Stonebridge Clinic Laboratory

Riley Thompson
Born 2 September 1971
MRN 0000-8123
Collected 19 May 2026
Reported 20 May 2026

Annual review — glycaemic control, thyroid and kidney

Eight analytes, requested together as the annual review. **Three are outside their reference range and all three have moved in the same direction since February**, which is the pattern worth a conversation rather than any single number here.

HbA1c · outside range
Target below 48 mmol/mol
49 in February

52 mmol/mol

Up three points in three months and above target for the first time since the diagnosis. **A single reading does not change a treatment plan**, but this is the third consecutive rise.

Fasting glucose · outside range
Range 4.0 – 5.9 mmol/L
6.8 in February

7.2 mmol/L

Consistent with the HbA1c above rather than an independent finding. Fasting was recorded as confirmed at collection.

TSH · outside range
Range 0.4 – 4.0 mIU/L
3.6 in February

4.9 mIU/L

Mildly raised with a normal free T4 below, which is the usual picture for subclinical hypothyroidism. Convention is to repeat in six to eight weeks before acting.

Free T4
Range 9 – 23 pmol/L
13 in February

12 pmol/L

Within range and essentially unchanged. It is the number that makes the TSH above subclinical rather than overt.

Estimated GFR
Above 60 mL/min/1.73m²
82 in February

78 mL/min/1.73m²

Within range. The four-point fall is inside the measurement variation for this assay and is not a trend on two points.

Urine ACR
Below 3 mg/mmol
1.8 in February

2.1 mg/mmol

Within range, on a first-pass morning sample. Repeat annually unless the glucose result above changes the plan.

Alanine transaminase
Range 10 – 40 U/L
28 in February

31 U/L

Within range and unchanged. Included in the annual panel rather than requested for a reason, and there is nothing here that asks for a repeat.

Total cholesterol
Target below 5.0 mmol/L
5.2 in February

4.6 mmol/L

Below target and down six points, which is the one number in this panel moving in the direction anybody wanted.

Suggested next steps

1. Repeat TSH and free T4 in six to eight weeks, before any treatment decision.
2. Review HbA1c with the patient; three consecutive rises is the finding, not the value.
3. No action indicated on kidney function; repeat at the next annual review.

Authorised by Dr Elena Marsh, 20 May 2026 · Requested by Dana Kohl, nurse practitioner · These results relate only to the samples identified above and are interpreted against this laboratory's ranges.