NutriPATH
INTEGRATIVE PATHOLOGY SERVICES
P: 1300 688 522
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SAMPLE REPORT
09-May-1990 Female

16 HARKER STREET
BURWOOD VIC 3125

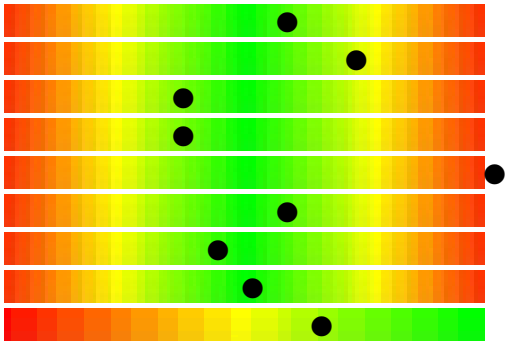
Dr.SAMPLE REPORT
TEST HEALTH CENTRE
123 TEST STREET
BURWOOD VIC 3125

LAB ID : 3814231
UR NO. :
Collection Date : 09-May-2022
Received Date:09-May-2022

3814231

BIOCHEMISTRY

BLOOD - SERUM	Result	Range	Units
UEC (Renal)			
SODIUM	141	135 - 145	mmol/L
POTASSIUM	5.2	3.5 - 5.5	mmol/L
CHLORIDE	98	95 - 110	mmol/L
BICARBONATE	24	21 - 32	mmol/L
Anion Gap	*24* *H	8 - 16	mmol/L
UREA	6.4	3.0 - 8.0	mmol/L
CREATININE (mmol/L)	0.07	0.05 - 0.10	mmol/L
Creatinine	73	45 - 100	umol/L
Estimated GFR	80	> 60	ml/min



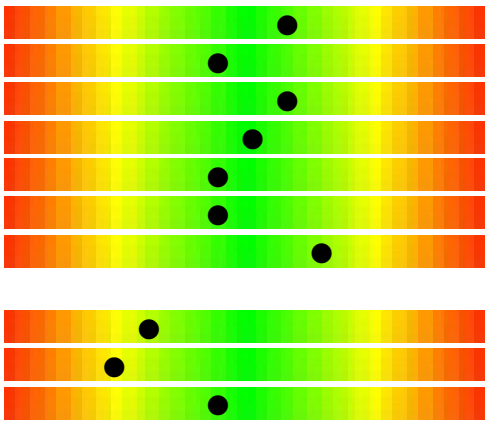
UEC Comment

ELEVATED ANION GAP:
A high anion gap indicates metabolic acidosis. In uncontrolled diabetes, there is an increase in ketoacids due to metabolism of ketones. In these conditions, bicarbonate concentrations decrease by acting as a buffer against the increased presence of acids (as a result of the underlying condition). The bicarbonate is consumed resulting in a high anion gap.
Examples of metabolic acidosis include:
Lactic acidosis, Ketoacidosis, Diabetic ketoacidosis, Alcohol abuse.
Toxins Exposure: Methanol, Ethylene glycol, Propylene glycol, Lactic acid, Uremia, Aspirin, Iron
Cyanide.
Renal failure; causes high anion gap acidosis by decreased acid excretion and decreased HCO3? reabsorption. Accumulation of sulfates, phosphates, urate, and hippurate also accounts for a high anion gap.

eGFR : >/= 60 mL/min/1.73 sq.m - Does not exclude mild renal impairement, or kidney diseases without renal impairement.

Corrected Calcuim Profile

LIVER FUNCTION TESTS			
BILIRUBIN (TOTAL)	11	3 - 15	umol/L
ALP	63	35 - 110	units/L
GGT	24	5 - 35	units/L
ALT	18	5 - 30	units/L
AST	20	10 - 35	units/L
PROTEIN - TOTAL	68	60 - 83	g/L
ALBUMIN	47	35 - 50	g/L
GLOBULIN	21		g/L
CALCIUM	2.21	2.15 - 2.60	mmol/L
Calcium Adjusted	*2.07* *L	2.10 - 2.60	mmol/L
PHOSPHATE	0.9	0.6 - 1.4	mmol/L



(*) Result outside normal reference range (H) Result is above upper limit of reference rang (L) Result is below lower limit of reference range

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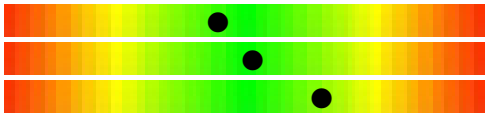
BIOCHEMISTRY

BLOOD - SERUM	Result	Range	Units
MAGNESIUM	**0.84**	0.70 - 1.10	mmol/L
LDH	**183**	120 - 250	units/L
URATE	**0.33**	0.15 - 0.40	mmol/L



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LIPIDS				
CHOLESTEROL	*5.8* *H	0.0 - 5.5	mmol/L	
TRIGLYCERIDES	1.4	0.2 - 1.5	mmol/L	
LIPID STUDIES				
HDL(Protective)	*1.0* *L	> 1.2	mmol/L	
LDL(Atherogenic)	*4.2* *H	0.5 - 3.5	mmol/L	
Cholesterol/HDL Ratio	5.8			
LDL/HDL RATIO (Risk Factor)	*4.2* *H	0.0 - 3.2		
Trig/HDL Ratio	1.4	0.5 - 1.7	RATIO	
Lipid Profile Comment				

CHOLESTEROL COMMENT:
For secondary prevention, total cholesterol Treatment Target is <4.0 mmol/L
Triglycerides Treatment Target <2.0 mmol/L
HDL Treatment Target Value >1.0 mmol/L

LDL-CHOLESTEROL COMMENT:
As there is an elevated LDL level, we suggest a Liposcreen (LDL Subfractions) Test to determine the presence of small, dense (highly atherogenic) LDLs which are a primary cause of Coronary Artery Disease (CAD).
The LDL subtypes are not detectable through conventional Lipid Profiles.

TRIG/HDL RATIO COMMENT:
HDL is closely related to triglycerides. Commonly, patients with elevated triglycerides also have low HDL levels, and also tend to have elevated levels of clotting factors in their blood stream, which is unhealthy in protecting against heart disease.
The triglyceride/HDL ratio is found to be one of the better predictors of heart disease. Research shows that people with an elevated ratio of triglycerides to HDL have 16 times the risk of heart attack as those with the low/normal.

Therefore, in adults, the triglyceride/HDL ratio should ideally be below 2.0 .

TRIG/HDL Reference Range:

< 0.9	Considered ideal	(minimal risk)
> 1.7	High	(moderate risk)
> 2.6	Very High	(high risk)

GLUCOSE (FASTING)	*5.9* *H	3.5 - 5.6	mmol/L

Tests ordered: LDH,MG,PHOS,URAT,FATS,LFT,FGLU,LIP,UEC,Corca Pro,eGFR,IMPEI,CFee

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