

DAHLSTROM, VERA

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

Patient **HARRISON, CATHERINE**
Patient Address **25 WYLANDRA DVE MAREEBA QLD 4880**
Sex **F** Age **51 years** DOB **21/03/1973**
Report For **DAHLSTROM, VERA**
Ref. by/copy to **DAHLSTROM, VERA**

UR No.

Requested 18/02/2025
Collected 18/02/2025 07:34 AM
Reported 22/02/2025 01:32 PM

CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	18/02/25
Time	07:34
Lab No	96340259
TSH	2.2 mIU/L (0.50-4.00)
free T4	13 pmol/L (10-20)
free T3	4.6 pmol/L (2.8-6.8)

Euthyroid level.

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CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date	18/02/25
Time	07:34
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Active B12	> 146 pmol/L	(> 35)
S.Fol.	35.6 nmol/L	(8.4-55.0)

Comment:
96340259

Serum Folate Assay:
Adequate Serum Folate.
In the absence of recent oral intake, a serum folate >13 nmol/L effectively rules out folate deficiency. Consider repeat fasting Folate, if there has been inadequate fasting, and clinical concern remains.

Holo TC Assay:
No suggestion of vitamin B12 deficiency.
High B12 levels are commonly seen with vitamin B12 replacement therapy.

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.

Pathology Report

QML RTE001-AV4

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CUMULATIVE SERUM VITAMIN D

Date 18/02/25
Time 07:34
Lab No 96340259
Vitamin D3 110 nmol/L (> 49)

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CUMULATIVE IRON STUDIES

Date

18/02/25

Time

07:34

Lab No

96340259

Iron

25

umol/L

(10-33)

TIBC

55

umol/L

(45-70)

Saturation

46

%

(16-50)

Ferritin

52

ug/L

(30-320)

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Serum Zinc 13 umol/L (10-25)

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CUMULATIVE SERUM BIOCHEMISTRY

Date	18/02/25	
Time	07:34	
Lab No	96340259	
	FASTING	FASTING
Sodium	141 mmol/L	(137-147)
Potass.	4.0 mmol/L	(3.5-5.0)
Chloride	105 mmol/L	(96-109)
Bicarb	27 mmol/L	(25-33)
An.Gap	13 mmol/L	(4-17)
Gluc	4.7 mmol/L	(3.0-6.0)
Urea	6.1 mmol/L	(2.5-7.5)
Creat	77 umol/L	(50-120)
eGFR	77 mL/min	(over 59)
Urate	0.35 mmol/L	(0.14-0.35)
T.Bili	12 umol/L	(2-20)
Alk.P	72 U/L	(30-115)
GGT	21 U/L	(0-45)
ALT	25 U/L	(0-45)
AST	22 U/L	(0-41)
LD	130 U/L	(80-250)
Calcium	2.49 mmol/L	(2.15-2.60)
Corr.Ca	2.31 mmol/L	(2.15-2.60)
Phos	1.0 mmol/L	(0.8-1.5)
T.Prot	73 g/L	(60-82)
Alb	49 g/L	(35-50)
Glob	24 g/L	(20-40)
Chol	5.9 mmol/L	(3.9-7.4)
Trig	1.5 mmol/L	(0.3-2.2)
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CUMULATIVE SERUM COMPLEMENT AND C-REACTIVE PROTEIN (CRP)

Date	18/02/25
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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 FULL BLOOD EXAMINATION

Date 18/02/25
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Lab No 96340259

Hb	146	g/L	(115-160)
RCC	5.0	x10 ¹² /L	(3.6-5.2)
Hct	0.45		(0.33-0.46)
MCV	89	fL	(80-98)
MCH	29	pg	(27-35)
Plats	293	x10 ⁹ /L	(150-450)
WCC	6.5	x10 ⁹ /L	(4.0-11.0)
Neuts	55 %	3.6 x10 ⁹ /L	(2.0-7.5)
Lymphs	35 %	2.3 x10 ⁹ /L	(1.1-4.0)
Monos	7 %	0.5 x10 ⁹ /L	(0.2-1.0)
Eos	2 %	0.13 x10 ⁹ /L	(0.04-0.40)
Basos	1 %	0.07 x10 ⁹ /L	(< 0.21)

96340259 **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