

GOLDBERG, MARKUS
169/1 KATHRINE ST, CHATSWOOD. 2067
Phone: 0410600081
Birthdate: 19/02/1972 **Sex:** M **Medicare Number:** 4242625586
Your Reference: 00203502 **Lab Reference:** 25-96729851-GLU-0
Laboratory: Laverty Pathology
Addressee: DR EDMUND WONG SHE **Referred by:** DR EDMUND WONG SHE
Copy to:
PROF CAROL ANNE POLLOCK

Name of Test: GLUCOSE (GLU-0)
Requested: 13/03/2025 **Collected:** 07/04/2025 **Reported:** 07/04/2025
12:48

Clinical notes: Reduced renal function and recent cva.

Clinical Notes : Reduced renal function and recent cva.

SERUM/PLASMA GLUCOSE

Request Number	24692533	96729851
Date Collected	8 Aug 23	7 Apr 25
Time Collected	08:55	08:10
Fasting status	Fasting	Fasting
Serum (3.4-5.4) mmol/L	5.2	4.7

Normal glucose concentration.

Requested Tests : VBF*, UMM*, TFT, UMA*, GLU, HMA*, MBA*, LIP, INS*, FE, FBE, DVI*, A1C*

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Phone: 0410600081
Birthdate: 19/02/1972 **Sex:** M **Medicare Number:** 4242625586
Your Reference: 00203502 **Lab Reference:** 25-96729851-FBE-0
Laboratory: Laverty Pathology
Addressee: DR EDMUND WONG SHE **Referred by:** DR EDMUND WONG SHE
Copy to:
PROF CAROL ANNE POLLOCK

Name of Test: HAEMATOLOGY (FBE-0)
Requested: 13/03/2025 **Collected:** 07/04/2025 **Reported:** 07/04/2025
12:48

Clinical notes: Reduced renal function and recent cva.

Clinical Notes : Reduced renal function and recent cva.

HAEMATOLOGY

Request Number	24692533	96729851
Date Collected	8 Aug 23	7 Apr 25
Time Collected	08:55	08:10
Specimen Type: EDTA		
Hb (130-180) g/L	158	144
Hct (0.40-0.54)	0.47	0.42
RCC (4.5-6.5) x10 ¹² /L	5.4	5.0
MCV (79-99) fL	87	84
MCH (27-34) pg	29	29
MCHC (320-360) g/L	333	344
RDW (10.0-17.0) %	12.8	12.3

WBC (4.0-11.0)	x10 ⁹ /L	6.0	5.1
Neut (2.0-7.5)	x10 ⁹ /L	3.8	3.2
Lymph (1.0-4.0)	x10 ⁹ /L	1.7	1.5
Mono (0.2-1.0)	x10 ⁹ /L	0.4	0.4
Eos (< 0.7)	x10 ⁹ /L	0.1	0.1
Baso (< 0.2)	x10 ⁹ /L	0.0	0.0
Plat (150-400)	x10 ⁹ /L	181	166

HAEMATOLOGY: FBC parameters are within reference range.

Requested Tests : VBF*, UMM*, TFT, UMA*, GLU, HMA*, MBA*, LIP, INS*, FE, FBE, DVI*, A1C*

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Phone: 0410600081
Birthdate: 19/02/1972 **Sex:** M **Medicare Number:** 4242625586
Your Reference: 00203502 **Lab Reference:** 25-96729851-FE-0
Laboratory: Laverty Pathology
Addressee: DR EDMUND WONG SHE **Referred by:** DR EDMUND WONG SHE
Copy to: PROF CAROL ANNE POLLOCK

Name of Test: IRON STUDIES (FE-0)
Requested: 13/03/2025 **Collected:** 07/04/2025 **Reported:** 07/04/2025
 12:49

Clinical notes: Reduced renal function and recent cva.

Clinical Notes : Reduced renal function and recent cva.

IRON STUDIES

Request Number	24692533	96729851
Date Collected	8 Aug 23	7 Apr 25
Time Collected	08:55	08:10
Specimen Type: Serum		
Iron (10-30)	umol/L	16
T'ferrin(27-46)	umol/L	29
T. Sat. (13-45)	%	28
Ferritin(30-300)	ug/L	214

An increased serum ferritin with a normal transferrin saturation may occur in the context of the acute-phase response or hepatic damage. This finding may atypically occur in the context of iron overload. Suggest follow-up assessment with iron studies, CRP and liver function tests, after resolution of any concurrent illness.

Requested Tests : VBF*, UMM*, TFT, UMA*, GLU, HMA*, MBA*, LIP, INS*, FE, FBE, DVI*, A1C*

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 169/1 KATHRINE ST, CHATSWOOD. 2067
Phone: 0410600081
Birthdate: 19/02/1972 **Sex:** M **Medicare Number:** 4242625586
Your Reference: 00203502 **Lab Reference:** 25-96729851-TFT-0
Laboratory: Laverty Pathology
Addressee: DR EDMUND WONG SHE **Referred by:** DR EDMUND WONG SHE
Copy to:

PROF CAROL ANNE POLLOCK

Name of Test: THYROID FUNCTION TEST (TFT-0)
Requested: 13/03/2025 **Collected:** 07/04/2025 **Reported:** 07/04/2025
12:49

Clinical notes: Reduced renal function and recent cva.

Clinical Notes : Reduced renal function and recent cva.

THYROID PROFILE
Request Number 24692533 96729851
Date Collected 8 Aug 23 7 Apr 25
Time Collected 08:55 08:10
Specimen Type: Serum
TSH (0.5-4.0) mIU/L **0.41** 1.3

Result(s) consistent with euthyroidism.

Requested Tests : VBF*, UMM*, TFT, UMA*, GLU, HMA*, MBA*, LIP, INS*, FE, FBE,
DVI*, A1C*

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Phone: 0410600081
Birthdate: 19/02/1972 **Sex:** M **Medicare Number:** 4242625586
Your Reference: 00203502 **Lab Reference:** 25-96729851-LIP-0
Laboratory: Laverty Pathology
Addressee: DR EDMUND WONG SHE **Referred by:** DR EDMUND WONG SHE
Copy to:
PROF CAROL ANNE POLLOCK

Name of Test: LIPID STUDIES (LIP-0)
Requested: 13/03/2025 **Collected:** 07/04/2025 **Reported:** 07/04/2025
12:51

Clinical notes: Reduced renal function and recent cva.

Clinical Notes : Reduced renal function and recent cva.

LIPID STUDIES
Request Number 24692533 96729851
Date Collected 8 Aug 23 7 Apr 25
Time Collected 08:55 08:10
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
Icterus	Nil	Nil
Lipaemia	Nil	Nil

Fasting status		Fasting	Fasting
Chol (3.9-5.2)	mmol/L	6.1	5.1
Trig (0.5-1.7)	mmol/L	1.8	1.0
HDL (1.0-2.0)	mmol/L	1.1	1.2
LDL (1.5-3.4)	mmol/L	4.2	3.4
Non-HDL (< 3.4)	mmol/L	5.0	3.9

Chol/HDL(< 5.0) 5.5 4.2

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*, UMM*, TFT, UMA*, GLU, HMA*, MBA*, LIP, INS, FE, FBE, DVI*, A1C*

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Phone: 0410600081
Birthdate: 19/02/1972 Sex: M Medicare Number: 4242625586
Your Reference: 00203502 Lab Reference: 25-96729851-INS-0
Laboratory: Laverty Pathology
Addressee: DR EDMUND WONG SHE Referred by: DR EDMUND WONG SHE
Copy to: PROF CAROL ANNE POLLOCK

Name of Test: SERUM INSULIN (INS-0)
Requested: 13/03/2025 Collected: 07/04/2025 Reported: 07/04/2025
12:54

Clinical notes: Reduced renal function and recent cva.

Clinical Notes : Reduced renal function and recent cva.

SERUM INSULIN

Fasting status	Fasting
Haemolysis	Nil
Insulin	8 mU/L (< 10)

ASSESSMENT OF INSULIN RESISTANCE (FASTING SAMPLES ONLY)

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

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*, UMM*, TFT, UMA*, GLU, HMA*, MBA*, LIP, INS, FE, FBE, DVI*, A1C*

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Phone: 0410600081
Birthdate: 19/02/1972 **Sex:** M **Medicare Number:** 4242625586
Your Reference: 00203502 **Lab Reference:** 25-96729851-DVI-0
Laboratory: Lavery Pathology
Addressee: DR EDMUND WONG SHE **Referred by:** DR EDMUND WONG SHE
Copy to:
PROF CAROL ANNE POLLOCK

Name of Test: VITAMIN D (DVI-0)
Requested: 13/03/2025 **Collected:** 07/04/2025 **Reported:** 07/04/2025
13:17

Clinical notes: Reduced renal function and recent cva.

Clinical Notes : Reduced renal function and recent cva.

VITAMIN D

Haemolysis	Nil
Serum 25(OH) Vitamin D	93 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*, UMM*, TFT, UMA*, GLU, HMA*, MBA*, LIP, INS, FE, FBE,
DVI, A1C*

GOLDBERG, MARKUS
169/1 KATHRINE ST, CHATSWOOD. 2067
Phone: 0410600081
Birthdate: 19/02/1972 **Sex:** M **Medicare Number:** 4242625586
Your Reference: 00203502 **Lab Reference:** 25-96729851-A1C-0
Laboratory: Lavery Pathology
Addressee: DR EDMUND WONG SHE **Referred by:** DR EDMUND WONG SHE
Copy to:
PROF CAROL ANNE POLLOCK

Name of Test: GLYCATED HAEMOGLOBIN (A1C-0)
Requested: 13/03/2025 **Collected:** 07/04/2025 **Reported:** 07/04/2025
13:27

Clinical notes: Reduced renal function and recent cva.

Clinical Notes : Reduced renal function and recent cva.

GLYCATED HAEMOGLOBIN (HbA1c)

Request Number	24692533	96729851
Date Collected	8 Aug 23	7 Apr 25
Time Collected	08:55	08:10
Specimen Type: EDTA		
HbA1c-NGSP (4.0-6.0) %	4.8	4.6

HbA1c-IFCC (20-42) mmol/mol 29 27

The WHO recommends that an HbA1c cut-off of $\geq 6.5\%$ (48 mmol/mol) is used to diagnose type 2 diabetes.

While it is recognised that HbA1c levels approaching this cut-off place patients at increasingly higher risk of developing diabetes ($<6.5\%$), there is no consensus as to exactly which cut-off at the lower end of the continuum to use for categorising patients as high risk. Various groups quote lower limits for at-risk patients that vary between 5.5% and 6.0% (37 and 42 mmol/mol).

Please note that HbA1c should not be used for diagnosing diabetes mellitus in the following circumstances:

- Children and young people
- Pregnancy - current or within the past 2 months
- Suspected Type 1 diabetes mellitus
- Symptoms of diabetes for <2 months
- Patients who are acutely ill
- Patients taking drugs that can cause rapid onset hyperglycaemia such as corticosteroids, antipsychotic drugs
- Acute pancreatic damage or pancreatic surgery
- Kidney failure
- Patients being treated for HIV infection

Please be cautious when requesting or interpreting HbA1c when patients:

- May have an abnormal haemoglobin
- May be anaemic
- May have an altered red cell lifespan (e.g. post-splenectomy)
- May have had a recent blood transfusion

Requested Tests : VBF*, UMM*, TFT, UMA*, GLU, HMA*, MBA*, LIP, INS, FE, FBE, DVI, A1C

GOLDBERG, MARKUS
169/1 KATHRINE ST, CHATSWOOD. 2067
Phone: 0410600081
Birthdate: 19/02/1972 **Sex:** M **Medicare Number:** 4242625586
Your Reference: 00203502 **Lab Reference:** 25-96729851-VBF-0
Laboratory: Laverty Pathology
Addressee: DR EDMUND WONG SHE **Referred by:** DR EDMUND WONG SHE
Copy to: PROF CAROL ANNE POLLOCK

Name of Test: B12, FOLATE, R.C.FOLATE (VBF-0)
Requested: 13/03/2025 **Collected:** 07/04/2025 **Reported:** 07/04/2025
13:45

Clinical notes: Reduced renal function and recent cva.

Clinical Notes : Reduced renal function and recent cva.

VITAMIN B12 AND FOLATE STUDIES

Request Number	24692533	96729851
Date Collected	8 Aug 23	7 Apr 25
Time Collected	08:55	08:10
B12 (156-740)pmol/L	380	206
Active B12 (> 40) pmol/L		112
Serum Folate (> 9.0)nmol/L	21.8	21.6

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
<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, UMM*, TFT, UMA*, GLU, HMA*, MBA*, LIP, INS, FE, FBE, DVI, A1C

GOLDBERG, MARKUS

169/1 KATHRINE ST, CHATSWOOD. 2067

Phone: 0410600081

Birthdate: 19/02/1972 Sex: M Medicare Number: 4242625586

Your Reference: 00203502 Lab Reference: 25-96729851-UMA-0

Laboratory: Laverty Pathology

Addressee: DR EDMUND WONG SHE Referred by: DR EDMUND WONG SHE

Copy to:

PROF CAROL ANNE POLLOCK

Name of Test: URINE MICROALBUMIN (UMA-0)

Requested: 13/03/2025 Collected: 07/04/2025 Reported: 07/04/2025
15:54

Clinical notes: Reduced renal function and recent cva.

Clinical Notes : Reduced renal function and recent cva.

Urine Albumin URINE MICROALBUMIN
39.8 mg/L

Creatinine 21.4 mmol/L
Albumin/Creatinine ratio 1.9 mg/mmol creat (< 2.5)

Normal urine albumin: creatinine ratio.

If indicated, screening for chronic kidney disease with urine albumin:creatinine ratio (preferably on a first morning void spot urine sample) is recommended every 1-2 years, and annually in patients with diabetes or hypertension. (Kidney Health Australia, CKD Management in General Practice 2015)

Requested Tests : VBF, UMM*, TFT, UMA, GLU, HMA*, MBA, LIP, INS, FE, FBE, DVI, A1C

GOLDBERG, MARKUS
169/1 KATHRINE ST, CHATSWOOD. 2067
Phone: 0410600081
Birthdate: 19/02/1972 **Sex:** M **Medicare Number:** 4242625586
Your Reference: 00203502 **Lab Reference:** 25-96729851-MBA-0
Laboratory: Laverty Pathology
Addressee: DR EDMUND WONG SHE **Referred by:** DR EDMUND WONG SHE
Copy to: PROF CAROL ANNE POLLOCK

Name of Test: SERUM CHEMISTRY (MBA-0)
Requested: 13/03/2025 **Collected:** 07/04/2025 **Reported:** 07/04/2025
14:36

Clinical notes: Reduced renal function and recent cva.

Clinical Notes : Reduced renal function and recent cva.

SERUM CHEMISTRY

Request Number 24692533 96729851
Date Collected 8 Aug 23 7 Apr 25
Time Collected 08:55 08:10
Specimen Type: Serum

Haemolysis	Nil	Nil
Icterus	Nil	Nil
Lipaemia	Nil	Nil

Na	(135-145)	mmol/L	143	139
K	(3.6-5.4)	mmol/L	5.5	4.1
Cl	(95-110)	mmol/L	102	102
HCO3	(22-32)	mmol/L	26	26
An Gap	(10-20)	mmol/L	20	15
Urea	(2.5-8.5)	mmol/L	10.5	7.2
Creat	(60-110)	umol/L	140	135
eGFR	mL/min/1.73sqM		50	51
Urate	(0.20-0.42)	mmol/L	0.40	0.38
Bili	(< 20)	umol/L	14	23
AST	(< 40)	U/L	17	16
ALT	(< 40)	U/L	19	19
GGT	(< 50)	U/L	11	13
Alk Phos	(35-110)	U/L	59	69
Protein	(60-82)	g/L	74	70
Albumin	(38-50)	g/L	49	47
Glob	(20-38)	g/L	25	23
Ca	(2.10-2.60)	mmol/L	2.56	2.40
Corr Ca	(2.10-2.60)	mmol/L	2.44	2.32
PO4	(0.75-1.50)	mmol/L	1.17	1.14
Mg	(0.70-1.10)	mmol/L	0.95	

eGFR 30-59 mL/min/1.73m2 suggests moderate chronic kidney disease and indicates the need for further investigation including assessment of proteinuria and cardiovascular risk factors.

Requested Tests : VBF, UMM*, TFT, UMA*, GLU, HMA*, MBA, LIP, INS, FE, FBE, DVI, A1C

GOLDBERG, MARKUS
169/1 KATHRINE ST, CHATSWOOD. 2067
Phone: 0410600081
Birthdate: 19/02/1972 Sex: M Medicare Number: 4242625586
Your Reference: 00203502 Lab Reference: 25-96729851-IWY-0
Laboratory: Lavery Pathology
Addressee: DR EDMUND WONG SHE Referred by: DR EDMUND WONG SHE
Copy to: PROF CAROL ANNE POLLOCK

Name of Test: INTERNAL SEND AWAY (IWY-0)
Requested: 13/03/2025 Collected: 07/04/2025 Reported: 08/04/2025
20:46

Clinical notes: Reduced renal function and recent cva.

Clinical Notes : Reduced renal function and recent cva.

REFERENCE REPORT

The following test has been sent to:
SAN PATHOLOGY - LIPID SUBFRACTIONS

Requested Tests : IWY*, QFX*, VBF, UMM, TFT, UMA, GLU, HMA*, MBA, LIP, INS, FE, FBE, DVI, A1C

GOLDBERG, MARKUS
169/1 KATHRINE ST, CHATSWOOD. 2067
Phone: 0410600081
Birthdate: 19/02/1972 Sex: M Medicare Number: 4242625586
Your Reference: 00203502 Lab Reference: 25-96729851-UMM-0
Laboratory: Lavery Pathology
Addressee: DR EDMUND WONG SHE Referred by: DR EDMUND WONG SHE
Copy to: PROF CAROL ANNE POLLOCK

Name of Test: URINE MICRO/CULTURE (UMM-0)
Requested: 13/03/2025 Collected: 07/04/2025 Reported: 08/04/2025
08:14

Clinical notes: Reduced renal function and recent cva.

Clinical Notes : Reduced renal function and recent cva.

URINE EXAMINATION

Specimen	URINE	MICROSCOPY			
CHEMISTRY					
pH	5.0	Leucocytes	20	x10^6	/L (< 10)
Protein	+	Erythrocytes	15	x10^6	/L (< 10)
Glucose	nil	Epithelial cells	0	x10^6	/L (< 10)
Blood	trace				

CULTURE No growth

Pyuria noted.

Proteinuria noted.

Requested Tests : QFX*, VBF, UMM, TFT, UMA, GLU, HMA*, MBA, LIP, INS, FE, FBE, DVI, A1C

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169/1 KATHRINE ST, CHATSWOOD. 2067
Phone: 0410600081
Birthdate: 19/02/1972 **Sex:** M **Medicare Number:** 4242625586
Your Reference: 00203502 **Lab Reference:** 25-96729851-HMA-0
Laboratory: Lavery Pathology
Addressee: DR EDMUND WONG SHE **Referred by:** DR EDMUND WONG SHE
Copy to:
PROF CAROL ANNE POLLOCK

Name of Test: HOMOCYSTEINE (HMA-0)
Requested: 13/03/2025 **Collected:** 07/04/2025 **Reported:** 10/04/2025
12:59

Clinical notes: Reduced renal function and recent cva.

Clinical Notes : Reduced renal function and recent cva.

Homocysteine HOMOCYSTEINE 8.9 umol/L (4.0-14.0)

Requested Tests : IWY*, QFX*, VBF, UMM, TFT, UMA, GLU, HMA, MBA, LIP, INS, FE, FBE, DVI, A1C

GOLDBERG, MARKUS
1902B/101 WATERLOO ROAD, MACQUARIE PARK. 2113
Phone: 0410600081
Birthdate: 19/02/1972 **Sex:** M **Medicare Number:** 4242625585
Your Reference: **Lab Reference:** 893102504-C-0482
Laboratory: Douglass Hanly Moir Pathology
Addressee: DR EDMUND WONG SHE **Referred by:** LAVERTY P SENDAWAYS DEPT
Copy to:
DR EDMUND WONG SHE

Name of Test: LIPSUB2
Requested: 13/03/2025 **Collected:** 07/04/2025 **Reported:** 14/04/2025
08:13

Clinical notes: REDUCED RENAL FUNCTION AND RECENT CVA

Clinical Notes : REDUCED RENAL FUNCTION AND RECENT CVA

Lipid Subfractions Graph

NATA Accreditation No 2178

Tests Completed: LIPSUB2
Tests Pending : Lipid Subfractions(s)
Sample Pending :

