

Report to: DR LAKMINI GUNARATNE Australian Menopause Centre 436-438 Burwood Rd BELMORE 2192 CC Drs: D RICHARDSON.	Name: NONAS, VICKY Addr: 41 WINBOURNE RD MULGOA 2745 Phone: 0401809666 Your Ref: 809017	D.O.B.: 22/10/74 Sex: F Lab Ref: 25-96631668 Collected: 26/03/25 Time Coll: 09:41 Reported: 31/03/25
	Confidentiality: If you are not the intended recipient, you are hereby notified that any use, review, dissemination, distribution or copying of these results is strictly prohibited. If you have received this in error please notify us immediately and the original message. Tests listed below * equals waiting	
TESTS: Final report. Thank you for your referral. CLINICAL NOTES: Baseline levels, considering for HRT.		

SERUM CHEMISTRY

Request Number	26888966	26829655	96258190	96631668
Date Collected	8 Apr 24	30 May 24	28 Aug 24	26 Mar 25
Time Collected	12:52	00:00	00:00	09:41
Specimen Type: Serum				

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

Na	(135-145)	mmol/L	140	140	139
K	(3.6-5.4)	mmol/L	4.0	4.3	4.4
Cl	(95-110)	mmol/L	101	103	103
HCO3	(22-32)	mmol/L	28	24	25
An Gap	(10-20)	mmol/L	15	17	15
Urea	(2.5-8.0)	mmol/L	4.7	4.6	5.2
Creat	(45-90)	umol/L	55	65	60
eGFR	mL/min/1.73sqM		> 90	> 90	> 90
Urate	(0.14-0.36)	mmol/L	0.27	0.27	
Bili	(< 15)	umol/L	23	49	35
AST	(< 35)	U/L	20	19	21
ALT	(< 30)	U/L	17	14	17
GGT	(< 35)	U/L	19	13	18
Alk Phos	(30-115)	U/L	90	74	76
LDH L-P	(100-220)	U/L	169		
Protein	(60-82)	g/L	76	77	73
Albumin	(38-50)	g/L	48	48	45
Glob	(20-39)	g/L	28	29	28
Ca	(2.10-2.60)	mmol/L	2.36	2.32	
Corr Ca	(2.10-2.60)		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).

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THYROID PROFILE

Request Number	26829655	96258190	96631668
Date Collected	30 May 24	28 Aug 24	26 Mar 25
Time Collected	00:00	00:00	09:41
Specimen Type: Serum			
TSH (0.5-4.0) mIU/L	2.9	3.3	2.8
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.

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SERUM HORMONE PROFILE

Specimen Type: Serum

Request Number	Date Collected	FSH IU/L	LH IU/L	PROG nmol/L	E2 (ATEL) pmol/L	E2 (BECK) pmol/L	LH/FSH Ratio
26888966	8 Apr 24	75	33.9	13	219		
96258190	28 Aug 24	70	47.4	9	202		
96631668	26 Mar 25	78	38.0				

Reference Ranges	FSH	LH	PROG	OESTRADIOL
Follicular	2-12	2-12	0.5-4.5	100-530
Midcycle	12-30	>15		235-1300
Luteal	2-12	2-15	10.6-89.1	205-790
Menopausal	>25	>10		<100
Prepubertal	<6	<4		

PLEASE NOTE:

'E2 (ATEL)' - Oestradiol by Siemens Atellica assay

'E2 (BECK)' - Oestradiol by Beckman Access assay

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PROLACTIN

Specimen Type: Serum

Request Number	Date Collected	Prolactin mIU/L
	Ref Range	(40-570)
96631668	26/03/25	217

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HAEMATOLOGY

Request Number	26829655	96258190	96631668
Date Collected	30 May 24	28 Aug 24	26 Mar 25
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Specimen Type: EDTA			
Hb (115-165) g/L	133	135	132
Hct (0.34-0.47)	0.42	0.42	0.43
RCC (3.9-5.8) $\times 10^{12}/L$	4.5	4.4	4.5
MCV (79-99) fL	93	94	94
MCH (27-34) pg	29	30	29
MCHC (320-360) g/L	315	325	310
RDW (10.0-17.0) %	12.5	12.6	12.6
WBC (4.0-11.0) $\times 10^9/L$	6.9	6.1	6.3
Neut (2.0-7.5) $\times 10^9/L$	4.3	4.1	4.2
Lymph (1.0-4.0) $\times 10^9/L$	1.6	1.2	1.3
Mono (0.2-1.0) $\times 10^9/L$	0.5	0.5	0.4
Eos (< 0.7) $\times 10^9/L$	0.5	0.2	0.3
Baso (< 0.2) $\times 10^9/L$	0.1	0.1	0.1
Plat (150-400) $\times 10^9/L$	355	346	332

HAEMATOLOGY: FBC parameters show no significant abnormality.

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GLYCATED HAEMOGLOBIN (HbA1c)

Specimen Type: EDTA

HbA1c- NGSP	4.5	%	(4.0-6.0)
HbA1c- IFCC	26	mmol/mol	(20-42)

The WHO recommends that an HbA1c cut-off of $\geq 6.5\%$ (48 mmol/mol) is used to diagnose type 2 diabetes.

While it is recognised that HbA1c levels approaching this cut-off place patients at increasingly higher risk of developing diabetes ($<6.5\%$), there is no consensus as to exactly which cut-off at the lower end of the continuum to use for categorising patients as high risk. Various groups quote lower limits for at-risk patients that vary between 5.5% and 6.0% (37 and 42 mmol/mol).

Please note that HbA1c should not be used for diagnosing diabetes mellitus in the following circumstances:

- Children and young people
- Pregnancy - current or within the past 2 months
- Suspected Type 1 diabetes mellitus
- Symptoms of diabetes for <2 months
- Patients who are acutely ill
- Patients taking drugs that can cause rapid onset hyperglycaemia such as corticosteroids, antipsychotic drugs
- Acute pancreatic damage or pancreatic surgery
- Kidney failure
- Patients being treated for HIV infection

Please be cautious when requesting or interpreting HbA1c when patients:

- May have an abnormal haemoglobin
- May be anaemic
- May have an altered red cell lifespan (e.g. post-splenectomy)
- May have had a recent blood transfusion

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SERUM ANDROGENS

Total Testosterone (Siemens)	0.8	nmol/L	(0.4-1.4)
Sex Hormone Binding Globulin	56	nmol/L	(20-118)
Calculated Free Testosterone	10.0	pmol/L	(2.1-23.0)