BERGER, YUVAL

4/45 DRYDEN STREET, YOKINE. 6060

Phone: 0437461767

**Birthdate**: 26/09/1970 **Sex**: M **Medicare Number**: 6234542919 **Your Reference**: 13D1F16143 **Lab Reference**: 420703298-C-SE- PSA

Laboratory: Clinipath Pathology

Addressee: DR LUDMILA POLCZYNSKI Referred by: DR LUDMILA POLCZYNSKI

Copy to:

EMAIL PATIENT COPY

Name of Test: SE- PSA

Requested: 09/10/2024 Collected: 09/10/2024 Reported: 09/10/2024

16:58

Clinical notes: . Non-Fasting.

Clinical Notes : . Non-Fasting.

PSA

Date 09/10/24 Time F-Fast 0848 F

Lab No. 420703298 Units Reference

Total PSA 1.3 ug/L (0.25-3.0)

PSA measured using Abbott method.

Comments on Collection 09/10/24 0848 F:

PSA

This PSA result does not indicate a high risk for prostate cancer. If indicated consider follow-up PSA testing in 2 years.

CA

Tests Completed: PSA, FBC

Tests Pending : LFT, Creatinine, Renal Function, Electrolytes,

HDL & CHOL, Alb/Creat, HbA1c

Sample Pending:

BERGER, YUVAL

4/45 DRYDEN STREET, YOKINE. 6060

Phone: 0437461767

Birthdate: 26/09/1970 Sex: M Medicare Number: 6234542919
Your Reference: 13D1F16143 Lab Reference: 420703298-H-ED-

Haematology

Laboratory: Clinipath Pathology

Addressee: DR LUDMILA POLCZYNSKI Referred by: DR LUDMILA POLCZYNSKI

Copy to:

EMAIL PATIENT COPY

Name of Test: ED- Haematology

Requested: 09/10/2024 Collected: 09/10/2024 Reported: 09/10/2024

16:58

Clinical notes: . Non-Fasting.

Clinical Notes : . Non-Fasting.

Haematology

Date Time F-Fast	24/05/23 0835	09/10/24 0848 F		
Lab No.	436416283	FOR THE THEORY OF THE PARTY OF	Units	Reference
Haemoglobin	133	129 L	g/L	(130-180)
RCC	4.4 L	4.4 L	x10^12/L	(4.5-6.5)
Haematocrit	0.38 L	0.39 L		
(0.40 - 0.54)				
MCV	87	87	fL	(80-100)
MCH	31	29	pg	(27-32)
MCHC	353	334	g/L	(310 - 360)
RDW	12.1	12.3		(10-15)
WCC	5.2	6.4	x10^9/L	(4.0-11.0)
Neutrophils	2.7	3.2	x10^9/L	(2.0-7.5)
Lymphocytes	1.6	2.1	x10^9/L	(1.2-4.0)
Monocytes	0.7	0.7	x10^9/L	(0.2-1.0)
Eosinophils	0.3	0.3	x10^9/L	(0.0-0.5)
Basophils	<0.1	<0.1	x10^9/L	(0.0-0.1)
Platelets	157	199	x10^9/L	(150-400)

Comments on Collection 09/10/24 0848 F:

FBC

Slight anaemia. The white cells and platelets parameters are within expected limits.

Comments on Collection 24/05/23 0835:

FBC

The full blood count parameters are within the acceptable ranges.

HA

Tests Completed: PSA, FBC

Tests Pending : LFT, Creatinine, Renal Function, Electrolytes,

HDL & CHOL, Alb/Creat, HbA1c

Sample Pending:

BERGER, YUVAL

4/45 DRYDEN STREET, YOKINE. 6060

Phone: 0437461767

Birthdate: 26/09/1970 Sex: M Medicare Number: 6234542919 Your Reference: 13D1F16143 Lab Reference: 420703298-C-SE- Liver

Function

Laboratory: Clinipath Pathology

Addressee: DR LUDMILA POLCZYNSKI Referred by: DR LUDMILA POLCZYNSKI

Copy to:

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Name of Test: SE- Liver Function

Requested: 09/10/2024 Collected: 09/10/2024 Reported: 09/10/2024

17:28

Clinical notes: . Non-Fasting.

Clinical Notes : . Non-Fasting.

Liver Function

Date 09/10/24 0848 F Time F-Fast

Lab No. 420703298 Units Reference

AST	21	U/L	(10-40)
ALT	18	U/L	(5-40)
ALP	90	U/L	(30-110)
GGT	17	U/L	(5-50)
Total Bilirubin	5	umol/L	(4-20)
Protein	53 L	g/L	(63 - 80)
Albumin	29 L	g/L	(34 - 45)
Globulin	24	g/L	(23 - 39)

CA

Tests Completed: LFT, Creatinine, Renal Function, Electrolytes,

HDL & CHOL, PSA, FBC

Tests Pending : Alb/Creat, HbAlc

Sample Pending:

BERGER, YUVAL

4/45 DRYDEN STREET, YOKINE. 6060

Phone: 0437461767

Birthdate: 26/09/1970 Sex: M Medicare Number: 6234542919
Your Reference: 13D1F16143 Lab Reference: 420703298-C-SE- Renal

function

Laboratory: Clinipath Pathology

Addressee: DR LUDMILA POLCZYNSKI Referred by: DR LUDMILA POLCZYNSKI

Copy to:

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Name of Test: SE- Renal function

Requested: 09/10/2024 Collected: 09/10/2024 Reported: 09/10/2024

17:28

Clinical notes: . Non-Fasting.

Clinical Notes : . Non-Fasting.

## Renal Function

Date	09/10/24		
Time F-Fast	0848 F		
Lab No.	420703298	Units	Reference
Urea	7.3	mmol/L	(3.5-8.5)
Creatinine	124 H	umol/L	(60-110)
eGFR	56 L		(>59)
Sodium	142	mmol/L	(135-145)
Potassium	4.3	mmol/L	(3.5-5.5)
Chloride	110	mmol/L	(95-110)
Bicarbonate	23	mmol/L	(20-32)

Renal Function eGFR calculated using CKD EPI from 21-05-13.

Comments on Collection 09/10/24 0848 F:

Creatinine

eGFR (CKD-EPI formula) 30-59 mL/minute/1.73m2 indicates moderate chronic kidney failure and the need for further investigation including assessment of proteinuria and cardiovascular risk factors. See www.kidney.org.au for limitations of use of eGFR.

Renal Function

Note: eGFR units are mL/min/1.73m2.

Moderate renal impairment noted, suggest urine microalbumin & 3 monthly U&Es.

Tests Completed: LFT, Creatinine, Renal Function, Electrolytes,

HDL & CHOL, PSA, FBC

Tests Pending : Alb/Creat, HbAlc

Sample Pending :

YUVAL BERGER,

4/45 DRYDEN STREET, YOKINE. 6060

0437461767 Phone:

Birthdate: 26/09/1970 Sex: M Medicare Number: Your Reference: 13D1F16143 Lab Reference: 420703298-C-SE-Lipids

Laboratory: Clinipath Pathology

Referred by: DR LUDMILA POLCZYNSKI Addressee: DR LUDMILA POLCZYNSKI

Copy to:

EMAIL PATIENT COPY

Name of Test: SE-Lipids

Requested: 09/10/2024 Collected: 09/10/2024 Reported: 09/10/2024

17:28

Clinical notes: . Non-Fasting.

Clinical Notes : . Non-Fasting.

#### Lipids

Date	09/10/24		
Time F-Fast	0848 F		
Lab No.	420703298	Units	Reference
Status	Fasting		
Cholesterol	6.4 H	mmol/L	(<5.0)
Triglyceride	0.8	mmol/L	(<2.0)
HDL Chol.	1.9	mmol/L	(>1.0)
Coronary Risk Rati 3.4			(<3.5)
LDL Chol.	4.1 H	mmol/L	(<3.0)
Non HDL Chol.	4.5 H	mmol/L	(<3.9)

HDL & CHOL Non-fasting samples now accepted for lipids.

Comments on Collection 09/10/24 0848 F:

HDL & CHOL

TFT's are recommended in follow-up to exclude secondary causes of hypercholesterolemia (if not recently performed elsewhere).

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) are:

Total Cholesterol <4.0 mmol/L >=1.00 mmol/L HDL-Cholesterol Fasting Triglycerides <2.0 mmol/L <2.5 mmol/L Non-HDL Cholesterol

Increased non-HDL Cholesterol is a significant marker for subclinical atherosclerosis (ref: Cardiology Today 2013; 3(2): pp25-27).

Tests Completed: LFT, Creatinine, Renal Function, Electrolytes,

HDL & CHOL, PSA, FBC

Tests Pending : Alb/Creat, HbA1c

Sample Pending:

BERGER, YUVAL

4/45 DRYDEN STREET, YOKINE. 6060

0437461767 Phone:

Phone: 0437461767 Birthdate: 26/09/1970 Sex: M Medicare Number: 6234542919

Your Reference: 13D1F16143 Lab Reference: 420703298-H-ED-Haemoglobin

A1c

Laboratory: Clinipath Pathology

Addressee: DR LUDMILA POLCZYNSKI Referred by: DR LUDMILA POLCZYNSKI

Copy to:

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Name of Test: ED-Haemoglobin Alc

Requested: 09/10/2024 Collected: 09/10/2024 Reported: 10/10/2024

07:28

Clinical notes: . Non-Fasting.

Clinical Notes : . Non-Fasting.

HbA1C

09/10/24 Time F-Fast 0848 F

Lab No. 420703298 Units Reference

HbA1c (NGSP) 5.4 (<6.5)HbAlc(IFCC) 3.5 mmol/mol (<48)

Comments on Collection 09/10/24 0848 F:

HbA1c

Concurrent low haemoglobin level noted. Hbalc results can be altered/affected by any condition that shortens erythrocyte survival or decreases mean erythrocyte age (anaemia, iron deficiency, acute blood loss and congenital haemoglobinopathy). Suggest interpret results with caution and use alternative measures of glycaemic assessment (e.g., glucose monitoring).

Queries: Dr A. Simpson, Dr K. Kahapola, Dr D. Bell and Dr P. Glendenning (08) 9371 4200.

Tests Completed: LFT, Creatinine, Renal Function, Electrolytes,

HDL & CHOL, PSA, HbA1c, FBC

Tests Pending : Alb/Creat

Sample Pending:

BERGER, YUVAL

4/45 DRYDEN STREET. YOKINE. 6060

0437461767 Phone:

Birthdate: 26/09/1970 Sex: M Medicare Number: 6234542919 Your Reference: 13D1F16143 Lab Reference: 420703298-C-U-MALB

Laboratory: Clinipath Pathology

Addressee: DR LUDMILA POLCZYNSKI Referred by: DR LUDMILA POLCZYNSKI

Copy to:

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Name of Test: U-Alb/Creat

Requested: 09/10/2024 Collected: 09/10/2024 Reported: 10/10/2024

08:28

Clinical notes: . Non-Fasting.

Clinical Notes : . Non-Fasting.

Date 09/10/24 Time F-Fast 0848 F Lab No. 420703298

Lab No. 420703298 Units Reference

R-U-Creat 10.1 mmol/L (2.0-20.0)
R-U-Albumin 3198 H mg/L (<20)
Alb/Cr Ratio 316.6 H mg/mmol (0-2.4)

Comments on Collection 09/10/24 0848 F:

Alb/Creat

Urine albumin-creatinine ratio Male Female

(mg/mmol)

 Normal
 <2.5</td>
 <3.5</td>

 Microalbuminuria
 2.5 - 25
 3.5 - 35

 Macroalbuminuria
 >25
 >35

Levels of Albumin >300 mg/L are not classified as microalbuminuria, and are probably due to general proteinuria (eg nephrotic syndrome). Suggest urine protein/creatinine ratio to confirm.

Dr A Simpson

Chemical Pathologist/Endocrinologist

AS

Tests Completed: LFT, Creatinine, Renal Function, Electrolytes,

HDL & CHOL, Alb/Creat, PSA, HbA1c, FBC

Tests Pending : Sample Pending :

BERGER, YUVAL

4/45 DRYDEN STREET, YOKINE. 6060

Phone: 0437461767

**Birthdate**: 26/09/1970 **Sex**: M **Medicare Number**: 6234542919 **Your Reference**: 13D1F16143 **Lab Reference**: 420703298-C- PTH

Laboratory: Clinipath Pathology

Addressee: DR LUDMILA POLCZYNSKI Referred by: DR LUDMILA POLCZYNSKI

Copy to:

EMAIL PATIENT COPY

Name of Test: PTH

**Requested:** 09/10/2024 **Collected:** 09/10/2024 **Reported:** 11/10/2024

09:58

Clinical notes: . Non-Fasting.

Clinical Notes : . Non-Fasting.

PTH

Date 09/10/24 Time F-Fast 0848 F

Lab No. 420703298 Units Reference

PTH 9.2 H pmol/L (1.6-9.0)250H Vit D 35 L nmol/L (50 - 150)Creatinine (60-110) 124 H umol/L 56 L (>59)eGFR

Corr. Calcium 2.38 mmol/T.

(2.15-2.55)

Comments on Collection 09/10/24 0848 F:

Results are consistent with secondary hyperparathyroidism; possible causes include chronic renal impairment, vitamin D or calcium deficiency and antiresorptive bone therapy.

Dr A Simpson

Chemical pathologist/Endocrinologist

AS

Tests Completed: LFT, Creatinine, Renal Function, Electrolytes, PO4,

HDL & CHOL, Calcium, Alb/Creat, PSA, PTH,

VITAMIN D 25 OH, HbA1c, FBC

Tests Pending Sample Pending :

BERGER, YUVAL

4/45 DRYDEN STREET, YOKINE. 6060

Phone: 0437461767 Birthdate: 26/09/1970 Medicare Number: Sex: M 6234542919 Your Reference: 13D1F16143 Lab Reference: 420703298-S-SE-VITD

Laboratory: Clinipath Pathology

Addressee: DR LUDMILA POLCZYNSKI Referred by: DR LUDMILA POLCZYNSKI

Copy to:

EMAIL PATIENT COPY

Name of Test: SE-VITAMIN D 25 OH

Requested: 09/10/2024 Collected: 09/10/2024 Reported: 11/10/2024

07:28

Clinical notes: . Non-Fasting.

Clinical Notes : . Non-Fasting.

09/10/24 Date Time F-Fast 0848 F

Lab No. 420703298 Units Reference

250H Vit D 35 L nmol/L (50 - 150)

Comments on Collection 09/10/24 0848 F:

Mild Vitamin D deficiency. Consider cholecalciferol replacement if at risk of falls and fractures and repeat 250HD, PTH and calcium in 3 months if treatment commenced.

ANZBMS updated Position Statement Vitamin D and health in adults in Australia and New Zealand MJA 196 (11) 2012.

Vitamin D adequacy: >49 nmol/L at the end of winter (level may need to be 10-20 nmol/L higher at the end of summer, to allow for seasonal decrease).

30-49 Mild Deficiency nmol/L 12.5-29 nmol/L Moderate Deficiency Severe Deficiency < 12.5 nmol/L

SA

Tests Completed: LFT, Creatinine, Renal Function, Electrolytes, PO4,

HDL & CHOL, Calcium, Alb/Creat, PSA, VITAMIN D 25 OH,

HbA1c, FBC

Tests Pending : PTH Sample Pending:

BERGER, YUVAL

4/45 DRYDEN STREET, YOKINE. 6060

Phone: 0437461767

Phone: 0437461767 Birthdate: 26/09/1970 Sex: M Medicare Number: 6234542919

Your Reference: 13D1F16143 Lab Reference: 420703298-C-SE- Calcium

Studies

Laboratory: Clinipath Pathology

Referred by: DR LUDMILA POLCZYNSKI Addressee: DR LUDMILA POLCZYNSKI

Copy to:

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Name of Test: SE- Calcium Studies

Requested: 09/10/2024 Collected: 09/10/2024 Reported: 11/10/2024

07:28

Clinical notes: . Non-Fasting.

Clinical Notes : . Non-Fasting.

Calcium Studies

09/10/24 Time F-Fast 0848 F Lab No. 420703298

Units Reference

Calcium 2.14 mmol/L

29 L g/L (34 - 45)Albumin

Corr. Calcium 2.38 mmol/L

(2.15-2.55)

Phosphate 1.6 H mmol/L

(0.75 - 1.50)

Comments on Collection 09/10/24 0848 F:

The commonest cause of elevated phosphate in the presence of a normal calcium is artefact from sample haemolysis or delayed cell separation. Suggest a repeat on a freshly collected and separated specimen to

confirm.

CA

Tests Completed: LFT, Creatinine, Renal Function, Electrolytes, PO4,

HDL & CHOL, Calcium, Alb/Creat, PSA, VITAMIN D 25 OH,

HbA1c, FBC

Tests Pending : PTH Sample Pending:

BERGER, Yuval

Unit 4 45 Dryden Street, YOKINE. 6060

Phone: 0437461767

Birthdate: 26/09/1970 Medicare Number: Sex: M

Your Reference: 77.50623861 Lab Reference: 77.50623861 1

Laboratory: insimage

Addressee: Dr Ludmila Polcznski Referred by:

Name of Test: US Renal/Urinary Tract

Requested: 17/10/2024 Collected: 17/10/2024 Reported: 17/10/2024

00:00

# US Renal/Urinary Tract

Address: Unit 4 45 Dryden Street YOKINE I-MED Radiology Patient Name: BERGER, Yuval 6060 DOB:26/09/1970

Gender:M

Phone: Medicare Number:

Referred By:Dr Ludmila Lab:

Polcznski

Radiologist: DR Dr Jo

Lab Reference:77.50623861 14:07

Date Performed: 17/10/2024 Date Reported: 17/10/2024 14:07

Click here to view images in Zed Link

Dr Ludmila Polcznski Patient ID: 73,427980

Gwelup Medical Centre Accession Number: 77.50623861

698 North Beach Road

Network

Gwelup 6018 Tel: 0892448588

17th October 2024 Reported: 17 October 2024

Dear Dr Polcznski

Re: Mr Yuval BERGER - DOB: 26/09/1970 Unit 4 45 Dryden Street YOKINE 6060

#### KUB ULTRASOUND

History:

Hypertensive. Proteinuria and haematuria.

## Findings:

The right kidney is normal in size and appearance with a length of 133mm. The cortical thickness is maintained, with normal corticomedullary differentiation and no hydronephrosis. No solid renal mass.

The left kidney is normal in size and appearance with a length of 121mm. The cortical thickness is maintained, with normal corticomedullary differentiation and no hydronephrosis. No solid renal mass.

The bladder wall is normal in appearance. Both ureteric jets are visualised.

The initial bladder volume was 203ml. The post micturition residual volume was 32mL.

The prostate is enlarged, with a volume of 47mL. It indents upon the bladder wall contour.

### CONCLUSION:

The prostate is enlarged (47cc). A 32ml post micturition volume (small/moderate).

Dr Jo Lagerberg . MBBS, FRANZCR Electronically signed at 4:07 pm Thu, 17th Oct 2024

If you would like to view the images, please click here

Note: Images are available for viewing 6 months from date of examination. For historical image access and to create a Zed Link user account please contact I-MED Radiology on 1300 147 852.