

Vera Dahlstrom

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

Patient **CHANG, Kearny**
 Patient Address **PO BOX 153 MANUNDA QLD 4870**
 Sex M Age 73 years DOB 24/11/1951
 Report For Vera Dahlstrom
 Ref. by/copy to Vera Dahlstrom

UR No.

Requested 13/10/2025
Collected 13/10/2025 07:34 AM
Reported 14/10/2025 12:12 PM

CUMULATIVE LIPID RISK REPORT

Date
 Time
 Lab No

13/10/25
07:34
97382025
 FASTING

Target if
 HIGH RISK
 3.1 mmol/L (below 4.0)
 1.6 mmol/L (below 2.0)

Total Cholesterol
 Triglycerides

CHOLESTEROL FRACTIONS
 HDL
 LDL (calculated)*
 Non-HDL cholesterol*
 Total/HDL ratio**

1.05 mmol/L (above 1.0)
 1.32 mmol/L (below 2.5)
 2.05 mmol/L (below 3.3)
 3.0

* 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"

97382025 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 TRACE ELEMENTS

Date	13/10/25
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Lab No	97382025
Magnesium	0.8 mmol/L (0.7-1.1)

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CUMULATIVE SERUM BIOCHEMISTRY

Date	13/10/25	
Time	07:34	
Lab No	97382025	
	FASTING	FASTING
Sodium	136	mmol/L (137-147)
Potass.	4.3	mmol/L (3.5-5.0)
Chloride	102	mmol/L (96-109)
Bicarb	25	mmol/L (25-33)
An.Gap	13	mmol/L (4-17)
Gluc	17.8	mmol/L (3.0-6.0)
Urea	5.7	mmol/L (3.0-8.5)
Creat	76	umol/L (60-140)
eGFR	86	mL/min (over 59)
Urate	0.28	mmol/L (0.12-0.45)
T.Bili	10	umol/L (2-20)
Alk.P	57	U/L (30-115)
GGT	57	U/L (0-70)
ALT	22	U/L (0-45)
AST	15	U/L (0-41)
LD	190	U/L (80-250)
Calcium	2.19	mmol/L (2.15-2.60)
Corr.Ca	2.20	mmol/L (2.15-2.60)
Phos	1.0	mmol/L (0.8-1.5)
T.Prot	62	g/L (60-82)
Alb	42	g/L (35-50)
Glob	20	g/L (20-40)
Chol	3.1	mmol/L (3.6-7.3)
Trig	1.6	mmol/L (0.3-2.2)
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CUMULATIVE SERUM HIGH SENSITIVITY C-REACTIVE PROTEIN (CRP)

Date	13/10/25
Time	07:34
Lab No	97382025
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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CUMULATIVE PLASMA HOMOCYSTEINE

Date	13/10/25
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Homocysteine 13.1 umol/L (0.0-15.0)

97382025 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)