

IMEDICAL,

For Surgery Use

Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient **RAYMOND, TAKARA**

UR No.

Patient Address **C/O IMEDICAL 1 UNION ST PYRMONT NSW 2009**

Sex **F** Age **34 years** DOB **18/06/1991**

Report For **IMEDICAL,**

Ref. by/copy to **IMEDICAL,**

**Requested** 08/08/2025  
**Collected** 08/08/2025 08:47 AM  
**Reported** 11/08/2025 03:35 PM

**279980**

## ANTI PHOSPHOLIPID SYNDROME STUDIES

### B2 GLYCOPROTEIN

Anti Beta 2 Glycoprotein I IgG < 10 U/mL (< 20)

### CARDIOLIPIN ANTIBODIES

Cardiolipin IgG Negative  
 Cardiolipin IgM Negative

### LUPUS ANTICOAGULANT

**Comment :**

No lupus anticoagulant detected.

The anti-phospholipid syndrome (APS) is defined by the presence of anticardiolipin antibodies, anti-B2 GPI antibodies or a lupus anticoagulant, and certain clinical features including thrombosis or recurrent miscarriage. Positive tests may occur transiently in some individuals particularly after an infection. The clinical implication of isolated IgM anticardiolipin antibody positivity is less certain than that of positive IgG anticardiolipin, positive IgG B2 GPI antibodies or a positive lupus anticoagulant.

Clinical Notes : Fasting required,Fasting required.

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**PHOSPHOLIPID ANTIBODIES**

Cardiolipin IgG	Negative
Cardiolipin IgM	Negative

No antibodies detected.

A negative result does not exclude the diagnosis of antiphospholipid syndrome, as some patients have undetectable antibody levels. If the clinical history is suggestive, follow up serology and lupus anticoagulant studies are recommended.

For enquiries, contact Dr Paul Campbell 07 3121 4444  
Patients should contact their referring doctor in regard to this result.

Clinical Notes : Fasting required,Fasting required.

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**LUPUS ANTICOAGULANT SCREEN**

Prothrombin time	11	seconds	(8-14)
APTT	28	seconds	(22-35)

DILUTE RUSSELLS VIPER VENOM TEST		
LA DRVVT Screen Ratio	1.0	(Less than 1.2)

**Comment :**  
No lupus anticoagulant detected.

Assay Comment:  
Lupus anticoagulant may not be detected by the DRVVT method in all patients with an antiphospholipid syndrome. False negative results may occur with weak antibodies. False positives may also occur in patients taking anticoagulants. Correlation with serologic anti-cardiolipin and anti-B2 glycoprotein tests is required in assessing antiphospholipid antibodies. If the patient is on an DOAC agent consider repeating the assay shortly before the daily dose is taken.

Methodology:  
Assay for Lupus Anticoagulant performed using the Siemens LA Reagents on the Sysmex CN-6000 coagulation analyser.

Clinical Notes : Fasting required,Fasting required.

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+ **Plasma Fibrinogen** 4.37 g/L (1.50-4.00)

**Comment :**  
Result is within normal limits.

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**TRACE ELEMENTS**

Serum Selenium 1.80 umol/L (0.80-1.90)

Note - the above range refers to populations with "normal" low levels of environmental exposure to selenium.

In smokers and other patients naturally or occupationally exposed to unusual amounts of selenium, plasma levels of up to approximately 4.0 umol/L have been observed and are not associated with any signs of toxicity.

(Disposition of Toxic Drugs and Chemicals in Man IX, ed. Baselt, 2011)

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Insulin 10 mU/L fasting (< 25)  
Glucose 4.9 mmol/L fasting (3.0-6.0)

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CA 125 (Siemens) 21 U/mL (< 30)

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Erythrocyte Sedimentation Rate 12 mm/hr

(1-20)

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**IRON STUDIES**

Serum Iron	13	umol/L	(10-33)
Transferrin IBC	61	umol/L	(45-70)
Transferrin Saturation	21	%	(16-50)
Serum Ferritin Assay	40	ug/L	(25-290)

**Comment :**

Low-normal iron stores.  
A functional deficiency may exist in chronic disease states such as chronic kidney disease (CKD) or disorders of Erythropoiesis.

Clinical Notes : Fasting required,Fasting required.

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**CUMULATIVE PLASMA HOMOCYSTEINE**

Date	12/05/25	08/08/25
Time	08:01	08:47
Lab No	78409770	29003510
Homocysteine	12.2	11.4 umol/L (0.0-15.0)

29003510

\*\* 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 LIVER FUNCTION TESTS

Total Bilirubin	6	umol/L	(2-20)
Alk. Phos.	98	U/L	(30-115)
Gamma G.T.	24	U/L	(0-45)
ALT	18	U/L	(0-45)
AST	16	U/L	(0-41)
LD	175	U/L	(80-250)
Albumin	43	g/L	(35-50)
Globulins	26	g/L	(20-40)

Clinical Notes : Fasting required,Fasting required.

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Serum Vitamin B12 Assay 625 pmol/L (351-750)

Comment:

Serum Vitamin B12 Assay:  
Vitamin B12 within reference interval. Tissue deficiency is unlikely.

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.

Medicare Update - Vitamin B12 Testing (Effective 1 July 2025)  
Vitamin B12 can be assessed with either Total B12 or Active B12.  
Recent evidence review suggest equivalent diagnostic performance.  
Active B12 may be preferred in pregnancy or haematological malignancy.  
Homocysteine is also recommended only when B12 therapy fails to improve symptoms, as it assesses functional B12 deficiency.

Clinical Notes : Fasting required,Fasting required.

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