

DAHLSTROM, VERA

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

Patient	HALE, CHRISTINE ANNE	41 BINGAL BAY CAIRNS QLD 4870	Requested	16/05/2024
Sex	F	Age 70 years DOB 07/08/1953	Collected	16/05/2024 08:11 AM
Report For	DAHLSTROM, VERA		Reported	17/05/2024 12:17 PM
Ref. by/copy to	DAHLSTROM, VERA			

Erythrocyte Sedimentation Rate 2 mm/hr (1-30)

CUMULATIVE SERUM HOMOCYSTEINE

Date	16/05/24
Time	08:11
Lab No	74611403

Homocysteine 14.7 umol/L (0.0-15.0)

74611403 High normal value.
 With this level, the heterozygous state for defects of transsulphuration (homocysteinaemia) is unlikely. However the risk of coronary artery disease may be mildly elevated over the baseline. This is independent of other risk factors.

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)

CUMULATIVE TRACE ELEMENTS

Date	05/10/22	16/05/24
Time	07:47	08:11
Lab No	71044320	74611403
Magnesium	1.0	0.8 mmol/L(0.7-1.1)

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CUMULATIVE SERUM HIGH SENSITIVITY C-REACTIVE PROTEIN (CRP)

Date 16/05/24
Time 08:11
Lab No 74611403

CRP 0.4 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 BIOCHEMISTRY

Date	04/11/22	17/03/23	26/06/23	24/10/23	16/05/24	
Time	07:20	07:23	07:50	08:28	08:11	
Lab No	63025313	72521562	73019922	73609150	74611403	
	FASTING	FASTING	FASTING	FASTING	FASTING	FASTING
Sodium	140	139	138		137	mmol/L (137-147)
Potass.	4.3	4.4	4.6		4.3	mmol/L (3.5-5.0)
Chloride	103	102	103		100	mmol/L (96-109)
Bicarb	28	30	27		31	mmol/L (25-33)
An.Gap	13	11	13		10	mmol/L (4-17)
Gluc	5.0	5.1	4.8		4.7	mmol/L (3.0-6.0)
Urea	3.8	4.4	5.3		4.3	mmol/L (2.5-7.5)
Creat	57	59	58		61	umol/L (50-120)
eGFR	> 90	89	90		88	mL/min (over 59)
Urate	0.29	0.30	0.29		0.24	mmol/L (0.14-0.35)
T.Bili	9	7	8		12	umol/L (2-20)
Alk.P	108	98	87		94	U/L (30-115)
GGT	12	16	13		18	U/L (0-45)
ALT	11	16	20		18	U/L (0-45)
AST	19	21	27		24	U/L (0-41)
LD	179	156	230		215	U/L (80-250)
Calcium	2.43	2.47	2.37		2.43	mmol/L (2.15-2.60)
Corr.Ca	2.47	2.48	2.38		2.36	mmol/L (2.15-2.60)
Phos	1.1	1.0	1.2		1.2	mmol/L (0.8-1.5)
T.Prot	72	74	71		74	g/L (60-82)
Alb	41	42	42		45	g/L (35-50)
Glob	31	32	29		29	g/L (20-40)
Chol	7.2	6.8	5.8	4.0	5.4	mmol/L (3.6-7.3)
Trig	1.0	1.1	0.9	1.1	1.0	mmol/L (0.3-2.2)
Lab No	63025313	72521562	73019922	73609150	74611403	
Date	04/11/22	17/03/23	26/06/23	24/10/23	16/05/24	

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CUMULATIVE LIPID RISK REPORT

Date	17/03/23	26/06/23	24/10/23	16/05/24	
Time	07:23	07:50	08:28	08:11	
Lab No	72521562	73019922	73609150	74611403	
	FASTING	FASTING	FASTING	FASTING	
Total Cholesterol	6.8	5.8	4.0	5.4	mmol/L (below 4.0)
Triglycerides	1.1	0.9	1.1	1.0	mmol/L (below 2.0)
CHOLESTEROL FRACTIONS					
HDL	1.41	1.55	1.39	1.49	mmol/L (above 1.0)
LDL (calculated)*	4.89	3.84	2.11	3.46	mmol/L (below 2.5)
Non-HDL cholesterol	5.39	4.25	2.61	3.91	mmol/L (below 3.3)
Total/HDL ratio**	4.8	3.7	2.9	3.6	

* 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"

74611403 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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CUMULATIVE FULL BLOOD EXAMINATION

Date	21/12/21	05/10/22	17/03/23	16/05/24		
Time	09:18	07:47	07:23	08:11		
Lab No	68794050	71044320	72521562	74611403		
Hb	135	139	142	141	g/L	(115-160)
RCC	4.0	4.1	4.2	4.1	x10 ¹² /L	(3.6-5.2)
Hct	0.42	0.42	0.44	0.43		(0.33-0.46)
MCV	106	101	106	104	fL	(80-98)
MCH	34	34	34	34	pg	(27-35)
Plats	410	374	346	303	x10 ⁹ /L	(150-450)
WCC	5.8	6.6	7.3	7.6	x10 ⁹ /L	(4.0-11.0)
Neuts	2.7	2.7	3.4	46 % 3.5	x10 ⁹ /L	(2.0-7.5)
Lymphs	2.4	2.8	2.9	40 % 3.0	x10 ⁹ /L	(1.1-4.0)
Monos	0.4	0.5	0.5	6 % 0.5	x10 ⁹ /L	(0.2-1.0)
Eos	0.17	0.53	0.44	7 % 0.53	x10 ⁹ /L	(0.04-0.40)
Basos	0.06	0.07	0.07	1 % 0.08	x10 ⁹ /L	(< 0.21)
E.S.R.				pending	mm/hr	(1-30)

74611403 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.

Possible causes of a red cell macrocytosis include Deficiency of B12/Folate, Liver Disease, Thyroid Disorder, Relative Oestrogenic excess, Drug side-effect, Low grade haemolysis, or in older patients an early myelodysplasia. Correlate with E+LFTs, TFTs, B12/Folate and Reticulocyte count.

Eosinophilia - this may be seen in Atopic conditions. Correlate Clinically. Consider IgE +/- RAST.

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

Pathology Report