Patient Name:	BABAYIGIT, DILEK		
Patient Address:	90/8 KOORALA ST, MANLY VALE 2093		
D.O.B:	18/05/1970	**Sex:**	F
Medicare No.:	2770735492	**IHI No.:**	
Lab. Reference:	23-21129621-VB6-0	**Provider:**	Laverty Pathology
Addressee:	DR MONICA MEREY	**Referred by:**	DR. MONICA VERA MEREY
Date Requested:	15/01/2023	**Date Performed:**	19/01/2023
Date Collected:	19/01/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	VITAMIN B6 (VB6-0)		

Whole Blood Vitamin B6 (as Pyridoxal-5-phosphate)	30 ug/L	(> 14)

This result does not indicate vitamin B6 deficiency.

Levels exceeding 30 ug/L typically reflect recent absorption or supplementation.
Very high levels exceeding 500 ug/L if sustained have been associated with neuropathy.
The patient was not fasting at the time the specimen was collected, hence the result(s) may contain some false positive bias.

Note: As vitamin B6 is found predominantly within the red blood cells, patients with anaemia may misleadingly have mildly low results.

Requested Tests : VB6

Patient Name:	BABAYIGIT, DILEK		
Patient Address:	90/8 KOORALA ST, MANLY VALE 2093		
D.O.B:	18/05/1970	**Sex:**	F
Medicare No.:	2770735492	**IHI No.:**	
Lab. Reference:	23-22419352-LIP-0	**Provider:**	Laverty Pathology
Addressee:	DR MONICA MEREY	**Referred by:**	DR. MONICA VERA MEREY
Date Requested:	15/01/2023	**Date Performed:**	15/01/2023
Date Collected:	15/01/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	LIPID STUDIES (LIP-0)		

Clinical Notes : Mx diabetes, NIDDM weight issues.

LIPID STUDIES

Request Number	16414505	20054575	22419352
Date Collected	31 Oct 21	23 Apr 22	15 Jan 23
Time Collected	07:46	12:30	10:15
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 can be accessed in order to complete a risk assessment for individual patients.)

Haemolysis			Nil	Nil	Nil
Icterus			Nil	Nil	Nil
Lipaemia			1+	Nil	Nil
Fasting status			Fasting	Fasting	Fasting
Chol	(3.9-5.2)	mmol/L	5.6	7.1	6.3
Trig	(0.5-1.7)	mmol/L	1.8	1.7	1.9
HDL	(1.0-2.0)	mmol/L	1.0	1.2	1.1
LDL	(1.5-3.4)	mmol/L	3.8	5.1	4.3
Non-HDL	(< 3.4)	mmol/L	4.6	5.9	5.2
Chol/HDL	(< 4.5)		5.6	5.9	5.7

– elevated cholesterol
– low good cholesterol
– very high bad cholesterol

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

pls come in, you need diet + medications

Increased LDL-C can be seen in hypothyroidism and nephrotic syndrome. Primary causes include polygenic hypercholesterolaemia, Familial Hypercholesterolaemia, Familial Defective ApoB-100 and Familial Combined Hyperlipoproteinaemia. Increased LDL-C is a risk factor for CVD. Assess overall risk and consider treatment.

Lipoprotein X may be seen in patients with cholestatic liver disease and lecithin-cholesterol acyl transferase deficiency.

Requested Tests : VBF*, TFT*, CRP, VB6*, MBA, LIP, INS*, HOR*, FE*, FBE*, DVI*, AND*, A1C*

Patient Name:	BABAYIGIT, DILEK		
Patient Address:	90/8 KOORALA ST, MANLY VALE 2093		
D.O.B:	18/05/1970	**Sex:**	F
Medicare No.:	2770735492	**IHI No.:**	
Lab. Reference:	23-22419352-MBA-0	**Provider:**	Laverty Pathology
Addressee:	DR MONICA MEREY	**Referred by:**	DR. MONICA VERA MEREY
Date Requested:	15/01/2023	**Date Performed:**	15/01/2023
Date Collected:	15/01/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	SERUM CHEMISTRY (MBA-0)		

Clinical Notes : Mx diabetes, NIDDM weight issues.

SERUM CHEMISTRY

Request Number			16414505	20054575	22419352
Date Collected			31 Oct 21	23 Apr 22	15 Jan 23
Time Collected			07:46	12:30	10:15
Specimen Type: Serum					
Haemolysis			Nil	Nil	Nil
Icterus			Nil	Nil	Nil
Lipaemia			1+	Nil	Nil
Na	(135-145)	mmol/L	143	144	137
K	(3.6-5.4)	mmol/L	4.3	4.2	3.9
Cl	(95-110)	mmol/L	103	101	99
HCO3	(22-32)	mmol/L	26	27	25
An Gap	(10-20)	mmol/L	18	20	17
Urea	(2.5-9.0)	mmol/L	4.4	5.0	4.0
Creat	(45-90)	umol/L	60	65	65
eGFR	mL/min/1.73m^2		> 90	> 90	> 90
Urate	(0.14-0.36)	mmol/L	0.28	0.34	0.30
Bili	(< 15)	umol/L	9	8	11
AST	(< 35)	U/L	20	18	16
ALT	(< 30)	U/L	16	19	16
GGT	(< 35)	U/L	12	15	14
Alk Phos	(30-115)	U/L	93	82	78
Protein	(60-82)	g/L	70	73	75
Albumin	(38-50)	g/L	43	47	44
Glob	(20-39)	g/L	27	26	31
Ca	(2.10-2.60)	mmol/L	2.38	2.52	2.34
Corr Ca	(2.10-2.60)	mmol/L	2.38	2.44	2.32
PO4	(0.75-1.50)	mmol/L	1.24	1.06	1.20

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*, CRP, VB6*, MBA, LIP, INS*, HOR*, FE*, FBE*, DVI*, AND*, A1C*

Patient Name:	BABAYIGIT, DILEK		
Patient Address:	90/8 KOORALA ST, MANLY VALE 2093		
D.O.B:	18/05/1970	**Sex:**	F
Medicare No.:	2770735492	**IHI No.:**	
Lab. Reference:	23-22419352-CRP-0	**Provider:**	Laverty Pathology
Addressee:	DR MONICA MEREY	**Referred by:**	DR. MONICA VERA MEREY
Date Requested:	15/01/2023	**Date Performed:**	15/01/2023
Date Collected:	15/01/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	C-REACTIVE PROTEIN (CRP-0)		

Clinical Notes : Mx diabetes, NIDDM weight issues.

C-REACTIVE PROTEIN

Specimen Type: Serum

Serum CRP	< 4.0	mg/L	(< 6.0)

Requested Tests : VBF*, TFT*, CRP, VB6*, MBA, LIP, INS*, HOR*, FE*, FBE*, DVI*, AND*, A1C*

Patient Name:	BABAYIGIT, DILEK		
Patient Address:	90/8 KOORALA ST, MANLY VALE 2093		
D.O.B:	18/05/1970	**Sex:**	F
Medicare No.:	2770735492	**IHI No.:**	
Lab. Reference:	23-22419352-INS-0	**Provider:**	Laverty Pathology
Addressee:	DR MONICA MEREY	**Referred by:**	DR. MONICA VERA MEREY
Date Requested:	15/01/2023	**Date Performed:**	15/01/2023
Date Collected:	15/01/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	SERUM INSULIN (INS-0)		

Clinical Notes : Mx diabetes, NIDDM weight issues.

SERUM INSULIN

Fasting status	Fasting		
Haemolysis	Nil		
Insulin	12	mU/L	(< 10)

elevated insulin → makes you put on wt

ASSESSMENT OF INSULIN RESISTANCE (FASTING SAMPLES ONLY)

< 10 - normal insulin sensitivity
10-14 - mild insulin resistance
> 14 - insulin resistance

pls come in - you need specific diet + exercise

Insulin results from non-fasting samples are difficult to interpret although any result >= 60 mU/L is likely to indicate insulin resistance.

Requested Tests : VBF*, TFT, CRP, VB6*, MBA, LIP, INS, HOR*, FE, FBE*, DVI*, AND*, A1C*

Patient Name:	BABAYIGIT, DILEK		
Patient Address:	90/8 KOORALA ST, MANLY VALE 2093		
D.O.B:	18/05/1970	**Sex:**	F
Medicare No.:	2770735492	**IHI No.:**	
Lab. Reference:	23-22419352-FE-0	**Provider:**	Laverty Pathology
Addressee:	DR MONICA MEREY	**Referred by:**	DR. MONICA VERA MEREY
Date Requested:	15/01/2023	**Date Performed:**	15/01/2023
Date Collected:	15/01/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	IRON STUDIES (FE-0)		

Clinical Notes : Mx diabetes, NIDDM weight issues.

IRON STUDIES

Request Number		16414505	20054575	22419352
Date Collected		31 Oct 21	23 Apr 22	15 Jan 23
Time Collected		07:46	12:30	10:15
Specimen Type: Serum				
Iron (10-30)	umol/L	11		
T'ferrin(32-48)	umol/L	31		
T. Sat. (13-45)		18		
Ferritin(30-165)	ug/L	47	59	57

No evidence of iron deficiency.

Requested Tests : VBF*, TFT, CRP, VB6*, MBA, LIP, INS, HOR*, FE, FBE*, DVI*, AND*, A1C*

Patient Name:	BABAYIGIT, DILEK		
Patient Address:	90/8 KOORALA ST, MANLY VALE 2093		
D.O.B:	18/05/1970	**Sex:**	F
Medicare No.:	2770735492	**IHI No.:**	
Lab. Reference:	23-22419352-TFT-0	**Provider:**	Laverty Pathology
Addressee:	DR MONICA MEREY	**Referred by:**	DR. MONICA VERA MEREY
Date Requested:	15/01/2023	**Date Performed:**	15/01/2023
Date Collected:	15/01/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	THYROID FUNCTION TEST (TFT-0)		

Clinical Notes : Mx diabetes, NIDDM weight issues.

THYROID PROFILE

Request Number		16414505	20054575	22419352
Date Collected		31 Oct 21	23 Apr 22	15 Jan 23
Time Collected		07:46	12:30	10:15
Specimen Type: Serum				
TSH	(0.5-4.0) mIU/L	1.2	0.82	0.85

Result(s) consistent with euthyroidism.

Requested Tests : VBF*, TFT, CRP, VB6*, MBA, LIP, INS, HOR*, FE, FBE*, DVI*, AND*, A1C*

Patient Name:	BABAYIGIT, DILEK		
Patient Address:	90/8 KOORALA ST, MANLY VALE 2093		
D.O.B:	18/05/1970	**Sex:**	F
Medicare No.:	2770735492	**IHI No.:**	
Lab. Reference:	23-22419352-AND-0	**Provider:**	Laverty Pathology
Addressee:	DR MONICA MEREY	**Referred by:**	DR. MONICA VERA MEREY
Date Requested:	15/01/2023	**Date Performed:**	15/01/2023
Date Collected:	15/01/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	ANDROGENS (AND-0)		

Clinical Notes : Mx diabetes, NIDDM weight issues.

SERUM ANDROGENS

Total Testosterone (Siemens)	0.7	nmol/L	(0.4-1.4)

Requested Tests : VBF*, TFT, CRP, VB6*, MBA, LIP, INS, HOR*, FE, FBE*, DVI*, AND, A1C*

Patient Name:	BABAYIGIT, DILEK		
Patient Address:	90/8 KOORALA ST, MANLY VALE 2093		
D.O.B:	18/05/1970	**Sex:**	F
Medicare No.:	2770735492	**IHI No.:**	
Lab. Reference:	23-22419352-DVI-0	**Provider:**	Laverty Pathology
Addressee:	DR MONICA MEREY	**Referred by:**	DR. MONICA VERA MEREY
Date Requested:	15/01/2023	**Date Performed:**	15/01/2023
Date Collected:	15/01/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	VITAMIN D (DVI-0)		

Clinical Notes : Mx diabetes, NIDDM weight issues.

VITAMIN D

Haemolysis	Nil	
Serum 25(OH) Vitamin D	80	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, CRP, VB6*, MBA, LIP, INS, HOR*, FE, FBE*, DVI, AND, A1C*

Patient Name:	BABAYIGIT, DILEK		
Patient Address:	90/8 KOORALA ST, MANLY VALE 2093		
D.O.B:	18/05/1970	**Sex:**	F
Medicare No.:	2770735492	**IHI No.:**	
Lab. Reference:	23-22419352-FBE-0	**Provider:**	Laverty Pathology
Addressee:	DR MONICA MEREY	**Referred by:**	DR. MONICA VERA MEREY
Date Requested:	15/01/2023	**Date Performed:**	15/01/2023
Date Collected:	15/01/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	HAEMATOLOGY (FBE-0)		

Clinical Notes : Mx diabetes, NIDDM weight issues.

HAEMATOLOGY

Request Number			16414505	20054575	22419352
Date Collected			31 Oct 21	23 Apr 22	15 Jan 23
Time Collected			07:46	12:30	10:15
Specimen Type: EDTA					
Hb (115-165)	g/L		140	137	137
Hct (0.34-0.47)			0.42	0.41	0.39
RCC (3.9-5.8)	x10^12	/L	4.6	4.6	4.6
MCV (79-99)	fL		91	89	86
MCH (27-34)	pg		30	30	30
MCHC (320-360)	g/L		335	333	348
RDW (10.0-17.0)	%		12.5	11.6	11.9
WBC (4.0-11.0)	x10^9	/L	5.8	5.8	5.8
Neut (2.0-7.5)	x10^9	/L	2.7	2.6	2.6
Lymph(1.0-4.0)	x10^9	/L	2.7	2.8	2.7
Mono (0.2-1.0)	x10^9	/L	0.2	0.2	0.3
Eos (< 0.7)	x10^9	/L	0.1	0.1	0.1
Baso (< 0.2)	x10^9	/L	0.1	0.1	0.1
Plat (150-400)	x10^9	/L	330	325	315

HAEMATOLOGY: FBC parameters are within reference range.

Requested Tests : VBF*, TFT, CRP, VB6*, MBA, LIP, INS, HOR*, FE, FBE, DVI, AND, A1C*

Patient Name:	BABAYIGIT, DILEK		
Patient Address:	90/8 KOORALA ST, MANLY VALE 2093		
D.O.B:	18/05/1970	**Sex:**	F
Medicare No.:	2770735492	**IHI No.:**	
Lab. Reference:	23-22419352-A1C-0	**Provider:**	Laverty Pathology
Addressee:	DR MONICA MEREY	**Referred by:**	DR. MONICA VERA MEREY
Date Requested:	15/01/2023	**Date Performed:**	15/01/2023
Date Collected:	15/01/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	GLYCATED HAEMOGLOBIN (A1C-0)		

Clinical Notes : Mx diabetes, NIDDM weight issues.

GLYCATED HAEMOGLOBIN (HbA1c)

Request Number			16414505	20054575	22419352
Date Collected			31 Oct 21	23 Apr 22	15 Jan 23
Time Collected			07:46	12:30	10:15
Specimen Type: EDTA					
HbA1c-NGSP	(4.0-6.0)	%	5.2	5.1	5.1
HbA1c-IFCC	(20-42)	mmol/m	33	32	32

The Australian Diabetes Society recommends a general target for glycated haemoglobin (HbA1c) of <=7.0% (53 mmol/mol) for most patients. However, individualisation of glycaemic targets is recommended based on patient-specific factors, such as the type of diabetes and its duration, pregnancy, diabetes medication being taken, presence of cardiovascular disease, risk of and problems from hypoglycaemia, and comorbidities.

Targets for Type 2 patients with specific clinical situations are listed below:

- Diabetes of short duration with no clinical cardiovascular disease Requiring lifestyle modification +/- metformin	<=6.0%
Requiring anti-diabetic drugs other than metformin/insulin	<=6.5%
Requiring insulin	<=7.0%
- Pregnancy or planning pregnancy	<=6.0%
- Diabetes of longer duration or clinical cardiovascular disease	<=7.0%
- Recurrence or lack of awareness of hypoglycaemia	<=8.0%
- Major comorbidity likely to limit life expectancy	Symptomatic management of hyperglycaemia

Targets for Type 1 patients with specific clinical situations are listed below:

- Pregnancy or planning pregnancy	<=7.0%
- Recurrence or lack of awareness of hypoglycaemia	<=8.0%
- Major comorbidity likely to limit life expectancy	Symptomatic management of hyperglycaemia and avoidance of ketosis

Requested Tests : VBF*, TFT, CRP, VB6*, MBA, LIP, INS, HOR*, FE, FBE, DVI, AND, A1C

Patient Name:	BABAYIGIT, DILEK		
Patient Address:	90/8 KOORALA ST, MANLY VALE 2093		
D.O.B:	18/05/1970	**Sex:**	F
Medicare No.:	2770735492	**IHI No.:**	
Lab. Reference:	23-22419352-VBF-0	**Provider:**	Laverty Pathology
Addressee:	DR MONICA MEREY	**Referred by:**	DR. MONICA VERA MEREY
Date Requested:	15/01/2023	**Date Performed:**	15/01/2023
Date Collected:	15/01/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	B12, FOLATE, R.C.FOLATE (VBF-0)		

Clinical Notes : Mx diabetes, NIDDM weight issues.

VITAMIN B12 AND FOLATE STUDIES

Active B12	146	pmol/L	(> 40)

Serum Active B12 Assay:
This active B12 result indicates that the patient is likely to be vitamin B12 sufficient. Patients with renal impairment may still be B12 depleted despite an active B12 level within this range. For these patients, correlation with total B12, homocysteine and/or methylmalonate is required.

Requested Tests : VBF, TFT, CRP, VB6*, MBA, LIP, INS, HOR*, FE, FBE, DVI, AND, A1C

Patient Name:	BABAYIGIT, DILEK		
Patient Address:	90/8 KOORALA ST, MANLY VALE 2093		
D.O.B:	18/05/1970	**Sex:**	F
Medicare No.:	2770735492	**IHI No.:**	
Lab. Reference:	23-22419352-HOR-0	**Provider:**	Laverty Pathology
Addressee:	DR MONICA MEREY	**Referred by:**	DR. MONICA VERA MEREY
Date Requested:	15/01/2023	**Date Performed:**	15/01/2023
Date Collected:	15/01/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	HORMONE PROFILE (HOR-0)		

Clinical Notes : Mx diabetes, NIDDM weight issues.

SERUM HORMONE PROFILE

Specimen Type: Serum

Request Number	Date Collected	FSH IU/L	LH IU/L	PROG nmol/L	E2 (ATEL) pmol/L	E2 (BECK) pmol/L	LH/FSH Ratio
22419352	15 Jan 23	57	17.7	< 1	< 70		

Menopausal range

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, CRP, VB6*, MBA, LIP, INS, HOR, FE, FBE, DVI, AND, A1C

Patient Name:	BABAYIGIT, DILEK		
Patient Address:	U 90 8 KOORALA ST, MANLY VALE 2093		
D.O.B:	18/05/1970	**Sex:**	F
Medicare No.:	277073549	**IHI No.:**	
Lab. Reference:	8006571637-M-FOBTT	**Provider:**	National Bowel Cancer Screening Program
Addressee:	DR MICHAEL D JOHNSTON	**Referred by:**	Bowel Screening
Date Requested:	29/07/2022	**Date Performed:**	7/12/2022
Date Collected:	7/12/2022	**Complete:**	Final
Specimen:			
Subject(Test Name):	IFOBT GP E-REPORT		

Immunochemical Faecal Occult Blood Test (iFOBT)

Participant ID	8361133
Overall iFOBT Result	NEGATIVE
Sample 1	
Collection Date	07/12/2022
Result	Negative
Sample 2	
Collection Date	09/12/2022
Result	Negative

Comment on Lab ID 8006571637

Sonic Healthcare is providing the iFOBT sample analysis for the National Bowel Screening Program.
Recently your patient (details above) participated in the Program and has tested **NEGATIVE** for faecal occult blood. Your patient has been advised of this result.

The 2017 National Health and Medical Research Council approved Guidelines for the prevention, early detection and management of the colorectal cancer recommend iFOBT screening every two years starting at age 50 years and continuing to age 74 years for people at average risk.

You may wish to encourage your patient to continue with regular bowel cancer screening, your patient has been advised to contact you immediately if he/she has, or develops, any symptoms.

If you have any questions about the Program, please visit www.cancerscreening.gov.au or call the Program Information Line on **1800** 118 868.

Dr Nick Taylor

NATA Accreditation No 2178