascular Disease Prevention Alliance Guidelines 2012.
http://strokefoundation.com.au

National Heart Foundation Guidelines 2012.
http://www.heartfoundation.org.au

Note: The Chol/HDL ratio reflects changes in VLDL, LDL and HDL, with high values indicating an increased risk of atherosclerosis.
Target values < 3.5 are sometimes recommended for people with known vascular disease or others at high risk.
In this patient the cholesterol level and ratio suggest low CHD risk.
Target LDL is less than 2.0 mmol/L in people with
- A personal or strong family history of vascular disease
- Diabetes
- Aboriginal or Torres Strait Islander ancestry

SERUM/PLASMA BIOCHEMISTRY

		Ref.Range
Sodium :	141 mmol/L	(135-145)

NORMAL FILE
NOTES REQUIRED
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Potassium	4.2	mmol/L	(3.5-5.2)
Chloride	107	mmol/L	(95-110)
Bicarbonate	30	mmol/L	(22-32)
Urea	3.7	mmol/L	(2.3-7.6)
Est.GFR(mL/min)	> 90	per 1.73sqm	(> 60)
Creatinine	60	umol/L	(40-90)
Total Bilirubin	12	umol/L	(< 20)
Ala. Aminotransferase (ALT)	22	U/L	(< 30)
Asp. Aminotransferase (AST)	24	U/L	(< 30)
Alkaline Phosphatase (ALP)	50	U/L	(30-110)
Gamma Glutamyl Trans. (GGT)	8	U/L	(< 30)
Total Protein	65	g/L	(60-80)
Albumin	40	g/L	(36-49)
Globulin	25	g/L	(22-40)

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Address:	2/11A MURRAY ST, BRUNSWICK WEST VIC			Collected:	20/09/24 @ 09:20
Postcode:	3055	Phone:		Reported:	20/09/24 @ 15:49
DoB:	26/06/92	Gender:	Female	Age: 32 Years	

Tests Requested: TFT,MBI,LIP,FER,BFO*,GS,VID,FBE

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Doctor: DR STUART EMMERSON
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THYROID FUNCTION TESTS (SERUM)

		Ref.Range
Thyroid Stimulating Hormone (TSH) :	2.37 mIU/L	(0.50-4.00)

Normal TSH is consistent with normal thyroid function.
Note that TSH should NOT be used to adjust thyroxine treatment in people with pituitary disease.
Medical professionals: Please contact a pathologist if required on (03) 9244 0444.

Method: Siemens Immunoassay

SERUM 25 - HYDROXY VITAMIN D

Date	Lab. No.	25 - Hydroxy Vitamin D (nmol/L)	Ref.Range (> 50)
25/02/22	34909654	74	
21/08/23	48390869	63	
20/09/24	30551190	67	

Optimal vitamin D concentrations are greater than 50 nmol/L at the end of winter and greater than 60-70 nmol/L at the end of summer.

Method: DiaSorin Liaison XL immunoassay. Note that this test cannot be used to monitor patients taking exclusively 1,25 dihydroxy Vitamin D (Calcitriol).

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Address:	2/11A MURRAY ST, BRUNSWICK WEST VIC			Collected:	20/09/24 @ 09:20
Postcode:	3055	Phone:		Reported:	20/09/24 @ 16:05
DoB:	26/06/92	Gender:	Female	Age: 32 Years	

Tests Requested: TFT,MBI,LIP,FER,BFO,GS,VID,FBE

*** = Tests Outstanding**

Doctor: DR STUART EMMERSON
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BRUNSWICK EAST 3057

SERUM VITAMIN B12 AND FOLATE

Date:		**29/10/21**	**25/02/22**	**21/08/23**	**20/09/24**		
Time:		**09:45**	**09:00**	**09:10**	**09:20**		
Lab.No:		**35112840**	**34909654**	**48390869**	**30551190**		
						Units	**Ref. Range**
Vitamin B12	:	586	513	410	487	pmol/L	(150-700)
Serum Folate	:		22.3			nmol/L	(> 9.0)

Vitamin B12 stores appear adequate.

Vitamin B12 method: Siemens Immunoassay

NORMAL FILE

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Patient:	**SWEATMAN, BETHANY**			Receipt Date:	20/09/24
Address:	2/11A MURRAY ST, BRUNSWICK WEST VIC			Collected:	20/09/24 @ 09:20
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DoB:	26/06/92	Gender:	Female	Age:	32 Years

Tests Requested: TFT*,MBI,LIP,FER,BFO*,GS,VID*,FBE

*** = Tests Outstanding**

Doctor: DR STUART EMMERSON
INNER MORTH MEDICAL
260 LYGON ST,
BRUNSWICK EAST 3057

SERUM FERRITIN

			Ref. Range	
Ferritin:	**16**	ug/L	(30-300)	*

Please note: The Ferritin reference intervals have changed from 20/08/2019

Note: The ferritin result is borderline low and may be suggestive of iron deficiency.

Method: Siemens Immunoassay

NORMAL FILE

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HEIDELBERG LABORATORY Phone: 03 8345 6031 Dr. Philip Kostos

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Patient:	**SWEATMAN, BETHANY**			Receipt Date:	20/09/24
Address:	2/11A MURRAY ST, BRUNSWICK WEST VIC			Collected:	20/09/24 @ 09:20
Postcode:	3055	Phone:		Reported:	20/09/24 @ 14:41
DoB:	26/06/92	Gender:	Female	Age: 32 Years	

Tests Requested: TFT*,MBI*,LIP*,FER*,BFO*,GS*,VID*,FBE

*** = Tests Outstanding**

Doctor: DR STUART EMMERSON
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FULL BLOOD EXAMINATION

					(x10 9 /L)
HB :	140 g/L	(115-165)	WHITE CELL COUNT:	6.0	(4.0-11.0)
PCV:	0.42 L/L	(0.37-0.47)	Neutrophils: 66%	4.0	(2.0-8.0)
RCC:	4.66 x10 12 /L	(3.80-5.80)	Lymphocytes: 20%	1.2	(1.0-4.0)
MCV:	91 fL	(80-96)	Monocytes : 7%	0.4	(0.0-1.0)
MCH:	30 pg	(27-32)	Eosinophils: 6%	0.4	(0.0-0.5)
MCHC	332 g/L	(320-360)	Basophils : 1%	0.1	(0.0-0.2)
RDW:	12.4 %	(11.0-16.0)			
			PLATELETS :	189	(150-450)

COMMENT: Red cells, white cells and platelets within normal limits.

NORMAL FILE

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