

DAHLSTROM, VERA

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

Patient **DALTON, ANDREA**

UR No.

Patient Address **38 ANN ST MALANDA QLD 4885**

Sex **F** Age **68 years** DOB **25/07/1956**

Report For **DAHLSTROM, VERA**

Ref. by/copy to **DAHLSTROM, VERA**

Requested	13/03/2025	
Collected	13/03/2025	09:30 AM
Reported	26/03/2025	07:10 AM

URINARY IODINE

Creatinine	2.7	mmol/L
Iodine	56	ug/L
Iodine	0.44	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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CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	13/03/25
Time	09:30
Lab No	96520540
TSH	1.7 mIU/L (0.50-4.00)
free T4	15 pmol/L (10-20)
free T3	4.5 pmol/L (2.8-6.8)
Thyroglobulin AbII	2.2 IU/mL (< 4.6)
Thy. Peroxidase Ab	31 IU/mL (< 60)

Euthyroid level.

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 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.

Pathology Report