QML Pathology
Specialist Diagnostic Services 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

ROATH, Sophara

QML Pathology

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

Patient **GEOGHEGAN, Nicole** **35 ABANG AVE, TANAH MERAH QLD**

Sex F Age 53 years. DOB 24/12/1969

Report For CHRISTENSEN, Sarah

Ref. by/copy to CHRISTENSEN, SARAH

Requested 08/02/2023

Collected 10/02/2023 06:03 AM

Reported 10/02/2023 06:24 PM

00206104

Serum Vitamin B12 Assay	334	pmol/L	(162-811)
Holo TC Assay	> 146	pmol/L	(> 35)
Serum Folate Assay	17.0	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.

Serum Vitamin B12 Assay:
The vitamin B12 level is in the indeterminate range.
B12 depletion may exist with levels up to 350 pmol/L
Correlation with Folate levels as well as Holo TC (Active B12) assay is recommended.

Holo TC Assay:
No suggestion of vitamin B12 deficiency.
High B12 levels are commonly seen with vitamin B12 replacement therapy.

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 CHEMISTRY - FASTING

	Sodium	144	mmol/L		(137-147)
	Potassium	4.7	mmol/L		(3.5-5.0)
	Chloride	106	mmol/L		(96-109)
	Bicarbonate	25	mmol/L		(25-33)
+	Other Anions	18	mmol/L		(4-17)
++	Glucose	8.3	mmol/L	fasting	(3.0-6.0)
	Urea	6.4	mmol/L		(2.5-7.5)
	Creatinine	64	umol/L		(50-120)
	eGFR	> 90	mL/min		(over 59)
-	Cholesterol	3.4	mmol/L		(3.9-7.4)
	Triglycerides	1.2	mmol/L	fasting	(0.3-2.2)

REPORT - Diabetes Mellitus

Date	07/04/22	01/08/22	26/08/22	10/02/23	
Time	06:00	11:33	09:14	06:03	
Lab No	70129581	61080413	68051882	72312450	
	FASTING	RANDOM		FASTING	
Glucose	8.1	7.5		8.3	mmol/L (3.0-6.0)
HbA1c Fraction	7.9		7.2	7.1	%
SI units	62		55	54	mmol/mol
eGFR		> 90		> 90	mL/min (over 59)
Fructosamine					umol/L (< 266)
Total Chol		2.4		3.4	mmol/L
Triglycerides		1.1		1.2	mmol/L
HDL				1.48	mmol/L (above 1.0)
LDL (calculated)				1.37	mmol/L (below 2.5)
LDL (direct)					mmol/L (below 2.5)
Total/HDL ratio				2.3	
Alb/Creat ratio	< 0.4				g/mol
1,5-AG					mg/L (6.8-29.3)

Current General Practice Management of Type 2 Diabetes recommends that HbA1c should be measured on an as needed basis according to diabetes control and other risk factors such as race. HbA1c need not be measured more than 4 times a year.
Clinical care guidelines for type 1 diabetes recommends HbA1c levels being performed every 3 to 4 months.
The current Medicare schedule will pay for 4 HbA1c tests annually in established diabetes.

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CUMULATIVE LIPID RISK REPORT

	05/04/22	10/02/23		
Time	06:02	06:03		
Lab No	69891580	72312450		
	FASTING	FASTING		Target if HIGH RISK
Total Cholesterol	5.9	3.4	mmol/L	(below 4.0)
Triglycerides	1.7	1.2	mmol/L	(below 2.0)
CHOLESTEROL FRACTIONS				
HDL	1.23	1.48	mmol/L	(above 1.0)
LDL (calculated)*	3.90	1.37	mmol/L	(below 2.5)
Non-HDL cholesterol*	4.67	1.92	mmol/L	(below 3.3)
Total/HDL ratio**	4.8	2.3		

* 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"

72312450 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.

Serum Ferritin Assay	95	ug/L	(30-320)

Pathology Report

QML_RTE001-AV2

QML Pathology Dept | Date of Service | For Clinical Enquiries | Perf. Branch | Quote **23-72312450**

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CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	03/02/20	02/12/20	05/04/22	10/02/23	
Time	10:50	12:25	06:02	06:03	
Lab No	74355323	28242233	69891580	72312450	
TSH	2.4	2.1	3.7	4.4	mIU/L (0.50-4.00)
free T4				13	pmol/L (10-20)

The pattern of a normal free T4 with a mildly elevated TSH is suggestive of subclinical hypothyroidism.
Suggest Thyroid Tissue Antibodies or a repeat test in 6 weeks if recovery after a transient Thyroiditis is suspected.
Alternately, this pattern also could be recovery after an intercurrent illness which depleted Thyroxine reserves.

As the TSH result is abnormal, a fT4 result was reported to assist in the patient's clinical assessment.

CUMULATIVE SERUM VITAMIN D

Date	05/04/22	10/02/23	
Time	06:02	06:03	
Lab No	69891580	72312450	
Vitamin D3	74	116	nmol/L (> 49)

72312450
** Progress report.

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QML_RTE001-AV2

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CUMULATIVE GLYCATED HAEMOGLOBIN

Date	07/04/22	26/08/22	10/02/23	
Time	06:00	09:14	06:03	
Lab No	70129581	68051882	72312450	
HbA1c Fraction	7.9	7.2	7.1	%
in SI units	62	55	54	mmol/mol

Note: Caution is needed in interpreting HbA1c results in the presence of conditions affecting red blood cell survival times, which may lead to either falsely high or falsely low HbA1c results.

HbA1c target levels - Aust Diab Society Position statement Sept 2009
< 8.1% (<65)- type 1 or 2 DM associated with recurrent hypoglycaemia
< 7.1% (<54)- GENERAL TARGET includes pregnant type 1 diabetics, long term type 2 and type 2 requiring insulin
< 6.6% (<49)- recent type 2 DM requiring treatment other than metformin or insulin
< 6.1% (<43)- recent type 2 DM requiring lifestyle +/- metformin only or pregnant type 2 DM
Source: MJA 191 (6):339-346, 21 Sept 2009

For clinical enquiries, please contact Dr Appleton, Chang or Marshall

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FULL BLOOD EXAMINATION

Haemoglobin		138	g/L	(115-160)
Red Cell Count		4.4	x10 ^12 /L	(3.6-5.2)
Haematocrit		0.41		(0.33-0.46)
Mean Cell Volume		94	fL	(80-98)
Mean Cell Haemoglobin		31	pg	(27-35)
Platelet Count		342	x10 ^9 /L	(150-450)
White Cell Count		7.1	x10 ^9 /L	(4.0-11.0)
Neutrophils	47 %	3.3	x10 ^9 /L	(2.0-7.5)
Lymphocytes	39 %	2.8	x10 ^9 /L	(1.1-4.0)
Monocytes	8 %	0.6	x10 ^9 /L	(0.2-1.0)
Eosinophils	5 %	0.36	x10 ^9 /L	(0.04-0.40)
Basophils	1 %	0.07	x10 ^9 /L	(< 0.21)

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.

** FINAL REPORT - Please destroy previous report **

Pathology Report

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