

DAHLSTROM, VERA

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

Patient **CHANG, KEARNY**
Patient Address **PO BOX 153 MANUNDA QLD 4870**
Sex **M** Age **73 years** DOB **24/11/1951**
Report For **DAHLSTROM, VERA**
Ref. by/copy to **DAHLSTROM, VERA**

UR No.

Requested	02/07/2025
Collected	02/07/2025 07:30 AM
Reported	14/07/2025 02:22 PM

+++ Whole Blood Vitamin B6 > 553 ug/L (> 14)
(as Pyridoxal-5-phosphate)

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

Pathology Report

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CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date	02/07/25
Time	07:30
Lab No	92278766

Active B12	> 146 pmol/L	(> 35)
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Comment:
92278766
Vitamin B12 replete. High B12 is commonly seen in good absorbers and also with B12 therapy, rarely liver disease, and rarely haematologic disorders.

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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Serum Zinc 19 umol/L (10-25)

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CUMULATIVE SERUM HOMOCYSTEINE

Date 02/07/25
Time 07:30
Lab No 92278766

Homocysteine + **16.0** umol/L (0.0-15.0)

92278766 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