Patient Health Summary

Name: Ms Rosanne Saw
Address: 30 Circa Crescent
Albany Creek 4035
D.O.B.: 06/09/1966
Record No.: 60095
Home Phone: 0411450143
Work Phone:
Mobile Phone: 0411450143

Clayfield Medical Centre
533 Sandgate Road
Clayfield 4011
0732621288

Printed on 8th March 2024

Investigations:

SAW, ROSANNE
30 CIRCA CRES, ALBANY CREEK. 4035
Phone: 0411450143
Birthdate: 06/09/1966 **Sex:** F **Medicare Number:** 4436820051
Your Reference: **Lab Reference:** 686338567-C-C847
Laboratory: SNP
Addressee: DR ADA D TAM **Referred by:** DR ADA D TAM

Name of Test: S-_LIPID PROFILE
Requested: 27/09/2023 **Collected:** 27/02/2024 **Reported:** 27/02/2024 13:49

Clinical notes: do test Jan 2024 homocysteinaemia

Clinical Notes : do test Jan 2024 homocysteinaemia

Lipid Profile

		Latest Results		
Date	26-Nov-21	**27-Feb-24**		
Time F-Fast	0646 F	**0724 F**		
Lab Id.	663708257	**686338567**	Reference	Units
Cholesterol	6.1 H	6.3 H	(<5.6)	mmol/L
Triglyceride	0.6	0.5	(<2.1)	mmol/L
HDL	1.82	1.79	(>1.09)	mmol/L
LDL	4.0	4.3 H	(<4.1)	mmol/L
Chol/HDL Ratio	3.4	3.5	(<4.6)	
Non HDLC	4.28 H	4.51 H	(<3.81)	mmol/L

Comments on Collection 27-Feb-24 0724 F:
HDL-Cholesterol
LDL is now calculated by the Sampson equation which allows an accurate result at higher triglyceride levels.
The National Vascular Disease Prevention Alliance (NVDPA) guidelines recommend a target level of less than 2.5 mmol/L for non-HDLC.
TFT's are recommended in follow-up to exclude secondary causes of hypercholesterolemia (if not recently performed elsewhere).
TARGET LEVELS:
The National Vascular Disease Prevention Alliance (NVDPA) treatment target levels for high risk people (known coronary heart and other arterial disease, diabetes, chronic renal failure, Aboriginal and Torres Strait Islander peoples and familial hyperlipidaemic conditions) are:

Total Cholesterol	<4.0	mmol/L
HDL-Cholesterol	>=1.00	mmol/L
Fasting Triglycerides	<2.0	mmol/L
Non-HDL Cholesterol	<2.5	mmol/L

Increased non-HDL Cholesterol is the most significant marker for subclinical atherosclerosis (ref: Cardiology Today 2013; 3(2) : pp25-27).

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol,E/LFT,FBE
Tests Pending : Zinc,Homocysteine,Urine MCS
Sample Pending :

SAW, ROSANNE
30 CIRCA CRES, ALBANY CREEK. 4035
Phone: 0411450143
Birthdate: 06/09/1966 **Sex:** F **Medicare Number:** 4436820051
Your Reference: **Lab Reference:** 686338567-C-C140
Laboratory: SNP
Addressee: DR ADA D TAM **Referred by:** DR ADA D TAM

Name of Test: S-_ROUTINE CHEMISTRY
Requested: 27/09/2023 **Collected:** 27/02/2024 **Reported:** 27/02/2024 13:49

Clinical notes: do test Jan 2024 homocysteinaemia

Clinical Notes : do test Jan 2024 homocysteinaemia

Chemistry (serum)

		Latest Results		
Date	26-Nov-21	**27-Feb-24**		
Time F-Fast	0646 F	**0724 F**		
Lab Id.	663708257	**686338567**	Reference	Units
Sodium	140	136	(135-145)	mmol/L
Potassium	4.0	4.6	(3.5-5.5)	mmol/L
Chloride	107	102	(95-110)	mmol/L
Bicarbonate	28	29	(20-32)	mmol/L
Anion Gap	5	5	(<16)	mmol/L
Calcium (Corr.)	2.37	2.35	(2.10-2.60)	mmol/L
Phosphate	1.24	1.14	(0.80-1.50)	mmol/L
Urea	5.7	4.7	(3.0-8.0)	mmol/L
Urate	0.202	0.196	(0.150-0.400)	mmol/L
Creatinine	86 H	76	(45-85)	umol/L
eGFR	66	75	(>59)	
Fast. Glucose	5.1	5.0	(3.6-6.0)	mmol/L
Total Protein	68	67	(63-80)	g/L
Albumin	40	40	(32-44)	g/L
Globulin	28	27	(23-43)	g/L
T Bilirubin	13	14	(<16)	umol/L
ALP	68	68	(30-115)	U/L
AST	20	23	(10-35)	U/L
ALT	16	18	(5-30)	U/L
GGT	14	16	(5-35)	U/L
LDH	147	157	(<250)	U/L
Cholesterol	6.1 H	6.3 H	(<5.6)	mmol/L
Triglyceride	0.6	0.5	(<2.1)	mmol/L
Haemolysis Index	8	5	(<40)	mg/dL

CA

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Tests Completed: HDL-Cholesterol,E/LFT,FBE
Tests Pending : Zinc,Homocysteine,Urine MCS
Sample Pending :

SAW, ROSANNE
30 CIRCA CRES, ALBANY CREEK. 4035
Phone: 0411450143
Birthdate: 06/09/1966 **Sex:** F **Medicare Number:** 4436820051
Your Reference: **Lab Reference:** 686338567-E-E310
Laboratory: SNP

Addressee: DR ADA D TAM **Referred by:** DR ADA D TAM

Name of Test: S-HOMOCYSTEINE
Requested: 27/09/2023 **Collected:** 27/02/2024 **Reported:** 27/02/2024 16:49

Clinical notes: do test Jan 2024 homocysteinaemia

Clinical Notes : do test Jan 2024 homocysteinaemia

Homocysteine

Homocysteine 4.9 (<15) umol/L

Comments on Collection 686338567

Serum homocysteine levels are markedly elevated (50 - 500 umol/L) in homocystinuria which is associated with childhood onset of ocular lens displacement, skeletal abnormalities and arterial and venous thromboses. Moderate elevations of serum homocysteine (16 - 100 umol/L) are seen in folic acid, vitamin B12 and pyridoxine deficiencies, several genetic defects, and renal failure. Elevated levels of serum homocysteine are associated with increased risk of atherosclerosis and venous thromboembolism.

AD

PDF Image Enhanced Report

A PDF version of this report with images is available until 26-02-2025. Copy and paste the URL below into your web browser and use PIN 8134 to access the report.

https://sdrviewer.apps.sonichealthcare.com/?GUID=8F676CA6-7348-4761-98F1-32B246FCFCF6&hostCode=SNP&shareType=1

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol,E/LFT,Homocysteine,FBE
Tests Pending : Zinc,Urine MCS
Sample Pending :

SAW, ROSANNE
30 CIRCA CRES, ALBANY CREEK. 4035
Phone: 0411450143
Birthdate: 06/09/1966 **Sex:** F **Medicare Number:** 4436820051
Your Reference: **Lab Reference:** 686338567-H-H900
Laboratory: SNP
Addressee: DR ADA D TAM **Referred by:** DR ADA D TAM

Name of Test: .BLOOD COUNT
Requested: 27/09/2023 **Collected:** 27/02/2024 **Reported:** 27/02/2024 11:49

Clinical notes: do test Jan 2024 homocysteinaemia

Clinical Notes : do test Jan 2024 homocysteinaemia

Haematology

		Latest Results		
Date	26-Nov-21	**27-Feb-24**		
Time F-Fast	0646 F	**0724 F**		
Lab Id.	663708257	**686338567**	Reference	Units
Haemoglobin	130	128	(115-165)	g/L
Haematocrit	0.39	0.38	(0.35-0.47)	
RCC	4.2	4.1	(3.9-5.6)	10*12/L
MCV	93	92	(80-100)	fL
WCC	4.5	3.6	(3.5-10.0)	10*9/L
Neutrophils	1.51	1.37 L	(1.5-6.5)	10*9/L
Lymphocytes	2.33	1.74	(0.8-4.0)	10*9/L
Monocytes	0.46	0.36	(0-0.9)	10*9/L
Eosinophils	0.17	0.06	(0-0.6)	10*9/L

Basophils	0.03	0.03	(0-0.15)	10*9/L
Platelets	202	211	(150-400)	10*9/L

Comments on Collection 27-Feb-24 0724 F:

Mild neutropenia is present. The commonest cause is viral infection.
Other causes include drug effect and immune disorders.
Mild neutropenia may increase the risk of infection. Suggest repeat
FBE to monitor progress if clinically indicated.

HA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: FBE
Tests Pending : HDL-Cholesterol,Zinc,E/LFT,Homocysteine
Sample Pending : Urine MCS

SAW, ROSANNE
30 CIRCA CRES, ALBANY CREEK. 4035
Phone: 0411450143
Birthdate: 06/09/1966 **Sex:** F **Medicare Number:** 4436820051
Your Reference: **Lab Reference:** 686338567-M-M210
Laboratory: SNP
Addressee: DR ADA D TAM **Referred by:** DR ADA D TAM

Name of Test: URINE MCS1
Requested: 27/09/2023 **Collected:** 27/02/2024 **Reported:** 28/02/2024 10:49

Clinical notes: do test Jan 2024 homocysteinaemia

Clinical Notes : do test Jan 2024 homocysteinaemia

Urine - Microscopy/Culture/Sensitivity

Specimen type	Urine		
pH	8		
Protein	Nil		
Glucose	Nil		
Specific Gravity	1.008	(1.005 - 1.030)	
Leucocytes	<10	(<10)	x 10*6/L
Erythrocytes	16	(<20)	x 10*6/L
Squam Epi Cells	<10		x 10*6/L
Culture	No pathogens isolated		

* Please note UC1 collection date: 27/02/2024 07:46

MICROAB

FINAL REPORT - Updated on 28/02/2024 at 10:08

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol,Zinc,E/LFT,Homocysteine,FBE,Urine MCS
Tests Pending :
Sample Pending :

SAW, ROSANNE
30 CIRCA CRES, ALBANY CREEK. 4035
Phone: 0411450143
Birthdate: 06/09/1966 **Sex:** F **Medicare Number:** 4436820051
Your Reference: **Lab Reference:** 686338567-C-B099
Laboratory: SNP
Addressee: DR ADA D TAM **Referred by:** DR ADA D TAM

Name of Test: _ZINC VIRTUAL
Requested: 27/09/2023 **Collected:** 27/02/2024 **Reported:** 28/02/2024 06:49

Clinical notes: do test Jan 2024 homocysteinaemia

Clinical Notes : do test Jan 2024 homocysteinaemia

Zinc

Zinc-plasma	12.3	(9.0 - 19.0)	umol/L

Comments on Lab Id: 686338567

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol,Zinc,E/LFT,Homocysteine,FBE
Tests Pending : Urine MCS
Sample Pending :

SAW, ROSANNE
30 CIRCA CRES, ALBANY CREEK. 4035
Phone: 0411450143
Birthdate: 06/09/1966 **Sex:** F **Medicare Number:** 4436820051
Your Reference: **Lab Reference:** 686338566-D-D183
Laboratory: SNP
Addressee: DR ADA D TAM **Referred by:** DR ADA D TAM

Name of Test: FAECES PCR
Requested: 27/09/2023 **Collected:** 27/02/2024 **Reported:** 29/02/2024 12:49

Clinical notes: check for eradicatoin of dientamoeba fragilis

Clinical Notes : check for eradicatoin of dientamoeba fragilis

Faeces PCR

Specimen Type		Faeces
Parasites:		
Giardia intestinalis		Not Detected
Cryptosporidium		Not Detected
Dientamoeba fragilis	*	Detected
Entamoeba histolytica		Not Detected
Blastocystis hominis		Not Detected
Bacteria:		
Campylobacter spp.		Not Detected
Salmonella spp.		Not Detected
Shigella spp./EIEC		Not Detected
Yersinia enterocolitica		Not Detected
Aeromonas		Not Detected

Comments on Collection 686338566

DNA consistent with the presence of Dientamoeba fragilis has
been detected by PCR with specific primers and probe.
The pathogenic role of Dientamoeba fragilis has not been
established. Using molecular techniques, the overall prevalence in
our test population is 16.2% with more than 50% of children aged
5-10 years testing positive for D.fragilis.
A randomised double blinded placebo controlled clinical trial does
not support routine metronidazole treatment of D. fragilis
positive children with chronic gastrointestinal symptoms.
As such, treatment may be harmful resulting in unnecessary adverse
reactions, disruption of the normal gut flora and contribute to the
development of antimicrobial resistance of faecal microbiota.
Other causes for symptoms should be considered including other gut
enteropathogens,food intolerance etc.
Screening for clearance of the organism or testing of asymptomatic
family members is not recommended.

http://www.rcpa.edu.au/Library/College-Policies/
Guidelines/Faecal-pathogen-testing-by-PCR
Only the reported enteropathogens have been tested.

All bacterial causes of gastroenteritis reported by PCR are cultured for recovery of isolates subject to organism viability and a further report issued. Some clinical indications e.g overseas travel, eosinophilia, seafood or antibiotic ingestion will require additional parasite concentration examination, culture setup or molecular testing to detect alternative pathogens e.g. hookworm, strongyloides, Vibrios, Clostridium difficile infection (CDI), Enterohaemorrhagic E. coli (STEC).
These indications should be highlighted on the request.

Roche LightMix Gastroenteritis multiplex PCR assays were utilised for testing.
For further enquiries regarding these results please contact Dr Jenny Robson or Dr Sarah Cherian (07 3377 8534).

JS

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Faeces PCR
Tests Pending : Faeces 1 MCS/OCP
Sample Pending :

SAW, ROSANNE
30 CIRCA CRES, ALBANY CREEK. 4035
Phone: 0411450143
Birthdate: 06/09/1966 **Sex:** F **Medicare Number:** 4436820051
Your Reference: **Lab Reference:** 686338566-M-M550
Laboratory: SNP
Addressee: DR ADA D TAM **Referred by:** DR ADA D TAM

Name of Test: FAECES 1
Requested: 27/09/2023 **Collected:** 27/02/2024 **Reported:** 01/03/2024 14:49

Clinical notes: check for eradicatoin of dientamoeba fragilis

Clinical Notes : check for eradicatoin of dientamoeba fragilis

Faeces 1

Specimen Faeces

Culture No pathogens isolated

Comments: 686338566

Negative for Salmonella, Shigella, Campylobacter, Aeromonas spp. and Yersinia enterocolitica.

LP

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Faeces PCR ,Faeces 1 MCS/OCP
Tests Pending :
Sample Pending :