Patient Name:	HALE, BARBARA		
Patient Address:	13 STEPHENS STREET, MISSION BEACH 4852		
D.O.B:	22/01/1960	**Gender:**	F
Medicare No.:	3297976346	**IHI No.:**	
Lab. Reference:	682136015-C-H248	**Provider:**	SNP
Addressee:	DR NOELANI BENNETT	**Referred by:**	Dr Noelani Bennett
Date Requested:	27/06/2023	**Date Performed:**	29/06/2023
Date Collected:	29/06/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	_MMA VIRTUAL		
Clinical Information:			

Clinical Notes : macrocytosis for investigation

Methylmalonic Acid

Methylmalonic acid (MMA)	0.138	(	<0.5	)	umol/L
Homocysteine	8.4	(	<15	)	umol/L

Comments on Lab Id: 682136015

Methylmalonic acid level indicates that Vitamin B12 deficiency is unlikely.
For any additional information about methylmalonic acid testing please contact Dr Lee Price or Dr David Kanowski on (07) 3377 8666.

AH

Tests Completed: Methylmalonic Acid,TSH,Homocysteine,FBE,Retic,Film, IgG IgA IgM,Beta 2 Micro,Free Light Chains,.S-EPP,Immunofixation
Tests Pending :
Sample Pending :

Patient Name:	HALE, BARBARA		
Patient Address:	13 STEPHENS STREET, MISSION BEACH 4852		
D.O.B:	22/01/1960	**Gender:**	F
Medicare No.:	3297976346	**IHI No.:**	
Lab. Reference:	682136015-I-I903	**Provider:**	SNP
Addressee:	DR NOELANI BENNETT	**Referred by:**	Dr Noelani Bennett
Date Requested:	27/06/2023	**Date Performed:**	29/06/2023
Date Collected:	29/06/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	S-PROTEIN STUDIES		
Clinical Information:			

Clinical Notes : macrocytosis for investigation

Protein Studies

Albumin	41	(32 - 44)	g/L
Alpha 1	3	(2 - 4)	g/L
Alpha 2	7	(4 - 9)	g/L
Beta 1	4	(2 - 6)	g/L
Beta 2	5	(2 - 6)	g/L
Gamma	10	(6 - 15)	g/L
* Abnormal Band	1 H	(<0.1)	g/L
Total Protein	71	(63 - 80)	g/L
Immunofixation	* Monoclonal IgG Lambda		
Immunoglobulin G (Total IgG)	11.10	(5.76 - 15.36)	g/L
Immunoglobulin A (Total IgA)	2.50	(1.24 - 4.16)	g/L
Immunoglobulin M (Total IgM)	1.70	(0.48 - 3.1)	g/L
Beta 2 Microglobulin	2.82	(<3.0)	mg/L
Kappa Free Light Chains-N Latex	19	(7 - 22)	mg/L
Lambda Free Light Chains-N Latex	15	(8 - 27)	mg/L
K/L Ratio-N Latex	1.27	(0.31 - 1.56)	

Comments on Lab Id: 682136015

A small discrete band is present. Its clinical significance is uncertain.
Repeat serum EPP in 3-6 months if clinically indicated.
There is no evidence of abnormal production of free light chains in light of the normal Kappa/Lambda ratio.

SM

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: TSH,Homocysteine,FBE,Retic,Film,IgG IgA IgM,
Beta 2 Micro,Free Light Chains,.S-EPP,Immunofixation
Tests Pending : Methylmalonic Acid
Sample Pending :

Patient Name:	HALE, BARBARA		
Patient Address:	13 STEPHENS STREET, MISSION BEACH 4852		
D.O.B:	22/01/1960	**Gender:**	F
Medicare No.:	3297976346	**IHI No.:**	
Lab. Reference:	682136015-H-H900	**Provider:**	SNP
Addressee:	DR NOELANI BENNETT	**Referred by:**	Dr Noelani Bennett
Date Requested:	27/06/2023	**Date Performed:**	29/06/2023
Date Collected:	29/06/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	.BLOOD COUNT		
Clinical Information:			

Clinical Notes : macrocytosis for investigation

Haematology

			Latest Results		
Date	08-Jun-22	09-Jun-23	**29-Jun-23**		
Time F-Fast	0735 F	0717 F	**0717**		
Lab Id.	666398982	682135661	**682136015**	Reference	Units
Haemoglobin	151	149	145	(115-165)	g/L
Haematocrit	0.45	0.45	0.45	(0.35-0.47)	
RCC	4.3	4.3	4.2	(3.9-5.6)	10*12/L
Reticulocytes			75	(25-120)	10*9/L
MCV	104 H	103 H	106 H	(80-100)	fL
WCC	5.7	6.0	6.7	(3.5-10.0)	10*9/L
Neutrophils	3.08	2.77	3.30	(1.5-6.5)	10*9/L
Lymphocytes	2.01	2.56	2.63	(0.8-4.0)	10*9/L
Monocytes	0.37	0.35	0.38	(0-0.9)	10*9/L
Eosinophils	0.21	0.28	0.29	(0-0.6)	10*9/L
Basophils	0.04	0.03	0.06	(0-0.15)	10*9/L
Platelets	282	288	273	(150-400)	10*9/L

Comments on Collection 29-Jun-23 0717:
Causes of red cell macrocytosis are:
Common causes: B12/Folate deficiency, alcohol, liver disease, reticulocytosis, cytotoxic drugs and chronic airways disease.
Uncommon causes: Myelodysplasia and other bone marrow disorders, post splenectomy, hypothyroidism
Anticoagulated samples show some increase in MCV over time.
Variation can be seen between different haematology analyser technologies.
A small number of normal people have red cells whose dimensions fall outside the reference range.

RE

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: TSH,Homocysteine,FBE,Retic,Film
Tests Pending : Methylmalonic Acid,IgG IgA IgM,Beta 2 Micro, Free Light Chains,.S-EPP,Immunofixation
Sample Pending :

Patient Name:	HALE, BARBARA		
Patient Address:	13 STEPHENS STREET, MISSION BEACH 4852		
D.O.B:	22/01/1960	**Gender:**	F
Medicare No.:	3297976346	**IHI No.:**	
Lab. Reference:	682136015-E-E030	**Provider:**	SNP
Addressee:	DR NOELANI BENNETT	**Referred by:**	Dr Noelani Bennett
Date Requested:	27/06/2023	**Date Performed:**	29/06/2023
Date Collected:	29/06/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	S- THYROID FUNCTION		
Clinical Information:			

Clinical Notes : macrocytosis for investigation

Thyroid Function Tests

		Latest Results		
Date	08-Jun-22	**29-Jun-23**		
Time F-Fast	0735 F	**0717**		
Lab Id.	666398982	**682136015**	Reference	Units
Free T4	13.2		(9.0-19.0)	pmol/L
TSH	2.3	2.4	(0.3-4.0)	mIU/L

Comments on Collection 29-Jun-23 0717:
Euthyroid

EA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: TSH,Homocysteine
Tests Pending : Methylmalonic Acid,FBE,Retic,Film,.S-EPP
Sample Pending :

Patient Name:	HALE, BARBARA		
Patient Address:	13 STEPHENS STREET, MISSION BEACH 4852		
D.O.B:	22/01/1960	**Gender:**	F
Medicare No.:	3297976346	**IHI No.:**	
Lab. Reference:	682136015-E-E310	**Provider:**	SNP
Addressee:	DR NOELANI BENNETT	**Referred by:**	Dr Noelani Bennett
Date Requested:	27/06/2023	**Date Performed:**	29/06/2023
Date Collected:	29/06/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	S-HOMOCYSTEINE		
Clinical Information:			

Clinical Notes : macrocytosis for investigation

Homocysteine

Homocysteine	8.4	(<15)	umol/L

Comments on Collection 682136015

Serum homocysteine levels are markedly elevated (50 - 500 umol/L) in homocystinuria which is associated with childhood onset of ocular lens displacement, skeletal abnormalities and arterial and venous thromboses. Moderate elevations of serum homocysteine (16 - 100 umol/L) are seen in folic acid, vitamin B12 and pyridoxine deficiencies, several genetic defects, and renal failure. Elevated levels of serum homocysteine are associated with increased risk of atherosclerosis and venous thromboembolism.

EA

PDF Image Enhanced Report

A PDF version of this report with images is available until 29-06-2024. Copy and paste the URL below into your web browser and use PIN 6212 to access the report.

https://sdrviewer.apps.sonichealthcare.com/?GUID=20CE8BFB-26D7-4967-967D-A3D69FF265F3&hostCode=SNP&shareType=1

Tests Completed: TSH,Homocysteine
Tests Pending : Methylmalonic Acid,FBE,Retic,Film,.S-EPP
Sample Pending :

Patient Name:	HALE, BARBARA		
Patient Address:	13 STEPHENS STREET, MISSION BEACH 4852		
D.O.B:	22/01/1960	**Gender:**	F
Medicare No.:	3297976346	**IHI No.:**	
Lab. Reference:	682135661-E-E405	**Provider:**	SNP
Addressee:	DR NOELANI BENNETT	**Referred by:**	Dr Noelani Bennett
Date Requested:	06/06/2023	**Date Performed:**	09/06/2023
Date Collected:	09/06/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	S-VITAMIN D		
Clinical Information:			

Clinical Notes : New minimal trauma fracture

25 Hydroxy Vitamin D

25-OH Vitamin D	177 H	(50 - 150)	nmol/L

Comments on Collection 682135661

Elevated 25-hydroxyvitamin D levels are caused by excessive supplementation.

This result has been obtained using the Diasorin Liaison automated assay to measure 25-OH vitamin D.
According to the Position Statement 'Vitamin D and health in adults in Australia and New Zealand' MJA, 196(11):1-7, 2012, vitamin D status is defined as:

Vitamin D adequacy: >49 nmol/L at the end of winter
(levels may need to be 10-20 nmol/L higher at the end of summer, to allow for seasonal decrease.)
Mild vitamin D deficiency: 30-49 nmol/L
Moderate vitamin deficiency: 12.5-29 nmol/L
Severe vitamin D deficiency: < 12.5 nmol/L

EA

Tests Completed: Phosphate,HDL-Cholesterol,Calcium(Corr),Iron Studies, Magnesium ,E/LFT,Vitamin B12,Folate (Serum), Active B12,Vitamin D,HbA1c,FBE
Tests Pending :
Sample Pending :

Patient Name:	HALE, BARBARA		
Patient Address:	13 STEPHENS STREET, MISSION BEACH 4852		
D.O.B:	22/01/1960	**Gender:**	F
Medicare No.:	3297976346	**IHI No.:**	
Lab. Reference:	682135661-C-H245	**Provider:**	SNP
Addressee:	DR NOELANI BENNETT	**Referred by:**	Dr Noelani Bennett
Date Requested:	06/06/2023	**Date Performed:**	09/06/2023
Date Collected:	09/06/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	.ANAEMIA		
Clinical Information:			

Clinical Notes : New minimal trauma fracture

Haematinics

Iron	14	(5 - 30)		umol/L
Transferrin	2.3	(1.9 - 3.1)		g/L
TIBC	57	(47 - 77)		umol/L
Saturation	25	(20 - 45)		%
Ferritin	185	(30 - 300)		ug/L
Vitamin B12	365	(>150)		pmol/L
Active B12	107	(>35)		pmol/L
Folate (Serum)	28	(>7.0)		nmol/L

Comments on Lab Id: 682135661

Normal Iron Status.

All patients with low or equivocal vitamin B12 results (380 pmol/L or less) will be routinely tested for holo-transcobalamin (active B12) to clarify the B12 status.
Both tests are now Medicare rebateable. Vitamin B12 concentrations over 380 pmol/L are generally considered replete.

Active B12 (holotranscobalamin) is the biologically active fraction of total serum B12, and should be a superior indicator of B12 status.
Holotranscobalamin level indicates Vitamin B12 deficiency unlikely.
Up to 15% of patients will have a deficiency of carrier protein (haptocorrin) that does not appear to result in a clinically recognisable Vitamin B12 deficiency despite low total Vitamin B12 levels.

EA

Tests Completed: Phosphate,HDL-Cholesterol,Calcium(Corr),Iron Studies, Magnesium ,E/LFT,Vitamin B12,Folate (Serum), Active B12,Vitamin D,HbA1c,FBE
Tests Pending :
Sample Pending :

Patient Name:	HALE, BARBARA		
Patient Address:	13 STEPHENS STREET, MISSION BEACH 4852		
D.O.B:	22/01/1960	**Gender:**	F
Medicare No.:	3297976346	**IHI No.:**	
Lab. Reference:	682135661-C-C847	**Provider:**	SNP
Addressee:	DR NOELANI BENNETT	**Referred by:**	Dr Noelani Bennett
Date Requested:	06/06/2023	**Date Performed:**	09/06/2023
Date Collected:	09/06/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	S-_LIPID PROFILE		
Clinical Information:			

Clinical Notes : New minimal trauma fracture

Lipid Profile

		Latest Results		
Date	08-Jun-22	**09-Jun-23**		
Time F-Fast	0735 F	**0717 F**		
Lab Id.	666398982	**682135661**	Reference	Units
Cholesterol	4.6	4.7	(<5.6)	mmol/L
Triglyceride	1.2	1.5	(<2.1)	mmol/L
HDL	1.69	1.48	(>1.09)	mmol/L
LDL	2.4	2.5	(<4.1)	mmol/L
Chol/HDL Ratio	2.7	3.2	(<4.6)	
Non HDLC	2.91	3.22	(<3.81)	mmol/L

Comments on Collection 09-Jun-23 0717 F:
HDL-Cholesterol
The National Vascular Disease Prevention Alliance (NVDPA) guidelines recommend a target level of less than 2.5 mmol/L for non-HDLC.
TARGET LEVELS:
The National Vascular Disease Prevention Alliance (NVDPA) treatment target levels for high risk people (known coronary heart and other arterial disease, diabetes, chronic renal failure, Aboriginal and Torres Strait Islander peoples and familial hyperlipidaemic conditions) are:

Total Cholesterol	<4.0	mmol/L
HDL-Cholesterol	>=1.00	mmol/L
Fasting Triglycerides	<2.0	mmol/L
Non-HDL Cholesterol	<2.5	mmol/L

Increased non-HDL Cholesterol is the most significant marker for subclinical atherosclerosis (ref: Cardiology Today 2013; 3(2) : pp25-27).

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Phosphate,HDL-Cholesterol,Calcium(Corr),Iron Studies, Magnesium ,E/LFT,Vitamin B12,Folate (Serum), Active B12,Vitamin D,HbA1c,FBE

Tests Pending :
Sample Pending :