

SERKOVIC, KARINA

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

Patient	STECHMANN, TEODORO	UR No.	
Patient Address	457 MONTAGUE RD WEST END QLD 4101		
Sex	M	Age	47 years
		DOB	15/10/1977
Report For	SERKOVIC, KARINA	Requested	22/01/2025
		Collected	22/01/2025 08:15 AM
Ref. by/copy to	SERKOVIC, KARINA	Reported	23/01/2025 06:36 PM

Holo TC Assay	37	pmol/L	(> 35)
Serum Folate Assay	40.5	nmol/L	(8.4-55.0)

Comment:

Serum Folate Assay:  
Adequate Serum Folate.  
In the absence of recent oral intake, a serum folate >13 nmol/L effectively rules out folate deficiency. Consider repeat fasting Folate, if there has been inadequate fasting, and clinical concern remains.

Holo TC Assay:  
Borderline vitamin B12 deficiency.  
Borderline deficiency may occur in the early stages of Pernicious Anaemia (PA). Physiologic deficiency can be confirmed by performing homocysteine plus folate assays. If not already performed, screening for PA with intrinsic factor antibody (IF-Ab) and gastric parietal cell antibody (GPC-Ab) is recommended. Co-existing iron deficiency should not be overlooked.

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.

Pathology Report

QML\_RTE001-AV4

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Insulin	7 mU/L	fasting (< 25)
Glucose	4.9 mmol/L	fasting (3.0-6.0)

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Androstenedione 2.3 nmol/L (< 5.8)

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Prolactin	192	mIU/L	(< 300)
Luteinizing Hormone	3	IU/L	(1-10)
Follicle Stimulating Hormone	10	IU/L	(1-10)
Oestradiol	65	pmol/L	(< 150)
+ Progesterone	3	nmol/L	(< 3)
--- Testosterone	4.7	nmol/L	(10.0-33.0)
Sex Hormone Binding Globulin	16	nmol/L	(13-71)

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CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	22/01/25
Time	08:15
Lab No	96142548

TSH	1.3 mIU/L (0.50-4.00)
free T4	19 pmol/L (10-20)
free T3	4.8 pmol/L (2.8-6.8)

Euthyroid level.

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ADRENAL STUDIES

Serum Cortisol	700 nmol/L	(220 - 720)
Collection time: 8:15 am		

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Intact Parathyroid Hormone	6.8	pmol/L	(1.5-7.6)
Calcium	2.37	mmol/L	(2.15-2.60)
Corrected Calcium	2.30	mmol/L	(2.15-2.60)
Albumin	45	g/L	(35-50)
Phosphate	1.0	mmol/L	(0.8-1.5)

This value appears appropriate for the Calcium level.

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+ DHEA - Sulphate	14.1	umol/L	(1.6-11.7)
(DeHydroEpiAndrosterone)			
(previous units)	5200	ng/mL	(600-4300)

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CUMULATIVE SERUM HOMOCYSTEINE

Date 22/01/25  
Time 08:15  
Lab No 96142548

Homocysteine + **19.0** umol/L (0.0-15.0)

96142548 This raised homocysteine concentration may be associated with an independent elevation of risk of vascular disease.

With this degree of elevation, the heterozygous state for a defect of transsulphuration (leading to raised homocysteine levels) is likely. However the elevation may be seen with renal impairment or a suboptimal dietary intake of folate or B12 or vitamin B6 (pyridoxine). Review of renal function or a four week trial of a multivitamin supplement may assist clarifying this.

Homocysteine Related Risk

Plasma level (umol/L)	Risk Average
Below 9.0	No increase
9.0 - 14.9	x 2
15.0 - 19.9	x 3
20.0 or greater	x 4.5

Risks approximated from New Eng J Med 1997 (337:230-236)

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## CUMULATIVE LIPID RISK REPORT

Date 22/01/25  
 Time 08:15  
 Lab No 96142548  
 FASTING

Target if  
 HIGH RISK

Total Cholesterol 4.7 mmol/L (below 4.0)  
 Triglycerides 0.9 mmol/L (below 2.0)

## CHOLESTEROL FRACTIONS

HDL 1.37 mmol/L (above 1.0)  
 LDL (calculated)\* 2.92 mmol/L (below 2.5)  
 Non-HDL cholesterol\* 3.33 mmol/L (below 3.3)  
 Total/HDL ratio\*\* 3.4

\* Secondary prevention LDL and non-HDL cholesterol targets are lower.

\*\* The ratio is for use with the cardiovascular risk calculator.

Web-search: "Australian cardiovascular risk calculator"

96142548 Treatment is recommended if clinically indicated or if calculated risk exceeds 15% absolute risk of CVD events over 5 years.

NVDPA 2012 Target ranges refer to HIGH RISK PATIENTS.

As of 7/3/22 LDL will no longer be measured routinely. LDL results will be calculated, in accordance with National harmonisation.

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Serum Zinc 11 umol/L (10-25)

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SERUM CHEMISTRY - FASTING

Sodium	139	mmol/L	(137-147)
Potassium	3.9	mmol/L	(3.5-5.0)
Chloride	102	mmol/L	(96-109)
Bicarbonate	29	mmol/L	(25-33)
Other Anions	12	mmol/L	(4-17)
Glucose	4.9	mmol/L	fasting (3.0-6.0)
Urea	6.5	mmol/L	(2.5-8.0)
Creatinine	76	umol/L	(60-130)
eGFR	> 90	mL/min	(over 59)
++ Uric Acid	0.51	mmol/L	(0.12-0.45)
Total Bilirubin	20	umol/L	(2-20)
Alk. Phos.	80	U/L	(30-115)
Gamma G.T.	41	U/L	(0-70)
ALT	35	U/L	(0-45)
AST	25	U/L	(0-41)
LD	193	U/L	(80-250)
Calcium	2.37	mmol/L	(2.15-2.60)
Adjusted for Albumin	2.30	mmol/L	(2.15-2.60)
Phosphate	1.0	mmol/L	(0.8-1.5)
Total Protein	67	g/L	(60-82)
Albumin	45	g/L	(35-50)
Globulins	22	g/L	(20-40)
Cholesterol	4.7	mmol/L	(3.6-6.9)
Triglycerides	0.9	mmol/L	fasting (0.3-2.2)

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Serum Magnesium 0.8 mmol/L (0.7-1.1)

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**CUMULATIVE SERUM HIGH SENSITIVITY C-REACTIVE PROTEIN (CRP)**

Date	22/01/25
Time	08:15
Lab No	96142548
CRP	4.2 mg/L (0.0-6.0)

C-reactive protein (CRP) is a non-specific indicator of tissue damage. Common causes of markedly increased CRP include infection, trauma, myocardial infarction, malignancy and inflammation.

In apparently healthy men and women who have an intermediate risk of cardiovascular disease, as assessed by major risk factors, CRP can identify a higher risk subgroup with CRP > 3 mg/L.

Range(mg/L)	Risk Estimate
Up to 1.0	Low
1.0 to 3.0	Average
3.1 to 10.0	High
Over 10.0	Assess for acute inflammation

In known, stable, coronary disease a CRP > 1 mg/L has shown increased risk.  
 Reference: Circulation 2003;107:499-511 & 2007;115:1528-1536

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CUMULATIVE SERUM VITAMIN D

Date	22/01/25
Time	08:15
Lab No	96142548
Vitamin D3	- <b>48</b> nmol/L (> 49)

96142548 Interpretation:  
Result of 30-49 nmol/L - mild deficiency.  
Result of 12.5-29 nmol/L - moderate deficiency.

Follow-up:  
Review after 3 months of therapy will confirm if the deficiency  
has been rectified.

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Total PSA (Alinity) 1.10 ug/L (0.25-2.50)

For men under 70, if PSA levels are > 3.0 ug/L but < 10 ug/L (or >2 ug/L but < 10 ug/L with a significant family history), confirmatory testing within 1 to 3 months is recommended. Men aged 70 and above, with PSA levels > 5.5 ug/L but < 10 ug/L, should also undergo confirmatory testing within 1 to 3 months. Please note that PSA testing is only recommended for asymptomatic men over 70 if life expectancy is greater than 7 years.

Please note change in PSA reference intervals on 21/11/2023.

It is important that the same method is used for serial testing because PSA values may differ between methods for different patients.

If interpretive assistance is required please contact a pathologist on (07) 3121 4444.

Guidelines regarding PSA testing available at: <https://bit.ly/3SbDaY7>

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## CUMULATIVE GLYCATED HAEMOGLOBIN

Date 22/01/25  
 Time 08:15  
 Lab No 96142548

HbA1c Fraction 4.5 %  
 in SI units 26 mmol/mol

Note: Caution is needed in interpreting HbA1c results in the presence of conditions affecting red blood cell survival times, which may lead to either falsely high or falsely low HbA1c results.

### HbA1c diagnostic levels - RCPA 2014

- < 6.1% (<43 mmol/mol) - current diabetes is excluded
- 6.1-6.4% (43-47 mmol/mol) - high risk for future diabetes
- > 6.4% (>48 mmol/mol) - diabetes is likely

Unless patient has supportive symptoms or elevated plasma glucose values, repeat test is recommended.

Currently, Medicare will fund only one diagnostic test per year.

Sample may be collected at any time - fasting is not required.

Note - diabetes tolerance may be impaired by chronic illness, use of certain drugs including steroids, Cushing syndrome, etc. We would advise considering secondary forms in newly-diagnosed patients.

For clinical enquiries, please contact Dr Appleton, Chang or Marshall

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Erythrocyte Sedimentation Rate 5 mm/hr (1-15)

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FULL BLOOD EXAMINATION

Haemoglobin		162	g/L	(135-180)
Red Cell Count		5.2	x10 <sup>12</sup> /L	(4.2-6.0)
Haematocrit		0.45		(0.38-0.52)
Mean Cell Volume		86	fL	(80-98)
Mean Cell Haemoglobin		31	pg	(27-35)
Platelet Count		238	x10 <sup>9</sup> /L	(150-450)
White Cell Count		6.2	x10 <sup>9</sup> /L	(4.0-11.0)
Neutrophils	70 %	4.3	x10 <sup>9</sup> /L	(2.0-7.5)
Lymphocytes	21 %	1.3	x10 <sup>9</sup> /L	(1.1-4.0)
Monocytes	8 %	0.5	x10 <sup>9</sup> /L	(0.2-1.0)
Eosinophils	1 %	0.06	x10 <sup>9</sup> /L	(0.04-0.40)
Basophils	0 %	0.00	x10 <sup>9</sup> /L	(< 0.21)

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.

All haematology parameters are within normal limits for age and sex.

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

Pathology Report