

MUCHEDZI, TENDAI

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

Patient **RILEY, KATE**

UR No.

Patient Address **10 11 MAEVA ST JUBILEE POCKET QLD 4802**

Sex **F** Age **31 years** DOB **24/04/1994**

Report For **MUCHEDZI, TENDAI**

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Requested	05/06/2025
Collected	16/06/2025 09:52 AM
Reported	26/06/2025 10:37 AM

URINARY IODINE

Creatinine	6.9	mmol/L
Iodine	130	ug/L
Iodine	1.02	umol/L

WHO 2008 guidelines:

Classification of iodine deficiency (Urine iodine ug/L):

> 99	Not iodine deficient
50-99	Mild iodine deficiency
20-49	Moderate iodine deficiency
< 20	Severe iodine deficiency

Levels in excess of 149 ug/L are regarded as adequate in pregnancy.
Levels exceeding 300 ug/L (or above 500 ug/L in pregnancy) may carry a "Risk of adverse health consequences".

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Serum Zinc

12

umol/L

(10-25)

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Serum Reverse T3 (RT3) 426 pmol/L (170-539)

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Insulin	5 mU/L	fasting (< 25)
Glucose	4.8 mmol/L	fasting (3.0-6.0)

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Holo TC Assay	83	pmol/L	(> 35)
Serum Folate Assay	22.0	nmol/L	(8.4-55.0)

Comment:

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 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.

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ADRENAL STUDIES

Serum Cortisol

270 nmol/L

(190 - 610)

Collection time: 9:52 am

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Luteinizing Hormone	21	IU/L		
Follicle Stimulating Hormone	7	IU/L		
Oestradiol	200	pmol/L		
Progesterone	1	nmol/L		
Sex Hormone Binding Globulin	92	nmol/L	(18-114)	
Ranges:	Follicular Phase	Midcycle Peak	Luteal Phase	Post-Menopausal
LH	2 - 12	10 - 130	1 - 17	15 - 60
FSH	1 - 10	3 - 33	1 - 9	20 - 140
Oestradiol	70 - 530	230 - 1310	200 - 790	< 120
Progesterone	< 5	rising	20 - 110	< 3

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CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	04/07/24	16/06/25
Time	09:11	09:52
Lab No	76195730	92107281
TSH	1.2	1.2 mIU/L (0.50-4.00)
free T4		18 pmol/L (10-20)
free T3		5.0 pmol/L (2.8-6.8)
Thyroglobulin AbII	< 1.3	IU/mL (< 4.6)
Thy Peroxidase AbII	< 6.6	IU/mL (< 13.8)

Euthyroid level.

These antibody levels are not suggestive of Thyroid inflammatory or rapidly progressing neoplasia. However 15% of Hashimoto's does not produce measurable antibodies. Prior autoimmune activity cannot be excluded.

Please note that as of 24/03/25, QML Pathology changed to a reformulated Atellica Thyroid Peroxidase Antibody (Thy Peroxidase AbII) assay with an updated reference interval. Values from the new assay are not directly comparable to the previous method, and differences in individual patient results may be observed. For further information, please contact a Chemical Pathologist on 07 3121 4444.

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IRON STUDIES

- Serum Iron	9 umol/L	(10-33)
Transferrin IBC	57 umol/L	(45-70)
Transferrin Saturation	16 %	(16-50)
Serum Ferritin Assay	32 ug/L	(25-290)

Comment:

The iron pattern suggests, but is not diagnostic of suboptimal iron status.
The serum iron may be falsely lower and the ferritin may be misleadingly elevated into the normal range by concurrent infection/inflammatory disease. A soluble transferrin receptor assay may be useful in assessing iron status in this situation.
Note: There is no medicare rebate for the soluble transferrin assay.
The patient will be billed direct \$50.00.

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CUMULATIVE SERUM C-REACTIVE PROTEIN (CRP)

Date 16/06/25
Time 09:52
Lab No 92107281

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 LIPID RISK REPORT

Date **04/07/24**
 Time **09:11**
 Lab No **7619573092107281**

06/25
09:52
092107281
RANDOM FASTING

Total Cholesterol **4.6** mmol/L (below 4.0)
 Triglycerides **0.4** mmol/L (below 2.0)

CHOLESTEROL FRACTIONS

HDL **1.67** mmol/L (above 1.0)
 LDL (calculated)* **2.75** mmol/L (below 2.5)
 Non-HDL cholesterol* **2.93** 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"

92107281 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.

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SERUM CHEMISTRY - FASTING

Sodium	140	mmol/L	(137-147)
Potassium	4.3	mmol/L	(3.5-5.0)
Chloride	105	mmol/L	(96-109)
Bicarbonate	25	mmol/L	(25-33)
Other Anions	14	mmol/L	(4-17)
Glucose	4.8	mmol/L	fasting (3.0-6.0)
Urea	3.9	mmol/L	(2.0-7.0)
Creatinine	56	umol/L	(40-110)
eGFR	> 90	mL/min	(over 59)
Total Bilirubin	7	umol/L	(2-20)
Alk. Phos.	65	U/L	(30-115)
Gamma G.T.	12	U/L	(0-45)
ALT	37	U/L	(0-45)
+ AST	51	U/L	(0-41)
LD	149	U/L	(80-250)
Albumin	44	g/L	(35-50)
Globulins	27	g/L	(20-40)
Cholesterol	5.0	mmol/L	(3.6-6.7)
Triglycerides	0.4	mmol/L	fasting (0.3-2.2)

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CUMULATIVE SERUM VITAMIN D

Date	04/07/24	16/06/25
Time	09:11	09:52
Lab No	76195730	92107281
Vitamin D3	130	98 nmol/L (> 49)

92107281
** Progress report.

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DHEA - Sulphate (DeHydroEpiAndrosterone)	3.7	umol/L	(1.4-11.7)
(previous units)	1400	ng/mL	(500-4300)

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CUMULATIVE SERUM HOMOCYSTEINE

Date	04/07/24	16/06/25
Time	09:11	09:52
Lab No	76195731	92107281

Homocysteine 15.0 + 17.4 umol/L (0.0-15.0)

92107281
** Progress report.

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)

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Serum Copper

15 umol/L

(10-45)

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CUMULATIVE GLYCATED HAEMOGLOBIN

Date 16/06/25
 Time 09:52
 Lab No 92107281

HbA1c Fraction 4.7 %
 in SI units 27 mmol/mol

Note: Caution is needed in interpreting HbA1c results in the presence of conditions affecting red blood cell survival times, which may lead to either falsely high or falsely low HbA1c results.

HbA1c diagnostic levels - RCPA 2014

- < 6.1% (<43 mmol/mol) - current diabetes is excluded
- 6.1-6.4% (43-47 mmol/mol) - high risk for future diabetes
- > 6.4% (>48 mmol/mol) - diabetes is likely

Unless patient has supportive symptoms or elevated plasma glucose values, repeat test is recommended.

Currently, Medicare will fund only one diagnostic test per year.

Sample may be collected at any time - fasting is not required.

Note - diabetes tolerance may be impaired by chronic illness, use of certain drugs including steroids, Cushing syndrome, etc. We would advise considering secondary forms in newly-diagnosed patients.

For clinical enquiries, please contact Dr Appleton, Chang or Marshall

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FULL BLOOD EXAMINATION

Haemoglobin	126	g/L	(115-160)
Red Cell Count	4.2	x10^12 /L	(3.6-5.2)
Haematocrit	0.37		(0.33-0.46)
Mean Cell Volume	89	fL	(80-98)
Mean Cell Haemoglobin	30	pg	(27-35)
Platelet Count	262	x10^9 /L	(150-450)
White Cell Count	4.3	x10^9 /L	(4.0-11.0)
Neutrophils	52 %	2.2 x10^9 /L	(2.0-7.5)
Lymphocytes	37 %	1.6 x10^9 /L	(1.1-4.0)
Monocytes	8 %	0.3 x10^9 /L	(0.2-1.0)
Eosinophils	2 %	0.09 x10^9 /L	(0.04-0.40)
Basophils	1 %	0.04 x10^9 /L	(< 0.21)

Automated Comment:

As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

All haematology parameters are within normal limits for age and sex.

**** FINAL REPORT - Please destroy previous report ****

Pathology Report