Healius Pathology Pty Ltd (ABN 84 007 190 043)
APA No. 000042 t/a QML Pathology
11 Riverview Place, Metroplex on Gateway, Murarrie Qld 4172
Ph (07) 3121 4444

Pathology Report

DAHLSTROM, VERA

For Surgery Use Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient **EAGLE, BARBARA** UR No.
Patient Address **14A JANDA ST ATHERTON QLD 4883**
Sex F Age 87 years DOB 03/05/1937 **Requested** 07/11/2024
Report For DAHLSTROM, VERA **Collected** 07/11/2024 09:30 AM
Ref. by/copy to DAHLSTROM, VERA **Reported** 08/11/2024 07:02 PM

Serum Zinc	10	umol/L	(10-25)

Pathology Report

QML_RTE001-AV/4

Dept | Date of Service | For Clinical Enquiries | Perf. Branch | Quote 24-96613168

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CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date	07/11/24		
Time	09:30		
Lab No	96613168		
Active B12	> 146	pmol/L	(> 35)

Comment:
96613168
Holo TC Assay:
No suggestion of vitamin B12 deficiency.
High B12 levels are commonly seen with vitamin B12 replacement therapy.

Methodology:
B12 and Active B12 (HoloTC) assays performed on Siemens Atellica analyser.

For Doctor clinical enquiries, please contact Dr Peter Davidson 07 3121 4444.
Patients should contact their referring doctor in regard to this result.

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Pathology Report

CUMULATIVE IRON STUDIES

Date	07/11/24		
Time	09:30		
Lab No	96613168		
Iron	7	umol/L	(10-33)
TIBC	71	umol/L	(45-70)
Saturation	10	%	(16-50)
Ferritin	10	ug/L	(30-320)

96613168 **Comment:**
Low serum ferritin level indicative of mild-moderate iron deficiency.

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CUMULATIVE SERUM VITAMIN D

Date	07/11/24	
Time	09:30	
Lab No	96613168	
Vitamin D3	59	nmol/L (> 49)

96613168 We occasionally see evidence of functional vitamin deficiency and possibly accelerated bone loss with levels in the range of 50-70 nmol/L.

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CUMULATIVE SERUM COMPLEMENT AND C-REACTIVE PROTEIN (CRP)

Date	07/11/24
Time	09:30
Lab No	96613168
CRP	< 5 mg/L(0-6)

C-reactive protein (CRP) is a non-specific indicator of tissue damage.
The level rises rapidly (within 6-10 hours) after tissue injury, peaks at 48-72 hours and returns to normal within a few days. Common causes of markedly increased CRP include infection (particularly bacterial), trauma, surgery, myocardial infarction, many malignancies and inflammatory disorders.

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CUMULATIVE SERUM BIOCHEMISTRY

Date	07/11/24		
Time	09:30		
Lab No	96613168		
	FASTING		FASTING
Sodium	138	mmol/L	(137-147)
Potass.	4.2	mmol/L	(3.5-5.0)
Chloride	107	mmol/L	(96-109)
Bicarb	25	mmol/L	(25-33)
An.Gap	10	mmol/L	(4-17)
Gluc	4.9	mmol/L	(3.0-6.0)
Urea	7.7	mmol/L	(2.5-7.5)
Creat	50	umol/L	(50-120)
eGFR	84	mL/min	(over 59)
Urate	0.24	mmol/L	(0.14-0.35)
T.Bili	10	umol/L	(2-20)
Alk.P	157	U/L	(30-115)
GGT	42	U/L	(0-45)
ALT	18	U/L	(0-45)
AST	29	U/L	(0-41)
LD	226	U/L	(80-250)
Calcium	2.34	mmol/L	(2.15-2.60)
Corr.Ca	2.30	mmol/L	(2.15-2.60)
Phos	1.2	mmol/L	(0.8-1.5)
T.Prot	70	g/L	(60-82)
Alb	44	g/L	(35-50)
Glob	26	g/L	(20-40)
Chol	2.8	mmol/L	(3.6-7.3)
Trig	1.3	mmol/L	(0.3-2.2)
Lab No	96613168		
Date	07/11/24		

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CUMULATIVE FULL BLOOD EXAMINATION

Date		07/11/24		
Time		09:30		
Lab No		96613168		
Hb		110	g/L	(115-160)
RCC		4.3	x10^12 /L	(3.6-5.2)
Hct		0.38		(0.33-0.46)
MCV		87	fL	(80-98)
MCH		25	pg	(27-35)
Plats		270	x10^9 /L	(150-450)
WCC		6.7	x10^9 /L	(4.0-11.0)
Neuts	58 %	3.9	x10^9 /L	(2.0-7.5)
Lymphs	29 %	1.9	x10^9 /L	(1.1-4.0)
Monos	9 %	0.6	x10^9 /L	(0.2-1.0)
Eos	3 %	0.20	x10^9 /L	(0.04-0.40)
Basos	1 %	0.07	x10^9 /L	(< 0.21)

96613168 **Automated Comment:**
As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

Borderline Normochromic Anaemia. Recommend a review of haematinic profile (Iron/B12/Folate). Correlate Clinically.

**** FINAL REPORT - Please destroy previous report ****

Pathology Report

QML_RTE001-AV4

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