



DOUGLASS HANLY MOIR PATHOLOGY

Specialist Pathologist (02) 9855 5150 Toll free 1800 222 365
General enquiries (all hours) (02) 9855 5222 Results (02) 9855 5100
Douglas Hanly Moir Pathology Pty Limited ABN 80 003 332 858,
a subsidiary of Sonic Healthcare Limited ABN 24 004 189 909 APA 908

Dr E. Allen Dr G. Chan Dr P. Guzman Dr C. Lim Dr H. Ogilvie Dr J. Tan
Dr M. Alsharif Dr S. Chan Dr J. Hall Dr L. Lin Dr S. Pathmanathan Dr P. Taylor
Dr B. Amis Dr S. Day Dr J. Hanley Dr T. Lynch Dr S. Pathmanathan Dr P. Taylor
Dr T. Bailey Dr J. Armstrong Dr J. Ding Dr K. McKenzie Dr M. Pua Dr S. Pathmanathan Dr P. Taylor
Dr K. Baumgart Dr M. Barlow Dr J. Ho Dr G. Mckenzie Dr G. Reddy Dr S. Pathmanathan Dr P. Taylor
Dr J. Blackwell Dr M. Edwards Dr J. Huang Dr S. Moan Dr S. Pathmanathan Dr P. Taylor
Dr A. Brown Dr J. Blackwell Dr M. Edwards Dr S. Moan Dr S. Pathmanathan Dr P. Taylor
Dr J. Burchett Dr A. Brown Dr J. Blackwell Dr S. Moan Dr S. Pathmanathan Dr P. Taylor
Dr G. Caldwell Dr A. Brown Dr J. Blackwell Dr S. Moan Dr S. Pathmanathan Dr P. Taylor
Dr A. Chan Dr G. Chan Dr P. Guzman Dr C. Lim Dr H. Ogilvie Dr J. Tan
Dr G. Chan Dr P. Guzman Dr C. Lim Dr H. Ogilvie Dr J. Tan
Dr G. Chan Dr P. Guzman Dr C. Lim Dr H. Ogilvie Dr J. Tan

Dr David Richardson

32 WEST MARKET STREET
RICHMOND NSW 2753

R8221

RCH/med/med/med

Copies: Mrs Tracy Mortimer Horne
Dr M Patel

Ph: 0247222920

Tracy MORTIMER HORNE

Lab ID : 892172765

Your Ref : 00067360

28 Sir John Jamison Cct
Glenmore Park 2745

Requested : 28/10/2024 10:30
Collected : 25/11/2024 10:34
Received : 25/11/2024 10:34
Printed : 02/12/2024 07:40

DOB : 19/01/1963 (61 Yrs)
Gender : Female
Ph : 0418425560

Vitamin C

Vitamin C (Ascorbate) * 20 umol/L (26-85)

Comment

Although uncommon in developed countries, Vitamin C deficiency can occur due to very poor diet (especially in the elderly, alcoholics or the mentally ill), or accelerated loss as in renal dialysis and acute heart stroke.

Vitamin C has poor in-vitro stability. Plasma samples must be light protected and frozen within 2 hours of collection and must remain frozen until just prior to analysis. Sub-optimal sample treatment can contribute to falsely low results.

Reported by Sullivan and Nicolaides Pathology, a member of the Sonic Healthcare Group.

Haematology	16/01/20	17/11/20	01/02/22	29/11/23	Current Result	Units	Reference
Date	16/01/20	17/11/20	01/02/22	29/11/23	25/11/24		
Time	09:00	10:11	09:07	09:59	10:30		
Lab ID	843089335	847718839	861069448	837601599	892172765		
Haemoglobin	136	134	126	139	131	g/L	(119-160)
RCC	4.3	4.3	4.3	4.7	4.3	10 ¹² /L	(3.8-5.8)
Haematocrit	0.41	0.40	0.40	0.44	0.40		(0.35-0.48)
MCV	94	93	92	94	92	fL	(80-100)
MCH	31.3	30.9	29.4	29.7	30.5	pg	(27.0-32.0)
MCHC	333	332	319	315	330	g/L	(310-360)
RDW	12.4	12.6	12.2	12.3	12.6		(10.0-15.0)
WCC	5.3	6.1	4.8	5.7	4.8	x10 ⁹ /L	(4.0-11.0)
Neutrophils	2.99	4.19	2.95	3.55	2.97	%	(2.0-7.5)
Lymphocytes	1.72	1.34	1.40	1.65	1.12	%	(1.0-4.0)
Monocytes	0.45	0.41	0.33	0.39	0.59	x10 ⁹ /L	(0.0-1.0)
Eosinophils	0.10	0.09	0.10	0.09	0.05	x10 ⁹ /L	(0.0-0.5)
Basophils	0.05	0.04	0.04	0.05	0.03	x10 ⁹ /L	(0.0-0.3)
NRBC	<1.0	<1.0	<1.0	<1.0	<1.0	/100 WBC	(<1)
Platelets	279	283	235	255	240	x10 ⁹ /L	(150-450)

Comment on Lab ID 892172765

Full blood count is within reference limits

CRP (High Sens)

CRP (High Sens)	16/01/20	17/11/20	01/02/22	29/11/23	Current Result	Units	Reference
Date	16/01/20	17/11/20	01/02/22	29/11/23	25/11/24		
Time	09:00	10:11	09:07	09:59	10:30		
Lab ID	843089335	847718839	861069448	837601599	892172765		
CRP	1.4	2.2	1.7	1.8	*5.6	mg/L	(0.0-5.0)

mild inflammation
(post tooth removal)

Surgery Use

☐ Normal

☐ No Action

☐ Contact Patient

☐ See Patient

☐ See File

☐ Continue Treatment

☐ Sign

☐ Date

RCPA
The Royal College of Pathologists of Australia
Accredited for compliance
with RPAAC Standards
and ISO 15189
NATA Accreditation

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Printed : 02/12/2024

Gender : Female
Ph : 0418425560

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Printed : 02/12/2024 07:40

Gender : Female
Ph : 0418425560

	Units	Reference
230		
2172765		
asting		
2	mmol/L	(135-145)
6	mmol/L	(3.5-5.5)
6	mmol/L	(95-110)
6	mmol/L	(20-32)
6	mmol/L	(3.0-8.5)
6	umol/L	(45-85)
32	ml/min/1.73m ²	(>59)
32		(0.15-0.40)
39		(2.15-2.55)
39	mmol/L	(2.15-2.55)
37	mmol/L	(0.65-1.00)
37	mmol/L	(0.8-1.5)
3	umol/L	(3-15)
3	U/L	(30-115)
6	U/L	(5-35)
6	U/L	(120-250)
6	U/L	(10-35)
6	U/L	(5-30)
6	g/L	(64-83)
6	g/L	(36-47)
6	g/L	(23-39)
6	mmol/L	(<5)
3	mmol/L	(<2.0)

eGFR (mL/min/1.73m²) calculated by CKD-EPI formula - see www.kidney.org.au

892172765
4.7 mmol/L
mmol/L
Sugar
great

Diabetes is unlikely if fasting glucose levels are less than 5.5 mmol/L but an OGTT could be indicated in the presence of risk factors such as metabolic syndrome, past gestational diabetes, polycystic ovary or family history of type 2 diabetes.

892172765
74 ug/L 130-300

-nan store
better

	Surgery	Use
--	---------	-----

Normal

☐ No Action☐

Contact
Patient

11

See
Patient

17

See F

17

Treat

1

Sig

ce

2

24297 08/2

URCPA
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RCH/---/---/---/---

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Patient

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Gender : Female

Ph : 0418425560

Thyroid Function					Current Result	Units	Reference
Date	14/05/19	16/01/20	01/02/22	29/11/23	25/11/24		
Time	09:59	09:00	09:07	09:59	10:30		
Lab ID	293829907	843089335	861069448	837601599	892172765		
TSH	1.05	1.30	0.95	1.05	1.52	mIU/L	(0.40)

Comment on Lab ID 892172765

TSH is within reference limits.

Please note that if 'Thyroid function tests' or 'TFTs' are requested as a simple screening test, a TSH level is always done first. If this is increased a T4 level will be done automatically. If this is decreased a T4 and T3 will be performed automatically.

B12/Folate/RCF					Current Result	Units	Ref
Date	16/01/20	17/11/20	29/11/23	12/03/24	25/11/24		
Time	09:00	10:11	09:59	09:47	10:30		
Lab ID	843089335	847718839	837601599	839293149	892172765		
Vitamin B12		215	183			pmol/L	(13
Active B12	109	113	64	> 128	123	pmol/L	(>

Active
B12
OK

Serum insulin(s) > 80 mU/L following a 75g oral glucose load and/or fasting insulin(s) > 14 mU/L (in the absence of insulinoma) are consistent with insulin resistance. Post-load insulin(s) of 60 - 80 mU/L and/or fasting insulin(s) of 10 - 14 mU/L are suggestive of insulin resistance and follow-up may be indicated in the presence of risk factors such as obesity or positive family history.

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Dr David Richardson

32 WEST MARKET STREET
RICHMOND NSW 2763

R8221

RCH/Healthcare

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Lipids and HDL	17/11/20	01/02/22	29/11/23	12/03/24	Current Result	Units	Refer
Date	17/11/20	01/02/22	29/11/23	12/03/24	25/11/24		
Time	10:11	09:07	09:59	09:47	10:30		
Lab ID	847718839	861069448	837601599	839293149	892172765		
Status	Fasting	Fasting	Random	Fasting	Fasting		
Cholesterol	*6.2	*5.9	*6.7	*6.8	*6.6	mmol/L	< 5
Triglycerides	1.4	1.5	1.4	0.8	1.3	mmol/L	< 2
HDL Chol	1.4	1.3	1.5	1.6	1.4	mmol/L	> 1
LDL Chol	*4.2	*3.9	*4.6	*4.8	*4.6	mmol/L	
Non-HDL Chol			*5.2	*5.2	*5.2	mmol/L	

Comment on Lab ID 892172765

Please note that the above reference limits are decision limits.
A flag based on these limits is an indication to review the absolute
cardiovascular risk for the patient. For assessment of absolute
cardiovascular disease risk please see www.cvdcheck.org.au

The above decision limits are based on the European Atherosclerosis Society
(EAS) and European Federation of Clinical Chemistry and Laboratory Medicine
(EFLM) Consensus Statement 2016 and the Australasian Association of
Clinical Biochemistry and Laboratory Medicine (AACB) Lipid Reporting
Guideline 2018.

Lipid treatment targets for patients at high risk of cardiovascular
disease:

Total cholesterol	< 4.0 mmol/L
Triglyceride	< 2.0 mmol/L
LDL cholesterol	> 1.0 mmol/L
DL cholesterol	< 2.5 mmol/L (< 1.8 mmol/L for very high risk)
on-HDL cholesterol	< 3.3 mmol/L (< 2.5 mmol/L for very high risk)

gh risk - Primary prevention Very high risk - Secondary prevention

get values from the AACB Lipid Reporting Guideline 2018.

ase note that as there is a continuum of risk, benefits are obtained for
measured lipid components moving towards and beyond the various target
ls.

*bad cholesterol
down*