Healius Pathology Pty Ltd (ABN 84 007 190 043)
APA No. 000042 t/a QML Pathology
11 Riverview Place, Metroplex on Gateway, Murarrie Qld 4172
Ph (07) 3121 4444

Pathology Report

MUCHEDZI, TENDAI

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

Patient	**STAVELEY, REBECCA JANE**			UR No.	
Patient Address	**261 UPPER CAMP MOUNTAIN RD CAMP MOUNTAIN QLD 4520**				
Sex F	Age 53 years	DOB 30/07/1971	**Requested**	10/02/2025	
Report For	MUCHEDZI, TENDAI		**Collected**	26/02/2025	07:00 AM
Ref. by/copy to	MUCHEDZI, TENDAI		**Reported**	11/03/2025	10:21 PM

URINARY IODINE

Creatinine	10.9	mmol/L
Iodine	189	ug/L
Iodine	1.49	umol/L

WHO 2008 guidelines:
Classification of iodine deficiency (Urine iodine ug/L):

> 99	Not iodine deficient
50-99	Mild iodine deficiency
20-49	Moderate iodine deficiency
< 20	Severe iodine deficiency

Levels in excess of 149 ug/L are regarded as adequate in pregnancy.
Levels exceeding 300 ug/L (or above 500 ug/L in pregnancy) may carry a "Risk of adverse health consequences".

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Patient	**STAVELEY, REBECCA JANE**			UR No.	
Patient Address	**261 UPPER CAMP MOUNTAIN RD CAMP MOUNTAIN QLD 4520**				
Sex F	Age 53 years	DOB 30/07/1971	**Requested**	10/02/2025	
Report For	MUCHEDZI, TENDAI		**Collected**	26/02/2025	07:00 AM
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Serum Reverse T3 (RT3)	360	pmol/L	(170-539)

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Patient Address	**261 UPPER CAMP MOUNTAIN RD CAMP MOUNTAIN QLD 4520**				
Sex F	Age 53 years	DOB 30/07/1971	**Requested**	10/02/2025	
Report For	MUCHEDZI, TENDAI		**Collected**	26/02/2025	07:00 AM
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Holo TC Assay	130	pmol/L	(> 35)
Serum Folate Assay	35.9	nmol/L	(8.4-55.0)

Comment:

Serum Folate Assay:
Adequate Serum Folate.
In the absence of recent oral intake, a serum folate >13 nmol/L effectively rules out folate deficiency. Consider repeat fasting Folate, if there has been inadequate fasting, and clinical concern remains.

Holo TC Assay:
No current vitamin B12 deficiency.

Methodology:
B12 and Active B12 (HoloTC) assays performed on Siemens Atellica analyser.

For Doctor clinical enquiries, please contact Dr Peter Davidson 07 3121 4444.
Patients should contact their referring doctor in regard to this result.

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Patient **STAVELEY, REBECCA JANE** UR No.
Patient Address **261 UPPER CAMP MOUNTAIN RD CAMP MOUNTAIN QLD 4520**
Sex F Age 53 years DOB 30/07/1971 **Requested** 10/02/2025
Report For MUCHEDZI, TENDAI **Collected** 26/02/2025 07:00 AM
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SERUM CHEMISTRY - FASTING

	Sodium	140	mmol/L		(137-147)
	Potassium	4.5	mmol/L		(3.5-5.0)
	Chloride	106	mmol/L		(96-109)
	Bicarbonate	28	mmol/L		(25-33)
	Other Anions	11	mmol/L		(4-17)
	Glucose	5.6	mmol/L	fasting	(3.0-6.0)
+	Urea	7.9	mmol/L		(2.5-7.5)
	Creatinine	80	umol/L		(50-120)
	eGFR	73	mL/min		(over 59)
	Total Bilirubin	11	umol/L		(2-20)
	Alk. Phos.	85	U/L		(30-115)
	Gamma G.T.	10	U/L		(0-45)
	ALT	20	U/L		(0-45)
	AST	26	U/L		(0-41)
	LD	216	U/L		(80-250)
	Albumin	41	g/L		(35-50)
	Globulins	24	g/L		(20-40)
	Cholesterol	5.8	mmol/L		(3.9-7.4)
	Triglycerides	0.8	mmol/L	fasting	(0.3-2.2)

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Insulin	4	mU/L	fasting (< 25)
Glucose	5.6	mmol/L	fasting (3.0-6.0)

Pathology Report

QML_RTE001-AV4

Dept | Date of Service | For Clinical Enquiries | Perf. Branch | Quote 25-71825479

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Pathology Report

MUCHEDZI, TENDAI

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Serum Zinc	13	umol/L	(10-25)

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Pathology Report

Luteinizing Hormone	43	IU/L	
Follicle Stimulating Hormone	90	IU/L	
Oestradiol	50	pmol/L	
Progesterone	< 1	nmol/L	
Sex Hormone Binding Globulin	70	nmol/L	(18-114)

Ranges:	Follicular Phase	Midcycle Peak	Luteal Phase	Post-Menopausal
LH	2 - 12	10 - 130	1 - 17	15 - 60
FSH	1 - 10	3 - 33	1 - 9	20 - 140
Oestradiol	70 - 530	230 - 1310	200 - 790	< 120
Progesterone	< 5	rising	20 - 110	< 3

This pattern of high Gonadotrophins and low Oestradiol indicates increased Ovarian resistance of menopause.
After recent cessation of periods, sporadic ovulation may still occur for 1-2 years in a small proportion of women.

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ADRENAL STUDIES

Serum Cortisol	440	nmol/L	8am (220-720)
Collection time: 7:00 am			

Pathology Report

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CUMULATIVE GLYCATED HAEMOGLOBIN

Date	26/02/25
Time	07:00
Lab No	71825479
HbA1c Fraction	5.9 %
in SI units	41 mmol/mol

Note: Caution is needed in interpreting HbA1c results in the presence of conditions affecting red blood cell survival times, which may lead to either falsely high or falsely low HbA1c results.

HbA1c target levels - Aust Diab Society Position statement Sept 2009
< 8.1% (<65)- type 1 or 2 DM associated with recurrent hypoglycaemia
< 7.1% (<54)- GENERAL TARGET includes pregnant type 1 diabetics, long term type 2 and type 2 requiring insulin
< 6.6% (<49)- recent type 2 DM requiring treatment other than metformin or insulin
< 6.1% (<43)- recent type 2 DM requiring lifestyle +/- metformin only or pregnant type 2 DM
Source: MJA 191 (6):339-346, 21 Sept 2009

For clinical enquiries, please contact Dr Appleton, Chang or Marshall

Pathology Report

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Pathology Report

CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	20/08/22	09/05/24	22/01/25	26/02/25	
Time	09:10	00:00	07:00	07:00	
Lab No	70905997	75969455	71825256	71825479	
TSH	2.1	2.4	3.4	2.5	mIU/L (0.50-4.00)
free T4		20			pmol/L (10-20)
free T3		5.7			pmol/L (2.8-6.8)
Thyroglobulin AbII				< 1.3	IU/mL (< 4.6)
Thy. Peroxidase Ab				59	IU/mL (< 60)

Euthyroid level. However if hypopituitarism (rare) is suspected, free T4 assay may be indicated.
These antibody levels are not suggestive of Thyroid inflammatory or rapidly progressing neoplasia. However 15% of Hashimoto's does not produce measurable antibodies. Prior autoimmune activity cannot be excluded.

Please note that without a specific indication, Medicare does not fund FT4 and FT3 testing in patients with normal TSH results. If these tests are clinically indicated please contact the laboratory.

Please note that as of 06/9/2021, QML Pathology changed to a reformulated Atellica Thyroglobulin Antibody (TgAbII) assay. The reference interval has been updated. Differences in individual patient results may be observed compared to the previous method. If further information is required please contact a Chemical Pathologist on (07) 3121 4444.

QML_RTE001-AV4

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Ref. by/copy to	MUCHEDZI, TENDAI		**Reported**	11/03/2025	10:21 PM

CUMULATIVE SERUM HOMOCYSTEINE

Date	26/02/25
Time	07:00
Lab No	71825479
Homocysteine	13.3 umol/L (0.0-15.0)

71825479 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)

Pathology Report

QML_RTE001-AV4

Dept | Date of Service | For Clinical Enquiries | Perf. Branch | Quote 25-71825479

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Serum Copper	15	umol/L	(10-45)

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-	DHEA - Sulphate (DeHydroEpiAndrosterone)	0.4	umol/L	(0.5-7.3)
	(previous units)	140	ng/mL	(200-2700)

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IRON STUDIES

Serum Iron	16	umol/L	(10-33)
Transferrin IBC	57	umol/L	(45-70)
Transferrin Saturation	28	%	(16-50)
Serum Ferritin Assay	46	ug/L	(30-320)

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CUMULATIVE LIPID RISK REPORT

Date	22/01/25	**26/02/25**		
Time	07:00	**07:00**		
Lab No	7182525	**71825479**		
	FASTING	FASTING		Target if HIGH RISK
Total Cholesterol	5.4	5.8	mmol/L	(below 4.0)
Triglycerides	1.0	0.8	mmol/L	(below 2.0)
CHOLESTEROL FRACTIONS				
HDL	1.75	1.79	mmol/L	(above 1.0)
LDL (calculated)*	3.20	3.65	mmol/L	(below 2.5)
Non-HDL cholesterol*	3.65	4.01	mmol/L	(below 3.3)
Total/HDL ratio**	3.1	3.2		

* 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"

71825479 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 SERUM C-REACTIVE PROTEIN (CRP)

Date	26/02/25
Time	07:00
Lab No	71825479
CRP	< 5 mg/L(0-6)

C-reactive protein (CRP) is a non-specific indicator of tissue damage.
The level rises rapidly (within 6-10 hours) after tissue injury, peaks at 48-72 hours and returns to normal within a few days. Common causes of markedly increased CRP include infection (particularly bacterial), trauma, surgery, myocardial infarction, many malignancies and inflammatory disorders.

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CUMULATIVE SERUM VITAMIN D

Date	22/01/25	26/02/25		
Time	07:00	07:00		
Lab No	71825256	71825479		
Vitamin D3	120	124	nmol/L	(> 49)

71825479
** Progress report.

Pathology Report

QML_RTE001-AV4

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Pathology Report

FULL BLOOD EXAMINATION

Haemoglobin		149	g/L	(115-160)
Red Cell Count		4.9	x10^12 /L	(3.6-5.2)
Haematocrit		0.43		(0.33-0.46)
Mean Cell Volume		88	fL	(80-98)
Mean Cell Haemoglobin		30	pg	(27-35)
Platelet Count		230	x10^9 /L	(150-450)
White Cell Count		5.2	x10^9 /L	(4.0-11.0)
Neutrophils	52 %	2.7	x10^9 /L	(2.0-7.5)
Lymphocytes	33 %	1.7	x10^9 /L	(1.1-4.0)
Monocytes	10 %	0.5	x10^9 /L	(0.2-1.0)
Eosinophils	4 %	0.21	x10^9 /L	(0.04-0.40)
Basophils	1 %	0.05	x10^9 /L	(< 0.21)

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.

All haematology parameters are within normal limits for age and sex.

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

QML_RTE001-AV4

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