Patient Health Summary

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Investigations:

ROUTINE HAEMATOLOGY(Whole Blood)

RCC	**3.48**	x 10^12/L	HAEMOGLOBIN	**114**	(115 - 160) g/L
(3.80 - 5.80)		*	MCV	**100**	(80 - 98) fL
HCT	**0.347**		MCHC	329	(315 - 360) g/L
(0.370 - 0.470)			RDW	12	(< 16) %
MCH	32.8	pg			
(27.0 - 34.0)					
			PLATELETS	215	(150 - 450) x 10^9/L
			WHITE CELLS	10.4	(4.0 - 11.0) x 10^9/L
		*	Neut 78%	**8.1**	(2.0 - 8.0) " "
			Lymph 16%	1.7	(1.0 - 4.0) " "
			Mono 5%	0.5	(0.2 - 1.2) " "
			Eosin 1%	0.1	(< 0.7) " "

There is a mild neutrophilia. Borderline low haemoglobin and a borderline high MCV.

Requested Tests : VID, TPO*, TF*, GA*, MG, IRS*, HAE, CA, BF*

VITAMIN B12 and FOLATE (serum)

Vitamin B12 . . . . . :	282 pmol/L	(< 120 Deficient) (150-750 Normal)
Serum Folate . . . . . :	28.6 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, TPO, TF, GA*, MG, IRS, HAE, CA, BF

CUMULATIVE IRON STUDIES (serum)

Date	Iron umol/L	Transferrin umol/L	TFN Satn %	Ferritin ug/L	Lab.No.
13/07/23	14	27	26	56	83065512
17/08/23	**8**	26	15	44	83414789
20/09/24	27	29	47	36	96350381
13/01/25	19	36	26	**8**	84862710
Ref:	(11 - 27)	(20 - 45)	(15 - 55)	(30 - 200)	

84862710 Low ferritin confirms iron deficiency.

- As ferritin is influenced by acute phase responses results in the lower-normal range (30-100) may not exclude iron deficiency.
- Ferritin levels >100 and < upper limit usually reflect adequate iron stores.
- Serum iron is useless in determining tissue iron stores.

Instrument: Siemens Atellica

Requested Tests : A12*, VID, TPO, TF, GA*, MG, IRS, HAE, CA, BF

CUMULATIVE THYROID FUNCTION TEST (serum)

	TSH (mIU/L) (0.40 - 4.00)	FT4 (pmol/L) (10 - 20)	FT3 (pmol/L) (3.5 - 6.5)	Lab.No.
20/09/24	1.70	12	4.7	96350381
13/01/25	**< 0.03**	15	5.1	84862710

84862710 Comment
In pregnancy, the assay-specific reference interval for TSH is 0.05 - 3.5 mU/L in first trimester, and 0.40 - 4.0 mU/L in second and third trimesters. More information: www.wdp.com.au/guides-publications

Instrument: Siemens Atellica

Requested Tests : A12*, VID, TPO, TF, GA*, MG, IRS, HAE, CA, BF

THYROID ANTIBODIES (Serum)

* Antithyroid peroxidase (TPO) . . . . : **> 1300** IU/mL (< 60)

Instrument: Siemens Atellica

Requested Tests : A12*, VID, TPO, TF, GA*, MG, IRS, HAE, CA, BF

25-HYDROXY VITAMIN D (serum)

SERUM VITAMIN D STUDY
-- 25-hydroxy Vitamin D 100 nmol/L (> 50)

Instrument: Diasorin Liaison

Requested Tests : VID, TPO*, TF*, GA*, MG, IRS*, HAE*, CA, BF*

Calcium (serum) . . . . : 2.22 mmol/L (2.10 - 2.60)
Albumin (serum) . . . . : 39 g/L (38 - 50)
Corrected Calcium . . . : 2.28 mmol/L (2.10 - 2.60)

Instrument: Siemens Atellica

Requested Tests : VID*, TPO*, TF*, GA*, MG, IRS*, HAE*, CA, BF*

* Magnesium (serum) . . . : **0.69** mmol/L (0.70 - 1.10)

Mild hypomagnesaemia noted. If cause is not clear, suggest repeat to confirm.

Instrument: Siemens Atellica

Requested Tests : VID*, TPO*, TF*, GA*, MG, IRS*, HAE*, CA, BF*

Holo TC Assay (Siemens Atellica) 93 pmol/L (> 40)
(Serum Active Vitamin B12)

Comment:
No vitamin B12 deficiency.

Instrument: Siemens Atellica

Requested Tests : A12, VID, TPO, TF, GA, MG, IRS, HAE, CA, BF

GLYCATED HAEMOGLOBIN (Blood)

Date	Hb A1C %	mmol/mol(IFCC)	Lab No
13/01/25	4.4	24	84862710

84862710 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 : A12*, VID, TPO, TF, GA, MG, IRS, HAE, CA, BF

Serum Thyroid Stimulating Immunoglobulin (TSI)

TSI : **0.55** IU/L (Reference Interval < 0.55) *

In most cases of Graves' disease, TSI will be above the reference

interval.

This test replaces TSH receptor antibodies, and is thought to be more specific for thyrotoxicosis-causing antibodies. See Tozzoli et al. Clin Chem Lab Med 2016;55:58-64

Instrument: Siemens Immulite 2000

Requested Tests : TSI, A12, VID, TPO, TF, GA, MG, IRS, HAE, CA, BF

Enteric Virus NAAT detection (PCR)

Specimen .....: Faeces

Norovirus GI/GII RNA ...: NOT Detected
Rotavirus RNA .....: NOT Detected
Adenovirus 40/41 DNA ...: NOT Detected

Requested Tests : FM*, GAS, FPM

FAECAL MULTIPLEX PCR

Parasites	
Entamoeba histolytica	Not Detected
Giardia species	Not Detected
Dientamoeba species	Not Detected
Cryptosporidium species	Not Detected
Blastocystis species	**DETECTED**
Bacteria	
Yersinia enterocolitica	Not Detected
Campylobacter species	Not Detected
Shigella species	Not Detected
Salmonella species	Not Detected
Aeromonas species	Not Detected

Intestinal colonisation with cysts of Blastocystis is common and generally not associated with intestinal upset. Its role in disease remains controversial. Blastocystis may be significant in travel related diarrhoea or recent contact with animals. In the absence of another cause of persistent diarrhoea treatment is with metronidazole or cotrimoxazole for 7-10 days. Eradication of the cyst is difficult and not necessary in most individuals or asymptomatic close contacts. Response to therapy should be based on the clinical symptoms and repeat testing by PCR is not recommended.

This assay is still undergoing development and is not yet fully validated. Results should be interpreted in association with all other information (clinical and laboratory) on the patient.

Requested Tests : FM*, GAS*, FPM

MICROBIOLOGICAL EXAMINATION : Faeces

MACROSCOPIC Faeces (Semi-formed)

MICROSCOPY No cysts, ova or parasites seen.

CULTURE No Salmonella, Shigella or Campylobacter isolated.

Final Report

Requested Tests : FM, GAS, FPM

CUMULATIVE THYROID FUNCTION TEST (serum)

	TSH (mIU/L) (0.40 - 4.00)	FT4 (pmol/L) (10 - 20)	FT3 (pmol/L) (3.5 - 6.5)	Lab.No.
20/09/24	1.70	12	4.7	96350381
13/01/25	**< 0.03**	15	5.1	84862710
07/04/25	**< 0.03**	18	6.4	96736707

96736707 A positive result for Thyroid Stimulating Immunoglobulin (TSI) noted on a previous occasion. In pregnancy, the assay-specific reference interval for TSH is 0.05 - 3.5 mU/L in first trimester, and 0.40 - 4.0 mU/L in second and third trimesters. More information: Https://www.wdp.com.au/clinicians/guides-publications

Instrument: Siemens Atellica

Requested Tests : TF