

DAHLSTROM, VERA

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient **BUCKLEY, SHEENA**

UR No.

Patient Address **304 FULLER RD MALANDA QLD 4885**

Sex **F** Age **60 years** DOB **31/10/1964**

Report For **DAHLSTROM, VERA**

Ref. by/copy to **DAHLSTROM, VERA**

Requested	22/04/2025	
Collected	22/04/2025	01:13 PM
Reported	02/05/2025	02:33 PM

TRACE ELEMENTS

Serum Selenium 1.53 umol/L (0.80-1.90)

Note - the above range refers to populations with "normal" low levels of environmental exposure to selenium.

In smokers and other patients naturally or occupationally exposed to unusual amounts of selenium, plasma levels of up to approximately 4.0 umol/L have been observed and are not associated with any signs of toxicity.

(Disposition of Toxic Drugs and Chemicals in Man IX, ed. Baselt, 2011)

Pathology Report

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URINARY IODINE

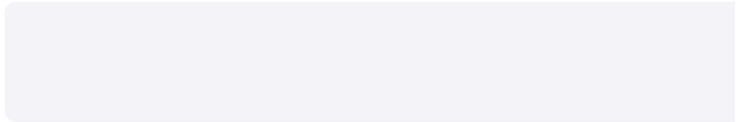
Creatinine	7.4	mmol/L
Iodine	64	ug/L
Iodine	0.50	umol/L

WHO 2008 guidelines:

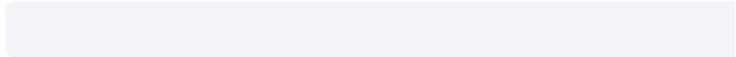
Classification of iodine deficiency (Urine iodine ug/L):

> 99	Not iodine deficient
50-99	Mild iodine deficiency
20-49	Moderate iodine deficiency
< 20	Severe iodine deficiency

Levels in excess of 149 ug/L are regarded as adequate in pregnancy.
Levels exceeding 300 ug/L (or above 500 ug/L in pregnancy) may carry
a "Risk of adverse health consequences".



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Serum Zinc 15 umol/L (10-25)

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TSH Stimulating Immunoglobulin < 0.10 IU/L

Reference Ranges:

Negative < 0.10
Threshold 0.10 - 0.55
Active Graves' > 0.55

A negative level does not exclude mild or recovering Graves'.

Threshold levels may ALSO be seen with:

- . subacute thyroiditis
- . toxic nodules
- . acute, toxic Hashimoto's

Changes in trend may indicate progress of the underlying disease, irrespective of T4 levels.

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CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date	22/04/25
Time	13:13
Lab No	96850757

Active B12	94 pmol/L	(> 35)
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Comment:

96850757

Holo TC Assay:
No current vitamin B12 deficiency.

Methodology:

B12 and Active B12 (HoloTC) assays performed on Siemens Atellica analyser.

For Doctor clinical enquiries, please contact Dr Peter Davidson 07 3121 4444.

Patients should contact their referring doctor in regard to this result.

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CUMULATIVE IRON STUDIES

Date	22/04/25
Time	13:13
Lab No	96850757
Iron	18 umol/L (10-33)
TIBC	61 umol/L (45-70)
Saturation	29 % (16-50)
Ferritin	94 ug/L (30-320)

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CUMULATIVE SERUM VITAMIN D

Date 22/04/25
Time 13:13
Lab No 96850757
Vitamin D3 83 nmol/L (> 49)

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Thyroglobulin AbII < 1.3 IU/mL (< 4.6)
Thy Peroxidase AbII < 6.6 IU/mL (< 13.8)

These antibody levels are not suggestive of Thyroid inflammatory or rapidly progressing neoplasia. However 15% of Hashimoto's does not produce measurable antibodies. Prior autoimmune activity cannot be excluded.

Please note that as of 24/03/25, QML Pathology changed to a reformulated Atellica Thyroid Peroxidase Antibody (Thy Peroxidase AbII) assay with an updated reference interval. Values from the new assay are not directly comparable to the previous method, and differences in individual patient results may be observed. For further information, please contact a Chemical Pathologist on 07 3121 4444.

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