Healius Pathology Pty Ltd (ABN 84 007 190 043)
APA No. 000042 t/a QML Pathology
11 Riverview Place, Metroplex on Gateway, Murarrie Qld 4172
Ph (07) 3121 4444

Pathology Report

DAHLSTROM, VERA

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

Patient	**KELLY, ROBERT**		UR No.	
Patient Address	**2 DIAMANTINA GARDENS WINTON QLD 4735**			
Sex M	Age 79 years	DOB 23/12/1945	**Requested**	20/06/2025
Report For	DAHLSTROM, VERA		**Collected**	20/06/2025 09:04 AM
Ref. by/copy to	DAHLSTROM, VERA		**Reported**	23/06/2025 11:58 AM

CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date	20/06/25		
Time	09:04		
Lab No	92168535		
Active B12	66	pmol/L	(> 35)

Comment:
92168535

Holo TC Assay:
No current 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.

Pathology Report

QML_RTE001-AV4

Dept | Date of Service | For Clinical Enquiries | Perf. Branch | Quote 25-92168535

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Serum Zinc	10	umol/L	(10-25)

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CUMULATIVE SERUM HIGH SENSITIVITY C-REACTIVE PROTEIN (CRP)

Date	20/06/25
Time	09:04
Lab No	92168535

CRP	4.6	mg/L	(0.0-6.0)

C-reactive protein (CRP) is a non-specific indicator of tissue damage. Common causes of markedly increased CRP include infection, trauma, myocardial infarction, malignancy and inflammation.
In apparently healthy men and women who have an intermediate risk of cardiovascular disease, as assessed by major risk factors, CRP can identify a higher risk subgroup with CRP > 3 mg/L.

Range(mg/L)	Risk Estimate
Up to 1.0	Low
1.0 to 3.0	Average
3.1 to 10.0	High
Over 10.0	Assess for acute inflammation

In known, stable, coronary disease a CRP > 1 mg/L has shown increased risk.
Reference: Circulation 2003;107:499-511 & 2007;115:1528-1536

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CUMULATIVE TRACE ELEMENTS

Date	20/06/25
Time	09:04
Lab No	92168535
Magnesium	0.8 mmol/L(0.7-1.1)

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Sex M Age 79 years DOB 23/12/1945 **Requested** 20/06/2025
Report For DAHLSTROM, VERA **Collected** 20/06/2025 09:04 AM
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CUMULATIVE LIPID RISK REPORT

Date	**20/06/25**	
Time	**09:04**	
Lab No	**92168535**	
	FASTING	
		Target if HIGH RISK
Total Cholesterol	3.3 mmol/L	(below 4.0)
Triglycerides	1.1 mmol/L	(below 2.0)
CHOLESTEROL FRACTIONS		
HDL	1.17 mmol/L	(above 1.0)
LDL (calculated)*	1.63 mmol/L	(below 2.5)
Non-HDL cholesterol*	2.13 mmol/L	(below 3.3)
Total/HDL ratio**	2.8	

* Secondary prevention LDL and non-HDL cholesterol targets are lower.
** The ratio is for use with the cardiovascular risk calculator.
Web-search: "Australian cardiovascular risk calculator"

92168535 Treatment is recommended if clinically indicated or if calculated risk exceeds 15% absolute risk of CVD events over 5 years.

NVDPA 2012 **Target** ranges refer to **HIGH RISK PATIENTS.**

As of 7/3/22 LDL will no longer be measured routinely. LDL results will be calculated, in accordance with National harmonisation.

Pathology Report

QML_RTE001-AV4

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CUMULATIVE SERUM BIOCHEMISTRY

Date	20/06/25		
Time	09:04		
Lab No	92168535		
	FASTING		FASTING
Sodium	139	mmol/L	(137-147)
Potass.	4.8	mmol/L	(3.5-5.0)
Chloride	103	mmol/L	(96-109)
Bicarb	28	mmol/L	(25-33)
An.Gap	13	mmol/L	(4-17)
Gluc	5.1	mmol/L	(3.0-6.0)
Urea	5.3	mmol/L	(3.0-8.5)
Creat	74	umol/L	(60-140)
eGFR	83	mL/min	(over 59)
Urate	0.39	mmol/L	(0.12-0.45)
T.Bili	20	umol/L	(2-20)
Alk.P	73	U/L	(30-115)
GGT	26	U/L	(0-70)
ALT	17	U/L	(0-45)
AST	18	U/L	(0-41)
LD	238	U/L	(80-250)
Calcium	2.53	mmol/L	(2.15-2.60)
Corr.Ca	2.64	mmol/L	(2.15-2.60)
Phos	1.0	mmol/L	(0.8-1.5)
T.Prot	64	g/L	(60-82)
Alb	39	g/L	(35-50)
Glob	25	g/L	(20-40)
Chol	3.3	mmol/L	(3.6-7.3)
Trig	1.1	mmol/L	(0.3-2.2)
Lab No	92168535		
Date	20/06/25		

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CUMULATIVE SERUM HOMOCYSTEINE

Date	20/06/25
Time	09:04
Lab No	92168535

Homocysteine + 24.4 umol/L (0.0-15.0)

92168535 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