Report to	**ELIZABETH JEAN WALKER** 22 TYTHERLEIGH ST WANNIASSA 2903	Patient	**WALKER, ELIZABETH JEAN** 22 TYTHERLEIGH ST WANNIASSA 2903
		Phone	
		D.O.B	27/02/53 Age 72 Years Sex F
Ref. by/copy to	Ref. by DR.SANJEEWA DON KAMBAH MED CTR KAMBAH, 2902 Phone: 0262316068	Collect date	23/04/25 Lab ref **25-11247648**
		Collect time	08:19 Your ref 00393557
		Printed	24/04/25
Tests requested	Completed report. Thank you for your referral. Completed - CHEM,LIP,IRON,GLU		
Clinical notes			

LIPID STUDIES

Request Number	24579396	10707780	11247648
Date Collected	7 Aug 23	28 Oct 24	23 Apr 25
Time Collected	10:49	08:55	08:19
Specimen Type: Serum			

Reference intervals are included for reference only, and interpretation / treatment goals should be guided by patient-specific cardiovascular risk assessment (see Australian Cardiovascular Risk Charts. Alternatively, the web-site www.cvdcheck.org.au can be accessed in order to complete a risk assessment for individual patients.)

Haemolysis	Nil	Nil	Nil
Icterus	1+	Nil	Nil
Lipaemia	Nil	Nil	Nil

Fasting status			Fasting	Fasting	Fasting
Chol	(3.9-5.2)	mmol/L	4.8	**5.7***	**7.2***
Trig	(0.5-1.7)	mmol/L	0.7	1.0	0.8
HDL	(1.0-2.0)	mmol/L	1.5	1.5	1.7
LDL	(1.5-3.4)	mmol/L	3.0	**3.7***	**5.1***
Non-HDL	(< 3.4)	mmol/L	3.3	**4.2***	**5.5***
Chol/HDL	(< 4.5)		3.2		4.2

Went off ezetimibe late March

NVDPA TARGET LIPID RANGES (MMOL/L) FOR PATIENTS AT HIGH / MODERATE RISK OF CARDIOVASCULAR DISEASE:

TOTAL CHOLESTEROL	<4.0
TRIGS (FASTING)	<2.0
HDL-C	>= 1.0
LDL-C	<2.0
NON HDL-C	<2.5

Increased LDL-C can be seen in hypothyroidism and nephrotic syndrome. Primary causes include polygenic hypercholesterolaemia, Familial Hypercholesterolaemia, Familial Defective ApoB-100 and Familial Combined Hyperlipoproteinaemia. Increased LDL-C is a risk factor for CVD. Assess overall risk and consider treatment.

Report to **ELIZABETH JEAN WALKER**
22 TYTHERLEIGH ST
WANNIASSA 2903

Patient **WALKER, ELIZABETH JEAN**
22 TYTHERLEIGH ST
WANNIASSA 2903

Phone
D.O.B 27/02/53 Age 72 Years Sex F

Ref. by/copy to Ref. by DR.SANJEEWA DON
KAMBAH MED CTR
KAMBAH, 2902
Phone: 0262316068

Collect date 23/04/25 Lab ref **25-11247648**
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Tests requested Completed report. Thank you for your referral.
Completed - CHEM,LIP,IRON,GLU

Clinical notes

SERUM CHEMISTRY

Request Number			24579396	10707780	11247648
Date Collected			7 Aug 23	28 Oct 24	23 Apr 25
Time Collected			10:49	08:55	08:19
Specimen Type: Serum					
Haemolysis			Nil	Nil	Nil
Icterus			1+	Nil	Nil
Lipaemia			Nil	Nil	Nil
Na	(135-145)	mmol/L	144	143	141
K	(3.6-5.4)	mmol/L	4.9	5.0	4.4
Cl	(95-110)	mmol/L	104	107	105
HCO3	(22-32)	mmol/L	24	28	29
An Gap	(10-20)	mmol/L	**21***	13	11
Urea	(3.0-10.0)	mmol/L	7.1	4.8	5.6
Creat	(45-90)	umol/L	60	60	65
eGFR	mL/min/1.73sqM		89	88	80
Urate	(0.14-0.36)	mmol/L		0.33	
Bili	(< 15)	umol/L	**30***	**24***	**22***
AST	(< 35)	U/L	27	30	27
ALT	(< 30)	U/L	20	22	18
GGT	(< 35)	U/L	< 7	9	9
Alk Phos	(30-115)	U/L	75	67	70
Protein	(60-82)	g/L	69	63	64
Albumin	(36-48)	g/L	44	43	43
Glob	(20-39)	g/L	25	20	21
Ca	(2.10-2.60)	mmol/L		2.40	
Corr Ca	(2.10-2.60)			2.40	
PO4	(0.75-1.50)	mmol/L		1.20	

eGFR values between 60 and 89 mL/min/1.73m2 should be interpreted with caution. These results are only consistent with CKD in the presence of other evidence such as microalbuminuria, proteinuria or haematuria.
Ref:Lamb EJ etal in Ann Clin Biochem 2005; 42:321-345.

SERUM/PLASMA GLUCOSE

Request Number			24579396	10707780	11247648
Date Collected			7 Aug 23	28 Oct 24	23 Apr 25
Time Collected			10:49	08:55	08:19
Fasting status			Fasting	Fasting	Fasting
Serum	(3.4-5.4)	mmol/L	4.2	5.1	4.9

Normal glucose concentration.

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		D.O.B	27/02/53 Age 72 Years Sex F
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IRON STUDIES

Specimen Type: Serum

Serum Ferritin	146	ug/L	(30-400)

No evidence of iron deficiency.

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		Phone	
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Lipoprotein X may be seen in patients with cholestatic liver disease and lecithin-cholesterol acyl transferase deficiency.

Familial hypercholesterolaemia, an autosomal dominant cause of premature cardiovascular disease is likely (risk approximately 1 in 5). Recommend http://www.athero.org.au/calculator to calculate diagnostic score and http://www.athero.org.au/physicians/what-is-familial-hypercholesterolaemia-fh to assist with diagnosis and management, if required.

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