

-.NICOLE CHESTER HERB BAR 1/39 WAGAWN STREET TUGUN QLD 4224

## ANIK LEVAC 03-Jul-1991 Female

2/51 WINCHESTER STREET SOUTHPORT QLD 4215

LAB ID : 4131609 UR NO. : 6397402 Collection Date : 11-Aug-2025 Received Date: 13-Aug-2025



4131609

BIOCHEMISTRY										
BLOOD - SERUM	Result	Range	Units							
UEC (Renal)										
Sodium	136	135 - 145	mmol/L	•						
Potassium	4.1	3.5 - 5.2	mmol/L							
Chloride	101	95 - 110	mmol/L							
Bicarbonate	23	20 - 32	mmol/L	•						
Anion Gap	17 *H	8 - 16	mmol/L							
Urea	3.1	2.5 - 7.0	mmol/L	•						
Creatinine (mmol/L)	0.07	0.05 - 0.10	mmol/L							
Creatinine	75	45 - 90	umol/L							
Estimated GFR	90	> 90	ml/min/1.73s							

#### **UEC Comment**

#### **ELEVATED ANION GAP:**

An elevated anion gap indicates metabolic acidosis. In uncontrolled diabetes, there is an increase in ketoacids due to metabolism of ketones. In these conditions, bicarbonate concentrations decrease by acting as a buffer against the increased presence of acids (as a result of the underlying condition). The bicarbonate is consumed resulting in a high anion gap.

#### ESTIMATED GFR COMMENT:

eGFR (mL/min/1.73m2) is calculated by the laboratory using the CKD-EPI formula eGFR > 90 mL/min/1.73 sq.m - Normal GFR

#### **LIVER FUNCTION TESTS**

Bilirubin (Total)	<i>42</i> *H	0 - 20	umol/L	•
ALP	55	30 - 110	units/L	•
GGT	6	5 - 35	units/L	
ALT	12	10 - 35	units/L	
AST	22	10 - 35	units/L	
Protein - Total	69	60 - 80	g/L	
Albumin	42	33 - 48	g/L	
Globulin	27	26 - 39	g/L	

### **LFT Comment**

#### ELEVATED TOTAL BILIRUBIN:

Total bilirubin comprises unconjugated, conjugated and delta bilirubin, whereas direct bilirubin comprises conjugated and delta bilirubin.

High levels of total and direct bilirubin are seen with hepatocellular disease or biliary disease (intra- or extra-hepatic).

**Ferritin 124** 30 - 150 ug/L



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**Iron Studies Comment** 

#### FERRITIN COMMENT:

Serum ferritin levels >30  $\mu g/L$  demonstrates healthy iron stores as long as co-existing inflammatory disease or hepatocellular damage are not present.



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#### **LIPIDS**

Cholesterol	4.4	0.0 - 5.5	mmol/L	•
Triglycerides	1.1	0.0 - 2.0	mmol/L	•
LIPID STUDIES				
HDL(Protective)	2.0	1.0 - 2.2	mmol/L	•
Non-HDL Cholesterol	2.46	< 4.0	mmol/L	•
LDL(Atherogenic)	2.0	0.0 - 3.4	mmol/L	•
Cholesterol/HDL Ratio	2.2			
LDL/HDL RATIO (Risk Factor)	1.0	0.0 - 3.2		
Trig/HDL Ratio	0.6	0.5 - 1.7	RATIO	•

#### **Lipid Profile Comment**

Target Levels for the general population and the National Vascular Disease Prevention Alliance (NVDPA) treatment target levels for high-risk people (known coronary heart and other arterial diseases, diabetes, chronic renal failure, Aboriginal and Torres Strait Islander peoples and familial hyperlipidaemic conditions) are:

Tot. Cholesterol LDL-Cholesterol HDL-Cholesterol

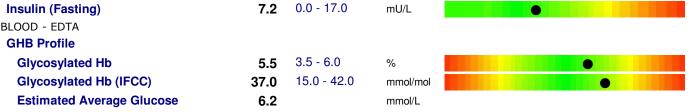
General population: <5.5 mmol/L <3.0 mmol/L M: >=1.0, F: >=1.0 mmol/L

At risk individuals: <4.0 mmol/L <2.5 mmol/L

At risk:

Fasting Triglycerides: <2.0 mmol/L Non-HDL Cholesterol: <3.3 mmol/L

National guidelines generally specify specific targets, refer to www.cvdcheck.org.au



#### **Glycated Haemoglobin Comment**

#### GLYCOSYLATED HAEMOGLOBIN COMMENT:

Comment:

HbA1c: 3.5 - 6.0% (15-42 mmol/mol).

HbA1c: 6.1 - 6.4% (43-47 mmol/mol) indeterminate.

HbA1c: >=6.5% (>=48 mmol/mol) diagnostic of diabetes.

The result reflects the average glucose concentration over the life of the red cells although some methods

give a falsely high reading if the patient is hyperglycaemic when the blood is collected.



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### **SPECIMEN RECEPTION**

BLOOD - SERUM

Test Verification

Result Range U

PLEASE NOTE:

The results for this episode that are out of range have been verified through repeat testing of the specimen.

Tests ordered: BioPEI,CFee,eGFR,FATS,FERR,GHB,GOG257,GOG258,GOG259,GOG260,INSF,ISCom,LFT,LIP,UEC,UECom,VERIF