

DAHLSTROM, VERA

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

Patient	HALE, BARBARA	UR No.
Patient Address	13 STEPHENS ST MISSION BEACH QLD 4852	
Sex	F	Age 64 years DOB 22/01/1960
Report For	DAHLSTROM, VERA	
Ref. by/copy to	DAHLSTROM, VERA	
	Requested	20/11/2024
	Collected	20/11/2024 07:35 AM
	Reported	28/11/2024 01:41 PM

Serum Reverse T3 (RT3) 513 pmol/L (170-539)

Pathology Report

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Erythrocyte Sedimentation Rate 2 mm/hr (1-30)

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CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	01/08/23	14/11/23	30/07/24	20/11/24	
Time	08:12	07:35	07:47	07:35	
Lab No	73423446	73609468	74750354	96697171	
TSH	2.1	2.9	3.1	2.8	mIU/L (0.50-4.00)
free T4	17	16	19	18	pmol/L (10-20)
free T3	5.4	5.3	4.9	5.4	pmol/L (2.8-6.8)
Thyroglobulin AbII	< 1.3	< 1.3	< 1.3	Missing	IU/mL (< 4.6)
Thy. Peroxidase Ab	880	960	1100	Antibodies - to follow up with QML once I have the form from Barabara as she has a copy	IU/mL (< 60)

The TFT reference intervals for pregnancy are as follows:

	TSH (mIU/L)	FT4 (pmol/L)
First trimester	0.03-2.5	10-21
Second trimester	0.05-3.0	11-18
Third trimester	0.30-3.5	9-17

Euthyroid level.

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CUMULATIVE FULL BLOOD EXAMINATION

Date	01/08/23	14/11/23	20/11/24		
Time	08:12	07:35	07:35		
Lab No	73423446	73609468	96697171		
Hb	155	152	152	g/L	(115-160)
RCC	4.5	4.4	4.3	x10 ¹² /L	(3.6-5.2)
Hct	0.48	0.45	0.46		(0.33-0.46)
MCV	106	102	107	fL	(80-98)
MCH	34	34	35	pg	(27-35)
Plats	285	255	233	x10 ⁹ /L	(150-450)
WCC	6.2	6.1	5.5	x10 ⁹ /L	(4.0-11.0)
Neuts	3.2	3.5	54 % 3.0	x10 ⁹ /L	(2.0-7.5)
Lymphs	2.3	2.1	33 % 1.8	x10 ⁹ /L	(1.1-4.0)
Monos	0.4	0.3	5 % 0.3	x10 ⁹ /L	(0.2-1.0)
Eos	0.25	0.18	7 % 0.39	x10 ⁹ /L	(0.04-0.40)
Basos	0.06	0.06	1 % 0.06	x10 ⁹ /L	(< 0.21)
E.S.R.			pending	mm/hr	(1-30)

96697171 **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 ****

Pathology Report