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	**TOOHEY, BILL WILLIAM**		UR No.		
Patient Address	**PO BOX 629 RAVENSHOE QLD 4888**				
Sex M	Age 73 years	DOB 08/06/1951	**Requested**	11/10/2024	
Report For	DAHLSTROM, VERA		**Collected**	11/10/2024	09:20 AM
Ref. by/copy to	DAHLSTROM, VERA		**Reported**	12/10/2024	07:04 PM

HELICOBACTER PYLORI ANTIBODY

Helicobacter pylori IgG	0.66	U/mL	(< 0.90)

No antibodies demonstrated.

H. pylori serology is indicated for the evaluation of patients with clinical signs and symptoms of gastrointestinal disease and is not recommended for use with asymptomatic patients.

Diagnosis of H. pylori infection can be made through different testing methods including serology, but detection of the organism (including faecal antigen testing and from culture of the organism from tissue biopsies) or its activity via the urease breath test remain gold-standard tests. Serological detection of H. pylori specific IgG is useful to determine if a patient has had an exposure to H. pylori, but tests of cure following treatment should be limited to direct detection of the organism.

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CUMULATIVE IRON STUDIES

Date	11/10/24			
Time	09:20			
Lab No	96450027			
Iron	14	umol/L	(10-33)	
TIBC	57	umol/L	(45-70)	
Saturation	25	%	(16-50)	
Ferritin	64	ug/L	(30-320)	

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QML_RTE001-AV4

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CUMULATIVE SERUM BIOCHEMISTRY

Date		11/10/24		
Time		09:20		
Lab No		96450027		
		RANDOM		RANDOM
Sodium		141	mmol/L	(137-147)
Potass.		4.4	mmol/L	(3.5-5.0)
Chloride		109	mmol/L	(96-109)
Bicarb		27	mmol/L	(25-33)
An.Gap	9.3	9	mmol/L	(4-17)
Gluc		5.3	mmol/L	(3.0-7.7)
Urea		5.9	mmol/L	(3.0-8.5)
Creat		98	umol/L	(60-140)
eGFR	low ki function	66	mL/min	(over 59)
Urate		0.43	mmol/L	(0.12-0.45)
T.Bili		9	umol/L	(2-20)
Alk.P		107	U/L	(30-115)
GGT		29	U/L	(0-70)
ALT		25	U/L	(0-45)
AST		29	U/L	(0-41)
LD		183	U/L	(80-250)
Calcium		2.32	mmol/L	(2.15-2.60)
Corr.Ca		2.28	mmol/L	(2.15-2.60)
Phos		1.0	mmol/L	(0.8-1.5)
T.Prot		67	g/L	(60-82)
Alb		44	g/L	(35-50)
Glob		23	g/L	(20-40)
Chol		5.8	mmol/L	(3.6-7.3)
Trig		3.7	mmol/L	(0.3-4.0)
Lab No		96450027		
Date		11/10/24		

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CUMULATIVE SERUM COMPLEMENT AND C-REACTIVE PROTEIN (CRP)

Date	11/10/24
Time	09:20
Lab No	96450027
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		11/10/24		
Time		09:20		
Lab No		96450027		
Hb		139	g/L	(125-180)
RCC		4.6	x10^12 /L	(3.8-6.0)
Hct		0.42		(0.34-0.52)
MCV		90	fL	(80-98)
MCH		30	pg	(27-35)
Plats		219	x10^9 /L	(150-450)
WCC		7.7	x10^9 /L	(4.0-11.0)
Neuts	53 %	4.1	x10^9 /L	(2.0-7.5)
Lymphs	35 %	2.7	x10^9 /L	(1.1-4.0)
Monos	8 %	0.6	x10^9 /L	(0.2-1.0)
Eos	3 %	0.23	x10^9 /L	(0.04-0.40)
Basos	1 %	0.08	x10^9 /L	(< 0.21)

96450027 **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

QML_RTE001-AV4

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