

SNP - Reference No: 509834835 Status: F
Patient: Anna DLUGOLECKA **Linked by:** M Alam
DOB: 16/07/1979 **Message:** normal result
Address: 2A Narrogal Court OCEAN SHORES 2483
Ordered by: Dr Mario ALAM on 21/11/2024
Collected: 27/11/2024 - 8:44 AM **Notified by:** on 00/00/0000
Reported: 28/11/2024 **Message:**

Clinical notes available on imaged request form.

Autoantibodies

		Latest Results		
Date	09-May-24	27-Nov-24		
Time F-Fast	1043 F	0844 F		
Lab Id.	683090411	509834835	Reference	Units
ANA (IFA)	DFS *	DFS *		
Anti-DNA (FEIA)	<7	<7	(<10)	IU/mL
ENA (FEIA)		DFSP		
ENA	DFS70	Ro52 *		
ENA 2	Ro52			

Code Key

ANA (IFA) : DFS = Dense Fine Speckled Pattern
ENA (FEIA) : DFSP = See Comment

Comments on Collection 27-Nov-24 0844 F:

The DFS pattern found previously is still detected. An ENA screen for SSA (Ro60), SSB (La), RNP, Sm, Scl-70, Jo-1, and Ro52 is negative. The need for repeat DFS-70 confirmation is not indicated unless new clinical circumstances have arisen. It is very rare for new ENA antibodies to arise once a diagnosis has been made.

Ro52 antibodies are of uncertain clinical significance, though have been implicated in neonatal lupus syndromes. They may occur in many disease states.

ENA screened for SSA Ro60, SSB (La), RNP, Sm, Scl-70, Jo-1, Ro52 and CENPB by FEIA. Repeat full ENA identification is not indicated in this time frame unless new clinical circumstances have arisen. It is very rare for new ENA antibodies to arise once a diagnosis has been made.

AL

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Glucose,HDL-Cholesterol,Iron Studies,E/LFT,TFT ,
Homocysteine,Active B12,DHEAS,Vitamin D,Cortisol AM,
Thyroid Abs,FBE,ANA,Anti-DNA,ENA

Tests Pending :
Sample Pending :

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Thyroid Antibodies

		Latest Results	
Date		27-Nov-24	
Time F-Fast		0844 F	
Lab Id.		509834835	Reference Units
Peroxidase Ab		<1.0	(<5.6) IU/mL
Thyroglobulin Ab		5.1 H	(<4.1) IU/mL

Comments on Collection 27-Nov-24 0844 F:
Thyroid Antibodies: Levels up to 100 IU/mL can occur in normal subjects (5% of males, 15% of females - mainly elderly) and may also occur in non-thyroid autoimmune and chromosomal disorders.

Raised levels may occur in prodromal hypothyroidism before TSH elevations occur and may also be seen in thyrotoxicosis, thyroiditis, non-toxic goitre and thyroid cancer. The levels seen in Graves' Disease and Hashimoto's can vary from normal up to >1000, but are usually elevated.

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Cortisol

		Latest Results	
Date		27-Nov-24	
Time F-Fast		0844 F	
Lab Id.		509834835	Reference Units
Cortisol am		285	(100-535) nmol/L

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Date	Latest Results		
Time F-Fast	27-Nov-24		
Lab Id.	0844 F		
	509834835	Reference	Units
Hydroxycalciferol	56	(50-150)	nmol/L

Comments on Collection 27-Nov-24 0844 F:
According to the Position Statement 'Vitamin D and health in adults in Australia and New Zealand' MJA, 196(11):1-7, 2012, vitamin D status is defined as:

Vitamin D adequacy: >49 nmol/L at the end of winter
(levels may need to be 10-20 nmol/L higher at the end of summer, to allow for seasonal decrease.)
Mild vitamin D deficiency: 30-49 nmol/L
Moderate vitamin deficiency: 12.5-29 nmol/L
Severe vitamin D deficiency: < 12.5 nmol/L

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Time F-Fast	27-Nov-24		
Lab Id.	0844 F		
	509834835	Reference	Units
DHEAS	3.3	(1.2-7.7)	umol/L

Comments on Collection 27-Nov-24 0844 F:

DHEAS is performed by Abbott CMIA.

As of 29/05/23 the SNP Reference Intervals for DHEAS have been amended to align with CALIPER Intervals for children and Abbott Intervals for adults.

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Date Time F-Fast Lab Id.	Latest Results		
	27-Nov-24		
	0844 F		
	509834835	Reference	Units
Homocysteine	12.9	(<15)	umol/L

Comments on Collection 27-Nov-24 0844 F:

Serum homocysteine levels are markedly elevated (50 - 500 umol/L) in homocystinuria which is associated with childhood onset of ocular lens displacement, skeletal abnormalities and arterial and venous thromboses. Moderate elevations of serum homocysteine (16 - 100 umol/L) are seen in folic acid, vitamin B12 and pyridoxine deficiencies, several genetic defects, and renal failure. Elevated levels of serum homocysteine are associated with increased risk of atherosclerosis and venous thromboembolism.

EA

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Thyroid Function Tests

		Latest Results		
Date	09-May-24	27-Nov-24		
Time F-Fast	1043 F	0844 F		
Lab Id.	683090411	509834835	Reference	Units
Free T4		13.3	(9.0-19.0)	pmol/L
Free T3		3.7	(3.1-6.0)	pmol/L
TSH	0.6	0.6	(0.3-3.5)	mIU/L

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Euthyroid.

Please note that the reference intervals for fT3 and fT4 have recently changed. Please contact the laboratory if you require further information.

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Haematinics

		Latest Results		
Date	09-May-24	27-Nov-24		
Time F-Fast	1043 F	0844 F		
Lab Id.	683090411	509834835	Reference	Units
Iron	15	11	(5-30)	umol/L
Transferrin	2.7	2.5	(1.9-3.1)	g/L
TIBC	68	63	(47-77)	umol/L
Trans Sat	22	17 L	(20-45)	%
Ferritin	33	28 L	(30-300)	ug/L
CRP	0.6		(<5)	mg/L

Vitamin B12	281		(>150)	pmol/L
Active B12	54	43	(>35)	pmol/L
Folate serum	16		(>7.0)	nmol/L

Comments on Collection 27-Nov-24 0844 F:

Iron Studies

Consistent with iron deficiency. During reproductive years, iron deficiency in women commonly reflects menstrual losses or multiparity. However, a low dietary iron intake should also be considered, and investigation of the GIT for a source of blood loss may be indicated.

Active B12 (holotranscobalamin) is the biologically active fraction of total serum B12, and should be a superior indicator of B12 status.

Holotranscobalamin level indicates Vitamin B12 deficiency unlikely.

Up to 15% of patients will have a deficiency of carrier protein (haptocorrin) that does not appear to result in a clinically recognisable Vitamin B12 deficiency despite low total Vitamin B12 levels.

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Lipid Profile

Date	Latest Results			
	09-May-24	27-Nov-24		
Time F-Fast	1043 F	0844 F		
Lab Id.	683090411	509834835	Reference	Units
Cholesterol	4.4	3.7	(<5.6)	mmol/L
Triglyceride	0.4	0.6	(<2.1)	mmol/L
HDL	2.15	1.71	(>1.09)	mmol/L
LDL	2.0	1.7	(<4.1)	mmol/L
Chol/HDL Ratio	2.0	2.2	(<4.6)	
Non HDLC	2.25	1.99	(<3.81)	mmol/L

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HDL-Cholesterol

LDL is now calculated by the Sampson equation which allows an accurate result at higher triglyceride levels.

TARGET LEVELS:

The National Vascular Disease Prevention Alliance (NVDPA) treatment target levels for high risk people (known coronary heart and other arterial disease, diabetes, chronic renal failure, Aboriginal and Torres Strait Islander peoples and familial hyperlipidaemic conditions) are:

Total Cholesterol <4.0 mmol/L
HDL-Cholesterol >=1.00 mmol/L
Fasting Triglycerides <2.0 mmol/L
Non-HDL Cholesterol <2.5 mmol/L

Increased non-HDL Cholesterol is the most significant marker for subclinical atherosclerosis (ref: Cardiology Today 2013; 3(2) : pp25-27).

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Haematology

Date	Latest Results			
	09-May-24	27-Nov-24		
Time F-Fast	1043 F	0844 F		
Lab Id.	683090411	509834835	Reference	Units
Haemoglobin	118	124	(115-165)	g/L
Haematocrit	0.37	0.39	(0.35-0.47)	
RCC	4.1	4.4	(3.9-5.6)	10*12/L
MCV	90	89	(80-100)	fL
WCC	3.5	3.7	(3.5-12.0)	10*9/L
Neutrophils	1.86	1.73	(1.5-8.0)	10*9/L
Lymphocytes	1.23	1.50	(1.0-4.0)	10*9/L
Monocytes	0.29	0.31	(0-0.9)	10*9/L
Eosinophils	0.11	0.13	(0-0.6)	10*9/L
Basophils	0.04	0.05	(0-0.15)	10*9/L
Platelets	217	194	(150-400)	10*9/L

HA

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Chemistry (serum)

Date	Latest Results			
	09-May-24	27-Nov-24		
Time F-Fast	1043 F	0844 F		
Lab Id.	683090411	509834835	Reference	Units
Sodium	137	137	(135-145)	mmol/L
Potassium	4.3	4.3	(3.5-5.5)	mmol/L
Chloride	105	106	(95-110)	mmol/L
Bicarbonate	22	21	(20-32)	mmol/L
Anion Gap	10	10	(<16)	mmol/L
Calcium (Corr.)	2.30	2.29	(2.10-2.60)	mmol/L
Phosphate	1.50	1.28	(0.80-1.50)	mmol/L
Urea	3.9	3.0	(2.5-7.0)	mmol/L
Urate	0.211	0.207	(0.150-0.400)	mmol/L
Creatinine	65	58	(45-85)	umol/L
eGFR	>90	>90	(>59)	
Fast. Glucose	5.1	5.1	(3.6-6.0)	mmol/L
Total Protein	69	67	(64-81)	g/L
Albumin	42	41	(33-46)	g/L
Globulin	27	26	(23-43)	g/L
T Bilirubin	9	7	(<16)	umol/L
ALP	51	61	(20-105)	U/L
AST	21	22	(10-35)	U/L
ALT	14	15	(5-30)	U/L
GGT	20	16	(5-35)	U/L
LD	149	152	(<250)	U/L
Cholesterol	4.4	3.7	(<5.6)	mmol/L
Triglyceride	0.4	0.6	(<2.1)	mmol/L
Magnesium	0.85		(0.70-1.10)	mmol/L
Haemolysis Index	4	2	(<40)	mg/dL

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