

Referrer **Dr Tendai A Muchedzi**

Address AUSSIE SCRIPTS PO BOX 421  
NORTH LAKES QLD 4509

Phone 0734917189

Lab ID **528647777**

DOB **26/10/1982 (42 Yrs MALE)**

Your ref.

Address 2/8A ERROMANGO DRIVE  
JUBILEE QLD 4065

Phone 0422714698

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## Copper

Test Name	Result	Reference Interval	Units
Copper-serum	16.0	11.0 - 22.0	umol/L

CA

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Reported on 09-May-25 13:54

## Zinc

Test Name	Result	Reference Interval	Units
Zinc-plasma	12.9	9.0 - 19.0	umol/L

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Test Name	Result	Reference Interval	Units
Sodium	137	135 - 145	mmol/L
Potassium	4.2	3.5 - 5.5	mmol/L
Chloride	104	95 - 110	mmol/L
Bicarbonate	27	20 - 32	mmol/L
Anion Gap	6	<16	mmol/L
Urea	7.9	3.0 - 8.0	mmol/L
Creatinine	99	60 - 110	umol/L
eGFR	81	>59	
Glucose fasting	6.0	3.6 - 6.0	mmol/L
Total Protein	68	66 - 83	g/L
Albumin	39	35 - 48	g/L
Globulin	29	23 - 43	g/L
Bilirubin	17	<21	umol/L
ALP	55	35 - 110	U/L
AST	15	10 - 40	U/L
ALT	17	5 - 40	U/L
GGT	12	5 - 50	U/L
Cholesterol	3.1	<5.6	mmol/L
Triglyceride	0.9	<2.1	mmol/L
Haemolysis Index	5	<40	

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#### C Reactive Protein

Test Name	Result	Reference Interval	Units
CRP	1.6	<5	mg/L

#### Comments

CRP is a more sensitive early indicator of an acute phase response than is ESR. It also returns towards normal more rapidly with improvement or resolution of the disease process.

If CRP is elevated, it can indicate disease activity of an inflammatory, infective or neoplastic nature.

Artefactually decreased CRP values occur when patients are treated with antibiotics containing carboxypenicillins including Ticarcillin.

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#### Random Urine Iodine

Test Name	Result	Reference Interval	Units
R-U-Creatinine	18.1		mmol/L
Urine Iodine	147	> 100	ug/L
● Creat Corr. Iodine	<b>95 L</b>	> 100	ug/L

#### Comments

Iodine levels are interpreted using the WHO criteria. However, the creatinine-corrected iodine level allows for iodine assessment in urine samples which are more dilute or concentrated than usual.

WHO classification of iodine deficiency - Urine Iodine levels:

Not Iodine deficient: > 100 ug/L urine  
Mild Iodine deficiency: 50 - 100 ug/L urine  
Moderate Iodine deficiency: 20 - 49 ug/L urine  
Severe Iodine deficiency: <20 ug/L urine

To convert Iodine ug/L to Iodine nmol/L  
 $\text{ug/L} \times 7.88 = \text{nmol/L}$

SK

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### Lipid Profile

Test Name	Result	Reference Interval	Units
Cholesterol	3.1	<5.6	mmol/L
Triglyceride	0.9	<2.1	mmol/L
HDL	1.07	>0.89	mmol/L
LDL	1.6	<4.1	mmol/L
Tot Chol/HDL	2.9	<4.6	
Non HDLC	2.03	<3.81	mmol/L

### Comments

LDL is now calculated by the Sampson equation which allows an accurate result at higher triglyceride levels.

#### TARGET LEVELS:

The National Vascular Disease Prevention Alliance (NVDPA) treatment target levels for high risk people (known coronary heart and other arterial disease, diabetes, chronic renal failure, Aboriginal and Torres Strait Islander peoples and familial hyperlipidaemic conditions) are:

Total Cholesterol <4.0 mmol/L  
HDL-Cholesterol  $\geq$  1.00 mmol/L  
Fasting Triglycerides <2.0 mmol/L  
Non-HDL Cholesterol <2.5 mmol/L

Increased non-HDL Cholesterol is the most significant marker for subclinical atherosclerosis (ref: Cardiology Today 2013; 3(2) : pp25-27).

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#### Thyroid Function Tests

Test Name	Result	Reference Interval	Units
Free T4	15.5	9.0 - 19.0	pmol/L
Free T3	4.5	3.1 - 6.0	pmol/L
TSH	0.3	0.3 - 3.5	mIU/L

#### Comments

Euthyroid.

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#### Gonadal Hormones

Test Name	Result	Reference Interval	Units
FSH	4	<10	IU/L
LH	1	<9	IU/L
Oestradiol	53	<165	pmol/L
Progesterone	<0.5	<1.9	nmol/L

#### Comments

Falsely elevated Abbott oestradiol levels may be seen in patients on fulvestrant, mifepristone or abemaciclib.

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## Homocysteine

Test Name	Result	Reference Interval	Units
Homocysteine	5.4	<15	umol/L

## Comments

Serum homocysteine levels are markedly elevated (50 - 500 umol/L) in homocystinuria which is associated with childhood onset of ocular lens displacement, skeletal abnormalities and arterial and venous thromboses. Moderate elevations of serum homocysteine (16 - 100 umol/L) are seen in folic acid, vitamin B12 and pyridoxine deficiencies, several genetic defects, and renal failure. Elevated levels of serum homocysteine are associated with increased risk of atherosclerosis and venous thromboembolism.

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#### Insulin

Test Name	Result	Reference Interval	Units
● S-Insulin	<b>2 L</b>	3 - 15	mU/L

#### Comments

Please note: The insulin reference interval only refers to a fasting collection  
Insulin concentration measured on Abbott Alinity. To convert to pmol/L, please multiply result by 6.  
Please note: Different insulin assays may give variable concentrations.  
Exogenous insulin use can also result in different concentrations depending on the type of insulin administered.  
(Ref. Clin Biochem. 2015 Dec;48(18):1354-7 and Clin Chem Lab Med 2014; 52(3): 355-362)

RY

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Reported on 08-May-25 09:52

#### Dehydro Epiandrosterone Sulphate (DHEAS)

Test Name	Result	Reference Interval	Units
DHEAS	4.3	2.80 - 13.10	umol/L

#### Comments

DHEAS is performed by Abbott CMIA.  
As of 29/05/23 the SNP Reference Intervals for DHEAS have been amended to align with CALIPER Intervals for children and Abbott Intervals for adults.

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## HbA1c

Test Name	Result	Reference Interval	Units
HbA1c (NGSP)	5.4	<6.5	%
HbA1c (IFCC)	35	<48	mmol/mol

## Comments

The currently accepted cut-point for diagnosis of Type 2 Diabetes is an HbA1c level equal to or greater than 6.5% (48 mmol/mol) in patients with normal red blood cell turnover.  
An abnormal screening HbA1c equal to or greater than 6.5% (48 mmol/mol) should be confirmed by a repeat HbA1c level as soon as possible, prior to any dietary adjustment or therapeutic intervention.  
If the follow up HbA1c is less than 6.5% (48mmol/mol) then the patient does not have diabetes and should be rescreened in 12 months time.  
(Ref: MJA 197/4:220-221 (2012))  
Patients with HbA1c levels of 5.7 - 6.4% (38 - 46 mmol/mol) may still have a slightly increased risk of microvascular complications according to the AusDiab study.  
The Medicare item for HbA1C for diagnosis of Diabetes Mellitus is limited to one test per 12 months; for monitoring Diabetes testing remains unchanged - 4 tests per 12 months.  
Further information may be found at MBS online  
<http://www9.health.gov.au/mbs/search.cfm>  
An alternative test to monitor diabetes such as serum fructosamine is advisable in the presence of altered red cell lifespan.  
HbA1c performed on the Sebia Cap3 analyser by capillary electrophoresis.

HA

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## Androgens

Test Name	Result	Reference Interval	Units
● SHBG	<b>72 H</b>	10.0 - 70.0	nmol/L

## Comments

In males SHBG levels are often increased in hypogonadism, gynaecomastia, cirrhosis of the liver, thyrotoxicosis and during the administration of anti-epileptic drugs.  
SHBG performed on the Abbott immunoassay.

AD

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## Cortisol

Test Name	Result	Reference Interval	Units
Cortisol am	278	100 - 535	nmol/L

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### Thyroid Antibodies

Test Name	Result	Reference Interval	Units
Thyroid Peroxidase Ab	<1.0	<5.6	IU/mL
Thyroglobulin Ab	<1.0	<4.1	IU/mL

### Comments

Thyroid Antibodies: Levels up to 100 IU/mL can occur in normal subjects (5% of males, 15% of females – mainly elderly) and may also occur in non-thyroid autoimmune and chromosomal disorders.

Raised levels may occur in prodromal hypothyroidism before TSH elevations occur and may also be seen in thyrotoxicosis, thyroiditis, non-toxic goitre and thyroid cancer. The levels seen in Graves' Disease and Hashimoto's can vary from normal up to >1000, but are usually elevated.

EA

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### Reverse T3

Test Name	Result	Reference Interval	Units
● Reverse T3	<b>585 H</b>	140 - 540	pmol/L

HA

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25-OH Vitamin D	145	nmol/L	50 - 150
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### Comments

Adequate Vitamin D.  
Vitamin D measured by Diasorin Liaison.

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#### Haematinics

Test Name	Result	Reference Interval	Units
● Iron	<b>34 H</b>	5 - 30	umol/L
Transferrin	2.0	1.9 - 3.1	g/L
TIBC	50	47 - 77	umol/L
● Saturation	<b>68 H</b>	20 - 45	%
Ferritin	282	30 - 300	ug/L
CRP	1.6	<5	mg/L
Vitamin B12	646	> 150	pmol/L
Folate (Serum)	30	>7.0	nmol/L

#### Comments

High transferrin saturation in the presence of normal ferritin raises the possibility of early or treated haemochromatosis or recent iron ingestion.

Recommend genetic testing for haemochromatosis on this patient, if not already performed. Under Medicare rules, genetic testing is rebatable for this patient. Medicare allows the patient to have HFE testing where saturation is >45% OR where ferritin has been elevated on two occasions OR they have a first degree relative with haemochromatosis.

All patients with low or equivocal vitamin B12 results (400 pmol/L or less) will be routinely tested for holo-transcobalamin (active B12) to clarify the B12 status.

Both tests are now Medicare rebateable. Vitamin B12 concentrations over 400 pmol/L are generally considered replete.

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## Haematology

Test Name	Result	Reference Interval	Units
<b>Haemoglobin</b>	163	135 - 175	g/L
Haematocrit	0.45	0.40 - 0.54	
Red cell count	4.8	4.5 - 6.5	10 <sup>12</sup> /L
MCV	95	80 - 100	fL
<b>White cell count</b>	6.4	3.5 - 10.0	10 <sup>9</sup> /L
Neutrophils	4.20	1.5 - 6.5	10 <sup>9</sup> /L
Lymphocytes	1.33	1.0 - 4.0	10 <sup>9</sup> /L
Monocytes	0.58	0 - 0.9	10 <sup>9</sup> /L
Eosinophils	0.24	0 - 0.6	10 <sup>9</sup> /L
Basophils	0.02	0 - 0.15	10 <sup>9</sup> /L
<b>Platelets</b>	219	150 - 400	10 <sup>9</sup> /L

HA

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Reported on 07-May-25 21:26

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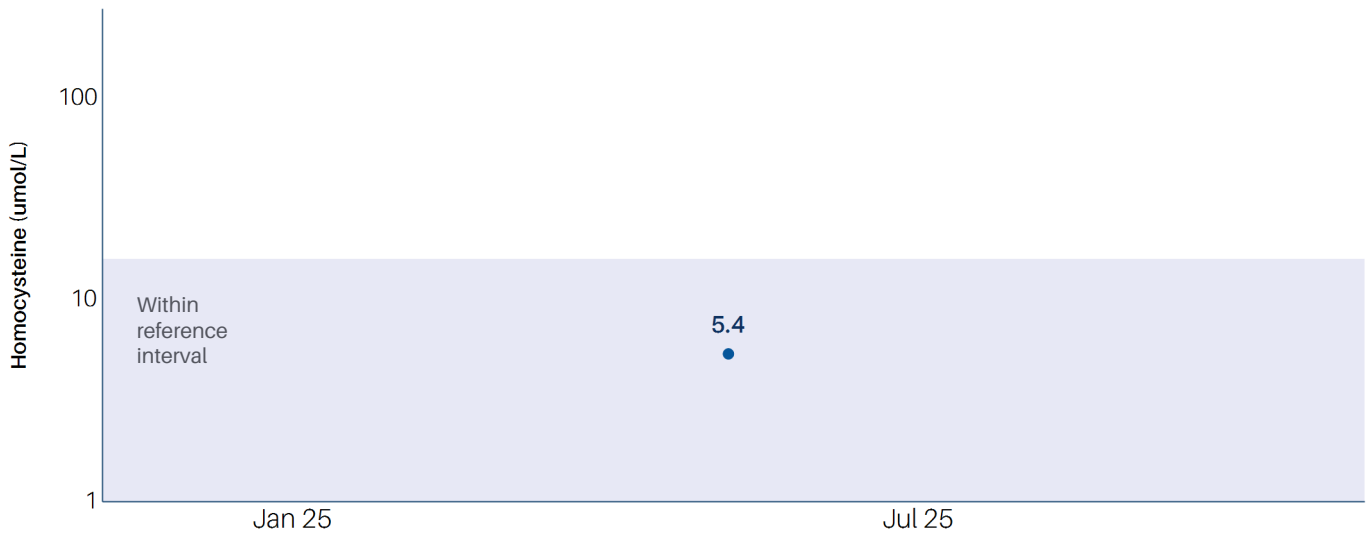
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85139

**Requested** 06 May 2025  
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**Received** 07 May 2025 07:41 am  
**Reported** 07 May 2025 23:58 pm

## Homocysteine



### LEGEND

- Reference interval ( <15 )
- Within reference interval
- Out of reference interval

LAB ID 528647777 DOB 26/10/1982 (42Y Male)

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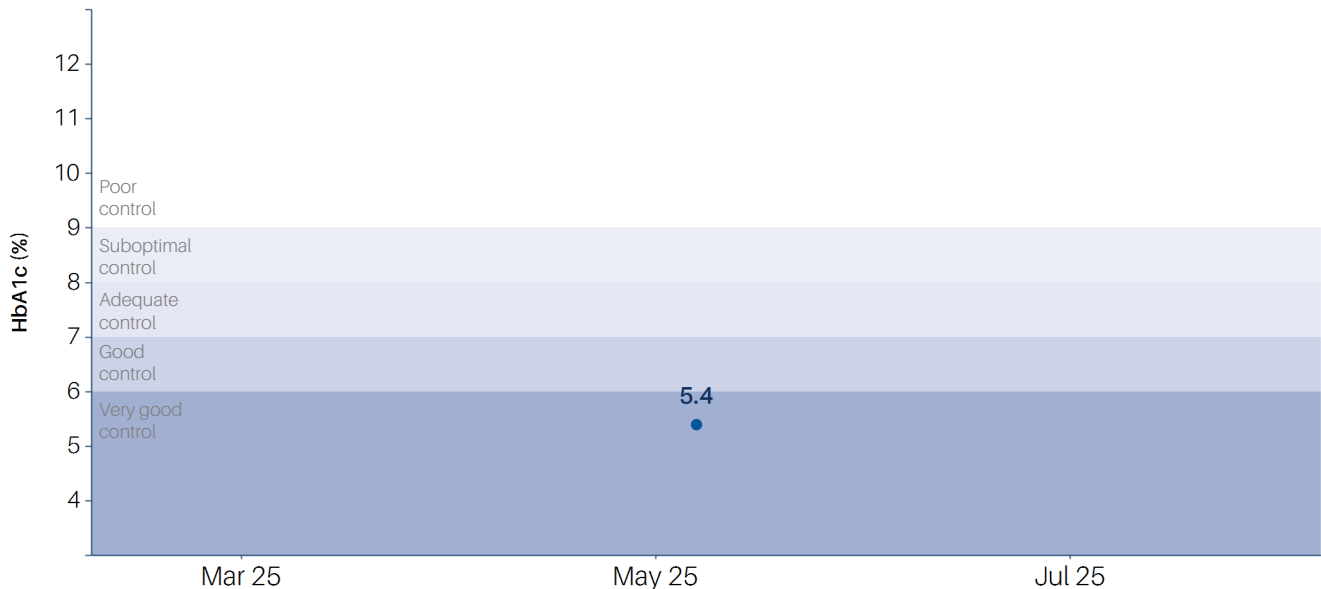
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## Glycated Haemoglobin | HbA1c

### Diabetes Monitoring



#### LEGEND

- |                                                                                                                                                           |                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <span style="display: inline-block; width: 15px; height: 15px; background-color: #f0f0f0; border: 1px solid #ccc;"></span> Poor control (> 9.0)           | <span style="color: blue;">●</span> Within reference interval |
| <span style="display: inline-block; width: 15px; height: 15px; background-color: #e0e0e0; border: 1px solid #ccc;"></span> Suboptimal control (8.1 - 9.0) | <span style="color: red;">●</span> Out of reference interval  |
| <span style="display: inline-block; width: 15px; height: 15px; background-color: #d0d0d0; border: 1px solid #ccc;"></span> Adequate control (7.1 - 8.0)   |                                                               |
| <span style="display: inline-block; width: 15px; height: 15px; background-color: #c0c0c0; border: 1px solid #ccc;"></span> Good control (6.1 - 7.0)       |                                                               |
| <span style="display: inline-block; width: 15px; height: 15px; background-color: #a0a0a0; border: 1px solid #ccc;"></span> Very good control (<6.1)       |                                                               |



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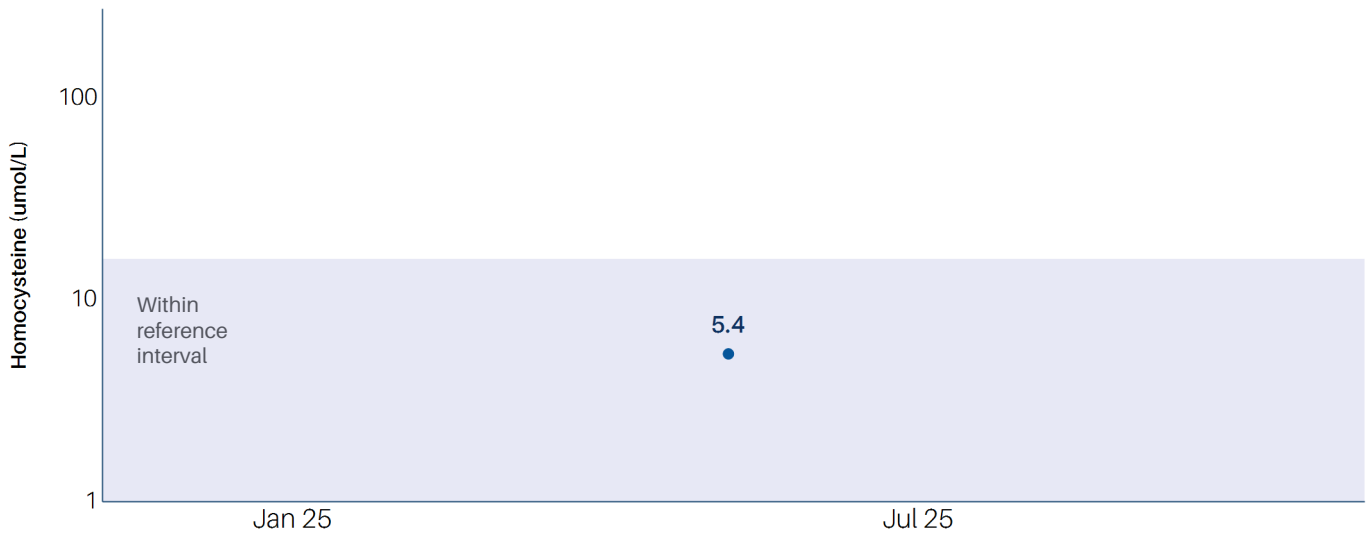
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## Homocysteine



### LEGEND

-  Reference interval ( <15 )
-  Within reference interval
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