

DR JOSEPHINE CARNE
 MIDNIGHT HEALTH
 13-15 PROSPECT ST

FORTITUDE VALLEY QLD 4006

Run ID: 21882-1
 Area: PST
 WCO1P

For Surgery Use

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

Patient **FARIA SANTOS, FLAVIA** **6 DARCEY ST, PIMPAMA** **4209**
 Copy To **0734975752** Collected **29/09/25 12:29** URN:MDT0001_B7AC1C9
 Ref. Doctor Requested **26/09/25**
 Specimen(s) **Female 37 Years 01/07/88** Reported **30/09/25 10:47**

Clinical Notes: nil

CUMULATIVE SERUM BIOCHEMISTRY

Date	Time	Lab No	
29/09/25	12:29	97105900	
			RANDOM
Sodium	141	mmol/L	(137-147)
Potass.	4.0	mmol/L	(3.5-5.0)
Chloride	104	mmol/L	(96-109)
Bicarb	30	mmol/L	(25-33)
An.Gap	11	mmol/L	(4-17)
Gluc	5.5	mmol/L	(3.0-7.7)
Urea	3.9	mmol/L	(2.0-7.0)
Creat	67	umol/L	(40-110)
eGFR	> 90	mL/min	(over 59)
Urate	0.23	mmol/L	(0.14-0.35)
T.Bili	8	umol/L	(2-20)
Alk.P	74	U/L	(30-115)
GGT	13	U/L	(0-45)
ALT	23	U/L	(0-45)
AST	25	U/L	(0-41)
LD	178	U/L	(80-250)
Calcium	2.31	mmol/L	(2.15-2.60)
Corr.Ca	2.32	mmol/L	(2.15-2.60)
Phos	1.0	mmol/L	(0.8-1.5)
T.Prot	68	g/L	(60-82)
Alb	42	g/L	(35-50)
Glob	26	g/L	(20-40)
Chol	5.2	mmol/L	(3.6-6.7)
Trig	0.6	mmol/L	(0.3-4.0)
Lab No	97105900		
Date	29/09/25		

Pathology Report

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Run ID: 21882-2
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Clinical Notes: nil

CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date	29/09/25
Time	12:29
Lab No	97105900

B12 Total	634 pmol/L	
S.Fol.	19.3 nmol/L	(8.4-55.0)

Comment:
 97105900

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.

Serum Vitamin B₁₂ Assay Normal Range (351-750):

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.

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Clinical Notes: nil

CUMULATIVE FERTILITY HORMONES

Date **29/09/25**
 Time **12:29**
 Lab No **97105900**

LH	70	IU/L
FSH	19	IU/L
E2	1110	pmol/L
Prog	2	nmol/L
Testo.	1.2	nmol/L (0.4-2.1)
SHBG	134	nmol/L (18-114)
FAI	< 1	(< 6)

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

97105900 LH is significantly greater than FSH. This pattern, together with the highish Oestradiol level suggests midcycle status and imminent ovulation.

If so, menses should occur within the next 2-3 weeks.

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Clinical Notes: nil

CUMULATIVE IRON STUDIES

Date	29/09/25
Time	12:29
Lab No	97105900

Iron	23	umol/L	(10-33)
TIBC	55	umol/L	(45-70)
Saturation	42	%	(16-50)
Ferritin	36	ug/L	(25-290)

97105900 Comment:
 Low-normal iron stores.
 A functional deficiency may exist in chronic disease states such
 as chronic kidney disease (CKD) or disorders of Erythropoiesis.

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Clinical Notes: nil

CUMULATIVE SERUM VITAMIN D

Date	29/09/25
Time	12:29
Lab No	97105900
Vitamin D3	- 46 nmol/L (> 49)

97105900 Interpretation:
 Result of 30-49 nmol/L - mild deficiency.
 Result of 12.5-29 nmol/L - moderate deficiency.

Follow-up:
 Review after 3 months of therapy will confirm if the deficiency
 has been rectified.

Pathology Report

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Clinical Notes: nil

CUMULATIVE SERUM COMPLEMENT AND C-REACTIVE PROTEIN (CRP)

Date	29/09/25
Time	12:29
Lab No	97105900

CRP < 5 mg/L(0-6)

C-reactive protein (CRP) is a non-specific indicator of tissue damage.
 The level rises rapidly (within 6-10 hours) after tissue injury, peaks at 48-72 hours and returns to normal within a few days. Common causes of markedly increased CRP include infection (particularly bacterial), trauma, surgery, myocardial infarction, many malignancies and inflammatory disorders.

Pathology Report

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Run ID: 21882-7
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Clinical Notes: nil

CUMULATIVE FULL BLOOD EXAMINATION

Date 29/09/25
 Time 12:29
 Lab No 97105900

Hb		129	g/L	(115-160)
RCC		4.3	$\times 10^{12}/L$	(3.6-5.2)
Hct		0.39		(0.33-0.46)
MCV		89	fL	(80-98)
MCH		30	pg	(27-35)
Plats		241	$\times 10^9/L$	(150-450)
WCC		6.5	$\times 10^9/L$	(4.0-11.0)
Neuts	53 %	3.4	$\times 10^9/L$	(2.0-7.5)
Lymphs	37 %	2.4	$\times 10^9/L$	(1.1-4.0)
Monos	6 %	0.4	$\times 10^9/L$	(0.2-1.0)
Eos	3 %	0.20	$\times 10^9/L$	(0.04-0.40)
Basos	1 %	0.07	$\times 10^9/L$	(< 0.21)
E.S.R.		9	mm/hr	(1-20)

97105900 Automated Comment:

As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

All haematology parameters are within normal limits for age and sex.

Pathology Report



Healius Pathology Pty Ltd (ABN 84 007 190 043)
APA No. 000042 t/a QML Pathology
11 Riverview Place, Metroplex on Gateway, Murarrie Qld 4172
Ph (07) 3121 4444

Pathology Report

Added Tests: (07) 3121 4950

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Clinical Notes: nil

Erythrocyte Sedimentation Rate 9 mm/hr (1-20)

Pathology Report

Consult for enquiries

Quote

HAEMATOLOGY

29/09/25

Dr Davidson

BRI

25-97105900

Pg 1/1