Healius Pathology Pty Ltd (ABN 84 007 190 043)
APA No. 000042 t/a QML Pathology
11 Riverview Place, Metroplex on Gateway, Murarrie Qld 4172
Ph (07) 3121 4444

Pathology Report

DAHLSTROM, VERA

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

Patient	**PANIZZUTTI, KYA**			UR No.	
Patient Address	**155 HOSIE RD TARZALI QLD 4885**				
Sex F	Age 19 years	DOB 17/12/2005	**Requested**	26/03/2025	
Report For	DAHLSTROM, VERA		**Collected**	26/03/2025	11:50 AM
Ref. by/copy to	DAHLSTROM, VERA		**Reported**	04/04/2025	04:00 PM

COELIAC DISEASE SEROLOGY

Gliadin IgG	(deamidated peptide)	Negative	0.6 FLU (< 11.0)
TTG IgA	(human recombinant)	Negative	1.0 FLU (< 17.0)

Negative serology makes the diagnosis of untreated coeliac disease unlikely provided the patient is on a gluten containing diet.

If a strong clinical suspicion exists, genetic testing for coeliac disease (HLA DQ2/DQ8) should be considered. A negative result for DQ2/DQ8 makes the diagnosis of coeliac disease highly unlikely. A small bowel biopsy may be required in the event of a positive DQ2/DQ8 result.

For enquiries, contact Dr Paul Campbell 07 3121 4444
Patients should contact their referring doctor in regard to this result.

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Reported 04/04/2025 04:00 PM

CUMULATIVE SERUM BIOCHEMISTRY

Date	26/03/25		
Time	11:50		
Lab No	96632441		
	FASTING		FASTING
Sodium	140	mmol/L	(137-147)
Potass.	4.6	mmol/L	(3.5-5.0)
Chloride	108	mmol/L	(96-109)
Bicarb	24	mmol/L	(25-33)
An.Gap	13	mmol/L	(4-17)
Gluc	5.0	mmol/L	(3.0-6.0)
Urea	4.7	mmol/L	(2.0-7.0)
Creat	77	umol/L	(40-100)
eGFR	> 90	mL/min	(over 59)
Urate	0.26	mmol/L	(0.14-0.35)
T.Bili	9	umol/L	(2-20)
Alk.P	87	U/L	(30-115)
GGT	11	U/L	(0-45)
ALT	11	U/L	(0-45)
AST	11	U/L	(0-41)
LD	136	U/L	(80-250)
Calcium	2.38	mmol/L	(2.15-2.60)
Corr.Ca	2.37	mmol/L	(2.15-2.60)
Phos	1.2	mmol/L	(0.9-1.7)
T.Prot	67	g/L	(60-82)
Alb	43	g/L	(35-50)
Glob	24	g/L	(20-40)
Chol	3.2	mmol/L	(3.1-6.5)
Trig	0.6	mmol/L	(0.3-2.2)
Lab No	96632441		
Date	26/03/25		

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Serum Zinc	14	umol/L	(10-25)

Pathology Report

QML_RTE001-AV/4

Dept | Date of Service | For Clinical Enquiries | Perf. Branch | Quote 25-96632441

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Pathology Report

CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date	26/03/25		
Time	11:50		
Lab No	96632441		
B12 Total	212	pmol/L	(162-811)
Active B12	72	pmol/L	(> 35)

Comment:
96632441

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.

QML_RTE001-AV4

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CUMULATIVE IRON STUDIES

Date	26/03/25		
Time	11:50		
Lab No	96632441		
Iron	13	umol/L	(10-33)
TIBC	50	umol/L	(45-70)
Saturation	26	%	(16-50)
Ferritin	52	ug/L	(25-290)

Pathology Report

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CUMULATIVE SERUM COMPLEMENT AND C-REACTIVE PROTEIN (CRP)

Date	26/03/25
Time	11:50
Lab No	96632441
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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Pathology Report

CUMULATIVE FULL BLOOD EXAMINATION

Date		26/03/25		
Time		11:50		
Lab No		96632441		
Hb		135	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		31	pg	(27-35)
Plats		236	x10^9 /L	(150-450)
WCC		5.7	x10^9 /L	(4.0-11.0)
Neuts	57 %	3.2	x10^9 /L	(2.0-7.5)
Lymphs	33 %	1.9	x10^9 /L	(1.1-4.0)
Monos	7 %	0.4	x10^9 /L	(0.2-1.0)
Eos	2 %	0.11	x10^9 /L	(0.04-0.40)
Basos	1 %	0.06	x10^9 /L	(< 0.21)

96632441 **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 ****

QML_RTE001-AV4

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