Clinical Labs
LABORATORY 3427-15840
UNIT 104/14 LEXINGTON DRIVE
BELLA VISTA
Tel:1300 134 111

Referred: 03/06/25
Collected: 03/06/25 11:15
Tested: 03/06/25
Printed: 18/06/25 11:32
Batch: 29854 3

MR RIGGS, KEVIN
2758 WOLLOMBI ROAD
WOLLOMBI 2325
DOB: 14/07/1945 (79 Y)
Ph: 0417883916

UR :
Ref :00183519
Lab No:25-33049203-I
Sex :Male

DR ALFRED ORINGO
CUMBERLAND STREET PRACTICE
45 CUMBERLAND STREET
CESSNOCK 2325

***** URGENT REPORT *****

HAEMATOLOGY **SPECIMEN: WHOLE BLOOD**

		10/02/25		17/03/25		**03/06/25**	(#Refers to current result only)	
Date:								
Coll. Time:		10:50		09:00		11:15		
Lab Number:		28784706		29824645		#33049203		
HAEMOGLOBIN		128		133		145	(125 - 175)	g/L
RBC	*	**4.01**	*	**4.24**		4.86	(4.50 - 6.50)	$x10^{12}$/L
HCT		0.43		0.45		0.49	(0.40 - 0.55)	
MCV	**	**106**	**	**106**	*	**100**	(80 - 99)	fL
MCH		32		31.4		30	(27.0 - 34.0)	pg
MCHC	*	**298**	*	**296**	*	**298**	(310 - 360)	g/L
RDW	*	**17.6**	*	**17.4**	*	**16.6**	(11.0 - 15.0)	%
WCC		7.3		6.6		10.6	(4.0 - 11.0)	$x10^9$/L
Neutrophils		4.0		3.4		7.2	(2.0 - 8.0)	$x10^9$/L
Lymphocytes		2.3		2.3		2.1	(1.0 - 4.0)	$x10^9$/L
Monocytes		0.8		0.6	*	**1.2**	(< 1.1)	$x10^9$/L
Eosinophils		0.1		0.2		0.1	(< 0.7)	$x10^9$/L
Basophils		0.0		< 0.1		0.0	(< 0.3)	$x10^9$/L
PLATELETS		221		151		189	(150 - 450)	$x10^9$/L
MPV		10.4		9.5		10.5		fL

#33049203 : Mild macrocytosis. Mild monocytosis. Platelets are normal. Macrocytosis may be secondary to vitamin b12 / folate deficiency, liver dysfunction, alcohol, hypothyroidism or medication effect. Monocytosis may be secondary to infection / inflammation. Follow up FBE is recommended.

GHB-R,PNP-R,ECU-R,LFT-R,FBE-R,SUA-R,TIH-R
CC Drs: ORINGO, HILL.
MR RIGGS, KEVIN

Australian Clinical Labs
LABORATORY 3427-18703
UNIT 104/14 LEXINGTON DRIVE
BELLA VISTA
Tel:1300 134 111

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MR RIGGS, KEVIN
2758 WOLLOMBI ROAD
WOLLOMBI 2325
DOB: 14/07/1945 (79 Y)
Ph: 0417883916

UR :
Ref :00183519
Lab No:25-33049203-I
Sex :Male

DR ALFRED ORINGO
CUMBERLAND STREET PRACTICE
45 CUMBERLAND STREET
CESSNOCK 2325

***** URGENT REPORT *****

GENERAL CHEMISTRY **SPECIMEN: SERUM**

		20/02/25		17/03/25		**03/06/25**		
Time:		10:16		09:00		11:15		
Request:		28784919		29824645		33049203		
Sodium		139		142	*	**146**	(135 - 145)	mmol/L
Potassium		4.8		4.1		4.0	(3.5 - 5.2)	mmol/L
Chloride		103		105		105	(95 - 110)	mmol/L
Bicarbonate		30		29		27	(22 - 32)	mmol/L
Urea	*	**10.6**		8.6		8.0	(4.5 - 10.0)	mmol/L
Creatinine		102		108		85	(60 - 110)	umol/L
eGFR		60	*	**56**		75	(> 59)	mL/min/1.73m2
Urate					**	**0.09**	(0.18 - 0.47)	mmol/L
T.Protein			*	**59**		62	(60 - 80)	g/L
Albumin				38		38	(35 - 50)	g/L
Globulin			*	**21**		24	(23 - 39)	g/L
ALP				81		105	(30 - 110)	U/L
Bilirubin				16		13	(3 - 20)	umol/L
GGT				24		31	(5 - 50)	U/L
AST				19		25	(5 - 35)	U/L
ALT				21		33	(5 - 40)	U/L

33049203 History of heart failure.
ELECTROLYTES
Low uric acid levels may be seen with decreased production (congenital or drugs eg. allopurinol), increased excretion or some medications.

GHB-R,PNP-R,ECU-R,LFT-R,FBE-R,SUA-R,TIH-R
CC Drs: ORINGO, HILL.
MR RIGGS, KEVIN

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MR RIGGS, KEVIN		DR ALFRED ORINGO
2758 WOLLOMBI ROAD	UR : Ref :00183519	CUMBERLAND STREET PRACTICE
WOLLOMBI 2325	Lab No:25-33049203-I	45 CUMBERLAND STREET
DOB: 14/07/1945 (79 Y)	Sex :Male	CESSNOCK 2325
Ph: 0417883916		

***** URGENT REPORT *****

BIOCHEMISTRY

HAEMOGLOBIN A1c **SPECIMEN: WHOLE BLOOD**

Date	Coll Time	Req. No.	IFCC HbA1c (mmol/mol)	DCCT HbA1c (%)
03/06/25	11:15	33049203	38	5.6

33049203 HbA1c consistent with euglycaemic state.

INTERPRETATION CRITERIA
DIAGNOSIS.
A HbA1c greater than or equal to 48 mmol/mol (6.5 %) is consistent with diabetes. Consider OGTT or repeat HbA1c for confirmation.
HbA1c 6.0 - 6.4% is consistent with prediabetes. Repeat testing annuall is recommended. (ADS position statement 2020)
MONITORING.
The Australian Diabetes Society (ADS) recommends individualised HbA1c targets depending on the patient's age, comorbidities and any Hypoglycaemia (ADS position statement 2009).
A general target of less than or equal to 53 mmol/mol (7.0%) is often used.

Please note that Hb A1c results may be influenced by conditions affecting red cells or their survival times such as haemoglobinopathies anaemias, recent transfusion or blood loss.

GHB-R,PNP-R,ECU-R,LFT-R,FBE-R,SUA-R,TIH-R
CC Drs: ORINGO, HILL.
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