



THE LONDON CLINIC PATHOLOGY REPORT
Direct Line: 020 7616 7755
Email: path7@thelondonclinic.co.uk

Medical Express
Medical Express Clinic
117a Harley Street
London
W1G 6AT

Surname PATIENT
Forename TEST
Title Ms
D.O.B 20/01/1964 Sex F
MPI No L0726128
Location
Ext Ref

Collected on 13/07/2023 at 11:13
Received on 13/07/2023 at 12:46
Lab.No 169535
Specimen Serum

BIOCHEMISTRY

| | | | | |
|------------------------|-----|--------|-------|-------------|
| Sodium | 137 | mmol/L | (*--) | (133 - 146) |
| Potassium | 4.6 | mmol/L | (--*) | (3.5 - 5.3) |
| Chloride | 101 | mmol/L | (--*) | (95 - 108) |
| Bicarbonate | 28 | mmol/L | (--*) | (22 - 29) |
| Urea | 3.4 | mmol/L | (*--) | (2.5 - 6.1) |
| Creatinine (enzymatic) | 64 | umol/L | (--*) | (46 - 92) |
| Estimated GFR | 82 | mL/min | | |

eGFR >60 mL/min/1.73m² can be regarded as normal in the absence of other evidence of renal disease.

Please note, NICE recommendation to multiply reported result by a factor of 1.212 in individuals of Afro-Caribbean origin has been withdrawn. For further details, please see Chronic kidney disease: assessment and management NICE guideline Published: 25 August 2021
www.nice.org.uk/guidance/ng203

| | | | | |
|----------------------------------|------|--------|-------|---------------|
| Uric Acid | 191 | umol/L | (---) | (140 - 360) |
| Calcium | 2.45 | mmol/L | (--*) | (2.20 - 2.60) |
| Adjusted calcium | 2.42 | mmol/L | (--*) | (2.20 - 2.60) |
| Phosphate | 1.3 | mmol/L | (--*) | (0.8 - 1.5) |
| Albumin | 48 | g/L | (--*) | (35 - 50) |
| Total Protein | 79 | g/L | (--*) | (60 - 80) |
| Globulin | 31 | g/L | (--*) | (20 - 34) |
| Total Bilirubin | 8.3 | umol/L | (--*) | (0.0 - 20.9) |
| Alanine aminotransferase (ALT) | 16 | U/L | (*--) | (0 - 50) |
| Aspartate aminotransferase (AST) | 22 | U/L | (--*) | (14 - 36) |
| γ-Glutamyl transferase (GGT) | 19 | U/L | (*--) | (12 - 43) |
| Alkaline phosphatase (ALP) | 56 | U/L | (---) | (30 - 130) |

Cholesterol 5.98 mmol/L (---)* (1.29 - 5.1)

Depending on clinical factors, therapeutic target ranges for lipids should be: total cholesterol <5 mmol/L and LDL <3 mmol/L.

| | | | | |
|------------------------|-------------|---------------|---------------|----------------------|
| HDL-Cholesterol | 2.47 | mmol/L | (---)* | (1.03 - 1.55) |
| LDL-Cholesterol | 3.26 | mmol/L | | |
| HDL:LDL ratio | 0.76 | | | |
| Triglyceride | 0.55 | mmol/L | (*--) | (0.11 - 1.69) |
| Glucose | 4.7 | mmol/L | (*--) | (4.1 - 5.9) |

HAEMATOLOGY

| | | | | |
|-----------------|------|-----------------------|-------|-------------|
| Haemoglobin | 127 | g/L | (*--) | (120 - 150) |
| Red blood cells | 4.18 | x 10 ¹² /L | (--*) | (3.8 - 4.8) |

Reported on 13/07/2023 at 15:06 Run number 33 HECON /EM
Authorised on behalf of Consultant Pathologist
Continued ..
Haematology & Biochemistry



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|-------------------|---------------|----------------------|-------|---------------|
| Haematocrit | 0.384 | L/L | (*--) | (0.36 - 0.46) |
| MCV | 91.9 | fL | (--*) | (83 - 101) |
| MCH | 30.4 | pg | (--*) | (27 - 32) |
| MCHC | 331 | g/L | (--*) | (315 - 345) |
| RDW | 12.2 | % | (*--) | (10.9 - 15.7) |
| White blood cells | 4.0 | x 10 ⁹ /L | (*--) | (4.0 - 10.0) |
| Neutrophils | 1.66 (41.50%) | x 10 ⁹ /L | | (2.0 - 7.0) |
| Lymphocytes | 1.70 (42.50%) | x 10 ⁹ /L | | (1.0 - 3.0) |
| Monocytes | 0.45 (11.25%) | x 10 ⁹ /L | | (0.2 - 1.0) |
| Eosinophils | 0.11 (2.75%) | x 10 ⁹ /L | | (0.02 - 0.50) |
| Basophils | 0.05 (1.25%) | x 10 ⁹ /L | | (0.02 - 0.10) |
| Platelets | 273 | x 10 ⁹ /L | (--*) | (150 - 410) |

Full blood count results were tested using a Sysmex XN analyser. The tests are CE marked and have been verified for use. The laboratory has applied to UKAS for the assays to be added to its accredited repertoire

ESR 14 mm/hour

ESR results were tested using a StaRRsed analyser. The tests are CE marked and have been verified for use. The laboratory has applied to UKAS for the assays to be added to its accredited repertoire

Haemoglobin A1c (DCCT aligned) 5.9 %
equivalent to

Haemoglobin A1c (IFCC) 41 mmol/mol

The NICE-recommended target range for HbA1c in patients with diabetes is 48-59 mmol/mol (equivalent to 6.5-7.5 %). Specific values for individual patients should be determined on the basis of clinical factors.

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