

Address AUSSIE SCRIPTS PO BOX 421

NORTH LAKES QLD 4509

# **BERNADETTE O'CONNOR**

Lab ID **528648212** 

DOB 03/03/1992 (33 Yrs FEMALE)

Your ref.

Address 1/5 CEDAR CRESCENT JUBILEE POCKET QLD 4802

Phone 0433092330

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Requested 03/06/2025

Clinical Notes Not Provided

Phone 0734917189

Collected 04/06/2025 08:44 Received 04/06/2025 08:44

### Copper

Test Name	Result	Reference Interval	Units	
Copper-serum	18.1	13.0 - 25.0	umol/L	

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#### Zinc

Test Name	Result	Reference Interval	Units	
Zinc-plasma	11.9	9.0 - 19.0	umol/L	

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Test Name	Result	Reference Interval	Units	
Sodium	141	135 - 145	mmol/L	
Potassium	4.0	3.5 - 5.5	mmol/L	
Chloride	104	95 - 110	mmol/L	
Bicarbonate	29	20 - 32	mmol/L	
Anion Gap	8	<16	mmol/L	
Urea	4.4	2.5 - 7.0	mmol/L	
Creatinine	64	45 - 85	umol/L	
eGFR	>90	>59		
Glucose fasting	4.8	3.6 - 6.0	mmol/L	
Total Protein	66	64 - 81	g/L	
Albumin	41	33 - 46	g/L	
Globulin	25	23 - 43	g/L	
Bilirubin	9	<16	umol/L	
ALP	55	20 - 105	U/L	
AST	42 H	10 - 35	U/L	
ALT	67 H	5 - 30	U/L	
GGT	29	5 - 35	U/L	
Cholesterol	4.7	<5.6	mmol/L	
Triglyceride	0.6	<2.1	mmol/L	
Haemolysis Index	11	<40		

### Comments

AST may be falsely elevated due to mild haemolysis.

Moderate ALT and/or AST Elev'n (LFT 1)

http://protocols.sonichealthcare.com/shared/IP130.pdf

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#### **C Reactive Protein**

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Test Name	Result	Reference Interval	Units	
CRP	2.4	<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	6.6		mmol/L	
Urine iodine	146	>100	ug/L	
Creat Corr. lodine	179	>100	ug/L	

#### Comments

lodine 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 lodine deficient: >100 ug/L urine
Mild lodine deficiency: 50 - 100 ug/L urine
Moderate lodine deficiency: 20 - 49 ug/L urine
Severe lodine deficiency: <20 ug/L urine

To convert lodine ug/L to lodine nmol/L  $ug/L \times 7.88 = nmol/L$ 

HMRC recommends supplementation of 150ug/day of lodine to ensure that all women who are pregnant, breastfeeding or considering pregnancy have adequate iodine status. Women should not take kelp (seaweed) supplements or kelp based products because they may contain varying levels of iodine and may be contaminated with heavy metals such as mercury.

* Please note R-U-Iodine collection date: 05/06/2025 06:30	

ΥY

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#### **Lipid Profile**

Test Name	Result	Reference Interval	Units	
Cholesterol	4.7	<5.6	mmol/L	
Triglyceride	0.6	<2.1	mmol/L	
HDL	1.79	>1.09	mmol/L	
LDL	2.6	<4.1	mmol/L	
Tot Chol/HDL	2.6	<4.6		
Non HDLC	2.91	<3.81	mmol/L	

#### Comments

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

The National Vascular Disease Prevention Alliance (NVDPA) guidelines recommend a target level of less than 2.5 mmol/L for non-HDLC.

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 >=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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# **BERNADETTE O'CONNOR**

Lab ID **528648212** 

DOB 03/03/1992 (33 Yrs FEMALE)

Referrer Dr Tendai A Muchedzi

Address AUSSIE SCRIPTS PO BOX 421 NORTH LAKES QLD 4509

Phone 0734917189

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#### **Thyroid Function Tests**

Test Name	Result	Reference Interval	Units	
Free T4	13.1	9.0 - 19.0	pmol/L	
Free T3	4.7	3.1 - 6.0	pmol/L	
TSH	0.9	0.3 - 3.5	mIU/L	

### Comments

Euthyroid.

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#### **Gonadal Hormones**

Clinical Notes Not Provided

Test Name	Result	Reference Units Interval
FSH	8	IU/L
LH	37	IU/L
Oestradiol	1120	pmol/L
Progesterone	2.1	nmol/L

Reference	FSH	LH	Oestradiol	Progesterone
Limits	IU/L	IU/L	pmol/L	nmol/L
Follicular	2 - 10	2 - 7	110 - 180	<0.5 - 2.5
Mid-Cycle	7 - 24	9 - 74	550 - 1650	2.5 - 12.0
Luteal	1 - 10	1 - 9	180 - 840	12.0 - 90.0
Menopausal	20 - 140	10 - 65	<200	<2.2
OCP	<5	<9	<80	<1.5

### 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	6.7	<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	5	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)

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### Dehydro Epiandrosterone Sulphate (DHEAS)

Test Name	Result	Reference Interval	Units	
DHEAS	5.8	2.4 - 13.9	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)	4.8	<6.5	%	
HbA1c (IFCC)	29	<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 AusDiah 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.

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#### **Androgens**

Test Name	Result	Reference Interval	Units	
SHBG	84	20.0 - 110.0	nmol/L	

#### Comments

SHBG performed on the Abbott immunoassay.

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#### Cortisol

Test Name	Result	Reference Interval	Units	
Cortisol am	403	100 - 535	nmol/L	

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#### **Thyroid Antibodies**

Clinical Notes Not Provided

Test Name	Result	Reference Interval	Units	
Thyroid Peroxidase Ab	<1.0	<5.6	IU/mL	
Thyroglobulin Ab	1.2	<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.

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#### Reverse T3

Test Name	Result	Reference Interval	Units	
Reverse T3	400	140 - 540	pmol/L	

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25-OH Vitamin D 116 nmol/L 50 - 150

Comments

Adequate Vitamin D. Vitamin D measured by Diasorin Liaison.

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Collected 04/06/2025 08:44 Received 04/06/2025 08:44

#### Haematinics

Test Name	Result	Reference Interval	Units
Iron	33 H	5 - 30	umol/L
Transferrin	1.9	1.9 - 3.1	g/L
TIBC	49	47 - 77	umol/L
Saturation	67 H	20 - 45	%
Ferritin	75	30 - 250	ug/L
CRP	2.4	<5	mg/L
Vitamin B12	377	>150	pmol/L
Active B12	109	>35	pmol/L
Folate (Serum)	19	>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.

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.

Active B12 (holotranscobalamin) is the biologically active fraction of total serum B12, and should be a superior indicator of B12 status. **Holotranscobalamin** level indicates Vitamin B12 deficiency unlikely. Up to 15% of patients will have a deficiency of carrier protein (haptocorrin) that does not appear to result in a clinically recognisable Vitamin B12 deficiency despite low total Vitamin B12 levels.

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#### Haematology

Test Name	Result	Reference Interval	Units	
Haemoglobin	142	115 - 165	g/L	
Haematocrit	0.42	0.35 - 0.47		
Red cell count	4.6	3.9 - 5.6	10^12/L	
MCV	93	80 - 100	fL	
White cell count	6.5	3.5 - 12.0	10^9/L	
Neutrophils	3.35	1.5 - 8.0	10^9/L	
Lymphocytes	2.35	1.0 - 4.0	10^9/L	
Monocytes	0.33	0 - 0.9	10^9/L	
Eosinophils	0.37	0 - 0.6	10^9/L	
Basophils	0.05	0 - 0.15	10^9/L	
Platelets	245	150 - 400	10^9/L	

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# Bernadette O'Connor

LAB ID 528648212 DOB 03/03/1992 (33Y Female)

Referring Doctor Dr Tendai A Muchedzi

Your ref.

Address 1/5 Cedar Crescent

JUBILEE POCKET QLD 4802

Phone 0433 092 330

Requested 03 Jun 2025

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 04 Jun 2025 08:44 am

 Received
 04 Jun 2025 08:44 am

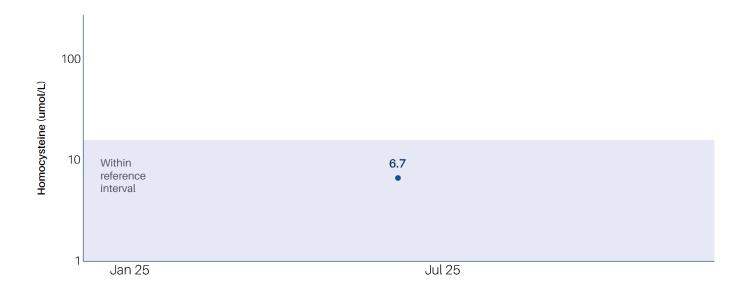
 Reported
 05 Jun 2025 02:18 am

### Dr Tendai A Muchedzi

Aussie Scripts Po Box 421 NORTH LAKES QLD 4509 M25723

85139

### Homocysteine



### **LEGEND**

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



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Phone 0433 092 330

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 04 Jun 2025 08:44 am

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 04 Jun 2025 08:44 am

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 05 Jun 2025 11:19 am

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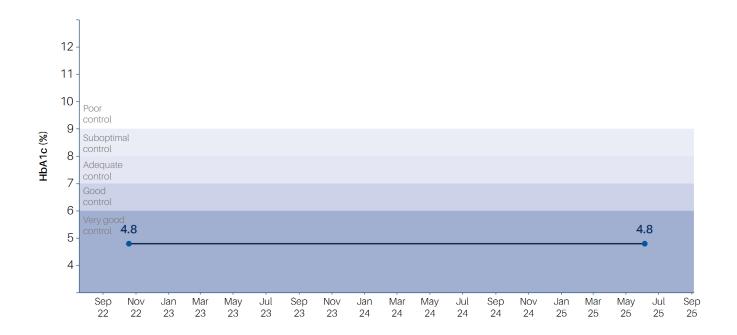
NORTH LAKES QLD 4509

### Glycated Haemoglobin | HbA1c

M25723

POST/---/---/---

**Diabetes Monitoring** 



### **LEGEND**

Poor control ( > 9.0)

Suboptimal control (8.1 - 9.0)

Adequate control (7.1 - 8.0)

Good control (6.1 - 7.0)

Very good control (<6.1)

• Within reference interval

Out of reference interval

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Phone 0433 092 330

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 04 Jun 2025 08:44 am

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 04 Jun 2025 08:44 am

 Reported
 05 Jun 2025 02:18 am

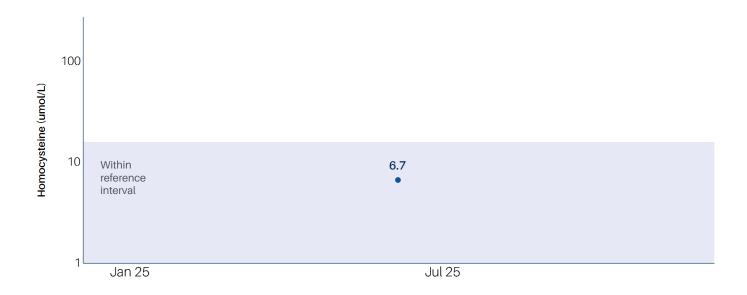
### Dr Tendai A Muchedzi

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### Homocysteine



### **LEGEND**

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