MELBOURNE PATHOLOGY
Quality is in our DNA

ISABELLE HOUSE

Lab ID 971194233 DOB 25/09/2004 (20 Yrs FEMALE)

Referrer Dr Hafsah Hafsah
Address MOOLOOLAH FAMILY CLINIC SHOP 2 1 MOOLOOLAH RD MOOLOOLAH VALLEY QLD 4553
Phone 0754947498

Your ref. 971194233
Address 606/610 ST KILDA RD MELBOURNE VIC 3000
Phone 0492942769

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Requested 18/02/2025
Collected 26/04/2025 10:33
Received 26/04/2025 10:34

Test Name	Result	Reference Interval	Units
S Iron:	27	5 - 30	umol/L
S Transferrin:	3.1	2.0 - 3.6	g/L
Transferrin Saturation:	35	10 - 45	%
S Ferritin:	17 L	30 - 200	ng/mL

Dept Supervising Pathologist: Dr Andrew Carter

MELBOURNE PATHOLOGY NATA NO.:2133

Reported on 26-Apr-25 20:21

Test Name	Result	Reference Interval	Units
25-Hydroxy Vitamin D	60	50 - 250	nmol/L

Comments

Vitamin D levels should ideally be above 50 nmol/L in winter and 70 nmol/L in summer. Levels above 75 nmol/L may be desirable in people with osteoporosis or falls.

Dept Supervising Pathologist: Dr Andrew Carter

MELBOURNE PATHOLOGY NATA NO.:2133

Reported on 26-Apr-25 23:42

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Test Name	Result	Reference Interval	Units
● S Folate:	<3.0 L	>6.0	nmol/L
Holo-transcobalamin:	71	>37	pmol/L
● Total Vitamin B12:	185 L	200 - 700	pmol/L

Comments

High dose biotin (>5 mg/day) may artefactually increase total Vitamin B12 and Folate results obtained by this method. If the patient is taking 5-20 mg/day of biotin, suggest withhold for at least 8 hours before blood test (if taking 300 mg/day, withhold for at least 72 hours).
For clinicians requiring assistance with interpreting this report, a Chemical Pathologist or Clinical Scientist will be available during office hours on (03) 9287 7733.

HoloTC (Holo-transcobalamin) is a better marker for Vitamin B12 status than the total B12 and this result indicates a normal Vitamin B12 status. Serum total Vitamin B12 measures both inactive (Haptocorrin-bound) and active (Transcolalamin-bound) fractions. Low total Vitamin B12 can be a result of low Haptocorrin-bound fraction which is of no known clinical significance.

For clinicians requiring assistance with interpreting this report, a Chemical Pathologist or Clinical Scientist will be available during office hours on (03) 9287 7733.

Dept Supervising Pathologist: Dr Andrew Carter

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TOTAL PLASMA HOMOCYSTEINE (THcy)1

Test Name	Result	Reference Interval	Units
Plasma Homocysteine	49 H	3 - 12	umol/L

Comments

Note: Plasma homocysteine level increases after food ingestion. Fasting overnight is required for this test. Also, false elevations can occur if the blood has not been preserved appropriately and there is a delay in separation of the plasma from cells.

Dept Supervising Pathologist: Dr Andrew Carter

MELBOURNE PATHOLOGY NATA NO.:2133

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Test Name	Result	Reference Interval	Units
S Sodium:	141	135 - 145	mmol/L
S Potassium:	4.2	3.5 - 5.5	mmol/L
S Chloride:	107	95 - 110	mmol/L
S Bicarbonate:	23	20 - 32	mmol/L
● S Urea:	2.1 L	2.5 - 6.5	mmol/L
S Creatinine:	64	45 - 85	umol/L
eGFR	>90	>59	
S Bilirubin:	8	3 - 15	umol/L
S Alkaline Phosphatase:	134	35 - 140	U/L
S Gamma-GT:	9	5 - 35	U/L
● S ALT:	37 H	5 - 30	U/L
S AST:	28	10 - 35	U/L
S Total Protein:	72	64 - 81	g/L
S Albumin:	39	33 - 46	g/L
S Globulin:	33	23 - 41	g/L
S Calcium:	2.48	2.15 - 2.55	mmol/L
S Calcium (corrected)	2.50	2.15 - 2.55	mmol/L
S Inorganic Phosphate:	1.20	0.8 - 1.5	mmol/L
S Magnesium:	0.73	0.70 - 1.10	mmol/L

Comments

eGFR is greater than 90 mL/min/1.73m2. No evidence of kidney disease.

NOTE: Change of reference interval for Alkaline Phosphatase (ALP), effective from 09/12/2024.

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Test Name	Result	Reference Interval	Units
S C-Reactive Protein:	<1	<5	mg/L

Specimen - Serum

Dept Supervising Pathologist: Dr Andrew Carter

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D Dimer	<0.19	<0.5	ug/ml

Quantitative Immunoturbidimetric (Plasma)

Comments

Please note: For investigation of possible venous thromboembolism (VTE), the diagnostic utility of a D-dimer is its negative predictive value (>95%) in ruling out VTE in patients with a low pre-test probability e.g. Wells score <2.
A raised D-dimer alone should not be used to diagnose VTE as it may be influenced by other factors such as inflammatory or infective conditions including recent surgery or pregnancy, or heterophile antibodies e.g. rheumatoid factor.
Further investigation should be guided by clinical features and not a raised D-dimer result.

Dept Supervising Pathologist: Dr Linda Saravanan

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HAEMOGLOBIN	138	115 - 160	g/L
Haematocrit	0.44	0.35 - 0.47	
Red cell count	4.6	3.7 - 5.2	x10^12/L
M.C.V.	96	80 - 100	fL
M.C.H.	30	27 - 34	pg
M.C.H.C.	315	310 - 360	g/L
RDW	12.8	11 - 17	
PLATELETS	316	150 - 450	x 10^9/L
WHITE CELL COUNT	8.9	4.0 - 11.0	x10^9/L
Neutrophils	4.1	2.0 - 7.5	x10^9/L
Lymphocytes	2.8	1.0 - 4.0	x10^9/L
Monocytes	0.7	0 - 1.0	x10^9/L
● Eosinophils	1.2 H	0 - 0.5	x10^9/L
Basophils	0.1	0 - 0.3	x10^9/L
E.S.R.	6	3 - 12	mm/hr

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