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	**WALKER, ROY AUSTIN**			UR No.	
Patient Address	**124 MAUNDS RD ATHERTON QLD 4883**				
Sex M	Age 79 years	DOB 12/03/1946	**Requested**	19/06/2025	
Report For	DAHLSTROM, VERA		**Collected**	19/06/2025	08:00 AM
Ref. by/copy to	DAHLSTROM, VERA		**Reported**	01/07/2025	05:07 PM

++	Whole Blood Vitamin B6 (as Pyridoxal-5-phosphate)	110	ug/L	(> 14)

This result does not indicate vitamin B6 deficiency.

Levels exceeding 30 ug/L typically reflect recent absorption or supplementation.
Very high levels exceeding 500 ug/L if sustained have been associated with neuropathy.

Note: As vitamin B6 is found predominantly within the red blood cells, patients with anaemia may misleadingly have mildly low results.

Due to an unprecedented increase in demand for vitamin testing (and in particular vitamin B6 following on from recent media reports of adverse outcomes), our turnaround time for vitamin tests has increased markedly.
I apologise that it may take up to a month for reports to be returned for the foreseeable future.

Charles Appleton

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RECOLLECTION/INAPPROPRIATE SPECIMENS

Test not performed:
ZINC,SERUM

Patient Unable to be Contacted.

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Pathology Report

CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date	19/06/25		
Time	08:00		
Lab No	92149148		
Active B12	> 146	pmol/L	(> 35)
S.Fol.	46.4	nmol/L	(8.4-55.0)

Comment:
92149148

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 suggestion of vitamin B12 deficiency.
High B12 levels are commonly seen with vitamin B12 replacement therapy.

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.

QML_RTE001-AV4

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Requested 19/06/2025
Collected 19/06/2025 08:00 AM
Reported 01/07/2025 05:07 PM

CUMULATIVE SERUM HOMOCYSTEINE

Date	19/06/25
Time	08:00
Lab No	92149148

Homocysteine + 19.0 umol/L (0.0-15.0)

92149148 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)

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Pathology Report

CUMULATIVE IRON STUDIES

Date	19/06/25		
Time	08:00		
Lab No	92149148		
Iron	20	umol/L	(10-33)
TIBC	46	umol/L	(45-70)
Saturation	44	%	(16-50)
Ferritin	233	ug/L	(30-320)

QML_RTE001-AV4

Dept Date of Service For Clinical Enquiries Perf. Branch Quote 25-92149148

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CUMULATIVE SERUM COMPLEMENT AND C-REACTIVE PROTEIN (CRP)

Date	19/06/25
Time	08:00
Lab No	92149148
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.

Pathology Report

QML_RTE001-AV4

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CUMULATIVE SERUM BIOCHEMISTRY

Date	19/06/25		
Time	08:00		
Lab No	92149148		
	FASTING		FASTING
Sodium	142	mmol/L	(137-147)
Potass.	5.0	mmol/L	(3.5-5.0)
Chloride	108	mmol/L	(96-109)
Bicarb	30	mmol/L	(25-33)
An.Gap	9	mmol/L	(4-17)
Gluc	4.9	mmol/L	(3.0-6.0)
Urea	10.5	mmol/L	(3.0-8.5)
Creat	106	umol/L	(60-140)
eGFR	57	mL/min	(over 59)
Urate	0.48	mmol/L	(0.12-0.45)
T.Bili	11	umol/L	(2-20)
Alk.P	62	U/L	(30-115)
GGT	60	U/L	(0-70)
ALT	25	U/L	(0-45)
AST	25	U/L	(0-41)
LD	125	U/L	(80-250)
Calcium	2.46	mmol/L	(2.15-2.60)
Corr.Ca	2.50	mmol/L	(2.15-2.60)
Phos	1.0	mmol/L	(0.8-1.5)
T.Prot	67	g/L	(60-82)
Alb	41	g/L	(35-50)
Glob	26	g/L	(20-40)
Chol	5.1	mmol/L	(3.6-7.3)
Trig	0.8	mmol/L	(0.3-2.2)
Lab No	92149148		
Date	19/06/25		

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CUMULATIVE FULL BLOOD EXAMINATION

Date		19/06/25		
Time		08:00		
Lab No		92149148		
Hb		142	g/L	(125-180)
RCC		4.6	x10^12 /L	(3.8-6.0)
Hct		0.46		(0.34-0.52)
MCV		99	fL	(80-98)
MCH		31	pg	(27-35)
Plats		227	x10^9 /L	(150-450)
WCC		7.1	x10^9 /L	(4.0-11.0)
Neuts	60 %	4.3	x10^9 /L	(2.0-7.5)
Lymphs	29 %	2.1	x10^9 /L	(1.1-4.0)
Monos	8 %	0.6	x10^9 /L	(0.2-1.0)
Eos	2 %	0.14	x10^9 /L	(0.04-0.40)
Basos	1 %	0.07	x10^9 /L	(< 0.21)

92149148 **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.

Borderline Red Cell Macrocytosis: Recommend a review of haematinic profile (Iron/B12/Folate). Correlate Clinically.

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

Pathology Report

QML_RTE001-AV4

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