

DAHLSTROM, VERA

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

Patient	PYATT, ANGELA	UR No.	
Patient Address	21 BROOKS RD MAREEBA QLD 4880		
Sex	F	Age	33 years
		DOB	06/09/1991
Report For	DAHLSTROM, VERA	Requested	13/02/2025
		Collected	13/02/2025 07:30 AM
Ref. by/copy to	DAHLSTROM, VERA	Reported	28/02/2025 08:27 AM

Whole Blood Vitamin B6 40 ug/L (> 14)
(as Pyridoxal-5-phosphate)

This result does not indicate vitamin B6 deficiency.

Levels exceeding 30 ug/L typically reflect recent absorption or supplementation.
Very high levels exceeding 500 ug/L if sustained have been associated with neuropathy.

Note: As vitamin B6 is found predominantly within the red blood cells, patients with anaemia may misleadingly have mildly low results.

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Serum Zinc 10 umol/L (10-25)

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CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	13/02/25
Time	07:30
Lab No	96304172

TSH	2.0 mIU/L (0.50-4.00)
free T4	15 pmol/L (10-20)
free T3	4.7 pmol/L (2.8-6.8)

Euthyroid level.

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CUMULATIVE SERUM VITAMIN D

Date 13/02/25
Time 07:30
Lab No 96304172
Vitamin D3 71 nmol/L (> 49)

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Serum Copper 11 umol/L (10-45)

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CUMULATIVE IRON STUDIES

Date 13/02/25
Time 07:30
Lab No 96304172

Iron	25	umol/L	(10-33)
TIBC	48	umol/L	(45-70)
Saturation	52	%	(16-50)
Ferritin	44	ug/L	(25-290)

96304172 **Comment:**
Essentially normal iron stores.

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CUMULATIVE SERUM COMPLEMENT AND C-REACTIVE PROTEIN (CRP)

Date	13/02/25
Time	07:30
Lab No	96304172

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 BIOCHEMISTRY

Date	13/02/25	
Time	07:30	
Lab No	96304172	
	FASTING	FASTING
Sodium	140 mmol/L	(137-147)
Potass.	4.4 mmol/L	(3.5-5.0)
Chloride	106 mmol/L	(96-109)
Bicarb	28 mmol/L	(25-33)
An.Gap	10 mmol/L	(4-17)
Gluc	4.7 mmol/L	(3.0-6.0)
Urea	4.8 mmol/L	(2.0-7.0)
Creat	63 umol/L	(40-110)
eGFR	> 90 mL/min	(over 59)
Urate	0.28 mmol/L	(0.14-0.35)
T.Bili	10 umol/L	(2-20)
Alk.P	50 U/L	(30-115)
GGT	17 U/L	(0-45)
ALT	19 U/L	(0-45)
AST	18 U/L	(0-41)
LD	144 U/L	(80-250)
Calcium	2.29 mmol/L	(2.15-2.60)
Corr.Ca	2.30 mmol/L	(2.15-2.60)
Phos	1.0 mmol/L	(0.8-1.5)
T.Prot	63 g/L	(60-82)
Alb	42 g/L	(35-50)
Glob	21 g/L	(20-40)
Chol	4.7 mmol/L	(3.6-6.7)
Trig	0.7 mmol/L	(0.3-2.2)
Lab No	96304172	
Date	13/02/25	

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CUMULATIVE FULL BLOOD EXAMINATION

Date 13/02/25
 Time 07:30
 Lab No 96304172

Hb	132	g/L	(115-160)
RCC	4.5	x10 ¹² /L	(3.6-5.2)
Hct	0.40		(0.33-0.46)
MCV	88	fL	(80-98)
MCH	29	pg	(27-35)
Plats	322	x10 ⁹ /L	(150-450)
WCC	9.8	x10 ⁹ /L	(4.0-11.0)
Neuts	62 %	6.1 x10 ⁹ /L	(2.0-7.5)
Lymphs	25 %	2.5 x10 ⁹ /L	(1.1-4.0)
Monos	8 %	0.8 x10 ⁹ /L	(0.2-1.0)
Eos	4 %	0.39 x10 ⁹ /L	(0.04-0.40)
Basos	1 %	0.10 x10 ⁹ /L	(< 0.21)

96304172 **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 ****

Pathology Report