# Patient Health Summary

Name: Ms Glenys Elaine Cooper
Address: 5 Erwin Place
Calwell 2905
D.O.B.: 26/01/1965
Record No.: FILE
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Kambah Medical Centre
Jenke Circuit
Kambah 2902
0262316068

Printed on 1st July 2025

## Investigations:

COOPER, GLENYS ELAINE
5 ERWIN PL, CALWELL. 2905
**Birthdate:** 26/01/1965 **Sex:** F **Medicare Number:** 2117057459
**Your Reference:** 00398391 **Lab Reference:** 25-13139264-FBE-0
**Laboratory:** Laverty Pathology
**Addressee:** DR JASENTHU P DE SILVA **Referred by:** DR JASENTHU P DE SILVA

**Name of Test:** HAEMATOLOGY (FBE-0)
**Requested:** 28/05/2025 **Collected:** 18/06/2025 **Reported:** 18/06/2025 13:08

**Clinical notes:** Routine

Clinical Notes : Routine

HAEMATOLOGY

| Request Number | | | 23321242 | 13139264 |
|---|---|---|---|---|
| Date Collected | | | 3 Aug 23 | 18 Jun 25 |
| Time Collected | | | 11:37 | 09:27 |
| Specimen Type: EDTA | | | | |
| Hb | (115-165) | g/L | 138 | 144 |
| Hct | (0.34-0.47) | | 0.41 | 0.43 |
| RCC | (3.9-5.8) | x10^12 /L | 4.2 | 4.4 |
| MCV | (79-99) | fL | 97 | 97 |
| MCH | (27-34) | pg | 33 | 33 |
| MCHC | (320-360) | g/L | 337 | 337 |
| RDW | (10.0-17.0) | % | 11.8 | 11.8 |
| WBC | (4.0-11.0) | x10^9 /L | 4.9 | 4.6 |
| Neut | (2.0-7.5) | x10^9 /L | 2.4 | 2.3 |
| Lymph | (1.0-4.0) | x10^9 /L | 2.0 | 1.9 |
| Mono | (0.2-1.0) | x10^9 /L | 0.5 | 0.3 |
| Eos | (< 0.7) | x10^9 /L | 0.0 | 0.1 |
| Baso | (< 0.2) | x10^9 /L | 0.0 | 0.0 |
| Plat | (150-400) | x10^9 /L | 192 | 311 |

HAEMATOLOGY: FBC parameters are within reference range.

Requested Tests : VBF*, TFT*, GLU*, MBA*, LIP*, FE*, FBE, DVI*, A1C*

COOPER, GLENYS ELAINE
5 ERWIN PL, CALWELL. 2905
**Birthdate:** 26/01/1965 **Sex:** F **Medicare Number:** 2117057459
**Your Reference:** 00398391 **Lab Reference:** 25-13139264-MBA-0
**Laboratory:** Laverty Pathology
**Addressee:** DR JASENTHU P DE SILVA **Referred by:** DR JASENTHU P DE SILVA

**Name of Test:** SERUM CHEMISTRY (MBA-0)
**Requested:** 28/05/2025 **Collected:** 18/06/2025 **Reported:** 18/06/2025 13:15

**Clinical notes:** Routine

Clinical Notes : Routine

SERUM CHEMISTRY

| | | | | | |
|---|---|---|---|---|---|
| Request Number | | | 23321242 | 27068668 | 13139264 |
| Date Collected | | | 3 Aug 23 | 19 Feb 24 | 18 Jun 25 |
| Time Collected | | | 11:37 | 09:07 | 09:27 |
| Specimen Type: Serum | | | | | |
| Haemolysis | | | Nil | Nil | Nil |
| Icterus | | | Nil | Nil | Nil |
| Lipaemia | | | Nil | Nil | Nil |
| Na | (135-145) | mmol/L | 138 | 141 | 141 |
| K | (3.6-5.4) | mmol/L | 4.3 | 4.2 | 4.2 |
| Cl | (95-110) | mmol/L | 99 | 105 | 105 |
| HCO3 | (22-32) | mmol/L | 26 | 28 | 26 |
| An Gap | (10-20) | mmol/L | 17 | 12 | 14 |
| Urea | (2.5-9.0) | mmol/L | 6.6 | 6.9 | 7.3 |
| Creat | (45-90) | umol/L | 75 | 85 | 75 |
| eGFR | mL/min/1.73sqM | | 74 | 66 | 77 |
| Urate | (0.14-0.36) | mmol/L | | 0.32 | 0.33 |
| Bili | (< 15) | umol/L | 10 | 9 | 12 |
| AST | (< 35) | U/L | **36** | 22 | 33 |
| ALT | (< 30) | U/L | **42** | 20 | **37** |
| GGT | (< 35) | U/L | 18 | 23 | 27 |
| Alk Phos | (30-115) | U/L | 84 | 84 | 93 |
| Protein | (60-82) | g/L | 78 | 73 | 76 |
| Albumin | (36-48) | g/L | 44 | 41 | 41 |
| Glob | (20-39) | g/L | 34 | 32 | 35 |
| Ca | (2.10-2.60) | mmol/L | 2.52 | 2.43 | 2.40 |
| Corr Ca | (2.10-2.60) | mmol/L | 2.50 | 2.47 | 2.44 |
| PO4 | (0.75-1.50) | mmol/L | 1.26 | 1.06 | 1.19 |
| Mg | (0.70-1.10) | mmol/L | 0.82 | | |

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.

Requested Tests : VBF*, TFT*, GLU*, MBA, LIP, FE*, FBE, DVI*, A1C*

COOPER, GLENYS ELAINE
5 ERWIN PL, CALWELL. 2905
**Birthdate:** 26/01/1965 **Sex:** F **Medicare Number:** 2117057459
**Your Reference:** 00398391 **Lab Reference:** 25-13139264-LIP-0
**Laboratory:** Laverty Pathology
**Addressee:** DR JASENTHU P DE SILVA **Referred by:** DR JASENTHU P DE SILVA

**Name of Test:** LIPID STUDIES (LIP-0)
**Requested:** 28/05/2025 **Collected:** 18/06/2025 **Reported:** 18/06/2025 13:15

**Clinical notes:** Routine

Clinical Notes : Routine

LIPID STUDIES

| | | | | |
|---|---|---|---|---|
| Request Number | | 23321242 | 27068668 | 13139264 |
| Date Collected | | 3 Aug 23 | 19 Feb 24 | 18 Jun 25 |
| Time Collected | | 11:37 | 09:07 | 09:27 |
| Specimen Type: Serum | | | | |
| Haemolysis | | Nil | Nil | Nil |
| Icterus | | Nil | Nil | Nil |

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.)

| | | | | | |
|---|---|---|---|---|---|
| Lipaemia | | | Nil | Nil | Nil |
| Fasting status | | | Fasting | Fasting | Fasting |
| Chol | (3.9-5.2) | mmol/L | 5.0 | **5.4** | **6.2** |
| Trig | (0.5-1.7) | mmol/L | 0.7 | 0.8 | 1.3 |
| HDL | (1.0-2.0) | mmol/L | **2.2** | 1.9 | 2.0 |
| LDL | (1.5-3.4) | mmol/L | 2.5 | 3.1 | **3.6** |
| Non-HDL | (< 3.4) | mmol/L | 2.8 | **3.5** | **4.2** |
| Chol/HDL | (< 4.5) | | 2.3 | | 3.1 |

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 |

LDL-C exceeds target for higher risk patients and may be excessive in some individuals.

Requested Tests : VBF*, TFT*, GLU*, MBA, LIP, FE*, FBE, DVI*, A1C*

COOPER, GLENYS ELAINE
5 ERWIN PL, CALWELL. 2905
**Birthdate:** 26/01/1965 **Sex:** F **Medicare Number:** 2117057459
**Your Reference:** 00398391 **Lab Reference:** 25-13139264-GLU-0
**Laboratory:** Laverty Pathology
**Addressee:** DR JASENTHU P DE SILVA **Referred by:** DR JASENTHU P DE SILVA

**Name of Test:** GLUCOSE (GLU-0)
**Requested:** 28/05/2025 **Collected:** 18/06/2025 **Reported:** 18/06/2025 13:18

**Clinical notes:** Routine

Clinical Notes : Routine

SERUM/PLASMA GLUCOSE

| | | | | | |
|---|---|---|---|---|---|
| Request Number | | | 23321242 | 27068668 | 13139264 |
| Date Collected | | | 3 Aug 23 | 19 Feb 24 | 18 Jun 25 |
| Time Collected | | | 11:37 | 09:07 | 09:27 |
| Fasting status | | | Fasting | Fasting | Fasting |
| Serum | (3.4-5.4) | mmol/L | 4.8 | 5.1 | **5.6** |

Equivocally elevated fasting glucose result. If not recently performed, recommend follow-up assessment with an oral glucose tolerance test or HbA1c.

Requested Tests : VBF*, TFT*, GLU, MBA, LIP, FE*, FBE, DVI*, A1C*

COOPER, GLENYS ELAINE
5 ERWIN PL, CALWELL. 2905
**Birthdate:** 26/01/1965 **Sex:** F **Medicare Number:** 2117057459
**Your Reference:** 00398391 **Lab Reference:** 25-13139264-TFT-0
**Laboratory:** Laverty Pathology
**Addressee:** DR JASENTHU P DE SILVA **Referred by:** DR JASENTHU P DE SILVA

**Name of Test:** THYROID FUNCTION TEST (TFT-0)
**Requested:** 28/05/2025 **Collected:** 18/06/2025 **Reported:** 18/06/2025 19:43

**Clinical notes:** Routine

Clinical Notes : Routine

THYROID PROFILE

| | | | | |
|---|---|---|---|---|
| Request Number | | | 23321242 | 13139264 |
| Date Collected | | | 3 Aug 23 | 18 Jun 25 |
| Time Collected | | | 11:37 | 09:27 |
| Specimen Type: Serum | | | | |
| TSH | (0.5-4.0) | mIU/L | 1.1 | 1.8 |

Result(s) consistent with euthyroidism.

Requested Tests : VBF, TFT, GLU, MBA, LIP, FE, FBE, DVI*, A1C*

COOPER, GLENYS ELAINE
5 ERWIN PL, CALWELL. 2905
**Birthdate:** 26/01/1965 **Sex:** F **Medicare Number:** 2117057459
**Your Reference:** 00398391 **Lab Reference:** 25-13139264-VBF-0
**Laboratory:** Laverty Pathology
**Addressee:** DR JASENTHU P DE SILVA **Referred by:** DR JASENTHU P DE SILVA

**Name of Test:** B12, FOLATE, R.C.FOLATE (VBF-0)
**Requested:** 28/05/2025 **Collected:** 18/06/2025 **Reported:** 18/06/2025 19:43

**Clinical notes:** Routine

Clinical Notes : Routine

VITAMIN B12 AND FOLATE STUDIES

| | | | | |
|---|---|---|---|---|
| Request Number | | | 23321242 | 13139264 |
| Date Collected | | | 3 Aug 23 | 18 Jun 25 |
| Time Collected | | | 11:37 | 09:27 |
| B12 | (156-740) | pmol/L | | 460 |
| Active B12 | (> 40) | pmol/L | > 146 | |
| Serum Folate | (> 9.0) | nmol/L | 40.3 | |

Requested Tests : VBF, TFT, GLU, MBA, LIP, FE, FBE, DVI*, A1C*

COOPER, GLENYS ELAINE
5 ERWIN PL, CALWELL. 2905
**Birthdate:** 26/01/1965 **Sex:** F **Medicare Number:** 2117057459
**Your Reference:** 00398391 **Lab Reference:** 25-13139264-FE-0
**Laboratory:** Laverty Pathology
**Addressee:** DR JASENTHU P DE SILVA **Referred by:** DR JASENTHU P DE SILVA

**Name of Test:** IRON STUDIES (FE-0)
**Requested:** 28/05/2025 **Collected:** 18/06/2025 **Reported:** 18/06/2025 19:43

**Clinical notes:** Routine

Clinical Notes : Routine

IRON STUDIES

| | | | | |
|---|---|---|---|---|
| Request Number | | | 23321242 | 13139264 |
| Date Collected | | | 3 Aug 23 | 18 Jun 25 |
| Time Collected | | | 11:37 | 09:27 |
| Specimen Type: Serum | | | | |
| Ferritin | (30-400) | ug/L | 35 | 40 |

Normal serum ferritin result noted. However, this result does not exclude iron deficiency if the patient has concurrent inflammation. If there is clinical suspicion of iron deficiency and/or a concurrent inflammatory condition, suggest measurement of full iron studies and CRP.

Requested Tests : VBF, TFT, GLU, MBA, LIP, FE, FBE, DVI*, A1C*

COOPER, GLENYS ELAINE

5 ERWIN PL, CALWELL. 2905
**Birthdate:** 26/01/1965 **Sex:** F **Medicare Number:** 2117057459
**Your Reference:** 00398391 **Lab Reference:** 25-13139264-DVI-0
**Laboratory:** Laverty Pathology
**Addressee:** DR JASENTHU P DE SILVA **Referred by:** DR JASENTHU P DE SILVA

**Name of Test:** VITAMIN D (DVI-0)
**Requested:** 28/05/2025 **Collected:** 18/06/2025 **Reported:** 18/06/2025 20:09

**Clinical notes:** Routine

Clinical Notes : Routine

VITAMIN D

| | | |
|---|---|---|
| Haemolysis | Nil | |
| Serum 25(OH) Vitamin D | 76 | nmol/L |

Suggested decision limits for Vitamin D status:

| | | |
|---|---|---|
| Sufficiency | 51 -200 | nmol/L |
| Mild deficiency | 25 - 50 | nmol/L |
| Marked deficiency | < 25 | nmol/L |
| Toxicity | >250 | nmol/L |

References: Vitamin D and health in adults in Australia and New Zealand: Position Statement. MJA 2012 June 18; 196(11),686-687.

Requested Tests : VBF, TFT, GLU, MBA, LIP, FE, FBE, DVI, A1C*

COOPER, GLENYS ELAINE
5 ERWIN PL, CALWELL. 2905
**Birthdate:** 26/01/1965 **Sex:** F **Medicare Number:** 2117057459
**Your Reference:** 00398391 **Lab Reference:** 25-13139264-A1C-0
**Laboratory:** Laverty Pathology
**Addressee:** DR JASENTHU P DE SILVA **Referred by:** DR JASENTHU P DE SILVA

**Name of Test:** GLYCATED HAEMOGLOBIN (A1C-0)
**Requested:** 28/05/2025 **Collected:** 18/06/2025 **Reported:** 19/06/2025 08:34

**Clinical notes:** Routine

Clinical Notes : Routine

GLYCATED HAEMOGLOBIN (HbA1c)

| | | | | |
|---|---|---|---|---|
| Request Number | | 23321242 | 13139264 | |
| Date Collected | | 3 Aug 23 | 18 Jun 25 | |
| Time Collected | | 11:37 | 09:27 | |
| Specimen Type: EDTA | | | | |
| HbA1c-NGSP | (4.0-6.0) | % | 5.3 | 5.3 |
| HbA1c-IFCC | (20-42) | mmol/mo | 34 | 34 |

The WHO recommends that an HbA1c cut-off of >=6.5% (48 mmol/mol) is used to diagnose type 2 diabetes.

While it is recognised that HbA1c levels approaching this cut-off place patients at increasingly higher risk of developing diabetes (<6.5%), there is no consensus as to exactly which cut-off at the lower end of the continuum to use for categorising patients as high risk. Various groups quote lower limits for at-risk patients that vary between 5.5% and 6.0% (37 and 42 mmol/mol).

Please note that HbA1c should not be used for diagnosing diabetes mellitus in the following circumstances:
- Children and young people
- Pregnancy - current or within the past 2 months
- Suspected Type 1 diabetes mellitus
- Symptoms of diabetes for <2 months
- Patients who are acutely ill

- Patients taking drugs that can cause rapid onset hyperglycaemia such as corticosteroids, antipsychotic drugs
- Acute pancreatic damage or pancreatic surgery
- Kidney failure
- Patients being treated for HIV infection

Please be cautious when requesting or interpreting HbA1c when patients:
- May have an abnormal haemoglobin
- May be anaemic
- May have an altered red cell lifespan (e.g. post-splenectomy)
- May have had a recent blood transfusion

Requested Tests : VBF, TFT, GLU, MBA, LIP, FE, FBE, DVI, A1C