Report to **INTELLIGENT, Screening**
PO BOX 8441
Angelo St
South Perth WA 6151

Patient **HATCHER, Sarah**
97 HUDSON PDE
CLAREVILLE NSW 2107

Phone 0414544544
D.O.B 15/05/1955 Age 68 years. Sex F

Ref. by/copy to

Collect date 18/09/2023 Lab ref 23-22039591
Collect time Your ref
Reported 19/09/2023 01:56 AM

Tests requested SCP, MBA, FE, GLU, LIP, TFT, FBE

Clin notes

## SERUM HIGH SENSITIVITY C-REACTIVE PROTEIN (CRP)

| | |
|---|---|
| Request Number | 22039591 |
| Date Collected | 18 Sep 23 |
| Time Collected | 00:00 |
| hsCRP (< 4.91) mg/L | 0.62 |

The CDC / AHA recommend the following hsCRP cut-off points (tertiles) for cardiovascular disease risk assessment:

| hsCRP level (mg/L) | Relative Risk |
|---|---|
| <1.0 | Low |
| 1.0 - 3.0 | Average |
| >3.0 | High |

The average of two CRP tests, ideally taken two weeks apart, produces a more stable estimate of this marker.

A CRP greater than 10mg/L should prompt a search for a source of infection or inflammation.

SURGERY USE

- Normal
- No Action/File
- Patient Notified
- Make Appoint.
- Further Tests
- Notes Required
- Speak with Dr.
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## SERUM CHEMISTRY

Specimen Type: Serum

| | | | |
|---|---|---|---|
| Haemolysis | Nil | | |
| Icterus | Nil | | |
| Lipaemia | Nil | | |
| Sodium | 140 | mmol/L | (135-145) |
| Potassium | 5.2 | mmol/L | (3.6-5.4) |
| Chloride | 103 | mmol/L | (95-110) |
| Bicarbonate | 24 | mmol/L | (22-32) |
| Anion Gap | 18 | mmol/L | (10-20) |
| Urea | 6.4 | mmol/L | (2.5-9.0) |
| Creatinine | 80 | umol/L | (45-90) |
| eGFR | 68 | | mL/min/1.73m^2 |
| Urate | 0.35 | mmol/L | (0.14-0.36) |
| Bilirubin | 11 | umol/L | (< 15) |
| AST | 18 | U/L | (< 35) |
| ALT | 17 | U/L | (< 30) |
| GGT | 28 | U/L | (< 35) |
| Alkaline Phosphatase | 65 | U/L | (30-115) |
| LDH (L-P) | 191 | U/L | (120-250) |
| Protein | 67 | g/L | (60-82) |
| Albumin | 44 | g/L | (36-48) |
| Globulin | 23 | g/L | (20-39) |
| Calcium | 2.49 | mmol/L | (2.10-2.60) |
| Corrected Calcium | 2.47 | mmol/L | (2.10-2.60) |
| Phosphate | 1.31 | mmol/L | (0.75-1.50) |
| Creatine Kinase | 92 | U/L | (< 211) |
| Amylase | 77 | U/L | (< 121) |
| Lipase | 41 | U/L | (6-70) |
| Magnesium | 0.87 | mmol/L | (0.70-1.10) |

eGFR values between 60 and 89 mL/min/1.73m2 should be interpreted with caution. These results are only consistent with CKD in the presence of other evidence such as microalbuminuria, proteinuria or haematuria.
Ref:Lamb EJ etal in Ann Clin Biochem 2005; 42:321-345.

## IRON STUDIES

Specimen Type: Serum

| | | | |
|---|---|---|---|
| Serum Iron | 14 | umol/L | (10-30) |
| Transferrin | 37 | umol/L | (32-48) |
| Transferrin Saturation | 19 | % | (13-45) |
| Serum Ferritin | 34 | ug/L | (30-400) |

Normal iron studies.

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## SERUM/PLASMA GLUCOSE

| | | | |
|---|---|---|---|
| Fasting status | Fasting | | |
| Serum | 5.2 | mmol/L | (3.4-5.4) |

Normal glucose concentration.

## 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 www.cvdcheck.org.au can be accessed in order to complete a risk assessment for individual patients.)

| | | | |
|---|---|---|---|
| Haemolysis | Nil | | |
| Icterus | Nil | | |
| Lipaemia | Nil | | |
| Fasting status | Fasting | | |
| Total Cholesterol | **5.6** | mmol/L | (3.9-5.2) |
| Triglycerides | 1.0 | mmol/L | (0.5-1.7) |
| HDL Cholesterol | **2.2** | mmol/L | (1.0-2.0) |
| LDL Cholesterol | 2.9 | mmol/L | (1.5-3.4) |
| Non-HDL Cholesterol | **3.4** | mmol/L | (< 3.4) |
| Cholesterol/HDL-C Ratio | 2.5 | | (< 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.

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## THYROID PROFILE

Specimen Type: Serum

| | | | |
|---|---|---|---|
| TSH | 3.9 | mIU/L | (0.5-4.0) |
| FT4 | 15 | pmol/L | (10-20) |
| FT3 | 5.5 | pmol/L | (3.5-6.5) |

Result(s) consistent with euthyroidism.

## HAEMATOLOGY

Date Collected 18 Sep 23
Time Collected 00:00
Specimen Type: EDTA

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Hb | 140 | g/L | (115-165) | WBC | 4.1 | x10^9 | /L | (4.0-11.0) |
| RCC | 4.4 | x10^12 | /L (3.9-5.8) | Neut | **1.7** | x10^9 | /L | (2.0-7.5) |
| Hct | 0.43 | | (0.34-0.47) | Lymp | 1.7 | x10^9 | /L | (1.0-4.0) |
| MCV | 98 | fL | (79-99) | Mono | 0.4 | x10^9 | /L | (0.2-1.0) |
| MCH | 32 | pg | (27-34) | Eos | 0.3 | x10^9 | /L | (< 0.7) |
| MCHC | 324 | g/L | (320-360) | Baso | 0.0 | x10^9 | /L | (< 0.2) |
| RDW | 13.1 | % | (10.0-17.0) | | | | | |
| Plat | 224 | x10^9 | /L (150-400) | | | | | |

HAEMATOLOGY: Slight neutropenia.

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