

DAHLSTROM, VERA

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

Patient **JOHNSON, CATHERINE**

UR No.

Patient Address **29 GIBSON ST ATHERTON QLD 4883**

Sex **F** Age **65 years** DOB **25/08/1959**

Report For **DAHLSTROM, VERA**

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

Requested 25/03/2025
Collected 25/03/2025 09:15 AM
Reported 28/03/2025 02:49 PM

CUMULATIVE FULL BLOOD EXAMINATION

Date 25/03/25
Time 09:15
Lab No 96620608

Hb	124	g/L	(115-160)
RCC	4.4	x10 ¹² /L	(3.6-5.2)
Hct	0.42		(0.33-0.46)
MCV	96	fL	(80-98)
MCH	28	pg	(27-35)
Plats	361	x10 ⁹ /L	(150-450)
WCC	6.4	x10 ⁹ /L	(4.0-11.0)
Neuts	63 %	4.0 x10 ⁹ /L	(2.0-7.5)
Lymphs	29 %	1.9 x10 ⁹ /L	(1.1-4.0)
Monos	4 %	0.3 x10 ⁹ /L	(0.2-1.0)
Eos	3 %	0.19 x10 ⁹ /L	(0.04-0.40)
Basos	1 %	0.06 x10 ⁹ /L	(< 0.21)

96620608 Red cells are normochromic and normocytic. Platelets appear normal and leucocytes are normal and mature.

Film Reviewer Comment:

Normal blood film.

**** FINAL REPORT - Please destroy previous report ****

Pathology Report

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CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date	25/03/25
Time	09:15
Lab No	96620608

B12 Total	278	pmol/L	(162-811)
Active B12	131	pmol/L	(> 35)

Comment:
 96620608

Serum Vitamin B12 Assay:
 The vitamin B12 level is in the indeterminate range.
 B12 depletion may exist with levels up to 350 pmol/L
 Correlation with Folate levels as well as Holo TC (Active B12)
 assay is recommended.

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.
 Patients should contact their referring doctor in regard to this result.

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CUMULATIVE IRON STUDIES

Date 25/03/25
Time 09:15
Lab No 96620608

Iron	12	umol/L	(10-33)
TIBC	52	umol/L	(45-70)
Saturation	23	%	(16-50)
Ferritin	39	ug/L	(30-320)

96620608 **Comment:**
Low-normal iron stores.
A functional deficiency may exist in chronic disease states such
as chronic kidney disease (CKD) or disorders of Erythropoiesis.

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CUMULATIVE SERUM COMPLEMENT AND C-REACTIVE PROTEIN (CRP)

Date	25/03/25
Time	09:15
Lab No	96620608

CRP + 9 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	25/03/25	
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Lab No	96620608	
	FASTING	FASTING
Sodium	137 mmol/L	(137-147)
Potass.	4.5 mmol/L	(3.5-5.0)
Chloride	104 mmol/L	(96-109)
Bicarb	26 mmol/L	(25-33)
An.Gap	12 mmol/L	(4-17)
Gluc	6.2 mmol/L	(3.0-6.0)
Urea	3.4 mmol/L	(2.5-7.5)
Creat	70 umol/L	(50-120)
eGFR	78 mL/min	(over 59)
Urate	0.29 mmol/L	(0.14-0.35)
T.Bili	14 umol/L	(2-20)
Alk.P	86 U/L	(30-115)
GGT	9 U/L	(0-45)
ALT	11 U/L	(0-45)
AST	20 U/L	(0-41)
LD	180 U/L	(80-250)
Calcium	2.36 mmol/L	(2.15-2.60)
Corr.Ca	2.37 mmol/L	(2.15-2.60)
Phos	1.2 mmol/L	(0.8-1.5)
T.Prot	72 g/L	(60-82)
Alb	42 g/L	(35-50)
Glob	30 g/L	(20-40)
Chol	6.0 mmol/L	(3.6-7.3)
Trig	0.6 mmol/L	(0.3-2.2)
Lab No	96620608	
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