

Report to **YEN, Laura**
 4/56-62 Chandos St

 Patient **GRUNOW, Katharina**
 U 50 2 BOUVARDIA ST
 ASQUITH NSW 2077

 Phone
 D.O.B 26/12/1983 Age 38 years. Sex F

 Ref. by/copy to Collect date 01/06/2022 Lab ref 22-19252781
 Collect time 07:03 AM Your ref
 Reported 01/06/2022 10:13 PM

Tests requested IRC, FBE, ESR, DVI, TAA, I12, LIP, CRP, FE, GLU, MBA, RT3*

Clin notes

FOLATE STUDIES

 Request Number 19252781
 Date Collected 1 Jun 22
 Time Collected 07:03
 R.C F. (> 570) nmol/L 1728

Essentially normal red cell folate.

HAEMATOLOGY

Request Number	26853668	19252781
Date Collected	23 Feb 21	1 Jun 22
Time Collected	09:55	07:03
Specimen Type: EDTA		
Hb (115-165) g/L	127	133
Hct (0.34-0.47)	0.38	0.39
RCC (3.9-5.8) x10 ¹² /L	4.0	4.1
MCV (79-99) fL	96	95
MCH (27-34) pg	32	32
MCHC (320-360) g/L	333	338
RDW (10.0-17.0) %	12.1	11.9
WBC (4.0-11.0) x10 ⁹ /L	3.8	4.2
Neut (2.0-7.5) x10 ⁹ /L	1.6	1.7
Lymph(1.0-4.0) x10 ⁹ /L	1.7	1.9
Mono (0.2-1.0) x10 ⁹ /L	0.3	0.4
Eos (< 0.7) x10 ⁹ /L	0.0	0.1
Baso (< 0.2) x10 ⁹ /L	0.1	0.1
Plat (150-400) x10 ⁹ /L	173	201

HAEMATOLOGY: Slight neutropenia.

HAEMATOLOGY

Request Number	19252781
Date Collected	1 Jun 22
Time Collected	07:03
Specimen Type: EDTA	
ESR (< 30) mm/hr	6

SURGERY USE

Normal
No Action/File
Patient Notified
Make Appoint.
Further Tests
Notes Required
Speak with Dr.
On Correct Treatment

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Clin notes

VITAMIN D

 Haemolysis Nil
 Serum 25(OH) Vitamin D **48** nmol/L

Suggested decision limits for Vitamin D status:

Sufficiency	51 - 200	nmol/L
Mild deficiency	25 - 50	nmol/L
Marked deficiency	< 25	nmol/L
Toxicity	> 250	nmol/L

 References: Vitamin D and health in adults in Australia and New Zealand:
 Position Statement. MJA 2012 June 18; 196(11),686-687.

THYROID AUTOANTIBODIES

Specimen Type: Serum

Anti-Thyroglobulin Abs (aTGII)	< 1.3	IU/mL	(< 4.5)
Anti-Thyroidal Peroxidase Abs	< 28	IU/ml	(< 60)

Over 90% of patients with autoimmune thyroiditis show moderate to high levels of Anti-Thyroidal Peroxidase Abs (anti-TPO) with Anti-Thyroglobulin Abs (anti-Tg) also present in about 90% of such patients. Up to 75% of patients with Graves' hyperthyroidism show increased anti-TPO with anti-Tg present in 50-60%. Low levels of both anti-TPO and anti-Tg may be found in up to 10% of "normal" asymptomatic adults. In most cases of autoimmune thyroid disease increased anti-TPO is the predominant finding although a small proportion of patients show a predominant increase in anti-Tg.

Please note that as of 08/09/2021, Lavery Pathology changed to a reformulated Atellica anti-thyroglobulin antibody (aTGII) assay. The reference interval has been updated. Differences in individual patient results may be observed compared to the previous method. If further information is required please contact a Chemical Pathologist on 9005 7000.

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Clin notes

SERUM VITAMIN B12

 Request Number 19252781
 Date Collected 1 Jun 22
 Time Collected 07:03
 B12 (301-740) pmol/L 649

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	Random		
Total Cholesterol	4.2	mmol/L	(3.6-5.2)
Triglycerides	0.7	mmol/L	(0.5-1.7)
HDL Cholesterol	1.2	mmol/L	(1.0-2.0)
LDL Cholesterol	2.7	mmol/L	(1.5-3.4)
Non-HDL Cholesterol	3.0	mmol/L	(< 3.4)
Cholesterol/HDL-C Ratio	3.5		(< 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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C-REACTIVE PROTEIN

 Specimen Type: Serum
 Serum CRP < 4.0 mg/L (< 6.0)

IRON STUDIES

 Specimen Type: Serum
 Serum Iron 11 umol/L (10-30)
 Transferrin 28 umol/L (32-48)
 Transferrin Saturation 20 % (13-45)
 Serum Ferritin 43 ug/L (30-165)

Transferrin may be decreased by protein deficiency or loss. The normal ferritin, in the context of a normal CRP, makes iron deficiency unlikely.

SERUM/PLASMA GLUCOSE

 Fasting status Random
 Serum 5.1 mmol/L (3.4-7.7)

Normal glucose concentration.

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SERUM CHEMISTRY

Specimen Type: Serum

Haemolysis	Nil		
Icterus	Nil		
Lipaemia	Nil		
Sodium	140	mmol/L	(135-145)
Potassium	4.3	mmol/L	(3.6-5.4)
Chloride	101	mmol/L	(95-110)
Bicarbonate	25	mmol/L	(22-32)
Anion Gap	18	mmol/L	(10-20)
Urea	3.1	mmol/L	(2.5-8.0)
Creatinine	65	umol/L	(45-90)
eGFR	> 90		mL/min/1.73m ²
Urate	0.21	mmol/L	(0.14-0.36)
Bilirubin	8	umol/L	(< 15)
AST	12	U/L	(< 30)
ALT	12	U/L	(< 30)
GGT	14	U/L	(< 30)
Alkaline Phosphatase	50	U/L	(20-105)
Protein	74	g/L	(60-82)
Albumin	48	g/L	(38-50)
Globulin	26	g/L	(20-39)

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).

THYROID PROFILE

Specimen Type: Serum

TSH	3.4	mIU/L	(0.5-4.0)
FT4	15	pmol/L	(10-20)
FT3	5.0	pmol/L	(3.5-6.0)

Result(s) consistent with euthyroidism.

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

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