

TEST PATIENT

Dr. TEST DOCTOR



P: 1300 688 522
E: info@nutripath.com.au
A: PO Box 442 Ashburton VIC 3142

Date of Birth : 01-Jan-1958
Sex : F
Collected : 27/Jan/2022
Received: 27/Jan/2022
1 TEST CRT
BURWOOD VIC 3125
Lab id : **3793204** UR#:

TEST HEALTH CENTRE
123 TEST STREET
BURWOOD VIC 3125

BIOCHEMISTRY

BLOOD - SERUM

Result Range Units

UEC (Renal)

SODIUM	142	135 - 145	mmol/L	
POTASSIUM	4.3	3.5 - 5.5	mmol/L	
CHLORIDE	102	95 - 110	mmol/L	
BICARBONATE	25	21 - 32	mmol/L	
Anion Gap	19 *H	8 - 16	mmol/L	
UREA	5.0	3.0 - 8.0	mmol/L	
CREATININE (mmol/L)	0.07	0.05 - 0.10	mmol/L	
Creatinine	56	45 - 100	umol/L	
Estimated GFR	70	> 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 impairment, or kidney diseases without renal impairment.

LIVER FUNCTION TESTS

BILIRUBIN (TOTAL)	3	3 - 15	umol/L	
ALP	56	35 - 110	units/L	
GGT	27	5 - 35	units/L	
ALT	23	5 - 30	units/L	
AST	24	10 - 35	units/L	
PROTEIN - TOTAL	71	60 - 83	g/L	
ALBUMIN	45	35 - 50	g/L	
GLOBULIN	26		g/L	
CALCIUM	2.30	2.15 - 2.60	mmol/L	
PHOSPHATE	1.2	0.6 - 1.4	mmol/L	
MAGNESIUM	0.90	0.70 - 1.10	mmol/L	
LDH	170	120 - 250	units/L	
URATE	0.17	0.15 - 0.40	mmol/L	

(*) Result outside normal reference range

(H) Result is above upper limit of reference range



TEST PATIENT**Dr.TEST DOCTOR**

P: 1300 688 522
E: info@nutripath.com.au
A: PO Box 442 Ashburton VIC 3142

Date of Birth : 01-Jan-1958
Sex : F
Collected : 27/Jan/2022
Received: 27/Jan/2022
1 TEST CRT
BURWOOD VIC 3125
Lab id : **3793204** UR#:

TEST HEALTH CENTRE
123 TEST STREET
BURWOOD VIC 3125

BIOCHEMISTRY

BLOOD - SERUM

Result

Range

Units

(*) Result outside normal reference range

(H) Result is above upper limit of reference rang

TEST PATIENT

Dr.TEST DOCTOR



P: 1300 688 522
E: info@nutripath.com.au
A: PO Box 442 Ashburton VIC 3142

Date of Birth : 01-Jan-1958
Sex : F
Collected : 27/Jan/2022
Received: 27/Jan/2022
1 TEST CRT
BURWOOD VIC 3125
Lab id : **3793204** UR#:

TEST HEALTH CENTRE
123 TEST STREET
BURWOOD VIC 3125

LIPIDS

CHOLESTEROL	5.0	0.0 - 5.5	mmol/L	
TRIGLYCERIDES	1.2	0.2 - 1.5	mmol/L	

LIPID STUDIES

HDL(Protective)	1.5	> 1.2	mmol/L	
LDL(Atherogenic)	3.0	0.5 - 3.5	mmol/L	
Cholesterol/HDL Ratio	3.3			
LDL/HDL RATIO (Risk Factor)	2.0	0.0 - 3.2		
Trig/HDL Ratio	0.8	0.5 - 1.7	RATIO	

Lipid Profile Comment

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)	4.5	3.5 - 5.6	mmol/L	
-------------------	-----	-----------	--------	--

Tests ordered: UEC,LFT,LIP,FATS,FGLU,URAT,MG,PHOS,LDH,CA

(*) Result outside normal reference range

(H) Result is above upper limit of reference rang