



Lab ID 532474565

DOB 09/09/1974 (50 Yrs FEMALE)

Referrer Dr Hnin H Hlaing

Your ref. 766

Address THE DOCTOR HOUSE 3 QUINCAN CL  
YUNGABURRA QLD 4884

Address 51 RANKIN AVENUE  
YUNGABURRA QLD 4884

Phone 0740952400

Phone 0417009678

Copy to

Requested 13/06/2025

Clinical Notes reduced GFR query cause. Non-Fasting.

Collected 25/06/2025 09:14

Received 25/06/2025 09:16

Test Name	Result	Reference Interval	Units
Sodium	140	135 - 145	mmol/L
Potassium	3.9	3.5 - 5.5	mmol/L
Chloride	105	95 - 110	mmol/L
Bicarbonate	26	20 - 32	mmol/L
Anion Gap	12.9 9	<16	mmol/L
Calcium (Corrected)	2.42	2.10 - 2.60	mmol/L
Phosphate	1.15	0.80 - 1.50	mmol/L
Urea	5.7	3.0 - 8.0	mmol/L
Urate	0.300	0.150 - 0.400	mmol/L
Creatinine	77	45 - 85	umol/L
eGFR	78	>59	
Glucose random	4.7	3.6 - 7.7	mmol/L
Total Protein	73	63 - 80	g/L
Albumin	42	32 - 44	g/L
Globulin	31	23 - 43	g/L
Bilirubin	6	<16	umol/L
ALP	100	30 - 115	U/L
● AST	36 H	10 - 35	U/L
● ALT	36 H	5 - 30	U/L
● GGT	49 H	5 - 35	U/L
LD	198	<250	U/L
● Cholesterol	6.3 H	<5.6	mmol/L
Triglyceride	1.9	<2.1	mmol/L
Haemolysis Index	6	<40	

CA

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

Reported on 25-Jun-25 17:11



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#### C Reactive Protein

Test Name	Result	Reference Interval	Units
CRP	2.1	<5	mg/L

#### Comments

CRP is a more sensitive early indicator of an acute phase response than is ESR. It also returns towards normal more rapidly with improvement or resolution of the disease process.

If CRP is elevated, it can indicate disease activity of an inflammatory, infective or neoplastic nature.

Artefactually decreased CRP values occur when patients are treated with antibiotics containing carboxypenicillins including Ticarcillin.

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#### Albumin/Creat Ratio

R U-Creatinine 7.0 mmol/L

Test Name	Result	Reference Interval	Units
R U-Albumin	6	<21	mg/L
R U-Albumin/Creat	0.9	0.0 - 3.6	mg/mmol

#### Comments

The Australian Diabetes Society subcommittee on microalbuminuria recommends that albumin excretion rates should be performed annually on all diabetic patients. Abnormality is confirmed if two of three samples collected over a six week period are elevated. Specimens other than first morning collections may occasionally be positive in subjects with orthostatic or exercise induced proteinuria.

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Reported on 26-Jun-25 15:17



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Lipid Profile

Test Name	Result	Reference Interval	Units
● Cholesterol	6.3 H	<5.6	mmol/L
Triglyceride	1.9	<2.1	mmol/L
● HDL	0.98 L	> 1.09	mmol/L
● LDL	4.5 H	<4.1	mmol/L
● Tot Chol/HDL	6.4 H	<4.6	
● Non HDLC	5.32 H	<3.81	mmol/L

Comments

Progress lipid levels.  
LDL is now calculated by the Sampson equation which allows an accurate result at higher triglyceride levels.  
Raised non-HDL and a reduced HDL cholesterol level indicate an increased risk of coronary artery disease.  
NHF Guidelines recommend retesting lipids 2 monthly until a stable and satisfactory response has been achieved from treatment. Response to treatment can be monitored with non-HDL cholesterol performed non-fasting; the NVDPA recommended target is less than 2.5 mmol/L.  
TARGET LEVELS:  
The National Vascular Disease Prevention Alliance (NVDPA) treatment target levels for high risk people (known coronary heart and other arterial disease, diabetes, chronic renal failure, Aboriginal and Torres Strait Islander peoples and familial hyperlipidaemic conditions) are:  
  
Total Cholesterol <4.0 mmol/L  
HDL-Cholesterol >= 1.00 mmol/L  
Fasting Triglycerides <2.0 mmol/L  
Non-HDL Cholesterol <2.5 mmol/L

Increased non-HDL Cholesterol is the most significant marker for subclinical atherosclerosis (ref: Cardiology Today 2013; 3(2) : pp25-27).

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Reported on 25-Jun-25 23:56



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#### Thyroid Function Tests

Test Name	Result	Reference Interval	Units
TSH	1.7	0.3 - 4.0	mIU/L

#### Comments

Euthyroid

EA

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Reported on 26-Jun-25 00:57

#### Vitamin B1/B2/B6

Test Name	Result	Reference Interval	Units
● Vitamin B6 (P5P)	193 H	20 - 190	nmol/L

#### Comments

Elevated vitamin B6 is most likely due to excess consumption. B6 is present in many over the counter preparations (including magnesium supplements) and in energy drinks. B6 > 250 nmol/L is associated with peripheral neuropathy. For patients not consuming excess B6, elevated levels may indicate Hypophosphatasemia. This condition is rare and patients will have low alkaline phosphatase and high urine phosphoethanolamine.

SM

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Reported on 28-Jun-25 12:25



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**HbA1c**

Test Name	Result	Reference Interval	Units
HbA1c (NGSP)	5.2	<6.5	%
HbA1c (IFCC)	33	<48	mmol/mol

**Comments**

Control zones for diabetes management

	NGSP (%)	IFCC (mmol/mol)
Very good control *	<6.1	<43
Good control	6.1 – 7.0	43 – 53
Suboptimal control	7.1 – 8.0	54 – 64
Poor control	8.1 – 9.0	65 – 75
Very poor control	>9.0	>75

In patients with a significant risk of adverse outcome from hypoglycaemia (children <16 and adults >70 years), higher target values may be appropriate.

An alternative test to monitor diabetes such as serum fructosamine is advisable in the presence of altered red cell lifespan.

HbA1c performed on the Sebia Cap3 analyser by capillary electrophoresis.

HA

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Reported on 26-Jun-25 10:04

25-OH Vitamin D 66 nmol/L 50 - 150

**Comments**

Adequate Vitamin D.  
Vitamin D measured by Diasorin Liaison.

EA

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Reported on 26-Jun-25 00:37



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Haematinics

Test Name	Result	Reference Interval	Units
CRP	2.1	<5	mg/L
Vitamin B12	383	> 150	pmol/L
Active B12	94	>35	pmol/L
Folate (Serum)	28	>7.0	nmol/L

Comments

All patients with low or equivocal vitamin B12 results (400 pmol/L or less) will be routinely tested for holo-transcobalamin (active B12) to clarify the B12 status.  
Both tests are now Medicare rebateable. Vitamin B12 concentrations over 400 pmol/L are generally considered replete.

Active B12 (holotranscobalamin) is the biologically active fraction of total serum B12, and should be a superior indicator of B12 status. **Holotranscobalamin** level indicates Vitamin B12 deficiency unlikely. Up to 15% of patients will have a deficiency of carrier protein (haptocorrin) that does not appear to result in a clinically recognisable Vitamin B12 deficiency despite low total Vitamin B12 levels.

EA

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Haematology

Test Name	Result	Reference Interval	Units
Haemoglobin	133	115 - 165	g/L
Haematocrit	0.40	0.35 - 0.47	
Red cell count	4.0	3.9 - 5.6	10 <sup>12</sup> /L
● MCV	<b>101 H</b>	80 - 100	fL
White cell count	6.2	3.5 - 12.0	10 <sup>9</sup> /L
Neutrophils	4.18	1.5 - 8.0	10 <sup>9</sup> /L
Lymphocytes	1.18	1.0 - 4.0	10 <sup>9</sup> /L
Monocytes	0.58	0 - 0.9	10 <sup>9</sup> /L
Eosinophils	0.19	0 - 0.6	10 <sup>9</sup> /L
Basophils	0.06	0 - 0.15	10 <sup>9</sup> /L
Platelets	318	150 - 400	10 <sup>9</sup> /L

HA

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Reported on 25-Jun-25 15:48

Urine - Microscopy/Culture/Sensitivity

Specimen type	Urine		
pH	6		
Protein	Nil		
Glucose	Nil		
Specific Gravity	1.018	1.005 - 1.030	
Leucocytes	<10	<10	x 10 <sup>6</sup> /L
Erythrocytes	<b>58 H</b>	<20	x 10 <sup>6</sup> /L
Squam Epi Cells	<10		x 10 <sup>6</sup> /L
Culture	No pathogens isolated		

MICROAB

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

Reported on 27-Jun-25 07:15

**FINAL REPORT - Updated on 27/06/2025 at 07:15**



LAB ID 532474565 DOB 09/09/1974 (50Y Female)

Referring Doctor Dr Hnin H Hlaing

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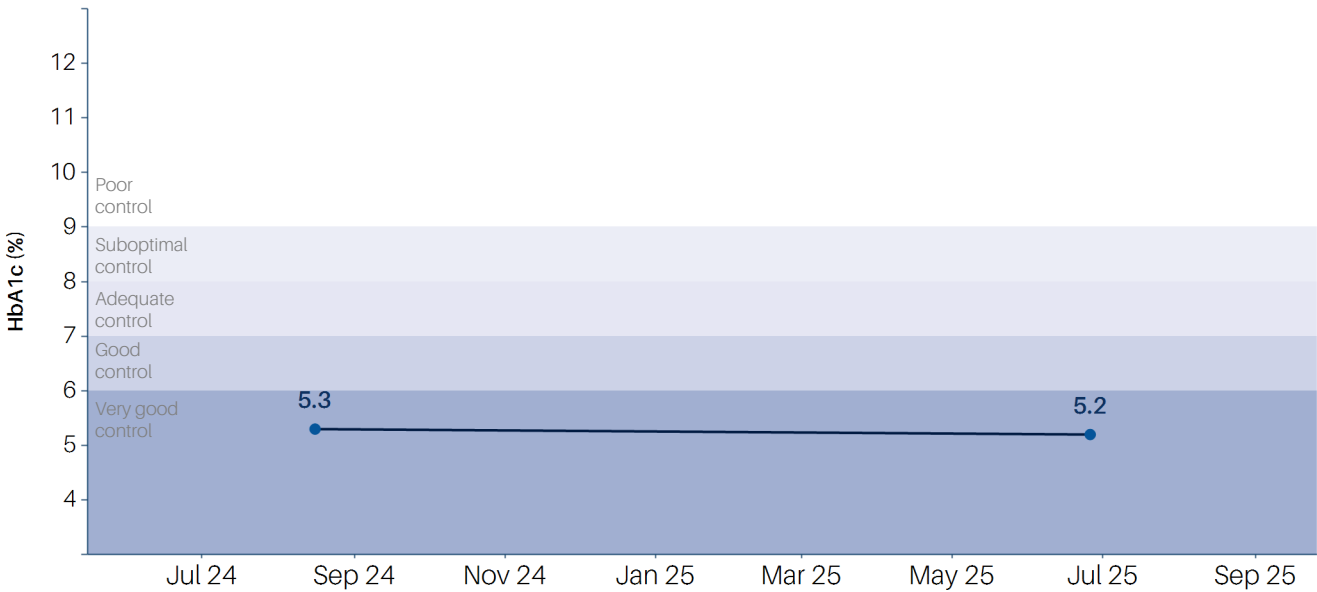
Dr Hnin H Hlaing  
The Doctor House  
3 Quincan Cl  
YUNGABURRA QLD 4884

H17517  
CPL1/---/---/---/---

Requested 13 Jun 2025  
Collected 25 Jun 2025 09:14 am  
Received 25 Jun 2025 09:16 am  
Reported 26 Jun 2025 10:08 am

Copy to To Vera (Patient To Pay) Dahlstrom

Glycated Haemoglobin | HbA1c  
Diabetes Monitoring



LEGEND

- |                                |                           |
|--------------------------------|---------------------------|
| Poor control (> 9.0)           | Within reference interval |
| Suboptimal control (8.1 - 9.0) | Out of reference interval |
| Adequate control (7.1 - 8.0)   |                           |
| Good control (6.1 - 7.0)       |                           |
| Very good control (<6.1)       |                           |