

Report to **VICKY NONAS**
41 WINBOURNE RD
MULGOA 2745

Patient **NONAS, VICKY**
41 WINBOURNE RD
MULGOA 2745

Page 1 of 7

Phone 0401809666
D.O.B 22/10/74 Age 49 Years Sex F

Ref. by/copy to Ref. by DR.DAVID RICHARDSON
32 WEST MARKET ST
RICHMOND, 2753
Phone: 0245786442

Collect date 28/08/24 Lab ref 24-96258190
Collect time 00:00 Your ref 00066831
Printed 29/08/24

Tests requested

Completed report. Thank you for your referral.

Completed - VBF,TFT,STE,CHEM,LIP,HOR,IRON,FBE,AND,GLU,CRP,INS,VITD

Clinical notes

SERUM CHEMISTRY

Request Number	26888966	26829655	96258190
Date Collected	8 Apr 24	30 May 24	28 Aug 24
Time Collected	12:52	00:00	00:00
Specimen Type: Serum			

Haemolysis	Nil	Nil	Nil
Icterus	Nil	Nil	1+
Lipaemia	Nil	Nil	Nil

Na	(135-145)	mmol/L	140	140
K	(3.6-5.4)	mmol/L	4.0	4.3
Cl	(95-110)	mmol/L	101	103
HCO3	(22-32)	mmol/L	28	24
An Gap	(10-20)	mmol/L	15	17
Urea	(2.5-8.0)	mmol/L	4.7	4.6
Creat	(45-90)	umol/L	55	65
eGFR	mL/min/1.73sqM		> 90	> 90
Urate	(0.14-0.36)	mmol/L	0.27	0.27
Bili	(< 15)	umol/L	23*	49*
AST	(< 30)	U/L	20	19
ALT	(< 30)	U/L	17	14
GGT	(< 35)	U/L	19	13
Alk Phos	(20-105)	U/L	90	74
LDH L-P	(100-220)	U/L	169	
Protein	(60-82)	g/L	76	77
Albumin	(38-50)	g/L	48	48
Glob	(20-39)	g/L	28	29
Ca	(2.10-2.60)	mmol/L	2.36	2.32
Corr Ca	(2.10-2.60)	mmol/L	2.26	2.22
PO4	(0.75-1.50)	mmol/L	1.12	1.14
CPK	(< 211)	U/L	78	
Amylase	(< 121)	U/L	101	
Lipase	(6-70)	U/L	35	
Mg	(0.70-1.10)	mmol/L	0.85	0.95

eGFR ≥ 90 mL/min/1.73m² usually indicates normal kidney function but does not exclude patients with early kidney damage (those with albuminuria, haematuria or abnormal kidney imaging).

28/08/24 NONAS, VICKY
CHEMISTRY

Ref. by DR.DAVID RICHARDSON

19216-119

**SURGERY
USE**

Normal

No Action/File

Patient
Notified

Make
Appoint.

Further Tests

Notes
Required

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with Dr.

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SERUM/PLASMA GLUCOSE

Request Number	26829655	96258190
Date Collected	30 May 24	28 Aug 24
Time Collected	00:00	00:00
Fasting status	Fasting	Fasting
Serum (3.4-5.4) mmol/L	5.0	4.9

Normal glucose concentration.

IRON STUDIES

Request Number	26829655	96258190
Date Collected	30 May 24	28 Aug 24
Time Collected	00:00	00:00
Specimen Type: Serum		
Iron (10-30) umol/L	13	
T'ferrin(32-48) umol/L	31*	
T. Sat. (13-45)	21	
Ferritin(30-165) ug/L	71	124

No evidence of iron deficiency.

THYROID PROFILE

Request Number	26829655	96258190
Date Collected	30 May 24	28 Aug 24
Time Collected	00:00	00:00
Specimen Type: Serum		
TSH (0.5-4.0) mIU/L	2.9	3.3
FT4 (10-20) pmol/L	12	
FT3 (3.5-6.5) pmol/L	5.1	

Result(s) consistent with euthyroidism.

Please note the above reference intervals have been developed from a non-pregnant healthy general population study.

Please note that without a specific indication, Medicare does not fund FT4 and FT3 testing in patients with normal TSH results. If these tests are clinically indicated please contact the laboratory.

28/08/24 NONAS, VICKY
SERUM/PLASMA GLUCOSE,IRON STUDIES,THYROID PROFILE

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HAEMATOLOGY

Request Number	26829655	96258190
Date Collected	30 May 24	28 Aug 24
Time Collected	00:00	00:00
Specimen Type: EDTA		
Hb (115-165) g/L	133	135
Hct (0.34-0.47)	0.42	0.42
RCC (3.9-5.8) x10 ¹² /L	4.5	4.4
MCV (79-99) fL	93	94
MCH (27-34) pg	29	30
MCHC (320-360) g/L	315*	325
RDW (10.0-17.0) %	12.5	12.6
WBC (4.0-11.0) x10 ⁹ /L	6.9	6.1
Neut (2.0-7.5) x10 ⁹ /L	4.3	4.1
Lymph (1.0-4.0) x10 ⁹ /L	1.6	1.2
Mono (0.2-1.0) x10 ⁹ /L	0.5	0.5
Eos (< 0.7) x10 ⁹ /L	0.5	0.2
Baso (< 0.2) x10 ⁹ /L	0.1	0.1
Plat (150-400) x10 ⁹ /L	355	346

HAEMATOLOGY: FBC parameters are within reference range.

VITAMIN B12 AND FOLATE STUDIES

Active B12 > 146 pmol/L (> 40)

Serum Active B12 Assay:

This active B12 result indicates that the patient is likely to be vitamin B12 sufficient. Patients with renal impairment may still be B12 depleted despite an active B12 level within this range. For these patients, correlation with total B12, homocysteine and/or methylmalonate is required.

SERUM ANDROGENS

Total Testosterone (Siemens)	0.8	nmol/L	(0.4-1.4)
Sex Hormone Binding Globulin	57	nmol/L	(20-118)
DHEAS	3.0	umol/L	(1.3-6.2)
Calculated Free Testosterone	9.7	pmol/L	(2.1-23.0)

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SERUM INSULIN

Fasting status	Fasting
Haemolysis	Nil
Insulin	8 mU/L (< 10)

ASSESSMENT OF INSULIN RESISTANCE (FASTING SAMPLES ONLY)

< 10 - normal insulin sensitivity
10-14 - mild insulin resistance
> 14 - insulin resistance

Insulin results from non-fasting samples are difficult to interpret
although any result ≥ 60 mU/L is likely to indicate insulin resistance.

VITAMIN D

Haemolysis	Nil
Serum 25(OH) Vitamin D	106 nmol/L

Suggested decision limits for Vitamin D status:

Sufficiency	51 -200	nmol/L
Mild deficiency	25 - 50	nmol/L
Marked deficiency	< 25	nmol/L
Toxicity	>250	nmol/L

References: Vitamin D and health in adults in Australia and New Zealand:
Position Statement. MJA 2012 June 18; 196(11),686-687.

28/08/24 NONAS, VICKY
INSULIN,VITAMIN D

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PLASMA TRACE ELEMENTS

			(RI)
Copper	25*	umol/L	(12-24)
Zinc	12.8	umol/L	(10.0-18.0)

Common causes of increased plasma copper include oestrogen/OCP therapy, pregnancy, the acute-phase response and ageing. Elevated levels have also been described in toxicity related to ingestion of copper contaminated food/water, prolonged cholestasis. This is NOT the typical pattern of Wilson's disease which is usually associated with LOW plasma copper and caeruloplasmin, and HIGH urine copper excretion.

Measurement of caeruloplasmin may be useful to assess the amount of non-caeruloplasmin bound copper.

RI = Reference Interval

