

Lab ID 531707448

DOB 07/03/1992 (32 Yrs FEMALE)

Referrer Dr Tendai A Muchedzi

Address AUSSIE SCRIPTS PO BOX 421 NORTH LAKES QLD 4509

Phone 0734917189

Your ref.

Address 62 COUNTRY ROAD
CANNONVALE QLD 4802

Phone 0477538968

Copy to Attn: Registrar Qld Cancer Registry (0736345333)

Requested 03/03/2025

Clinical Notes Not Provided

Collected 04/03/2025 07:26

Received 04/03/2025 07:27

#### Copper

Test Name	Result	Reference Interval	Units	
Copper-serum	15.9	13.0 - 25.0	umol/L	

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#### Zinc

Test Name	Result	Reference Interval	Units	
Zinc-plasma	13.3	9.0 - 19.0	umol/L	

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Test Name	Result	Reference Interval	Units	
Sodium	139	135 - 145	mmol/L	
Potassium	3.9	3.5 - 5.5	mmol/L	
Chloride	103	95 - 110	mmol/L	
Bicarbonate	28	20 - 32	mmol/L	
Anion Gap	8	<16	mmol/L	
Urea	3.0	2.5 - 7.0	mmol/L	
Creatinine	65	45 - 85	umol/L	
eGFR	>90	>59		
Glucose fasting	4.7	3.6 - 6.0	mmol/L	
Total Protein	73	64 - 81	g/L	
Albumin	44	33 - 46	g/L	
Globulin	29	23 - 43	g/L	
Bilirubin	9	<16	umol/L	
ALP	57	20 - 105	U/L	
AST	16	10 - 35	U/L	
ALT	10	5 - 30	U/L	
GGT	11	5 - 35	U/L	
Cholesterol	5.5	<5.6	mmol/L	
Triglyceride	0.8	<2.1	mmol/L	
Haemolysis Index	6	<40		

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Reported on 04-Mar-25 21:42



10/03/2025 13:39:47

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#### C Reactive Protein

Test Name	Result	Reference Interval	Units	
CRP	0.5	<5	mg/L	

#### Comments

CRP is a more sensitive early indicator of an acute phase response than is ESR. It also returns towards normal more rapidly with improvement or resolution of the disease process.

If CRP is elevated, it can indicate disease activity of an inflammatory, infective or neoplastic nature.

Artefactually decreased CRP values occur when patients are treated with antibiotics containing carboxypenicillins including Ticarcillin.

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#### Random Urine Iodine

Test Name	Result	Reference Interval	Units	
R-U-Creatinine	26.2		mmol/L	
Urine iodine	606	>100	ug/L	
Creat Corr. lodine	190	>100	ug/L	

#### Comments

lodine levels are interpreted using the WHO criteria. However,the creatinine-corrected iodine level allows for iodine assessment in urine samples which are more dilute or concentrated than usual.

WHO classification of iodine deficiency - Urine Iodine levels:

To convert lodine ug/L to lodine nmol/L ug/L x 7.88 = nmol/L

HMRC recommends supplementation of 150ug/day of lodine to ensure that all women who are pregnant, breastfeeding or considering pregnancy have adequate iodine status. Women should not take kelp (seaweed) supplements or kelp based products because they may contain varying levels of iodine and may be contaminated with heavy metals such as mercury.

GP

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#### Lipid Profile

Clinical Notes Not Provided

Test Name	Result	Reference Interval	Units	
Cholesterol	5.5	<5.6	mmol/L	
Triglyceride	0.8	<2.1	mmol/L	
HDL	1.58	>1.09	mmol/L	
LDL	3.6	<4.1	mmol/L	
Tot Chol/HDL	3.5	<4.6		
Non HDLC	3.92 H	<3.81	mmol/L	

#### Comments

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

The National Vascular Disease Prevention Alliance (NVDPA) guidelines recommend a target level of less than 2.5 mmol/L for non-HDLC. 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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#### **Thyroid Function Tests**

Test Name	Result	Reference Interval	Units	
Free T4	11.7	9.0 - 19.0	pmol/L	
Free T3	4.3	3.1 - 6.0	pmol/L	
• TSH	5.6 H	0.3 - 3.5	mIU/L	

#### Comments

Sub-clinical hypothyroidism. Repeat testing in three months may show progression of disease. Patients whose results are stable may not require treatment.

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#### **Gonadal Hormones**

Test Name	Result	Reference Units Interval
FSH	3	IU/L
LH	4	IU/L
Oestradiol	505	pmol/L
Progesterone	0.7	nmol/L

Reference	FSH	LH	Oestradiol	Progesterone
Limits	IU/L	IU/L	pmol/L	nmol/L
Follicular	2 - 10	2 - 7	110 - 180	<0.5 - 2.5
Mid-Cycle	7 - 24	9 - 74	550 - 1650	2.5 - 12.0
Luteal	1 - 10	1 - 9	180 - 840	12.0 - 90.0
Menopausal	20 - 140	10 - 65	<200	<2.2
OCP	<5	<9	<80	<1.5

#### Comments

Falsely elevated Abbott oestradiol levels may be seen in patients on fulvestrant, mifepristone or abemaciclib.

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Clinical Notes Not Provided

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#### Homocysteine

Test Name	Result	Reference Interval	Units	
Homocysteine	5.2	<15	umol/L	

#### Comments

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.

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Clinical Notes Not Provided

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#### Insulin

Test Name	Result	Reference Interval	Units	
S-Insulin	4	3 - 15	mU/L	

#### Comments

Please note: The insulin reference interval only refers to a fasting collection

Insulin concentration measured on Abbott Alinity. To convert to pmol/L,

please multiply result by 6.

Please note: Different insulin assays may give variable concentrations.

Exogenous insulin use can also result in different concentrations depending on the type of insulin administered.

(Ref. Clin Biochem. 2015 Dec;48(18):1354-7 and Clin Chem Lab Med 2014;

52(3): 355-362)

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#### Dehydro Epiandrosterone Sulphate (DHEAS)

Test Name	Result	Reference Interval	Units	
DHEAS	8.5	2.4 - 13.9	umol/L	

#### Comments

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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#### 25 Hydroxy Vitamin D

Test Name	Result	Reference Interval	Units	
25-OH Vitamin D	117	50 - 150	nmol/L	

#### Comments

Adequate Vitamin D.

Vitamin D measured by Diasorin Liaison.

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#### HbA1c

Test Name	Result	Reference Interval	Units	
HbA1c (NGSP)	5.2	<6.5	%	
HbA1c (IFCC)	33	<48	mmol/mol	

#### Comments

The currently accepted cut-point for diagnosis of Type 2 Diabetes is an HbA1c level equal to or greater than 6.5% (48 mmol/mol) in patients with normal red blood cell turnover.

An abnormal screening HbA1c equal to or greater than 6.5% (48 mmol/mol) should be confirmed by a repeat HbA1c level as soon as possible, prior to any dietary adjustment or therapeutic intervention.

If the follow up HbA1c is less than 6.5% (48mmol/mol) then the patient does not have diabetes and should be rescreened in 12 months time. (Ref: MJA 197/4:220-221 (2012))

Patients with HbA1c levels of 5.7 – 6.4% (38 – 46 mmol/mol) may still have a slightly increased risk of microvascular complications according to the AusDiab study.

The Medicare item for HbA1C for diagnosis of Diabetes Mellitus is limited to one test per 12 months; for monitoring Diabetes testing remains unchanged – 4 tests per 12 months.

Further information may be found at MBS online

http://www9.health.gov.au/mbs/search.cfm

An alternative test to monitor diabetes such as serum fructosamine is advisable in the presence of altered red cell lifespan.

HbA1c performed on the Sebia Cap3 analyser by capillary electrophoresis.

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#### **Androgens**

Test Name	Result	Reference Interval	Units	
SHBG	28	20.0 - 110.0	nmol/L	

#### Comments

SHBG performed on the Abbott immunoassay.

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#### Cortisol

Test Name	Result	Reference Interval	Units	
Cortisol am	461	100 - 535	nmol/L	

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#### **Thyroid Antibodies**

Test Name	Result	Reference Interval	Units	
Thyroid Peroxidase Ab	1.0	<5.6	IU/mL	
Thyroglobulin Ab	1.4	<4.1	IU/mL	

#### Comments

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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#### Reverse T3

Test Name	Result	Reference Interval	Units	
Reverse T3	297	140 - 540	pmol/L	

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Haematinics

Test Name	Result	Reference Interval	Units
Iron	16	5 - 30	umol/L
Transferrin	2.2	1.9 - 3.1	g/L
TIBC	56	47 - 77	umol/L
Saturation	29	20 - 45	%
Ferritin	104	30 - 250	ug/L
CRP	0.5	<5	mg/L
Active B12	117	>35	pmol/L
Folate (Serum)	31	>7.0	nmol/L

#### Comments

Normal Iron Status.

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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#### Haematology

Clinical Notes Not Provided

Test Name	Result	Reference Interval	Units	
Haemoglobin	129	115 - 165	g/L	
Haematocrit	0.39	0.35 - 0.47		
Red cell count	4.2	3.9 - 5.6	10^12/L	
MCV	93	80 - 100	fL	
White cell count	6.8	3.5 - 12.0	10^9/L	
Neutrophils	3.59	1.5 - 8.0	10^9/L	
Lymphocytes	2.42	1.0 - 4.0	10^9/L	
Monocytes	0.37	0 - 0.9	10^9/L	
Eosinophils	0.37	0 - 0.6	10^9/L	
Basophils	0.04	0 - 0.15	10^9/L	
Platelets	282	150 - 400	10^9/L	

HA

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NORTH LAKES QLD 4509

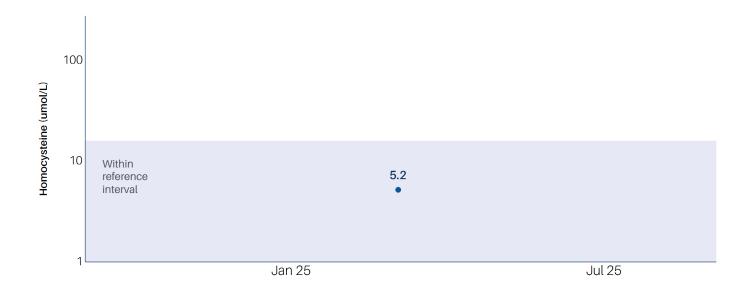
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### Homocysteine



#### **LEGEND**

- Reference interval (<15)
- Within reference interval
- Out of reference interval

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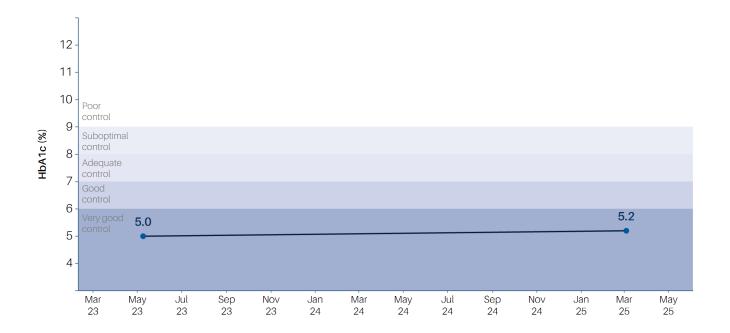
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### Glycated Haemoglobin | HbA1c

**Diabetes Monitoring** 





Poor control ( > 9.0)

Suboptimal control (8.1 - 9.0)

Adequate control (7.1 - 8.0)

Good control (6.1 - 7.0)

Very good control (<6.1)

Within reference interval

Out of reference interval

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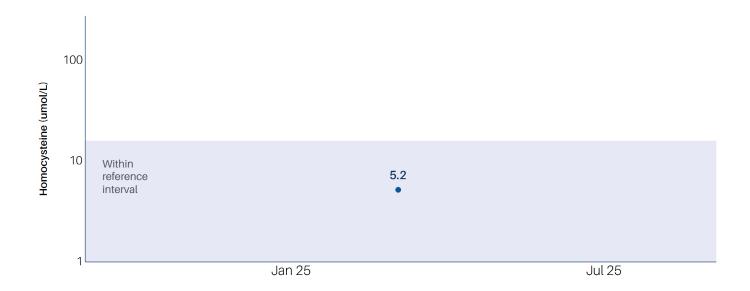
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