

FORREST, KATHERINE  
24 NORDS WHARF RD, NORDS WHARF. 2281  
**Phone:** 0434129427  
**Birthdate:** 12/03/1986 **Sex:** F **Medicare Number:** 2640541487  
**Your Reference:** 00167729 **Lab Reference:** 25-12052068-FBE-0  
**Laboratory:** Laverty Pathology  
**Addressee:** DR UTHAPPA MAYANAMADA POONACHA **Referred by:** DR UTHAPPA  
MAYANAMADA POONACHA

**Name of Test:** HAEMATOLOGY (FBE-0)  
**Requested:** 11/11/2024 **Collected:** 11/02/2025 **Reported:** 11/02/2025  
19:43

**Clinical notes:** Diabetic screening.

Clinical Notes : Diabetic screening.

[HAEMATOLOGY](#)

Date Collected 11 Feb 25  
Time Collected 09:15  
Specimen Type: EDTA

Hb	130 g/L	(115-165)	WBC	5.4 x10 <sup>9</sup> /L	(4.0-11.0)
RCC	4.5 x10 <sup>12</sup> /L	(3.9-5.8)	Neut	3.2 x10 <sup>9</sup> /L	(2.0-7.5)
Hct	0.39	(0.34-0.47)	Lymp	1.7 x10 <sup>9</sup> /L	(1.0-4.0)
MCV	86 fL	(79-99)	Mono	0.3 x10 <sup>9</sup> /L	(0.2-1.0)
MCH	29 pg	(27-34)	Eos	0.1 x10 <sup>9</sup> /L	(< 0.7)
MCHC	336 g/L	(320-360)	Baso	0.0 x10 <sup>9</sup> /L	(< 0.2)
RDW	12.1 %	(10.0-17.0)			
Plat	140 x10 <sup>9</sup> /L	(150-400)			

HAEMATOLOGY: Borderline thrombocytopenia.

Requested Tests : UMM\*, TFT\*, GLU\*, ESR\*, CRP\*, MBA\*, LIP\*, FE\*, FBE, A1C\*

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**Phone:** 0434129427  
**Birthdate:** 12/03/1986 **Sex:** F **Medicare Number:** 2640541487  
**Your Reference:** 00167729 **Lab Reference:** 25-12052068-ESR-0  
**Laboratory:** Laverty Pathology  
**Addressee:** DR UTHAPPA MAYANAMADA POONACHA **Referred by:** DR UTHAPPA  
MAYANAMADA POONACHA

**Name of Test:** E.S.R (ESR-0)  
**Requested:** 11/11/2024 **Collected:** 11/02/2025 **Reported:** 11/02/2025  
20:12

**Clinical notes:** Diabetic screening.

Clinical Notes : Diabetic screening.

[HAEMATOLOGY](#)

Request Number 12052068  
Date Collected 11 Feb 25  
Time Collected 09:15  
Specimen Type: EDTA  
ESR (< 30) mm/hr 2

Requested Tests : UMM\*, TFT\*, GLU\*, ESR, CRP\*, MBA\*, LIP\*, FE\*, FBE, A1C\*

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**Phone:** 0434129427  
**Birthdate:** 12/03/1986 **Sex:** F **Medicare Number:** 2640541487  
**Your Reference:** 00167729 **Lab Reference:** 25-12052068-UMM-0  
**Laboratory:** Laverty Pathology  
**Addressee:** DR UTHAPPA MAYANAMADA POONACHA **Referred by:** DR UTHAPPA  
MAYANAMADA POONACHA

**Name of Test:** URINE MICRO/CULTURE (UMM-0)  
**Requested:** 11/11/2024 **Collected:** 11/02/2025 **Reported:** 11/02/2025  
22:20

**Clinical notes:** Diabetic screening.

Clinical Notes : Diabetic screening.

<u>URINE EXAMINATION</u>					
Specimen	Midstream				
CHEMISTRY		MICROSCOPY			
pH	6.0	Leucocytes	8	$\times 10^6$	/L (< 10)
Protein	nil	Erythrocytes	< 4	$\times 10^6$	/L (< 10)
Glucose	nil	Epithelial cells	< 5	$\times 10^6$	/L (< 10)
Blood	nil				

A urine with these results is not usually infected. Although culture has been performed, a further report will only be issued if the culture is positive.

Requested Tests : UMM, TFT\*, GLU\*, ESR, CRP\*, MBA\*, LIP\*, FE\*, FBE, A1C\*

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**Your Reference:** 00167729 **Lab Reference:** 25-12052068-A1C-0  
**Laboratory:** Laverty Pathology  
**Addressee:** DR UTHAPPA MAYANAMADA POONACHA **Referred by:** DR UTHAPPA  
MAYANAMADA POONACHA

**Name of Test:** GLYCATED HAEMOGLOBIN (A1C-0)  
**Requested:** 11/11/2024 **Collected:** 11/02/2025 **Reported:** 11/02/2025  
23:29

**Clinical notes:** Diabetic screening.

Clinical Notes : Diabetic screening.

<u>GLYCATED HAEMOGLOBIN (HbA1c)</u>			
Specimen Type:	EDTA		
HbA1c- NGSP	4.9	%	(4.0-6.0)
HbA1c- IFCC	30	mmol/mol	(20-42)

The WHO recommends that an HbA1c cut-off of  $\geq 6.5\%$  (48 mmol/mol) is used to diagnose type 2 diabetes.

While it is recognised that HbA1c levels approaching this cut-off place patients at increasingly higher risk of developing diabetes ( $< 6.5\%$ ),

there is no consensus as to exactly which cut-off at the lower end of the continuum to use for categorising patients as high risk. Various groups quote lower limits for at-risk patients that vary between 5.5% and 6.0% (37 and 42 mmol/mol).

Please note that HbA1c should not be used for diagnosing diabetes mellitus in the following circumstances:

- Children and young people
- Pregnancy - current or within the past 2 months
- Suspected Type 1 diabetes mellitus
- Symptoms of diabetes for <2 months
- Patients who are acutely ill
- Patients taking drugs that can cause rapid onset hyperglycaemia such as corticosteroids, antipsychotic drugs
- Acute pancreatic damage or pancreatic surgery
- Kidney failure
- Patients being treated for HIV infection

Please be cautious when requesting or interpreting HbA1c when patients:

- May have an abnormal haemoglobin
- May be anaemic
- May have an altered red cell lifespan (e.g. post-splenectomy)
- May have had a recent blood transfusion

Requested Tests : UMM, TFT\*, GLU\*, ESR, CRP\*, MBA\*, LIP\*, FE\*, FBE, A1C

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Phone: 0434129427

Birthdate: 12/03/1986 Sex: F Medicare Number: 2640541487

Your Reference: 00167729 Lab Reference: 25-12052068-GLU-0

Laboratory: Lavery Pathology

Addressee: DR UTHAPPA MAYANAMADA POONACHA Referred by: DR UTHAPPA  
MAYANAMADA POONACHA

Name of Test: GLUCOSE (GLU-0)

Requested: 11/11/2024 Collected: 11/02/2025 Reported: 11/02/2025  
23:47

Clinical notes: Diabetic screening.

Clinical Notes : Diabetic screening.

SERUM/PLASMA GLUCOSE

Fasting status	Fasting	
Serum	4.0 mmol/L	(3.4-5.4)

Normal glucose concentration.

Requested Tests : UMM, TFT\*, GLU, ESR, CRP, MBA\*, LIP, FE\*, FBE, A1C

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Phone: 0434129427

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Your Reference: 00167729 Lab Reference: 25-12052068-LIP-0

Laboratory: Lavery Pathology

Addressee: DR UTHAPPA MAYANAMADA POONACHA Referred by: DR UTHAPPA  
MAYANAMADA POONACHA

Name of Test: LIPID STUDIES (LIP-0)

**Requested:** 11/11/2024      **Collected:** 11/02/2025      **Reported:** 11/02/2025  
23:47

**Clinical notes:**      Diabetic screening.

Clinical Notes : Diabetic screening.

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](http://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	Fasting		
Total Cholesterol	<b>6.2</b>	mmol/L	(3.6-5.2)
Triglycerides	0.6	mmol/L	(0.5-1.7)
HDL Cholesterol	<b>2.1</b>	mmol/L	(1.0-2.0)
LDL Cholesterol	<b>3.8</b>	mmol/L	(1.5-3.4)
Non-HDL Cholesterol	<b>4.1</b>	mmol/L	(< 3.4)
Cholesterol/HDL-C Ratio	3.0		(< 4.5)

NVDP 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.

Requested Tests : UMM, TFT\*, GLU, ESR, CRP, MBA\*, LIP, FE\*, FBE, A1C

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**Your Reference:** 00167729      **Lab Reference:** 25-12052068-CRP-0  
**Laboratory:** Laverty Pathology  
**Addressee:** DR UTHAPPA MAYANAMADA POONACHA      **Referred by:** DR UTHAPPA  
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**Name of Test:**      C-REACTIVE PROTEIN (CRP-0)  
**Requested:** 11/11/2024      **Collected:** 11/02/2025      **Reported:** 11/02/2025  
23:48

**Clinical notes:**      Diabetic screening.

Clinical Notes : Diabetic screening.

C-REACTIVE PROTEIN

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

Requested Tests : UMM, TFT\*, GLU, ESR, CRP, MBA\*, LIP, FE\*, FBE, A1C

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**Your Reference:** 00167729 **Lab Reference:** 25-12052068-TFT-0  
**Laboratory:** Laverty Pathology  
**Addressee:** DR UTHAPPA MAYANAMADA POONACHA **Referred by:** DR UTHAPPA  
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**Name of Test:** THYROID FUNCTION TEST (TFT-0)  
**Requested:** 11/11/2024 **Collected:** 11/02/2025 **Reported:** 11/02/2025  
23:52

**Clinical notes:** Diabetic screening.

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THYROID PROFILE

Specimen Type: Serum  
TSH 1.6 mIU/L (0.5-4.0)

Result(s) consistent with euthyroidism.

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

Requested Tests : UMM, TFT, GLU, ESR, CRP, MBA, LIP, FE, FBE, A1C

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**Laboratory:** Laverty Pathology  
**Addressee:** DR UTHAPPA MAYANAMADA POONACHA **Referred by:** DR UTHAPPA  
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**Name of Test:** IRON STUDIES (FE-0)  
**Requested:** 11/11/2024 **Collected:** 11/02/2025 **Reported:** 11/02/2025  
23:52

**Clinical notes:** Diabetic screening.

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IRON STUDIES

Specimen Type: Serum  
Serum Ferritin 22 ug/L (30-165)

The mildly reduced ferritin concentration is suggestive of iron deficiency.

During the reproductive years, iron deficiency in women is usually due to multiparity or heavy menstrual losses. Investigation of the gastrointestinal tract for a source of blood loss may be indicated.

Requested Tests : UMM, TFT, GLU, ESR, CRP, MBA, LIP, FE, FBE, A1C

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**Your Reference:** 00167729 **Lab Reference:** 25-12052068-MBA-0  
**Laboratory:** Laverty Pathology  
**Addressee:** DR UTHAPPA MAYANAMADA POONACHA **Referred by:** DR UTHAPPA  
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**Name of Test:** SERUM CHEMISTRY (MBA-0)  
**Requested:** 11/11/2024 **Collected:** 11/02/2025 **Reported:** 11/02/2025  
23:52

**Clinical notes:** Diabetic screening.

Clinical Notes : Diabetic screening.

<u>SERUM CHEMISTRY</u>			
Specimen Type: Serum			
Haemolysis	Nil		
Icterus	Nil		
Lipaemia	Nil		
Sodium	140	mmol/L	(135-145)
Potassium	4.1	mmol/L	(3.6-5.4)
Chloride	103	mmol/L	(95-110)
Bicarbonate	25	mmol/L	(22-32)
Anion Gap	16	mmol/L	(10-20)
Urea	4.5	mmol/L	(2.5-8.0)
Creatinine	70	umol/L	(45-90)
eGFR	> 90	mL/min/1.73sqM	
Urate	0.25	mmol/L	(0.14-0.36)
Bilirubin	11	umol/L	(< 15)
AST	22	U/L	(< 30)
ALT	13	U/L	(< 30)
GGT	10	U/L	(< 30)
Alkaline Phosphatase	36	U/L	(20-105)
Protein	67	g/L	(60-82)
Albumin	44	g/L	(38-50)
Globulin	23	g/L	(20-39)
Calcium	2.37	mmol/L	(2.10-2.60)
Corrected Calcium	2.35	mmol/L	(2.10-2.60)
Phosphate	1.05	mmol/L	(0.75-1.50)

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).

Requested Tests : UMM, TFT, GLU, ESR, CRP, MBA, LIP, FE, FBE, A1C