

CHADWICK, ANGUS
 1470 CARINDA RD, COONAMBLE. 2829
 Phone: 0268221421
 Birthdate: 17/03/1993 Sex: M Medicare Number: 2859861961
 Your Reference: 00144306 Lab Reference: 23-26177552-FBE-0
 Laboratory: Lavery Pathology
 Addressee: DR YASHWANT S CHARAK Referred by: DR YASHWANT S CHARAK

Name of Test: HAEMATOLOGY (FBE-0)
 Requested: 01/12/2023 Collected: 04/12/2023 Reported: 04/12/2023
 23:36

Clinical notes: Patient wants blood investigations as requested...

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HAEMATOLOGY					
Request Number	10364859	15628783	22085300	26177552	
Date Collected	1 Apr 21	16 May 22	5 Jun 23	4 Dec 23	
Time Collected	11:16	11:03	07:57	07:46	
Specimen Type: EDTA					
Hb (130-180) g/L	164	154	152	153	
Hct (0.40-0.54)	0.47	0.45	0.42	0.43	
RCC (4.5-6.5) x10 ¹² /L	5.5	5.3	5.1	5.2	
MCV (79-99) fL	85	84	82	84	
MCH (27-34) pg	30	29	30	30	
MCHC (320-360) g/L	353	345	363	353	
RDW (10.0-17.0) %	12.3	12.3	11.9	11.9	
WBC (4.0-11.0) x10 ⁹ /L	4.9	4.3	4.6	4.4	
Neut (2.0-7.5) x10 ⁹ /L	2.5	1.8	2.3	2.1	
Lymph (1.0-4.0) x10 ⁹ /L	1.9	1.8	1.7	1.7	
Mono (0.2-1.0) x10 ⁹ /L	0.4	0.5	0.5	0.4	
Eos (< 0.7) x10 ⁹ /L	0.1	0.2	0.1	0.1	
Baso (< 0.2) x10 ⁹ /L	0.0	0.0	0.0	0.0	
Plat (150-400) x10 ⁹ /L	193	170	199	195	

HAEMATOLOGY: FBC parameters are within reference range.

Requested Tests : VBF*, TOF, TFT*, GLU*, ESR*, CRP*, MBA*, LIP*, INS*, IMM*, FE*, FBE, COE*

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Phone: 0268221421
Birthdate: 17/03/1993 **Sex:** M **Medicare Number:** 2859861961
Your Reference: 00144306 **Lab Reference:** 23-26177552-FE-0
Laboratory: Laverty Pathology
Addressee: DR YASHWANT S CHARAK **Referred by:** DR YASHWANT S CHARAK

Name of Test: IRON STUDIES (FE-0)
Requested: 01/12/2023 **Collected:** 04/12/2023 **Reported:** 04/12/2023
23:45

Clinical notes: Patient wants blood investigations as requested...

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IRON STUDIES

Request Number	22085300	26177552
Date Collected	5 Jun 23	4 Dec 23
Time Collected	07:57	07:46
Specimen Type:	Serum	
Iron (10-30)	umol/L	22 12
T'ferrin(27-46)	umol/L	26 26
T. Sat. (13-45)	%	43 24
Ferritin(30-300)	ug/L	140 100

Transferrin may be decreased by protein deficiency or loss. The normal ferritin, in the context of a normal CRP, makes iron deficiency unlikely.

Requested Tests : VBF*, TOF, TFT*, GLU, ESR*, CRP, MBA, LIP, INS, IMM*, FE, FBE, COE*

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 Phone: 0268221421
 Birthdate: 17/03/1993 Sex: M Medicare Number: 2859861961
 Your Reference: 00144306 Lab Reference: 23-26177552-LIP-0
 Laboratory: Laverty Pathology
 Addressee: DR YASHWANT S CHARAK Referred by: DR YASHWANT S CHARAK

Name of Test: LIPID STUDIES (LIP-0)
 Requested: 01/12/2023 Collected: 04/12/2023 Reported: 04/12/2023
 23:45

Clinical notes: Patient wants blood investigations as requested...

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	LIPID STUDIES			
Request Number	15628755	19144988	22085300	26177552
Date Collected	13 May 22	23 Jun 22	5 Jun 23	4 Dec 23
Time Collected	09:14	09:10	07:57	07:46
Specimen Type:	Serum			

Reference intervals are included for reference only, and interpretation / treatment goals should be guided by patient-specific cardiovascular risk assessment (see Australian Cardiovascular Risk Charts. Alternatively, the web-site www.cvdcheck.org.au can be accessed in order to complete a risk assessment for individual patients.)

Haemolysis	Nil	Nil	Nil	Nil
Icterus	Nil	Nil	Nil	Nil
Lipaemia	Nil	Nil	Nil	Nil

		Fasting	Fasting	Fasting	Fasting
Chol (3.6-5.2)	mmol/L	7.0	5.9	4.7	5.1
Trig (0.5-1.7)	mmol/L	7.7	2.2	2.4	3.1
HDL (1.0-2.0)	mmol/L	0.9	1.0	1.1	0.9
LDL (1.5-3.4)	mmol/L		3.9	2.5	2.8
Non-HDL (< 3.4)	mmol/L	6.1	4.9	3.6	4.2
Chol/HDL(< 5.0)		7.8	5.9	4.3	5.7

NVDPA TARGET LIPID RANGES (MMOL/L) FOR PATIENTS AT HIGH / MODERATE RISK OF CARDIOVASCULAR DISEASE:

TOTAL CHOLESTEROL	<4.0
TRIGS (FASTING)	<2.0
HDL-C	>= 1.0
LDL-C	<2.0
NON HDL-C	<2.5

Associated pathologies include metabolic syndrome, type 2 diabetes,
obesity, renal impairment, intercurrent illness, drugs and familial forms
of hypertriglyceridaemia.
Decreased HDL-C is a risk factor for CVD.

LDL-C exceeds target for higher risk patients and may be excessive in
some individuals.

Requested Tests : VBF*, TOF, TFT*, GLU, ESR*, CRP, MBA, LIP, INS, IMM*, FE, FBE,
COE*

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Phone: 0268221421
Birthdate: 17/03/1993 Sex: M Medicare Number: 2859861961
Your Reference: 00144306 Lab Reference: 23-26177552-GLU-0
Laboratory: Lavery Pathology
Addressee: DR YASHWANT S CHARAK Referred by: DR YASHWANT S CHARAK

Name of Test: GLUCOSE (GLU-0)
Requested: 01/12/2023 Collected: 04/12/2023 Reported: 04/12/2023
23:45

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SERUM/PLASMA GLUCOSE

Request Number	15628755	19144988	22085300	26177552
Date Collected	13 May 22	23 Jun 22	5 Jun 23	4 Dec 23
Time Collected	09:14	09:10	07:57	07:46
Fasting status	Fasting	Fasting	Fasting	Fasting
Serum (3.4-5.4) mmol/L	5.5	4.9	5.8	5.8

Equivocally elevated fasting glucose result. If not recently performed, recommend follow-up assessment with an oral glucose tolerance test or HbA1c.

Requested Tests : VBF*, TOF, TFT*, GLU, ESR*, CRP, MBA, LIP, INS, IMM*, FE, FBE, COE*

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Your Reference: 00144306 Lab Reference: 23-26177552-INS-0
Laboratory: Laverty Pathology
Addressee: DR YASHWANT S CHARAK Referred by: DR YASHWANT S CHARAK

Name of Test: SERUM INSULIN (INS-0)
Requested: 01/12/2023 Collected: 04/12/2023 Reported: 04/12/2023
23:45

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SERUM INSULIN

Fasting status	Fasting
Haemolysis	Nil
Insulin	10 mU/L (< 10)

ASSESSMENT OF INSULIN RESISTANCE (FASTING SAMPLES ONLY)

< 10 - normal insulin sensitivity
10-14 - mild insulin resistance
> 14 - insulin resistance

Insulin results from non-fasting samples are difficult to interpret
although any result ≥ 60 mU/L is likely to indicate insulin resistance.

Requested Tests : VBF*, TOF, TFT*, GLU, ESR*, CRP, MBA, LIP, INS, IMM*, FE, FBE,
COE*

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Phone: 0268221421
Birthdate: 17/03/1993 Sex: M Medicare Number: 2859861961
Your Reference: 00144306 Lab Reference: 23-26177552-CRP-0
Laboratory: Laverty Pathology
Addressee: DR YASHWANT S CHARAK Referred by: DR YASHWANT S CHARAK

Name of Test: C-REACTIVE PROTEIN (CRP-0)
Requested: 01/12/2023 Collected: 04/12/2023 Reported: 04/12/2023
23:45

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	C-REACTIVE PROTEIN	
Request Number	10364859	26177552
Date Collected	1 Apr 21	4 Dec 23
Time Collected	11:16	07:46
Specimen Type: Serum		
CRP (< 6.0) mg/L	< 4.0	< 4.0

Requested Tests : VBF*, TOF, TFT*, GLU, ESR*, CRP, MBA, LIP, INS, IMM*, FE, FBE, COE*

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 Phone: 0268221421
 Birthdate: 17/03/1993 Sex: M Medicare Number: 2859861961
 Your Reference: 00144306 Lab Reference: 23-26177552-MBA-0
 Laboratory: Laverty Pathology
 Addressee: DR YASHWANT S CHARAK Referred by: DR YASHWANT S CHARAK

Name of Test: SERUM CHEMISTRY (MBA-0)
 Requested: 01/12/2023 Collected: 04/12/2023 Reported: 04/12/2023
 23:45

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SERUM CHEMISTRY

Request Number	15628755	22085300	26177552
Date Collected	13 May 22	5 Jun 23	4 Dec 23
Time Collected	09:14	07:57	07:46
Specimen Type: Serum			

Haemolysis	Nil	Nil	Nil
Icterus	Nil	Nil	Nil
Lipaemia	Nil	Nil	Nil

Na	(135-145)	mmol/L	139	140	141
K	(3.6-5.4)	mmol/L	4.7	4.0	4.0
Cl	(95-110)	mmol/L	100	99	102
HCO3	(22-32)	mmol/L	26	26	26
An Gap	(10-20)	mmol/L	18	19	17
Urea	(2.5-7.5)	mmol/L	6.1	5.9	6.0
Creat	(60-110)	umol/L	90	80	85
eGFR	mL/min/1.73m ²		> 90	> 90	> 90
Urate	(0.20-0.42)	mmol/L	0.38	0.43	0.42
Bili	(< 20)	umol/L	8	10	7
AST	(< 40)	U/L	20	15	18
ALT	(< 40)	U/L	26	19	26
GGT	(< 40)	U/L	19	19	21
Alk Phos	(35-110)	U/L	82	72	63
Protein	(60-82)	g/L	73	70	69
Albumin	(38-50)	g/L	50	46	46
Glob	(20-38)	g/L	23	24	23
Ca	(2.10-2.60)	mmol/L	2.41	2.33	2.34
Corr Ca	(2.10-2.60)	mmol/L	2.27	2.27	2.28
PO4	(0.75-1.50)	mmol/L	1.10	1.09	1.15

eGFR >=90 mL/min/1.73m² usually indicates normal kidney function but does not exclude patients with early kidney damage (those with albuminuria, haematuria or abnormal kidney imaging).

Requested Tests : VBF*, TOF, TFT*, GLU, ESR*, CRP, MBA, LIP, INS, IMM*, FE, FBE, COE*

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Birthdate: 17/03/1993 Sex: M Medicare Number: 2859861961
Your Reference: 00144306 Lab Reference: 23-26177552-IMM-0
Laboratory: Laverty Pathology
Addressee: DR YASHWANT S CHARAK Referred by: DR YASHWANT S CHARAK

Name of Test: IMMUNOGLOBULINS (IMM-0)
Requested: 01/12/2023 Collected: 04/12/2023 Reported: 04/12/2023
23:49

Clinical notes: Patient wants blood investigations as requested...

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SERUM IMMUNOGLOBULINS

IgA 1.12 g/L (0.40-3.50)

Note: IgA testing was done on the Roche Cobas platform from 11/05/2023 - 13/06/2023. Any testing before and after these dates were/are done on the Siemens Atellica platform. Please review reference ranges accordingly.

Reference range source: Siemens Atellica IgA_2 Instruction for Use.

Requested Tests : VBF*, TOF, TFT, GLU, ESR*, CRP, MBA, LIP, INS, IMM, FE, FBE, COE*

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Phone: 0268221421
Birthdate: 17/03/1993 Sex: M Medicare Number: 2859861961
Your Reference: 00144306 Lab Reference: 23-26177552-TFT-0
Laboratory: Laverty Pathology
Addressee: DR YASHWANT S CHARAK Referred by: DR YASHWANT S CHARAK

Name of Test: THYROID FUNCTION TEST (TFT-0)
Requested: 01/12/2023 Collected: 04/12/2023 Reported: 04/12/2023
23:49

Clinical notes: Patient wants blood investigations as requested...

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THYROID PROFILE

Specimen Type: Serum

TSH 2.2 mIU/L (0.5-4.0)

Result(s) consistent with euthyroidism.

Requested Tests : VBF*, TOF, TFT, GLU, ESR*, CRP, MBA, LIP, INS, IMM, FE, FBE,
COE*

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Phone: 0268221421
Birthdate: 17/03/1993 **Sex:** M **Medicare Number:** 2859861961
Your Reference: 00144306 **Lab Reference:** 23-26177552-VBF-0
Laboratory: Lavery Pathology
Addressee: DR YASHWANT S CHARAK **Referred by:** DR YASHWANT S CHARAK

Name of Test: B12, FOLATE, R.C.FOLATE (VBF-0)
Requested: 01/12/2023 **Collected:** 04/12/2023 **Reported:** 05/12/2023
 00:33

Clinical notes: Patient wants blood investigations as requested...

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VITAMIN B12 AND FOLATE STUDIES

Vitamin B12	236	pmol/L	(156-740)
Active B12	81	pmol/L	(> 40)
Serum Folate	29.2	nmol/L	(> 9.0)

Serum Vitamin B12 Assay:

DEFICIENCY	BORDERLINE	SUFFICIENCY

<150 pmol/L	150 - 300 pmol/L	>300 - 740 pmol/L

For patients with total B12 levels in the low or borderline range, testing for active B12 (holotranscobalamin II) will automatically be performed to resolve B12 status. Active B12 is the biologically active fraction of total serum B12, and a superior indicator of B12 status. Up to 15% of individuals may have a deficiency of the carrier protein haptocorrin, which does not result in clinical B12 deficiency, despite low total B12 levels.

Serum Active B12 Assay:

This active B12 result indicates that the patient is likely to be vitamin B12 sufficient. Patients with renal impairment may still be B12 depleted despite an active B12 level within this range. For these patients, correlation with total B12, homocysteine and/or methylmalonate is required.

Folate Interpretation:

	DEFICIENCY	BORDERLINE	SUFFICIENCY

Serum Folate:	<4.5 nmol/L	4.5 - 9.0 nmol/L	>9.0 nmol/L

RBC Folate:	<340 nmol/L	340 - 570 nmol/L	>570 nmol/L

Serum Folate Assay:

In the absence of recent oral intake, a serum folate >9.0 nmol/L effectively rules out folate deficiency.

Red cell folates (RCF) are no longer processed routinely. If you have requested a RCF, and require a result for appropriate clinical reasons, this will need to be discussed and agreed with a Consultant Haematologist on +61290027085 or Dr. Lucinda Wallman, Consultant Pathologist in Immunology and Medical Director on telephone number +61 290057179

Requested Tests : VBF, TOF, TFT, GLU, ESR*, CRP, MBA, LIP, INS, IMM, FE, FBE, COE*

CHADWICK, ANGUS
1470 CARINDA RD, COONAMBLE. 2829
Phone: 0268221421
Birthdate: 17/03/1993 Sex: M Medicare Number: 2859861961
Your Reference: 00144306 Lab Reference: 23-26177558-UMA-0
Laboratory: Lavery Pathology
Addressee: DR YASHWANT S CHARAK Referred by: DR YASHWANT S CHARAK

Name of Test: URINE MICROALBUMIN (UMA-0)
Requested: 01/12/2023 Collected: 04/12/2023 Reported: 05/12/2023
01:07

<u>URINE MICROALBUMIN</u>		
Urine Albumin	3.5	mg/L
Creatinine	17.1	mmol/L
Albumin/Creatinine ratio	0.2	mg/mmol creat (< 2.5)

Normal urine albumin: creatinine ratio.

If indicated, screening for chronic kidney disease with urine albumin:creatinine ratio (preferably on a first morning void spot urine sample) is recommended every 1-2 years, and annually in patients with diabetes or hypertension. (Kidney Health Australia, CKD Management in General Practice 2015)

Requested Tests : UMM*, UMA

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Birthdate: 17/03/1993 **Sex:** M **Medicare Number:** 2859861961
Your Reference: 00144306 **Lab Reference:** 23-26177552-ESR-0
Laboratory: Laverty Pathology
Addressee: DR YASHWANT S CHARAK **Referred by:** DR YASHWANT S CHARAK

Name of Test: E.S.R (ESR-0)
Requested: 01/12/2023 **Collected:** 04/12/2023 **Reported:** 05/12/2023
09:23

Clinical notes: Patient wants blood investigations as requested...

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	<u>HAEMATOLOGY</u>	
Request Number	10364859	26177552
Date Collected	1 Apr 21	4 Dec 23
Time Collected	11:16	07:46
Specimen Type:	EDTA	
ESR (< 30) mm/hr	2	2

Requested Tests : VBF, TOF, TFT, GLU, ESR, CRP, MBA, LIP, INS, IMM, FE, FBE, COE*

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Phone: 0268221421
Birthdate: 17/03/1993 **Sex:** M **Medicare Number:** 2859861961
Your Reference: 00144306 **Lab Reference:** 23-26177552-COE-0
Laboratory: Laverty Pathology
Addressee: DR YASHWANT S CHARAK **Referred by:** DR YASHWANT S CHARAK

Name of Test: COELIAC MASTER PANEL (COE-0)
Requested: 01/12/2023 **Collected:** 04/12/2023 **Reported:** 05/12/2023
13:21

Clinical notes: Patient wants blood investigations as requested...

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COELIAC DISEASE SEROLOGY

Deamidated gliadin peptide IgG	2 FLU	(< 5)
Total IgA	1.12 g/L	(0.40-3.50)
Transglutaminase IgA	< 1 FLU	(< 5)

No serological evidence of coeliac disease or dermatitis herpetiformis.
False negative results may occur in affected individuals compliant with a
gluten-free diet. Affected children aged under 5 years may also be
negative for IgA- tissue transglutaminase antibodies.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : VBF, TOF, TFT, GLU, ESR, CRP, MBA, LIP, INS, IMM, FE, FBE, COE

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Phone: 0268221421
Birthdate: 17/03/1993 **Sex:** M **Medicare Number:** 2859861961
Your Reference: 00144306 **Lab Reference:** 23-26177558-UMM-0
Laboratory: Laverty Pathology
Addressee: DR YASHWANT S CHARAK **Referred by:** DR YASHWANT S CHARAK

Name of Test: URINE MICRO/CULTURE (UMM-0)
Requested: 01/12/2023 **Collected:** 04/12/2023 **Reported:** 05/12/2023
17:31

<u>URINE EXAMINATION</u>					
Specimen	Midstream				
CHEMISTRY		MICROSCOPY			
pH	6.0	Leucocytes	< 3	x10 ⁶ /L	(< 10)
Protein	nil	Erythrocytes	< 4	x10 ⁶ /L	(< 10)
Glucose	nil	Epithelial cells	< 5	x10 ⁶ /L	(< 10)
Blood	nil				

A urine with these results is not usually infected. Although culture has been performed, a further report will only be issued if the culture is positive.

Requested Tests : UMM, UMA