

CARTER, ALANA M
 9 CROWN STREET, BARDON. 4065
Phone: 0414455159
Birthdate: 08/02/1977 **Sex:** F **Medicare Number:** 4219461988
Your Reference: 79D48661C3 **Lab Reference:** 526868003-C-C847
Laboratory: SNP
Addressee: DR ANABELLE D LINDLEY **Referred by:** DR ANABELLE D LINDLEY

Name of Test: S- LIPID PROFILE
Requested: 18/03/2025 **Collected:** 27/03/2025 **Reported:** 28/03/2025
 05:26

Clinical notes: Not Provided

Clinical Notes : Not Provided

Lipid Profile

Date	Latest Results				Reference	Units
	15-Nov-21	27-Mar-23	13-Aug-24	27-Mar-25		
Time F-Fast	0812 F	0905 F	0930 F	1423		
Lab Id.	663688064	672128178	684676914	526868003		
Cholesterol	5.1	5.9 H	6.6 H	6.1 H	(<5.6)	mmol/L
Triglyceride	0.4	0.5	0.6	1.3	(<2.1)	mmol/L
HDL	1.85	1.90	2.26	1.87	(>1.09)	mmol/L
LDL	3.1	3.8	4.1 H	3.7	(<4.1)	mmol/L
Chol/HDL Ratio	2.8	3.1	2.9	3.3	(<4.6)	
Non HDLC	3.25	4.00 H	4.34 H	4.23 H	(<3.81)	mmol/L

Comments on Collection 27-Mar-25 1423:

HDL-Cholesterol

LDL is now calculated by the Sampson equation which allows an accurate result at higher triglyceride levels.

The National Vascular Disease Prevention Alliance (NVDPA) guidelines recommend a target level of less than 2.5 mmol/L for non-HDLC.

TARGET LEVELS:

The National Vascular Disease Prevention Alliance (NVDPA) treatment target levels for high risk people (known coronary heart and other arterial disease, diabetes, chronic renal failure, Aboriginal and Torres Strait Islander peoples and familial hyperlipidaemic conditions) are:

Total Cholesterol	<4.0	mmol/L
HDL-Cholesterol	>=1.00	mmol/L
Fasting Triglycerides	<2.0	mmol/L
Non-HDL Cholesterol	<2.5	mmol/L

Increased non-HDL Cholesterol is the most significant marker for subclinical atherosclerosis (ref: Cardiology Today 2013; 3(2) : pp25-27).

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, Iron Studies, CRP, E/LFT, TSH, Vitamin B12

Tests Pending : Vitamin B2, Vitamin B6, FBE

Sample Pending :

CARTER, ALANA M
 9 CROWN STREET, BARDON. 4065
Phone: 0414455159
Birthdate: 08/02/1977 **Sex:** F **Medicare Number:** 4219461988

Your Reference: 79D48661C3 **Lab Reference:** 526868003-C-H245
Laboratory: SNP
Addressee: DR ANABELLE D LINDLEY **Referred by:** DR ANABELLE D LINDLEY

Name of Test: .ANAEMIA
Requested: 18/03/2025 **Collected:** 27/03/2025 **Reported:** 28/03/2025
05:26

Clinical notes: Not Provided

Clinical Notes : Not Provided

Haematinics

Date	Latest Results				Reference	Units
	27-Mar-23	13-Aug-24	16-Sep-24	27-Mar-25		
Time F-Fast	0905 F	0930 F	1447	1423		
Lab Id.	672128178	684676914	682051320	526868003		
Iron	22	21	12	11	(5-30)	umol/L
Transferrin	2.5	2.6	2.1	2.1	(1.9-3.1)	g/L
TIBC	63	66	52	54	(47-77)	umol/L
Trans Sat	35	32	23	20	(20-45)	%
Ferritin	39	46	524 H	182	(30-300)	ug/L
CRP			1.9	3.4	(<5)	mg/L
Vitamin B12	557	621		477	(>150)	pmol/L
Folate serum	40	45			(>7.0)	nmol/L

Comments on Collection 27-Mar-25 1423:
Iron Studies
Normal Iron Status.

All patients with low or equivocal vitamin B12 results (400 pmol/L or less) will be routinely tested for holo-transcobalamin (active B12) to clarify the B12 status.
Both tests are now Medicare rebateable. Vitamin B12 concentrations over 400 pmol/L are generally considered replete.

EA

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Tests Completed: HDL-Cholesterol,Iron Studies,CRP,E/LFT,TSH,Vitamin B12
Tests Pending : Vitamin B2,Vitamin B6,FBE
Sample Pending :

CARTER, ALANA M
9 CROWN STREET, BARDON. 4065
Phone: 0414455159
Birthdate: 08/02/1977 **Sex:** F **Medicare Number:** 4219461988
Your Reference: 79D48661C3 **Lab Reference:** 526868003-C-C290
Laboratory: SNP
Addressee: DR ANABELLE D LINDLEY **Referred by:** DR ANABELLE D LINDLEY

Name of Test: S-C REACTIVE PROTEIN
Requested: 18/03/2025 **Collected:** 27/03/2025 **Reported:** 28/03/2025
05:26

Clinical notes: Not Provided

Clinical Notes : Not Provided

	Latest Results					
Date	10-Aug-15	23-Oct-19	16-Sep-24	27-Mar-25		
Time F-Fast	0705 F	0603 F	1447	1423		
Lab Id.	616754972	647462240	682051320	526868003	Reference	Units
CRP	<1	1	1.9	3.4	(<5)	mg/L

Comments on Collection 27-Mar-25 1423:

C Reactive Protein

CRP is a more sensitive early indicator of an acute phase response than is ESR. It also returns towards normal more rapidly with improvement or resolution of the disease process.

If CRP is elevated, it can indicate disease activity of an inflammatory, infective or neoplastic nature.

Artefactually decreased CRP values occur when patients are treated with antibiotics containing carboxypenicillins including Ticarcillin.

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Tests Completed: HDL-Cholesterol, Iron Studies, CRP, E/LFT, TSH, Vitamin B12

Tests Pending : Vitamin B2, Vitamin B6, FBE

Sample Pending :

CARTER, ALANA M
 9 CROWN STREET, BARDON. 4065
 Phone: 0414455159
 Birthdate: 08/02/1977 Sex: F Medicare Number: 4219461988
 Your Reference: 79D48661C3 Lab Reference: 526868003-C-C140
 Laboratory: SNP
 Addressee: DR ANABELLE D LINDLEY Referred by: DR ANABELLE D LINDLEY

Name of Test: S- ROUTINE CHEMISTRY

Requested: 18/03/2025 Collected: 27/03/2025 Reported: 28/03/2025
 05:26

Clinical notes: Not Provided

Clinical Notes : Not Provided

Chemistry (serum)

	Latest Results					
Date	27-Mar-23	13-Aug-24	16-Sep-24	27-Mar-25		
Time F-Fast	0905 F	0930 F	1447	1423		
Lab Id.	672128178	684676914	682051320	526868003	Reference	Units
Sodium	138	138	139	(135-145)		mmol/L
Potassium	4.0	4.1	4.0	(3.5-5.5)		mmol/L
Chloride	106	105	105	(95-110)		mmol/L
Bicarbonate	26	27	26	(20-32)		mmol/L
Anion Gap	6	6	8	(<16)		mmol/L
Calcium (Corr.)	2.26	2.37	2.37	(2.10-2.60)		mmol/L
Phosphate	0.91	1.05	1.13	(0.80-1.50)		mmol/L
Urea	4.8	4.4	5.2	(2.5-7.0)		mmol/L
Urate	0.316	0.272	0.321	(0.150-0.400)		mmol/L
Creatinine	61	51	54	(45-85)		umol/L
eGFR	>90	>90	>90	(>59)		

Fast. Glucose	4.6	4.9		(3.6-6.0)	mmol/L
Random Glucose			6.9	(3.6-7.7)	mmol/L
Total Protein	71	75	72	(64-81)	g/L
Albumin	40	41	40	(33-46)	g/L
Globulin	31	34	32	(23-43)	g/L
T Bilirubin	6	6	<5	(<16)	umol/L
ALP	55	59	66	(20-105)	U/L
AST	18	21	16	(10-35)	U/L
ALT	13	20	15	(5-30)	U/L
GGT	11	15	16	(5-35)	U/L
LD	162	156	170	(<250)	U/L
Cholesterol	5.9 H	6.6 H	6.1 H	(<5.6)	mmol/L
Triglyceride	0.5	0.6	1.3	(<2.1)	mmol/L
Haemolysis Index	5	3	4	(<40)	mg/dL

CA

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Tests Completed: HDL-Cholesterol, Iron Studies, CRP, E/LFT, TSH, Vitamin B12
 Tests Pending : Vitamin B2, Vitamin B6, FBE
 Sample Pending :

CARTER, ALANA M
 9 CROWN STREET, BARDON. 4065
Phone: 0414455159
Birthdate: 08/02/1977 **Sex:** F **Medicare Number:** 4219461988
Your Reference: 79D48661C3 **Lab Reference:** 526868003-E-E030
Laboratory: SNP
Addressee: DR ANABELLE D LINDLEY **Referred by:** DR ANABELLE D LINDLEY

Name of Test: S- THYROID FUNCTION
Requested: 18/03/2025 **Collected:** 27/03/2025 **Reported:** 28/03/2025
 05:26

Clinical notes: Not Provided

Clinical Notes : Not Provided

Thyroid Function Tests

	Latest Results				
Date	15-Nov-21	27-Mar-23	13-Aug-24	27-Mar-25	
Time F-Fast	0812 F	0905 F	0930 F	1423	
Lab Id.	663688064	672128178	684676914	526868003	Reference Units
Free T4		11.5			(9.0-19.0) pmol/L
TSH	1.1	0.9	1.2	0.9	(0.3-3.5) mIU/L

Comments on Collection 27-Mar-25 1423:
 Euthyroid

EA

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Tests Completed: HDL-Cholesterol, Iron Studies, CRP, E/LFT, TSH, Vitamin B12
 Tests Pending : Vitamin B2, Vitamin B6, FBE
 Sample Pending :

CARTER, ALANA M
 9 CROWN STREET, BARDON. 4065
Phone: 0414455159
Birthdate: 08/02/1977 **Sex:** F **Medicare Number:** 4219461988
Your Reference: 79D48661C3 **Lab Reference:** 526868003-H-H900
Laboratory: SNP
Addressee: DR ANABELLE D LINDLEY **Referred by:** DR ANABELLE D LINDLEY

Name of Test: .BLOOD COUNT
Requested: 18/03/2025 **Collected:** 27/03/2025 **Reported:** 28/03/2025
 06:26

Clinical notes: Not Provided

Clinical Notes : Not Provided

Haematology

Date	Latest Results				Reference	Units
	15-Nov-21	27-Mar-23	13-Aug-24	27-Mar-25		
Time F-Fast	0812 F	0905 F	0930 F	1423		
Lab Id.	663688064	672128178	684676914	526868003		
Haemoglobin	134	136	144	139	(115-165)	g/L
Haematocrit	0.41	0.42	0.43	0.44	(0.35-0.47)	
RCC	4.3	4.5	4.7	4.5	(3.9-5.6)	10*12/L
MCV	94	92	92	96	(80-100)	fL
WCC	4.5	5.0	6.2	9.1	(3.5-12.0)	10*9/L
Neutrophils	2.24	2.95	3.91	6.13	(1.5-8.0)	10*9/L
Lymphocytes	1.62	1.38	1.57	2.13	(1.0-4.0)	10*9/L
Monocytes	0.50	0.58	0.58	0.65	(0-0.9)	10*9/L
Eosinophils	0.13	0.07	0.12	0.09	(0-0.6)	10*9/L
Basophils	0.04	0.05	0.05	0.06	(0-0.15)	10*9/L
Platelets	262	310	278	308	(150-400)	10*9/L

HA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol, Iron Studies, CRP, E/LFT, TSH,
 Vitamin B12, FBE
 Tests Pending : Vitamin B2, Vitamin B6
 Sample Pending :

CARTER, ALANA M
 9 CROWN STREET, BARDON. 4065
Phone: 0414455159
Birthdate: 08/02/1977 **Sex:** F **Medicare Number:** 4219461988
Your Reference: 79D48661C3 **Lab Reference:** 526868003-E-E193
Laboratory: SNP
Addressee: DR ANABELLE D LINDLEY **Referred by:** DR ANABELLE D LINDLEY

Name of Test: VITAMIN B
Requested: 18/03/2025 **Collected:** 27/03/2025 **Reported:** 03/04/2025
 16:26

Clinical notes: Not Provided

Clinical Notes : Not Provided

Vitamin B1/B2/B6

			Latest Results		
Date	13-Aug-24	16-Sep-24	27-Mar-25		
Time F-Fast	0930 F	1447	1423		
Lab Id.	684676914	682051320	526868003	Reference	Units
Thiamine DP	260 H	187		(66-200)	nmol/L
Vitamin B2	260		220	(180-470)	nmol/L
Vitamin B6	500 H	104	180	(20-190)	nmol/L

Comments on Collection 27-Mar-25 1423:

The B vitamins, vitamin B1(thiamine diphosphate or TDP), B2 (flavin adenine dinucleotide or FAD), and B6 (pyridoxal-5-phosphate or P5P), are measured and reported in their physiologically active forms in whole blood. Their absolute whole blood levels are more specific, and they rise and fall more rapidly than the indirect functional levels measured by enzymatic activity. Hence, blood samples should be collected fasting and prior to any supplementation. As the distribution of the vitamins is shared between the blood cells and the plasma, vitamin B levels may appear artefactually low in anaemic patients with low haematocrit.

To convert this Vitamin B6 result to mass units: nmol/L x 0.247 = mg/L

LD

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Tests Completed: HDL-Cholesterol,Iron Studies,CRP,E/LFT,TSH,
Vitamin B12,Vitamin B2,Vitamin B6,FBE

Tests Pending :

Sample Pending :