

ROBIN STEVENSON

Lab ID **854974496**

DOB 17/10/1963 (61 Yrs MALE)

Your ref. 00228202

Address 91 BEROWRA WATERS ROAD BEROWRA NSW 2081

Phone 0432024989

Phone 0294823500

Copy to Dr Malini Govindan (0294821155)

MOUNT COLAH NSW 2079

Clinical Notes Telehealth, Alcoholism; aortic valve disease.

Address SUMMERS AVE FAM MED PRAC 523 PACIFIC HIGHWAY

Requested 26/08/2024

Collected 25/10/2024 11:48 Received 25/10/2024 11:51

Biochemistry

Test Name	Result	Units	Reference Interval	
Status	Fasting			
Sodium	141	mmol/L	135 - 145	
Potassium	4.6	mmol/L	3.5 - 5.5	
Chloride	105	mmol/L	95 - 110	
Bicarbonate	25	mmol/L	20 - 32	
• Urea	2.7 L	mmol/L	3.5 - 9.0	
Creatinine	60	umol/L	60 - 110	
eGFR	>90	mL/min/1.73m2	>59	
Urate	0.23	mmol/L	0.20 - 0.50	
Calcium	2.35	mmol/L	2.15 - 2.55	
Corrected Calcium	2.29	mmol/L	2.15 - 2.55	
Phosphate	1.40	mmol/L	0.8 - 1.5	
Total Bilirubin	11	umol/L	4 - 20	
Alk Phos	105	U/L	35 - 110	
Gamma GT	471 H	U/L	5 - 50	
• LDH	276 H	U/L	120 - 250	
• AST	249 H	U/L	10 - 40	
• ALT	159 H	U/L	5 - 40	
Total Protein	72	g/L	64 - 83	
Albumin	46	g/L	36 - 47	
Globulin	26	g/L	23 - 39	
Cholesterol	7.5 H	mmol/L	<5.5	
Triglycerides	1.2	mmol/L	<2.0	







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Comments

Elevated LFTs. Causes include medications, alcohol, fatty change or viral agents.

Raised lipids with predominant hypercholesterolaemia. Secondary causes include hypothyroidism, nephrotic syndrome, cholestasis/biliary obstruction, pancreatic disease and drugs, e.g. thiazides, beta blockers and corticosteroids.

eGFR (mL/min/1.73m2) calculated by CKD-EPI formula - see www.kidney.org.au

NATA ACCREDITATION NO 2178

Reported on 26-Oct-24 13:11

FINAL REPORT





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Lipids and HDL

Test Name	Result	Units	Reference Interval	
Status	Fasting			
Cholesterol	7.5 H	mmol/L	<5.5	
Triglycerides	1.2	mmol/L	<2.0	
HDL Cholesterol	2.6	mmol/L	>1.0	
LDL Cholesterol	4.3 H	mmol/L	<3.0	
 Non-HDL Cholesterol 	4.9 H	mmol/L	<4.0	





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Hypercholesterolaemia noted in previous episode(s) with LDL cholesterol between 5.0 and 6.4 mmol/L.

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Secondary causes (e.g. hypothyroidism, cholestasis and nephrotic syndrome) should be excluded.

In the absence of secondary causes, the possibility of familial

hypercholesterolaemia (FH) needs to be considered.

Clinical features of FH include tendon xanthomata and personal or family history of premature atherogenesis.

Calculation of the likelihood of FH is available at

www.athero.org.au/fh/calculator

If not already undertaken, recommend specialist review and, for a patient with signs of premature or accelerated atherogenesis, consideration of Medicare rebated genetic testing for FH.

In patients with a first- or second-degree relative with a documented causative FH gene identified, genetic testing for FH is eligible for a Medicare rebate as a general practitioner request.

For further information, please also see www.sonicgenetics.com.au/fh

Please note that the above reference limits are decision limits. A flag based on these limits is an indication to review the absolute cardiovascular risk for the patient. For assessment of absolute cardiovascular disease risk please see www.cvdcheck.org.au

The above decision limits are based on the European Atherosclerosis Society (EAS) and European Federation of Clinical Chemistry and Laboratory Medicine (EFLM) Consensus Statement 2016 and the Australasian Association of Clinical Biochemistry and Laboratory Medicine (AACB) Lipid Reporting Guideline 2018.

Lipid treatment targets for patients at high risk of cardiovascular disease:

<4.0 mmol/L Total cholesterol Triglyceride <2.0 mmol/L HDL cholesterol >1.0 mmol/L

LDL cholesterol <2.5 mmol/L (<1.8 mmol/L for very high risk) <3.3 mmol/L (<2.5 mmol/L for very high risk) Non-HDL cholesterol

High risk - Primary prevention Very high risk - Secondary prevention

Target values from the AACB Lipid Reporting Guideline 2018.

Please note that as there is a continuum of risk, benefits are obtained for any measured lipid components moving towards and beyond the various target levels.

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C Reactive Protein (High Sens)

Test Name	Result	Units	Reference Interval	
CRP	1.0	mg/L	0.0 - 5.0	

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25-OH Vitamin D

Test Name	Result	Units	Reference Interval	
Vitamin D	32 L	nmol/L	50 - 140	

Comments

Consistent with mild Vitamin D deficiency.

Due to the prolonged half-life of 25-OH Vitamin D, reassessment of Vitamin D status should not be undertaken until at least 3 to 4 months after implementing supplementation or changing the dose of replacement therapy. According to the Position Statement 'Vitamin D and health in adults in Australia and New Zealand' MJA, 196(11):686-687, 2012, Vitamin D status is defined as:

> Mild Deficiency 30 49 nmol/L 12.5 Moderate Deficiency 29 nmol/L Severe Deficiency <12.5 nmol/L

Vitamin D adequacy can be defined as a level >49 nmol/L at the end of winter - the level may need to be 10 - 20 nmol/L higher at the end of summer, to allow for seasonal decrease.

From 1st November 2014, Medicare rebates for vitamin D testing will apply to patients at risk of Vitamin D deficiency such as chronic lack of sun exposure.

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Glucose

Test Name	Result	Units	Reference Interval	
Glucose Fasting	5.0	mmol/L	3.6 - 6.0	

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Reported on 25-Oct-24 19:18

Thyroid Function

Test Name	Result	Units	Reference Interval	
TSH	0.68	mIU/L	0.40 - 4.00	

NATA ACCREDITATION NO 2178

Reported on 25-Oct-24 23:17

PSA (Abbott Method)

Test Name	Result	Units	Reference Interval	
Total PSA	0.82	ug/L	0.30 - 4.5	

Comments

This PSA result does not indicate a high risk for prostate cancer. If indicated consider follow-up PSA testing in 2 years.

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Parathyroid Hormone

(Intact (1-84) PTH measured by Roche method.)

Intact Parathyroid Hormone	5.8	pmol/L	1.6 - 6.9
Calcium	2.35	mmol/L	2.15 - 2.55
Corrected Calcium	2.29	mmol/L	2.15 - 2.55
Albumin	46	g/L	36 - 47

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Haemoglobin A1c

Test Name	Result	Units	Reference Interval	
HbA1c (IFCC)	31	mmol/mol	20 - 38	
HbA1c (NGSP)	5.0	%	4.0 - 5.6	

Comments

HbA1c less than 48 mmol/mol (6.5%) does not exclude a diagnosis of diabetes mellitus based upon elevated glucose results. The existing diagnostic criteria for fasting and random glucose levels and for oral glucose tolerance testing remain valid, and are the diagnostic tests of choice in the presence of conditions that interfere with HbA1c measurement. Conditions which may affect the measured HbA1c value include any of the haemolytic anaemias, anaemia of chronic disease, severe liver disease, vitamin B12 and/or folate deficiency, the haemoglobinopathies and regular phlebotomy performed for medical indications or for blood donation. It also should be noted that further investigation is required for any inexplicably low HbA1c level or significant discrepancy between HbA1c and glucose results.

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Vitamin B12 and Folate

Test Name	Result	Units	Reference Interval	
Vitamin B12	221	pmol/L	135 - 650	
Active B12	55	pmol/L	>35	

Comments

From 27 November 2023, active B12 (holotranscobalamin) testing will be performed on all patients with low or equivocal (at or below 400 pmol/L) total B12 results. Both tests are eligible for a Medicare rebate under these circumstances.

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Haematology

Test Name	Result	Units	Reference Interval	
Haemoglobin	153	g/L	130 - 180	
Red cell count	4.3 L	x10^12/L	4.5 - 6.5	
Haematocrit	0.44		0.39 - 0.54	
• MCV	103 H	fL	80 - 100	
• MCH	36.0 H	pg	27.0 - 32.0	
MCHC	350	g/L	310 - 360	
RDW	13.1		10.0 - 15.0	
White cell count	6.7	x10^9/L	4.0 - 11.0	
Neutrophils	4.05	x10^9/L	2.0 - 7.5	
Lymphocytes	1.90	x10^9/L	1.0 - 4.0	
Monocytes	0.64	x10^9/L	0.0 - 1.0	
Eosinophils	0.08	x10^9/L	0.0 - 0.5	
Basophils	0.07	x10^9/L	0.0 - 0.3	
NRBC	<1.0	/100 WBC	<1	
Platelets	187	x10^9/L	150 - 450	

Comments

Macrocytosis

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Reported on 25-Oct-24 20:42



