

MUCHEDZI, TENDAI

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

Patient	ROWLANDS, DEBORAH	UR No.	
Patient Address	262 KIRRALEE CRESCENT UPPER KEDRON QLD 4055		
Sex	F	Age	43 years
DOB	07/03/1981		
Report For	MUCHEDZI, TENDAI	Requested	09/02/2025
Ref. by/copy to	MUCHEDZI, TENDAI	Collected	17/02/2025 12:00 AM
		Reported	26/02/2025 07:15 AM

URINARY IODINE

Creatinine	0.7	mmol/L
Iodine	12	ug/L
Iodine	0.09	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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ACETYLCHOLINE RECEPTOR ANTIBODY ASSAY

Acetylcholine Receptor Antibody: < 0.20 nmol/L (0.00-0.25)

Negative

Acetylcholine receptor antibodies are measured by radioimmunoassay (RIA).

Acetylcholine receptor antibodies are present in up to 90% of patients with generalised myasthenia gravis and in 60% with ocular myasthenia.

Antibody concentration does not predict disease severity.

For enquiries, contact Dr Paul Campbell 07 3121 4444
Patients should contact their referring doctor in regard to this result.

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Serum Zinc 10 umol/L (10-25)

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Holo TC Assay	135	pmol/L	(> 35)
Serum Folate Assay	39.2	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.
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Luteinizing Hormone	4	IU/L		
Follicle Stimulating Hormone	6	IU/L		
Oestradiol	470	pmol/L		
Progesterone	1	nmol/L		
Sex Hormone Binding Globulin	35	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

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ADRENAL STUDIES

Serum Cortisol	380 nmol/L	9am (220-660)
		4pm (110-390)
Collection time:	Not Recorded	

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Insulin	4	mU/L	fasting (< 25)
Glucose	5.0	mmol/L	fasting (3.0-6.0)

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CUMULATIVE GLYCATED HAEMOGLOBIN

Date	12/08/24	17/02/25
Time	09:02	00:00
Lab No	76767084	76648970
HbA1c Fraction	4.5	4.7 %
in SI units	26	27 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 diagnostic levels - RCPA 2014
 < 6.1% (<43 mmol/mol) - current diabetes is excluded
 6.1-6.4% (43-47 mmol/mol) - high risk for future diabetes
 > 6.4% (>48 mmol/mol) - diabetes is likely

Unless patient has supportive symptoms or elevated plasma glucose values, repeat test is recommended.
 Currently, Medicare will fund only one diagnostic test per year.

Sample may be collected at any time - fasting is not required.
 Note - diabetes tolerance may be impaired by chronic illness, use of certain drugs including steroids, Cushing syndrome, etc.
 We would advise considering secondary forms in newly-diagnosed patients.
 For clinical enquiries, please contact Dr Appleton, Chang or Marshall

Pathology Report

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Serum Copper

13 umol/L

(10-45)

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DHEA - Sulphate (DeHydroEpiAndrosterone)	2.7	umol/L	(0.5-9.0)
(previous units)	1000	ng/mL	(200-3300)

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CUMULATIVE SERUM HOMOCYSTEINE

Date 17/02/25
Time 00:00
Lab No 76648970

Homocysteine 11.8 umol/L (0.0-15.0)

76648970 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

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SERUM CHEMISTRY - FASTING

Sodium	138	mmol/L	(137-147)
Potassium	4.4	mmol/L	(3.5-5.0)
Chloride	105	mmol/L	(96-109)
Bicarbonate	28	mmol/L	(25-33)
Other Anions	9	mmol/L	(4-17)
Glucose	5.0	mmol/L	fasting (3.0-6.0)
Urea	5.2	mmol/L	(2.0-7.0)
Creatinine	61	umol/L	(40-110)
eGFR	> 90	mL/min	(over 59)
Cholesterol	4.7	mmol/L	(3.6-6.9)
Triglycerides	1.2	mmol/L	fasting (0.3-2.2)

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CUMULATIVE LIPID RISK REPORT

Date	12/08/2417/02/25	
Time	09:02 00:00	
Lab No	7676708476648970	
	FASTING	FASTING
		Target if HIGH RISK
Total Cholesterol	4.6	4.7 mmol/L (below 4.0)
Triglycerides	0.6	1.2 mmol/L (below 2.0)
CHOLESTEROL FRACTIONS		
HDL	1.78	1.66 mmol/L (above 1.0)
LDL (calculated)*	2.55	2.49 mmol/L (below 2.5)
Non-HDL cholesterol*	2.82	3.04 mmol/L (below 3.3)
Total/HDL ratio**	2.6	2.8

* 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"

76648970 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	17/02/25
Time	00:00
Lab No	76648970

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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IRON STUDIES			
Serum Iron	33	umol/L	(10-33)
Transferrin IBC	68	umol/L	(45-70)
Transferrin Saturation	48	%	(16-50)
Serum Ferritin Assay	116	ug/L	(25-290)

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CUMULATIVE SERUM VITAMIN D

Date	17/02/25
Time	00:00
Lab No	76648970
Vitamin D3	107 nmol/L (> 49)

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CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	24/01/22	18/12/23	12/08/24	17/02/25	
Time	09:00	13:17	09:02	00:00	
Lab No	74872748	74821614	76767084	76648970	
TSH	1.4	1.00	1.0	1.5	mIU/L (0.50-4.00)

Euthyroid level. However if hypopituitarism (rare) is suspected, free T4 assay may be indicated.

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.

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FULL BLOOD EXAMINATION

Haemoglobin	135	g/L	(115-160)
Red Cell Count	4.3	x10 ¹² /L	(3.6-5.2)
Haematocrit	0.41		(0.33-0.46)
Mean Cell Volume	96	fL	(80-98)
Mean Cell Haemoglobin	32	pg	(27-35)
Platelet Count	288	x10 ⁹ /L	(150-450)
White Cell Count	5.1	x10 ⁹ /L	(4.0-11.0)
Neutrophils	58 %	3.0 x10 ⁹ /L	(2.0-7.5)
Lymphocytes	32 %	1.6 x10 ⁹ /L	(1.1-4.0)
Monocytes	7 %	0.4 x10 ⁹ /L	(0.2-1.0)
Eosinophils	2 %	0.10 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 ****

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