

SERKOVIC, KARINA

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

Patient	BARTUREN, PATRICIA	UR No.	
Patient Address	457 MONTAGUE RD WEST END QLD 4101		
Sex	F	Age	40 years
		DOB	28/07/1984
Report For	SERKOVIC, KARINA		
Ref. by/copy to	SERKOVIC, KARINA / HETTIARACHCHI, WASANTHA	Requested	01/04/2025
		Collected	01/04/2025 10:52 AM
		Reported	02/04/2025 06:00 PM

Serum Zinc	11 umol/L	(10-25)
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Pathology Report

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Holo TC Assay	142	pmol/L	(> 35)
Serum Folate Assay	19.9	nmol/L	(8.4-55.0)

Comment:

Serum Folate Assay:
Adequate Serum Folate.
In the absence of recent oral intake, a serum folate >13 nmol/L effectively rules out folate deficiency. Consider repeat fasting Folate, if there has been inadequate fasting, and clinical concern remains.

Holo TC Assay:
No current vitamin B12 deficiency.

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 Caeruloplasmin 0.19 g/L (0.15-0.45)

As caeruloplasmin is an acute phase reactant and rises in the presence of infection, inflammation, oestrogen therapy or pregnancy, levels in the low normal range may not absolutely exclude Wilson disease.

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DHEA - Sulphate (DeHydroEpiAndrosterone)	3.1	umol/L	(0.5-9.0)
(previous units)	1100	ng/mL	(200-3300)

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Intact Parathyroid Hormone	5.1	pmol/L	(1.5-7.6)
Calcium	2.29	mmol/L	(2.15-2.60)
Corrected Calcium	2.28	mmol/L	(2.15-2.60)
Albumin	43	g/L	(35-50)
Phosphate	0.8	mmol/L	(0.8-1.5)

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Insulin	3 mU/L	fasting (< 25)
Glucose	4.8 mmol/L	fasting (3.0-6.0)

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CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	01/04/25
Time	10:52
Lab No	77210414
TSH	1.3 mIU/L (0.50-4.00)
free T4	15 pmol/L (10-20)
free T3	4.7 pmol/L (2.8-6.8)

Euthyroid level.

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Luteinizing Hormone	1	IU/L		
Oestradiol	320	pmol/L		
Progesterone	12	nmol/L		
Testosterone	0.7	nmol/L	(0.4-2.1)	
Sex Hormone Binding Globulin	59	nmol/L	(18-114)	
Ranges:	Follicular Phase	Midcycle Peak	Luteal Phase	Post-Menopausal
LH	2 - 12	10 - 130	1 - 17	15 - 60
FSH	1 - 10	3 - 33	1 - 9	20 - 140
Oestradiol	70 - 530	230 - 1310	200 - 790	< 120
Progesterone	< 5	rising	20 - 110	< 3

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SERUM CHEMISTRY - FASTING

- Sodium	136	mmol/L	(137-147)
Potassium	4.2	mmol/L	(3.5-5.0)
Chloride	107	mmol/L	(96-109)
- Bicarbonate	24	mmol/L	(25-33)
Other Anions	9	mmol/L	(4-17)
Glucose	4.8	mmol/L	fasting (3.0-6.0)
Urea	6.3	mmol/L	(2.0-7.0)
Creatinine	53	umol/L	(40-110)
eGFR	> 90	mL/min	(over 59)
Uric Acid	0.21	mmol/L	(0.14-0.35)
+++ Total Bilirubin	39	umol/L	(2-20)
++ Direct Bilirubin	13	umol/L	(0-8)
Alk. Phos.	65	U/L	(30-115)
Gamma G.T.	9	U/L	(0-45)
ALT	20	U/L	(0-45)
AST	19	U/L	(0-41)
LD	161	U/L	(80-250)
Calcium	2.29	mmol/L	(2.15-2.60)
Adjusted for Albumin	2.28	mmol/L	(2.15-2.60)
Phosphate	0.8	mmol/L	(0.8-1.5)
Total Protein	69	g/L	(60-82)
Albumin	43	g/L	(35-50)
Globulins	26	g/L	(20-40)
Cholesterol	4.2	mmol/L	(3.6-6.7)
Triglycerides	0.6	mmol/L	fasting (0.3-2.2)

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Serum Magnesium 0.7 mmol/L (0.7-1.1)

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CUMULATIVE LIPID RISK REPORT

Date **01/04/25**
 Time **10:52**
 Lab No **77210414**
FASTING

Total Cholesterol	4.2 mmol/L (below 4.0)	Target if HIGH RISK
Triglycerides	0.6 mmol/L (below 2.0)	
CHOLESTEROL FRACTIONS		
HDL	1.54 mmol/L (above 1.0)	
LDL (calculated)*	2.39 mmol/L (below 2.5)	
Non-HDL cholesterol*	2.66 mmol/L (below 3.3)	
Total/HDL ratio**	2.7	

* Secondary prevention LDL and non-HDL cholesterol targets are lower.
 ** The ratio is for use with the cardiovascular risk calculator.
 Web-search: "Australian cardiovascular risk calculator"

77210414 Treatment is recommended if clinically indicated or if calculated risk exceeds 15% absolute risk of CVD events over 5 years.

NVDPA 2012 Target ranges refer to **HIGH RISK PATIENTS**.

As of 7/3/22 LDL will no longer be measured routinely. LDL results will be calculated, in accordance with National harmonisation.

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CUMULATIVE SERUM HIGH SENSITIVITY C-REACTIVE PROTEIN (CRP)

Date	01/04/25
Time	10:52
Lab No	77210414
CRP	< 0.2 mg/L (0.0-6.0)

C-reactive protein (CRP) is a non-specific indicator of tissue damage. Common causes of markedly increased CRP include infection, trauma, myocardial infarction, malignancy and inflammation.

In apparently healthy men and women who have an intermediate risk of cardiovascular disease, as assessed by major risk factors, CRP can identify a higher risk subgroup with CRP > 3 mg/L.

Range(mg/L)	Risk Estimate
Up to 1.0	Low
1.0 to 3.0	Average
3.1 to 10.0	High
Over 10.0	Assess for acute inflammation

In known, stable, coronary disease a CRP > 1 mg/L has shown increased risk.
 Reference: Circulation 2003;107:499-511 & 2007;115:1528-1536

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IRON STUDIES

Serum Iron	24	umol/L	(10-33)
Transferrin IBC	52	umol/L	(45-70)
Transferrin Saturation	46	%	(16-50)
Serum Ferritin Assay	127	ug/L	(25-290)

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CUMULATIVE SERUM HOMOCYSTEINE

Date 01/04/25
Time 10:52
Lab No 77210414

Homocysteine 12.1 umol/L (0.0-15.0)

77210414 High normal value.

With this level, the heterozygous state for defects of transsulphuration (homocysteinaemia) is unlikely. However the risk of coronary artery disease may be mildly elevated over the baseline. This is independent of other risk factors.

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 Copper	12	umol/L	(10-45)
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