Pathology Report

Laverty PATHOLOGY

Specialist Diagnostic Services Pty Ltd ABN 84 007 190 043
APA trading as Laverty Pathology
www.laverty.com.au

RESULTS ENQUIRIES
13 39 36

RCPA The Royal College of Pathologists of Australasia

NATA ACCREDITED FOR TECHNICAL COMPETENCE

Report to:	Name: BERNASCONI, LAUREN	D.O.B.: 26/09/99
DR SHINGAI GARUTSA	Addr: 85 MAXWELL ST	Sex F
Dot Doctors	SOUTH PENRITH 2750	Lab Ref: 25-96948295
8 Chloride St	Phone: 0436432001	Collected: 03/05/25
BROKEN HILL 2880	Your Ref:	Time Coll: 00:00
		Reported: 03/05/25

Tests listed below * equals waiting

TESTS: VBF*,TFT,MBA,LIP,FE,FBE,GLU,CRP,DVI (* = pending)
CLINICAL NOTES: fatigue

SERUM CHEMISTRY

Specimen Type: Serum

Haemolysis	Nil		
Icterus	Nil		
Lipaemia	Nil		
Sodium	137	mmol/L	(135-145)
Potassium	4.3	mmol/L	(3.6-5.4)
Chloride	103	mmol/L	(95-110)
Bicarbonate	22	mmol/L	(22-32)
Anion Gap	16	mmol/L	(10-20)
Urea	3.6	mmol/L	(2.5-6.7)
Creatinine	60	umol/L	(45-90)
eGFR	> 90		mL/min/1.73sqM
Bilirubin	13	umol/L	(< 15)
AST	15	U/L	(< 30)
ALT	10	U/L	(< 30)
GGT	8	U/L	(< 30)
Alkaline Phosphatase	61	U/L	(20-105)
Protein	69	g/L	(60-82)
Albumin	45	g/L	(38-50)
Globulin	24	g/L	(20-39)

eGFR >=90 mL/min/1.73m^2 usually indicates normal kidney function but does not exclude patients with early kidney damage (those with albuminuria, haematuria or abnormal kidney imaging).

IRON STUDIES

Specimen Type: Serum

Serum Iron	20	umol/L	(10 30)
Transferrin	33	umol/L	(32-48)
Transferrin Saturation	31	%	(13-45)
Serum Ferritin	**18**	ug/L	(30-165)

Although the transferrin saturation is normal, the mildly reduced ferritin suggests iron deficiency.

During the reproductive years, iron deficiency in women is usually due to multiparity or heavy menstrual losses. Investigation of the gastrointestinal tract for a source of blood loss may be indicated.

C-REACTIVE PROTEIN

Specimen Type: Serum

Serum CRP	< 4.0	mg/L	(< 6.0)

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Tests listed below * equals waiting

TESTS: VBF*,TFT,MBA,LIP,FE,FBE,GLU,CRP,DVI (* = pending)
CLINICAL NOTES: fatigue

HAEMATOLOGY

Date Collected 03 May 25
Time Collected 00:00
Specimen Type: EDTA

Hb	126	g/L	(115-165)	**WBC**	5.1	$x10^9$/L	(4.0-11.0)
RCC	4.3	$x10^{12}$/L	(3.9-5.8)	Neut	2.9	$x10^9$/L	(2.0-7.5)
Hct	0.37		(0.34-0.47)	Lymp	1.5	$x10^9$/L	(1.0-4.0)
MCV	87	fL	(79-99)	Mono	0.5	$x10^9$/L	(0.2-1.0)
MCH	29	pg	(27-34)	Eos	0.2	$x10^9$/L	(< 0.7)
MCHC	337	g/L	(320-360)	Baso	0.1	$x10^9$/L	(< 0.2)
RDW	13.1	%	(10.0-17.0)				
Plat	283	$x10^9$/L	(150-400)				

HAEMATOLOGY: FBC parameters are within reference range.

VITAMIN D

Haemolysis	Nil	
Serum 25(OH) Vitamin D	66	nmol/L

Suggested decision limits for Vitamin D status:

Sufficiency	51 -200	nmol/L
Mild deficiency	25 - 50	nmol/L
Marked deficiency	< 25	nmol/L
Toxicity	>250	nmol/L

References: Vitamin D and health in adults in Australia and New Zealand: Position Statement. MJA 2012 June 18; 196(11),686-687.

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Report to:	Name: OLSEN, THOR	D.O.B.: 22/12/99
DR CLIFFORD MARK JACOBSON	Addr: 23 ELLIE AVE	Sex M
Dot Doctors	RAWORTH 2321	Lab Ref: 25-12857414
8 Chloride St	Phone: 0433632197	Collected: 03/05/25
BROKEN HILL 2880	Your Ref:	Time Coll: 09:17
		Reported: 03/05/25

Tests listed below * equals waiting

TESTS: MBA*,LIP*,HOR*,FBE,AND*,GLU*,CRP* (* = pending)
CLINICAL NOTES: assessment as on anabolic steroid .

HAEMATOLOGY

Date Collected 03 May 25
Time Collected 09:17
Specimen Type: EDTA

Hb	171	g/L	(130-180)	**WBC**	5.1	$x10^9$/L	(4.0-11.0)
RCC	5.8	$x10^{12}$/L	(4.5-6.5)	Neut	2.3	$x10^9$/L	(2.0-7.5)
Hct	0.51		(0.40-0.54)	Lymp	2.1	$x10^9$/L	(1.0-4.0)
MCV	88	fL	(79-99)	Mono	0.5	$x10^9$/L	(0.2-1.0)
MCH	30	pg	(27-34)	Eos	0.1	$x10^9$/L	(< 0.7)
MCHC	338	g/L	(320-360)	Baso	0.1	$x10^9$/L	(< 0.2)
RDW	13.2	%	(10.0-17.0)				
Plat	202	$x10^9$/L	(150-400)				

HAEMATOLOGY: FBC parameters are within reference range.