Kalamunda | T: 08 9293 4455 | F: 08 9257 1183 | A: 37 Elizabeth Street, Kalamunda WA 6076
Forrestfield | T: 08 9453 6566 | F: 08 9453 3443 | A: 11 Salix Way, Forrestfield WA 6058
Healthlink ID: hlkwa054 Email: admin@meadmedical.com.au

25th October 2024

Dear **Mrs Emily Grace Mcdonald** ,

56 Amethyst Crescent
Mount Richon 6112
DOB: 14/01/1994
Mobile: 0448 485 899
Home:

Hi Emily, thanks for getting the pathology test completed.

I have recieved your results and attached below.
They show you have:
- Sub-optimal thyroid control at present
- Low iron levels
- Borderline B12 levels

Please book an appointment or let me know if you have any further questions.

Kind Regards,

Dr Emma Vitale
FRACGP, MBBS, BMedSci (Hons), BSc
525097LX
MED0002069686

MCDONALD, EMILY GRACE
56 AMETHYST CRESCENT, MOUNT RICHON. 6112
Phone: 0448485899
Birthdate: 14/01/1994 **Sex:** F **Medicare Number:** 62202026661
Your Reference: 00642365 **Lab Reference:** 24-22900062-HPL-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR EMMA VITALE **Referred by:** DR EMMA VITALE
Copy to:
DR EMMA VITALE

Name of Test: NATIONAL CERVICAL SCREEN
Requested: 18/10/2024 **Collected:** 18/10/2024 **Reported:** 23/10/2024 12:42

CLINICAL NOTES: Self Collected CST swab - Site: Vagina Self

NATIONAL CERVICAL SCREENING

Risk : Low risk

Collection By : Self collect
Specimen Site : Vaginal

Sample Type : PreservCyt Solution
Reason for Test : Primary
Test Method : Roche 4800

HPV 16 : Not Detected
HPV 18 : Not Detected
Other HPV : Not Detected

RECOMMENDATION : Rescreen in 5 years

ACL performs HPV testing on self-collected samples to the highest quality standards in accordance with stringent NATA guidelines. However formal accreditation is currently pending while the application is undergoing NATA assessment.

TESTS COMPLETED: HPV,

MCDONALD, EMILY
56 AMETHYST CRES, MOUNT RICHON. 6112
Birthdate: 14/01/1994 **Sex:** F **Medicare Number:** 6220202666
Your Reference: **Lab Reference:** 24-86362121-HAE-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR EMMA VITALE **Referred by:** DR EMMA VITALE

Name of Test: HAEM MASTER - ENQUIRIES (HAE-0)
Requested: 18/10/2024 **Collected:** 23/10/2024 **Reported:** 23/10/2024 12:31

ROUTINE HAEMATOLOGY(Whole Blood)

RCC 4.37 x 10^12/L (3.80 - 5.80)	HAEMOGLOBIN	129	(115 - 160)	g/L
	MCV	89	(80 - 98)	fL
HCT 0.389 (0.370 - 0.470)	MCHC	332	(315 - 360)	g/L
	RDW	12	(< 16)	%
MCH 29.5 pg (27.0 - 34.0)				
	PLATELETS	238	(150 - 450)	x 10^9/L

WHITE CELLS		5.2	(4.0 - 11.0) x 10^9/L
Neut	53%	2.8	(2.0 - 8.0) " "
Lymph	37%	1.9	(1.0 - 4.0) " "
Mono	8%	0.4	(0.2 - 1.2) " "
Eosin	2%	0.1	(< 0.7) " "

Requested Tests : VID*, TF*, LFT*, GA*, EUC*, LPD*, IRS*, HAE, BF*

MCDONALD, EMILY
56 AMETHYST CRES, MOUNT RICHON. 6112
Birthdate: 14/01/1994 **Sex:** F **Medicare Number:** 6220202666
Your Reference: **Lab Reference:** 24-86362121-GA-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR EMMA VITALE **Referred by:** DR EMMA VITALE

Name of Test: GLYCOSYLATED HB A1C (GA-0)
Requested: 18/10/2024 **Collected:** 23/10/2024 **Reported:** 23/10/2024 13:23

GLYCATED HAEMOGLOBIN (Blood)

Date	Hb A1C %	mmol/mol(IFCC)	Lab No
20/01/24	**7.4**	57	84330348
23/10/24	**7.4**	58	86362121

86362121 HbA1c Thresholds:
Diagnostic threshold for type 2 diabetes mellitus:
>= 6.5% (>= 48 mmol/mol)
General treatment target for patients with known diabetes mellitus:
<=7.0% (<= 53 mmol/mol). Higher or lower targets are appropriate for some patients.
See wdp.com.au/HbA1c for more information on the use and interpretation of HbA1c.
Comment
HbA1c should be interpreted with caution in children, pregnancy, patients with haemoglobinopathies, anaeamia, thalassaemia, recent blood transfusions, and hepatic and renal failure.

Requested Tests : VID*, TF*, LFT*, GA, EUC*, LPD*, IRS*, HAE, BF*

MCDONALD, EMILY
56 AMETHYST CRES, MOUNT RICHON. 6112
Birthdate: 14/01/1994 **Sex:** F **Medicare Number:** 6220202666
Your Reference: **Lab Reference:** 24-86362121-BF-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR EMMA VITALE **Referred by:** DR EMMA VITALE

Name of Test: B12 +RBC FOLATE ENQUIRIES (BF-0)
Requested: 18/10/2024 **Collected:** 23/10/2024 **Reported:** 23/10/2024 19:54

VITAMIN B12 and FOLATE (serum)

Vitamin B12 . . . . . :	185 pmol/L	(< 120 Deficient) (150-750 Normal)
Serum Folate . . . . . :	28.8 nmol/L	(< 5.0 Deficient) (=> 5.0 Normal)

COMMENT: Low-normal vitamin B12 with normal folate. B12 deficiency is not

excluded and Active-B12 will be added.

Patient supplementation with high dose biotin may falsely increase serum folate (Atellica assay). If concerned with the result, consider withholding biotin for 24 hours prior to repeating the test. Please contact the laboratory for further information.

Instrument: Siemens Atellica

Requested Tests : A12*, VID*, TF*, LFT*, GA, EUC, LPD*, IRS, HAE, BF

MCDONALD, EMILY
56 AMETHYST CRES, MOUNT RICHON. 6112
Birthdate: 14/01/1994 **Sex:** F **Medicare Number:** 6220202666
Your Reference: **Lab Reference:** 24-86362121-EUC-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR EMMA VITALE **Referred by:** DR EMMA VITALE

Name of Test: ELECTROLYTES INC CREAT (EUC-0)
Requested: 18/10/2024 **Collected:** 23/10/2024 **Reported:** 23/10/2024 19:54

CUMULATIVE ELECTROLYTES (Serum)

Date	Time	Na mmol/L (135 - 145)	K mmol/L (3.5 - 5.2)	Cl mmol/L (95 - 110)	HCO3 mmol/L (22 - 32)	Urea mmol/L (3.0 - 8.0)	Creat umol/L (45 - 90)	Lab.No.
23/10/24	08:35	142	4.2	106	28	4.5	64	86362121

eGFR : > 90 mL/min/1.73m^2

EGFR by CKD-EPI formula (Med J Aust 2012; 197:222 -223).

86362121

Instrument: Siemens Atellica

Requested Tests : A12*, VID*, TF*, LFT*, GA, EUC, LPD*, IRS, HAE, BF

MCDONALD, EMILY
56 AMETHYST CRES, MOUNT RICHON. 6112
Birthdate: 14/01/1994 **Sex:** F **Medicare Number:** 6220202666
Your Reference: **Lab Reference:** 24-86362121-LPD-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR EMMA VITALE **Referred by:** DR EMMA VITALE

Name of Test: LIPIDS WITH RISK RATIO (LPD-0)
Requested: 18/10/2024 **Collected:** 23/10/2024 **Reported:** 23/10/2024 20:00

LIPIDS (Serum)

Date	Chol mmol/L (< 5.5)	Trig mmol/L (< 2.0)	HDL-C mmol/L (> 1.1)	LDL-C mmol/L (< 3.4)	Ratio (See) (Below)	Lab. No.
23/10/24 Fasting	4.0	0.6	2.1	1.6	1.9	86362121

Coronary Risk Ratio Ref Values: Average = 4.4 Twice Average = 7.0

86362121 Non-HDL-cholesterol: 1.9 mmol/L (reference interval: < 4.1 mmol/L).
Lipid-related cutoffs are intended to identify patients who may benefit from overall cardiovascular risk assessment, and do not necessarily represent treatment initiation thresholds or targets, which should be individualised to the patient. See www.cvdcheck.org.au

Instrument: Siemens Atellica

Requested Tests : A12*, VID*, TF, LFT*, GA, EUC, LPD, IRS, HAE, BF

MCDONALD, EMILY
56 AMETHYST CRES, MOUNT RICHON. 6112
Birthdate: 14/01/1994 **Sex:** F **Medicare Number:** 6220202666
Your Reference: **Lab Reference:** 24-86362121-TF-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR EMMA VITALE **Referred by:** DR EMMA VITALE

Name of Test: THYROID FUNCTION TEST (TF-0)
Requested: 18/10/2024 **Collected:** 23/10/2024 **Reported:** 23/10/2024 20:00

CUMULATIVE THYROID FUNCTION TEST (serum)

	TSH (mIU/L) (0.40 - 4.00)	FT4 (pmol/L) (10 - 20)	FT3 (pmol/L)	Lab.No.
23/12/22	3.87			88722703
18/03/23	**5.69**	14		81694719
28/07/23	**4.01**	13		81433492
20/01/24	**5.98**	14		84330348
27/04/24	3.63	16		84229655
23/10/24	**4.01**	13		86362121

86362121 Comment
Borderline increased TSH may indicate slight under-replacement if patient is on thyroid hormone replacement.

Instrument: Siemens Atellica

Requested Tests : A12*, VID*, TF, LFT*, GA, EUC, LPD, IRS, HAE, BF

MCDONALD, EMILY
56 AMETHYST CRES, MOUNT RICHON. 6112
Birthdate: 14/01/1994 **Sex:** F **Medicare Number:** 6220202666
Your Reference: **Lab Reference:** 24-86362121-VID-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR EMMA VITALE **Referred by:** DR EMMA VITALE

Name of Test: VITAMIN D (VID-0)
Requested: 18/10/2024 **Collected:** 23/10/2024 **Reported:** 23/10/2024 20:04

25-HYDROXY VITAMIN D (serum)

SERUM VITAMIN D STUDY

--	25-hydroxy Vitamin D	58	nmol/L	(> 50)

Instrument: Diasorin Liaison

Requested Tests : A12*, VID, TF, LFT*, GA, EUC, LPD, IRS, HAE, BF

MCDONALD, EMILY
56 AMETHYST CRES, MOUNT RICHON. 6112
Birthdate: 14/01/1994 **Sex:** F **Medicare Number:** 6220202666
Your Reference: **Lab Reference:** 24-86362121-LFT-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR EMMA VITALE **Referred by:** DR EMMA VITALE

Name of Test: LIVER FUNCTION TESTS (LFT-0)
Requested: 18/10/2024 **Collected:** 23/10/2024 **Reported:** 23/10/2024 20:33

CUMULATIVE LIVER FUNCTION TEST (Serum)
Please note change in report format as of 14/12/2021

Collection Date:	18/03/23	23/10/24		
Collection Time:	10:21	08:35		
Lab No:	81694719	86362121		
Bilirubin:	9	8	umol/L	(< 16)
Alk Phos:	74	72	U/L	(30 - 110)
Gamma GT:	9	< 7	U/L	(< 31)
ALT:	10	< 8	U/L	(< 31)
AST:	13	15	U/L	(< 31)
Albumin:	47	44	g/L	(38 - 50)
Protein:	73	68	g/L	(60 - 80)
Globulin Gap:	26	24	g/L	(22 - 38)

86362121 Progress Report.

Instrument: Siemens Atellica

Requested Tests : A12*, VID, TF, LFT, GA, EUC, LPD, IRS, HAE, BF

MCDONALD, EMILY
56 AMETHYST CRES, MOUNT RICHON. 6112
Birthdate: 14/01/1994 **Sex:** F **Medicare Number:** 6220202666
Your Reference: **Lab Reference:** 24-86362121-A12-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR EMMA VITALE **Referred by:** DR EMMA VITALE

Name of Test: ACTIVE VITAMIN B12 (A12-0)
Requested: 18/10/2024 **Collected:** 23/10/2024 **Reported:** 24/10/2024 08:17

Holo TC Assay (Siemens Atellica) **38** pmol/L (> 40)
(Serum Active Vitamin B12)

Comment:
Borderline vitamin B12 deficiency.

Borderline deficiency may occur in the early stages of Pernicious Anaemia (PA). Physiologic deficiency can be confirmed by performing homocysteine plus folate levels. If not already performed, screening for PA with intrinsic factor antibody (IF-Ab) and gastric parietal cell antibody (GPC-Ab) is recommended. Co-existing iron deficiency should not be overlooked.

Instrument: Siemens Atellica

Haematologist: Dr Steven Ward

Requested Tests : A12, VID, TF, LFT, GA, EUC, LPD, IRS, HAE, BF