

**Patient Name:** SADEGHI, MAHSAN  
**Patient Address:** 1023 25 SPURWAY SR, BUALKHAM HILLS 2154  
**D.O.B:** 17/07/1978 **Sex at Birth:** F  
**Medicare No.:** 2823207623 **IHI No.:**  
**Lab. Reference:** 25-97339803-TFT-0 **Provider:** Lavery Pathology  
**Addressee:** DR UTHAYAKUMAR **Referred by:** DR. UTHAYAKUMAR  
KUMARESU KUMARESU  
  
**Date Requested:** 9/10/2025 **Date Performed:** 10/10/2025  
**Date Collected:** 10/10/2025 **Complete:** Final  
**Specimen:**  
**Subject(Test Name):** THYROID FUNCTION TEST (TFT-0)  
**Clinical Information:**

THYROID PROFILE

Specimen Type: Serum

TSH 0.76 mIU/L (0.5-4.0)

Result(s) consistent with euthyroidism.

Please note the above reference intervals have been developed from a non-pregnant healthy general population study.

Please note that without a specific indication, Medicare does not fund FT4 and FT3 testing in patients with normal TSH results. If these tests are clinically indicated please contact the laboratory.

Requested Tests : VBF\*, TFT, PRL\*, GLU\*, MBA\*, LIP\*, HOR\*, FE\*, FBE\*, DVI\*, AND\*, A1C\*

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**Lab. Reference:** 25-97339803-HOR-0 **Provider:** Lavery Pathology  
**Addressee:** DR UTHAYAKUMAR **Referred by:** DR. UTHAYAKUMAR  
 KUMARESUS KUMARESUS  
**Date Requested:** 9/10/2025 **Date Performed:** 10/10/2025  
**Date Collected:** 10/10/2025 **Complete:** Final  
**Specimen:**  
**Subject(Test Name):** HORMONE PROFILE (HOR-0)  
**Clinical Information:**

SERUM HORMONE PROFILE

|                      |                |             |            |                |                     |                     |                 |  |
|----------------------|----------------|-------------|------------|----------------|---------------------|---------------------|-----------------|--|
| Specimen Type: Serum |                |             |            |                |                     |                     |                 |  |
| Request Number       | Date Collected | FSH<br>IU/L | LH<br>IU/L | PROG<br>nmol/L | E2 (ATEL)<br>pmol/L | E2 (BECK)<br>pmol/L | LH/FSH<br>Ratio |  |
| 97339803             | 10 Oct 25      | 16          | 3.5        |                | 93                  |                     |                 |  |
| Reference Ranges     |                | FSH         | LH         | PROG           | OESTRADIOL          |                     |                 |  |
| Follicular           |                | 2-12        | 2-12       | 0.5-4.5        | 100-530             |                     |                 |  |
| Midcycle             |                | 12-30       | >15        |                | 235-1300            |                     |                 |  |
| Luteal               |                | 2-12        | 2-15       | 10.6-89.1      | 205-790             |                     |                 |  |
| Menopausal           |                | >25         | >10        |                | <100                |                     |                 |  |
| Prepubertal          |                | <6          | <4         |                |                     |                     |                 |  |

PLEASE NOTE:

'E2 (ATEL)' - Oestradiol by Siemens Atellica assay  
 'E2 (BECK)' - Oestradiol by Beckman Access assay

Requested Tests : VBF\*, TFT, PRL\*, GLU\*, MBA\*, LIP\*, HOR, FE\*, FBE\*, DVI\*, AND\*, A1C\*

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**D.O.B:** 17/07/1978 **Sex at Birth:** F  
**Medicare No.:** 2823207623 **IHI No.:**  
**Lab. Reference:** 25-97339803-LIP-0 **Provider:** Lavery Pathology  
**Addressee:** DR UTHAYAKUMAR **Referred by:** DR. UTHAYAKUMAR  
KUMARESUS KUMARESUS  
**Date Requested:** 9/10/2025 **Date Performed:** 10/10/2025  
**Date Collected:** 10/10/2025 **Complete:** Final  
**Specimen:**  
**Subject(Test Name):** LIPID STUDIES (LIP-0)  
**Clinical Information:**

# LIPID STUDIES

Specimen Type: Serum

Reference intervals are included for reference only, and interpretation / treatment goals should be guided by patient-specific cardiovascular risk assessment (see Australian Cardiovascular Risk Charts. Alternatively, the web-site [www.cvdcheck.org.au](http://www.cvdcheck.org.au) can be accessed in order to complete a risk assessment for individual patients.)

Haemolysis Nil  
Icterus Nil  
Lipaemia Nil

|                         |         |        |           |
|-------------------------|---------|--------|-----------|
| Fasting status          | Fasting |        |           |
| Total Cholesterol       | 5.4     | mmol/L | (3.9-5.2) |
| Triglycerides           | 0.9     | mmol/L | (0.5-1.7) |
| HDL Cholesterol         | 1.8     | mmol/L | (1.0-2.0) |
| LDL Cholesterol         | 3.2     | mmol/L | (1.5-3.4) |
| Non-HDL Cholesterol     | 3.6     | mmol/L | (< 3.4)   |
| Cholesterol/HDL-C Ratio | 3.0     |        | (< 4.5)   |

NVDPA TARGET LIPID RANGES (MMOL/L) FOR PATIENTS AT HIGH / MODERATE RISK OF CARDIOVASCULAR DISEASE:

|                   |        |  |
|-------------------|--------|--|
| TOTAL CHOLESTEROL | <4.0   |  |
| -----             | -----  |  |
| TRIGS (FASTING)   | <2.0   |  |
| -----             | -----  |  |
| HDL-C             | >= 1.0 |  |
| -----             | -----  |  |
| LDL-C             | <2.0   |  |
| -----             | -----  |  |
| NON HDL-C         | <2.5   |  |
| -----             | -----  |  |

LDL-C exceeds target for higher risk patients and may be excessive in some individuals.

Requested Tests : VBF\*, TFT, PRL\*, GLU, MBA, LIP, HOR, FE, FBE\*, DVI\*, AND\*, A1C\*

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**Medicare No.:** 2823207623 **IHI No.:**  
**Lab. Reference:** 25-97339803-LIP-0 **Provider:** Laverty Pathology  
**Addressee:** DR UTHAYAKUMAR **Referred by:** DR. UTHAYAKUMAR  
KUMARESU KUMARESU  
  
**Date Requested:** 9/10/2025 **Date Performed:** 10/10/2025  
**Date Collected:** 10/10/2025 **Complete:** Final  
**Specimen:**  
**Subject(Test Name):** LIPID STUDIES (LIP-0)  
**Clinical Information:**

# LIPID STUDIES

Specimen Type: Serum

Reference intervals are included for reference only, and interpretation / treatment goals should be guided by patient-specific cardiovascular risk assessment (see Australian Cardiovascular Risk Charts. Alternatively, the web-site [www.cvdcheck.org.au](http://www.cvdcheck.org.au) can be accessed in order to complete a risk assessment for individual patients.)

Haemolysis Nil  
 Icterus Nil  
 Lipaemia Nil

|                         |         |        |           |
|-------------------------|---------|--------|-----------|
| Fasting status          | Fasting |        |           |
| Total Cholesterol       | 5.4     | mmol/L | (3.9-5.2) |
| Triglycerides           | 0.9     | mmol/L | (0.5-1.7) |
| HDL Cholesterol         | 1.8     | mmol/L | (1.0-2.0) |
| LDL Cholesterol         | 3.2     | mmol/L | (1.5-3.4) |
| Non-HDL Cholesterol     | 3.6     | mmol/L | (< 3.4)   |
| Cholesterol/HDL-C Ratio | 3.0     |        | (< 4.5)   |

NVDPA TARGET LIPID RANGES (MMOL/L) FOR PATIENTS AT HIGH / MODERATE RISK OF CARDIOVASCULAR DISEASE:

|                   |        |  |
|-------------------|--------|--|
| TOTAL CHOLESTEROL | <4.0   |  |
| -----             | -----  |  |
| TRIGS (FASTING)   | <2.0   |  |
| -----             | -----  |  |
| HDL-C             | >= 1.0 |  |
| -----             | -----  |  |
| LDL-C             | <2.0   |  |
| -----             | -----  |  |
| NON HDL-C         | <2.5   |  |
| -----             | -----  |  |

LDL-C exceeds target for higher risk patients and may be excessive in some individuals.

Requested Tests : VBF\*, TFT, PRL\*, GLU, MBA, LIP, HOR, FE, FBE\*, DVI\*, AND\*, A1C\*

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**D.O.B:** 17/07/1978 **Sex at Birth:** F  
**Medicare No.:** 2823207623 **IHI No.:**  
**Lab. Reference:** 25-97339803-GLU-0 **Provider:** Lavery Pathology  
**Addressee:** DR UTHAYAKUMAR **Referred by:** DR. UTHAYAKUMAR  
KUMARESU KUMARESU  
  
**Date Requested:** 9/10/2025 **Date Performed:** 10/10/2025  
**Date Collected:** 10/10/2025 **Complete:** Final  
**Specimen:**  
**Subject(Test Name):** GLUCOSE (GLU-0)  
**Clinical Information:**

SERUM/PLASMA GLUCOSE  
Fasting status Fasting  
Serum 5.1 mmol/L (3.4-5.4)

Normal glucose concentration.

Requested Tests : VBF\*, TFT, PRL\*, GLU, MBA, LIP, HOR, FE, FBE\*, DVI\*, AND\*, A1C\*

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**D.O.B:** 17/07/1978 **Sex at Birth:** F  
**Medicare No.:** 2823207623 **IHI No.:**  
**Lab. Reference:** 25-97339803-MBA-0 **Provider:** Lavery Pathology  
**Addressee:** DR UTHAYAKUMAR **Referred by:** DR. UTHAYAKUMAR  
KUMARESU KUMARESU  
**Date Requested:** 9/10/2025 **Date Performed:** 10/10/2025  
**Date Collected:** 10/10/2025 **Complete:** Final  
**Specimen:**  
**Subject(Test Name):** SERUM CHEMISTRY (MBA-0)  
**Clinical Information:**

| <u>SERUM CHEMISTRY</u> |      |        |                |
|------------------------|------|--------|----------------|
| Specimen Type: Serum   |      |        |                |
| Haemolysis             | Nil  |        |                |
| Icterus                | Nil  |        |                |
| Lipaemia               | Nil  |        |                |
| Sodium                 | 138  | mmol/L | (135-145)      |
| Potassium              | 4.0  | mmol/L | (3.6-5.4)      |
| Chloride               | 102  | mmol/L | (95-110)       |
| Bicarbonate            | 22   | mmol/L | (22-32)        |
| Anion Gap              | 18   | mmol/L | (10-20)        |
| Urea                   | 5.9  | mmol/L | (2.5-8.0)      |
| Creatinine             | 55   | umol/L | (45-90)        |
| eGFR                   | > 90 |        | mL/min/1.73sqM |
| Urate                  | 0.26 | mmol/L | (0.14-0.36)    |
| Bilirubin              | 13   | umol/L | (< 15)         |
| AST                    | 15   | U/L    | (< 30)         |
| ALT                    | 11   | U/L    | (< 30)         |
| GGT                    | 26   | U/L    | (< 35)         |
| Alkaline Phosphatase   | 59   | U/L    | (20-105)       |
| Protein                | 71   | g/L    | (60-82)        |
| Albumin                | 45   | g/L    | (38-50)        |
| Globulin               | 26   | g/L    | (20-39)        |
| Calcium                | 2.32 | mmol/L | (2.10-2.60)    |
| Corrected Calcium      | 2.28 | mmol/L | (2.10-2.60)    |
| Phosphate              | 1.00 | mmol/L | (0.75-1.50)    |
| Magnesium              | 0.86 | mmol/L | (0.70-1.10)    |

eGFR >=90 mL/min/1.73m2 usually indicates normal kidney function but does not exclude patients with early kidney damage (those with albuminuria, haematuria or abnormal kidney imaging).

Requested Tests : VBF\*, TFT, PRL\*, GLU, MBA, LIP, HOR, FE, FBE\*, DVI\*, AND\*, A1C\*

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**Medicare No.:** 2823207623 **IHI No.:**  
**Lab. Reference:** 25-97339803-FE-0 **Provider:** Lavery Pathology  
**Addressee:** DR UTHAYAKUMAR **Referred by:** DR. UTHAYAKUMAR  
KUMARESUS KUMARESUS  
  
**Date Requested:** 9/10/2025 **Date Performed:** 10/10/2025  
**Date Collected:** 10/10/2025 **Complete:** Final  
**Specimen:**  
**Subject(Test Name):** IRON STUDIES (FE-0)  
**Clinical Information:**

|                        | <u>IRON STUDIES</u> |        |          |
|------------------------|---------------------|--------|----------|
| Specimen Type: Serum   |                     |        |          |
| Serum Iron             | 8                   | umol/L | (10-30)  |
| Transferrin            | 29                  | umol/L | (32-48)  |
| Transferrin Saturation | 14                  | %      | (13-45)  |
| Serum Ferritin         | 78                  | ug/L   | (30-165) |

Transferrin may be decreased by inflammation (acute or chronic) or protein deficiency or loss.

Requested Tests : VBF\*, TFT, PRL\*, GLU, MBA, LIP, HOR, FE, FBE\*, DVI\*, AND\*, A1C\*

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**D.O.B:** 17/07/1978 **Sex at Birth:** F  
**Medicare No.:** 2823207623 **IHI No.:**  
**Lab. Reference:** 25-97339803-A1C-0 **Provider:** Lavery Pathology  
**Addressee:** DR UTHAYAKUMAR **Referred by:** DR. UTHAYAKUMAR  
 KUMARESU KUMARESU  
  
**Date Requested:** 9/10/2025 **Date Performed:** 10/10/2025  
**Date Collected:** 10/10/2025 **Complete:** Final  
**Specimen:**  
**Subject(Test Name):** GLYCATED HAEMOGLOBIN (A1C-0)  
**Clinical Information:**

GLYCATED HAEMOGLOBIN (HbA1c)

Specimen Type: EDTA

|             |     |          |           |
|-------------|-----|----------|-----------|
| HbA1c- NGSP | 4.8 | %        | (4.0-6.0) |
| HbA1c- IFCC | 29  | mmol/mol | (20-42)   |

The WHO recommends that an HbA1c cut-off of  $\geq 6.5\%$  (48 mmol/mol) is used to diagnose type 2 diabetes.

While it is recognised that HbA1c levels approaching this cut-off place patients at increasingly higher risk of developing diabetes ( $<6.5\%$ ), there is no consensus as to exactly which cut-off at the lower end of the continuum to use for categorising patients as high risk. Various groups quote lower limits for at-risk patients that vary between 5.5% and 6.0% (37 and 42 mmol/mol).

Please note that HbA1c should not be used for diagnosing diabetes mellitus in the following circumstances:

- Children and young people
- Pregnancy - current or within the past 2 months
- Suspected Type 1 diabetes mellitus
- Symptoms of diabetes for  $<2$  months
- Patients who are acutely ill
- Patients taking drugs that can cause rapid onset hyperglycaemia such as corticosteroids, antipsychotic drugs
- Acute pancreatic damage or pancreatic surgery
- Kidney failure
- Patients being treated for HIV infection

Please be cautious when requesting or interpreting HbA1c when patients:

- May have an abnormal haemoglobin
- May be anaemic
- May have an altered red cell lifespan (e.g. post-splenectomy)
- May have had a recent blood transfusion

Requested Tests : VBF\*, TFT, PRL\*, GLU, MBA, LIP, HOR, FE, FBE\*, DVI\*, AND\*, A1C

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**Lab. Reference:** 25-97339803-AND-0 **Provider:** Lavery Pathology  
**Addressee:** DR UTHAYAKUMAR **Referred by:** DR. UTHAYAKUMAR  
 KUMARESU KUMARESU  
  
**Date Requested:** 9/10/2025 **Date Performed:** 10/10/2025  
**Date Collected:** 10/10/2025 **Complete:** Final  
**Specimen:**  
**Subject(Test Name):** ANDROGENS (AND-0)  
**Clinical Information:**

|                              | SERUM ANDROGENS |        |  |            |
|------------------------------|-----------------|--------|--|------------|
| Total Testosterone (Siemens) | 0.4             | nmol/L |  | (0.4-1.4)  |
| Sex Hormone Binding Globulin | 40              | nmol/L |  | (20-118)   |
| Calculated Free Testosterone | 6.2             | pmol/L |  | (2.1-23.0) |

Requested Tests : VBF\*, TFT, PRL\*, GLU, MBA, LIP, HOR, FE, FBE\*, DVI\*, AND, A1C

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**D.O.B:** 17/07/1978  
**Sex at Birth:** F  
**Medicare No.:** 2823207623  
**IHI No.:**  
**Lab. Reference:** 25-97339803-PRL-0  
**Provider:** Lavery Pathology  
**Addressee:** DR UTHAYAKUMAR  
**Referred by:** DR. UTHAYAKUMAR  
KUMARESUS  
**Date Requested:** 9/10/2025  
**Date Performed:** 10/10/2025  
**Date Collected:** 10/10/2025  
**Complete:** Final  
**Specimen:**  
**Subject(Test Name):** SERUM PROLACTIN (PRL-0)  
**Clinical Information:**

PROLACTIN

Specimen Type: Serum

| Request<br>Number | Date<br>Collected<br>Ref Range | Prolactin<br>mIU/L<br>(40-570) |
|-------------------|--------------------------------|--------------------------------|
| 97339803          | 10/10/25                       | 98                             |

Requested Tests : VBF\*, TFT, PRL, GLU, MBA, LIP, HOR, FE, FBE\*, DVI\*, AND, A1C

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**D.O.B:** 17/07/1978 **Sex at Birth:** F  
**Medicare No.:** 2823207623 **IHI No.:**  
**Lab. Reference:** 25-97339803-DVI-0 **Provider:** Lavery Pathology  
**Addressee:** DR UTHAYAKUMAR **Referred by:** DR. UTHAYAKUMAR  
KUMARESUS KUMARESUS  
  
**Date Requested:** 9/10/2025 **Date Performed:** 10/10/2025  
**Date Collected:** 10/10/2025 **Complete:** Final  
**Specimen:**  
**Subject(Test Name):** VITAMIN D (DVI-0)  
**Clinical Information:**

VITAMIN D

Haemolysis Nil  
Serum 25(OH) Vitamin D 39 nmol/L

Suggested decision limits for Vitamin D status:

|                   |         |        |
|-------------------|---------|--------|
| Sufficiency       | 51 -200 | nmol/L |
| Mild deficiency   | 25 - 50 | nmol/L |
| Marked deficiency | < 25    | nmol/L |
| Toxicity          | >250    | nmol/L |

References: Vitamin D and health in adults in Australia and New Zealand:  
Position Statement. MJA 2012 June 18; 196(11),686-687.

Requested Tests : VBF\*, TFT, PRL, GLU, MBA, LIP, HOR, FE, FBE\*, DVI, AND, A1C

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**D.O.B:** 17/07/1978 **Sex at Birth:** F  
**Medicare No.:** 2823207623 **IHI No.:**  
**Lab. Reference:** 25-97339803-VBF-0 **Provider:** Laverty Pathology  
**Addressee:** DR UTHAYAKUMAR **Referred by:** DR. UTHAYAKUMAR  
KUMARESU KUMARESU  
  
**Date Requested:** 9/10/2025 **Date Performed:** 10/10/2025  
**Date Collected:** 10/10/2025 **Complete:** Final  
**Specimen:**  
**Subject/Test Name:** B12, FOLATE, R.C.FOLATE (VBF-0)  
**Clinical Information:**

#### VITAMIN B12 AND FOLATE STUDIES

|              |      |        |           |
|--------------|------|--------|-----------|
| Vitamin B12  | 315  | pmol/L | (150-750) |
| Serum Folate | 39.8 | nmol/L | (> 9.0)   |
| Serum HCY    | 10.7 | umol/L |           |

|                      | Low B12<br>status | Equivocal B12<br>status | Adequate B12<br>status |
|----------------------|-------------------|-------------------------|------------------------|
| Total Vit B12 pmol/L | <150              | 150-350                 | >350                   |
| Serum HCY umol/L     | >20               | 15-20                   | <15                    |

Low vitamin B12. The equivocal result for total B12 may suggest vitamin B12 depletion. Suggest checking folate, if not already ordered. Active B12 is recommended for evaluation of vitamin B12 in pregnancy. The adequate homocysteine may suggest functional B12 activity but may also reflect pre-analytical error. Consider a trial of vitamin B12 replacement.

Vitamin B12 status has been augmented with a reflex test for homocysteine. This has been performed on the serum collected for B12. The serum homocysteine will not match the results from plasma homocysteine ordered as an individual test. The serum sample generates a higher homocysteine. The homocysteine result in this B12 report should not be used for cardiovascular risk evaluation or for monitoring metabolic conditions e.g. homocystinuria. Homocysteine is elevated in Vitamin B 6, 9 (folate) and 12 deficiencies. It can also be elevated in end-stage renal disease and inflammatory bowel disease.

#### Folate Interpretation:

|               | DEFICIENCY  | BORDERLINE       | SUFFICIENCY |
|---------------|-------------|------------------|-------------|
| Serum Folate: | <4.5 nmol/L | 4.5 - 9.0 nmol/L | >9.0 nmol/L |

#### Serum Folate Assay:

In the absence of recent oral intake, a serum folate >9.0 nmol/L effectively rules out folate deficiency.

Red cell folates (RCF) are no longer processed routinely. If you have requested a RCF, and require a result for appropriate clinical reasons, this will need to be discussed and agreed with a Consultant Haematologist on +61290027085 or Dr. Lucinda Wallman, Consultant Pathologist in Immunology and Medical Director on telephone number +61 290057179

Requested Tests : VBF, TFT, PRL, GLU, MBA, LIP, HOR, FE, FBE\*, DVI, AND, A1C

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**D.O.B:** 17/07/1978 **Sex at Birth:** F  
**Medicare No.:** 2823207623 **IHI No.:**  
**Lab. Reference:** 25-97339803-FBE-0 **Provider:** Laverty Pathology  
**Addressee:** DR UTHAYAKUMAR **Referred by:** DR. UTHAYAKUMAR  
KUMARESU KUMARESU  
  
**Date Requested:** 9/10/2025 **Date Performed:** 10/10/2025  
**Date Collected:** 10/10/2025 **Complete:** Final  
**Specimen:**  
**Subject(Test Name):** HAEMATOLOGY (FBE-0)  
**Clinical Information:**

HAEMATOLOGY  
Date Collected 10 Oct 25  
Time Collected 07:40  
Specimen Type: EDTA

|      |                          |             |      |                          |            |
|------|--------------------------|-------------|------|--------------------------|------------|
| Hb   | 119 g/L                  | (115-165)   | WBC  | 13.1 x10 <sup>9</sup> /L | (4.0-11.0) |
| RCC  | 4.3 x10 <sup>12</sup> /L | (3.9-5.8)   | Neut | 10.2 x10 <sup>9</sup> /L | (2.0-7.5)  |
| Hct  | 0.38                     | (0.34-0.47) | Lymp | 2.1 x10 <sup>9</sup> /L  | (1.0-4.0)  |
| MCV  | 88 fL                    | (79-99)     | Mono | 0.7 x10 <sup>9</sup> /L  | (0.2-1.0)  |
| MCH  | 28 pg                    | (27-34)     | Eos  | 0.1 x10 <sup>9</sup> /L  | (< 0.7)    |
| MCHC | 316 g/L                  | (320-360)   | Baso | 0.0 x10 <sup>9</sup> /L  | (< 0.2)    |
| RDW  | 13.0 %                   | (10.0-17.0) |      |                          |            |
| Plat | 360 x10 <sup>9</sup> /L  | (150-400)   |      |                          |            |

HAEMATOLOGY: Neutrophilia present.

Requested Tests : VBF, TFT, PRL, GLU, MBA, LIP, HOR, FE, FBE, DVI, AND, A1C