

**DOREVITCH PATHOLOGY** - Reference No: 25-92910141 Status: F

**Patient:** Jenessa MITREVSKI **Linked by:** Sally Nathan

**DOB:** 11/02/1993 **Message:** **No Action**

**Address:** 3/275 Canterbury Road BAYSWATER NORTH 3153

**Ordered by:** Nicole Hope on 21/07/2025

**Copy to:** DR. PETER NEIL

**Collected:** 21/07/2025 - 7:14 AM **Notified by:** on 00/00/0000

**Reported:** 23/07/2025 **Message:**

## STI TESTING BY NUCLEIC ACID AMPLIFICATION

Site : Urine

C. trachomatis : Negative

N. gonorrhoeae : Negative

This test was performed using the Roche Cobas NAT assay

Requested Tests : GH0, HIV, VSS, URC, TFT, SYP, HBE, FES, RUB, PRL, HEP, FHP, FBE, CMV, CHH

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## URINE EXAMINATION:

PHASE CONTRAST		CHEMISTRY	
Epith.Squames...	25 x10 <sup>6</sup> /L (N <10)	pH ..... 5.5	Glucose Neg
Polymorphs.....	<b>50</b> x10 <sup>6</sup> /L (N <10)	Protein Neg	Ketones <b>Trace</b>
Erythrocytes...	< 1 x10 <sup>6</sup> /L (N <10)	Blood/Hb Neg	
No casts or crystals seen (unspun urine).			

## CULTURE

No growth.

Please note as of 1st July 2025, there are new inclusion and exclusion descriptors for urine examination by Medicare Australia.

**Inclusion criteria:** Patients with symptoms of UTI OR clinically indicated asymptomatic patient group (Pregnant women, Children <16 years of age, recipients of renal transplant, recurrent UTI infections, haemodialysis for CKD, urological instrumentation/procedures/ transurethral resection of prostate).

**Exclusion criteria:** Patients undergoing non-urological surgery, patients with spinal cord injuries, patients with indwelling urinary catheters, advanced age or aged care residency, diabetes.

Please note that in the absence of applicable clinical notes, urine examinations may be privately billed to the patient.

Requested Tests : GH0, HIV, VSS, URC, TFT, SYP, HBE, FES, RUB, PRL, HEP, FHP, FBE, CMV, CHH\*

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#### HAEMOGLOBIN ANALYSIS BY HPLC (BLOOD)

Haemoglobin A2 : 2.9 % (< 3.4)  
 Haemoglobin F : 0.6 % (< 1.0)

HB: 143 g/L MCV: 94 fL MCH: 33 pg Ferritin: 18 ug/L

COMMENT: No haemoglobinopathy detected.

DNA testing for alpha thalassaemia is not required  
 The MCH on the FBE is  $\geq$  28.0pg.

#### PLEASE NOTE:

This testing is/may be part of pregnancy or planned pregnancy.

Partner details (name, birth date, any known results) not provided.

If the partner has a known thalassaemia or haemoglobinopathy, this sample may require specific DNA testing.

Contact the laboratory by email on [thalassaemia@dorevitch.com.au](mailto:thalassaemia@dorevitch.com.au) or telephone 92440481 with all relevant partner details known.

Please quote the name/dob and laboratory number of this patient ensure we can trace the patient accurately and correctly.

This sample is being retained in the meanwhile.

Requested Tests : GH0, HIV, VSS, URC\*, TFT, SYP, HBE, FES, RUB, PRL, HEP, FHP, FBE, CMV, CHH\*

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**Reported:** 22/07/2025 **Message:**

#### URINE EXAMINATION:

PHASE CONTRAST		CHEMISTRY	
Epith.Squames...	25 x10 <sup>6</sup> /L (N <10)	pH ..... 5.5	Glucose Neg
Polymorphs.....	<b>50</b> x10 <sup>6</sup> /L (N <10)	Protein Neg	Ketones <b>Trace</b>
Erythrocytes...	< 1 x10 <sup>6</sup> /L (N <10)	Blood/Hb Neg	
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#### CYTOMEGALOVIRUS (CMV) ANTIBODY (SERUM)

IgG Antibody (21/07/2025) (Alinity): DETECTED

#### Comment:

Evidence of previous CMV infection.

IgM is no longer routinely performed as part of an antenatal screen. If recent or acute infection is suspected, please notify the Serology department on 92440347 for IgM testing and send a sample for FBE and LFTs.

Please note: Method changed to Abbott Alinity effective 14/11/2019

Requested Tests : GH0, HIV, VSS, URC\*, TFT, SYP, HBE\*, FES, RUB, PRL, HEP, FHP, FBE, CMV, CHH\*

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<b>DOB:</b>	11/02/1993	<b>Message:</b>	<b>B Pos</b>
<b>Address:</b>	3/275 Canterbury Road BAYSWATER NORTH 3153		
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#### BLOOD GROUP AND ANTIBODY SCREEN

Blood Group	B Rh(D) Positive
Red Cell Antibodies	Not Detected

Requested Tests : GH0, HIV, VSS, URC\*, TFT, SYP, HBE\*, FES, RUB, PRL, HEP, FHP, FBE, CMV\*, CHH\*

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RUBELLA VIRUS ANTIBODIES (SERUM)

IgG Ab. by Alinity (21/07/2025): 26.4 IU/mL Low Positive (cut-off = 10)

Comment: Low positive. Except during pregnancy, consider immunisation and test 8 weeks later. Please quote laboratory number.

A duplicate copy of this report is provided for the patient's reference if appropriate.

Please note: Method changed to Abbott Alinity Rubella IgG assay effective 01/05/2025.

Requested Tests : HIV, VSS, URC\*, TFT, SYP, HBE\*, FES, RUB, PRL, HEP, FHP, FBE, CMV\*, CHH\*

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Date of Birth: 11/02/93

HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBODY/ANTIGEN COMBO (SERUM)

Not Detected (by Abbott HIV-1 and HIV-2)

This result does not exclude recent infection with HIV. If serum was tested within 3 months of exposure, please retest after that time.

Please note: As of 11/10/2021, this assay is now performed on the Abbott Alinity.

Requested Tests : HIV, VSS, URC\*, TFT, SYP, HBE\*, FES, RUB\*, PRL, HEP, FHP, FBE, CMV\*, CHH\*

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## HEPATITIS SEROLOGY (SERUM)

Hep B surface antigen (by Abbott) : Negative

Hep C antibodies (by Siemens) : Negative

## Comment:

No evidence of acute or chronic infection with Hepatitis B.

No evidence of infection with Hepatitis C.

Requested Tests : HIV\*, VSS, URC\*, TFT, SYP, HBE\*, FES, RUB\*, PRL, HEP, FHP, FBE, CMV\*, CHH\*

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## SERUM HORMONES

	FSH IU/L	LH IU/L	E2 pmol/L	PROG nmol/L
Lab.No Date				
96914417 21/12/24	5	6	804	15.0
92910141 21/07/25	11	36	1956	5.0

## REFERENCE INTERVALS

Follicular	1-6	1-10	70-530	1.0-7.0
Mid cycle	5-20	15-100	235-1300	1.0-7.0
Luteal	1-12	1-20	205-790	5.0-95
Pregnant (1st Trim.)	1-6	1-10	230-910	20-130
Post menopausal	>20	>20	0-120	<1.5

Method: Siemens Immunoassay

Note: Estradiol results should be interpreted with caution in patients taking high-dose biotin therapy due to possible interference with this test.

Requested Tests : HIV\*, VSS, URC\*, TFT, SYP, HBE\*, FES, RUB\*, PRL, HEP\*, FHP, FBE, CMV\*, CHH\*

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TREPONEMAL SEROLOGY (SERUM)

Treponemal Antibodies (SIEMENS) : Non Reactive

No serological evidence of syphilis. If recent primary infection is suspected recommend repeat serology in 2-3 weeks.

Requested Tests : HIV\*, VSS, URC\*, TFT, SYP, HBE\*, FES, RUB\*, PRL, HEP\*, FHP\*, FBE, CMV\*, CHH\*

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**Patient:** Jenessa MITREVSKI **Linked by:** Sally Nathan  
**DOB:** 11/02/1993 **Message:** **Ferr 18**  
**Address:** 3/275 Canterbury Road BAYSWATER NORTH 3153  
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SERUM IRON-STUDIES

**Date:** 21/07/25  
**Time:** 07:14  
**Lab.No:** 92910141

		Units	Ref. Range
Ferritin:	<b>18</b>	ug/L	(30-300)
Iron:	16	umol/L	(7-27)
Transferrin:	2.4	g/L	(2.0-3.6)
Transferrin Sat:	27	%	(13-47)

Medical professionals: Please contact a pathologist on 03 9244 0444 if required.

Method: Siemens Immunoassay

Requested Tests : HIV\*, VSS, URC\*, TFT, SYP\*, HBE\*, FES, RUB\*, PRL, HEP\*, FHP\*, FBE, CMV\*, CHH\*

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## PROLACTIN

Serum Prolactin : 301 mIU/L (59-619)

Method: Siemens Immunoassay

Requested Tests : HIV\*, VSS, URC\*, TFT, SYP\*, HBE\*, FES\*, RUB\*, PRL, HEP\*, FHP\*, FBE, CMV\*, CHH\*

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## VARICELLA-ZOSTER SEROLOGY (SERUM)

VZV IgG Ab (DiaSorin XL) (21/07/2025): Positive

Consistent with previous primary infection or immunisation.

PLEASE NOTE: Assay version changed from LIAISON VZV IgG to LIAISON VZV IgG HT, effective from 10/12/2024.

Requested Tests : HIV\*, VSS, URC\*, TFT, SYP\*, HBE\*, FES\*, RUB\*, PRL, HEP\*, FHP\*, FBE, CMV\*, CHH\*

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<b>Patient:</b>	Jenessa MITREVSKI	<b>Linked by:</b>	Sally Nathan
<b>DOB:</b>	11/02/1993	<b>Message:</b>	<b>TSH 3.82</b>
<b>Address:</b>	3/275 Canterbury Road BAYSWATER NORTH 3153		
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## THYROID FUNCTION TESTS (SERUM)

	Ref.Range
Thyroid Stimulating Hormone (TSH) :	3.82 mIU/L (0.50-4.00)

Normal TSH suggests thyroid function is normal. If the patient happens to be pregnant, the upper limit of normal for TSH is approximately 3.5 mIU/L with the Siemens Centaur assay.

Note that TSH should NOT be used to adjust thyroxine treatment in people with pituitary disease.

Medical professionals: Please contact a pathologist if required on (03) 9244 0444.

Method: Siemens Immunoassay

Requested Tests : HIV\*, VSS\*, URC\*, TFT, SYP\*, HBE\*, FES\*, RUB\*, PRL\*, HEP\*, FHP\*, FBE, CMV\*, CHH\*

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FULL BLOOD EXAMINATION

HB : 143 g/L	(115-165)	WHITE CELL COUNT:	6.6 (4.0-11.0)
PCV: 0.41 L/L	(0.37-0.47)	Neutrophils:	45% 3.0 (2.0-8.0)
RCC: 4.36 x10 <sup>12</sup> /L	(3.80-5.80)	Lymphocytes:	46% 3.0 (1.0-4.0)
MCV: 94 fL	(80-96)	Monocytes :	6% 0.4 (0.0-1.0)
MCH: <b>33</b> pg	(27-32)	Eosinophils:	2% 0.1 (0.0-0.5)
MCHC 350 g/L	(320-360)	Basophils :	1% 0.1 (0.0-0.2)
RDW: 12.6 %	(11.0-16.0)		

PLATELETS : 217 (150-450)

**COMMENT:** No significant abnormality.

Requested Tests : HIV\*, VSS\*, URC\*, TFT\*, SYP\*, HBE\*, FES\*, RUB\*, PRL\*, HEP\*, FHP\*, FBE, CMV\*, CHH\*