

Dr Trude Augustat
Provider No: 095805KK
NIIM Clinic
Level 2, 21 Burwood Rd
Hawthorn 3122
Ph: 0398040646 Fax: 0398153267
clinic@niim.com.au Argus: 586980@argus.net.au

10/10/24
DR CHRISTOPHER NEIL
HEARTWISE
58A WHITEHORSE ROAD
DEEPDENE VIC 3103

drchrisneil.practice@gmail.com
ph 1300 870 772

re. **Mrs Rachael Marston**
26 Miles Franklin Blvd
Point Cook. 3030
03/06/1972

Dear Chris,

Thank you for seeing Rachael Marston for an opinion and management of her hyperlipidaemia which has increased with menopause see all results below with Ct cal score 2023 -190 was 86- 2018.

Rachael is very resistant to the idea of lipid lowering medication and we appreciate your opinion especially as we may need to look at HRT for symptomatic relief in the near future..

Rachael is fit and active with a healthy diet and etoh intake (ex smoker 2018),
she is non diabetic and normotensive but her BMI is a little over the healthy range .

Rachael has dextrocardia/situs inversus and she is adopted so we have no knowledge of family history .

RECENT LIPIDS 9/2024 TAKEN AFTER 6/12 RX RED RICE YEAST EXTRACT

Her current medications are:

Metagen Methyl Active Capsule	1 daily
SlipperyElmPowder	
Ultra Muscleeze Powder	
Vitamin C 1,000mg Tablet	1 Tablet Twice a day 2000 MG DAILY.
Vitamin D 1000IU Tablet	5 Tablets Daily with meals SUGGEST 5 DAYS A WEEK.
Vitamin E 100IU Capsule	MIXED TOCOPHEROLS Daily with meals.

Allergies:
HIVES BREAD
?GLUTEN
SITIS INVERSUS

Nurofen

SOA FEET FINGERS, Moderate

Past Medical History:

Dextrocardia/SITUS INVERSUS
Situs inversus ON US ABDO 2018
Ex smoker 2018
MTHFR carrier/heterozygote
2014 G1P0 SAB NO D AND C 2014
08/2017 HRT
21/08/2018 Hyperlipidaemia
11/09/2018 Homocysteine elevated
16/10/2018 Fatty liver
16/10/2018 CT CAL SCORE 86 + ADDRESS DIET /SUPPS DECLINE MEDS
07/2022 GTT NAD
07/2022 DEXA nad
23/08/2022 Hyperlipidaemia
10/2023 Ct coronary calcium score = 190

Kind regards,

Dr Trude Augustat

MARSTON, RACHAEL
26 MILES FRANKLIN STREET 3030

Phone:

Birthdate:	03/06/1972	Sex:	F	Medicare Number:	32778622981
Your Reference:	1896934	Lab Reference:	1896934		
Laboratory:	FUTURE MEDICAL IMAGING GROUP				
Addressee:	DR TRUDE AUGUSTAT	Referred by:	DR TRUDE AUGUSTAT		
Name of test:	CT CALCIUM SCORE				
Requested	27/10/2023	Collected:	27/10/2023	Reported:	27/10/2023 13:59:00



Patient Name:MARSTON,
RACHAEL
DOB:03/06/1972
Gender:F

Address:26 MILES FRANKLIN
STREET VIC 3030
Phone:
Medicare Number:

[Click here to view images](#)

This report is for: Dr T. Augustat
Referred By:
Dr T. Augustat

CT CALCIUM SCORE 27/10/2023 Reference: 1896934

CT CORONARY CALCIUM SCORING

Clinical Notes: Mildly elevated score of 86 in 2018. 5yr review.

Technique: Routine CT calcium scoring was performed. The total radiation dose for the procedure was DLP 32.6mGy/cm.

Findings: The total calcium score is 190.

CONCLUSION

Calcium score of 190 is consistent with moderate plaque burden, indicative of a moderate Coronary Vascular Disease risk. This calcium score correlates with the 90th percentile rank. This means that up to 10% of patients of similar gender and age will have a higher calcium score.

Suggested Management based on CAC results for asymptomatic patients.

CSANZ Position Statement
CAC 10 year risk Guidance
0 Very Low (<1%) Reassure, maintenance of healthy lifestyle
1 - 100 Low (<10%) Maintenance of healthy diet and lifestyle
101 - 400 Moderate (10-20%) Aspirin recommended. Statins considered reasonable

101 - 400 Moderately high Reclassify as high risk: & >75th centile (15-20%) Aspirin recommended Statins considered reasonable
>400 High (>20%) Aspirin recommended Statin recommended, to achieve target LDL <2.0mmol/L Consider functional assessment

Radiologist: Dr A. Taranto

FMIG Radiology is now accepting Telehealth imaging requests by EMAIL.
This is in response to the Australian Government initiative to
support your Telehealth consultations during the Covid-19 pandemic.
Go to <https://fmig.com.au/telehealth-referrals>

From 30 October 2023, all FMIG images will be accessible on Capital
Radiology PACS connect.capitalradiology.com.au. If you do not have a
Capital Connect account please register at
capitalradiology.com.au/resources-support/access-patient-images.

[Click here to view images](#)

MARSTON, RACHAEL
26 MILES FRANKLIN STREET 3030
Phone:

Birthdate:	03/06/1972	Sex:	F	Medicare Number:	32778622971
Your Reference:	1119276	Lab Reference:	1119276		
Laboratory:	FUTURE MEDICAL IMAGING GROUP				
Addressee:	DR TRUDE AUGUSTAT	Referred by:	DR TRUDE AUGUSTAT		
Name of test:	CT CALCIUM SCORE				
Requested	26/09/2018	Collected:	25/09/2018	Reported:	26/09/2018 11:57:00



CT CALCIUM SCORE

Patient:	MARSTON, RACHAEL	Date of Birth:	1972-06-03 00:00	Sex:	F
Address:		Medicare Number:	32778622971	Phone:	
Sender:	AGAH, Dr Afshin	Addressee:	AUGUSTAT, Dr Trude	Referred by:	DR TRUDE AUGUSTAT
Lab Reference:	1119276	Typist:			
Requested:		Collected:	25/09/2018 10:21:00 AM	Reported:	26/09/2018 12:09:00 PM

This report is for: Dr T. Augustat
Referred By:
Dr T. Augustat

CT CALCIUM SCORE 25/09/2018 Reference: 1119276

LOW DOSE HELICAL CT CALCIUM SCORE:

Clinical Notes: Recent ex smoker on HRT. Elevated lipids long history. No family history available ? calcium score pre HRT. Dextrocardia.

Technique: Routine CT calcium scoring was performed. The total radiation dose for the procedure was 0.4mSv DLP 27.03mGy/cm. No pre medication required.

Findings: The total calcium score is 86.

Other Findings:
Note is made of dextrocardia.

OPINION:

The total calcium score is 86 corresponding to mild plaque burden with associated moderate cardiovascular disease risk.
Dextrocardia noted.

Suggested Management based on CAC results for asymptomatic patients.

CSANZ Position Statement

CAC 10 year risk Guidance

0 Very Low (<1%) Reassure, maintenance of healthy lifestyle

1 - 100 Low (<10%) Maintenance of healthy diet and lifestyle

101 - 400 Moderate (10-20%) Aspirin recommended.
Statins considered reasonable

101 - 400 Moderately high & >75th centile (15-20%) Reclassify as high risk:
Aspirin recommended
Statins considered reasonable

>400 High (>20%) Aspirin recommended
Statin recommended, to achieve target LDL <2.0mmol/L
Consider functional assessment

Bulk Billed Liver Elastography available now at FMIG

Radiologist: Dr A. Agahi

[Click here to view all images in Synapse Mobility \(1119276*\)](#)

MARSTON, RACHAEL
26 MILES FRANKLIN BVD, POINT COOK. 3030
Phone: 0421996149
Birthdate: 03/06/1972 Sex: F Medicare Number: 32778622971
Your Reference: Lab Reference: 24-96355425-LIP-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR TRUDE AUGUSTAT Referred by: DR TRUDE AUGUSTAT

Name of Test: LIPID STUDIES
Requested: 18/09/2024 Collected: 23/09/2024 Reported: 23/09/2024 21:55

SERUM/PLASMA LIPID STUDIES - Fasting

Total Chol: 8.9 mmol/L
Triglyceride: 2.1 mmol/L

HDL - C: 1.3 mmol/L
LDL - C: 6.6 mmol/L
NON HDL - C: 7.6 mmol/L
Chol/HDL Ratio: 6.8

Therapeutic targets vary depending on the patient's cardiovascular risk profile.

	T.Chol	Trig	HDL-C	LDL-C	Non HDL-C
Primary Prevention:	<4.0	<2.0	>=1.0	<2.0	<2.5
Secondary Prevention:		<2.0	>=1.0	<1.8	<2.5

National Vascular Disease Prevention Alliance Guidelines 2012.
<http://strokefoundation.com.au>

National Heart Foundation Guidelines 2012.
<http://www.heartfoundation.org.au>

Note: Cholesterol levels greater than 7.5 mmol/L indicate a significant increased risk of CHD. This is further influenced by other risk factors (family history, smoking etc.).

- Target LDL is less than 2.0 mmol/L in people with
- A personal or strong family history of vascular disease
 - Diabetes
 - Aboriginal or Torres Strait Islander ancestry

Requested Tests : INS*, TFT, VID, GHB*, CRP, MBI, LPA*, LIP, HOC, GTT*, FHP, FBE, ESU, BFO, AND

MARSTON, RACHAEL
26 MILES FRANKLIN BOULEVARD, POINT COOK. 3030
Phone: 0421996149
Birthdate: 03/06/1972 Sex: F Medicare Number: 32778622971
Your Reference: Lab Reference: 23-11528431-FEM-0
Laboratory: 4Cyte Pathology
Addressee: Dr TRUDE AUGUSTAT Referred by: Dr TRUDE AUGUSTAT
Copy to:

PENDING DR TBA

Name of Test: Iron Studies
Requested: 12/09/2023 Collected: 10/10/2023 Reported: 11/10/2023 08:28

Clinical Notes: ?post menopausal bleeding, review lipids and low iron
Pathologist: Dr C. Harris

Iron Studies (Serum)

Coll Date: 10/10/23
Coll Time: 09:05
Lab Number: 11528431

Ferritin 67 (30-200) ug/L

Tests to follow: HCY

MARSTON, RACHAEL
26 MILES FRANKLIN BOULEVARD, POINT COOK. 3030
Phone: 0421996149
Birthdate: 03/06/1972 Sex: F Medicare Number: 32778622971
Your Reference: Lab Reference: 23-11528431-LPM-0
Laboratory: 4Cyte Pathology
Addressee: Dr TRUDE AUGUSTAT Referred by: Dr TRUDE AUGUSTAT
Copy to: Dr TRUDE AUGUSTAT

Name of Test: Lipid Studies
Requested: 12/09/2023 Collected: 10/10/2023 Reported: 11/10/2023 14:54

Clinical Notes: ?post menopausal bleeding, review lipids and low iron
Pathologist: A/Prof P. Stewart

Lipid Studies (Serum)

Coll Date: 10/10/23
Coll Time: 09:05
Lab Number: 11528431

Status	Fasting		
Cholesterol	9.0 H	(< 5.6)	mmol/L
Triglyceride	2.6 H	(< 2.1)	mmol/L
HDL-c	1.2	(> 1.1)	mmol/L
LDL-c	6.6 H	(< 3.1)	mmol/L
TC/HDL-c	7.5 H	(< 4.5)	
Non-HDL-c	7.8 H	(< 4.1)	mmol/L

National Heart Foundation treatment targets for high risk patients:
Cholesterol <4.0
Triglyceride <2.0
HDL-c >1.0
LDL-c <2.5 (<1.8 mmol/L for very high risk)
Non-HDL-c <3.3 (<2.5 mmol/L for very high risk)

Tests to follow: HCY

MARSTON, RACHAEL
26 MILES FRANKLIN BVD, POINT COOK. 3030
Phone: 0421996149
Birthdate: 03/06/1972 Sex: F Medicare Number: 32778622971
Your Reference: Lab Reference: 23-40865666-LIP-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR TRUDE AUGUSTAT Referred by: DR TRUDE AUGUSTAT

Name of Test: LIPID STUDIES
Requested: 21/02/2023 Collected: 22/02/2023 Reported: 22/02/2023 16:53

SERUM/PLASMA LIPID STUDIES - Fasting

Total Chol: 7.3 mmol/L
Triglyceride: 1.5 mmol/L

HDL - C: 1.5 mmol/L
 LDL - C: 5.1 mmol/L
 NON HDL - C: 5.8 mmol/L
 Chol/HDL Ratio: 4.9

Therapeutic targets vary depending on the patient's cardiovascular risk profile.

	T.Chol	Trig	HDL-C	LDL-C	Non HDL-C
Primary Prevention:	<4.0	<2.0	>=1.0	<2.0	<2.5
Secondary Prevention:		<2.0	>=1.0	<1.8	<2.5

National Vascular Disease Prevention Alliance Guidelines 2012.
<http://strokefoundation.com.au>

National Heart Foundation Guidelines 2012.
<http://www.heartfoundation.org.au>

Note: The Chol/HDL ratio reflects changes in VLDL, LDL and HDL, with high values indicating an increased risk of atherosclerosis.
 Target values < 3.5 are sometimes recommended for people with known vascular disease or others at high risk.

Target LDL is less than 2.0 mmol/L in people with
 - A personal or strong family history of vascular disease
 - Diabetes
 - Aboriginal or Torres Strait Islander ancestry

Requested Tests : GS, TFT*, FES*, MBI, LPA*, LIP, INS*, HOC*, FHP*, AND*

MARSTON, RACHAEL
 26 MILES FRANKLIN BLVD, POINT COOK. 3030
 Phone: 0421996149
 Birthdate: 03/06/1972 Sex: F Medicare Number: 32778622971
 Your Reference: Lab Reference: 22-41795360-LIP-0
 Laboratory: DOREVITCH PATHOLOGY
 Addressee: DR TRUDE AUGUSTAT Referred by: DR TRUDE AUGUSTAT

Name of Test: LIPID STUDIES
 Requested: 11/05/2022 Collected: 01/07/2022 Reported: 01/07/2022 21:11

SERUM/PLASMA LIPID STUDIES - Fasting

Total Chol: 8.5 mmol/L
 Triglyceride: 1.6 mmol/L

 HDL - C: 1.3 mmol/L
 LDL - C: 6.5 mmol/L
 NON HDL - C: 7.2 mmol/L
 Chol/HDL Ratio: 6.5

Therapeutic targets vary depending on the patient's cardiovascular risk profile.

	T.Chol	Trig	HDL-C	LDL-C	Non HDL-C
Primary Prevention:	<4.0	<2.0	>=1.0	<2.0	<2.5
Secondary Prevention:		<2.0	>=1.0	<1.8	<2.5

National Vascular Disease Prevention Alliance Guidelines 2012.
<http://strokefoundation.com.au>

National Heart Foundation Guidelines 2012.
<http://www.heartfoundation.org.au>

Note: Cholesterol levels greater than 7.5 mmol/L indicate a significant increased risk of CHD. This is further influenced by other risk factors (family history, smoking etc.).

Target LDL is less than 2.0 mmol/L in people with
 - A personal or strong family history of vascular disease
 - Diabetes
 - Aboriginal or Torres Strait Islander ancestry

Requested Tests : CAE*, TFT, VID, GHb, CUS*, PRL, MBI, LPA*, LIP, INS*, HOC, HCG, GTT*, FHP, FBE

MARSTON, RACHAEL
26 MILES FRANKLIN BVD, POINT COOK. 3030
Phone: 0421996149
Birthdate: 03/06/1972 Sex: F Medicare Number: 32778622971
Your Reference: Lab Reference: 23-40865666-LPA-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR TRUDE AUGUSTAT Referred by: DR TRUDE AUGUSTAT

Name of Test: LIPOPROTEIN A
Requested: 21/02/2023 Collected: 22/02/2023 Reported: 28/02/2023 12:31

Lipoprotein (a)

Lipoprotein (a): 16 nmol/L

Comment: Lp (a) is an LDL-like lipid particle that is associated with increased atherosclerosis. High levels are common in people with proteinuria, renal failure and hypothyroidism as well as in some ethnic groups (e.g. Africans). Exercise and body weight do not appear to influence Lp (a) although levels are reduced by nicotinic acid, oestrogens and anabolic steroids. Levels above 75 nmol/L may increase risk of atherosclerosis. Framingham study: Clin Chem 2003;11:1785-96.

Requested Tests : GS, TFT, FES, MBI, LPA, LIP, INS, HOC, FHP, AND

MARSTON, RACHAEL
26 MILES FRANKLIN BVD, POINT COOK. 3030
Phone: 0421996149
Birthdate: 03/06/1972 Sex: F Medicare Number: 32778622971
Your Reference: Lab Reference: 23-40865666-MBI-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR TRUDE AUGUSTAT Referred by: DR TRUDE AUGUSTAT

Name of Test: GENERAL BIOCHEMISTRY
Requested: 21/02/2023 Collected: 22/02/2023 Reported: 22/02/2023 16:53

SERUM/PLASMA BIOCHEMISTRY

		Ref.Range
Total Bilirubin :	8 umol/L	(< 20)
Ala. Aminotransferase (ALT) :	34 U/L	(< 35)
Asp. Aminotransferase (AST) :	28 U/L	(< 35)
Alkaline Phosphatase (ALP) :	51 U/L	(30-110)
Gamma Glutamyl Trans. (GGT) :	13 U/L	(< 35)
Total Protein :	67 g/L	(60-80)
Albumin :	37 g/L	(36-49)
Globulin :	30 g/L	(22-40)

Requested Tests : GS, TFT*, FES*, MBI, LPA*, LIP, INS*, HOC*, FHP*, AND*

MARSTON, RACHAEL
26 MILES FRANKLIN BLVD, POINT COOK. 3030
Phone: 0421996149
Birthdate: 03/06/1972 Sex: F Medicare Number: 32778622971
Your Reference: Lab Reference: 21-35080887-MBI-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR TRUDE AUGUSTAT Referred by: DR TRUDE AUGUSTAT

Name of Test: GENERAL BIOCHEMISTRY

Requested: 06/09/2021 Collected: 10/11/2021 Reported: 10/11/2021 21:02

SERUM/PLASMA BIOCHEMISTRY

		Ref.Range
Sodium :	142 mmol/L	(135-145)
Potassium :	4.7 mmol/L	(3.5-5.2)
Chloride :	107 mmol/L	(95-110)
Bicarbonate :	29 mmol/L	(22-32)
Urea :	6.1 mmol/L	(2.3-7.6)
Est.GFR(mL/min) :	> 90 per 1.73sqm	(> 60)
Creatinine :	58 umol/L	(40-90)
Total Bilirubin :	6 umol/L	(< 20)
Ala. Aminotransferase (ALT) :	37 U/L	(< 30) *
Asp. Aminotransferase (AST) :	24 U/L	(< 30)
Alkaline Phosphatase (ALP) :	78 U/L	(30-110)
Gamma Glutamyl Trans. (GGT) :	17 U/L	(< 35)
Total Protein :	73 g/L	(60-80)
Albumin :	43 g/L	(36-49)
Globulin :	30 g/L	(22-40)
Calcium :	2.57 mmol/L	(2.15-2.65)
Cor. Calcium :	2.51 mmol/L	(2.15-2.65)

Requested Tests : GS, TFT, VID*, FES, CRP, ZNS*, B6*, PRL, MBI, LIP, INS*, HOC*, HCG, FHP*, FBE, ESU, COL*, AND*

MARSTON, RACHAEL
26 MILES FRANKLIN BVD, POINT COOK. 3030
Phone: 0421996149
Birthdate: 03/06/1972 Sex: F Medicare Number: 32778622971
Your Reference: Lab Reference: 23-40865666-HOC-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR TRUDE AUGUSTAT Referred by: DR TRUDE AUGUSTAT

Name of Test: HOMOCYSTEINE PLASMA
Requested: 21/02/2023 Collected: 22/02/2023 Reported: 22/02/2023 16:57

PLASMA HOMOCYSTEINE

	Ref.Range
Plasma Homocysteine :	7.8 umol/L (3.7-13.9)

Method: Siemens Immunoassay

Requested Tests : GS, TFT, FES*, MBI, LPA*, LIP, INS*, HOC, FHP, AND*

MARSTON, RACHAEL
26 MILES FRANKLIN BLVD, POINT COOK. 3030
Phone: 0421996149
Birthdate: 03/06/1972 Sex: F Medicare Number: 32778622971
Your Reference: Lab Reference: 19-90526269-HGE-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR TRUDE AUGUSTAT Referred by: DR TRUDE AUGUSTAT

Name of Test: MTHF RED. C677T MUT. PCR
Requested: 16/10/2018 Collected: 13/02/2019 Reported: 20/02/2019 14:24

METHYLENETETRAHYDROFOLATE REDUCTASE (MTHFR) GENOTYPING

Specimen:
Blood

Result:

MTHFR C677T Mutation: DETECTED HETEROZYGOUS
MTHFR A1298C Mutation: Not Detected

Comments:

Hyperhomocysteinaemia is a risk factor for atherosclerotic arterial disease and venous thromboembolism. It is a multifactorial condition with genetic and environmental factors involved; the latter include vitamin deficiencies (B6, B12, folic acid). Methylene tetrahydrofolate reductase (MTHFR) is an important enzyme in homocysteine metabolism for which homozygotes for the mutation C677T (Ala>Val) in MTHFR typically have elevated plasma homocysteine when folate deplete, although normal when folate replete. Homocysteine levels in heterozygotes for the C677T mutation are indistinguishable from the normal population. The evidence for any effect of MTHFR polymorphism is not conclusive, and testing for these genetic variants has minimal clinical utility. Current American College of Medical Genetics and Genomics guidelines (Hickey S.E et al, Genet Med 2013: 15 (2): 153-156) recommend that MTHFR polymorphisms genotyping should not be ordered in clinical evaluation of thrombophilia, recurrent pregnancy loss or in other family members.

Dr Melody Caramins, B.Med, PhD, FFSc, FRCPA

National Head, Genetics, Dorevitch Pathology.

Requested Tests : HIV, MBI, LIP, HOC, HGE, HEP

MARSTON, RACHAEL
26 MILES FRANKLIN BOULEVARD, POINT COOK. 3030
Phone: 0421996149
Birthdate: 03/06/1972 Sex: F Medicare Number: 32778622971
Your Reference: Lab Reference: 23-11528431-HPM-0
Laboratory: 4Cyte Pathology
Addressee: Dr TRUDE AUGUSTAT Referred by: Dr TRUDE AUGUSTAT
Copy to:
PENDING DR TBA

Name of Test: Full Blood Count
Requested: 12/09/2023 Collected: 10/10/2023 Reported: 10/10/2023 18:33

Clinical Notes: ?post menopausal bleeding, review lipids and low iron
Pathologist: Dr C. Harris

Full Blood Count (Whole Blood)

Coll Date: 10/10/23
Coll Time: 09:05
Lab Number: 11528431

HAEMOGLOBIN	130	(115-165)	g/L
RBC	4.3	(3.8-5.8)	10 ¹² /L
HCT	0.39	(0.32-0.46)	
MCV	92.2	(80.0-100.0)	fL
MCH	31	(26-32)	pg
MCHC	332	(300-360)	g/L
RDW	12.4	(< 15.1)	%
WCC	5.0	(4.0-11.0)	10 ⁹ /L
Neutrophils	2.2	(2.0-8.0)	10 ⁹ /L
Lymphocytes	2.2	(1.0-4.0)	10 ⁹ /L
Monocytes	0.4	(0.2-1.0)	10 ⁹ /L

Eosinophils	0.2	(< 0.8)	10 ⁹ /L
Basophils	0.0	(< 0.2)	10 ⁹ /L
PLATELETS	427 H	(150-400)	10 ⁹ /L
MPV	9.4	(6.5-14.0)	fL

Mild thrombocytosis.

Tests to follow: CPEP,FE,HOR,FATS,VD/PTH,HCY,TFT

MARSTON, RACHAEL
 26 MILES FRANKLIN BOULEVARD, POINT COOK. 3030
 Phone: 0421996149
 Birthdate: 03/06/1972 Sex: F Medicare Number: 32778622971
 Your Reference: Lab Reference: 23-11528431-RCM-0
 Laboratory: 4Cyte Pathology
 Addressee: Dr TRUDE AUGUSTAT Referred by: Dr TRUDE AUGUSTAT
 Copy to:
 PENDING DR TBA

Name of Test: Biochemistry, Serum
 Requested: 12/09/2023 Collected: 10/10/2023 Reported: 10/10/2023 18:43

Clinical Notes: ?post menopausal bleeding, review lipids and low iron
 Pathologist: A/Prof P. Stewart

Biochemistry (Serum)

Coll Date: 10/10/23
 Coll Time: 09:05
 Lab Number: 11528431

Albumin	40	(34-50)	g/L
Calcium	2.43	(2.10-2.60)	mmol/L
Adj. Calcium	2.43	(2.10-2.60)	mmol/L

Tests to follow: CPEP,FE,HOR,VD/PTH,HCY,TFT

MARSTON, RACHAEL
 26 MILES FRANKLIN BLVD, POINT COOK. 3030
 Phone: 0421996149
 Birthdate: 03/06/1972 Sex: F Medicare Number: 32778622971
 Your Reference: Lab Reference: 22-41795360-GTT-0
 Laboratory: DOREVITCH PATHOLOGY
 Addressee: DR TRUDE AUGUSTAT Referred by: DR TRUDE AUGUSTAT

Name of Test: GLUCOSE TOLERANCE TEST
 Requested: 11/05/2022 Collected: 01/07/2022 Reported: 01/07/2022 21:35

ORAL GLUCOSE TOLERANCE TEST - 75g LOAD

VENOUS PLASMA GLUCOSE

0 minutes	4.8 mmol/L
60 minutes	9.1 mmol/L
120 minutes	7.2 mmol/L

Normal glucose tolerance.

A normal glucose tolerance test response is defined by a fasting glucose < 6.1 mmol/L and a two hour glucose < 7.8 mmol/L. Normal previous glucose concentrations are noted.

Requested Tests : CAE*, TFT, VID, GHB, CUS*, PRL, MBI, LPA*, LIP, INS*, HOC, HCG, GTT, FHP, FBE

MARSTON, RACHAEL
26 MILES FRANKLIN BOULEVARD, POINT COOK. 3030
Phone: 0421996149
Birthdate: 03/06/1972 Sex: F Medicare Number: 32778622971
Your Reference: Lab Reference: 23-11528431-GLM-0
Laboratory: 4Cyte Pathology
Addressee: Dr TRUDE AUGUSTAT Referred by: Dr TRUDE AUGUSTAT
Copy to:
PENDING DR TBA

Name of Test: Glucose
Requested: 12/09/2023 Collected: 10/10/2023 Reported: 10/10/2023 18:43

Clinical Notes: ?post menopausal bleeding, review lipids and low iron
Pathologist: A/Prof P. Stewart

Glucose (Serum/Plasma)

Coll Date: 10/10/23
Coll Time: 09:05
Lab Number: 11528431

Glucose Fasting 4.9 (3.0-5.4) mmol/L

Diabetes unlikely (no documented laboratory history of diabetes). Retest every 3 years if low risk.

Tests to follow: CPEP, FE, HOR, VD/PTH, HCY, TFT

MARSTON, RACHAEL
26 MILES FRANKLIN BOULEVARD, POINT COOK. 3030
Phone: 0421996149
Birthdate: 03/06/1972 Sex: F Medicare Number: 32778622971
Your Reference: Lab Reference: 23-11528431-THM-0
Laboratory: 4Cyte Pathology
Addressee: Dr TRUDE AUGUSTAT Referred by: Dr TRUDE AUGUSTAT
Copy to:
PENDING DR TBA

Name of Test: Thyroid
Requested: 12/09/2023 Collected: 10/10/2023 Reported: 11/10/2023 08:28

Clinical Notes: ?post menopausal bleeding, review lipids and low iron
Pathologist: A/Prof P. Stewart

Thyroid (Serum)

Coll Date: 10/10/23
Coll Time: 09:05
Lab Number: 11528431

TSH 1.69 (0.50-4.00) mIU/L

Euthyroid.

Tests to follow: HCY

MARSTON, RACHAEL
26 MILES FRANKLIN BOULEVARD, POINT COOK. 3030
Phone: 0421996149
Birthdate: 03/06/1972 Sex: F Medicare Number: 32778622971
Your Reference: Lab Reference: 23-11528431-MBM-0
Laboratory: 4Cyte Pathology
Addressee: Dr TRUDE AUGUSTAT Referred by: Dr TRUDE AUGUSTAT
Copy to:
PENDING DR TBA

Name of Test: Vitd/pth
Requested: 12/09/2023 Collected: 10/10/2023 Reported: 11/10/2023 08:28

Clinical Notes: ?post menopausal bleeding, review lipids and low iron
Pathologist: A/Prof P. Stewart

Vitamin D and Metabolic Bone Markers (Serum)

Coll Date: 10/10/23
Coll Time: 09:05
Lab Number: 11528431

25-OH Vit D 98 (50-200) nmol/L

Tests to follow: HCY

MARSTON, RACHAEL
26 MILES FRANKLIN BOULEVARD, POINT COOK. 3030
Phone: 0421996149
Birthdate: 03/06/1972 Sex: F Medicare Number: 32778622971
Your Reference: Lab Reference: 23-11528431-DMM-0
Laboratory: 4Cyte Pathology
Addressee: Dr TRUDE AUGUSTAT Referred by: Dr TRUDE AUGUSTAT
Copy to:
PENDING DR TBA

Name of Test: C-peptide/insulin
Requested: 12/09/2023 Collected: 10/10/2023 Reported: 11/10/2023 08:33

Clinical Notes: ?post menopausal bleeding, review lipids and low iron
Pathologist: A/Prof P. Stewart

Diabetes Monitoring (Serum)

Coll Date: 10/10/23
Coll Time: 09:05
Lab Number: 11528431

Insulin 14.3 (3.0-25.0) mIU/L

The reference interval only applies to fasting patients.

Tests to follow: HCY

MARSTON, RACHAEL
26 MILES FRANKLIN BVD, POINT COOK. 3030
Phone: 0421996149
Birthdate: 03/06/1972 Sex: F Medicare Number: 32778622981
Your Reference: Lab Reference: 24-96355425-IN9-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR TRUDE AUGUSTAT Referred by: DR TRUDE AUGUSTAT

Name of Test: INSULIN (SERUM)
Requested: 18/09/2024 Collected: 23/09/2024 Reported: 01/10/2024 17:04

SERUM INSULIN

Time	Result
8:40 am	16 mIU/L
9:45 am	58 mIU/L

Note: Normal fasting serum insulin is between 3 and 25 mIU/L.
After a 75 g glucose load, insulin concentrations typically increase
to 30-230 mIU/L at 30 mins, 18-276 mIU/L at 60 mins,
and 16-166 mIU/L at 120 mins.
Insulin concentrations return to normal by 3 hours.

2HR Insulin sample collected @ 10:47am not received.

Requested Tests : FER*, IN9, TFT, VID, GHb, CRP, MBI, LPA, LIP, HOC, GTT, FHP, FBE, ESU, BFO,
AND