

DAHLSTROM, VERA

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

Patient	SMITH, DONNA LEA	31 BINGIL BAY RD, BINGIL BAY MISSION BEACH QLD 4852	Requested	15/07/2024
Sex	F	Age 60 years DOB 24/02/1964	Collected	15/07/2024 10:00 AM
Report For	DAHLSTROM, VERA		Reported	26/07/2024 09:27 AM
Ref. by/copy to	DAHLSTROM, VERA			

RECOLLECTION/INAPPROPRIATE SPECIMENS

Test not performed:
FULL BLOOD EXAMINATION

Patient Unable to be Contacted.

ANTINUCLEAR ANTIBODY SEROLOGY

TITRE	PATTERN
1:80	Nucleolar

A low titre ANA is present. Testing for anti-dsDNA and ENA is suggested in patients with suspected autoimmune disease. A low titre ANA may be found in a proportion of well individuals without clinical autoimmune disease.

Nucleolar ANA patterns are described in patients with Scleroderma spectrum disorders, Raynaud's phenomenon and other autoimmune disorders. Testing for ENA and anti-dsDNA is suggested if not already ordered.

For enquiries, contact Dr Paul Campbell 07 3121 4444
Patients should contact their referring doctor in regard to this result.

Pathology Report

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CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date 15/07/24
Time 10:00
Lab No 74750247
Active B12 132 pmol/L (> 35)
S.Fol. 45.9 nmol/L (8.4-55.0)

Comment:
74750247
Serum Folate Assay:
Adequate Serum Folate.
In the absence of recent oral intake, a serum folate >13 nmol/L effectively rules out folate deficiency. Consider repeat fasting Folate, if there has been inadequate fasting, and clinical concern remains.
Holo TC Assay:
No 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.

Serum Zinc 10 umol/L (10-25)

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CUMULATIVE SERUM BIOCHEMISTRY

Date	15/07/24
Time	10:00
Lab No	74750247
	FASTING
Sodium	135 mmol/L (137-147)
Potass.	4.2 mmol/L (3.5-5.0)
Chloride	101 mmol/L (96-109)
Bicarb	27 mmol/L (25-33)
An.Gap	11 mmol/L (4-17)
Gluc	4.7 mmol/L (3.0-6.0)
Urea	5.0 mmol/L (2.5-7.5)
Creat	69 umol/L (50-120)
eGFR	83 mL/min (over 59)
Urate	0.29 mmol/L (0.14-0.35)
T.Bili	29 umol/L (2-20)
D.Bili	8 umol/L (0-8)
Alk.P	136 U/L (30-115)
GGT	16 U/L (0-45)
ALT	18 U/L (0-45)
AST	21 U/L (0-41)
LD	212 U/L (80-250)
Calcium	2.69 mmol/L (2.15-2.60)
Corr.Ca	2.47 mmol/L (2.15-2.60)
Phos	1.2 mmol/L (0.8-1.5)
T.Prot	73 g/L (60-82)
Alb	50 g/L (35-50)
Glob	23 g/L (20-40)
Chol	5.4 mmol/L (3.9-7.4)
Trig	1.5 mmol/L (0.3-2.2)
Lab No	74750247
Date	15/07/24

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CUMULATIVE IRON STUDIES

Date 15/07/24
Time 10:00
Lab No 74750247

Iron 20 umol/L (10-33)
TIBC 64 umol/L (45-70)
Saturation 31 % (16-50)
Ferritin 33 ug/L (30-320)

74750247 Comment:
Low-normal iron stores.
A functional deficiency may exist in chronic disease states such as chronic kidney disease (CKD) or disorders of Erythropoiesis.

CUMULATIVE SERUM COMPLEMENT AND C-REACTIVE PROTEIN (CRP)

Date 15/07/24
Time 10:00
Lab No 74750247

CRP < 5 mg/L(0-6)

C-reactive protein (CRP) is a non-specific indicator of tissue damage.
The level rises rapidly (within 6-10 hours) after tissue injury, peaks at 48-72 hours and returns to normal within a few days. Common causes of markedly increased CRP include infection (particularly bacterial), trauma, surgery, myocardial infarction, many malignancies and inflammatory disorders.

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CUMULATIVE SERUM VITAMIN D

Date 15/07/24
Time 10:00
Lab No 74750247
Vitamin D3 117 nmol/L (> 49)

74750247
** Progress report.

CUMULATIVE SERUM HOMOCYSTEINE

Date 15/07/24
Time 10:00
Lab No 74750247
Homocysteine + 18.8 umol/L (0.0-15.0)

74750247 This raised homocysteine concentration may be associated with an independent elevation of risk of vascular disease.

With this degree of elevation, the heterozygous state for a defect of transsulphuration (leading to raised homocysteine levels) is likely. However the elevation may be seen with renal impairment or a suboptimal dietary intake of folate or B12 or vitamin B6 (pyridoxine). Review of renal function or a four week trial of a multivitamin supplement may assist clarifying this.

Homocysteine Related Risk
Plasma level (umol/L) Risk Average
Below 9.0 No increase
9.0 - 14.9 x 2
15.0 - 19.9 x 3
20.0 or greater x 4.5
Risks approximated from New Eng J Med 1997 (337:230-236)

Pathology Report