QML Pathology
Specialist Diagnostic Services 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

QML Pathology

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

Patient **HALE, Barbara** **13 STEPHENS ST, MISSION BEACH QLD**

Sex F Age 63 years. DOB 22/01/1960

Report For DAHLSTROM, Vera

Ref. by/copy to

Requested 01/08/2023

Collected 01/08/2023 08:12 AM

Reported 04/08/2023 03:03 PM

+	Serum Reverse T3 (RT3)	618	pmol/L	(170-539)

TSH Stimulating Immunoglobulin < 0.10 IU/L

Reference Ranges:
- Negative < 0.10
- Threshold 0.10 - 0.55
- Active Graves' > 0.55

A negative level does not exclude mild or recovering Graves'.

Threshold levels may ALSO be seen with:
- . subacute thyroiditis
- . toxic nodules
- . acute, toxic Hashimoto's

Changes in trend may indicate progress of the underlying disease, irrespective of T4 levels.

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Requested 01/08/2023
Collected 01/08/2023 08:12 AM
Reported 02/08/2023 03:24 PM

CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	01/08/23		
Time	08:12		
Lab No	73423446		
TSH	2.1	mIU/L	(0.50-4.00)
free T4	17	pmol/L	(10-20)
free T3	5.4	pmol/L	(2.8-6.8)
Thyroglobulin AbII	< 1.3	IU/mL	(< 4.6)
Thy. Peroxidase Ab	880	IU/mL	(< 60)

Euthyroid level.

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

QML_RTE001-AV2

QML Pathology Dept | Date of Service | For Clinical Enquiries | Perf. Branch | Quote **23-73423446**

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Sex F Age 63 years. DOB 22/01/1960
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Ref. by/copy to

Requested 01/08/2023
Collected 01/08/2023 08:12 AM
Reported 02/08/2023 02:20 PM

CUMULATIVE FULL BLOOD EXAMINATION

		01/08/23		
Time		08:12		
Lab No		73423446		
Hb		155	g/L	(115-160)
RCC		4.5	x10 ^12 /L	(3.6-5.2)
Hct		0.48		(0.33-0.46)
MCV		106	fL	(80-98)
MCH		34	pg	(27-35)
Plats		285	x10 ^9 /L	(150-450)
WCC		6.2	x10 ^9 /L	(4.0-11.0)
Neuts	52 %	3.2	x10 ^9 /L	(2.0-7.5)
Lymphs	37 %	2.3	x10 ^9 /L	(1.1-4.0)
Monos	6 %	0.4	x10 ^9 /L	(0.2-1.0)
Eos	4 %	0.25	x10 ^9 /L	(0.04-0.40)
Basos	1 %	0.06	x10 ^9 /L	(< 0.21)

73423446 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.

Possible causes of a red cell macrocytosis include Deficiency of B12/Folate, Liver Disease, Thyroid Disorder, Relative Oestrogenic excess, Drug side-effect, Low grade haemolysis, or in older patients an early myelodysplasia. Correlate with E+LFTs, TFTs, B12/Folate and Reticulocyte count.

** FINAL REPORT - Please destroy previous report **

CUMULATIVE IRON STUDIES

		01/08/23		
Time		08:12		
Lab No		73423446		
Iron		15	umol/L	(10-33)
TIBC		50	umol/L	(45-70)
Saturation		30	%	(16-50)
Ferritin		113	ug/L	(30-320)

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Reported 02/08/2023 02:20 PM

CUMULATIVE SERUM BIOCHEMISTRY

Date	01/08/23		
Time	08:12		
Lab No	73423446		
	FASTING		FASTING
Sodium	143	mmol/L	(137-147)
Potass.	4.4	mmol/L	(3.5-5.0)
Chloride	105	mmol/L	(96-109)
Bicarb	29	mmol/L	(25-33)
An.Gap	13	mmol/L	(4-17)
Gluc	5.0	mmol/L	(3.0-6.0)
Urea	4.0	mmol/L	(2.5-7.5)
Creat	70	umol/L	(50-120)
eGFR	79	mL/min	(over 59)
Urate	0.31	mmol/L	(0.14-0.35)
T.Bili	11	umol/L	(2-20)
Alk.P	123	U/L	(30-115)
GGT	13	U/L	(0-45)
ALT	19	U/L	(0-45)
AST	22	U/L	(0-41)
LD	203	U/L	(80-250)
Calcium	2.53	mmol/L	(2.15-2.60)
Corr.Ca	2.38	mmol/L	(2.15-2.60)
Phos	1.2	mmol/L	(0.8-1.5)
T.Prot	75	g/L	(60-82)
Alb	48	g/L	(35-50)
Glob	27	g/L	(20-40)
Chol	4.2	mmol/L	(3.6-7.3)
Trig	1.2	mmol/L	(0.3-2.2)
Lab No	73423446		
Date	01/08/23		

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CUMULATIVE SERUM COMPLEMENT AND C-REACTIVE PROTEIN (CRP)

Date	01/08/23
Time	08:12
Lab No	73423446
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.

Pathology Report

QML_RTE001-AV2

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