

Lab ID 685219600

DOB 13/05/1996 (27 Yrs FEMALE)

Referrer Dr Ciara L Ross

Address CIARA ROSS MEDICAL 24 EYRE PL

ERAKALA QLD 4740

Phone

Your ref.

Address 193 BADGER WALES ROAD

MIA MIA QLD 4754

Phone 0429843125

Copy to

Requested 20/06/2023

Clinical Notes Clinical notes available on imaged request form.

Collected 03/07/2023 07:13 Received 03/07/2023 07:15

Zinc

Zinc-plasma

11.3

9.0 - 19.0

umol/L

CA

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

Reported on 04-07-2023 12:02

Sonic Dx

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Test Name	Result	Units	Reference Interval	
Sodium	141	mmol/L	135 - 145	
Potassium	4.4	mmol/L	3.5 - 5.5	
Chloride	106	mmol/L	95 - 110	
Bicarbonate	29	mmol/L	20 - 32	
Anion Gap	6	mmol/L	<16	
Urea	5.6	mmol/L	2.5 - 6.5	
Creatinine	68	umol/L	45 - 85	
eGFR	>90		>59	
Fasting Glucose	4.6	mmol/L	3.6 - 6.0	
Total Protein	65	g/L	64 - 81	
Albumin	40	g/L	33 - 46	
Globulin	25	g/L	23 - 43	
Bilirubin	7	umol/L	<16	
Alk Phos	69	U/L	20 - 105	
AST	12	U/L	10 - 35	
ALT	9	U/L	5 - 30	
Gamma GT	13	U/L	5 - 35	
Magnesium	0.79	mmol/L	0.70 - 1.10	
Haemolysis Index	4		<40	

CA

Reported on 03-07-2023 08:40







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#### C Reactive Protein

Test Name	Result	Units Reference Interval		
CRP	4.1	mg/L	<5	

#### Comments

Interpretation: Elevation in CRP indicates disease activity of an inflammatory, infective or neoplastic nature. CRP is a more sensitive early indicator of an acute phase response than is the ESR. It also returns towards normal more rapidly with improvement or resolution of the disease process.

Artefactually decreased CRP values occur when patients are treated with antibiotics containing carboxypenicillins including Ticarcillin.

CA

Reported on 03-07-2023 08:40

#### **Thyroid Function Tests**

Test Name	Result	Units	Reference Interval	
Free T4	14.5	pmol/L	9.0 - 19.0	
TSH	1.0	mIU/L	0.3 - 3.5	

#### Comments

Euthyroid

 $\mathsf{E}\mathsf{A}$ 

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#### **Gonadal Hormones**

FSH 6 IU/L LH 4 IU/L Oestradiol 145 pmol/L Progesterone < 0.5 nmol/L

Reference **FSH** Oestradiol Progesterone Limits IU/L IU/L pmol/L nmol/L 2 - 7 2 - 10 110 - 180 < 0.5 - 2.5 Follicular 550 - 1650 2.5 - 12.0 Mid-Cycle 7 - 24 9 - 74 Luteal 1 - 10 1 - 9 180 - 840 12.0 - 90.0 Menopausal 20 - 140 10 - 65 <200 <2.2 OCP <5 <9 <80 < 1.5

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#### Homocysteine

Homocysteine 8.1 <15 umol/L

#### Comments

Serum homocysteine levels are markedly elevated (50 - 500 umol/L) in homocystinuria which is associated with childhood onset of ocular lens displacement, skeletal abnormalities and arterial and venous thromboses. Moderate elevations of serum homocysteine (16 - 100 umol/L) are seen in folic acid, vitamin B12 and pyridoxine deficiencies, several genetic defects, and renal failure. Elevated levels of serum homocysteine are associated with increased risk of atherosclerosis and venous thromboembolism.

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#### Dehydro Epiandrosterone Sulphate (DHEAS)

**DHEAS** 

7.4

2.4 - 13.9

umol/L

#### Comments

DHEAS is performed by Abbott CMIA.
As of 29/05/23 the SNP Reference Intervals for DHEAS have been amended to align with CALIPER Intervals for children and Abbott Intervals for adults.

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#### 25 Hydroxy Vitamin D

Test Name	Result	Units Reference Interval		
25-OH Vitamin D	78	nmol/L	50 - 150	

#### Comments

According to the Position Statement 'Vitamin D and health in adults in Australia and New Zealand' MJA, 196(11):1-7, 2012, vitamin D status is defined as:

Vitamin D adequacy: >49 nmol/L at the end of winter
(levels may need to be 10-20 nmol/L higher at the end
of summer, to allow for seasonal decrease.)
Mild vitamin D deficiency: 30-49 nmol/L
Moderate vitamin deficiency: 12.5-29 nmol/L

Moderate vitamin deficiency: 12.5-29 nmol/ Severe vitamin D deficiency: < 12.5 nmol/L

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#### HbA1c

Test Name	Result	Units	Reference Interval	
HbA1c (NGSP)	5.1	%	<6.5	
HbA1c (IFCC)	32	mmol/mol	<48	

#### Comments

The currently accepted cut-point for diagnosis of Type 2 Diabetes is an HbA1c level equal to or greater than 6.5% (48 mmol/mol) in patients with normal red blood cell turnover.

An abnormal screening HbA1c equal to or greater than 6.5% (48 mmol/mol) should be confirmed by a repeat HbA1c level as soon as possible, prior to any dietary adjustment or therapeutic intervention.

If the follow up HbA1c is less than 6.5% (48mmol/mol) then the patient does not have diabetes and should be rescreened in 12 months time. (Ref: MJA 197/4:220-221 (2012))

Patients with HbA1c levels of 5.7 – 6.4% (38 – 46 mmol/mol) may still have a slightly increased risk of microvascular complications according to the AusDiab study.

The Medicare item for HbA1C for diagnosis of Diabetes Mellitus is limited to one test per 12 months; for monitoring Diabetes testing remains unchanged – 4 tests per 12 months.

Further information may be found at MBS online

http://www9.health.gov.au/mbs/search.cfm

An alternative test to monitor diabetes such as serum fructosamine is advisable in the presence of altered red cell lifespan.

HbA1c performed on the Sebia Cap3 analyser by capillary electrophoresis.

HA

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26/02/2024 15:36:34



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#### **Androgens**

Testosterone	1.1	<2.2	nmol/L
SHBG	28	20.0 - 110.0	nmol/L
Calculated Free Testosterone	22	3 - 37	pmol/L

#### Comments

SHBG performed on the Abbott immunoassay.

The Vermuelen calculation is the preferred measurement of free testosterone, and overcomes some of the inaccuracies of the FAI ratio.

ΑE

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Reported on 03-07-2023 23:48

#### **Bleeding Studies**

INR	0.9	0.8 - 1.2	
PT	10	8 - 14	S
APTT	28	23 - 38	S
Fibrinogen	3.49	1.80 - 4.20	g/L
Thrombin Clotting Time	14	13 - 23	S
Platelet Count	318	150 - 400	10^9/L

#### Comments

#### General Comment:

If history is strongly suggestive of an hereditary bruising or bleeding tendency, then assays for von Willebrand's disease (Factor VIIIc, VWF Antigen, VWF R.CoF and VWF Activity assay), Factor IX,XI and XIII are suggested.

НА

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#### Haematology

Test Name	Result	Units	Reference Interval	
ESR	8	mm/h	1 - 12	

HA

Reported on 03-07-2023 09:09







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## **JESSICA BENNETT**

Lab ID 685219600

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#### Haematinics

Test Name	Result	Units	Reference Interval
Iron	16	umol/L	5 - 30
Transferrin	1.9	g/L	1.9 - 3.1
TIBC	49	umol/L	47 - 77
Saturation	33	%	20 - 45
erritin	73	ug/L	30 - 250
CRP	4.1	mg/L	<5
Vitamin B12	436	pmol/L	>150
Folate (Serum)	13	nmol/L	>7.0

#### Comments

Normal Iron Status.

All patients with low or equivocal vitamin B12 results (380 pmol/L or less) will be routinely tested for holo-transcobalamin (active B12) to clarify the B12 status.

Both tests are now Medicare rebateable. Vitamin B12 concentrations over 380 pmol/L are generally considered replete.

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Page **9** of **15** 

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## **JESSICA BENNETT**

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Collected 03/07/2023 07:13 Received 03/07/2023 07:15

#### Haematology

Test Name	Result	Units	Reference Interval	
Haemoglobin	139	g/L	115 - 165	
Haematocrit	0.40		0.35 - 0.47	
Red cell count	4.6	10^12/L	3.9 - 5.6	
MCV	89	fL	80 - 100	
White cell count	7.4	10^9/L	3.5 - 12.0	
Neutrophils	4.85	10^9/L	1.5 - 8.0	
Lymphocytes	1.94	10^9/L	1.0 - 4.0	
Monocytes	0.44	10^9/L	0 - 0.9	
Eosinophils	0.14	10^9/L	0 - 0.6	
Basophils	0.02	10^9/L	0 - 0.15	
Platelets	318	10^9/L	150 - 400	

HA

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#### Faecal Calprotectin

Faecal Calprotectin

< 1

< 50

mg/kg

#### Comments

Elevated faecal calprotectin indicates a high probability of intestinal inflammation. Levels of faecal calprotectin above 250 mg/kg have greater positive predictive value especially in children. For patients with known inflammatory bowel disease in remission, faecal calprotectin above 50 mg/kg is associated with an increased risk of relapse over the next 12 months. In patients with faecal calprotectin levels below 50 mg/kg with strong clinical indications of intestinal inflammation, a repeat sample may be useful. In small bowel Crohn's the faecal calprotectin may be within the normal range. Many conditions including bowel cancer, NSAID ulceration, coeliac disease, diverticulitis and chronic inflammation may cause elevated faecal calprotectin. This test has not been validated in children under two years of age. Testing performed by FEIA.

Please be advised that as of November 1st 2021 the medicare schedule for faecal calprotectin testing has changed.

If all of the following five criteria have been met, no out of pocket fee will be charged -

- 1. The patient is under 50 years of age
- The patient has gastrointestinal symptoms suggestive of inflammatory or functional bowel disease of more than 6 weeks duration
- 3. Infectious causes have been excluded
- 4. The likelihood of malignancy has been assessed as low
- No relevant clinical alarms are present

All patients over the age of 50 will be charged the non-rebateable fee.

\* Please note Faecal Calprotectin collection date: 04/07/2023 16:37

IA			

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U/mL

U/mL

g/L

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Requested 20/06/2023

Received 03/07/2023 07:15

Coeliac Disease Autoantibodies

Tissue Transglutaminase IgA Abs Gliadin (deamidated) IgG Abs Immunoglobulin A (Total IgA) <1 <7 <7 <1 1.16 L 1.24

<7 <7 1.24 - 4.16

Comments

With a normal or near normal IgA, the presence of CD is very unlikely (<5%). If suggestive symptoms, signs or family history, coeliac tissue typing or endoscopy may help exclude the disease further.

ΙA

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Reported on 04-07-2023 06:31

The following test(s) could not be performed, as the patient either did not return their self-collect sample(s) or did not return to enable collection of their outstanding tests.

PLASMA METANEPHRINES

CORTISOL AM

SS

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Reported on 18-07-2023 00:01

Androstenedione

Androstenedione 8.6 1.6 - 11.8 nmol/L

НА

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# Jessica Bennett

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Address 193 Badger Wales Road

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Phone 0429 843 125

Requested 20 Jun 2023

 Collected
 03 Jul 2023 07:13 am

 Received
 03 Jul 2023 07:15 am

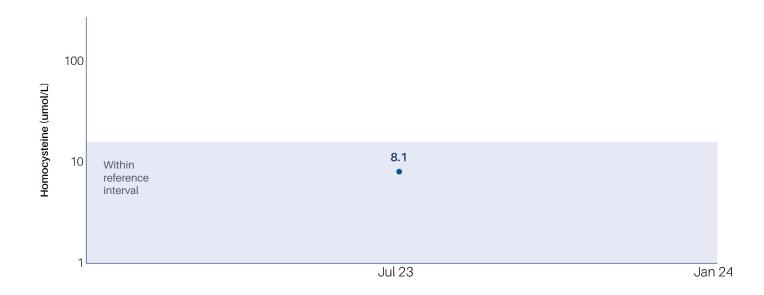
 Reported
 03 Jul 2023 23:22 pm

**Dr Ciara L Ross**Ciara Ross Medical
24 Eyre Pl
ERAKALA QLD 4740

R9140

**POSTR** 

### Homocysteine



#### **LEGEND**

Reference interval (<15)

- Within reference interval
- Out of reference interval

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NATA Accreditation No 1964



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 03 Jul 2023 07:13 am

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 03 Jul 2023 07:15 am

 Reported
 03 Jul 2023 21:58 pm

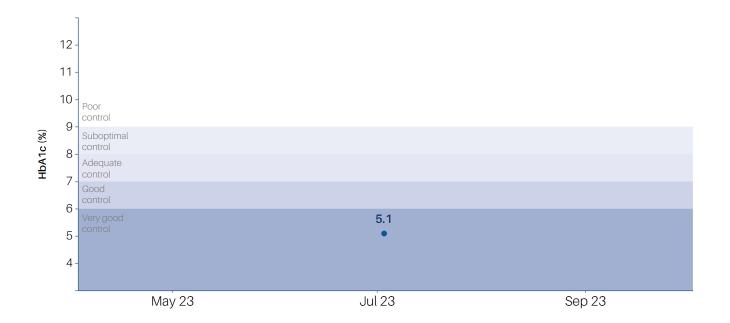
**Dr Ciara L Ross**Ciara Ross Medical
24 Eyre Pl
ERAKALA QLD 4740

PSTR/---/---/---

R9140

### Glycated Haemoglobin | HbA1c

Diabetes Monitoring



#### **LEGEND**

Poor control ( > 9.0)

Suboptimal control (8.1 - 9.0)

Adequate control (7.1 - 8.0)

Good control (6.1 - 7.0)

Very good control (<6.1)

Within reference interval

Out of reference interval

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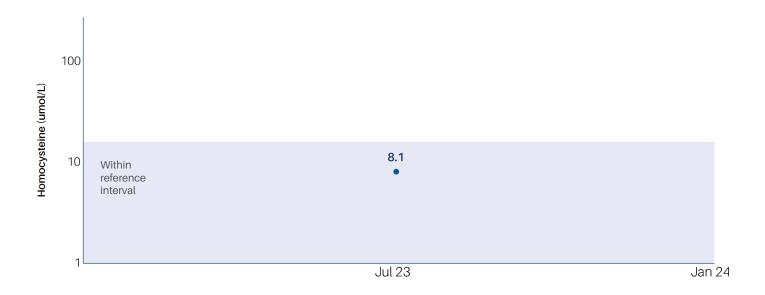
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R9140

**POSTR** 

### Homocysteine



#### **LEGEND**

Reference interval (<15)

- Within reference interval
- Out of reference interval

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