

## Comprehensive General Health Screening Pathology Report - confidential

Patient: SAMPLE REPORT | DOB: xx/xx/xxxx | Sample date: xx-xx-xxxx | Report date: xx-xx-xxxx

### Important notice:

Your results in this report are shown alongside a “reference range” — this represents the range of values typically seen in the majority of healthy individuals.

### Frequently Asked Questions:

**Q:** If my results are outside the reference range, does that mean they are abnormal?

**A:** Not necessarily. While results outside the reference range may suggest a possible abnormality, they must be interpreted in the context of your age, medical history, and any medications you are taking. In this report, we have highlighted any results that are either positive or fall outside the normal range, so they can be reviewed by a doctor or suitably qualified nurse.

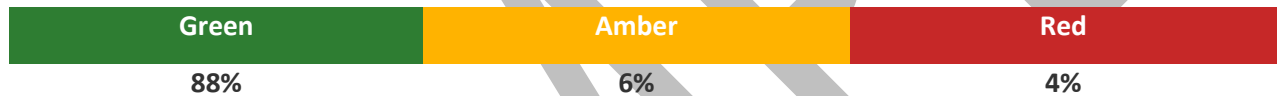
**Q:** What should I do next?

**A:** Do not make any changes to your current medications without first consulting your treating doctor. Lifestyle changes may be beneficial, but these should also be discussed with a doctor or qualified nurse who can ensure any recommendations are appropriate for your individual circumstances and help you maintain any changes in the long term.

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## Summary (at a glance)



### Items to monitor / discuss:

- **Sodium** 132 mmol/L (135–145) — Amber — mild low; often fluid-balance related. See kidney health.
- **Chloride** 90 mmol/L (98–107) — Amber — mild low; often benign. See kidney health.
- **Total cholesterol** 6.2 mmol/L (optimum <5.0) — Amber — slightly above “optimum”. See heart health.
- **Platelet count** 550  $10^9/L$  (150–400) — Red — elevated. See Full Blood count and next steps.
- **HBA1c** 45 mmol/mol (20 – 41) – Red – elevated. See Diabetes Health and next steps.

## Full Blood Count

Checks red cells (oxygen carriage), platelets (clotting) and related indices for anaemia or clotting issues.

Test	Your result	Reference	Status	What this test means
Haemoglobin	120 g/L	115–155	Green	Oxygen-carrying protein in red blood cells. Low suggests anaemia (iron/B12/folate/chronic disease); high can reflect dehydration or smoking. In range.
Haematocrit (HCT)	0.345 L/L	0.33–0.45	Green	Proportion of blood that is red cells. Slightly high; commonly dehydration. Recheck hydrated if symptoms or persistently raised.
Red cell count (RBC)	$4.92 \times 10^{12}/L$	3.95–5.15	Green	Number of red blood cells. Interpreted with Hb, HCT and MCV. In range.
MCV	88.7 fL	80–99	Green	Average red-cell size. High may indicate B12/folate deficiency; low often suggests iron deficiency. Normal.
MCH	29.4 pg	27.0–33.5	Green	Haemoglobin per red cell. Considered with MCV/MCHC. Normal.
MCHC	341 g/L	300–350	Green	Haemoglobin concentration within red cells. Slightly low—can be seen with iron deficiency; interpret with ferritin/iron studies.
RDW	13.1 %	11.5–15.0	Green	Variation in red-cell size. Mildly high may occur with mixed deficiencies or recovery from anaemia. Monitor.
Platelet count	$550 \times 10^9/L$	150–400	Red	Clotting cells. Raised—often reactive (e.g., inflammation); Repeat test suggested and clinical review.
MPV	11.5 fL	7–13	Green	Average platelet size; interpreted with platelet count. Normal.

## White Cell Differential

Breaks down the immune cells (neutrophils, lymphocytes, etc.) to look for infection or inflammation patterns.

Test	Your result	Reference	Status	What this test means
White cell count (WCC)	6.85 ×10 <sup>9</sup> /L	3.0–10.0	Green	Total white cells reflecting immune activity. Normal.
Neutrophils	4.02 ×10 <sup>9</sup> /L (62.6%)	2.0–7.5	Green	Front-line cells against bacterial infection. In range.
Lymphocytes	2.17 ×10 <sup>9</sup> /L (24.1%)	1.2–3.65	Green	Antiviral/antibody-producing cells. In range.
Monocytes	0.53 ×10 <sup>9</sup> /L (9.9%)	0.2–1.0	Green	Clean-up cells that clear debris/infection. In range.
Eosinophils	0.07 ×10 <sup>9</sup> /L (2.1%)	0.0–0.4	Green	Allergy/parasite-associated cells. In range.
Basophils	0.06 ×10 <sup>9</sup> /L (1.3%)	0.0–0.1	Green	Allergy-related cells that release histamine. Upper end of normal.
ESR	7 mm/hr	1–23	Green	Inflammation marker. Low value is reassuring.

## Kidney Health

Assesses fluid and salt balance and how well the kidneys filter waste products (U&E, creatinine, eGFR).

Test	Your result	Reference	Status	What this test means
Sodium	132 mmol/L	135–145	Amber	Main extracellular salt reflecting fluid balance. Slightly low; often hydration/illness related. Recheck if symptoms or persistent.
Chloride	90 mmol/L	98–107	Amber	Electrolyte that tracks with sodium and bicarbonate. Mildly low; often benign/related to fluid balance. Recheck if persistent.
Bicarbonate	23 mmol/L	22–29	Green	Acid–base balance indicator. Normal.
Urea	3/6 mmol/L	1.7–8.3	Green	Waste product influenced by hydration and protein intake. Normal.
Creatinine	65 µmol/L	45–84	Green	Waste product filtered by kidneys. Normal; interpret with eGFR.

eGFR (CKD-EPI)	90 mL/min/1.73m <sup>2</sup>	≥60	<b>Green</b>	Estimated kidney filtration rate. In the expected range. Track per clinical context.
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## Bone Health

Mineral balance related to bone strength and metabolism (calcium, corrected calcium, magnesium, phosphate).

Test	Your result	Reference	Status	What this test means
Calcium	2.36 mmol/L	2.20–2.60	<b>Green</b>	Total calcium in blood. Interpreted with albumin and corrected calcium. Normal.
Corrected calcium	2.38 mmol/L	2.20–2.60	<b>Green</b>	Calcium adjusted for albumin; most useful single value. Normal.
Magnesium	0.76 mmol/L	0.60–1.00	<b>Green</b>	Mineral essential for muscle/nerve function and bone health. Normal.
Phosphate	1.15	0.87-1.45	<b>Green</b>	Bone/energy metabolism; normal

## Liver Health

Liver enzymes and proteins that change with inflammation, obstruction, alcohol, medicines or fatty liver.

Test	Your result	Reference	Status	What this test means
Bilirubin	10 µmol/L	0–20	<b>Green</b>	Pigment from red-cell breakdown; rises with jaundice or Gilbert's. Normal.
ALP	89 IU/L	35–104	<b>Green</b>	Enzyme from bile ducts and bone. Normal.
AST	31 IU/L	0–31	<b>Green</b>	Liver/muscle enzyme; interpret with ALT/GGT. Normal.
ALT	41 IU/L	10–35	<b>Green</b>	Liver enzyme that rises when liver cells are irritated. Normal.
GGT	10 IU/L	6–42	<b>Green</b>	Bile-duct-related enzyme that can rise with alcohol or medicines. Normal.
Total protein	81 g/L	63–83	<b>Green</b>	Combined albumin and globulins. Normal.
Albumin	45 g/L	34–50	<b>Green</b>	Main liver-made protein; reflects nutrition/inflammation. Normal.

Globulin	20 g/L	19–35	<b>Green</b>	Group of blood proteins including antibodies. Normal.
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## Diabetes & Gout

Markers of glucose control and metabolic risk (including HbA1c, uric acid).

Test	Your result	Reference	Status	What this test means
HbA1c	45 mmol/mol (6.3%)	20–41 (4.0–6.0%)	<b>Red</b>	Average blood sugar over ~3 months. Pre-diabetic range. Indicates high than normal blood sugar; lifestyle changes can help prevent diabetes. Clinical review suggested.
Random blood glucose	7.8 mmol/L	3.5–7.9	<b>Green</b>	Snapshot of glucose at sampling. Normal.
Uric acid	192 µmol/L	175–363	<b>Green</b>	Associated with gout at high levels; yours is within range.

## Heart Health

Cholesterol and triglycerides used to estimate long-term heart risk alongside age, BP, smoking and diabetes.

Test	Your result	Reference	Status	What this test means
Total cholesterol	6.2 mmol/L	Optimum <5.0	<b>Amber</b>	Overall cholesterol. Higher values increase cardiovascular risk. Consider diet/activity and formal risk assessment for therapy.
HDL cholesterol	2.4 mmol/L	1.2–1.7	<b>Green</b>	'Good' cholesterol that helps remove LDL. Above lab range but commonly favourable
HDL % of total	34 %	≥20	<b>Green</b>	Favourable HDL proportion. In range.
LDL cholesterol	3.2 mmol/L	Up to 3.0	<b>Green</b>	'Bad' cholesterol driving plaque build-up. Yours is within normal range.
Triglycerides	0.9 mmol/L	<2.3	<b>Green</b>	Fats influenced by sugar/alcohol intake and weight. In target.
Non-HDL cholesterol	3.8 mmol/L	<3.9	<b>Green</b>	All atherogenic cholesterol (total minus HDL). Within target.

## Thyroid Health

TSH and Free T4 show how the thyroid gland is functioning.

Test	Your result	Reference	Status	What this test means
TSH	1.79 mIU/L	0.27–4.2	Green	Pituitary signal that drives the thyroid. Normal.
Free T4	16.4 pmol/L	12–22	Green	Active thyroid hormone; interpreted with TSH. Normal.

## Iron Status

Assesses iron availability (iron), carrying capacity (TIBC), utilisation (transferrin saturation) and stores (ferritin).

Test	Your result	Reference	Status	What this test means
Iron	21.4 µmol/L	6.6–26.0	Green	Circulating iron at the time of sampling (varies with meals/time). In range.
TIBC	66 µmol/L	41–77	Green	Total iron-binding capacity (proxy for transferrin). In range.
Transferrin saturation	33 %	20–55	Green	Percentage of iron-binding sites occupied. In range.
Ferritin	100 µg/L	13–150	Green	Iron stores. Within the normal range.

## Comments and next steps

### **HbA1c (pre-diabetic range):**

Your average blood sugar level is slightly higher than normal, placing you in the pre-diabetic range. This does *not* mean you have diabetes, but it does indicate a higher risk of developing it over time. The good news is that this is often reversible. Focusing on balanced meals, reducing sugary/processed foods, staying physically active, and maintaining a healthy weight can help bring this level back into the normal range. Your clinician may recommend repeating this test in 3–6 months.

### **Platelet count (elevated):**

Your platelet count is mildly raised. This is often a temporary response to inflammation, recent illness, stress, or even minor infections. It usually settles on its own. In most cases, no specific treatment is required, but we may suggest a repeat test in a few months to ensure it has normalised, or sooner if you develop any new symptoms

### **Cholesterol:**

Your cholesterol is above the “optimum”, so focus on heart-healthy habits: base meals on vegetables, fruit, wholegrains, beans, nuts and oily fish; cut back on processed foods, saturated fat and added sugar; aim for at least 150 minutes of moderate exercise a week; keep alcohol within recommended limits; don’t smoke; and maintain good sleep and stress management.

### **Sodium and chloride:**

We suggest a routine repeat of the sodium and chloride levels in 4–6 weeks (earlier if you become unwell, dehydrated, or develop symptoms such as persistent nausea, headaches or confusion). Otherwise, continue your usual care and review if anything changes.

**Considering the above we would advise you to book a consultation with one of our GPs or alternatively with another healthcare provider.**