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 **QUARTERMAINE, BROOKE** UR No.
Patient Address **11 KERR PT DR WEIPA QLD 4874**
Sex F Age 40 years DOB 16/03/1984
Report For DAHLSTROM, VERA
Ref. by/copy to DAHLSTROM, VERA

Requested 14/11/2024
Collected 14/11/2024 12:10 PM
Reported 15/11/2024 04:26 PM

Serum Zinc	11	umol/L	(10-25)

Pathology Report

QML_RTE001-AV/4

Dept | Date of Service | For Clinical Enquiries | Perf. Branch | Quote 24-96663559

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CUMULATIVE IRON STUDIES

Date	14/11/24		
Time	12:10		
Lab No	96663559		
Iron	12	umol/L	(10-33)
TIBC	61	umol/L	(45-70)
Saturation	20	%	(16-50)
Ferritin	252	ug/L	(25-290)

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CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date	14/11/24		
Time	12:10		
Lab No	96663559		
Active B12	64	pmol/L	(> 35)
S.Fol.	38.2	nmol/L	(8.4-55.0)

Comment:
96663559

Serum Folate Assay:
Adequate Serum Folate.
In the absence of recent oral intake, a serum folate >13 nmol/L effectively rules out folate deficiency. Consider repeat fasting Folate, if there has been inadequate fasting, and clinical concern remains.

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.

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CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	14/11/24	
Time	12:10	
Lab No	96663559	
TSH	1.3	mIU/L (0.50-4.00)
free T4	15	pmol/L (10-20)
free T3	5.2	pmol/L (2.8-6.8)

Euthyroid level.

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Sex F	Age 40 years	DOB 16/03/1984	**Requested**	14/11/2024
Report For	DAHLSTROM, VERA		**Collected**	14/11/2024 12:10 PM
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CUMULATIVE SERUM COMPLEMENT AND C-REACTIVE PROTEIN (CRP)

Date			14/11/24
Time			12:10
Lab No			96663559
CRP	++	24	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 SERUM BIOCHEMISTRY

Date	14/11/24		
Time	12:10		
Lab No	96663559		
	FASTING		FASTING
Sodium	138	mmol/L	(137-147)
Potass.	5.0	mmol/L	(3.5-5.0)
Chloride	104	mmol/L	(96-109)
Bicarb	22	mmol/L	(25-33)
An.Gap	17	mmol/L	(4-17)
Gluc	3.9	mmol/L	(3.0-6.0)
Urea	5.8	mmol/L	(2.0-7.0)
Creat	61	umol/L	(40-110)
eGFR	> 90	mL/min	(over 59)
Urate	0.26	mmol/L	(0.14-0.35)
T.Bili	6	umol/L	(2-20)
Alk.P	70	U/L	(30-115)
GGT	13	U/L	(0-45)
ALT	14	U/L	(0-45)
AST	16	U/L	(0-41)
LD	147	U/L	(80-250)
Calcium	2.34	mmol/L	(2.15-2.60)
Corr.Ca	2.27	mmol/L	(2.15-2.60)
Phos	1.5	mmol/L	(0.8-1.5)
T.Prot	68	g/L	(60-82)
Alb	45	g/L	(35-50)
Glob	23	g/L	(20-40)
Chol	4.6	mmol/L	(3.6-6.7)
Trig	0.8	mmol/L	(0.3-2.2)
Lab No	96663559		
Date	14/11/24		

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CUMULATIVE SERUM VITAMIN D

Date	14/11/24		
Time	12:10		
Lab No	96663559		
Vitamin D3	91	nmol/L	(> 49)

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CUMULATIVE FULL BLOOD EXAMINATION

Date		14/11/24		
Time		12:10		
Lab No		96663559		
Hb		119	g/L	(115-160)
RCC		4.0	x10^12 /L	(3.6-5.2)
Hct		0.35		(0.33-0.46)
MCV		88	fL	(80-98)
MCH		30	pg	(27-35)
Plats		313	x10^9 /L	(150-450)
WCC		11.6	x10^9 /L	(4.0-11.0)
Neuts	63 %	7.3	x10^9 /L	(2.0-7.5)
Lymphs	31 %	3.6	x10^9 /L	(1.1-4.0)
Monos	4 %	0.5	x10^9 /L	(0.2-1.0)
Eos	2 %	0.23	x10^9 /L	(0.04-0.40)
Basos	0 %	0.00	x10^9 /L	(< 0.21)

96663559 **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.

A Mild Leucocytosis may be transient as a result of trauma/surgery or certain infections (e.g. bacterial/viral). Persistent Leucocytosis may reflect hyposplenism, or inflammatory disorders (including morbid obesity). Correlate Clinically as well as with E+LFTs, Serology, MSU, ESR/CRP, and Lymphocyte Markers, if clinically appropriate. Otherwise, suggest repeat at a later date.

**** FINAL REPORT - Please destroy previous report ****

Pathology Report