

▼ Services



Patient name: **MISS Holly Ellen Wilkinson**
Hospital number: **1229350**
NHS number: **428 866 3946**



Confidential Report

Printed by G3448441(Bains) at 27 Aug 2025 10:02

Patient name: MISS Holly Ellen Wilkinson **Hospital Number:** 1229350 **Gender:** Female
Date of birth: 15 Sep 1995 **NHS number:** 428 866 3946
Address: 32 The Beeches Blofield Road, Brundall, Norwich, Norfolk NR13 5NU

Reported	Specialty	Location	Clinician	Status
22 Jul 2025 15:07	Norfolk and Norwich Immunopathology	D82080 Blofield Surgery	BANIM, Dr C (D82080) (General Practice)	I

Day 21, having fertility treatment

Sample 2561102692_SST (SST Serum) Collected 21 Jul 2025 10:14 Received 21 Jul 2025 12:43

Tissue Transglutaminase

TISSUE TRANSGLUTAMINASE 0.3 U/ml 0.0 - 10.0

TTG Ranges :

Negative < 7 U/ml

Equivocal 7 - 10 U/ml

Positive > 10 U/ml

TTGC

Providing the patient was on a normal (gluten containing) diet, this anti-tTG result makes coeliac disease unlikely but does not completely exclude the diagnosis. In known coeliacs a low TTG indicates good compliance with a gluten free diet.

End of report

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Address:	32 The Beeches Blofield Road, Brundall, Norwich, Norfolk NR13 5NU				

Reported	Specialty	Location	Clinician	Status
21 Jul 2025 14:01	Norfolk and Norwich Clinical Biochemistry	D82080 Blofield Surgery	BANIM, Dr C (D82080) (General Practice)	1

Day 21, having fertility treatment

Fasting Plasma Glucose

Sample 2561102692_FLOX(Fluoride Oxalate Plasma)Collected 21 Jul 2025 10:14 Received 21 Jul 2025 12:43

Fast. Glucose	4.5 mmol/L	4.0 - 6.0
Comment:		

Assuming patient correctly fasted, glucose < 6.1 mmol/L excludes glucose intolerance.

Lipid Profile

Sample 2561102692_SST(SST Serum)Collected 21 Jul 2025 10:14 Received 21 Jul 2025 12:43

Cholesterol	4.7 mmol/L	3.6 - 5.0
Triglycerides	0.9 mmol/L	0.5 - 1.7
HDL-C	1.69 mmol/L	>1.20
LDL	2.6 mmol/L	0.4 - 3.0
Total Cholesterol/HDL Ratio	2.8	
Non HDL cholesterol	3.01 mmol/L	
Comment		

Lipid modification in NICE CG181 is based on CVD risk rather than solely on cholesterol results. Statins are recommended for patients with cardiovascular disease, and in those with CVD risk > or = to 10% at 10 years. A reduction > 40% from baseline non-HDL-cholesterol should be achieved.
LDL cholesterol calculated using Sampson equation

THYROID PROFILE

Sample 2561102692_SST(SST Serum)Collected 21 Jul 2025 10:14 Received 21 Jul 2025 12:43

TSH	1.66 mU/L	0.35 - 4.94
Free T4	13.4 pmol/L	9.0 - 19.1

UREA AND ELECTROLYTES

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Sodium	140 mmol/L	133 - 146
Potassium	4.1 mmol/L	3.5 - 5.3
Urea	2.8 mmol/L	2.5 - 7.8
Creatinine	58 umol/L	45 - 84
eGFR	>90 mL/min/1.73m ²	

Progesterone

Sample 2561102692_SST(SST Serum)Collected 21 Jul 2025 10:14 Received 21 Jul 2025 12:43

Progesterone	3.5 nmol/L
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PROGC

Normal Menstruating Females

Follicular Phase <0.3 - 1.0

Luteal Phase 3.8 - 50.6

Post Menopausal Females

Without HRT <0.3 - 0.6

Pregnant Females

First Trimester 8.9 - 468.4

Second Trimester 71.5 - 303.1

Third Trimester 88.7 - 771.2

Males <0.3 - 0.6

Ferritin

Sample 2561102692_SST(SST Serum)Collected 21 Jul 2025 10:14 Received 21 Jul 2025 12:43

Ferritin	* 22 ug/L	23 - 300
Comment		

Ferritin < 15 ug/L may be indicative of iron deficiency.

Levels <30 ug/L can also be associated iron deficiency but are less specific. Ferritin is an acute phase protein. Levels may be raised in inflammatory states, kidney or liver disease and malignancy. In these states a level within the reference range cannot exclude iron deficiency.

Cortisol

Sample 2561102692_SST(SST Serum)Collected 21 Jul 2025 10:14 Received 21 Jul 2025 12:43

Cortisol :	253 nmol/L
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Cortisol interpretation can only be made on a 9am sample. A 9am cortisol >350 nmol/L makes adrenal insufficiency unlikely, but may not be sufficient in severe illness. Values <350 nmol/L should be interpreted in light of the patients' likelihood of adrenal insufficiency.

Confounding factors for interpretation:

1. Cortisol secretion exhibits a circadian rhythm with highest concentrations

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occurring in the morning, and the lowest at around midnight.

2. Concentrations increase during stress (surgery, acute illness, trauma). Stress may result in patients with adrenal insufficiency having serum (cortisol) within the reference range.

3. In hyperoestrogenic states (pregnancy, exogenous oestrogens, oral contraceptives) Cortisol Binding Globulin (CBG) is increased resulting in an elevated serum cortisol. CBG may also be increased in hyperthyroidism, diabetes, and some haematological disorders.

CBG may be decreased in familial CBG deficiency, hypothyroidism and protein losing states

such as severe liver disease and nephrotic syndrome.

4. Suspected Cushing's syndrome should NOT be assessed with a 9am or random cortisol

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patients with early Cushing's syndrome may have normal values of serum (cortisol) during

the day, despite loss of the diurnal variation. In suspected glucocorticoid excess, 24hr urine free cortisol (UFC) analysis should be performed.

LIVER FUNCTION TEST

Sample 2561102692_SST(SST Serum)Collected 21 Jul 2025 10:14 Received 21 Jul 2025 12:43

Bilirubin	* 23	umol/L	<21
Total protein	69	g/L	60 - 80
Albumin	44	g/L	35 - 50
Globulins	25	g/L	21 - 35
ALP	76	U/L	30 - 130
ALT	17	U/L	<34

Bilirubin result measured using Abbott Alinity method

Due to a manufacturer change a new generation bilirubin assay has been implemented on 10/06/25. This

new generation demonstrates a mixed bias with a mean negative bias of 7% when <50 µmol/L, and a mean

positive bias of 3% when >50 µmol/L. Please consider this when monitoring patients.

GGT (Gamma Glutamyl Transferase)

Sample 2561102692_SST(SST Serum)Collected 21 Jul 2025 10:14 Received 21 Jul 2025 12:43

GGT	19	U/L	<38
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Vitamin D

Sample 2561102692_SST(SST Serum)Collected 21 Jul 2025 10:14 Received 21 Jul 2025 12:43

25 OH Vitamin D	57	nmol/L	50 - 120
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**Comment**

Adequate levels of Vitamin D (25 OH Vitamin D 50 to 120 nmol/L)

Please note: the assay was performed by immunoassay

N.B. Adequate vitamin D status 50 - 120 nmol/L

B12 & serum Folate

Sample 2561102692_SST(SST Serum)Collected 21 Jul 2025 10:14 Received 21 Jul 2025 12:43

Serum Folate 16.0 ug/L 3.1 - 20.5

B12 Comment

Total B12 <300 ng/L. Abbott assay is not

specific enough. Active B12 has been

automatically reflexed. Please refer to the

active B12 result for B12 status.

Please note a change in active B12 reference range since 08/04/25.

Holotranscobalamin & Serum Folate

Sample 2561102692_SST(SST Serum)Collected 21 Jul 2025 10:14 Received 21 Jul 2025 12:43

Holotranscobalamin 54 pmol/L 25 - 165

Serum Folate 16.0 ug/L 3.1 - 20.5

Holotranscobalamin comment

Possible vitamin B12 insufficiency. Consider

discussing treatment, especially within

high-risk groups or if

pregnant/breastfeeding.

Please note a change in active B12 reference range since 08/04/25.

Oestradiol

Sample 2561102692_SST(SST Serum)Collected 21 Jul 2025 10:14 Received 21 Jul 2025 12:43

Oestradiol : 324 pmol/L

Oestradiol comment :

Females -

Follicular phase 98 - 571 pmol/L

Luteal phase 122 - 1094 pmol/L

Ovulation phase 176 - 1153 pmol/L

Post menopausal <183 pmol/L

Please note reference range changed on 27/02/2015

Anti-Thyroid Peroxidase Antibody

Sample 2561102692_SST(SST Serum)Collected 21 Jul 2025 10:14 Received 21 Jul 2025 12:43

Anti-Thyroid Peroxidase Antibody 16.0 kU/L 0.0 - 34.0

End of report

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21 Jul 2025 13:33	Norfolk and Norwich Haematology	D82080 Blofield Surgery	BANIM, Dr C (D82080) (General Practice)	I

Day 21, having fertility treatment

Sample 2561102692_EDTA (EDTA whole blood) Collected 21 Jul 2025 10:14 Received 21 Jul 2025 12:43

Full blood count:

Wbc	5.2	10 ⁹ /L	4.0 - 10.0
Rbc	* 4.83	10 ¹² /L	3.80 - 4.80
Hb	149	g/L	120 - 150
Hct	0.440		0.360 - 0.460
MCV	91	fL	83 - 101
MCH	30.8	pg	27.0 - 32.0
Platelets	233	10 ⁹ /L	150 - 410
Neutrophils	3.28	10 ⁹ /L	2.00 - 7.00
Lymphocytes	1.37	10 ⁹ /L	1.00 - 3.00
Monocytes	0.46	10 ⁹ /L	0.20 - 1.00
Eosinophils	0.04	10 ⁹ /L	0.02 - 0.50
Basophils	0.06	10 ⁹ /L	0.00 - 0.10

End of report