

Demographic Details			
Practice:	Mr	WATSON	Barry
Lab:	25-12955856-VBF-0	WATSON	BARRY
Provider:	Laverty Pathology		
Reference Details		Collection Details	
Medicare:	2006143553	2	Collected: 30/04/2025 11:00:00 AM
Veterans:			Copy to: DR KHALED ALANATI; DR SARITHA CHERUKURI;
Pension:	205-848-053K		Referred by: JAMES ROGERS

Investigation Result: WATSON, Barry

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B12, FOLATE, R.C.FOLATE (VBF-0)

Vitamin B12	212 pmol/L	156-740
Active Vitamin B12	77 pmol/L	> 40
Folate	21.0 nmol/L	> 9.0

Comment

For patients with total B12 levels in the low or borderline range, testing for active B12 (holotranscobalamin II) will automatically be performed to resolve B12 status. Active B12 is the biologically active fraction of total serum B12, and a superior indicator of B12 status. Up to 15% of individuals may have a deficiency of the carrier protein haptocorrin, which does not result in clinical B12 deficiency, despite low total B12 levels.

Comment

	DEFICIENCY	BORDERLINE	SUFFICIENCY
Serum Folate:	<4.5 nmol/L	4.5 - 9.0 nmol/L	>9.0 nmol/L

Comment

In the absence of recent oral intake, a serum folate >9.0 nmol/L effectively rules out folate deficiency.

Comment

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.

Aortic stenosis,atrial fibrillation.

Aortic stenosis,atrial fibrillation.

Clinical Notes : Aortic stenosis,atrial fibrillation.
Aortic stenosis,atrial fibrillation.

VITAMIN B12 AND FOLATE STUDIES

Request Number	10005659	12955856
Date Collected	16 Sep 24	30 Apr 25
Time Collected	11:10	11:00

B12	(156-740) pmol/L	276	212
Active B12 (> 40)	pmol/L	66	77

Serum Folate (> 9.0) nmol/L	21.7	21.0
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Serum Vitamin B12 Assay:

DEFICIENCY	BORDERLINE	SUFFICIENCY
<150 pmol/L	150 - 300 pmol/L	>300 - 740 pmol/L

For patients with total B12 levels in the low or borderline range, testing for active B12 (holotranscobalamin II) will automatically be performed to resolve B12 status. Active B12 is the biologically active fraction of total serum B12, and a superior indicator of B12 status. Up to 15% of individuals may have a deficiency of the carrier protein haptocorrin, which does not result in clinical B12 deficiency, despite low total B12 levels.

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.

Folate Interpretation:

DEFICIENCY	BORDERLINE	SUFFICIENCY
Serum Folate: <4.5 nmol/L	4.5 - 9.0 nmol/L	>9.0 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, MBA, LIP, FE, FBE

End of Report:

Demographic Details				
Practice:	Mr	WATSON	Barry	09/12/1952 Male
Lab:	25-12955856-FBE-0	WATSON	BARRY	09/12/1952 Male
Provider:	Laverty Pathology			
Reference Details		Collection Details		
Medicare:	2006143553	2	Collected:	30/04/2025 11:00:00 AM
Veterans:			Copy to:	DR KHALED ALANATI; DR SARITHA CHERUKURI;
Pension:	205-848-053K		Referred by:	JAMES ROGERS

Investigation Result: WATSON, Barry

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HAEMATOLOGY (FBE-0)

Hb	161 g/L	130-180	
RCC	4.9 x10*12/L	4.5-6.5	
Hct	0.50	0.40-0.54	
MCH	33 pg	27-34	
MCHC	323 g/L	320-360	
MCV	103 fL	79-99	H
RDW	14.3 %	10.0-17.0	
WCC	7.9 x10*9/L	4.0-11.0	
Plat	142 x10*9/L	150-400	L
Neut	5.0 x10*9/L	2.0-7.5	
Lymph	1.7 x10*9/L	1.0-4.0	
Mono	1.0 x10*9/L	0.2-1.0	
Baso	0.1 x10*9/L	< 0.2	
Eos	0.2 x10*9/L	< 0.7	

Film Comment Interim report - final report to follow.
 Aortic stenosis, atrial fibrillation.
 Aortic stenosis, atrial fibrillation.

Clinical Notes : Aortic stenosis, atrial fibrillation.
 Aortic stenosis, atrial fibrillation.

HAEMATOLOGY						
Request Number	27803776	28626056	11671606	12955856		
Date Collected	8 May 24	13 Aug 24	21 Jan 25	30 Apr 25		
Time Collected	11:20	09:49	12:20	11:00		
Specimen Type:	EDTA					
Hb (130-180) g/L	152	157	144	161		
Hct (0.40-0.54)	0.48	0.47	0.45	0.50		
RCC (4.5-6.5) x10^12 /L	4.7	4.7	4.2	4.9		
MCV (79-99) fL	102	98	107	103		
MCH (27-34) pg	33	33	35	33		
MCHC (320-360) g/L	319	337	323	323		
RDW (10.0-17.0) %	14.5	13.9	14.2	14.3		
WBC (4.0-11.0) x10^9 /L	9.3	8.0	8.0	7.9		
Neut (2.0-7.5) x10^9 /L	6.4	4.9	5.6	5.0		
Lymph (1.0-4.0) x10^9 /L	1.7	2.2	1.4	1.7		
Mono (0.2-1.0) x10^9 /L	0.9	0.7	0.9	1.0		
Eos (< 0.7) x10^9 /L	0.2	0.2	0.1	0.2		
Baso (< 0.2) x10^9 /L	0.1	0.1	0.0	0.1		
Plat (150-400) x10^9 /L	145	158	142	142		

Demographic Details				
Practice:	Mr	WATSON	Barry	09/12/1952 Male
Lab:	25-12955856-FBE-0	WATSON	BARRY	09/12/1952 Male
Provider:	Laverty Pathology			
Reference Details		Collection Details		
Medicare:	2006143553	2	Collected:	30/04/2025 11:00:00 AM
Veterans:			Copy to:	DR KHALED ALANATI; DR SARITHA CHERUKURI;
Pension:	205-848-053K		Referred by:	JAMES ROGERS

Investigation Result: WATSON, Barry

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HAEMATOLOGY (FBE-0)

Hb	161 g/L	130-180	
RCC	4.9 x10*12/L	4.5-6.5	
Hct	0.50	0.40-0.54	
MCH	33 pg	27-34	
MCHC	323 g/L	320-360	
MCV	103 fL	79-99	H
RDW	14.3 %	10.0-17.0	
WCC	7.9 x10*9/L	4.0-11.0	
Plat	142 x10*9/L	150-400	L
Neut	5.0 x10*9/L	2.0-7.5	
Lymph	1.7 x10*9/L	1.0-4.0	
Mono	1.0 x10*9/L	0.2-1.0	
Baso	0.1 x10*9/L	< 0.2	
Eos	0.2 x10*9/L	< 0.7	
Film Comment	HAEMATOLOGY: Slight thrombocytopenia Macrocytic blood picture noted.		
RCC Morphology Comment	Red cells : Macrocytosis +.		
WCC Morphology Comment	White cells : Normal.		
PLT Morphology Comment	Platelets : Thrombocytopenia +.		
	Aortic stenosis,atrial fibrillation.		
	Aortic stenosis,atrial fibrillation.		

Clinical Notes : Aortic stenosis,atrial fibrillation.
Aortic stenosis,atrial fibrillation.

HAEMATOLOGY						
Request Number	27803776	28626056	11671606	12955856		
Date Collected	8 May 24	13 Aug 24	21 Jan 25	30 Apr 25		
Time Collected	11:20	09:49	12:20	11:00		
Specimen Type:	EDTA					
Hb (130-180) g/L	152	157	144	161		
Hct (0.40-0.54)	0.48	0.47	0.45	0.50		
RCC (4.5-6.5) x10^12 /L	4.7	4.7	4.2	4.9		
MCV (79-99) fL	102	98	107	103		
MCH (27-34) pg	33	33	35	33		
MCHC (320-360) g/L	319	337	323	323		
RDW (10.0-17.0) %	14.5	13.9	14.2	14.3		
WBC (4.0-11.0) x10^9 /L	9.3	8.0	8.0	7.9		
Neut (2.0-7.5) x10^9 /L	6.4	4.9	5.6	5.0		

Lymph (1.0-4.0)	x10 ⁹	/L	1.7	2.2	1.4	1.7
Mono (0.2-1.0)	x10 ⁹	/L	0.9	0.7	0.9	1.0
Eos (< 0.7)	x10 ⁹	/L	0.2	0.2	0.1	0.2
Baso (< 0.2)	x10 ⁹	/L	0.1	0.1	0.0	0.1

Plat (150-400) x10⁹ /L 145 158 142 142

CURRENT FILM COMMENT

Red cells : Macrocytosis +.

White cells : Normal.

Platelets : Thrombocytopenia +.

HAEMATOLOGY: Slight thrombocytopenia Macrocytic blood picture noted.

Requested Tests : VBF, TFT, MBA, LIP, FE, FBE

End of Report:

Demographic Details				
Practice:	Mr	WATSON	Barry	09/12/1952 Male
Lab:	25-12955856-FE-0	WATSON	BARRY	09/12/1952 Male
Provider:	Laverty Pathology			
Reference Details		Collection Details		
Medicare:	2006143553	2	Collected:	30/04/2025 11:00:00 AM
Veterans:			Copy to:	DR KHALED ALANATI; DR SARITHA CHERUKURI;
Pension:	205-848-053K		Referred by:	JAMES ROGERS

Investigation Result: WATSON, Barry

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IRON STUDIES (FE-0)

Iron	17 umol/L	10-30
Transferrin	27 umol/L	27-46
Transferrin Saturation	32 %	13-45
Ferritin	116 ug/L	30-400

FE Comment Normal iron studies. No evidence of iron deficiency.
 Aortic stenosis,atrial fibrillation.
 Aortic stenosis,atrial fibrillation.

Clinical Notes : Aortic stenosis,atrial fibrillation.
 Aortic stenosis,atrial fibrillation.

IRON STUDIES

Request Number	27803776	28626056	11671606	12955856
Date Collected	8 May 24	13 Aug 24	21 Jan 25	30 Apr 25
Time Collected	11:20	09:49	12:20	11:00
Specimen Type: Serum				
Iron (10-30)	umol/L	17	17	12
T'ferrin(27-46)	umol/L	25	26	27
T. Sat. (13-45)	%	35	33	23
Ferritin(30-400)	ug/L	259	233	125
				116

Normal iron studies. No evidence of iron deficiency.

Requested Tests : VBF*, TFT*, MBA, LIP, FE, FBE

End of Report:

Demographic Details				
Practice:	Mr	WATSON	Barry	09/12/1952 Male
Lab:	25-12955856-LIP-0	WATSON	BARRY	09/12/1952 Male
Provider:	Laverty Pathology			
Reference Details		Collection Details		
Medicare:	2006143553	2	Collected:	30/04/2025 11:00:00 AM
Veterans:			Copy to:	DR KHALED ALANATI; DR SARITHA CHERUKURI;
Pension:	205-848-053K		Referred by:	JAMES ROGERS

Investigation Result: WATSON, Barry

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LIPID STUDIES (LIP-0)

Cholesterol	3.7 mmol/L	3.9-5.2	L
HDL Cholesterol	1.1 mmol/L	1.0-2.0	
LDL Cholesterol	2.1 mmol/L	1.5-3.4	
Triglyceride	1.0 mmol/L	0.5-1.7	
Chol/HDL Ratio	3.4	< 5.0	
Hours			
P.C/Fasting/Random	Fasting		

Comment

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.)

Comment

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	

Comment

LDL-C exceeds target for higher risk patients and may be excessive in some individuals.

Non-HDL Cholesterol	2.6 mmol/L	< 3.4
Trig/Chol Ratio	0.3	
Haemolysis	Nil	0 -0
Icterus	Nil	0 -0
Lipaemia	Nil	0 -0

Aortic stenosis, atrial fibrillation.

Aortic stenosis, atrial fibrillation.

Clinical Notes : Aortic stenosis, atrial fibrillation.
Aortic stenosis, atrial fibrillation.

LIPID STUDIES

Request Number	27803776	28626055	28626056	12955856
Date Collected	8 May 24	13 Aug 24	13 Aug 24	30 Apr 25
Time Collected	11:20	09:48	09:49	11:00
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	Nil
Icterus	Nil	Nil	Nil	Nil
Lipaemia	Nil	Nil	Nil	Nil

Fasting status		Random	Fasting		Random	Fasting
Chol (3.9-5.2)	mmol/L	3.6	3.7		3.8	3.7
Trig (0.5-1.7)	mmol/L		1.5			1.0
HDL (1.0-2.0)	mmol/L		0.9			1.1
LDL (1.5-3.4)	mmol/L		2.1			2.1
Non-HDL (< 3.4)	mmol/L		2.8			2.6
Chol/HDL(< 5.0)			4.1			3.4

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	
-----	-----	-----

LDL-C exceeds target for higher risk patients and may be excessive in some individuals.

Requested Tests : VBF*, TFT*, MBA*, LIP, FE*, FBE*

End of Report:

Demographic Details				
Practice:	Mr	WATSON	Barry	09/12/1952 Male
Lab:	25-12955856-MBA-0	WATSON	BARRY	09/12/1952 Male
Provider:	Laverty Pathology			
Reference Details		Collection Details		
Medicare:	2006143553	2	Collected:	30/04/2025 11:00:00 AM
Veterans:			Copy to:	DR KHALED ALANATI; DR SARITHA CHERUKURI;
Pension:	205-848-053K		Referred by:	JAMES ROGERS

Investigation Result: WATSON, Barry

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SERUM CHEMISTRY (MBA-0)

Sodium	141 mmol/L	135-145	
Potassium	4.7 mmol/L	3.6-5.4	
Chloride	106 mmol/L	95-110	
Bicarbonate	25 mmol/L	22-32	
Urea	14.6 mmol/L	3.0-10.0	H
Creatinine			
Concentration	205 umol/L	60 -110	H
Anion Gap	15 mmol/L	10-20	
Bilirubin	23 umol/L	< 20	
ALP	96 U/L	35-110	
ALT	16 U/L	< 35	
AST	18 U/L	< 35	
GGT	48 U/L	< 50	
Albumin	41 g/L	36-48	
Globulin	28 g/L	20-38	
Total Protein	69 g/L	60-82	
Calcium	2.33 mmol/L	2.10-2.60	
Corr Calcium	2.37 mmol/L	2.10-2.60	
EGFR	27 mL/min/1.73m ²	> 60	L

EGFR Comment

eGFR <30 mL/min/1.73m² usually indicates a need for referral for assessment and management of chronic kidney failure.

Haemolysis	Nil	0 -0
Icterus	Nil	0 -0
Lipaemia	Nil	0 -0
Aortic stenosis, atrial fibrillation.		
Aortic stenosis, atrial fibrillation.		

Clinical Notes : Aortic stenosis, atrial fibrillation.
Aortic stenosis, atrial fibrillation.

SERUM CHEMISTRY				
Request Number	28626055	28626056	11671606	12955856
Date Collected	13 Aug 24	13 Aug 24	21 Jan 25	30 Apr 25
Time Collected	09:48	09:49	12:20	11:00
Specimen Type:	Serum			

Haemolysis	Nil	Nil	Nil	Nil
Icterus	Nil	Nil	Nil	Nil
Lipaemia	Nil	Nil	Nil	Nil

Na	(135-145)	mmol/L	143	142	141
K	(3.6-5.4)	mmol/L	4.3	4.4	4.7
Cl	(95-110)	mmol/L	107	109	106
HCO3	(22-32)	mmol/L	23	23	25
An Gap	(10-20)	mmol/L	17	14	15
Urea	(3.0-10.0)	mmol/L	10.2	11.6	14.6
Creat	(60-110)	umol/L	155	180	205
eGFR		mL/min/1.73sqM	38	32	27
Urate	(0.20-0.42)	mmol/L	0.43		
Bili	(< 20)	umol/L	17	18	23
AST	(< 35)	U/L	15	13	18
ALT	(< 35)	U/L	14	12	16
GGT	(< 50)	U/L	33	34	48
Alk Phos	(35-110)	U/L	79	79	96
Protein	(60-82)	g/L	67	69	69
Albumin	(36-48)	g/L	41	43	41
Glob	(20-38)	g/L	26	26	28
Ca	(2.10-2.60)	mmol/L		2.35	2.33
Corr Ca	(2.10-2.60)	mmol/L		2.35	2.37
PO4	(0.75-1.50)	mmol/L		0.93	
Mg	(0.70-1.10)	mmol/L		0.92	

eGFR <30 mL/min/1.73m² usually indicates a need for referral for assessment and management of chronic kidney failure.

Requested Tests : VBF*, TFT*, MBA, LIP, FE*, FBE

End of Report:

Demographic Details				
Practice:	Mr	WATSON	Barry	09/12/1952 Male
Lab:	25-12955856-TFT-0	WATSON	BARRY	09/12/1952 Male
Provider:	Laverty Pathology			
Reference Details		Collection Details		
Medicare:	2006143553	2	Collected:	30/04/2025 11:00:00 AM
Veterans:			Copy to:	DR KHALED ALANATI; DR SARITHA CHERUKURI;
Pension:	205-848-053K		Referred by:	JAMES ROGERS

Investigation Result: WATSON, Barry

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THYROID FUNCTION TEST (TFT-0)

TSH	1.2 mIU/L	0.5-4.0
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TSH Comment	Result(s) consistent with euthyroidism.
	Aortic stenosis,atrial fibrillation.
	Aortic stenosis,atrial fibrillation.

Clinical Notes : Aortic stenosis,atrial fibrillation.
Aortic stenosis,atrial fibrillation.

THYROID PROFILE

Request Number	28626055	12955856	
Date Collected	13 Aug 24	30 Apr 25	
Time Collected	09:48	11:00	
Specimen Type:	Serum		
TSH	(0.5-4.0) mIU/L	2.0	1.2

Result(s) consistent with euthyroidism.

Requested Tests : VBF*, TFT, MBA, LIP, FE, FBE

End of Report:

Demographic Details				
Practice:	Mr	WATSON	Barry	09/12/1952 Male
Lab:	25-12955797-NPB-0	WATSON	BARRY	09/12/1952 Male
Provider:	Laverty Pathology			
Reference Details		Collection Details		
Medicare:	2006143553	2	Collected:	22/04/2025 11:00:00 AM
Veterans:			Copy to:	COPY TO CODE; DR SARITHA CHERUKURI; DR JA
Pension:	205-848-053K		Referred by:	JAMES ROGERS

Investigation Result: WATSON, Barry

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NT-PRO B NATRIURETIC PEP. (NPB-0)

NT pro B-Type	10870 ng/L	< 300	H
Natriuretic Pep			

Comment

Full Medicare rebate for this test is subject to specific criteria. If these criteria are not met, a non-refundable charge will be applied to cover the cost of testing.

Please refer to <https://bit.ly/41t9E2M> for information on the MBS criteria applicable to NT-proBNP.

Aortic stenosis,AF.

Clinical Notes : Aortic stenosis,AF.

N-TERMINAL PRO B-TYPE NATRIURETIC PEPTIDE (NT-proBNP)

NT-proBNP	10870 ng/L
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In patients aged 50 - 75 years presenting with acute dyspnoea, heart failure is considered likely where NT-proBNP > 900 ng/L.

Validation of the assay has been performed in accordance with ISO 15189 and submitted to NATA.

Full Medicare rebate for this test is subject to specific criteria. If these criteria are not met, a non-refundable charge will be applied to cover the cost of testing.

Please refer to <https://bit.ly/41t9E2M> for information on the MBS criteria applicable to NT-proBNP.

Requested Tests : NPB

End of Report:

Demographic Details				
Practice:	Mr	WATSON	Barry	09/12/1952 Male
Lab:	25-12955797-NPB-0	WATSON	BARRY	09/12/1952 Male
Provider:	Laverty Pathology			
Reference Details		Collection Details		
Medicare:	2006143553	2	Collected:	22/04/2025 11:00:00 AM
Veterans:			Copy to:	DOCTOR UNRESOLVABLE COPY; DR SARITHA CI
Pension:	205-848-053K		Referred by:	JAMES ROGERS

Investigation Result: WATSON, Barry

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NT-PRO B NATRIURETIC PEP. (NPB-0)

NT pro B-Type Natriuretic Pep	10870 ng/L	< 300	H
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Comment

Full Medicare rebate for this test is subject to specific criteria. If these criteria are not met, a non-refundable charge will be applied to cover the cost of testing.

Please refer to <https://bit.ly/41t9E2M> for information on the MBS criteria applicable to NT-proBNP.

Aortic stenosis,AF.

Clinical Notes : Aortic stenosis,AF.

N-TERMINAL PRO B-TYPE NATRIURETIC PEPTIDE (NT-proBNP)

NT-proBNP	10870 ng/L
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In patients aged 50 - 75 years presenting with acute dyspnoea, heart failure is considered likely where NT-proBNP > 900 ng/L.

Validation of the assay has been performed in accordance with ISO 15189 and submitted to NATA.

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Please refer to <https://bit.ly/41t9E2M> for information on the MBS criteria applicable to NT-proBNP.

Requested Tests : NPB

End of Report: