Doctors Communicating Patient Results

Welcome to DCP Results

Results List

You are now viewing results of tests direct from your GP

Results are first reviewed by your GP then made available for you to peruse along with directions to follow. Your doctor may add additional comments regarding your results and may withold actual reports for later discussion at followup consult.

Help Page

Patient Date Of Birth : 10/05/1989
Initial Request Date : 13/04/2023
Requested Tests : (EUC,LFT); Full Blood Count (FBC); Lipids Fasting (TC,TG,HDL/LDL); Liver Function Test (LFT); Glucose fasting; Thyroid Stimulating Hormone (TSH); Testosterone; Iron studies (IS); Active Vit B12; Folate; MMR Ab; Hep A+B immunity
Requesting Doctor : Dr Bilal Chaudary
Requesting Practice : Brunswick

Showing Latest 15 Results

Privacy - Terms

Test List

2023/04/17 Vitd/pth - 4Cyte Pathology

2023/04/17 Measles Serology - 4Cyte Pathology

2023/04/17 Rubella Serology - 4Cyte Pathology

2023/04/17 Biochemistry, Serum - 4Cyte Pathology

2023/04/17 Iron Studies - 4Cyte Pathology

2023/04/17 Lipid Studies - 4Cyte Pathology

2023/04/17 Hormones - 4Cyte Pathology

2023/04/17 Microalbumin - 4Cyte Pathology

2023/04/17 Glucose - 4Cyte Pathology

2023/04/17 B12/folate Master - 4Cyte Pathology

2023/04/17 Full Blood Count - 4Cyte Pathology

2023/04/17 Mumps Serology - 4Cyte Pathology

2023/04/17 Thyroid - 4Cyte Pathology

2023/04/17 Hepatitis Serology - 4Cyte Pathology

2023/04/17 Electrocardiogram - 4Cyte Pathology

2023/04/17 Vitd/pth - 4Cyte Pathology

Action:

Your result for the this test has been marked for discussion. You must make an appointment with your doctor to discuss this result.

Report:

Clinical Notes: headaches
Pathologist: Dr P. Stewart

Vitamin D and Metabolic Bone Markers (Serum)

Coll Date: **14/04/23**
Coll Time: **11:30**
Lab Number: **10203993**

25-OH Vit D	**38**	L	(50-200)	nmol/L

25-OH Vit D result consistent with mild deficiency. If commencing / altering supplementation, measure 25-OH Vit D again in three to four months. Target level > 50 nmol/L at the end of winter.

Tests to follow: BSL,HEPS,FBC,MUVS,MALB,TFT,B12/FOL

Back to list

2023/04/17 Measles Serology - 4Cyte Pathology

Action:

Your result for the this test has been marked for discussion. You must make an appointment with your doctor to discuss this result.

Report:

Clinical Notes: headaches
Pathologist: Dr A. Jaksic

Measles Virus Serology (Serum)

Measles IgG	Not Detected	

No evidence of Measles infection or immunisation. If recent infection or exposure is suspected please send a further sample in 7-10 days for Measles IgG and IgM testing to exclude a rise in Measles antibody levels. Otherwise consider Measles immunisation (post-partum immunisation if pregnant).

Tests to follow: HEPS,FBC,MUVS,TFT,B12/FOL

Back to list

2023/04/17 Rubella Serology - 4Cyte Pathology

Action:

Your result for the this test has been marked for discussion. You must make an appointment with your doctor to discuss this result.

Report:

Clinical Notes: headaches
Pathologist: Dr A. Jaksic

Rubella Virus Serology (Serum)

Rubella IgG	2.6	(< 5.0)	IU/mL

No evidence of past Rubella infection or immunisation. If very early infection is suspected please send a further sample in 5-7 days for Rubella IgG and IgM to exclude a rise in Rubella antibody levels. Otherwise consider Rubella immunisation.

Tests to follow: HEPS,FBC,MUVS,TFT,B12/FOL

Back to list

2023/04/17 Biochemistry, Serum - 4Cyte Pathology

Action:

Your result for the this test has been marked as No Further Action Required. If you wish to discuss this result please make an appointment with your GP.

Report:

Clinical Notes: headaches
Pathologist: Dr P. Stewart

Biochemistry (Serum)

Coll Date: **14/04/23**
Coll Time: **11:30**
Lab Number: **10203993**

Sodium	140		(135-145)	mmol/L
Potassium	4.1		(3.5-5.5)	mmol/L
Chloride	104		(95-110)	mmol/L
Bicarbonate	29		(22-32)	mmol/L
Anion Gap	11		(8-19)	mmol/L
Urea	5.6		(3.2-8.2)	mmol/L
Creatinine	**111**	H	(60-110)	umol/L
eGFR	75		(> 59)	
Total Protein	73		(60-80)	g/L
Globulin	30		(23-39)	g/L
Albumin	43		(34-50)	g/L
Bilirubin Total	8		(< 21)	umol/L
Alk. Phosphatase	54		(30-110)	U/L
Gamma GT	11		(< 51)	U/L
ALT	20		(< 40)	U/L
AST	21		(< 35)	U/L

Tests to follow: HEPS,FBC,MUVS,TFT,B12/FOL

Back to list

2023/04/17 Iron Studies - 4Cyte Pathology

Action:

Your result for the this test has been marked as No Further Action Required. If you wish to discuss this result please make an appointment with your GP.

Report:

Clinical Notes: headaches
Pathologist: Dr C. Harris

Iron Studies (Serum)

Coll Date: **14/04/23**
Coll Time: **11:30**
Lab Number: **10203993**

Ferritin	141	(30-300)	ug/L
Iron	19	(11-30)	umol/L
Transferrin	2.1	(2.0-3.6)	g/L
Transferrin Sat.	36	(20-50)	%

Tests to follow: HEPS,FBC,MUVS,TFT,B12/FOL

Back to list

2023/04/17 Lipid Studies - 4Cyte Pathology

Action:

Your result for the this test has been marked for discussion. You must make an appointment with your doctor to discuss this result.

Report:

Clinical Notes: headaches
Pathologist: Dr P. Stewart

Lipid Studies (Serum)

Coll Date:	**14/04/23**		
Coll Time:	**11:30**		
Lab Number:	**10203993**		
Status	Fasting		
Cholesterol	5.0	(< 5.6)	mmol/L
Triglyceride	0.9	(< 2.1)	mmol/L
HDL-c	1.3	(> 0.9)	mmol/L
LDL-c	**3.3** H	(< 3.1)	mmol/L
TC/HDL-c	3.8	(< 4.5)	
Non-HDL-c	3.7	(< 4.1)	mmol/L

National Heart Foundation treatment targets for high risk patients:

Cholesterol	<4.0
Triglyceride	<2.0
HDL-c	>1.0
LDL-c	<2.5(<1.8 mmol/L for very high risk)
Non-HDL-c	<3.3(<2.5 mmol/L for very high risk)

Tests to follow: HEPS,FBC,MUVS,TFT,B12/FOL

Back to list

2023/04/17 Hormones - 4Cyte Pathology

Action:

Your result for the this test has been marked as No Further Action Required. If you wish to discuss this result please make an appointment with your GP.

Report:

Clinical Notes: headaches
Pathologist: Dr P. Stewart

Reproductive Hormones (Serum)

Coll Date:	**14/04/23**		
Coll Time:	**11:30**		
Lab Number:	**10203993**		
Testosterone	27.4	(9.2-31.8)	nmol/L

Normal total testosterone. If clinical symptoms are suggestive of hypogonadism, measurement of total testosterone should be repeated along with SHBG, LH and FSH.

Tests to follow: HEPS,FBC,MUVS,TFT,B12/FOL

Back to list

2023/04/17 Microalbumin - 4Cyte Pathology

Action:

Your result for the this test has been marked as No Further Action Required. If you wish to discuss this result please make an appointment with your GP.

Report:

Clinical Notes: headaches
Pathologist: Dr P. Stewart

Microalbumin (Urine)

Coll Date:	**14/04/23**		
Coll Time:	**11:30**		
Lab Number:	**10203993**		
Albumin	< 3.0		mg/L
Creatinine	4.6		mmol/L
Albumin/Creat	< 0.6	(< 2.5)	mg/mmol

Normal Alb/Creat result. As patient's most recent eGFR >60, Kidney Health Australia guidelines recommend repeat microalbumin and EUC/biochemical profile in 12-24 months (annually if hypertension present) for at risk patients.

Tests to follow: HEPS,FBC,MUVS,TFT,B12/FOL

Back to list

2023/04/17 Glucose - 4Cyte Pathology

Action:

Your result for the this test has been marked as No Further Action Required. If you wish to discuss this result please

make an appointment with your GP.

Report:

Clinical Notes: headaches
Pathologist: Dr P. Stewart

Glucose (Serum/Plasma)

Coll Date:	**14/04/23**		
Coll Time:	**11:30**		
Lab Number:	**10203993**		
Glucose Fasting	4.6	(3.0-5.4)	mmol/L

Diabetes unlikely (no documented laboratory history of diabetes). Retest every 3 years if low risk.

Tests to follow: HEPS,FBC,MUVS,TFT,B12/FOL

Back to list

2023/04/17 B12/folate Master - 4Cyte Pathology

Action:

Your result for the this test has been marked as No Further Action Required. If you wish to discuss this result please make an appointment with your GP.

Report:

Clinical Notes: headaches
Pathologist: Dr C. Harris

B12/Folate (Serum)

Coll Date:	**14/04/23**		
Coll Time:	**11:30**		
Lab Number:	**10203993**		
Active Vit. B12	112	(> 35)	pmol/L
Serum Folate	36.7	(> 12.0)	nmol/L

Tests to follow: HEPS

Back to list

2023/04/17 Full Blood Count - 4Cyte Pathology

Action:

Your result for the this test has been marked as No Further Action Required. If you wish to discuss this result please make an appointment with your GP.

Report:

Clinical Notes: headaches
Pathologist: Dr C. Harris

Full Blood Count (Whole Blood)

Coll Date:	**14/04/23**		
Coll Time:	**11:30**		
Lab Number:	**10203993**		
HAEMOGLOBIN	146	(130-180)	g/L
RBC	4.8	(4.5-6.5)	10^12/L
HCT	0.41	(0.38-0.52)	
MCV	85.6	(80.0-100.0)	fL
MCH	31	(26-32)	pg
MCHC	355	(300-360)	g/L
RDW	13.5	(< 15.1)	%
WCC	5.8	(4.0-11.0)	10^9/L
Neutrophils	3.1	(2.0-8.0)	10^9/L
Lymphocytes	2.2	(1.0-4.0)	10^9/L
Monocytes	0.3	(0.2-1.0)	10^9/L
Eosinophils	0.2	(< 0.8)	10^9/L
Basophils	0.0	(< 0.2)	10^9/L
PLATELETS	241	(150-400)	10^9/L
MPV	8.0	(6.5-11.0)	fL

FBC parameters normal.

Tests to follow: HEPS

Back to list

2023/04/17 Mumps Serology - 4Cyte Pathology

Action:

Your result for the this test has been marked as No Further Action Required. If you wish to discuss this result please make an appointment with your GP.

Report:

Clinical Notes: headaches
Pathologist: Dr A. Jaksic

Mumps Virus Serology (Serum)

Mumps IgG	**DETECTED**

Consistent with past Mumps infection or immunisation.

Tests to follow: HEPS

Back to list

2023/04/17 Thyroid - 4Cyte Pathology

Action:

Your result for the this test has been marked as No Further Action Required. If you wish to discuss this result please make an appointment with your GP.

Report:

Clinical Notes: headaches
Pathologist: Dr P. Stewart

Thyroid (Serum)

Coll Date:	**14/04/23**		
Coll Time:	**11:30**		
Lab Number:	**10203993**		
TSH	2.60	(0.50-4.00)	mIU/L

Euthyroid.

Tests to follow: HEPS

Back to list

2023/04/17 Hepatitis Serology - 4Cyte Pathology

Action:

Your result for the this test has been marked for discussion. You must make an appointment with your doctor to discuss this result.

Report:

Clinical Notes: headaches
Pathologist: Dr A. Jaksic

Hepatitis Serology (Serum)

Coll Date:	**14/04/23**		
Coll Time:	**11:30**		
Lab Number:	**10203993**		
HepB surface Ab	< 3.1	(< 10)	mIU/mL

No evidence of immunity to Hepatitis B virus infection.

HepA TotalAb	**DETECTED**

Consistent with recent or past Hepatitis A virus exposure or immunisation.
If clinically indicated recommend Hepatitis A IgM test to exclude recent

infection.

Tests to follow: All Tests now completed

Back to list

2023/04/17 Electrocardiogram - 4Cyte Pathology

Action:

Your result for the this test has been marked as No Further Action Required. If you wish to discuss this result please make an appointment with your GP.

Report:

Clinical Notes: nil

Electrocardiogram

Heart rate: 54 bpm

Diagnosis: Sinus rhythm

Within normal limits

Reported by Dr. Ken Lu

Tests to follow: All Tests now completed

Back to list