

ANDRONICOS, PETER
14 DORRETTI CIRCUIT, COOMERA. 4209
Phone: 0493287402
Birthdate: 25/08/1983 **Sex:** M **Medicare Number:** 44512524711
Your Reference: **Lab Reference:** 24-81044511-HOR-0
Laboratory: 4Cyte Pathology
Addressee: Dr ANDREW CHEUNG **Referred by:** Dr ANDREW CHEUNG

Name of Test: Hormones
Requested: 15/11/2024 **Collected:** 18/11/2024 **Reported:** 19/11/2024
09:26

Clinical Notes: nil
Pathologist: A/Prof P. Stewart

Reproductive Hormones (Serum)

Coll Date:	10/10/23	14/02/24	18/11/24			
Coll Time:	08:05	08:43	08:39			
Lab Number:	11536465	80218133	81044511			
LH	< 0.1	L	0.1	L	(1.5-9.0)	U/L
FSH			0.5	L	(1.4-8.4)	IU/L
Oestradiol	77				(< 146)	pmol/L
DHEAS			7.2		(1.0-15.0)	umol/L
Testosterone	57.0	H	22.8		(8.3-31.8)	nmol/L
SHBG	26		10	L	(14-95)	nmol/L
Prolactin	163		110		(45-375)	mIU/L
Bioav.Testo.	40.3	H	18.3	H	(2.5-12.0)	nmol/L
FAI	219.2	H	228.0	H	(14.5-80.3)	%

Tests to follow: FBC,PSA

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Birthdate: 25/08/1983 **Sex:** M **Medicare Number:** 44512524711
Your Reference: **Lab Reference:** 24-81044511-ESR-0
Laboratory: 4Cyte Pathology
Addressee: Dr ANDREW CHEUNG **Referred by:** Dr ANDREW CHEUNG

Name of Test: Esr
Requested: 15/11/2024 **Collected:** 18/11/2024 **Reported:** 19/11/2024
07:19

Clinical Notes: nil

Erythrocyte Sedimentation Rate (Whole Blood)

Coll Date: 23/02/23 10/10/23 18/11/24

Coll Time: 07:43 08:05 **08:39**
Lab Number: 9858802 11536465 **81044511**

ESR 2 2 2 (< 16) mm/Hr

Tests to follow: BSL,HOR,FBC,PSA

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Your Reference: **Lab Reference:** 24-81044511-HRM-0
Laboratory: 4Cyte Pathology
Addressee: Dr ANDREW CHEUNG **Referred by:** Dr ANDREW CHEUNG

Name of Test: Hormones
Requested: 15/11/2024 **Collected:** 18/11/2024 **Reported:** 19/11/2024
07:24

Clinical Notes: nil
Pathologist: A/Prof P. Stewart

Hormones (Serum)

Coll Date: 22/04/21 **18/11/24**
Coll Time: 09:45 **08:39**
Lab Number: 2943020 **81044511**

Cortisol 330 336 (95-619) nmol/L
IGF-1 **6.7** L (13.1-34.7) nmol/L

Specific Cortisol Ranges: 7-9AM(145 to 619); 3-5PM(95 to 262).
Caution should be used when interpreting results from patient collections
outside of these hours due to diurnal variation.

Tests to follow: BSL,HOR,FBC,PSA

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Phone: 0493287402
Birthdate: 25/08/1983 **Sex:** M **Medicare Number:** 44512524711
Your Reference: **Lab Reference:** 24-81044511-THM-0
Laboratory: 4Cyte Pathology
Addressee: Dr ANDREW CHEUNG **Referred by:** Dr ANDREW CHEUNG

Name of Test: Thyroid
Requested: 15/11/2024 **Collected:** 18/11/2024 **Reported:** 19/11/2024
07:24

Clinical Notes: nil
Pathologist: A/Prof P. Stewart

Thyroid (Serum)

Coll Date: 10/10/23 16/02/24 **18/11/24**
Coll Time: 08:05 07:55 **08:39**
Lab Number: 11536465 80225653 **81044511**

TSH 2.91 3.21 2.92 (0.50-4.00) mIU/L

Euthyroid.

Tests to follow: BSL,HOR,FBC,PSA

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Phone: 0493287402
Birthdate: 25/08/1983 **Sex:** M **Medicare Number:** 44512524711
Your Reference: **Lab Reference:** 24-81044511-CRP-0
Laboratory: 4Cyte Pathology
Addressee: Dr ANDREW CHEUNG **Referred by:** Dr ANDREW CHEUNG

Name of Test: C-Reactive Protein
Requested: 15/11/2024 **Collected:** 18/11/2024 **Reported:** 19/11/2024
07:31

Clinical Notes: nil

Pathologist: A/Prof P. Stewart

C-Reactive Protein (Serum)

Coll Date: 23/02/23 10/10/23 **18/11/24**
Coll Time: 07:43 08:05 **08:39**
Lab Number: 9858802 11536465 **81044511**

C-Reactive Prot. 1.8 1.4 0.6 (< 5.0) mg/L

Tests to follow: BSL,HOR,FBC,PSA

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Birthdate: 25/08/1983 **Sex:** M **Medicare Number:** 44512524711
Your Reference: **Lab Reference:** 24-81044511-FEM-0
Laboratory: 4Cyte Pathology
Addressee: Dr ANDREW CHEUNG **Referred by:** Dr ANDREW CHEUNG

Name of Test: Iron Studies
Requested: 15/11/2024 **Collected:** 18/11/2024 **Reported:** 19/11/2024
07:31

Clinical Notes: nil

Iron Studies (Serum)

Coll Date: 16/02/24 02/04/24 **18/11/24**
Coll Time: 07:55 08:34 **08:39**
Lab Number: 80225653 80351392 **81044511**

Ferritin	198	233	123	(30-300)	ug/L
Iron		20	10 L	(11-30)	umol/L
Transferrin		2.8	2.4	(2.0-3.6)	g/L
Transferrin Sat.		29	17 L	(20-50)	%

Low transferrin saturation with normal ferritin may suggest inflammation or chronic disease. Monitor to determine if transferrin saturation normalises or ferritin decreases.

Tests to follow: BSL,HOR,FBC,PSA

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14 DORRETTI CIRCUIT, COOMERA. 4209
Phone: 0493287402
Birthdate: 25/08/1983 Sex: M Medicare Number: 44512524711
Your Reference: Lab Reference: 24-81044511-RCM-0
Laboratory: 4Cyte Pathology
Addressee: Dr ANDREW CHEUNG Referred by: Dr ANDREW CHEUNG

Name of Test: Biochemistry, Serum
Requested: 15/11/2024 Collected: 18/11/2024 Reported: 19/11/2024
07:31

Clinical Notes: nil

Pathologist: A/Prof P. Stewart

Biochemistry (Serum)

Coll Date: 16/02/24 02/04/24 **18/11/24**
Coll Time: 07:55 08:34 **08:39**
Lab Number: 80225653 80351392 **81044511**

Sodium	141	141	140	(135-145)	mmol/L
Potassium	4.9	5.0	5.4 H	(3.5-5.3)	mmol/L
Chloride	106	105	105	(95-110)	mmol/L
Bicarbonate	25	30	29	(22-32)	mmol/L
Anion Gap	15	11	11	(8-19)	mmol/L
Urea	7.2	7.6	7.3	(3.2-8.2)	mmol/L
Creatinine	110	103	111 H	(60-110)	umol/L
eGFR	72	77	71	(> 59)	
Urate	0.43	0.36		(0.20-0.45)	mmol/L
Total Protein	72	71	70	(60-80)	g/L
Globulin	32	29	28	(23-39)	g/L
Albumin	40	42	42	(34-50)	g/L
Bilirubin	9	15	9	(< 21)	umol/L
Alk. Phosphatase	40	50	60	(30-110)	U/L

Gamma GT	11	14	19	(< 51)	U/L
ALT	42 H	40 H	35	(< 40)	U/L
AST	27	27	36 H	(< 35)	U/L
LD	166	173		(120-250)	U/L
Calcium	2.44	2.55	2.60	(2.10-2.60)	mmol/L
Adj. Calcium	2.44	2.51	2.56	(2.10-2.60)	mmol/L
Phosphate	1.05	1.25	1.05	(0.75-1.50)	mmol/L
Magnesium			0.80	(0.70-1.10)	mmol/L

High Potassium noted. Causes include increased intake, metabolic acidosis, diabetes, renal impairment, potassium sparing diuretics, mineralocorticoid deficiency, tissue necrosis such as rhabdomyolysis. Consider also factitious or pseudo-hyperkalaemia. Causes include collection issues (haemolysis), delayed separation, thrombocytosis, leukaemia, intravascular haemolysis.

Tests to follow: BSL, HOR, FBC, PSA

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Phone: 0493287402
Birthdate: 25/08/1983 **Sex:** M **Medicare Number:** 44512524711
Your Reference: **Lab Reference:** 24-81044511-LPM-0
Laboratory: 4Cyte Pathology
Addressee: Dr ANDREW CHEUNG **Referred by:** Dr ANDREW CHEUNG

Name of Test: Lipid Studies
Requested: 15/11/2024 **Collected:** 18/11/2024 **Reported:** 19/11/2024
 07:31

Clinical Notes: nil
Pathologist: A/Prof P. Stewart

Lipid Studies (Serum)

Coll Date:	16/02/24	02/04/24	18/11/24
Coll Time:	07:55	08:34	08:39
Lab Number:	80225653	80351392	81044511

Status	Fasting	Random	Fasting		
Cholesterol	6.7 H	6.9 H	5.8 H	(< 5.6)	mmol/L
Triglyceride	1.0	1.1	1.0	(< 2.1)	mmol/L
HDL-c	0.6 L		1.2	(> 0.9)	mmol/L
LDL-c	5.6 H		4.2 H	(< 3.1)	mmol/L
TC/HDL-c	11.2 H		4.8 H	(< 4.5)	
Non-HDL-c	6.1 H		4.6 H	(< 4.1)	mmol/L

National Heart Foundation treatment targets for high risk patients:

Cholesterol	<4.0
Triglyceride	<2.0
HDL-c	>1.0
LDL-c	<2.5 (<1.8 mmol/L for very high risk)
Non-HDL-c	<3.3 (<2.5 mmol/L for very high risk)

Tests to follow: BSL, HOR, FBC, PSA

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Phone: 0493287402
Birthdate: 25/08/1983 **Sex:** M **Medicare Number:** 44512524711
Your Reference: **Lab Reference:** 24-81044511-GLM-0
Laboratory: 4Cyte Pathology
Addressee: Dr ANDREW CHEUNG **Referred by:** Dr ANDREW CHEUNG

Name of Test: Glucose
Requested: 15/11/2024 **Collected:** 18/11/2024 **Reported:** 19/11/2024
09:15

Clinical Notes: nil
Pathologist: A/Prof P. Stewart

Glucose (Serum)

Coll Date:	16/02/24	02/04/24	18/11/24
Coll Time:	07:55	08:34	08:39
Lab Number:	80225653	80351392	81044511

Glucose Random		5.4	(3.0-7.7)	mmol/L
Glucose Fasting	5.1		4.8	(3.0-5.4) mmol/L

Diabetes unlikely (no documented laboratory history of diabetes). Retest every 3 years if low risk.

Tests to follow: FBC,PSA

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Birthdate: 25/08/1983 **Sex:** M **Medicare Number:** 44512524711
Your Reference: **Lab Reference:** 24-81044511-PSA-0
Laboratory: 4Cyte Pathology
Addressee: Dr ANDREW CHEUNG **Referred by:** Dr ANDREW CHEUNG

Name of Test: Psa
Requested: 15/11/2024 **Collected:** 18/11/2024 **Reported:** 19/11/2024
16:09

Clinical Notes: nil
Pathologist: A/Prof P. Stewart

Prostate Specific Antigen (Serum)

Coll Date:	22/04/21	18/11/24
Coll Time:	09:45	08:39
Lab Number:	2943020	81044511

PSA Total (Siemens)	0.48	0.69	(0.25-2.50) ug/L
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Free PSA 0.30 ug/L
fPSA/PSA 44 (> 25) %

In men aged under 50, the median total PSA is 0.6 ug/L.
PSA results consistent with low risk of prostatic neoplasia. Recommend offering further review of PSA including fPSA ratio in 1 year if patient has other risk factors (e.g. family history). For other patients (with average other risk factors), offer next PSA review when the patient reaches 50 years of age.

Tests to follow: FBC

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Phone: 0493287402
Birthdate: 25/08/1983 Sex: M Medicare Number: 44512524711
Your Reference: Lab Reference: 24-81044511-HPM-0
Laboratory: 4Cyte Pathology
Addressee: Dr ANDREW CHEUNG Referred by: Dr ANDREW CHEUNG

Name of Test: Full Blood Count
Requested: 15/11/2024 Collected: 18/11/2024 Reported: 20/11/2024
14:49

Clinical Notes: nil

Full Blood Count (Whole Blood)

Coll Date:	16/02/24	02/04/24	18/11/24	
Coll Time:	07:55	08:34	08:39	
Lab Number:	80225653	80351392	81044511	
HAEMOGLOBIN	176	177	180	(130-180) g/L
RBC	6.0	6.6 H	6.7 H	(4.5-6.5) 10 ¹² /L
HCT	0.54 H	0.56 H	0.57 H	(0.38-0.52)
MCV	89.4	84.8	86.2	(80.0-100.0) fL
MCH	29	27	27	(26-32) pg
MCHC	327	318	314	(300-360) g/L
RDW	13.9	14.6	13.2	(< 15.1) %
WCC	5.8	5.7	5.8	(4.0-11.0)
Neutrophils	3.6	3.2	3.2	(2.0-8.0)
Lymphocytes	1.8	1.9	1.8	(1.0-4.0)
Monocytes	0.3	0.5	0.5	(0.2-1.0)
Eosinophils	0.1	0.1	0.2	(< 0.8)
Basophils	0.0	0.0	0.0	(< 0.2)
PLATELETS	271	298	282	(150-400) 10 ⁹ /L
MPV	8.6	10.3	10.3	(6.5-14.0) fL

Consistent with clinical history and/or previous report.

Tests to follow: All Tests now completed