

Referrer Dr Ludmila Polczynski

Address GWELUP MEDICAL CENTRE 698 NORTH BEACH ROAD
GWELUP WA 6018

Phone 92448588

Lab ID 421032722

DOB 27/02/1954 (70 Yrs MALE)

Your ref. 5148

Address PO BOX 760
BALCATT PO BOXES WA 6914

Phone 0418929316

Copy to Email Patient Copy (0893714200)

Requested 23/01/2025

Clinical Notes . Fasting.

Collected 24/01/2025 00:00

Received 24/01/2025 14:19

Iron Studies

Test Name	Result	Units	Reference Interval
Iron	22	umol/L	5 - 30
Transferrin	32	umol/L	25 - 40
Saturation	34	%	10 - 45
Ferritin	72	ug/L	30 - 500

[optimal 18] conversion? B12/folate
Vit C. Vit A

CA

CLINIPATH PATHOLOGY NATA NO: 2619-2612

Reported on 24-01-2025 15:48

C Reactive Protein

Test Name	Result	Units	Reference Interval
CRP	4	mg/L	<5

[optimal <1.3] Vit C. Zinc. Curcumin.

Comments

Note: This test is not suitable as a prognostic tool for assessing cardiovascular risk. High sensitivity CRP (hsCRP) should be requested in such cases.

reduce inflammation

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General Chemistry

Test Name	Result	Units	Reference Interval	
Urea	5.6	mmol/L	3.5 - 9.5	reduce urea waste. consider AlkaMin
Creatinine	97	umol/L	60 - 115	metabolic waste . consider AlkaMin. Exercise
eGFR	68		> 59	
● Sodium	134 L	mmol/L	135 - 145	potentially drug induced? AlkaMin. Sea Minerals
Potassium	4.9	mmol/L	3.5 - 5.5	(optimal 4-4.5). Dehydration. AlkaMin
Chloride	100	mmol/L	95 - 110	(optimal 100-106): AlkaMin Mirrors sodium levels and stomach acid support
Bicarbonate	25	mmol/L	20 - 32	(optimal 25-30) AlkaMin

eGFR calculated using CKD EPI from 21-05-13.

Comments

Kidney disease is unlikely at eGFR levels of ≥ 60 mL/min/1.73m².

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Recommend:

Orthoplex AlkaMin or Basica
Diasporal

zinc
apple cider vinegar to support stomach
Digestive enzymes

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Liver Function

Test Name	Result	Units	Reference Interval	optimal	
AST	40	U/L	10 - 40	<30	
● ALT	58 H	U/L	5 - 40	<30	medication side effect? fatty liver/dysfunction healthy oils/green leafy veg/ mitochondrial support bile flow? Coconut oil.
Alk Phos	92	U/L	30 - 110	<100	
● Gamma GT	146 H	U/L	5 - 50	<30	support better bile flow Gallstones? keep working on gut health
Total Bilirubin	19	umol/L	4 - 20	LOW B12	
Total Protein	68	g/L	63 - 80	>69 LOW	quality proteins. Stomach support...zinc and enzymes
Albumin	40	g/L	34 - 45	>40 protein transporter	
Globulin	28	g/L	23 - 39	<28	

Comments

Predominant Increase of GGT is often associated with medications, viraemia or alcohol.

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all markers indicate
HYPOCHLORYDIA
LIVER DYSFUNCTION

B12/folate
zinc
VIT C needed

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General Chemistry

Test Name	Result	Units	Reference Interval
Amylase	61	U/L	20 - 120
Lipase	21	U/L	<50

Note: Method and Reference Interval change 2/9/19.

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Thyroid Function Tests

Test Name	Result	Units	Reference Interval
TSH	2.14	mU/L	0.4 - 4.0
Free T4	11	pmol/L	9 - 19

Comments

Euthyroid levels.

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Lipids

Status	Fasting		
Cholesterol	4.0	mmol/L	<5.0
Triglyceride	0.6	mmol/L	<2.0
HDL Cholesterol	1.9	mmol/L	>1.0
Chol/HDL Ratio	2.1		<3.5
LDL Cholesterol	1.8	mmol/L	<3.0
Non HDL Cholesterol	2.1	mmol/L	<3.9

cholesterol: borderline low @ 4

triglycerides: too low
optimal 0.8-1.24

too low=
liver/bile dysfunction
thyroid ?
Autoimmune response?

Non-fasting samples now accepted for lipids.

Comments

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) 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 a significant marker for subclinical atherosclerosis (ref: Cardiology Today 2013; 3(2) : pp25-27).

**autoimmune markers checked by doctor

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Haematology

Test Name	Result	Units	Reference Interval
Haemoglobin	136	g/L	130 - 180
● Red cell count	4.4 L	x10 ¹² /L	4.5 - 6.5 no change
Haematocrit	0.41		0.40 - 0.54
MCV	93	fL	80 - 100
MCH	31	pg	27 - 32
MCHC	334	g/L	310 - 360
● RDW	16.4 H		10 - 15 increased 2.0
White cell count	7.4	x10 ⁹ /L	4.0 - 11.0
Neutrophils	5.3	x10 ⁹ /L	2.0 - 7.5
● Lymphocytes	1.0 L	x10 ⁹ /L	1.2 - 4.0 no change bone marrow suppression
Monocytes	0.9	x10 ⁹ /L	0.2 - 1.0
Eosinophils	0.2	x10 ⁹ /L	0.0 - 0.5
Basophils	<0.1	x10 ⁹ /L	0.0 - 0.1
Platelets	150	x10 ⁹ /L	150 - 400 decreased. Was 165

need
B12/ Folate

Vit C
Vit D
Zinc
Omega-3

Comments

The red cell RDW is slightly elevated suggesting anisocytosis.
The white cell and platelet parameters are within acceptable limits.

? Copper overload?

HL

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