

URQUHART, JENNY  
 16 SUNNYSIDE FARM DR, GUNNEDAH. 2380  
 Phone: 0267421487  
 Birthdate: 05/10/1966 Sex: F Medicare Number: 2641185985  
 Your Reference: 00000436 Lab Reference: 23-21870360-FE-0  
 Laboratory: Laverty Pathology  
 Addressee: DR FARHAD DILYAR Referred by: DR FARHAD DILYAR

Name of Test: IRON STUDIES (FE-0)  
 Requested: 24/02/2023 Collected: 25/02/2023 Reported: 25/02/2023  
 20:35

Clinical notes: Follow up on levothyroxine.

Clinical Notes : Follow up on levothyroxine.

IRON STUDIES

Request Number	18045768	20562100	18244311	21870360
Date Collected	11 Feb 22	23 Jul 22	17 Jan 23	25 Feb 23
Time Collected	08:04	08:30	11:19	08:47
Specimen Type: Serum				
Iron (10-30) umol/L	20	10	22	18
T'ferrin(32-48) umol/L	24	25	27	27
T. Sat. (13-45) %	42	20	42	34
Ferritin(30-400) ug/L	111	105	104	100

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

Requested Tests : VBF, TFT\*, TAA\*, FE

email please

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Your Reference: 00000436 Lab Reference: 23-21870360-TAA-0  
Laboratory: Laverty Pathology  
Addressee: DR FARHAD DILYAR Referred by: DR FARHAD DILYAR

Name of Test: THYROID AUTOANTIBODIES (TAA-0)  
Requested: 24/02/2023 Collected: 25/02/2023 Reported: 25/02/2023  
20:37

Clinical notes: Follow up on levothyroxine.

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THYROID AUTOANTIBODIES

Specimen Type: Serum

Anti-Thyroglobulin Abs (aTGII)	< 1.3	IU/mL	(< 4.5)
Anti-Thyroidal Peroxidase Abs	37	IU/ml	(< 60)

Over 90% of patients with autoimmune thyroiditis show moderate to high levels of Anti-Thyroidal Peroxidase Abs (anti-TPO) with Anti-Thyroglobulin Abs (anti-Tg) also present in about 90% of such patients. Up to 75% of patients with Graves' hyperthyroidism show increased anti-TPO with anti-Tg present in 50-60%. Low levels of both anti-TPO and anti-Tg may be found in up to 10% of "normal" asymptomatic adults. In most cases of autoimmune thyroid disease increased anti-TPO is the predominant finding although a small proportion of patients show a predominant increase in anti-Tg.

Please note that as of 08/09/2021, Laverty Pathology changed to a reformulated Atellica anti-thyroglobulin antibody (aTGII) assay. The reference interval has been updated. Differences in individual patient results may be observed compared to the previous method. If further information is required please contact a Chemical Pathologist on 9005 7000.

Requested Tests : VBF, TFT, TAA, FE

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 Laboratory: Laverty Pathology  
 Addressee: DR FARHAD DILYAR Referred by: DR FARHAD DILYAR

Name of Test: THYROID FUNCTION TEST (TFT-0)  
 Requested: 24/02/2023 Collected: 25/02/2023 Reported: 25/02/2023  
 20:37

Clinical notes: Follow up on levothyroxine.

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	THYROID PROFILE			
Request Number	20562100	18244311	22859199	21870360
Date Collected	23 Jul 22	17 Jan 23	21 Jan 23	25 Feb 23
Time Collected	08:30	11:19	09:35	08:47
Specimen Type: Serum				
TSH (0.5-4.0) mIU/L	0.52	8.7	6.2	2.7
FT4 (10-20) pmol/L			17	15
FT3 (3.5-6.0) pmol/L				4.5

Thyroid hormone replacement therapy appears adequate.

It is noted that TFTs were recently measured on this patient. If  
 thyroxine dosage has been changed recently, please note that it takes 4-6  
 weeks for steady state to be reached after the change.

Requested Tests : VBF, TFT, TAA, FE

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Your Reference: 00000436 Lab Reference: 23-21870360-VBF-0  
Laboratory: Laverty Pathology  
Addressee: DR FARHAD DILYAR Referred by: DR FARHAD DILYAR

Name of Test: B12, FOLATE, R.C.FOLATE (VBF-0)  
Requested: 24/02/2023 Collected: 25/02/2023 Reported: 25/02/2023  
20:35

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VITAMIN B12 AND FOLATE STUDIES

Serum Folate > 54.0 nmol/L (> 9.0)

Folate Interpretation:

	DEFICIENCY	BORDERLINE	SUFFICIENCY
Serum Folate:	<4.5 nmol/L	4.5 - 9.0 nmol/L	>9.0 nmol/L
RBC Folate:	<340 nmol/L	340 - 570 nmol/L	>570 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\*, TAA\*, FE