Patient Subpoena Export

Name: Miss Tehani Oakey
Address: 86 Foxton Boulevard
High Wycombe 6057
D.O.B.: 09/08/1986
Record No.:
Phone:

Stirk Medical Group (Vivo Service Trust)
8 Canning Road
Kalamunda 6076
0892933022

Printed on 13th October 2025

Subpoena generated using the following date range: 09/08/1986 to 13/10/2025
Warnings:

Allergies/Adverse reactions:
Nil known.

Family History:
Mother: Not recorded

Father: Not recorded

Other details:
Medical History
nil<br<br
2002 22/06/2002 : BRONCHITIS -
<br<br
no fam hx
Social History:

Smoking:
Smoker

Occupation History:
Asbestos Exposure: No
Animal Exposure: No
Dust Exposure: No
Radiation Exposure: No

Current Medications:

Medication	Dosage	Reason for Prescription	Reason for Cessation
Citalopram 20mg Tablet	Take half at night for the first week, then increase to full tablet.		
Depo-Ralovera 150mg/mL Injection	stat.		
Nicotine 14mg/24hr Patch	Apply patch to clean dry skin every 24 hours.	Nicotine dependance	

Prescriptions:
Script date: 21/08/1997 Doctor: Dr J. McQuade
Drug: AMOXIL CHEWABLE 250mg [20] Dose: 1 t.i.d.
Quantity: 1 Repeats: 0 Script type: Non-PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 12/04/2000 Doctor: Dr A. Johnston
Drug: Amoxil Chewable 250mg Tablet, chewable 250 mg Dose: 1 tds
Quantity: 20 Repeats: 0 Script type: PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 11/09/2000 Doctor: Dr A. Johnston
Drug: Biaxsig 300mg Tablet 300 mg Dose: 1 od on empty stomach.
Quantity: 5 Repeats: 0 Script type: PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 11/09/2000 Doctor: Dr A. Johnston
Drug: Panamax 500mg Tablet 500 mg Dose: 2 qid prn pain.
Quantity: 100 Repeats: 0 Script type: PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 21/03/2001 Doctor: Dr R. Turner
Drug: LPV 250mg Capsule 250 mg Dose: 1 qid
Quantity: 50 Repeats: 0 Script type: PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 03/07/2001 Doctor: Dr M. Civil
Drug: Amoxil 250mg Capsule 250 mg Dose: 1 tab tds
Quantity: 20 Repeats: 0 Script type: PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 22/10/2001 Doctor: Dr R. Turner
Drug: Monofeme 28 150mcg/30mcg Tablet Dose: daily as advised
Quantity: 4x28 Repeats: 0 Script type: PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 05/12/2001 Doctor: Dr S. McKelvie
Drug: Alprim 300mg Tablet 300mg Dose: i daily

Quantity: 0 Repeats: 0 Script type: Non-PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 05/04/2002 Doctor: Dr S. McKelvie
Drug: Rulide D 300 mg Dose: i dsaily
Quantity: 5 Repeats: 0 Script type: PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 28/05/2002 Doctor: Dr M. Civil
Drug: Klacid 250mg Tablet 250 mg Dose: 1 tab bd
Quantity: 14 Repeats: 0 Script type: PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 04/06/2002 Doctor: Dr M. Civil
Drug: Amoxil 500mg Capsule 500 mg Dose: 1 tab tds
Quantity: 20 Repeats: 0 Script type: PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 12/06/2002 Doctor: Dr M. Civil
Drug: Klacid 250mg Tablet 250 mg Dose: 1 tab bd
Quantity: 14 Repeats: 0 Script type: PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 22/06/2002 Doctor: Dr J. McQuade
Drug: DOXYCYCLINE 100mg [7] Dose: 2 stat Then 1 daily, pc
Quantity: 1 Repeats: 0 Script type: Non-PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 02/08/2002 Doctor: Dr M. Civil
Drug: Keflex Pulvules 500 mg Dose: 1 tab bd
Quantity: 20 Repeats: 0 Script type: PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 04/09/2002 Doctor: Dr O. Allen
Drug: Aldara 5 % 250 mg (single use sachet) Dose: as directed
Quantity: 12 Repeats: 0 Script type: Non-PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 18/09/2002 Doctor: Dr M. Civil
Drug: Klacid 250mg Tablet 250 mg Dose: 1 tab bd
Quantity: 14 Repeats: 0 Script type: PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 25/09/2002 Doctor: Dr M. Civil
Drug: Amoxil 500mg Capsule 500 mg Dose: 1 tab tds
Quantity: 20 Repeats: 0 Script type: PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 15/10/2002 Doctor: Dr R. Turner
Drug: Biaxsig 150mg Tablet 150 mg Dose: 1 daily
Quantity: 10 Repeats: 0 Script type: PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 20/04/2005 Doctor: Dr E. Soon
Drug: Alphamox 500 500mg Capsule 500 mg Dose: 500mg tds po complete course
Quantity: 20 Repeats: 0 Script type: PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 23/08/2011 Doctor: Dr R. Singh (Newburn Rd)
Drug: Alphamox 500 500mg Capsule 500 mg Dose: 1 tds
Quantity: 20 Repeats: 0 Script type: PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 23/08/2011 Doctor: Dr R. Singh (Newburn Rd)
Drug: Logynon ED Tablet Dose: 1 daily
Quantity: 4x28 Repeats: 0 Script type: PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 03/07/2012 Doctor: Dr R. Singh (Newburn Rd)
Drug: Alphamox 500 500mg Capsule 500 mg Dose: 1 tds
Quantity: 20 Repeats: 0 Script type: PBS
Record Status: Current
Authority number: 0 Approval number:
Authority indication:

Script date: 13/08/2018 Doctor: Dr K. Nikellys
Drug: Implanon NXT 68mg Implant Dose: as directed Implant
Quantity: 1 Repeats: 0 Script type: PBS

Record Status: Current

Script date: 28/05/2019 Doctor: Dr K. Nikellys
Drug: Famvir 500mg Tablet Dose: as directed Tablet
Quantity: 3 Repeats: 2 Script type: Non-PBS
Record Status: Current

Script date: 29/06/2019 Doctor: Dr G. Ruiz
Drug: FluQuadri Injection Dose: Injection To be injected IM
Quantity: 1x0.5mL Repeats: 0 Script type: Non-PBS
Record Status: Current

Script date: 15/08/2023 Doctor: Dr D. Jones
Drug: Depo-Ralovera 150mg/mL Injection Dose: Injection stat
Quantity: 1x1mL Repeats: 1 Script type: PBS
Record Status: Current

Script date: 15/08/2023 Doctor: Dr D. Jones
Drug: Amoxicillin 500mg Capsule Dose: 1 Capsule Three times a day
Quantity: 20 Repeats: 0 Script type: PBS
Record Status: Current

Script date: 15/08/2023 Doctor: Dr D. Jones
Drug: Prednisolone 25mg Tablet Dose: 1 Tablet Daily for 5 days treatment
Quantity: 30 Repeats: 4 Script type: PBS
Record Status: Current

Script date: 01/09/2023 Doctor: Dr J. Patterson-House
Drug: Doxycycline 100mg Tablet Dose: Tablet Daily with meals Take 2 tablets on day 1 Then take 1 tablet for the remainder of the course
Quantity: 7 Repeats: 0 Script type: PBS
Record Status: Current

Script date: 01/09/2023 Doctor: Dr J. Patterson-House
Drug: Prednisolone 25mg Tablet Dose: 1 Tablet Daily for 5 days treatment
Quantity: 30 Repeats: 4 Script type: PBS
Record Status: Current

Script date: 19/09/2023 Doctor: Dr R. Albuquerque
Drug: Phenoxymethylpenicillin 500mg Tablet Dose: 1 Tablet Twice a day
Quantity: 20 Repeats: 0 Script type: PBS
Record Status: Current

Script date: 15/11/2023 Doctor: Dr J. Patterson-House
Drug: Depo-Ralovera 150mg/mL Injection Dose: Injection stat
Quantity: 1x1mL Repeats: 1 Script type: PBS
Record Status: Current

Script date: 24/06/2024 Doctor: Dr D. Jones
Drug: Amoxicillin 500mg Capsule Dose: 1 Capsule Three times a day
Quantity: 20 Repeats: 0 Script type: PBS
Record Status: Current

Script date: 16/07/2024 Doctor: Dr D. Jones
Drug: Depo-Ralovera 150mg/mL Injection Dose: Injection stat
Quantity: 1x1mL Repeats: 1 Script type: Non-PBS
Record Status: Current

Script date: 16/07/2024 Doctor: Dr D. Jones
Drug: Citalopram 20mg Tablet Dose: Tablet Take half at night for the first week, then increase to full tablet
Quantity: 28 Repeats: 5 Script type: PBS
Record Status: Current

Script date: 26/07/2024 Doctor: Dr D. Jones
Drug: Roxithromycin 150mg Tablet Dose: 1 Tablet Twice a day
Quantity: 20 Repeats: 0 Script type: PBS Authority
Record Status: Current
Authority number: 27200553 Approval number: 10404
Authority indication: Infection

Script date: 18/09/2024 Doctor: Dr K. Oates
Drug: Doxycycline 100mg Tablet Dose: Tablet Daily with meals Take 2 tablets on day 1
Then take 1 tablet for the remainder of the course
Quantity: 7 Repeats: 0 Script type: PBS
Record Status: Current

Script date: 02/10/2024 Doctor: Dr C. Burgin
Drug: Augmentin Duo Forte 875mg;125mg Tablet Dose: Tablet 1 tablet twice daily
Quantity: 10 Repeats: 0 Script type: PBS
Record Status: Current

Script date: 21/10/2024 Doctor: Dr C. Burgin
Drug: Augmentin Duo Forte 875mg;125mg Tablet Dose: Tablet 1 tablet twice daily
Quantity: 10 Repeats: 0 Script type: PBS
Record Status: Current

Script date: 24/01/2025 Doctor: Dr K. Oates
Drug: Citalopram 20mg Tablet Dose: Tablet Take half at night for the first week, then increase to full tablet
Quantity: 28 Repeats: 5 Script type: PBS
Record Status: Current

Script date: 24/01/2025 Doctor: Dr K. Oates
Drug: Depo-Ralovera 150mg/mL Injection Dose: Injection stat
Quantity: 1x1mL Repeats: 1 Script type: Non-PBS
Record Status: Current

Script date: 09/04/2025 Doctor: Dr K. Oates
Drug: Nicotine 14mg/24hr Patch Dose: Patch Apply patch to clean dry skin every 24 hours
Quantity: 28 Repeats: 2 Script type: PBS
Record Status: Current

Script date: 23/04/2025 Doctor: Dr P. Schelfhout
Drug: Doxycycline 100mg Tablet Dose: 1 Tablet Twice a day
Quantity: 7 Repeats: 1 Script type: PBS

Record Status: Current

Script date: 28/04/2025 Doctor: Dr N. Burge
Drug: Augmentin Duo Forte 875mg;125mg Tablet Dose: 1 Tablet Twice a day
Quantity: 10 Repeats: 0 Script type: PBS
Record Status: Current

Script date: 05/05/2025 Doctor: Dr C. Burgin
Drug: Amoxil 500mg Capsule Dose: Capsule One tablet TDS for 5 days
Quantity: 20 Repeats: 0 Script type: PBS
Record Status: Current

Script date: 19/06/2025 Doctor: Dr D. Stringer
Drug: Augmentin Duo Forte 875mg;125mg Tablet Dose: 1 Tablet Twice a day
Quantity: 10 Repeats: 0 Script type: PBS
Record Status: Current

Script date: 11/09/2025 Doctor: Dr S. Valayutham
Drug: Citalopram 20mg Tablet Dose: Tablet Take half at night for the first week, then increase to full tablet
Quantity: 28 Repeats: 5 Script type: PBS
Record Status: Current

Script date: 22/09/2025 Doctor: Dr G. Ruiz
Drug: Doxycycline 100mg Tablet Dose: 1 Tablet In the morning with food
Quantity: 7 Repeats: 0 Script type: PBS
Record Status: Current

Observations:

02/10/2024	Temp	35.9	Current	4:41 pm
02/10/2024	Pulse	107	Current	4:41 pm
02/10/2024	Resp	14	Current	4:41 pm
02/10/2024	O2 Saturation	99	Current	4:41 pm

Consultations:
Surgery consultation
Recorded by: Dr Jack McQuade Visit date: 21/08/1997
Recorded on: 19/01/2013

Surgery consultation
Recorded by: Dr Alastair Johnston Visit date: 12/04/2000
Recorded on: 18/01/2013
dental abscess for abs.Script Written - AMOXIL CHEWABLE TABLETS (TABLETS) 250 mg [20] x1

Surgery consultation
Recorded by: Dr Richard Turner Visit date: 09/05/2000

Recorded on: 18/01/2013
well and sore L arm , no sx and full function , ? due for rubella

Surgery consultation
Recorded by: Dr Ann Tenseldam Visit date: 23/05/2000
Recorded on: 18/01/2013
pony slipped and fell with her left leg under its abdomen . not able to weight bear .
no swelling , tender ankle anteriorly . able to stand with some weight on foot .
padded bandage overnight , x-ray in am if still not weight bearing Diagnostic Imaging Requested (SK) - x-ray left ankle . [horse fell on ankle]

Surgery consultation
Recorded by: Dr Alastair Johnston Visit date: 11/09/2000
Recorded on: 18/01/2013
sore throat 3/7, ear pain
O: mod severe pharyngitis, foreign body tongue, c nodes +, effusion both ears.
A: urti
P: biaxsig, high dose panadol.Script Written - BIAXSIG (TABLETS) 300 mg [5]
Script Written - PANAMAX (TABLETS) 500 mg [100]

Surgery consultation
Recorded by: Dr Richard Turner Visit date: 21/03/2001
Recorded on: 18/01/2013
sore throat and some glands with some viral sx , yr 10 Script Written - LPV (CAPSULES) 250 mg [50]

Surgery consultation
Recorded by: Dr Michael Civil Visit date: 03/07/2001
Recorded on: 18/01/2013

Infection;upper resp tract---------- URTI patient has had a sore throat and this has been over the last couple of days. There is little to find on RS, ENT, Cervical LN advice given and treatment
Script Written - AMOXIL CAPSULES (CAPSULES) 250 mg [20]

2. Has also noticed that she has some bites to the upper arm left > right these look like insect bites and so advice

Surgery consultation
Recorded by: Dr Geoffrey Kirkman Visit date: 14/08/2001
Recorded on: 18/01/2013

Surgery consultation
Recorded by: Dr Geoffrey Kirkman Visit date: 14/08/2001

Recorded on: 18/01/2013
Remains unwell [seen early july] with URT congestion. Low grade fever. ENT shows mild inflammation, mild bronchitis. Probable allergic sinusitis and low grade reactive airways.
Rx Claratyne 10 mg, Beconase.

Surgery consultation
Recorded by: Dr Richard Turner Visit date: 22/10/2001
Recorded on: 18/01/2013
wants to go on the pill , request
no breast ca etc and no contraindications
advice re use of pill 110/70 Script Written - MONOFEME 28 (TABLETS) [28] x 4
pt says mother aware

Surgery consultation
Recorded by: Dr Stephen McKelvie Visit date: 05/12/2001
Recorded on: 18/01/2013
urti few days occ cough occ coloured pjlegm
afeb drums n throat bN chest scatere d rhonchi good AE nil creps
no audible wheeze
A; viral induced b spasm
p; gbne rx
adv must stop smoking- also on pill so extra reason - has just started sugar tabs now for first pky- no condom a ccidents
vent inh prn[try boy f riend's]

freq urgency urine some termional burning small vols 2 week
urine- 3+ WC nil else
p; push fluids
ypghurt adv 7 days rule
Script Written - TRIMETHOPRIM (TAB) 300mg [x 7] X 1

Pathology Requested (SJN) - MSU, MC+S [cysytitis]

Surgery consultation
Recorded by: Dr Jacqueline Wysocki Visit date: 12/03/2002
Recorded on: 18/01/2013
URTI past three days. O/E : chest clear, throat sl pink, cervical lymphadenopathy. Likely viral.MC 2/7; Sx Rx, return if not improving.

Surgery consultation
Recorded by: Dr Stephen McKelvie Visit date: 05/04/2002
Recorded on: 19/01/2013
cough wnet now returensed scartchy throat occ productive

afeb chest clear drums n throat n

P; start ab steam

cert 1

Surgery consultation
Recorded by: Dr Michael Civil Visit date: 10/04/2002
Recorded on: 19/01/2013

Surgery consultation
Recorded by: Dr Jack McQuade Visit date: 17/04/2002
Recorded on: 19/01/2013
Converted Progress Note:
5 September 1996
Dr. Jack McQuade
Tonsilitis
Rx Amoxil

21 August 1997
Dr J McQuade
Early cellulitis rt. foot - from gravel rash.
Rx Amoxil

Surgery consultation
Recorded by: Dr Michael Civil Visit date: 28/05/2002
Recorded on: 19/01/2013
URTI and this has been going on for a few days and there is little to find on ent, rs and there is no cervical LN and so advice and treat. MC for 3 days.

Surgery consultation
Recorded by: Dr Michael Civil Visit date: 04/06/2002
Recorded on: 19/01/2013
Still has a productive cough and there are some scattered sounds on chest exam and so advice and treat with a change of antibiotics.

MC for 3 days.

Surgery consultation
Recorded by: Dr Michael Civil Visit date: 12/06/2002
Recorded on: 19/01/2013

Has developed a cough and she is a smoker and there are some scattered sounds to her chest, there is no wheeze just the occasional crackle ?? transmitted. Advice and treat.

Surgery consultation
Recorded by: Dr Jack McQuade Visit date: 22/06/2002
Recorded on: 19/01/2013
Converted Progress Note:
Saturday June 22 2002 11:34:17
Dr. Jack McQuade

Diagnosis:
Bronchitis
Actions:
Prescriptions printed:
DOXYCYCLINE CAPSULE 100mg 2 stat Then 1 daily, pc

Surgery consultation
Recorded by: Dr Michael Civil Visit date: 02/08/2002
Recorded on: 19/01/2013

Has an URTI and this has been for the past few days, there has also been some dysuria and some urinary symptoms. Has been sl feverish. O/E there is nil to find on ent, rs and there is no cervical LN and UA

Imp poss UTI and so treat. MSU taken

Surgery consultation
Recorded by: Dr Oenone Allen Visit date: 07/08/2002
Recorded on: 19/01/2013

Urine urgency for a few weeks, MSU: normal

URTI , LRTI- coughing still, likely for viral, chest ckear. Stop smoking

On OCP, Monofeme.

S/A Urine PCR sent, external abdo nad

UHCG negative

Surgery consultation
Recorded by: Helen Riley Visit date: 24/08/2002

Recorded on: 19/01/2013

General Task---------- 24/08/2002 10:22:43 AM - HR - General Task - All Results OK - Event 1 actioned. - msu, repeat it symptoms don't settle

Surgery consultation
Recorded by: Dr Oenone Allen Visit date: 04/09/2002
Recorded on: 19/01/2013

Moderately extensive genital warts and I think vaginal as well- lumpy internal walls. Both lower third portions of labia minora replaced by warty growth, central single wart at post commissure, a few labia majora- perineal warts.

STD screen done- will get bloods another day

On OCP

Discussed treatments- stop smoking, wishes to try Aldara externally. Review 6 weeks. Other alternative is to see RPH STD clinic, as may need extensive cryo or laser.

Boyfriend has warts and is getting treatment, he has been her only partner

Surgery consultation
Recorded by: Dr Michael Civil Visit date: 18/09/2002
Recorded on: 19/01/2013

URTI and this has been for the past day or so, has a cough and a sore throat and O/E there is nil to find on ent, rs and there is no cervical LN and so treat and advice and MC for 4 days.

Surgery consultation
Recorded by: Dr Michael Civil Visit date: 25/09/2002
Recorded on: 19/01/2013

URTI not settling and there is nil on ent, rs and so advice and change treatment. MC for 3 days.

Surgery consultation
Recorded by: Dr Richard Turner Visit date: 15/10/2002
Recorded on: 19/01/2013

sore throat and cough and very productive , few rhonchi , cold sore and off work

Surgery consultation
Recorded by: Dr Catherine Civil Visit date: 17/03/2003

Recorded on: 19/01/2013
Pathology Requested (SJ) - pap cytology please; PCR NG and CT please, and HVS for mc and s [warts.]genital warts partly treated. using aldara successfully. routine swabs taken.

Surgery consultation
Recorded by: Catherine Norwell Visit date: 18/03/2003
Recorded on: 19/01/2013
Recall Patient---------- 18/03/2003 12:52:00 PM - CN - Recall Patient - Pap Smear

Surgery consultation
Recorded by: Dr Richard Turner Visit date: 25/03/2003
Recorded on: 19/01/2013
headaches ache and nausea , check ? viral and sore throat , no sx and soft abd abnd chest nad check prn off x 2d

Surgery consultation
Recorded by: Karin Tatnell Visit date: 01/09/2003
Recorded on: 19/01/2013
Reminder/Recall Process---------- **Reminder/Recall Process** - 01/09/2003 11:47:27 AM - KT - Pap Smear - Letter (Event 1) - Report, Letter

Surgery consultation
Recorded by: Karin Tatnell Visit date: 01/04/2004
Recorded on: 19/01/2013
Reminder/Recall Process---------- **Reminder/Recall Process** - 01/04/2004 03:07:36 PM - KT - Pap Smear - Letter (Event 1) - Report, Letter

Surgery consultation
Recorded by: Sue Brown Visit date: 02/04/2004
Recorded on: 19/01/2013

Reminder/Recall - Pap Smear 01/06/2004 Recall letter sent 4/04

Surgery consultation
Recorded by: Wendy Smith Visit date: 09/06/2004
Recorded on: 19/01/2013
Pap reminder sent.

Reminder/Recall - Pap Smear 09/06/2005

Surgery consultation
Recorded by: Irene Sach Visit date: 15/06/2004
Recorded on: 19/01/2013

Reminder/Recall Process---------- **Reminder/Recall Process** - 15/06/2004 11:44:30 AM - IS - Pap Smear - Letter (Event 1) - Report, Letter

Surgery consultation
Recorded by: Irene Sach Visit date: 15/06/2004
Recorded on: 19/01/2013

Reminder/Recall Process---------- **Reminder/Recall Process** - 15/06/2004 11:45:43 AM - IS - Pap Smear - Letter (Event 1) - Report, Letter

Surgery consultation
Recorded by: Wendy Hatcher Visit date: 22/06/2004
Recorded on: 19/01/2013

Last pap smear 03/03. Recall letter sent 06/04.
Reminder/Recall - Abnormal Pap 09/06/05

Surgery consultation
Recorded by: Dr Elaine Soon Visit date: 20/04/2005
Recorded on: 19/01/2013

18 yo lady with cough, runny nose and dry throat, hoarse voice for three days
Is an apprentice jockey
O/E hoarse voice, throat normal, ears clear, chest clear, runny nose.
Prob viral URTI but if doesn't clear in three days fill script
NKA
Script Written - Alphamox (Capsules) 500 mg

Surgery consultation
Recorded by: Irene Sach Visit date: 14/06/2005
Recorded on: 19/01/2013

Reminder/Recall Process---------- **Reminder/Recall Process** - 14/06/2005 01:16:50 PM - IS - Pap Smear - Letter (Event 1) - Report, Letter

Surgery consultation

Recorded by: Irene Sach Visit date: 14/06/2005
Recorded on: 19/01/2013

Reminder/Recall Process---------- **Reminder/Recall Process** - 14/06/2005 01:17:32 PM - IS - Pap Smear - Letter (Event 1) - Report, Letter

Surgery consultation
Recorded by: Jackie Muller Visit date: 23/06/2005
Recorded on: 19/01/2013
PAP recall letter sent Put on PAP recall 6/06
Reminder/Recall - Pap Smear 23/06/2006

Surgery consultation
Recorded by: Wendy Smith Visit date: 30/06/2006
Recorded on: 19/01/2013
Cervical registry contacted re no response to pap reminders.
Pt apparently attends elsewhere so OFF pap recall list.

Surgery consultation
Recorded by: Debbie Boardley Visit date: 20/08/2009
Recorded on: 19/01/2013

Document Attached---------- **Attach Document Sent** - Req for Med Notes fm Kununurra-14/8/09

Surgery consultation
Recorded by: Dr Rupinder Singh Visit date: 23/08/2011
Recorded on: 19/01/2013
urti on going few weeks
nasally congested ans seems more alike a sinusitis
post nasal drip and cough

afebrile
throat nad
mild neck nodes

rx
rev if not ok
mc today
Script Written - Alphamox (Capsules) 500 mg - Rpts: 1**Script Written** - Logynon ED (Tablets) - Rpts: 2
BP **Sitting** 103/82 Pulse: 110 cocp -need protection while on ab

Surgery consultation

Recorded by: Dr Janusz Samborski Visit date: 11/06/2012
Recorded on: 19/01/2013
C/o n's mane - claims might be pregnant . For confirmation.

Also recently car accident - last Friday . Right off.
Clinically well , no headaches , neuro intact.

Pathology Requested (SJOG) - Quantitative BHCG

Surgery consultation
Recorded by: Dr Rupinder Singh Visit date: 03/07/2012
Recorded on: 19/01/2013
urti friday and worsening
wheezing when cold not asthmatic in the past
dry lips
fever
well
throat ok
neck nodes+
lungs coarse
lrti
ventolins prn
mc 3-5/7/12
Script Written - Alphamox (Capsules) 500 mg - Rpts: 1

Surgery consultation
Recorded by: Dr Mahinda Yogam Visit date: 03/10/2012
Recorded on: 19/01/2013
Has had 3 prev TOP since 18 yrs of age
NOW LMP not sure
BUT abt 7 weeks ago
Has had a u/scan done - just says its less than 12 weeks
Partner has taken off
crying +++
Has support from Mum BUT mum is not keen on TOP
BUT will support her any which way
Lives with Mum and brother
Not suicidal
works as a Sales Admin officer
does not want counselling for TOP but would want counselling for her relationship breakdown
feels depressed
sleep - tired all the time
broken sleep and early morning awakening
will come back for counsellign for relationship issues
Has never been on anti depressant meds
given Nanyara clinic ref letter form

Surgery consultation
Recorded by: Debbie Boardley Visit date: 07/10/2012

Recorded on: 19/01/2013

Document Attached---------- **Attach Document Sent** - Ref to Victor Chan-3/10/12

Surgery consultation
Recorded by: Dawn Amblard Visit date: 16/10/2012
Recorded on: 19/01/2013

Document Attached---------- **Attach Document Received** - Nanyara Medical Group-11/10/12

Surgery consultation
Recorded by: Dawn Amblard Visit date: 24/10/2012
Recorded on: 19/01/2013

Document Attached---------- **Attach Document Received** - Perth Pathology-16/10/12

Surgery consultation
Recorded by: Dr Fergus McCabe (Newburn Rd) Visit date: 06/09/2013
Recorded on: 06/09/2013

Pregnant

Did home pregnacy test on Tuesday

Booked into Marie stopes on same day
Requesting ref for TOP

last pap smear at Nanyara clinic at last TOP
G3P0
18, 21, 27 (early this year)

On monofem

was on OCP on one preg in past and none on the other 2

finds compliance with OCP difficult

counselled re option - keen to try the Depo

not keen on implant or IUD

folate - not taking - advised to take daily until is certian re decision re TOP

Diagnosis:
Referral for TOP

Reason for visit:
Referral for TOP

advised re pyroxin and ginger for nausea
Actions:

Logynon ED Tablet ceased because of pregnancy.

counselled re options - maintian preg nancy - adoption or TOP
discussed the risks ansd costs

has good family supports

new patner not supportive

counselled re contraception - accepted referral to marie stopes for contraception - Depo following TOP

Ref to marie Stopes

Provided with "lets talk about unplanned preg " leaflet and read over with pt

Surgery consultation
Recorded by: Dr Kevin Nikellys Visit date: 13/08/2018
Recorded on: 13/08/2018

complex pregnancy with vomiting
non diabetic Rh -ve
concern re growth during pregnancy
delayed progress in labour C-Section
6 days over mecstain induced and slow p[rogress at 6 hrrs C-Csection

post partum 8+ weeks
still spotting scan excluded placenta residual course of ab'S
BREAST FEEDING nipples ok no problems
scar healed
mood good
Bub H arrison Povey
Birth weight 2640
mec staining
Apgars high
normal nursery

general examination normal development normal;
weight doubled since birth
no concerns

Reason for visit:
Postnatal check

Actions:
Prescription printed: Implanon NXT 68mg Implant as directed

Surgery consultation
Recorded by: Dr Kevin Nikellys Visit date: 30/10/2018
Recorded on: 30/10/2018

legs veins prominent not VV's reassured
discussed breast feeding and approaches to introducing solids in gut sensitive baby 5 months old with history eczema and FH father with same

Reason for visit:
Breast feeding

Surgery consultation

Recorded by: Dr Kevin Nikellys Visit date: 28/05/2019
Recorded on: 28/05/2019

cold sore on nasal fold swab taken for identification

Reason for visit:
Herpes Simplex lesion

Actions:
Prescription printed: Famvir 500mg Tablet as directed
Request printed to SJOG: Swab nasal ulcer ? HCV. (nasal ulcer ? HSV)

Surgery consultation
Recorded by: Dr George Ruiz Visit date: 29/06/2019
Recorded on: 29/06/2019

Requests Rx for flu vaccination

Has been well

No contraindication to this

Discussed

Rx

Book appt to have this administered

Actions:
Prescription printed: FluQuadri Injection (Inactivated quadrivalent influenza vaccine) To be injected IM

Surgery consultation
Recorded by: Dr Kevin Nikellys Visit date: 16/12/2019
Recorded on: 16/12/2019

33yoa G1P0 no miscarriages
first pregnancy
Haerrison 14/6 /2018
- 41+6 days emergency C-Section delayed progeress foetal diestress and meconium staining
- apgars high
- weight 2.64 kg

-general health good

LNMP 1/11/2019 EDD 9/8/2020 now 6+ weeks
sl nausea
no past iron deficiency or thyroid disease no glucose intolerance
100/70
A-ve [rhesis monitoring required]

Reason for visit:
Pregnancy

Actions:
Request printed to Australian Clinical Labs: FBC; Iron studies; Blood group antibodies; TSH; Hep B; Hep C; HIV;

rubella; varicella; Vit D. (Pregnancy)
Imaging request printed to Perth Radiology clinic: ultrasound for pregnancy dates confirmation . (LNMP 1/11/2019 EDD 9/8/2020 now 6+ weeks
)
plan ultimately to deliver at SJOG Midland

NB Carry Hannington's daughter

Surgery consultation
Recorded by: Dr Naveed Akram Visit date: 14/01/2020
Recorded on: 14/01/2020

Reason for visit:
Antenatal care

Actions:
Results of ULTRASOUND PREGNANCY given to patient.

ULTRASOUND PREGNANCY (FIRST TRIMESTER)
Findings: Transabdominal scanning was performed.

Crown Rump Length	17 mm
Embryonic Heart Rate	144 bpm

The measurements are in accordance with the LMP. The gestational age is 8 weeks 3 days, EDD 7 August 2020.
The uterus is retroverted and appears normal. Both ovaries are normal.
There is no adnexal mass or free fluid.

Comment: Single live intrauterine embryo with measurements corresponding to a gestational age of 8 weeks 3 days, EDD 7 August 2020.

Results of HAEMATOLOGY GENERAL given to patient.
Results of THYROID STIMULATING HORM given to patient.
Results of RUBELLA AB MASTER given to patient.
Results of VITAMIN D given to patient.
Results of IRON MASTER given to patient.
Results of HEPATITIS SEROLOGY given to patient.
Results of HIV given to patient.
Results of URINE MICRO/CULTURE given to patient.
Results of BLOOD GROUP / ANTIBODIES given to patient.
Results of VARICELLA ZOSTER MASTER given to patient.

Request printed to Australian Clinical Labs: NIPP test. (10 + weeks G2P1)

https://genomicdiagnostics.com.au/wp-content/uploads/2017/06/GEN13-Generation-Request-Form_GD_LR.pdf

Surgery consultation
Recorded by: Dr Naveed Akram Visit date: 24/01/2020
Recorded on: 24/01/2020

Reason for visit:
Antenatal care

Actions:
Imaging request printed: Ultrasound scan - Obstetric. (USS - Nuchal translucency - bulk billing please)

Results of NIPT BASIC TESTS (NIP-0) given to patient.

No complications
No Sx

Will FU with usual GP

Surgery consultation
Recorded by: Dr Naveed Akram Visit date: 04/02/2020
Recorded on: 04/02/2020

Examination:
General:
BP (sitting): 101/67
Pulse: 85
Weight: 50kg

Reason for visit:
Antenatal care

Actions:
Results of EARLY ANATOMY given to patient.

ULTRASOUND PREGNANCY (EARLY ANATOMY)

Findings: Assessment is limited by fetal position. There is a single live fetus present.

Crown Rump Length	62 mm
Nuchal Translucency	1.1 mm
Fetal Heart Rate	132 bpm

Comment: Single live fetus at 12 weeks 5 days, EDD 7 August 2020. No early fetal anomaly is seen.

Letter written to Central Referral Service re. CRS - General Adult.
Correspondence sent to Central Referral Service via HEALTHLINK. 10:04:50 AM

Surgery consultation
Recorded by: Dr Hao (Edney Rd) Yang Visit date: 27/08/2020
Recorded on: 27/08/2020
some abdominal pain 2 days ago
now resolved after big bowel motion

discussed strategies to keep bowels regular

Reason for visit:
Check up

Surgery consultation
Recorded by: Dr David Jones Visit date: 15/08/2023
Recorded on: 15/08/2023
1) Attends to request some contraception
She would like to go onto Depot ralovera

Discussed pros and cons of this and set reminder for next injection

2) had quite a bad flu-like illness about 3/12 ago
She has then developed a cough over the last few weeks
Coughing ++ especially at night

Smoker - says only 2/day

o/e temp 37.4, chest - widespread course expiratory wheeze. Good AE otherwise.

Imp - treat as LRTI

Plan
Amoxicillin and prednisolone
Strongly Advised smoking cessation
WOuld like to do a sputum sample

R/v if symptoms not settling.

Actions:
Prescription printed: Depo-Ralovera 150mg/mL Injection stat.
Request printed: Sputum M/C/S; Respiratory PCR panel. (Ongoing chest symptoms)
Prescription printed: Amoxicillin 500mg Capsule 1 Three times a day.
Prescription printed: Prednisolone 25mg Tablet 1 Daily for 5 days treatment.
Implanon NXT 68mg Implant ceased.
Famvir 500mg Tablet ceased.
Reminder added for Depo Contraceptive Inj on 15/11/2023.

Surgery consultation
Recorded by: Rachel Newton Visit date: 16/08/2023
Recorded on: 16/08/2023
EM

Attends for Depot Ralovera
Wait for 15 mins as this is first time having this injection
Given in Left buttock
Batch: GJ7220
Exp: 5/25

Reason for visit:
Depot contraception

Surgery consultation
Recorded by: Dr Ewen McLean Visit date: 16/08/2023
Recorded on: 16/08/2023
see prior consult
for 1st depo today
aware if > 2 yrs for DEXA
last day of menstrual period today
Not sexually acxtive last 9 months
r/v 3/12 or sos

Reason for visit:
Contraceptive, oral

Surgery consultation
Recorded by: Dr Jackson Patterson-House Visit date: 31/08/2023
Recorded on: 31/08/2023
Phone consultation
Stated Dr name & surgery
Checked identity of patient

Explained that a fee may be incurred
- BB for pensioner or HCC holder or <15YO or at Dr's discretion

37-year-old, female
Presenting complaint:

History:
- Patient unwell with bacterial infection 2-weeks ago
- Sx: Productive cough (yellow phlegm),
- Denies: Fevers, headaches, dizziness, SOB, chest pain, rashes
- Completed a course of antibiotics 2-weeks ok but almost completely resolved then new productive cough
- Recommended F2F assessment tomorrow and a sputum M/C/S before commencing new Abx (likely Doxy)

General:
No lethargy. No fevers. No nausea. No anorexia. No weight loss. No weight gain.

Imp:
Ongoing productive cough

Reason for visit:
Cough

Plan:
1. F2F appt tomorrow
2. Safety netting re: severe pain, high/prolonged fevers (38.0C+), unrelenting vomits/diarrhoea, heavily reduced oral intake, heavily reduced urine output, shortness of breath, chest pain, painful/spreading rashes, reduced consciousness, or other worrying symptoms or major concerns to present to hospital immediately

Surgery consultation
Recorded by: Dr Jackson Patterson-House Visit date: 01/09/2023
Recorded on: 01/09/2023
37-year-old, female
Attended with son
Presenting complaint:

History:
- Patient unwell with bacterial infection 2-weeks ago
- Sx: Productive cough (yellow phlegm),
- Denies: Fevers, headaches, dizziness, SOB, chest pain, rashes
- Completed a course of antibiotics 2-weeks ok but almost completely resolved then new productive cough
- Recommended for F2F assessment today
- Had prednisolone during previous infection with excellent effect
- Additionally, commenced on Depo injection for first time last month, having some minimal spotting/breakthrough bleeding (nil possibility of pregnancy, no STDs previously/current partner and self-tested recently, nil trauma, nil dysparunia)
- Advised we will do some bloods to check iron, Hb, etc but will conservatively manage as breakthrough bleed for now which she said the previous GP said may happen

General:
No lethargy. No fevers. No nausea. No anorexia. No weight loss. No weight gain.

Imp:
Ongoing productive cough

Examination:
General:
Pulse: 85
Temperature: 37.0
Resp. rate: 12
O2 saturation: 96%.

Diagnosis:
Cough

Reason for visit:
Cough

Actions:
Amoxicillin 500mg Capsule ceased (No longer required).
FluQuadri Prefilled syringe ceased (No longer required).
Medication prescribed: Doxycycline 100mg Tablet Daily with meals Take 2 tablets on day 1
Then take 1 tablet for the remainder of the course. Take for 6 Days..
Prescription printed: Doxycycline 100mg Tablet Daily with meals Take 2 tablets on day 1
Then take 1 tablet for the remainder of the course. Take for 6 Days.
Prescription printed: Prednisolone 25mg Tablet 1 Daily for 5 days treatment.
Request printed: U/E; LFT; Iron Studies; Fasting Lipids/HDL; Glucose (Fasting); TFTs; B12/Folate; FBC; Vitamin D. (General check-up)

Telehealth consultation
Recorded by: Dr Jackson Patterson-House Visit date: 18/09/2023
Recorded on: 18/09/2023

Phone consultation
Stated Dr name & surgery
Checked identity of patient
Explained that a fee may be incurred
- BB for pensioner or HCC holder or <15YO or at Dr's discretion

37-year-old, female
Telephone Consult
Presenting complaint: URTI (recovering)

History:
- Patient unwell recently with cold/flu symptoms
- Sx: Fatigue only now, getting better
- Denies: Fevers, headaches, dizziness, SOB, chest pain, rashes
- Discussed elevated GGT, no major EtOH consumption recently, obviously recent virus/infection ----> Will re-check in 6-months to see if normalised

General:
No lethargy. No fevers. No nausea. No anorexia. No weight loss. No weight gain.

Reason for visit:
Check up

Actions:
Reminder added for Liver Function Test on 18/03/2024.

Telehealth consultation
Recorded by: Dr Richard Albuquerque Visit date: 19/09/2023
Recorded on: 19/09/2023

3 points of ID checked.
Patient has verbally agreed over the phone to the assignment of the Medicare benefit directly to the provider.

sore throat
this started about 3 days ago

feels that has tonsillitis

pus on tonsil
possible fever

tender cervical nodes

breathing and voice seems ok

would like to commence oral antibitoics
offered 'F2F to be sure but would prefer to just start

review if not improving

Reason for visit:
Tonsillitis

Actions:
ePrescription sent to 0478 625 291: Phenoxymethylpenicillin 500mg Tablet (Phenoxymethylpenicillin) 1 Twice a day.

3rd Party consultation
Recorded by: HotDoc External Vendor Visit date: 06/11/2023
Recorded on: 06/11/2023

06/11/23 8:02am - HotDoc Reminders - Letter generated - Depo Contraceptive Inj - Depo Contraceptive Inj

3rd Party consultation
Recorded by: HotDoc External Vendor Visit date: 06/11/2023
Recorded on: 06/11/2023

06/11/23 8:02am - HotDoc Reminders - Letter sent via post - Depo Contraceptive Inj - Depo Contraceptive Inj

Non visit
Recorded by: Rachel Newton Visit date: 13/11/2023
Recorded on: 13/11/2023
Pt called
Enquiring when Depot due
Informed 16/11/23
Will book

Telephone consultation
Recorded by: Dr Jackson Patterson-House Visit date: 15/11/2023
Recorded on: 15/11/2023
Phone consultation
Stated Dr name & surgery
Checked identity of patient
Explained that a fee may be incurred
- BB for pensioner or HCC holder or <15YO or at Dr's discretion

37-year-old, female
Presenting complaint: Script

History:
- Patient well today
- Just needs regular script (Depo)
- No side effects/concerns about medication
- Using appropriately (frequency/dosage)
- No other concerns raised today
- Sent by ePrescription sent to 0478 625 291: Depo-Ralovera 150mg/mL Injection stat.

Reason for visit:
Script

Plan:
1. Next due: 3-months

Actions:
ePrescription sent to 0478 625 291: Depo-Ralovera 150mg/mL Injection stat.

Surgery consultation
Recorded by: Isabella McKenna Visit date: 17/11/2023
Recorded on: 17/11/2023
Dr Christopher Burgin
Attended for injection- Depo Ralovera
#GP2464
given: L) upper outer quadrant

Isabella McKenna EN

Reason for visit:
Depot contraception

Surgery consultation
Recorded by: Dr Christopher Burgin Visit date: 17/11/2023
Recorded on: 17/11/2023
Seen with Bella --

Here for her regular depo today

No concerns

Given as per protocol

See as planned

Reason for visit:
Depot contraception

Surgery consultation
Recorded by: Tracey Messerschmidt Visit date: 29/02/2024
Recorded on: 29/02/2024

KO

Given Depot B.0HA1841 Exp. 2/26 IM into left buttock as per DR

Reason for visit:
Depot contraception

Actions:
Reminder for Depo Contraceptive Inj on 15/11/2023 deleted.
Reminder added for Depo Contraceptive Inj on 29/05/2024.

3rd Party consultation
Recorded by: HotDoc External Vendor Visit date: 05/03/2024

Recorded on: 05/03/2024

05/03/24 8:15am - HotDoc Reminders - Letter generated - Liver Function Test - Liver Function Test

3rd Party consultation
Recorded by: HotDoc External Vendor Visit date: 05/03/2024
Recorded on: 05/03/2024

05/03/24 8:16am - HotDoc Reminders - Letter sent via post - Liver Function Test - Liver Function Test

3rd Party consultation
Recorded by: HotDoc External Vendor Visit date: 17/05/2024
Recorded on: 17/05/2024

17/05/24 8:04am - HotDoc Reminders - Letter generated - Depo Contraceptive Inj - Depo Contraceptive Inj

3rd Party consultation
Recorded by: HotDoc External Vendor Visit date: 17/05/2024
Recorded on: 17/05/2024

17/05/24 8:04am - HotDoc Reminders - Letter sent via post - Depo Contraceptive Inj - Depo Contraceptive Inj

Telehealth consultation
Recorded by: Dr David Jones Visit date: 24/06/2024
Recorded on: 24/06/2024

Phone consultation
ID checked x3

Explained to patient limitations of telephone consult and are BB for HCC/children.

Recent corysal symptoms over the last 3/52
Has turned into a productive cough now
has previously had LRTI with haemoiphilus isolate in sputum

Current regular smoker.

Will treat as LRTI
Spoke to her about smoking cessation for her own health, the kids health etc
Advice and edcuation including signposting to quitnow
TCI for further advice and support as needed

Reason for visit:
LRTI

Actions:
Smoking history updated.
ePrescription sent to 0478 625 291: Amoxicillin 500mg Capsule 1 Three times a day.

Surgery consultation
Recorded by: Dr David Jones Visit date: 16/07/2024
Recorded on: 16/07/2024

Has been feeling very depressed and anxious for the recent past
Children have been unwell and to make matters worse, her cat was killed recently.

has not had any problems with mental health before

Lives at home with mum and brother and her and her 2 kids (boys go to the dads every other weekend)
This is a stressful environment for her.

She describes times when she is panicked, cannot catch her breath, feels flustered, increased HR, pounding.
She has also been struggling with a low mood, thoughts of guilt and self-recrimination/negative self-esteem
Generally anhedonistic. If she goes out with friends, she will get very emotional quite often.
Sleep is ok but she has noticed spending a lot more time in her room.
Feels relief when she gets a break from the kids, but when they return, the feelings of anxiety/panic return

Imp- suspect develpiong anxiety and depressive symptoms resulting from ongoing/longterm, stressors

We discussed the likely diagnosis and options for treatment
Not so keen on psychological therapy at this stage
Discussed SSRI and likely benefits she would get. Few significant sideeffecst

Will commence cital
Discussed use
R/v in 2/52 or sooner if needed.

Actions:
Prescription printed: Depo-Ralovera 150mg/mL Injection stat.
Prescription printed: Citalopram 20mg Tablet Take half at night for the first week, then increase to full tablet.

Surgery consultation
Recorded by: Dr David Jones Visit date: 23/07/2024
Recorded on: 23/07/2024

Ongoing LRT symptoms
has had ongoing cough now since June - was investigated and found to have haemophilus in the sputum and treated at the time
She does continue to smoke however and I have once again discussed with her the liklihood of this contibuting negatively to her ongoing symtpoms

o/e generally good AE. Occasional creps - likely mucous. Sats 100%RA

Discussed smoking cessation again - risk of chronic bronchitis/COPD
Check sputum - may need further abx. Will contact with results.
CXR - r/v as needed

Actions:
Request printed: Sputum sample. (Previous haemophilus influenzae culture. Treated with amox. Ongoing symptoms. Smoker)
Imaging request printed: Plain X-ray - Chest. (Ongoing symptoms of LRTI. Haemophilus infection treated. CXR please)

Surgery consultation
Recorded by: Dr David Jones Visit date: 26/07/2024
Recorded on: 26/07/2024

Phone consultation
ID checked x3

Explained to patient limitations of telephone consult and are BB for HCC/children.

CXR suggestive of ongoing infective symptoms
unfortunately no sputum back yet, but she is still symptomatic with no significant change

Given this, will treat with a longer course of abx -> roxithromycin bd for 10/7
Suggest r/v in surgery next week if symtpoms not settling or the sputum sample is otherwise remarkabnle

Happy with plan

Diagnosis:
Infection

Reason for visit:
Infection

Actions:
ePrescription sent to 0478 625 291: Roxithromycin 150mg Tablet 1 Twice a day.

Surgery consultation
Recorded by: Sarah Glover Visit date: 30/07/2024
Recorded on: 30/07/2024

Actions:
Results of RESPIRATORY MICRO/CULTURE given to patient.

Surgery consultation
Recorded by: Amber Sims Visit date: 06/08/2024
Recorded on: 06/08/2024

Patient presented for Depo contraception Injection

overdue- pregnancy test done as a precaution
Under Dr Yang
Injection drawn up as per instructions
no contradicitions to give today
injected in the left uqd
batch HG8723 Exp 05/2026
nil issues on departure
Amber Sims RN

Reason for visit:
Depot contraception

History:
Gynae:
Negative pregnancy test.

Actions:
Reminder for Depo Contraceptive Inj due on 29/05/2024 marked as no longer required.
A new reminder for Depo Contraceptive Inj has been added for 06/11/2024.
Reminder added for Depo Contraceptive Inj on 22/10/2024.
Reminder for 'Depo Contraceptive Inj' due on '06/11/2024' marked as not required.

Surgery consultation
Recorded by: Dr Hao Yang Visit date: 06/08/2024
Recorded on: 06/08/2024
usual GP = Dr DJ

overdue for depo
uBHCG = neg
depot checked correct
fine to proceed

r.xroom

Reason for visit:

Depot contraception

Telephone consultation
Recorded by: Dr David Jones Visit date: 26/08/2024
Recorded on: 26/08/2024

Reason for visit:
DNA

Surgery consultation
Recorded by: Dr Kim Oates Visit date: 18/09/2024
Recorded on: 18/09/2024

History:

Persistent diarrhoea for the last 2 months

HIB infection previously, treated with Abx

Loose stools intermittent but up to multiple times per day, green with mucous

No fevers but feeling generally fatigued and unwell

On occasion has worken early in the morning to pass stool

No blood, no abdominal pain

No previous history of gastrointestinal issues - bowels previously very regular

No family history of IBD

Needs stool test to rule out other pathogens

HIB can cause gastrointestinal symptoms, reasonable for repeat course of Abx sensitive to culture in interim

Examination:
Abdo soft
General:
Temperature: 36.8

Reason for visit:
Diarrhoea

Management:
Stool MC+S, OCP, PCR
Doxycycline for 7/7
Review post

Actions:
Roxithromycin 150mg Tablet ceased.
Prednisolone 25mg Tablet ceased.
Request printed: Stool MC+S; PCR; OCP; if negative; please procced to fecal calprotectin.
Prescription printed: Doxycycline 100mg Tablet Daily with meals Take 2 tablets on day 1
Then take 1 tablet for the remainder of the course. Take for 6 Days.

Surgery consultation

Recorded by: Dr Christopher Burgin Visit date: 02/10/2024
Recorded on: 02/10/2024

3 months ago - saw David Jones
Thought that had a chest infection and sputum test

Had a chest xray and had a swab which showed HIB

Was given doxy

Mum had the same --

Started doxycyline -- completed a course and started to get better

Had a second course and has not done anything

Started to have chest pain under the R breast

Started on Saturday night - copuld not take a breath in -- when takes a deep breath in it catches

Symptoms
Loads of green phlem
Major fatigue
Diarrhoea
Feeling really snotty but improving
Laboured breathing

Diarrhoea -- stool sample awaitied -- discussed

Examination:
General:
Pulse: 107
Temperature: 35.9
Resp. rate: 14
O2 saturation: 99%.

PE considered but more likely to be infection

Discussed

PLAN:
1) Stool sample
2) Sputum sample prior to abx
3) CXR tomorrow
4) Bloods tomorrow
5) Start augmentin empirically

Reason for visit:
Cough

Actions:
Imaging request printed: CXR. (Bilateral coarse crackles - recent HIB (but 3 month history now) Smoker BULK BILL PLEASE)

Imaging request printed: FBC,UE,LFT, CRP, Sputum microscopy culture sensitivitiy. (3 month history of being unwell)
Prescription printed: Augmentin Duo Forte 875mg;125mg Tablet 1 tablet twice daily.

Surgery consultation
Recorded by: Madeleine Staggard Visit date: 03/10/2024
Recorded on: 03/10/2024
Infomred DR Burgin that radiology called and confirmed Tehani has Pneumonia likely inflammatory. GP aware and Tehani already on a course of anti biotics.

Reason for visit:
Follow up

Telehealth consultation
Recorded by: Dr Christopher Burgin Visit date: 03/10/2024
Recorded on: 03/10/2024

Telephone call to patient due to Covid virus

Discussed the results with Tehani

I think that, given the lack of progress and her smoking history she needs a CT of her chest -

Agreed

Reason for visit:
Results discussed

Actions:
Imaging request printed: CT chest URGENT. (Follow - up 3 month history of chest symptoms -- xray still shows abnormality -- smoker - ?neoplastic cause BULK BILL PLEASE)

Surgery consultation
Recorded by: Dr Christopher Burgin Visit date: 07/10/2024
Recorded on: 07/10/2024

Telephone call to patient due to Covid virus

Is feeling much better symptom wise -- is still coughing but this is improving

Discussed

Given the very high CRP I think that we should re-check and also will need a rpt CT in 3m --

Forms for both completed

I will contact after the completion of these and we can go from there

Reason for visit:
Pneumonia

Actions:
Request printed: CRP. (Check)
Imaging request printed: Ultra low dose CT chest. (Prolonged pneumonia 3 month check - smoker BULK BILL PLEASE)

Surgery consultation
Recorded by: Dr Christopher Burgin Visit date: 11/10/2024
Recorded on: 11/10/2024

Attempted to call x2 -- no answer

SMS sent -- no further abx needed at this time

Reminder added for follow up

Reason for visit:
Failed telephone call - no answer

Actions:
Reminder added for CT scan - Chest on 11/12/2024.

3rd Party consultation
Recorded by: HotDoc External Vendor Visit date: 14/10/2024
Recorded on: 14/10/2024

14/10/24 9:00am - HotDoc Reminders - Letter generated - Depo Contraceptive Inj - Depo Contraceptive Inj

3rd Party consultation
Recorded by: HotDoc External Vendor Visit date: 14/10/2024
Recorded on: 14/10/2024

14/10/24 9:00am - HotDoc Reminders - Letter sent via post - Depo Contraceptive Inj - Depo Contraceptive Inj

Surgery consultation
Recorded by: Dr Christopher Burgin Visit date: 21/10/2024
Recorded on: 21/10/2024

Is heaps better than she was

Still quite sweaty and up and down - lethargic

R lung crackles -

Agreed for furhter bloods

delayed use of script applied

Needs CT in Jan

Reason for visit:
Check up

Actions:
Request printed: FBC; CRP ESR. (Check up - recent pneumonia)
ePrescription sent to 0478 625 291: Augmentin Duo Forte 875mg;125mg Tablet 1 tablet twice daily.

Non visit
Recorded by: Dr Christopher Burgin Visit date: 24/10/2024
Recorded on: 24/10/2024

Actions:
Request printed: FBC; CRP; LFT; Ferritin; Copper; ANA; ANCA; ASMA; Hep A; B; C; CMV; EBV. (Non invasive liver screen)

Non visit
Recorded by: Holly Bysterveld Visit date: 28/11/2024
Recorded on: 28/11/2024

Actions:
Request printed: ANA; CRP; FBC; Ferritin; LFT; Copper; ANCA; ASMA; Hep A; B; C; CMV; EBV. (Non invasive liver screen)

Surgery consultation
Recorded by: Dr Kim Oates Visit date: 24/01/2025
Recorded on: 24/01/2025

Telehealth consultation with eligible patient who has had a face to face consultation with practice in past 12 months.
Confirmed identification with three point verification - Name, Address, DOB
Financial consent confirmed prior to proceeding with consultation.

Phone call to patient - no answer

Will call again directly

24/01/2025 11:15 am

Patient has called back.

Going on a holiday and needs updated script or Citalopram

Would also like to go back on depo ralovera - not had since August, overdue, no contraceptive cover, patient aware. Not currently sexually active

Have encouraged to F2F to discuss in more detail when back from holiday - Depo possibly not best choice for patient due to correlation with decline in mood, however if preference to have administered again, entirely up to patient of course. If not currently sexually active, may be worth holding off and discussing options further

--> Scripts sent via e script as requested

Reason for visit:
Prescription renewal
Contraceptive advice

Actions:
ePrescription sent to 0478 625 291: Citalopram 20mg Tablet Take half at night for the first week, then increase to full tablet.
ePrescription sent to 0478 625 291: Depo-Ralovera 150mg/mL Injection stat.

Surgery consultation
Recorded by: Dr Christopher Burgin Visit date: 19/02/2025
Recorded on: 19/02/2025

Still quite chesty -

Feels unwell still

Has not had the LFT --

Period is late - not unusual for her -

Has been feeling shaky - feeling nauseous in teh morning PT negative

"Lots going on" - going through court at the moment - support offered through "head for health:

Examination:

Chest - still coarse crackles

Needs furhter CT - for quan HCG just to be sure

Has not had Liver USS yet

Reason for visit:
Review

Actions:
Imaging request printed: Ultra low dose CT chest. (Prolonged pneumonia 3 month check - smoker BULK BILL PLEASE)
Imaging request printed: USS liver. (Abnormal LFT BULK BILL PLEASE)
Augmentin Duo Forte 875mg;125mg Tablet ceased.
Doxycycline 100mg Tablet ceased.
Request printed: FBC; UE; LFT; Quantative HCG. (Check up)

Surgery consultation
Recorded by: Dr Kim Oates Visit date: 09/04/2025
Recorded on: 09/04/2025

History:

Persistent changes on CT chest ?MAC

Needs referral to resp

--> CRS referral sent

Cut down smoking to 1 per day - well done!

Offered script for nicotine patches to assist with quitting completely

--> given

Significant LFT changes persist

Mild hepatic steatosis on USS only

pANCA positive, nil else.

Some changes likely asssociated with ongoing respiratory illness

Will repeat another interval LFTs and refer to hepatology for further Ix +/- biopsy

Diagnosis:
Nicotine dependance

Reason for visit:
Nicotine dependance
Chest infection
Liver injury

Actions:
Letter written to CRS (Central Referral Service) re. CRS General Adult NEW 2022.
Correspondence sent to CRS (Central Referral Service) via HEALTHLINK. 02:20:08 PM
Medication started in hospital: Nicotine 14mg/24hr Patch Apply patch to clean dry skin every 24 hours..
Prescription printed: Nicotine 14mg/24hr Patch Apply patch to clean dry skin every 24 hours.
Reminder for Liver Function Test on 18/03/2024 deleted.
Request printed: LFT.

Telehealth consultation
Recorded by: Dr Pia Schelfhout Visit date: 23/04/2025
Recorded on: 23/04/2025

Phone consult - consent to Medicare assignment of fees directly to provider
Eligible F2F consult within the last 12 months. Aware of limitations for phone consults including unable to perform exam
3pt ID confirmed

History:
Unwell again
Noted history of Haemophilus influenza on sputum MCS August 2024
Then got strep on top of this which resulted in pneumonia
Repeat CT chest raised concerns for MAC - has been referred to public respiratory team

Dark yellow phlegm
Snotty
Fatigued
No SOB or pleurisy (did develop this with previous infections)
No fevers/sweats
Thinks she may need antibiotics
Has not been smoking at all for the last few weeks with nicotine patches on board!
Was going to come in person today but babysitter fell through. Single parent.

Examination:
Alert and speaking full sentences via phone

Reason for visit:
Chest infection
I've identified that, ideally, we would perform sputum cultures and imaging given previous abnormal findings
Given late afternoon phone consult, will not delay treatment for atypical LRTI
Tehani aware she needs to represent F2F if symptoms don't improve after 48hrs of antibiotics, or if they continue to decline despite POABx

Management:
Doxycycline 100mg BD
Low threshold to present F2F (including urgent care/ED) - if no improvement after 48hrs, continued decline within 24hrs, immediately if SOB/chest pain/fevers >38C
Await respiratory appt. May request private referral if symptoms persist

Actions:
Medication prescribed: Doxycycline 100mg Tablet 1 Twice a day. Take until finished..
ePrescription sent to 0478625291: Doxycycline 100mg Tablet 1 Twice a day. Take until finished.

Surgery consultation
Recorded by: Dr Nancy Burge Visit date: 28/04/2025
Recorded on: 28/04/2025

Actions:
Request printed to Australian Clinical Labs: Micro & Culture Respiratory (E.N.T.). (long standing pneumonia not responding to treatment - currently on doxycyline
referral to resp specialist)
Request printed to Australian Clinical Labs: Full Blood Examination; Electrolytes / Urea & Creatinine; Liver Function Test; C-Reactive Protein. (long standing pneumonia
starting new abx)
New Rx added: Augmentin Duo Forte 875mg;125mg Tablet (Amoxicillin, Potassium clavulanate) 1 Twice a day.
Prescription printed: Augmentin Duo Forte 875mg;125mg Tablet (Amoxicillin, Potassium clavulanate) 1 Twice a day.
E-mail generated for admin@midlandms.com.au, Subject - Specialist letter FNB - Miss Tehani Oakey.
E-mail successfully sent to admin@midlandms.com.au, Subject - Specialist letter FNB - Miss Tehani Oakey.
Letter written to Midland Medical Specialists re. Specialist letter FNB.

Verbal consent has been obtained for using Lyrebird for recording the consultation and formatting these notes

Presenting complaint:
• Review of ongoing respiratory symptoms and request for respiratory specialist referral

History of presenting complaint:
• Initial respiratory infection in July 2024, initially misdiagnosed as viral infection based on sputum sample
• Condition severely deteriorated over 2 months
• Seen by Dr Oates who identified the past haemophilus influenza infection
• Subsequently developed strep infection progressing to pneumonia
• Saw Dr Burgin in October 2024 - CRP elevated to 147, approaching sepsis
• Required multiple courses of antibiotics with varying response
• December 2024 - showed improvement on CT scan
• February 2025 - presented with ongoing chest symptoms
• CT showed persistent changes suggesting possible MAC infection
• Seen in January 2025- referred to hepatology for liver biopsy and to respiratory specialist through CRS
• Also prescribed doxycycline 100mg BD on 23/04/2025
• Current symptoms include:

• Fluctuating daily condition, worse by evening
• Profuse morning sweating
• Recent onset of chills
• Fever reaching 38°C
• Dark yellow/green sputum production
• Severe fatigueSuccessfully quit smoking using nicotine patches
• Declined hospital admission previously due to childcare responsibilities

Examination:
• Bilateral chest crackles
• Temperature 36.1°
• O2 saturation 96%
• Heart rate elevated 100 (tachycardia)
• no increased work of breathing

Past investigations:
• CT chest (23/03/2025): resistant bronchial wall thickening, retained secretions, peribronchiolar infiltrates middle lobe lingula, possible MAC infection
• Previous CT (December 2024): showed improvement from October scan
• CT (October 2024): bilateral inflammatory pulmonary infiltrate
• Elevated liver function tests
• Previous sputum cultures positive for haemophilus influenza

Social:
• Not currently working
• Planning to return to study
• Two children aged 4 and 6 years
• Younger child attends daycare part-time

Impression:
• Ongoing respiratory infection with possible MAC infection
• Liver dysfunction secondary to prolonged antibiotic use
• Failed response to doxycycline therapy

Actions:
• Commenced augmentin duo forte while continuing doxycycline
• Sputum cultures ordered
• Blood tests ordered including CRP
• Urgent respiratory specialist referral to Midland Medical Specialists and results to be copied to them
•

Telehealth consultation
Recorded by: Dr Christopher Burgin Visit date: 05/05/2025
Recorded on: 05/05/2025
Telephone call to patient due to Covid virus

Had another rough episdoe

Note bloods

Has not tested for MAC yet -- form given

Has respiratlry appt next Friday

See after that

Reason for visit:
Review

Actions:
Request printed: FBC; CRP; ESR; LFT; MAC (sputum). (Check)
ePrescription sent to 0478 625 291: Amoxil 500mg Capsule One tablet TDS for 5 days.

Surgery consultation
Recorded by: Dr Christopher Burgin Visit date: 12/05/2025
Recorded on: 12/05/2025
History:
- Reports feeling better overall but still experiencing morning sweats and clamminess
- Continues to cough up significant amounts of phlegm, though no longer yellow
- Wakes up around 6am with restlessness and sweating
- Reports restless legs in the morning
- Bruises easily (longstanding issue)

Past Medical History:
- Recent sinusitis
- Fatty liver noted on previous ultrasound
- Elevated liver function tests: October 2024 (ALT 150, AST 92, GGT 89), most recent (ALT 280, AST 136, GGT 100)
- CRP previously 140s, now 9.5 (normal <3)
- Previous negative hepatitis serology
- Previous negative HIV test

Social History:
- No longer smoking cigarettes
- Occasional alcohol consumption ("couple of wines here and there")
- Recently stopped vaping (maximum 3 times per week previously)
- Uses essential oil diffuser regularly

Medications:
- Recently completed course of Augmentin
- Previously on doxycycline
- Recently started taking Armor Force (herbal supplement)
- Recently taking prebiotics

Physical
Examination:
- Head noted to be clammy during consultation

Investigations:
- CRP 9.5 (elevated, normal <3)
- Liver function tests ordered today
- Full iron studies ordered today
- CT scan of sinuses planned

Impression:
- Resolving respiratory infection
- Elevated liver enzymes - possibly related to recent antibiotics or supplements

- Possible iron deficiency masked by inflammatory markers

Management

Reason for visit:
Cough

Plan:
- Cease all herbal supplements including Armor Force
- Avoid alcohol consumption
- Complete CT scan of sinuses as arranged
- Blood tests today including liver function and iron studies
- Monitor symptoms

Patient Summary

- Respiratory Infection: Resolving
  - Cough productive but no longer yellow phlegm
  - CRP improved from 140s to 9.5 (still elevated)

- Liver Function: Abnormal
  - Elevated liver enzymes (ALT 280, AST 136, GGT 100)
  - Fatty liver noted on previous ultrasound
  - Possible causes include recent antibiotics or supplements

- Morning Symptoms: Ongoing
  - Waking at 6am with restlessness and sweating
  - Possible iron deficiency to be investigated

- Lifestyle Changes: Implemented
  - Ceased smoking
  - Stopped vaping
  - Reducing alcohol intake

Key Takeaways
- Stop all herbal supplements including Armor Force
- Avoid alcohol completely while liver enzymes remain elevated

Next Steps
- Complete blood tests today for liver function and iron studies
- Attend CT scan of sinuses as arranged
- Monitor symptoms and return if not continuing to improve

Actions:
Amoxil 500mg Capsule ceased.

Surgery consultation
Recorded by: Dr Daniel Stringer Visit date: 19/06/2025
Recorded on: 19/06/2025

Reason for visit:

Chest infection

Last 2d had cough, yellow sputum. Today getting pain in right side of chest. Feels same as pleurisy when she had pneumonia.
No breathlessness. No fever, but has felt hot at times.

Note recent complicated history and pneumonia last year.

Examination:
Apyrexial
Mild cervical lymphadenopathy
Throat normal
Chest clear - some upper airway rhonchi heard. Normal air entry.

Given her history treat now with antibiotics
Seek review if worsening cough, persistent fever, breathlessness.

Actions:
Prescription printed: Augmentin Duo Forte 875mg;125mg Tablet 1 Twice a day.

Surgery consultation
Recorded by: Dr Christopher Burgin Visit date: 01/09/2025
Recorded on: 01/09/2025
Verbally consented to the use of AI for note-taking as per Avant.
Offered discussion as to pros and cons and risks of data breach and explanation of how it works.

History:
1. Waking up daily around 5am with symptoms.
Reports dry reaching, vomiting, and diarrhoea upon waking.
Experiences sweats that commence upon waking, not during sleep. Also notes associated tachycardia and nausea. Reports feeling dizzy.
Occurs almost every morning, with one recent severe episode on Thursday where the heart rate was ~130 bpm at rest after waking, accompanied by significant dizziness and vomiting.
No current treatments.

2. Irregular menstrual periods.
Periods have become irregular and are tapering down in flow.
This is a new change.
Associated with emotional lability.
Concerned about perimenopause.
No current treatments.

3. Sputum sample collection.
Needs to provide sputum samples for AFB testing, as previously discussed.
Notes the test can take up to three months for a final result.
Appointment has been rebooked for November to follow up on this.

Past history:
Nil mentioned.

Family history:
Mother diagnosed with a combination of atrial fibrillation and atrial flutter.
Mother's menopause occurred at approximately 50 years of age.

Examination:

Not performed during this consultation.

Reason for visit:
Unwell

Plan:
Blood tests organised, including thyroid function tests.
Follow-up appointment booked in two weeks to review results. Will be contacted if any urgent results are received prior.
To provide sputum samples for AFB as planned.
Follow-up with specialist in November.
Discussed possibility of perimenopause or overactive thyroid.

.

Actions:
Request printed to Australian Clinical Labs: Sputum Sample AFB.
Request printed: FBC; UE; CRP; ESR; Progesterone; Oestrogen; Testosterone. (Sweating ? premature menopause)

Surgery consultation
Recorded by: Dr Subashini Valayutham Visit date: 11/09/2025
Recorded on: 11/09/2025

Tehani here with kids
Requesting script for citalopram only

Diagnosis:
Prescription

Reason for visit:
Prescription

Actions:
ePrescription sent to 0478 625 291: Citalopram 20mg Tablet Take half at night for the first week, then increase to full tablet.

Surgery consultation
Recorded by: Dr George Ruiz Visit date: 22/09/2025
Recorded on: 22/09/2025
Verbal Consent AI Scribe as per Avant
Long appt ..

Waking with sweats and nausea.
Vomits upon opening eyes.
Occurs daily around 4:35-5:00 am.
Associated with elevated heart rate and diarrhoea.
Started around July last year after pneumonia.
Taking antidepressants, ? side effect.

Irregular periods.
Currently 2 weeks late.

No current treatments.

Productive cough.
Coughing up phlegm since pneumonia last year.
No haemoptysis.
Gets sick frequently from children.
Recently took a 5-day course of mother's doxycycline which helped.

Fatigue.
Occurs daily.
Sleeping deeply and through alarms.
One episode of enuresis recently.

Living with mother, significant stress from separation from partner in early 2023 and family court proceedings.
Smokes infrequently.
Drinks alcohol. ? Smell of alcohol today ?
No family history of diabetes. No known drug allergies.

Note raised MCV/LFTs

o/e
T 36.1, Pulse 97, BP 129/87.
Chest: Wheezy on auscultation. Scattered basal creps.

Impression: - Multiple symptoms - Large Differential Diagnosis ?Stress/Anxiety.

Mx
Check bloods
Urine sample for MCS.
Self-collect cervical screening test kit provided.
Doxycycline 100mg daily for 7 days.
Consider GPMHCP if investigations are normal.
Follow up to discuss results - myself if Chris away

Actions:
Request printed to Australian Clinical Labs: Urine C&S. (? UTI)
Prescription printed: Doxycycline 100mg Tablet (Doxycycline) 1 In the morning with food.
Request printed to Australian Clinical Labs: Cervical Screening Test.
Request printed to Australian Clinical Labs: bHCG B12 Folate CEA CA125 Coeliac Abs HPylori Abs Serum Immunoglobulins QEP IFA. (Nausea Vomiting FHx Ovarian Cancer Period late)

Surgery consultation
Recorded by: Dr Christopher Burgin Visit date: 03/10/2025
Recorded on: 03/10/2025
Verbally consented to the use of AI for note-taking as per Avant.
Offered discussion as to pros and cons and risks of data breach and explanation of how it works.

History:
1. Reports waking and vomiting every morning.
Experiences sweating and retching upon waking. Vomiting occurs while sitting on the toilet.

Recent blood tests from Dr Rose were normal. A borderline result for Helicobacter pylori was noted.

2. A chronic cough has been present for over a year.
Associated with recurring fevers. Also reports increased sweating, which is a new symptom. Currently under review by a respiratory specialist who is uncertain of the diagnosis.

3. Reports feeling depressed and struggling with mental health.
Identifies recent stressors including legal matters and past trauma. Reports episodes of tearfulness. Expresses a need to speak with a professional.

Past history:
Used Nexium for heartburn a couple of months ago, but not for the last two weeks.
Takes citalopram.

Reason for visit:
Check up

Plan:
Organised a urea breath test to investigate for Helicobacter pylori. Provided instructions on how to arrange the test via Clinical Labs, including the need to fast and obtain an instruction sheet. If the test is positive, will commence eradication therapy. An endoscopy is a potential next step if symptoms do not resolve.
Advised on a free mental health service, Head for Health in Midland, as a self-referral option. If this is not suitable, a Mental Health Care Plan will be considered.
Will follow up with results.

Actions:
Request printed: H.pylori breath test. (Serology borderline
)

Surgery consultation
Recorded by: Dr George Ruiz Visit date: 09/10/2025
Recorded on: 09/10/2025

Actions:
Results of HELICOBACTER IGG AB given to patient.

Investigations:

Perth Radiological Clinic

PATIENT NAME: TEHANI OAKEY
PATIENT DOB: 09/08/1986

This report is for: Dr C. Burgin

Referred By:

Dr C. Burgin

XRAY CHEST 03/10/2024 Reference: 15263194

PACS ID: EDE526W
PRC ID: EDE526W

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X-RAY CHEST

Clinical Details: Bilateral coarse crackles.

Findings: The cardiothoracic ratio is within normal limits. Note is made of patchy right middle lobe consolidation. Somewhat nodular opacity overlies the right lung base and subtle infiltrate also demonstrated in the right upper lung zone.. There is no pleural effusion. There is no pneumothorax. Mild mid dorsal spondylosis.

Comment: Right middle lobe consolidation and patchy infiltrate in the right upper lung zone with nodular opacity overlying the right basal lower lobe. Findings of which may represent inflammatory infiltrate of multilobar bronchopneumonitis. Initial repeat x-ray in 2 weeks after treatment is recommended for re-evaluation and confirmation of resolution of findings. In the event of persisting findings, in particular persisting nodular opacity overlying the right lung base, further characterisation with CT chest would be indicated with view to further assessment and exclusion of more significant pathology.

For images: click here

Radiologist: Dr Helen van den Broeck
Perth Radiological Clinic PRC Kalamunda Hospital

CLINICAL NOTES: 3 month hx of being unwell

MICROBIOLOGY **SPECIMEN:** Mucopurulent Sputum 3.

MICROSCOPY
Moderate leucocytes.
Scanty epithelial cells.
Scanty mixed bacteria

CULTURE
Normal respiratory tract flora isolated.

Routine bacterial cultures will not detect atypical respiratory pathogens. If these are suspected clinically, serology is the test of choice.

TESTS COMPLETED: FBE, ECU, LFT, CRP, RSC,
INCOMPLETE TESTS: RSC, RSC,

CLINICAL NOTES: 3 month hx of being unwell

GENERAL CHEMISTRY **SPECIMEN: SERUM**

Date:	**03/10/24**	07/09/23
Coll. Time:	12:28	09:20

Lab Number:		22939647		80632337		
Sodium		139		142	(135 - 145)	mmol/L
Potassium		4.1		3.7	(3.5 - 5.2)	mmol/L
Chloride		100		104	(95 - 110)	mmol/L
Bicarbonate		26		30	(22 - 32)	mmol/L
Anion Gap		17		12	(9 - 19)	mmol/L
Urea		3.2		3.9	(3.0 - 7.0)	mmol/L
Creatinine		54		63	(45 - 90)	umol/L
eGFR		> 90		> 90	(> 59)	mL/min/1.73m2
T.Protein		70		66	(60 - 80)	g/L
Albumin		36		40	(35 - 50)	g/L
Globulin		34		26	(23 - 39)	g/L
ALP		110		65	(30 - 110)	U/L
Bilirubin		11		11	(3 - 20)	umol/L
GGT	*	**93**	*	**68**	(5 - 35)	U/L
AST	*	**89**		25	(5 - 30)	U/L
ALT	*	**64**		30	(5 - 35)	U/L

22939647 LIVER FUNCTION
Consistent with mild hepatocellular damage. Mild hepatocellular injury may be due to; acute or chronic viral, autoimmune, toxic (including medication); or alcoholic hepatitis, non-alcoholic steatohepatitis, or systemic illness.

TESTS COMPLETED: FBE, ECU, LFT,
INCOMPLETE TESTS: RSC, CRP, RSC, RSC,

CLINICAL NOTES: 3 month hx of being unwell

HAEMATOLOGY **SPECIMEN: WHOLE BLOOD**

Date:		**03/10/24**	07/09/23	(#Refers to current result only)	
Coll. Time:		12:28	09:20		
Lab Number:		#22939647	80632337		
HAEMOGLOBIN		131	136	(115 - 165)	g/L
RBC		3.99	4.23	(3.80 - 5.50)	x10 12/L
HCT		0.39	0.41	(0.35 - 0.47)	
MCV		98	98	(80 - 99)	fL
MCH		32.8	32.2	(27.0 - 34.0)	pg
MCHC		337	329	(310 - 360)	g/L
RDW		12.4	12.3	(11.0 - 15.0)	%
WCC	*	**11.4**	8.5	(4.0 - 11.0)	x10 9/L
Neutrophils		7.9	4.1	(2.0 - 8.0)	x10 9/L
Lymphocytes		2.2	3.7	(1.0 - 4.0)	x10 9/L
Monocytes	*	**1.1**	0.6	(< 1.1)	x10 9/L
Eosinophils		0.1	< 0.1	(< 0.7)	x10 9/L
Basophils		0.1	0.0	(< 0.3)	x10 9/L
PLATELETS		274	243	(150 - 450)	x10 9/L
MPV		9.9	9.9	(7.1 - 11.2)	fL

#22939647 : There is a mild monocytosis.

TESTS COMPLETED: FBE,
INCOMPLETE TESTS: ECU, LFT, RSC, CRP,

CLINICAL NOTES: 3 month hx of being unwell

BIOCHEMISTRY

C REACTIVE PROTEIN (CRP) **SPECIMEN: SERUM**

Date	Time	Lab No.		CRP	Units	Ref. Range
03/10/24	12:28	22939647	**	**146.2**	mg/L	(< 3.0)

In the setting of infection, CRP levels >100 mg/L are supportive of bacterial rather than viral aetiology.

Note results from this CRP assay should not be used for cardiac risk assessment. Please request the high sensitivity assay (hsCRP) instead.

TESTS COMPLETED: FBE, ECU, LFT, CRP,
INCOMPLETE TESTS: RSC, RSC, RSC,

CLINICAL NOTES: 3 month hx of being unwell

MICROBIOLOGY **SPECIMEN:** Mucopurulent Sputum 1.

MICROSCOPY
Moderate leucocytes.
Moderate epithelial cells.
Scanty mixed bacteria

CULTURE
Org 1: Heavy growth of Streptococcus pneumoniae

ANTIMICROBIAL SUSCEPTIBILITY:

	Org 1
Penicillin	S
Cephalexin	S
Erythromycin	R
Clindamycin	R
Doxycycline	R
Cotrimoxazole	R
Moxifloxacin	S

TESTS COMPLETED: FBE, ECU, LFT, RSS, CRP, RSS, RSS,

CLINICAL NOTES: 3 month hx of being unwell

MICROBIOLOGY **SPECIMEN:** Mucopurulent Sputum 2

MICROSCOPY
Moderate leucocytes.
Moderate epithelial cells.
Scanty mixed bacteria

CULTURE
Org 1: Heavy growth of Streptococcus pneumoniae

For antibiotic susceptibilities please refer to report for specimen labelled : Mucopurulent Sputum 1.

TESTS COMPLETED: FBE, ECU, LFT, RSS, CRP, RSS, RSS,

Perth Radiological Clinic

PATIENT NAME: TEHANI OAKEY
PATIENT DOB: 09/08/1986

This report is for: Dr C. Burgin

Referred By:
Dr C. Burgin

CT CHEST 04/10/2024 Reference: 15266905

PACS ID: EDE526W
PRC ID: EDE526W

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HRCT CHEST

Clinical Details: Followup three month history of chest symptoms. X-ray abnormality remains. Smoker? Neoplasia.

Technique: Non-contrast helical supine inspiratory examination has been supplemented with expiratory and prone images.

Comparison with chest imaging from chest x-ray series.

Findings: The right upper lobe demonstrates a nodular bronchiolitis posterobasal segment. Middle lobe consolidation with bronchiolitis and groundglass infiltrate. Lingula retained secretions and consolidation.

Right lower lobe groundglass pneumonitis and retained secretions. Diffuse bronchial wall thickening. No endobronchial or endotracheal mass and no significant sinister mass is identified. There is a degree of lobular gas trapping.

No significant axillary, mediastinal or hilar lymphadenopathy. No pleural finding. No pericardial effusion. No upper abdominal mass.

Comment:

The lung appearances are compatible with infection. Likely bronchopneumonia but atypical infections not excluded. Consider antibiotic therapy and low-dose CT chest followup in three months.

For images: click here

Radiologist: Dr Anuj Patel
Perth Radiological Clinic PRC Midland Victoria St

CLINICAL NOTES: check

BIOCHEMISTRY

C REACTIVE PROTEIN (CRP) **SPECIMEN: SERUM**

Date	Time	Lab No.		CRP	Units	Ref. Range
09/10/24	09:05	89890650	*	**10.8**	mg/L	(< 3.0)
03/10/24	12:28	22939647	**	**146.2**		

In the setting of infection, CRP levels >100 mg/L are supportive of bacterial rather than viral aetiology.

Note results from this CRP assay should not be used for cardiac risk assessment. Please request the high sensitivity assay (hsCRP) instead.

TESTS COMPLETED: LFT, CRP,

CLINICAL NOTES: check

GENERAL CHEMISTRY **SPECIMEN: SERUM**

Date:		**09/10/24**		03/10/24		07/09/23		
Coll. Time:		09:05		12:28		09:20		
Lab Number:		89890650		22939647		80632337		
Sodium				139		142	(135 - 145)	mmol/L
Potassium				4.1		3.7	(3.5 - 5.2)	mmol/L
Chloride				100		104	(95 - 110)	mmol/L
Bicarbonate				26		30	(22 - 32)	mmol/L
Anion Gap				17		12	(9 - 19)	mmol/L
Urea				3.2		3.9	(3.0 - 7.0)	mmol/L
Creatinine				54		63	(45 - 90)	umol/L
eGFR				> 90		> 90	(> 59)	mL/min/1.73m2
T.Protein		73		70		66	(60 - 80)	g/L
Albumin		40		36		40	(35 - 50)	g/L
Globulin		33		34		26	(23 - 39)	g/L
ALP		89		110		65	(30 - 110)	U/L
Bilirubin		13		11		11	(3 - 20)	umol/L
GGT	*	**115**	*	**93**	*	**68**	(5 - 35)	U/L
AST	*	**92**	*	**89**		25	(5 - 30)	U/L
ALT	*	**89**	*	**64**		30	(5 - 35)	U/L

89890650 LIVER FUNCTION
Consistent with mild hepatocellular damage.

TESTS COMPLETED: LFT, CRP,

CLINICAL NOTES: Check up - recent pneumonia

HAEMATOLOGY **SPECIMEN: WHOLE BLOOD**

Date:		**22/10/24**		03/10/24		07/09/23	(#Refers to current	
Coll. Time:		14:52		12:28		09:20	result only)	
Lab Number:		#22939825		22939647		80632337		
HAEMOGLOBIN		142		131		136	(115 - 165)	g/L
RBC		4.39		3.99		4.23	(3.80 - 5.50)	x10 12/L
HCT		0.43		0.39		0.41	(0.35 - 0.47)	
MCV		98		98		98	(80 - 99)	fL
MCH		32.3		32.8		32.2	(27.0 - 34.0)	pg
MCHC		332		337		329	(310 - 360)	g/L
RDW		12.9		12.4		12.3	(11.0 - 15.0)	%
WCC		7.4	*	**11.4**		8.5	(4.0 - 11.0)	x10 9/L
Neutrophils		3.6		7.9		4.1	(2.0 - 8.0)	x10 9/L
Lymphocytes		2.9		2.2		3.7	(1.0 - 4.0)	x10 9/L
Monocytes		0.7	*	**1.1**		0.6	(< 1.1)	x10 9/L
Eosinophils		< 0.1		0.1		< 0.1	(< 0.7)	x10 9/L
Basophils		< 0.1		0.1		0.0	(< 0.3)	x10 9/L
PLATELETS		246		274		243	(150 - 450)	x10 9/L
MPV		10.2		9.9		9.9	(7.1 - 11.2)	fL
ESR		5					(< 21)	mm/h

#22939825 : The red cell, white cell and platelet parameters are within normal limits.

TESTS COMPLETED: ESR, FBE,
INCOMPLETE TESTS: LFT, CRP,

CLINICAL NOTES: Check up - recent pneumonia

GENERAL CHEMISTRY **SPECIMEN: SERUM**

Date:	**22/10/24**	09/10/24	03/10/24		
Coll. Time:	14:52	09:05	12:28		
Lab Number:	22939825	89890650	22939647		
Sodium			139	(135 - 145)	mmol/L
Potassium			4.1	(3.5 - 5.2)	mmol/L
Chloride			100	(95 - 110)	mmol/L
Bicarbonate			26	(22 - 32)	mmol/L
Anion Gap			17	(9 - 19)	mmol/L
Urea			3.2	(3.0 - 7.0)	mmol/L
Creatinine			54	(45 - 90)	umol/L
eGFR			> 90	(> 59)	mL/min/1.73m2
T.Protein	73	73	70	(60 - 80)	g/L
Albumin	43	40	36	(35 - 50)	g/L
Globulin	30	33	34	(23 - 39)	g/L
ALP	105	89	110	(30 - 110)	U/L
Bilirubin	15	13	11	(3 - 20)	umol/L
GGT	** **152**	* **115**	* **93**	(5 - 35)	U/L
AST	* **76**	* **92**	* **89**	(5 - 30)	U/L
ALT	* **87**	* **89**	* **64**	(5 - 35)	U/L

22939825 LIVER FUNCTION
Consistent with mild hepatocellular damage. Mild hepatocellular injury may be due to; acute or chronic viral, autoimmune, toxic (including medication); or alcoholic hepatitis, non-alcoholic steatohepatitis, or systemic illness.

TESTS COMPLETED: ESR, FBE, LFT,
INCOMPLETE TESTS: CRP,

CLINICAL NOTES: Check up - recent pneumonia

BIOCHEMISTRY

C REACTIVE PROTEIN (CRP) **SPECIMEN: SERUM**

Date	Time	Lab No.		CRP	Units	Ref. Range
22/10/24	14:52	22939825	*	**5.0**	mg/L	(< 3.0)
09/10/24	09:05	89890650	*	**10.8**		
03/10/24	12:28	22939647	**	**146.2**		

In the setting of infection, CRP levels >100 mg/L are supportive of bacterial rather than viral aetiology.

Note results from this CRP assay should not be used for cardiac risk assessment. Please request the high sensitivity assay (hsCRP) instead.

TESTS COMPLETED: ESR, FBE, LFT, CRP,

CLINICAL NOTES: non invasive liver screen

SEROLOGY

VIRAL ANTIBODIES **SPECIMEN: SERUM**

Cytomegalovirus	IgG	Negative	IgM	Negative

COMMENT: No serological evidence of recent or past exposure to Cytomegalovirus. A further sample is recommended in 7-10 days for

testing in parallel to exclude recent infection.

TESTS COMPLETED: FBE, FER, LFT, CRP, CMV,
INCOMPLETE TESTS: HB1, HA1, HCV, HBT, ANC, ANF, ASM, CU, EBV,

CLINICAL NOTES: non invasive liver screen

HAEMATOLOGY **SPECIMEN: WHOLE BLOOD**

		Date:	**28/11/24**	22/10/24	03/10/24	(#Refers to current result only)
		Coll. Time:	09:20	14:52	12:28	
		Lab Number:	#89890911	22939825	22939647	
HAEMOGLOBIN			139	142	131	(115 - 165) g/L
RBC			4.19	4.39	3.99	(3.80 - 5.50) x10 12/L
HCT			0.42	0.43	0.39	(0.35 - 0.47)
MCV	*		**100**	98	98	(80 - 99) fL
MCH			33.2	32.3	32.8	(27.0 - 34.0) pg
MCHC			333	332	337	(310 - 360) g/L
RDW			12.0	12.9	12.4	(11.0 - 15.0) %
WCC			6.2	7.4	* **11.4**	(4.0 - 11.0) x10 9/L
Neutrophils			4.2	3.6	7.9	(2.0 - 8.0) x10 9/L
Lymphocytes			1.4	2.9	2.2	(1.0 - 4.0) x10 9/L
Monocytes			0.6	0.7	* **1.1**	(< 1.1) x10 9/L
Eosinophils			< 0.1	< 0.1	0.1	(< 0.7) x10 9/L
Basophils			< 0.1	< 0.1	0.1	(< 0.3) x10 9/L
PLATELETS			188	246	274	(150 - 450) x10 9/L
MPV			10.4	10.2	9.9	(7.1 - 11.2) fL
ESR				5		(< 21) mm/h

#89890911 : There is a borderline macrocytosis.

TESTS COMPLETED: FBE,
INCOMPLETE TESTS: HB1, HA1, HCV, HBT, ANC, ANF, FER, ASM, LFT, CRP, CU, CMV, EBV,

CLINICAL NOTES: non invasive liver screen

BIOCHEMISTRY

C REACTIVE PROTEIN (CRP) **SPECIMEN: SERUM**

Date	Time	Lab No.		CRP	Units	Ref. Range
28/11/24	09:20	89890911		0.9	mg/L	(< 3.0)
22/10/24	14:52	22939825	*	**5.0**		
09/10/24	09:05	89890650	*	**10.8**		
03/10/24	12:28	22939647	**	**146.2**		

In the setting of infection, CRP levels >100 mg/L are supportive of bacterial rather than viral aetiology.

Note results from this CRP assay should not be used for cardiac risk assessment. Please request the high sensitivity assay (hsCRP) instead.

TESTS COMPLETED: FBE, FER, LFT, CRP,
INCOMPLETE TESTS: HB1, HA1, HCV, HBT, ANC, ANF, ASM, CU, CMV, EBV,

CLINICAL NOTES: non invasive liver screen

GENERAL CHEMISTRY **SPECIMEN: SERUM**

Date:	**28/11/24**	22/10/24	09/10/24

Coll. Time:		09:20		14:52		09:05		
Lab Number:		89890911		22939825		89890650		
T.Protein		72		73		73	(60 - 80)	g/L
Albumin		41		43		40	(35 - 50)	g/L
Globulin		31		30		33	(23 - 39)	g/L
ALP		82		105		89	(30 - 110)	U/L
Bilirubin		16		15		13	(3 - 20)	umol/L
GGT	**	**171**	**	**152**	*	**115**	(5 - 35)	U/L
AST	*	**103**	*	**76**	*	**92**	(5 - 30)	U/L
ALT	*	**143**	*	**87**	*	**89**	(5 - 35)	U/L

89890911 LIVER FUNCTION
Consistent with mild hepatocellular damage.

TESTS COMPLETED: FBE, FER, LFT, CRP,
INCOMPLETE TESTS: HB1, HA1, HCV, HBT, ANC, ANF, ASM, CU, CMV, EBV,

CLINICAL NOTES: non invasive liver screen

BIOCHEMISTRY

IRON STUDIES **SPECIMEN: SERUM**

Date:	**28/11/24**	07/09/23			
Coll. Time:	09:20	09:20			
Lab Number:	89890911	80632337			
Iron		23.3		(10.0 - 30.0)	umol/L
Transferrin		2.38		(2.10 - 3.80)	g/L
Saturation		39		(15 - 45)	%
Ferritin	* **312**	197		(30 - 200)	ug/L

89890911 Note liver function test abnormalities. Elevated serum ferritin may be seen in inflammation, chronic liver disease, and iron overload.

TESTS COMPLETED: FBE, FER, LFT, CRP,
INCOMPLETE TESTS: HB1, HA1, HCV, HBT, ANC, ANF, ASM, CU, CMV, EBV,

CLINICAL NOTES: non invasive liver screen

SEROLOGY **SPECIMEN: SERUM**

HEPATITIS SEROLOGY

Hepatitis B Surface antigen [HBsAg]	Not Detected
Hepatitis B Core antibody (Total) [HBcT]	Not Detected
Hepatitis A antibody (Total)	Not Detected
Hepatitis C antibody (Total) [HCV]	Not Detected

HEPATITIS A INTERPRETATION
No Serological evidence of past exposure or immunity to Hepatitis A virus.
HEPATITIS B INTERPRETATION
No evidence of current or past exposure to Hepatitis B virus through natural infection.
HEPATITIS C INTERPRETATION
No evidence of current or past Hepatitis C virus infection.
Antibody to Hepatitis C may take 12-24 weeks, from the date of onset of symptoms, to appear. If indicated, please submit a further sample.

HBsAgII and HCV primary assays performed using Siemens Centaur/Atellica system.

Please note that blood collected from patients taking Biotin (Vit B7) supplements may cause falsely high results. If this patient is known to be taking Biotin, interpret results with caution within the clinical context.

TESTS COMPLETED: HB1, HA1, HCV, HBT, FBE, FER, LFT, CRP, CMV,
INCOMPLETE TESTS: ANC, ANF, ASM, CU, EBV,

CLINICAL NOTES: non invasive liver screen

SEROLOGY

VIRAL ANTIBODIES **SPECIMEN: SERUM**

Epstein Barr Virus	IgG	Positive	IgM	Negative

COMMENT: Serological evidence of past exposure to Epstein Barr Virus.

EBV testing performed by DiaSorin Liaison XL.

TESTS COMPLETED: HB1, HA1, HCV, HBT, FBE, FER, LFT, CRP, CMV, EBV,
INCOMPLETE TESTS: ANC, ANF, ASM, CU,

CLINICAL NOTES: non invasive liver screen

IMMUNOLOGY **SPECIMEN: SERUM**

LIVER AUTOANTIBODIES

Auto-Immune Hepatitis

Smooth Muscle	Negative

The following results on this sample have been reported in detail, and are reproduced here in abbreviated form for your convenience.

Serum Alk.Phos	82	U/L	(30 - 110)
Serum GGT	**171**	U/L	(5 - 35)
Serum AST	**103**	U/L	(5 - 30)
Serum ALT	**143**	U/L	(5 - 35)

-*- PRELIMINARY REPORT : FINAL REPORT TO FOLLOW -*-

TESTS COMPLETED: HB1, HA1, HCV, HBT, FBE, FER, LFT, CRP, CMV, EBV,
INCOMPLETE TESTS: MPO, ANC, ANF, ASM, CU,

CLINICAL NOTES: non invasive liver screen

IMMUNOLOGY **SPECIMEN: SERUM**

LIVER AUTOANTIBODIES

Auto-Immune Hepatitis

Smooth Muscle	Negative

The following results on this sample have been reported in detail, and are reproduced here in abbreviated form for your convenience.

Serum Alk.Phos	82	U/L	(30 - 110)
Serum GGT	**171**	U/L	(5 - 35)
Serum AST	**103**	U/L	(5 - 30)
Serum ALT	**143**	U/L	(5 - 35)

TESTS COMPLETED: HB1, HA1, HCV, HBT, FBE, FER, ASM, LFT, CRP, CMV, EBV,
INCOMPLETE TESTS: MPO, ANC, ANF, CU,

CLINICAL NOTES: non invasive liver screen

TOXICOLOGY **SPECIMEN: SERUM/PLASMA**

TRACE METALS

Date: 28/11/24
Coll. Time: 09:20
Lab Number: 89890911

Copper	18.6	(10.0 - 30.0)umol/L

TESTS COMPLETED: HB1, HA1, HCV, HBT, FBE, FER, ASM, LFT, CRP, CU, CMV, EBV,
INCOMPLETE TESTS: MPO, ANC, ANF,

CLINICAL NOTES: non invasive liver screen

IMMUNOLOGY **SPECIMEN: SERUM**

ANTI-NEUTROPHIL CYTOPLASMIC ANTIBODIES (ANCA)

C - A.N.C.A.	Negative
P - A.N.C.A.	**POSITIVE**

COMMENT: Neutrophil fluorescence alone is not a diagnostically specific assay. Results of the specific ELISA tests for myeloperoxidase (MPO-ANCA) and proteinase 3 (PR3-ANCA) will follow.

TESTS COMPLETED: HB1, HA1, HCV, HBT, ANC, FBE, FER, ASM, LFT, CRP, CU, CMV, EBV,
INCOMPLETE TESTS: MPO, ANF,

CLINICAL NOTES: non invasive liver screen

IMMUNOLOGY **SPECIMEN: SERUM**

ANTI-NEUTROPHIL CYTOPLASMIC ANTIBODIES (ANCA)

C - ANCA	Negative
P - ANCA	**POSITIVE**

			REFERENCE RANGES		
			Negative	Equivocal	Positive
PR3 - ANCA	< 2.0	IU/ml	(< 2.0)	(2.0 - 3.0)	(> 3.0)
MPO - ANCA	< 3.5	IU/ml	(< 3.5)	(3.5 - 5.0)	(> 5.0)

COMMENT This result may occur in treated,inactive or relapsing microscopic polyangiitis (and its renal-limited variant),granulomatosis with polyangiitis (Wegener) and EPGA (Churg Strauss syndrome). This result is also common in inflammatory bowel disease and other autoimmune diseases where the clinical significance is unclear.

TESTS COMPLETED: MPO, HB1, HA1, HCV, HBT, ANC, FBE, FER, ASM, LFT, CRP, CU, CMV, EBV,
INCOMPLETE TESTS: ANF,

CLINICAL NOTES: non invasive liver screen

IMMUNOLOGY **SPECIMEN: SERUM**

ANTINUCLEAR ANTIBODIES

Anti-nuclear Antibody titre :	< 40	(< 160)

COMMENT: Negative ANA is not associated with SLE.

TESTS COMPLETED: MPO, HB1, HA1, HCV, HBT, ANC, ANF, FBE, FER, ASM, LFT, CRP, CU, CMV, EBV,

CLINICAL NOTES: re-check

HAEMATOLOGY **SPECIMEN: WHOLE BLOOD**

Date:	**09/12/24**	28/11/24	22/10/24	(#Refers to current result only)
Coll. Time:	NS	09:20	14:52	
Lab Number:	#89890977	89890911	22939825	
HAEMOGLOBIN	141	139	142 (115 - 165)	g/L
RBC	4.29	4.19	4.39 (3.80 - 5.50)	x10 12/L
HCT	0.43	0.42	0.43 (0.35 - 0.47)	
MCV	* **100**	* **100**	98 (80 - 99)	fL
MCH	32.9	33.2	32.3 (27.0 - 34.0)	pg
MCHC	329	333	332 (310 - 360)	g/L
RDW	12.0	12.0	12.9 (11.0 - 15.0)	%
WCC	10.1	6.2	7.4 (4.0 - 11.0)	x10 9/L
Neutrophils	7.5	4.2	3.6 (2.0 - 8.0)	x10 9/L
Lymphocytes	1.7	1.4	2.9 (1.0 - 4.0)	x10 9/L
Monocytes	0.7	0.6	0.7 (< 1.1)	x10 9/L
Eosinophils	0.1	< 0.1	< 0.1 (< 0.7)	x10 9/L
Basophils	0.1	< 0.1	< 0.1 (< 0.3)	x10 9/L
PLATELETS	215	188	246 (150 - 450)	x10 9/L
MPV	10.1	10.4	10.2 (7.1 - 11.2)	fL
ESR			5 (< 21)	mm/h

#89890977 : There is a borderline macrocytosis.

TESTS COMPLETED: FBE,
INCOMPLETE TESTS: ECU, LFT, CRP,

CLINICAL NOTES: re-check

BIOCHEMISTRY

C REACTIVE PROTEIN (CRP) **SPECIMEN: SERUM**

Date	Time	Lab No.		CRP	Units	Ref. Range
09/12/24	NS	89890977		< 0.7	mg/L	(< 3.0)
28/11/24	09:20	89890911		0.9		
22/10/24	14:52	22939825	*	**5.0**		
09/10/24	09:05	89890650	*	**10.8**		
03/10/24	12:28	22939647	**	**146.2**		

In the setting of infection, CRP levels >100 mg/L are supportive of bacterial rather than viral aetiology.

Note results from this CRP assay should not be used for cardiac risk assessment. Please request the high sensitivity assay (hsCRP) instead.

TESTS COMPLETED: FBE, CRP,
INCOMPLETE TESTS: ECU, LFT,

CLINICAL NOTES: re-check

GENERAL CHEMISTRY **SPECIMEN: SERUM**

Date:	**09/12/24**		28/11/24		22/10/24		
Coll. Time:	NS		09:20		14:52		
Lab Number:	89890977		89890911		22939825		
Sodium	138					(135 - 145)	mmol/L
Potassium	3.6					(3.5 - 5.2)	mmol/L
Chloride	105					(95 - 110)	mmol/L
Bicarbonate	26					(22 - 32)	mmol/L
Anion Gap	11					(9 - 19)	mmol/L
Urea	3.7					(3.0 - 7.0)	mmol/L
Creatinine	65					(45 - 90)	umol/L
eGFR	> 90					(> 59)	mL/min/1.73m2
T.Protein	70		72		73	(60 - 80)	g/L
Albumin	42		41		43	(35 - 50)	g/L
Globulin	28		31		30	(23 - 39)	g/L
ALP	94		82		105	(30 - 110)	U/L
Bilirubin	14		16		15	(3 - 20)	umol/L
GGT	** **175**	**	**171**	**	**152**	(5 - 35)	U/L
AST	* **136**	*	**103**	*	**76**	(5 - 30)	U/L
ALT	** **156**	*	**143**	*	**87**	(5 - 35)	U/L

89890977 LIVER FUNCTION
Moderate hepatitic derangement in liver enzymes may be due to acute or chronic viral, autoimmune, toxic (including medication), or alcoholic hepatitis; non-alcoholic steatohepatitis; or systemic illness.

TESTS COMPLETED: FBE, ECU, LFT, CRP,

Perth Radiological Clinic

PATIENT NAME: TEHANI OAKEY
PATIENT DOB: 09/08/1986

This report is for: Dr C. Burgin

Referred By:
Dr C. Burgin

CT CHEST 10/12/2024 Reference: 15511166

PACS ID: EDE526W
PRC ID: EDE526W

CT CHEST (NON-CONTRAST)
Clinical Details: Prolonged pneumonia three months. Smoker.
Technique: Non-contrast, low dose helical HRCT performed in full inspiration.
Findings: There has been significant interval improvement in the bilateral inflammatory-looking pulmonary infiltrate demonstrated in October 2024. However, there is persistent solid and ground-glass nodular infiltrate in the right middle lobe and lingula and there is a small residual nodularity in the peripheral right upper lobe.
Generalised bronchial wall thickening is demonstrated. There is endobronchial secretion, particularly evident in the right middle lobe.
No mediastinal lymphadenopathy. No pleural or pericardial effusion. There is no coronary arterial calcification in this ungated scan.
Within the limitation of the non-contrast scan, the visualised upper abdominal organs are unremarkable. No aggressive osseous abnormality is evident.
Comment: There has been marked interval improvement in the inflammatory-looking infiltrate. A follow-up low-dose chest CT scan in six months is suggested to ensure complete resolution.

Radiologist: Dr Bann Saffar
Perth Radiological Clinic PRC Midland Victoria St

For images: click here

CLINICAL NOTES: check up

ENDOCRINOLOGY

HUMAN CHORIONIC GONADOTROPIN (HCG) **SPECIMEN: SERUM/PLASMA**

Date	Time	Lab No.	HCG	Units	Ref. Range
19/02/25	14:05	27748435	< 2	IU/L	See below

Total HCG testing is performed on Siemens Advia Centaur.

EXPECTED RESULTS RANGE AND INTERPRETATION:

HCG (IU/L)	Interpretation	Notes
<5	Negative	Very early pregnancy may give a negative response and retesting in a couple of days may be required.
5 - 25	Equivocal	Suggest repeat test in 2 -3 days.
>25	Positive	Consistent with pregnancy.

Gestational Age	Expected HCG (IU/L)
2-3 weeks	5-50

3-4 weeks	50-500
4-5 weeks	100-5000
5-6 weeks	500-10000
6-7 weeks	1000-50000
7-8 weeks	10000-100000
8-10 weeks	15000-200000
10-14 weeks	10000-100000

NOTE: There is a large inter-individual variation in maternal serum concentrations of hCG in early pregnancy. These values are for guidance only. Gestational ages can be calculated from the date of the last menstrual cycle or be determined by sonography.

ALSO PLEASE NOTE THIS ASSAY HAS NOT BEEN VALIDATED FOR USE OUTSIDE THE ASSESSMENT OF PREGNANCY STATUS.

TESTS COMPLETED: QUA,
INCOMPLETE TESTS: FBE, ECU, LFT,

CLINICAL NOTES: check up

HAEMATOLOGY **SPECIMEN: WHOLE BLOOD**

Date:		**19/02/25**		09/12/24		28/11/24	(#Refers to current result only)
Coll. Time:		14:05		NS		09:20	
Lab Number:		#27748435		89890977		89890911	
HAEMOGLOBIN		144		141		139	(115 - 165) g/L
RBC		4.37		4.29		4.19	(3.80 - 5.50) x10 12/L
HCT		0.45		0.43		0.42	(0.35 - 0.47)
MCV	*	**103**	*	**100**	*	**100**	(80 - 99) fL
MCH		33.0		32.9		33.2	(27.0 - 34.0) pg
MCHC		321		329		333	(310 - 360) g/L
RDW		12.2		12.0		12.0	(11.0 - 15.0) %
WCC		8.6		10.1		6.2	(4.0 - 11.0) x10 9/L
Neutrophils		5.2		7.5		4.2	(2.0 - 8.0) x10 9/L
Lymphocytes		2.6		1.7		1.4	(1.0 - 4.0) x10 9/L
Monocytes		0.7		0.7		0.6	(< 1.1) x10 9/L
Eosinophils		< 0.1		0.1		< 0.1	(< 0.7) x10 9/L
Basophils		< 0.1		0.1		< 0.1	(< 0.3) x10 9/L
PLATELETS		218		215		188	(150 - 450) x10 9/L
MPV		10.3		10.1		10.4	(7.1 - 11.2) fL

#27748435 : There is a borderline macrocytosis.

TESTS COMPLETED: FBE, QUA,
INCOMPLETE TESTS: ECU, LFT,

CLINICAL NOTES: check up

GENERAL CHEMISTRY **SPECIMEN: SERUM**

Date:	**19/02/25**	09/12/24	28/11/24		
Coll. Time:	14:05	NS	09:20		
Lab Number:	27748435	89890977	89890911		
Sodium	145	138		(135 - 145)	mmol/L
Potassium	4.1	3.6		(3.5 - 5.2)	mmol/L
Chloride	105	105		(95 - 110)	mmol/L
Bicarbonate	25	26		(22 - 32)	mmol/L
Anion Gap	19	11		(9 - 19)	mmol/L
Urea	3.6	3.7		(3.0 - 7.0)	mmol/L
Creatinine	67	65		(45 - 90)	umol/L
eGFR	> 90	> 90		(> 59)	mL/min/1.73m2
T.Protein	72	70	72	(60 - 80)	g/L
Albumin	42	42	41	(35 - 50)	g/L
Globulin	30	28	31	(23 - 39)	g/L

ALP		82		94		82	(30 - 110)	U/L
Bilirubin		10		14		16	(3 - 20)	umol/L
GGT	**	**224**	**	**175**	**	**171**	(5 - 35)	U/L
AST	*	**114**	*	**136**	*	**103**	(5 - 30)	U/L
ALT	*	**138**	**	**156**	*	**143**	(5 - 35)	U/L

27748435 LIVER FUNCTION
Moderate hepatitic derangement in liver enzymes may be due to acute or chronic viral, autoimmune, toxic (including medication), or alcoholic hepatitis; non-alcoholic steatohepatitis; or systemic illness.

TESTS COMPLETED: FBE, ECU, LFT, QUA,

Perth Radiological Clinic

PATIENT NAME: TEHANI OAKEY
PATIENT DOB: 09/08/1986

This report is for: Dr C. Burgin

Referred By:
Dr C. Burgin

ULTRASOUND ABDOMEN 27/03/2025 Reference: 15878974

PACS ID: EDE526W
PRC ID: EDE526W

ULTRASOUND ABDOMEN
Clinical Details: Abnormal LFTs.
Findings: The liver is increased in echogenicity and homogeneous in echotexture. The liver surface is smooth. No focal lesions identified.
The portal vein is patent and demonstrates normal antegrade flow.
The gallbladder is normal and contains no calculi. There is no bile duct dilatation.
Normal sonographic appearance of the pancreas, spleen and kidneys.
The aorta is of normal calibre.
There is no free fluid.
Comment: Mild diffuse hepatosteatosis.

Radiologist: Dr Ashley Bennett
Perth Radiological Clinic PRC Midland Victoria St

For images: click here

Perth Radiological Clinic

PATIENT NAME: TEHANI OAKEY
PATIENT DOB: 09/08/1986

This report is for: Dr C. Burgin

Referred By:
Dr C. Burgin

CT CHEST 27/03/2025 Reference: 15878928

PACS ID: EDE526W
PRC ID: EDE526W

CT CHEST

Clinical Details: Prolonged pneumonia, three month surveillance.
Technique: Low-dose CT chest performed in full inspiration. Comparison was made to previous studies performed October 2024 and December 2024.
Findings: There is persistent bilateral bronchial wall thickening. Persistent retained secretions within the middle lobe and lingula. Residual infiltrates are noted within the right upper lobe. Centrilobular groundglass infiltrates upper lobes supportive of smoking-related respiratory bronchiolitis.
No mediastinal lymphadenopathy.
Pleural and pericardial surfaces appear normal.
Hepatic steatosis.
Comment: There is persistent bronchial wall thickening as well as retained secretions and peribronchiolar infiltrates middle lobe, lingula and right upper lobe. Atypical infection e.g. MAC needs to be excluded.
Background mild smoking-related respiratory bronchiolitis.

Radiologist: Dr Roche Helberg
Perth Radiological Clinic PRC Midland Victoria St

For images: click here

CLINICAL NOTES: long standing pneumonia starting new abx

HAEMATOLOGY **SPECIMEN: WHOLE BLOOD**

Date:	**29/04/25**		19/02/25		09/12/24	(#Refers to current		
Coll. Time:	15:45		14:05		NS	result only)		
Lab Number:	#32012615		27748435		89890977			
HAEMOGLOBIN	147		144		141	(115 - 165)	g/L	
RBC	4.32		4.37		4.29	(3.80 - 5.50)	x10 12/L	
HCT	0.43		0.45		0.43	(0.35 - 0.47)		
MCV	98	*	**103**	*	**100**	(80 - 99)	fL	
MCH	34.0		33.0		32.9	(27.0 - 34.0)	pg	
MCHC	346		321		329	(310 - 360)	g/L	
RDW	11.6		12.2		12.0	(11.0 - 15.0)	%	
WCC	10.8		8.6		10.1	(4.0 - 11.0)	x10 9/L	
Neutrophils	6.9		5.2		7.5	(2.0 - 8.0)	x10 9/L	
Lymphocytes	2.9		2.6		1.7	(1.0 - 4.0)	x10 9/L	
Monocytes	0.9		0.7		0.7	(< 1.1)	x10 9/L	
Eosinophils	0.0		< 0.1		0.1	(< 0.7)	x10 9/L	
Basophils	0.1		< 0.1		0.1	(< 0.3)	x10 9/L	
PLATELETS	267		218		215	(150 - 450)	x10 9/L	

MPV	9.3	10.3	10.1 (7.1 - 11.2) fL

#32012615 : The red cell, white cell and platelet parameters are within normal limits.

TESTS COMPLETED: FBE,
INCOMPLETE TESTS: ECU, LFT, CRP,

CLINICAL NOTES: long standing pneumonia starting new abx

BIOCHEMISTRY

C REACTIVE PROTEIN (CRP) **SPECIMEN: SERUM**

Date	Time	Lab No.		CRP	Units	Ref. Range
29/04/25	15:45	32012615	**	**142.4**	mg/L	(< 3.0)
09/12/24	NS	89890977		< 0.7		
28/11/24	09:20	89890911		0.9		
22/10/24	14:52	22939825	*	**5.0**		
09/10/24	09:05	89890650	*	**10.8**		
03/10/24	12:28	22939647	**	**146.2**		

In the setting of infection, CRP levels >100 mg/L are supportive of bacterial rather than viral aetiology.

Note results from this CRP assay should not be used for cardiac risk assessment. Please request the high sensitivity assay (hsCRP) instead.

TESTS COMPLETED: FBE, ECU, LFT, CRP,

CLINICAL NOTES: long standing pneumonia starting new abx

GENERAL CHEMISTRY **SPECIMEN: SERUM**

Date:		**29/04/25**		19/02/25		09/12/24		
Coll. Time:		15:45		14:05		NS		
Lab Number:		32012615		27748435		89890977		
Sodium		138		145		138	(135 - 145)	mmol/L
Potassium		4.1		4.1		3.6	(3.5 - 5.2)	mmol/L
Chloride		100		105		105	(95 - 110)	mmol/L
Bicarbonate		27		25		26	(22 - 32)	mmol/L
Anion Gap		15		19		11	(9 - 19)	mmol/L
Urea	**	**2.0**		3.6		3.7	(3.0 - 7.0)	mmol/L
Creatinine		48		67		65	(45 - 90)	umol/L
eGFR		> 90		> 90		> 90	(> 59)	mL/min/1.73m2
T.Protein		73		72		70	(60 - 80)	g/L
Albumin		38		42		42	(35 - 50)	g/L
Globulin		35		30		28	(23 - 39)	g/L
ALP	*	**131**		82		94	(30 - 110)	U/L
Bilirubin		8		10		14	(3 - 20)	umol/L
GGT	**	**255**	**	**224**	**	**175**	(5 - 35)	U/L
AST	**	**238**	*	**114**	*	**136**	(5 - 30)	U/L
ALT	*	**105**	*	**138**	**	**156**	(5 - 35)	U/L

32012615 Inpatient.

TESTS COMPLETED: FBE, ECU, LFT, CRP,

CLINICAL NOTES: long standing pneumonia not responding to

MICROBIOLOGY **SPECIMEN:** Mucoid sputum

MICROSCOPY
Moderate leucocytes.
Scanty epithelial cells.

CULTURE
... In Progress ...

-*- PRELIMINARY REPORT : FINAL REPORT TO FOLLOW -*-

INCOMPLETE TESTS: RSC,

CLINICAL NOTES: long standing pneumonia not responding to

MICROBIOLOGY **SPECIMEN:** Mucoid sputum

MICROSCOPY
Moderate leucocytes.
Scanty epithelial cells.
Scanty mixed bacteria

CULTURE
Normal respiratory tract flora isolated.
Mucoid or salivary specimens are not optimal for culture as they may be contaminated with oral flora.

TESTS COMPLETED: RSC,

CLINICAL NOTES: Check

BIOCHEMISTRY

C REACTIVE PROTEIN (CRP) **SPECIMEN: SERUM**

Date	Time	Lab No.		CRP	Units	Ref. Range
06/05/25	15:35	32012736	*	**9.5**	mg/L	(< 3.0)
29/04/25	15:45	32012615	**	**142.4**		
09/12/24	NS	89890977		< 0.7		
28/11/24	09:20	89890911		0.9		
22/10/24	14:52	22939825	*	**5.0**		
09/10/24	09:05	89890650	*	**10.8**		
03/10/24	12:28	22939647	**	**146.2**		

In the setting of infection, CRP levels >100 mg/L are supportive of bacterial rather than viral aetiology.

Note results from this CRP assay should not be used for cardiac risk assessment. Please request the high sensitivity assay (hsCRP) instead.

TESTS COMPLETED: ESR, FBE, CRP,
INCOMPLETE TESTS: LFT, RSC,

CLINICAL NOTES: Check

GENERAL CHEMISTRY **SPECIMEN: SERUM**

Date:		**06/05/25**		29/04/25		19/02/25		
Coll. Time:		15:35		15:45		14:05		
Lab Number:		32012736		32012615		27748435		
Sodium				138		145	(135 - 145)	mmol/L
Potassium				4.1		4.1	(3.5 - 5.2)	mmol/L
Chloride				100		105	(95 - 110)	mmol/L
Bicarbonate				27		25	(22 - 32)	mmol/L
Anion Gap				15		19	(9 - 19)	mmol/L
Urea			**	**2.0**		3.6	(3.0 - 7.0)	mmol/L
Creatinine				48		67	(45 - 90)	umol/L
eGFR				> 90		> 90	(> 59)	mL/min/1.73m2
T.Protein		70		73		72	(60 - 80)	g/L
Albumin		38		38		42	(35 - 50)	g/L
Globulin		32		35		30	(23 - 39)	g/L
ALP		101	*	**131**		82	(30 - 110)	U/L
Bilirubin		7		8		10	(3 - 20)	umol/L
GGT	**	**280**	**	**255**	**	**224**	(5 - 35)	U/L
AST	*	**136**	**	**238**	*	**114**	(5 - 30)	U/L
ALT	*	**108**	*	**105**	*	**138**	(5 - 35)	U/L

32012736 LIVER FUNCTION
Moderate hepatitic derangement in liver enzymes may be due to acute or chronic viral, autoimmune, toxic (including medication), or alcoholic hepatitis; non-alcoholic steatohepatitis; or systemic illness.

TESTS COMPLETED: ESR, FBE, LFT, CRP,
INCOMPLETE TESTS: RSC,

CLINICAL NOTES: Check

HAEMATOLOGY **SPECIMEN: WHOLE BLOOD**

Date:		**06/05/25**	29/04/25		19/02/25	(#Refers to current result only)
Coll. Time:		15:35	15:45		14:05	
Lab Number:		#32012736	32012615		27748435	
HAEMOGLOBIN		145	147		144	(115 - 165) g/L
RBC		4.30	4.32		4.37	(3.80 - 5.50) x10 12/L
HCT		0.43	0.43		0.45	(0.35 - 0.47)
MCV	*	**101**	98	*	**103**	(80 - 99) fL
MCH		33.7	34.0		33.0	(27.0 - 34.0) pg
MCHC		333	346		321	(310 - 360) g/L
RDW		11.9	11.6		12.2	(11.0 - 15.0) %
WCC		8.4	10.8		8.6	(4.0 - 11.0) x10 9/L
Neutrophils		4.2	6.9		5.2	(2.0 - 8.0) x10 9/L
Lymphocytes		3.0	2.9		2.6	(1.0 - 4.0) x10 9/L
Monocytes		1.0	0.9		0.7	(< 1.1) x10 9/L
Eosinophils		< 0.1	0.0		< 0.1	(< 0.7) x10 9/L
Basophils		< 0.1	0.1		< 0.1	(< 0.3) x10 9/L
PLATELETS		278	267		218	(150 - 450) x10 9/L
MPV		9.4	9.3		10.3	(7.1 - 11.2) fL
ESR		15				(< 21) mm/h

#32012736 : There is a borderline macrocytosis.

TESTS COMPLETED: ESR, FBE,
INCOMPLETE TESTS: LFT, RSC, CRP,

CLINICAL NOTES: Check

MICROBIOLOGY **SPECIMEN:** Mucopurulent Sputum

MICROSCOPY
Moderate leucocytes.

Epithelial cells not detected.
No bacteria seen.

CULTURE
Normal respiratory tract flora isolated.
Routine bacterial cultures will not detect atypical respiratory pathogens. If these are suspected clinically, serology is the test of choice.

TESTS COMPLETED: ESR, FBE, LFT, RSC, CRP,
INCOMPLETE TESTS: RSC,

CLINICAL NOTES: Check

TEST NAME: Acid-Fast Bacilli

PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 10/05/25

Results received from testing institution
---
pending

-*- PRELIMINARY REPORT : FINAL REPORT TO FOLLOW -*-

TESTS COMPLETED: ESR, FBE, LFT, RSC, CRP,
INCOMPLETE TESTS: MYB, MYB, RSC,

CLINICAL NOTES: Check

TEST NAME: Acid-Fast Bacilli

PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 10/05/25

Results received from testing institution
---
pending

-*- PRELIMINARY REPORT : FINAL REPORT TO FOLLOW -*-

TESTS COMPLETED: ESR, FBE, LFT, RSC, CRP,
INCOMPLETE TESTS: MYB, MYB, RSC,

CLINICAL NOTES: Check

MICROBIOLOGY **SPECIMEN:** Mucopurulent Sputum

MICROSCOPY
Numerous leucocytes.
Epithelial cells not detected.
Scanty mixed bacteria

CULTURE
Normal respiratory tract flora isolated.
Routine bacterial cultures will not detect atypical respiratory pathogens. If these are suspected clinically, serology is the test of choice.

TESTS COMPLETED: RSC, ESR, FBE, LFT, RSC, CRP,
INCOMPLETE TESTS: MYB, MYB,

CLINICAL NOTES: Check

TEST NAME: Acid-Fast Bacilli

This test was performed by:
PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 10/05/25

Report was received on 12/05/2025 6:35 pm

REF LAB ID H310004321-

Results received from testing institution

MYCOBACTERIA (AFB) CULTURE
Specimen: Sputum Collected: 06/05/2025 15:35
Received: 10/05/2025 11:43

AFB - MICROSCOPY FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) CULTURE PROCESSING

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA

TESTS COMPLETED: MYB, RSC, ESR, FBE, LFT, RSC, CRP,
INCOMPLETE TESTS: MYB,

MYCOBACTERIA (AFB) CULTURE
Specimen: Sputum Collected: 06/05/2025 15:35
Received: 10/05/2025 11:43

AFB - MICROSCOPY FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) PROCESSING
CULTURE

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA

CLINICAL NOTES: Check

TEST NAME: Acid-Fast Bacilli

This test was performed by:
PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 10/05/25

Report was received on 23/06/2025 4:05 pm

REF LAB ID H310004321-

Results received from testing institution

MYCOBACTERIA (AFB) CULTURE
Specimen: Sputum Collected: 06/05/2025 15:35
Received: 10/05/2025 11:43

AFB - MICROSCOPY FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) FINAL
CULTURE

Mycobacteria not isolated.

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA

TESTS COMPLETED: MYB, RSC, ESR, FBE, LFT, RSC, CRP,
INCOMPLETE TESTS: MYB,

MYCOBACTERIA (AFB) CULTURE
Specimen: Sputum Collected: 06/05/2025 15:35
Received: 10/05/2025 11:43

AFB - MICROSCOPY FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) FINAL

CULTURE

Mycobacteria not isolated.

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA

MYCOBACTERIA (AFB) CULTURE
Specimen: Sputum - 926 Collected: 12/05/2025 00:00
Received: 14/05/2025 13:30

AFB - MICROSCOPY FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) FINAL
CULTURE

Mycobacteria not isolated.

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA; NANCY BURGE

MYCOBACTERIA (AFB) CULTURE
Specimen: Sputum - 924 Collected: 12/05/2025 12:00
Received: 14/05/2025 13:32

AFB - MICROSCOPY FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) FINAL
CULTURE

Mycobacteria not isolated.

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA; NANCY BURGE

CLINICAL NOTES: ? MAC infection

TEST NAME: Acid-Fast Bacilli

This test was performed by:
PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 14/05/25

Report was received on 26/06/2025 4:05 pm

REF LAB ID H314008374-

Results received from testing institution

MYCOBACTERIA (AFB) CULTURE
Specimen: Sputum - 924 Collected: 12/05/2025 12:00
Received: 14/05/2025 13:32

AFB - MICROSCOPY FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) CULTURE FINAL

Mycobacteria not isolated.

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA; NANCY BURGE

TESTS COMPLETED: RSC, RSC, MYB, MYB,

CLINICAL NOTES: ? MAC infection

TEST NAME: Acid-Fast Bacilli

This test was performed by:
PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 14/05/25

Report was received on 26/06/2025 4:05 pm

REF LAB ID H314008335-

Results received from testing institution

MYCOBACTERIA (AFB) CULTURE
Specimen: Sputum - 926 Collected: 12/05/2025 00:00
Received: 14/05/2025 13:30

AFB - MICROSCOPY FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) CULTURE FINAL

Mycobacteria not isolated.

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA; NANCY BURGE

TESTS COMPLETED: RSC, RSC, MYB, MYB,

CLINICAL NOTES: ? MAC infection

TEST NAME: Acid-Fast Bacilli

This test was performed by:
PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 14/05/25

Report was received on 26/06/2025 4:05 pm

REF LAB ID H314008374-

Results received from testing institution

MYCOBACTERIA (AFB) CULTURE
Specimen: Sputum - 924 Collected: 12/05/2025 12:00
Received: 14/05/2025 13:32

AFB - MICROSCOPY FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) CULTURE FINAL

Mycobacteria not isolated.

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA; NANCY BURGE

TESTS COMPLETED: RSC, RSC, MYB, MYB,

CLINICAL NOTES: ? MAC infection

TEST NAME: Acid-Fast Bacilli

This test was performed by:
PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 14/05/25

Report was received on 26/06/2025 4:05 pm

REF LAB ID H314008335-

Results received from testing institution

MYCOBACTERIA (AFB) CULTURE
Specimen: Sputum - 926 Collected: 12/05/2025 00:00
Received: 14/05/2025 13:30

AFB - MICROSCOPY FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) FINAL
CULTURE

Mycobacteria not isolated.

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA; NANCY BURGE

TESTS COMPLETED: RSC, RSC, MYB, MYB,

CLINICAL NOTES: repeated chest infections

HAEMATOLOGY **SPECIMEN: WHOLE BLOOD**

		Date:	**12/05/25**	06/05/25	29/04/25	(#Refers to current result only)	
		Coll. Time:	11:57	15:35	15:45		
		Lab Number:	#32012832	32012736	32012615		
HAEMOGLOBIN			146	145	147	(115 - 165)	g/L
RBC			4.25	4.30	4.32	(3.80 - 5.50)	x10 12/L
HCT			0.42	0.43	0.43	(0.35 - 0.47)	
MCV	*		**100**	* **101**	98	(80 - 99)	fL
MCH	*		**34.4**	33.7	34.0	(27.0 - 34.0)	pg
MCHC			345	333	346	(310 - 360)	g/L
RDW			11.8	11.9	11.6	(11.0 - 15.0)	%
WCC			7.3	8.4	10.8	(4.0 - 11.0)	x10 9/L
Neutrophils			4.7	4.2	6.9	(2.0 - 8.0)	x10 9/L
Lymphocytes			1.9	3.0	2.9	(1.0 - 4.0)	x10 9/L
Monocytes			0.6	1.0	0.9	(< 1.1)	x10 9/L
Eosinophils			0.0	< 0.1	0.0	(< 0.7)	x10 9/L
Basophils			< 0.1	< 0.1	0.1	(< 0.3)	x10 9/L
PLATELETS			273	278	267	(150 - 450)	x10 9/L
MPV			10.2	9.4	9.3	(7.1 - 11.2)	fL
ESR			5	15		(< 21)	mm/h

#32012832 : There is a borderline macrocytosis.

TESTS COMPLETED: FBE, ESR, RAS,
INCOMPLETE TESTS: ECU, LFT, IGE, RHE, CCP, HIV, IS, CRP, LSM, M3,

CLINICAL NOTES: repeated chest infections

IMMUNOLOGY

CYCLIC CITRULLINATED PEPTIDE ANTIBODIES (CCP) **SPECIMEN: SERUM**

	Date:	**12/05/25**		
	Coll. Time:	11:57		
	Lab Number:	32012832		
CCP Antibodies		< 5	(< 5)	U/mL
Rheumatoid Factor		< 14	(< 14)	IU/mL

The Rheumatoid factor Ab results on this sample have been reported in detail, and are reproduced here in abbreviated form for your convenience.

TESTS COMPLETED: FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP,
INCOMPLETE TESTS: LSM, M3,

CLINICAL NOTES: repeated chest infections

BIOCHEMISTRY

C REACTIVE PROTEIN (CRP) **SPECIMEN: SERUM**

Date	Time	Lab No.		CRP	Units	Ref. Range
12/05/25	11:57	32012832		2.0	mg/L	(< 3.0)
06/05/25	15:35	32012736	*	**9.5**		
29/04/25	15:45	32012615	**	**142.4**		
09/12/24	NS	89890977		< 0.7		
28/11/24	09:20	89890911		0.9		
22/10/24	14:52	22939825	*	**5.0**		
09/10/24	09:05	89890650	*	**10.8**		
03/10/24	12:28	22939647	**	**146.2**		

In the setting of infection, CRP levels >100 mg/L are supportive of bacterial rather than viral aetiology.

Note results from this CRP assay should not be used for cardiac risk assessment. Please request the high sensitivity assay (hsCRP) instead.

TESTS COMPLETED: FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP,
INCOMPLETE TESTS: LSM, M3,

CLINICAL NOTES: repeated chest infections

ENDOCRINOLOGY

IMMUNOGLOBULIN E IGE **SPECIMEN: SERUM**

Date	Lab No.		Total IgE	Units	Range
12/05/25	**32012832**	*	**486**	KIU/L	(< 90)

TESTS COMPLETED: FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP,
INCOMPLETE TESTS: LSM, M3,

CLINICAL NOTES: repeated chest infections

IMMUNOLOGY

RHEUMATOID FACTOR **SPECIMEN: SERUM**

Date	Lab No	RH Factor(New)	RH Factor(Old)	Units	Ref. Range
12/05/25	32012832	< 14		IU/mL	(< 14)

TESTS COMPLETED: FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP,
INCOMPLETE TESTS: LSM, M3,

CLINICAL NOTES: repeated chest infections

GENERAL CHEMISTRY **SPECIMEN: SERUM**

Date:		**12/05/25**		06/05/25		29/04/25		
Coll. Time:		11:57		15:35		15:45		
Lab Number:		32012832		32012736		32012615		
Sodium		141				138	(135 - 145)	mmol/L
Potassium		3.9				4.1	(3.5 - 5.2)	mmol/L
Chloride		102				100	(95 - 110)	mmol/L
Bicarbonate		25				27	(22 - 32)	mmol/L
Anion Gap		18				15	(9 - 19)	mmol/L
Urea	*	**2.4**			**	**2.0**	(3.0 - 7.0)	mmol/L
Creatinine		62				48	(45 - 90)	umol/L
eGFR		> 90				> 90	(> 59)	mL/min/1.73m2
T.Protein		75		70		73	(60 - 80)	g/L
Albumin		40		38		38	(35 - 50)	g/L
Globulin		35		32		35	(23 - 39)	g/L
ALP		104		101	*	**131**	(30 - 110)	U/L
Bilirubin		15		7		8	(3 - 20)	umol/L
GGT	**	**322**	**	**280**	**	**255**	(5 - 35)	U/L
AST	**	**194**	*	**136**	**	**238**	(5 - 30)	U/L
ALT	**	**174**	*	**108**	*	**105**	(5 - 35)	U/L

32012832 Specialist management noted.

TESTS COMPLETED: FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP,
INCOMPLETE TESTS: LSM, M3,

CLINICAL NOTES: repeated chest infections

SEROLOGY

HIV SEROLOGY **SPECIMEN: SERUM**

HIV Ag/Ab : Not Detected

A negative result does not exclude the possibility of exposure to, or infection with HIV.
HIV antibody and/or p24 antigen may be undetectable in some stages of infection. In the presence of recent risk factors, further testing in 6 and 12 weeks is recommended.
HIV Ag/Ab Combo is a 4th Generation assay which detects HIV p24 antigen and HIV type 1 (including Group O) and type 2 antibodies.
Testing performed on the Siemens Advia Centaur System.

TESTS COMPLETED: FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP,
INCOMPLETE TESTS: LSM, M3,

CLINICAL NOTES: repeated chest infections

BIOCHEMISTRY

IRON STUDIES **SPECIMEN: SERUM**

Date:		**12/05/25**		28/11/24		07/09/23		
Coll. Time:		11:57		09:20		09:20		
Lab Number:		32012832		89890911		80632337		
Iron	*	**35.8**				23.3	(10.0 - 30.0)	umol/L
Transferrin		2.81				2.38	(2.10 - 3.80)	g/L
Saturation	*	**51**				39	(15 - 45)	%
Ferritin	**	**477**	*	**312**		197	(30 - 200)	ug/L

32012832 Specialist management noted.

TESTS COMPLETED: FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP,
INCOMPLETE TESTS: LSM, M3,

CLINICAL NOTES: repeated chest infections

ALLERGY TESTING

	Result(KU/L)	Reactivity	Ref Range
* Total IgE	486		(< 90)
Aspergillus fumigatus	< 0.10	NON-REACTIVE	(<0.35)

SPECIFIC IgE INTERPRETATION

	(kU/L)	CLASS
NON REACTIVE	<0.10	0
VERY LOW	0.10 - 0.34	0
LOW	0.35 - 0.69	I
MODERATE	0.70 - 3.49	II
HIGH	3.50 - 17.49	III
VERY HIGH	>17.49	IV-VI

TESTS COMPLETED: FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP, M3,
INCOMPLETE TESTS: LSM, ASP,

CLINICAL NOTES: repeated chest infections

HAEMATOLOGY **SPECIMEN: WHOLE BLOOD**

		12/05/25		06/05/25	29/04/25	(#Refers to current result only)
Date:						
Coll. Time:		11:57		15:35	15:45	
Lab Number:		#32012832		32012736	32012615	
HAEMOGLOBIN		146		145	147 (115 - 165)	g/L
RBC		4.25		4.30	4.32 (3.80 - 5.50)	x10 12/L
HCT		0.42		0.43	0.43 (0.35 - 0.47)	
MCV	*	**100**	*	**101**	98 (80 - 99)	fL
MCH	*	**34.4**		33.7	34.0 (27.0 - 34.0)	pg
MCHC		345		333	346 (310 - 360)	g/L
RDW		11.8		11.9	11.6 (11.0 - 15.0)	%
WCC		7.3		8.4	10.8 (4.0 - 11.0)	x10 9/L
Neutrophils		4.7		4.2	6.9 (2.0 - 8.0)	x10 9/L
Lymphocytes		1.9		3.0	2.9 (1.0 - 4.0)	x10 9/L
Monocytes		0.6		1.0	0.9 (< 1.1)	x10 9/L
Eosinophils		0.0		< 0.1	0.0 (< 0.7)	x10 9/L
Basophils		< 0.1		< 0.1	0.1 (< 0.3)	x10 9/L
PLATELETS		273		278	267 (150 - 450)	x10 9/L
MPV		10.2		9.4	9.3 (7.1 - 11.2)	fL
ESR		5		15	(< 21)	mm/h

#32012832 : There is a borderline macrocytosis.

TESTS COMPLETED: FBE, ESR, RAS,
INCOMPLETE TESTS: ECU, LFT, IGE, RHE, CCP, HIV, IS, CRP, LSM, M3,

CLINICAL NOTES: repeated chest infections

IMMUNOLOGY

CYCLIC CITRULLINATED PEPTIDE ANTIBODIES (CCP) **SPECIMEN: SERUM**

Date:	**12/05/25**
Coll. Time:	11:57

Lab Number: 32012832

CCP Antibodies	< 5	(< 5)	U/mL
Rheumatoid Factor	< 14	(< 14)	IU/mL

The Rheumatoid factor Ab results on this sample have been reported in detail, and are reproduced here in abbreviated form for your convenience.

TESTS COMPLETED: FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP,
INCOMPLETE TESTS: LSM, M3,

CLINICAL NOTES: repeated chest infections

BIOCHEMISTRY

C REACTIVE PROTEIN (CRP) **SPECIMEN: SERUM**

Date	Time	Lab No.		CRP	Units	Ref. Range
12/05/25	11:57	32012832		2.0	mg/L	(< 3.0)
06/05/25	15:35	32012736	*	**9.5**		
29/04/25	15:45	32012615	**	**142.4**		
09/12/24	NS	89890977		< 0.7		
28/11/24	09:20	89890911		0.9		
22/10/24	14:52	22939825	*	**5.0**		
09/10/24	09:05	89890650	*	**10.8**		
03/10/24	12:28	22939647	**	**146.2**		

In the setting of infection, CRP levels >100 mg/L are supportive of bacterial rather than viral aetiology.

Note results from this CRP assay should not be used for cardiac risk assessment. Please request the high sensitivity assay (hsCRP) instead.

TESTS COMPLETED: FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP,
INCOMPLETE TESTS: LSM, M3,

CLINICAL NOTES: repeated chest infections

ENDOCRINOLOGY

IMMUNOGLOBULIN E IGE **SPECIMEN: SERUM**

Date	Lab No.		Total IgE	Units	Range
12/05/25	**32012832**	*	**486**	KIU/L	(< 90)

TESTS COMPLETED: FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP,
INCOMPLETE TESTS: LSM, M3,

CLINICAL NOTES: repeated chest infections

IMMUNOLOGY

RHEUMATOID FACTOR **SPECIMEN: SERUM**

Date	Lab No	RH Factor(New)	RH Factor(Old)	Units	Ref. Range
12/05/25	32012832	< 14		IU/mL	(< 14)

TESTS COMPLETED: FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP,
INCOMPLETE TESTS: LSM, M3,

CLINICAL NOTES: repeated chest infections

GENERAL CHEMISTRY **SPECIMEN: SERUM**

Date:		**12/05/25**		06/05/25		29/04/25		
Coll. Time:		11:57		15:35		15:45		
Lab Number:		32012832		32012736		32012615		
Sodium		141				138	(135 - 145)	mmol/L
Potassium		3.9				4.1	(3.5 - 5.2)	mmol/L
Chloride		102				100	(95 - 110)	mmol/L
Bicarbonate		25				27	(22 - 32)	mmol/L
Anion Gap		18				15	(9 - 19)	mmol/L
Urea	*	**2.4**			**	**2.0**	(3.0 - 7.0)	mmol/L
Creatinine		62				48	(45 - 90)	umol/L
eGFR		> 90				> 90	(> 59)	mL/min/1.73m2
T.Protein		75		70		73	(60 - 80)	g/L
Albumin		40		38		38	(35 - 50)	g/L
Globulin		35		32		35	(23 - 39)	g/L
ALP		104		101	*	**131**	(30 - 110)	U/L
Bilirubin		15		7		8	(3 - 20)	umol/L
GGT	**	**322**	**	**280**	**	**255**	(5 - 35)	U/L
AST	**	**194**	*	**136**	**	**238**	(5 - 30)	U/L
ALT	**	**174**	*	**108**	*	**105**	(5 - 35)	U/L

32012832 Specialist management noted.

TESTS COMPLETED: FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP,
INCOMPLETE TESTS: LSM, M3,

CLINICAL NOTES: repeated chest infections

SEROLOGY

HIV SEROLOGY **SPECIMEN: SERUM**

HIV Ag/Ab : Not Detected

A negative result does not exclude the possibility of exposure to, or infection with HIV.
HIV antibody and/or p24 antigen may be undetectable in some stages of infection. In the presence of recent risk factors, further testing in 6 and 12 weeks is recommended.
HIV Ag/Ab Combo is a 4th Generation assay which detects HIV p24 antigen and HIV type 1 (including Group O) and type 2 antibodies.
Testing performed on the Siemens Advia Centaur System.

TESTS COMPLETED: FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP,
INCOMPLETE TESTS: LSM, M3,

CLINICAL NOTES: repeated chest infections

BIOCHEMISTRY

IRON STUDIES **SPECIMEN: SERUM**

Date:	**12/05/25**		28/11/24		07/09/23	
Coll. Time:	11:57		09:20		09:20	
Lab Number:	32012832		89890911		80632337	
Iron	*	**35.8**			23.3	(10.0 - 30.0) umol/L
Transferrin		2.81			2.38	(2.10 - 3.80) g/L
Saturation	*	**51**			39	(15 - 45) %
Ferritin	**	**477**	*	**312**	197	(30 - 200) ug/L

32012832 Specialist management noted.

TESTS COMPLETED: FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP,
INCOMPLETE TESTS: LSM, M3,

CLINICAL NOTES: repeated chest infections

ALLERGY TESTING

	Result(KU/L)	**Reactivity**	**Ref Range**
* Total IgE	**486**		(< 90)
Aspergillus fumigatus	< 0.10	NON-REACTIVE	(<0.35)

SPECIFIC IgE INTERPRETATION

	(kU/L)	CLASS
NON REACTIVE	<0.10	0
VERY LOW	0.10 - 0.34	0
LOW	0.35 - 0.69	I
MODERATE	0.70 - 3.49	II
HIGH	3.50 - 17.49	III
VERY HIGH	>17.49	IV-VI

TESTS COMPLETED: FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP, M3,
INCOMPLETE TESTS: LSM, ASP,

CLINICAL NOTES: ? MAC infection

MICROBIOLOGY **SPECIMEN:** Mucoid sputum

MICROSCOPY
Scanty leucocytes.
Scanty epithelial cells.
Moderate mixed bacteria

CULTURE
Normal respiratory tract flora isolated.
Mucoid or salivary specimens are not optimal for culture as they may be contaminated with oral flora.

Fungal culture continuing. A further report will only be issued if there is any subsequent growth.

TESTS COMPLETED: RSC, RSC,
INCOMPLETE TESTS: MYB, MYB,

CLINICAL NOTES: ? MAC infection

MICROBIOLOGY **SPECIMEN:** Mucoid sputum

MICROSCOPY

Scanty leucocytes.
Scanty epithelial cells.
Scanty mixed bacteria

CULTURE
Normal respiratory tract flora isolated.
Mucoid or salivary specimens are not optimal for culture as they may be contaminated with oral flora.

TESTS COMPLETED: RSC,
INCOMPLETE TESTS: RSC, MYB, MYB,

CLINICAL NOTES: repeated chest infections

TEST NAME: Aspergillus precipitans

This test was performed by:
PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 13/05/25

Report was received on 15/05/2025 1:05 pm

REF LAB ID H313011317

Results received from testing institution

IMMUNOLOGY

Specimen: Serum
Collected: 12/05/2025 11:57 Received: 14/05/2025 08:18
Aspergillus Specific IgG Serology

	12/05/2025 11:57 H313011317	Ref Range	Unit
Aspergillus Specific IgG Result	2.1		mgA/L

Comments for H313011317
Method ASPG:
0.0 - 60.0 mgA/L Negative
60.1 - 80.0 mgA/L Equivocal
>80.0 mgA/L Positive
Elevated IgG antibodies to Aspergillus fumigatus may be seen in allergic bronchopulmonary aspergillosis (ABPA) or invasive aspergillosis and cavitatory
lung disease. The test is positive in over 90% of sera from patients with aspergilloma and 50-70% of patients with ABPA. Antibodies may be found in sera from healthy exposed individuals.
Legend: H=High L=Low

15/05/2025 10:17

TESTS COMPLETED: FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP, M3, ASP,
INCOMPLETE TESTS: IGC, KBL,

CLINICAL NOTES: repeated chest infections

TEST NAME: Aspergillus precipitans

This test was performed by:
PATHWEST

QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 13/05/25

Report was received on 15/05/2025 1:05 pm

REF LAB ID H313011317

Results received from testing institution

IMMUNOLOGY

Specimen: Serum
Collected: 12/05/2025 11:57 Received: 14/05/2025 08:18

Aspergillus Specific IgG Serology

	12/05/2025 11:57 H313011317	Ref Range	Unit
Aspergillus Specific IgG Result	2.1		mgA/L

Comments for H313011317
Method ASPG:
0.0 - 60.0 mgA/L Negative
60.1 - 80.0 mgA/L Equivocal
>80.0 mgA/L Positive
Elevated IgG antibodies to Aspergillus fumigatus may be seen in allergic bronchopulmonary aspergillosis (ABPA) or invasive aspergillosis and cavitatory
lung disease. The test is positive in over 90% of sera from patients with aspergilloma and 50-70% of patients with ABPA. Antibodies may be found in sera from healthy exposed individuals.
Legend: H=High L=Low

15/05/2025 10:17

TESTS COMPLETED: FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP, M3, ASP,
INCOMPLETE TESTS: IGC, KBL,

CLINICAL NOTES: ? MAC infection

MICROBIOLOGY **SPECIMEN:** Mucoid sputum

MICROSCOPY
Scanty leucocytes.
Scanty epithelial cells.
Scanty mixed bacteria

CULTURE
Normal respiratory tract flora isolated.
Mucoid or salivary specimens are not optimal for culture as they may be contaminated with oral flora.

TESTS COMPLETED: RSC,
INCOMPLETE TESTS: RSC, MYB, MYB,

CLINICAL NOTES: ? MAC infection

MICROBIOLOGY **SPECIMEN:** Mucoid sputum

MICROSCOPY
Scanty leucocytes.
Scanty epithelial cells.

Moderate mixed bacteria

CULTURE
Normal respiratory tract flora isolated.
Mucoid or salivary specimens are not optimal for culture as they may be contaminated with oral flora.

Fungal culture continuing. A further report will only be issued if there is any subsequent growth.

TESTS COMPLETED: RSC, RSC,
INCOMPLETE TESTS: MYB, MYB,

CLINICAL NOTES: repeated chest infections

BIOCHEMISTRY

IgG SUBCLASSES **SPECIMEN: BLOOD**

IgG 1	:	5.79 g/L	(4.05 - 10.11)
IgG 2	:	1.99 g/L	(1.69 - 7.86)
IgG 3	:	0.323 g/L	(0.110 - 0.850)
IgG 4	:	0.359 g/L	(0.030 - 2.010)

25-32012832:
Specialist management noted.
Validated by Assoc. Prof. Louise A Smyth, BA MBBS GCUT DipHPE FRCPA, Immunopathologist.

TESTS COMPLETED: IGC, FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP, M3, ASP,
INCOMPLETE TESTS: KBL,

CLINICAL NOTES: repeated chest infections

BIOCHEMISTRY

IgG SUBCLASSES **SPECIMEN: BLOOD**

IgG 1	:	5.79 g/L	(4.05 - 10.11)
IgG 2	:	1.99 g/L	(1.69 - 7.86)
IgG 3	:	0.323 g/L	(0.110 - 0.850)
IgG 4	:	0.359 g/L	(0.030 - 2.010)

25-32012832:
Specialist management noted.
Validated by Assoc. Prof. Louise A Smyth, BA MBBS GCUT DipHPE FRCPA, Immunopathologist.

TESTS COMPLETED: IGC, FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP, M3, ASP,
INCOMPLETE TESTS: KBL,

MYCOBACTERIA (AFB) CULTURE
Specimen: Sputum - 926 Collected: 12/05/2025 00:00
Received: 14/05/2025 13:30

AFB - MICROSCOPY FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) CULTURE PROCESSING

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA; NANCY BURGE

MYCOBACTERIA (AFB) CULTURE
Specimen: Sputum - 924 Collected: 12/05/2025 12:00
Received: 14/05/2025 13:32

AFB - MICROSCOPY FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) CULTURE PROCESSING

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA; NANCY BURGE

CLINICAL NOTES: ? MAC infection

TEST NAME: Acid-Fast Bacilli

This test was performed by:
PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 14/05/25

Report was received on 16/05/2025 11:05 am

REF LAB ID H314008335-

Results received from testing institution

MYCOBACTERIA (AFB) CULTURE
Specimen: Sputum - 926 Collected: 12/05/2025 00:00
Received: 14/05/2025 13:30

AFB - MICROSCOPY FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) CULTURE PROCESSING

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA; NANCY BURGE

TESTS COMPLETED: RSC, RSC, MYB, MYB,

CLINICAL NOTES: ? MAC infection

TEST NAME: Acid-Fast Bacilli

This test was performed by:
PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 14/05/25

Report was received on 16/05/2025 11:05 am

REF LAB ID H314008335-

Results received from testing institution

MYCOBACTERIA (AFB) CULTURE
Specimen: Sputum - 926 Collected: 12/05/2025 00:00
Received: 14/05/2025 13:30

AFB - MICROSCOPY FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) CULTURE PROCESSING

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA; NANCY BURGE

TESTS COMPLETED: RSC, RSC, MYB, MYB,

CLINICAL NOTES: ? MAC infection

TEST NAME: Acid-Fast Bacilli

This test was performed by:
PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 14/05/25

Report was received on 16/05/2025 11:05 am

REF LAB ID H314008374-

Results received from testing institution

MYCOBACTERIA (AFB) CULTURE
Specimen: Sputum - 924 Collected: 12/05/2025 12:00
Received: 14/05/2025 13:32

AFB - MICROSCOPY FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) PROCESSING
CULTURE

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA; NANCY BURGE

TESTS COMPLETED: RSC, RSC, MYB, MYB,

CLINICAL NOTES: ? MAC infection

TEST NAME: Acid-Fast Bacilli

This test was performed by:
PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 14/05/25

Report was received on 16/05/2025 11:05 am

REF LAB ID H314008374-

Results received from testing institution

MYCOBACTERIA (AFB) CULTURE
Specimen: Sputum - 924 Collected: 12/05/2025 12:00
Received: 14/05/2025 13:32

AFB - MICROSCOPY FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) PROCESSING
CULTURE

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA; NANCY BURGE

TESTS COMPLETED: RSC, RSC, MYB, MYB,

CLINICAL NOTES: repeated chest infections

TEST NAME: Mannose Binding Lectin

This test was performed by:
PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 14/05/25

Report was received on 29/05/2025 2:05 pm

REF LAB ID H314011280

Results received from testing institution

IMMUNOLOGY

Specimen: Serum
Collected: 12/05/2025 11:57 Received: 15/05/2025 09:19

Mannose Binding Lectin	12/05/2025 11:57 H314011280	Ref Range	Unit
Mannose Binding Lectin	69		ng/mL

Comments for H314011280
Interpretation:
An MBL level of <56 ng/ml may be associated with an increased risk of recurrent infections in young children and immune compromised individuals. Correlation with clinical history and other laboratory parameters is recommended.?
Method MBL:
Please be advised that a change in testing method was instituted on 20/11/2023. Samples received on or after 20/02/2023 will be tested using the revised method. Mannose Binding Lectin (MBL) levels from previous testing may not be directly comparable to current levels.?
Legend: H=High L=Low

Authorised By:
Paul Sjollema, Senior Scientist in Charge
29/05/2025 09:48

TESTS COMPLETED: IGC, FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP, M3, ASP, KBL,

CLINICAL NOTES: repeated chest infections

TEST NAME: Mannose Binding Lectin

This test was performed by:
PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 14/05/25

Report was received on 29/05/2025 2:05 pm

REF LAB ID H314011280

Results received from testing institution

IMMUNOLOGY

Specimen: Serum
Collected: 12/05/2025 11:57 Received: 15/05/2025 09:19

Mannose Binding Lectin	12/05/2025 11:57 H314011280	Ref Range	Unit
Mannose Binding Lectin	69		ng/mL

Lectin
Comments for H314011280
Interpretation:
An MBL level of <56 ng/ml may be associated with an increased risk of recurrent infections in young children and immune compromised individuals. Correlation with clinical history and other laboratory parameters is recommended.?
Method MBL:
Please be advised that a change in testing method was instituted on 20/11/2023. Samples received on or after 20/02/2023 will be tested using the revised method. Mannose Binding Lectin (MBL) levels from previous testing may not be directly comparable to current levels.?
Legend: H=High L=Low

Authorised By:
Paul Sjollema, Senior Scientist in Charge
29/05/2025 09:48

TESTS COMPLETED: IGC, FBE, ESR, ECU, LFT, IGE, RAS, RHE, CCP, HIV, IS, CRP, M3, ASP, KBL,

IMMUNOLOGY
Specimen: Serum
Collected: 12/05/2025 11:57 Received: 15/05/2025 09:19

Mannose Binding Lectin

	12/05/2025 11:57 H314011280	Ref Range	Unit
Mannose Binding Lectin	69		ng/mL

Comments for H314011280
Interpretation:
An MBL level of <56 ng/ml may be associated with an increased risk of recurrent infections in young children and immune compromised individuals. Correlation with clinical history and other laboratory parameters is recommended.?
Method MBL:
Please be advised that a change in testing method was instituted on 20/11/2023. Samples received on or after 20/02/2023 will be tested using the revised method. Mannose Binding Lectin (MBL) levels from previous testing may not be directly comparable to current levels.?
Legend: H=High L=Low

Authorised By:
Paul Sjollema, Senior Scientist in Charge
29/05/2025 09:48

IMMUNOLOGY
Specimen: Serum
Collected: 12/05/2025 11:57 Received: 15/05/2025 09:19

Mannose Binding Lectin

	12/05/2025 11:57 H314011280	Ref Range	Unit
Mannose Binding Lectin	69		ng/mL

Comments for H314011280
Interpretation:
An MBL level of <56 ng/ml may be associated with an increased risk of recurrent infections in young children and immune compromised individuals. Correlation with clinical history and other laboratory parameters is recommended.?
Method MBL:
Please be advised that a change in testing method was instituted on 20/11/2023. Samples received on or after 20/02/2023 will be tested using the revised method. Mannose Binding Lectin (MBL) levels from previous testing may not be directly comparable to current levels.?

Legend: H=High L=Low

Authorised By:
Paul Sjollema, Senior Scientist in Charge
29/05/2025 09:48

MYCOBACTERIA (AFB) CULTURE
Specimen: Sputum #1 — Collected: 03/09/2025 14:50
Received: 08/09/2025 12:57

AFB - MICROSCOPY — FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) CULTURE — PROCESSING

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA

MYCOBACTERIA (AFB) CULTURE
Specimen: Sputum #2 — Collected: 04/09/2025 14:50
Received: 08/09/2025 12:57

AFB - MICROSCOPY — FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) CULTURE — PROCESSING

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA

CLINICAL NOTES: sweating

HAEMATOLOGY — **SPECIMEN: WHOLE BLOOD**

		Date:	**05/09/25**	12/05/25	06/05/25	(#Refers to current result only)
		Coll. Time:	14:55	11:57	15:35	
		Lab Number:	#33336479	32012832	32012736	
HAEMOGLOBIN			149	146	145	(115 - 165) g/L
RBC			4.26	4.25	4.30	(3.80 - 5.50) x10 12/L
HCT			0.43	0.42	0.43	(0.35 - 0.47)
MCV	*		**102**	* **100**	* **101**	(80 - 99) fL
MCH	*		**35.0**	* **34.4**	33.7	(27.0 - 34.0) pg
MCHC			343	345	333	(310 - 360) g/L
RDW			11.9	11.8	11.9	(11.0 - 15.0) %
WCC			8.2	7.3	8.4	(4.0 - 11.0) x10 9/L
Neutrophils			5.1	4.7	4.2	(2.0 - 8.0) x10 9/L
Lymphocytes			2.3	1.9	3.0	(1.0 - 4.0) x10 9/L
Monocytes			0.7	0.6	1.0	(< 1.1) x10 9/L
Eosinophils			0.0	0.0	< 0.1	(< 0.7) x10 9/L
Basophils			< 0.1	< 0.1	< 0.1	(< 0.3) x10 9/L
PLATELETS			224	273	278	(150 - 450) x10 9/L
MPV			9.6	10.2	9.4	(7.1 - 11.2) fL
ESR			2	5	15	(< 21) mm/h

#33336479 : Mild macrocytosis noted. Normal instrument differential. Platelets are normal. Macrocytosis may be secondary to medication effect, liver dysfunction, alcohol, hypothyroidism or vitamin b12 / folate deficiency. ESR is normal.

TESTS COMPLETED: ESR, FBE,
INCOMPLETE TESTS: FAI, OST, PRG, ECU, MG, CRP, TFT,

CLINICAL NOTES: sweating

BIOCHEMISTRY

C REACTIVE PROTEIN (CRP) **SPECIMEN: SERUM**

Date	Time	Lab No.		CRP	Units	Ref. Range
05/09/25	14:55	33336479		2.2	mg/L	(< 3.0)
12/05/25	11:57	32012832		2.0		
06/05/25	15:35	32012736	*	**9.5**		
29/04/25	15:45	32012615	**	**142.4**		
09/12/24	NS	89890977		< 0.7		
28/11/24	09:20	89890911		0.9		
22/10/24	14:52	22939825	*	**5.0**		
09/10/24	09:05	89890650	*	**10.8**		

In the setting of infection, CRP levels >100 mg/L are supportive of bacterial rather than viral aetiology.

Note results from this CRP assay should not be used for cardiac risk assessment. Please request the high sensitivity assay (hsCRP) instead.

TESTS COMPLETED: ESR, FBE, CRP,
INCOMPLETE TESTS: FAI, OST, PRG, ECU, MG, TFT,

CLINICAL NOTES: sweating

GENERAL CHEMISTRY **SPECIMEN: SERUM**

Date:	**05/09/25**		12/05/25		06/05/25		
Coll. Time:	14:55		11:57		15:35		
Lab Number:	33336479		32012832		32012736		
Sodium	140		141			(135 - 145)	mmol/L
Potassium	4.3		3.9			(3.5 - 5.2)	mmol/L
Chloride	103		102			(95 - 110)	mmol/L
Bicarbonate	24		25			(22 - 32)	mmol/L
Anion Gap	17		18			(9 - 19)	mmol/L
Urea	3.3	*	**2.4**			(3.0 - 7.0)	mmol/L
Creatinine	63		62			(45 - 90)	umol/L
eGFR	> 90		> 90			(> 59)	mL/min/1.73m2
Magnesium	0.95					(0.70 - 1.10)	mmol/L
T.Protein			75		70	(60 - 80)	g/L
Albumin			40		38	(35 - 50)	g/L
Globulin			35		32	(23 - 39)	g/L
ALP			104		101	(30 - 110)	U/L
Bilirubin			15		7	(3 - 20)	umol/L
GGT		**	**322**	**	**280**	(5 - 35)	U/L
AST		**	**194**	*	**136**	(5 - 30)	U/L
ALT		**	**174**	*	**108**	(5 - 35)	U/L

33336479 Renal function and electrolytes are within normal limits.

TESTS COMPLETED: ESR, FBE, OST, PRG, ECU, MG, CRP, TFT,
INCOMPLETE TESTS: FAI,

CLINICAL NOTES: sweating

ENDOCRINOLOGY

THYROID FUNCTION TEST **SPECIMEN: SERUM**

Date:	05/09/25	07/09/23	
Coll. Time:	14:55	09:20	
Lab Number:	33336479	80632337	
TSH	2.54	2.39	(0.40 - 4.00)mIU/L

33336479 Normal TSH level.

TESTS COMPLETED: ESR, FBE, OST, PRG, ECU, MG, CRP, TFT,
INCOMPLETE TESTS: FAI,

CLINICAL NOTES: sweating

ENDOCRINOLOGY **SPECIMEN: SERUM**

HORMONE STUDIES

Date:	05/09/25	
Coll. Time:	14:55	
Lab Number:	33336479	
Oestradiol	171	pmol/L
Progesterone	1	nmol/L

ADULT REFERENCE RANGES:

	F.S.H.	L.H.	OESTRADIOL	PROGESTERONE#
Postmenopausal	23 - 116	16 - 54	< 120	< 1.0
Follicular phase	3 - 10	2 - 13	70 - 530	< 5.0
Midcycle peak	4 - 34	9 - 77	230-1300	
Luteal phase	2 - 9	< 17	200- 790	10.0 - 70.0
Day 21(midluteal)#				> 30.0

Equivocal 15.0-30.0; Luteal Phase Deficiency < 15.0

Pregnant	< 2	< 2

Please note that progesterone levels in patients taking DHEA may be falsely increased due to an assay interference.

TESTS COMPLETED: ESR, FBE, OST, PRG, ECU, MG, CRP, TFT,
INCOMPLETE TESTS: FAI,

CLINICAL NOTES: sweating

ENDOCRINOLOGY

ANDROGEN STUDIES **SPECIMEN: SERUM**

Date:	**05/09/25**		
Time:	14:55		
Lab Number:	33336479		
Testosterone	0.9	nmol/L	(0.3 - 1.8)
SHBG re-std.	61	nmol/L	(15 - 100)
FAI re-std.	1.5	%	See table
Free Testost.	11	pmol/L	(7 - 48)

33336479 Within normal limits.

Interim Reference Ranges:

	Pre menopausal	Post menopausal	Units
FAI re-std.	0.4 - 8.0	0.4 - 8.0	%

Please note from 19-2-2024: new reference intervals apply for testosterone and SHBG testing, due to a change in method to the Siemens Atellica assay.

TESTS COMPLETED: FAI, ESR, FBE, OST, PRG, ECU, MG, CRP, TFT,

TEST NAME: Acid-Fast Bacilli

PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 08/09/25

Results received from testing institution
---
pending

-*- PRELIMINARY REPORT : FINAL REPORT TO FOLLOW -*-

INCOMPLETE TESTS: MYB, MYB, MYB,

TEST NAME: Acid-Fast Bacilli

PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 08/09/25

Results received from testing institution
---
pending

-*- PRELIMINARY REPORT : FINAL REPORT TO FOLLOW -*-

INCOMPLETE TESTS: MYB, MYB, MYB,

TEST NAME: Acid-Fast Bacilli

PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909

Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 08/09/25

Results received from testing institution
---
pending

-*- PRELIMINARY REPORT : FINAL REPORT TO FOLLOW -*-

INCOMPLETE TESTS: MYB, MYB, MYB,

TEST NAME: Acid-Fast Bacilli

This test was performed by:
PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 08/09/25

Report was received on 09/09/2025 7:05 pm

REF LAB ID H708008857-

Results received from testing institution

MYCOBACTERIA (AFB) CULTURE

Specimen: Sputum #1 Collected: 03/09/2025 14:50
Received: 08/09/2025 12:57

AFB - MICROSCOPY FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) CULTURE PROCESSING

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA

TESTS COMPLETED: MYB, MYB, MYB,

TEST NAME: Acid-Fast Bacilli

This test was performed by:
PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 08/09/25

Report was received on 09/09/2025 7:05 pm

REF LAB ID H708008781-

Results received from testing institution

MYCOBACTERIA (AFB) CULTURE

Specimen: Sputum #3 Collected: 05/09/2025 14:50
Received: 08/09/2025 12:52

AFB - MICROSCOPY	FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) CULTURE	PROCESSING

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA

TESTS COMPLETED: MYB, MYB, MYB,

TEST NAME: Acid-Fast Bacilli

This test was performed by:
PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 08/09/25

Report was received on 09/09/2025 7:05 pm

REF LAB ID H708008862-

Results received from testing institution

MYCOBACTERIA (AFB) CULTURE

Specimen: Sputum #2 Collected: 04/09/2025 14:50
Received: 08/09/2025 12:57

AFB - MICROSCOPY	FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) CULTURE	PROCESSING

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA

TESTS COMPLETED: MYB, MYB, MYB,

MYCOBACTERIA (AFB) CULTURE
Specimen: Sputum #3 Collected: 05/09/2025 14:50
Received: 08/09/2025 12:52

AFB - MICROSCOPY FINAL

No Acid-fast bacilli detected

Mycobacterial culture proceeding and may take up to 12 weeks.

MYCOBACTERIA (AFB) CULTURE PROCESSING

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: WA AUSTRALIAN CLINICAL LABS WA

CLINICAL NOTES: ? UTI

MICROBIOLOGY **SPECIMEN:** Urine

CHEMISTRY
pH: 6.5 Protein: + Glucose: Nil Blood: Nil
MICROSCOPY
* Leucocytes **14** x 10 6/L (< 10)
Erythrocytes < 10 x 10 6/L (< 10)
Epithelial Cells +++

COMMENT

In the absence/low number of leucocytes the likelihood of a urinary tract infection is low. Culture has been performed. A further report will be issued if there is significant growth within the next 48 hours.

Urinary cast microscopy is no longer performed as part of a routine urine analysis. If required, please provide a fresh specimen and request investigation for casts as part of the analysis.

TESTS COMPLETED: UMC,
INCOMPLETE TESTS: UCX,

CLINICAL NOTES: Nausea Vomiting FHx Ovarian Cancer Period late

ENDOCRINOLOGY

HUMAN CHORIONIC GONADOTROPIN (HCG) **SPECIMEN: SERUM/PLASMA**

Date	Time	Lab No.	HCG	Units	Ref. Range
26/09/25	10:40	34091363	< 2	IU/L	See below
19/02/25	14:05	27748435	< 2		

Total HCG testing is performed on Siemens Advia Centaur.

EXPECTED RESULTS RANGE AND INTERPRETATION:

HCG (IU/L)	Interpretation	Notes
<5	Negative	Very early pregnancy may give a negative response and retesting in a couple of days may be

		required.
5 - 25	Equivocal	Suggest repeat test in 2 -3 days.
>25	Positive	Consistent with pregnancy.

Gestational Age	Expected HCG (IU/L)
2-3 weeks	5-50
3-4 weeks	50-500
4-5 weeks	100-5000
5-6 weeks	500-10000
6-7 weeks	1000-50000
7-8 weeks	10000-100000
8-10 weeks	15000-200000
10-14 weeks	10000-100000

NOTE: There is a large inter-individual variation in maternal serum concentrations of hCG in early pregnancy. These values are for guidance only. Gestational ages can be calculated from the date of the last menstrual cycle or be determined by sonography.

ALSO PLEASE NOTE THIS ASSAY HAS NOT BEEN VALIDATED FOR USE OUTSIDE THE ASSESSMENT OF PREGNANCY STATUS.

TESTS COMPLETED: QUA, PFS, CEA,
INCOMPLETE TESTS: BFO, CA1, TTG, GLI, HEL, IMM, EPG, UNK,

CLINICAL NOTES: Nausea Vomiting FHx Ovarian Cancer Period late

ENDOCRINOLOGY **SPECIMEN: SERUM**

TUMOUR MARKERS - CARCINOEMBRYONIC ANTIGEN (CEA)

Date	Lab No.	CEA Centaur	CEA Abbott Arch.	Units
26/09/25	**34091363**	1.5		ug/L

Levels in 98% of non-smokers are less than 2.5 ug/L. For smokers, 95% have levels less than 5.0 ug/L.
Levels up to 20 ug/L are seen in both benign and malignant conditions (especially liver and G.I.T. related). Levels greater than 20 ug/L are suggestive but not diagnostic, of malignancy. Note that CEA is not useful as a screening test for malignancy.

CEA is measured by immunoassay on a Siemens Centaur/Atellica.

TESTS COMPLETED: QUA, PFS, CEA,
INCOMPLETE TESTS: BFO, CA1, TTG, GLI, HEL, IMM, EPG, UNK,

CLINICAL NOTES: Nausea Vomiting FHx Ovarian Cancer Period late

ENDOCRINOLOGY **SPECIMEN: SERUM**

TUMOUR MARKERS - CA-125

Date	Lab Number	CA-125	Units	Ref.Range
26/09/25	34091363	9	KU/L	(< 36)

CA 125 is measured by immunoassay on a Siemens Centaur/Atellica.

TESTS COMPLETED: QUA, PFS, CEA, CA1,
INCOMPLETE TESTS: HCY, BFO, TTG, GLI, HEL, IMM, EPG, UNK,

CLINICAL NOTES: Nausea Vomiting FHx Ovarian Cancer Period late

SEROLOGY **SPECIMEN: SERUM**

HELICOBACTER PYLORI ANTIBODIES

Helicobacter pylori IgG antibody **BORDERLINE**

COMMENT: A positive result is supportive, but not diagnostic of, active H.pylori infection. The urea breath test is available for confirmation of H.pylori colonisation and for monitoring the success of eradication therapy.
Helicobacter pylori serology is performed using the Siemens Immulite system.

TESTS COMPLETED: QUA, PFS, CEA, CA1, HEL,
INCOMPLETE TESTS: HCY, BFO, TTG, GLI, IMM, EPG, UNK,

TEST NAME: HPV Self collect Swab

VCS Pathology.
265 Faraday St
Carlton, Vic, 3053
Ph: (03) 9250 0300 Fax: (03) 9349 1977

Test was referred on 27/09/25

Results received from testing institution
---
pending

-*- PRELIMINARY REPORT : FINAL REPORT TO FOLLOW -*-

INCOMPLETE TESTS: HSE,

CLINICAL NOTES: Nausea Vomiting FHx Ovarian Cancer Period late

BIOCHEMISTRY

B12 METABOLIC PATHWAY **SPECIMEN: SERUM/BLOOD**

Date: **26/09/25**
Time: 10:40
Lab Number: 34091363

Vitamin B12		260		pmol/L
Folate		29.8		nmol/L
Homocysteine	**	**18.4**	(5.0 - 15.0)	umol/L

34091363 Normal B12 and folate results. Elevated Homocysteine may occur with the non-fasting state, vitamin deficiency (Vitamins B12, B6, folate), hypothyroidism, renal failure, some drugs and genetic metabolic defects.

Note: B12 levels are an imperfect indicator of B12 deficiency.
Both the pathology results and clinical features need to be considered together.

RANGES
B12 (pmol/L)
<150 Deficient
150-260 Indeterminate level. There is a moderate risk of B12 deficiency.

260-350 Low normal level. There is a low risk of B12 deficiency.
>350 B12 deficiency is unlikely.

Active B12 (pmol/L)
<30 Deficient
30-70 B12 deficiency may still be present in some of this group
>70 B12 deficiency is unlikely

Serum Folate (nmol/L)
<5 Deficient
5 - 10 Equivocal
>10 Normal

TESTS COMPLETED: QUA, HCY, BFO, PFS, CEA, CA1, HEL,
INCOMPLETE TESTS: TTG, GLI, IMM, EPG, UNK,

CLINICAL NOTES: Nausea Vomiting FHx Ovarian Cancer Period late

IMMUNOLOGY **SPECIMEN: SERUM**

COELIAC DISEASE ANTIBODIES

			REFERENCE RANGES		
			Negative	Equiv.	Positive
Deamidated Gliadin IgG	< 1	EliA U/ml	(< 7)	(7-10)	(> 10)
Tissue Transglutaminase IgA	< 1	EliA U/ml	(< 7)	(7-10)	(> 10)

INTERPRETATION
Coeliac disease is unlikely provided the patient has not been on a gluten free diet.
RECOMMENDATIONS
If clinical suspicion remains high, tests on a fresh blood sample for HLA DQ2/DQ8 are recommended. Negative DQ2/DQ8 virtually excludes coeliac disease. If DQ2/DQ8 positive, small bowel biopsy may be required.

TESTS COMPLETED: QUA, HCY, BFO, PFS, CEA, CA1, TTG, GLI, HEL,
INCOMPLETE TESTS: IMF, IMM, EPG,

CLINICAL NOTES: Nausea Vomiting FHx Ovarian Cancer Period late

SPECIAL CHEMISTRY

IMMUNOFIXATION **SPECIMEN: SERUM**

COMMENT: No distinct free light chains or intact paraprotein detected by immunofixation.

TESTS COMPLETED: IMF, QUA, HCY, BFO, PFS, CEA, CA1, TTG, GLI, HEL, IMM, EPG,

CLINICAL NOTES: Nausea Vomiting FHx Ovarian Cancer Period late

PROTEIN STUDIES

Serum Electrophoresis

Total Protein	72 g/L	(60 - 80)
Albumin	43 g/L	(35 - 50)
Globulin	29 g/L	(23 - 39)
Alpha 1 Globulin	2 g/L	(1 - 3)
Alpha 2 Globulin	9 g/L	(6 - 11)

Beta Globulin	10 g/L	(7 - 13)
Gamma Globulin	8 g/L	(8 - 17)
Paraprotein	Not Detected	

Immunoglobulins

IgG	7.02 g/L	(6.50 - 16.00)
IgA	1.4 g/L	(0.4 - 3.5)
IgM	1.35 g/L	(0.50 - 3.00)

COMMENT: Normal serum electrophoresis pattern. No distinct paraproteins detected by immunofixation.

TESTS COMPLETED: IMF, QUA, HCY, BFO, PFS, CEA, CA1, TTG, GLI, HEL, IMM, EPG,

TEST NAME: HPV Self collect Swab

This test was performed by:
VCS Pathology.
265 Faraday St
Carlton, Vic, 3053
Ph: (03) 9250 0300 Fax: (03) 9349 1977

Test was referred on 27/09/25

Report was received on 01/10/2025 5:36 pm

REF LAB ID 25-289095-CST-0

Results received from testing institution

CERVICAL SCREENING Higher Risk

SPECIMEN
Vaginal self collect - Flocked or cotton swab

TEST RESULTS
PCR for oncogenic HPV and genotype:
HPV16 - Not Detected
HPV18 - Detected
HPV (not 16/18) - Not Detected

RECOMMENDATION
Refer for colposcopic assessment. A clinician-collected sample should be obtained for liquid-based cytology at the time of colposcopy.

Prof Marion Saville AM Executive Director 01/10/2025 17:16

TESTS COMPLETED: HSE,

Data Notes: Data conversion occured on 19/01/2013

Published Note: 5/08/2002
All Results OK - msu, repeat it symptoms don't settle

Published Note: 13/08/2002
All Results OK -

Published Note: 10/09/2002

All Results OK -

Government of Western Australia
Department of Health

RECEIVED
23 APR 2025
BY:

Date:23/04/2025
Referral Acknowledgement

Referral Number: REFERRAL-2-2683119

DR KIM LOUISE OATES
STIRK MEDICAL GROUP - EDNEY ROAD SURGERY
113 EDNEY ROAD
HIGH WYCOMBE WA 6057

Dear Dr Kim Louise OATES,

Thank you for your referral for TEHANI OAKEY 09-08-1986 which has been received for Respiratory.

Once the referral has been assessed by a clinician at the Hospital, you will receive confirmation naming the hospital which has accepted the referral.

Should you wish to contact the Central Referral Service prior to receiving an acceptance notification, please quote the following referral number REFERRAL-2-2683119.

Regards,

The Central Referral Service Team
Phone: 1300 551 142
Referral Fax: 1300 365 056
HealthLink: crefserv
MMEX: central@mmex.gsmhn.com.au
Info: centralreferralservice@health.wa.gov.au
Address: GPO Box 2566
St George's Terrace WA 6831

MyMedicare Registration

Patient has submitted the following form on 23/04/2025

Patient Details

First name
Tehani

Last name
Oakey

Date of birth
09/08/1986

Medicare card - Do you have a medicare card?
Yes

Medicare card - Number
6269126223

Medicare card - Position on card
2

Medicare card - Expiry date
05/2026

DVA Card - Do you have a DVA card?
No

DVA Card - Type

DVA Card - Expiry date

Name of Preferred GP
Dr Chris Burgin

By signing this form I agree to the following

I understand that registering in MyMedicare is voluntary.

- I consider this Practice to be my regular primary health care provider.
- I understand that I can only be registered with one Practice at a time. By submitting this form, any existing registration in MyMedicare will be withdrawn, and my previous Practice and provider will automatically be notified that I am no longer registered with them under MyMedicare.
- I understand that I will remain registered unless: I register with a different Practice. I request my GP/Practice or Services Australia to withdraw my registration. My GP or Practice decides to withdraw my registration.
- I understand that there is no cost to register in MyMedicare.
- I declare I have read and understand the MyMedicare Privacy Notice and consent to my personal information being collected, used and disclosed by the relevant agencies such as Services Australia, the Department of Health and Aged Care, the Australian Digital Health Agency and, where applicable, the Department of Veterans' Affairs as specified in the MyMedicare Privacy Notice (a link to this notice is provided in the Privacy Statement at the bottom of this form).

Consent for MyMedicare registration for patients under 14 years of age must be provided by the patient's parent or legal guardian.

Patients aged 14-17 years must provide their consent to register for MyMedicare.

A parent or guardian of a patient aged 14-17 years may complete the Registration Form if the 14-17 year old is aware of the registration and has provided their consent for this person to act on their behalf.

For a patient 14 years or older, who lacks capacity to make decisions for themselves, consent for the MyMedicare registration will need to be provided by an individual who is authorised to act on the patient's behalf.

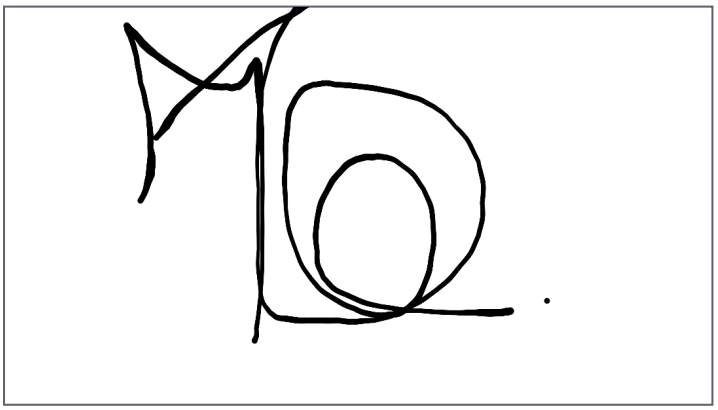
I am;

The patient providing consent

Please confirm the patient is aware of this registration and provided informed consent.

Legal guardian/substitute decision-maker's name

Signature



Midland Specialist Centre
Level 1, Suite 6, 81 Yelverton Drive
Midland WA 6056
PO BOX 5008, Centrepoint LPO Midland WA 6056
Ph: (08) 6371 5050 | **Fax:** (08) 6371 5055
Email:admin@midlandms.com.au
Web: www.midlandms.com.au **Healthlink:** midmedsp

Midland Medical Specialists
Respiratory Testing Service

Dr David Manners **Dr Francesco Piccolo**	**Dr Sarbroop Dhillon** **Dr Pradeep Balakrishnan**	**Dr Phoebe Brownell**

7th May, 2025

Dr Nancy Burge
Stirk Medical Group (Newburn Road)
32 Newburn Road
HIGH WYCOMBE WA 6057

Dear Nancy,

RE: Tehani Oakey DOB: 09/08/1986
86 Foxton Boulevard, HIGH WYCOMBE WA 6057
Mobile: 0478 625 291

Please find attached respiratory testing report for Tehani performed as part of respiratory clinic assessment. Details of the respiratory physician review will be in a separate letter.

Regards

MMS Respiratory Team

Midland Medical Specialists

Respiratory Testing Service

Suite 6, 81 Yelverton Dr, Midland 6056
Tel: 08 6371 5050 Fax: 08 6371 5055
Email: admin@midlandms.com.au
Healthlink: midmedsp

07.05.2025 Ordered by Dr D MANNERS

Oakey, Tehani **Age: 38 DOB: 09.08.1986**

Gender Female Ethnicity Caucasian Height 169 cm Weight 53 kg BMI 18.6

Smoking History Yes; 6 Cigarette(s) per Day; Years Smoking 23; (6 Pack Years); trying to quit. Has cut down to 1-2 per day for the last 2 years. Is currently using patches and hasn't had a cigarette for 1 week.

Physician Report

Indication: Persistent cough with fevers.
Report: Mild airflow obstruction without significant bronchodilator response. Exhaled nitric oxide fully suppressed at less than 5 ppb.
Dr David Manners, Respiratory Physician - Electronically Reviewed

Spirometry

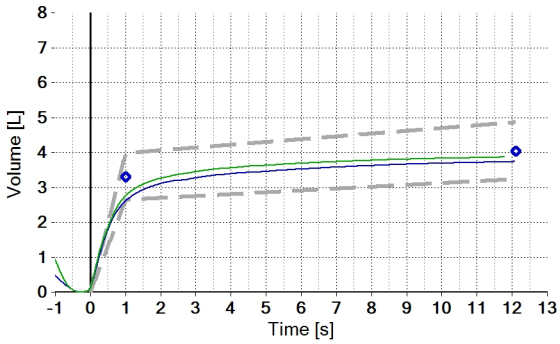
Quanjer (GLI), 2012

			Pre			Post			
Parameter	Pred	LLN	Best	%Pred	Z-Score	Best	%Pred	Z-Score	%Chg
FVC [L]	4.04	3.23	**3.74**	92	-0.62	**3.87**	96	-0.36	3
FEV1 [L]	3.31	2.64	**2.60***	79	-1.74	**2.75**	83	-1.38	6
FEV1/FVC	0.823	0.712	**0.696***	-	-1.88	**0.711***	-	-1.67	2
FEF25-75 [L/s]	3.41	2.09	**1.81***	53	-2.00	**2.02***	59	-1.74	12
PEF [L/s]	-	-	**5.08**	-	-	**4.48**	-	-	-12
FET [s]	-	-	**12.1**	-	-	**11.8**	-	-	-2
FIVC [L]	4.04	3.23	**3.42**	85	-1.26	**3.55**	88	-1.01	4
PIF [L/s]	-	-	**1.99**	-	-	**2.32**	-	-	16

* Indicates value outside normal range or significant post change.

Session Quality Pre FEV1 - A, FVC - A (FVC Var=0.08L (2.1%); FEV1 Var=0.02L (0.7%))
Post FEV1 - A, FVC - A (FVC Var=0.08L (2.0%); FEV1 Var=0.02L (0.9%))

Inline Filter Inline filter EasyOne Pro/LAB (GVS, Spiroguard, 2800/21), Proximal



Respiratory Scientist Comments

Post test comments:Pt was a delight. ATS acceptability and repeatability standards for spirometry met.Nil medications for breathing. SpO2: 95%FeNO: <5ppbJM

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Web: www.midlandms.com.au **Healthlink:** midmedsp

9th May, 2025

Dr Nancy Burge
Stirk Medical Group (Newburn Road)
32 Newburn Road
HIGH WYCOMBE WA 6057

Dear Nancy,

RE: Miss Tehani Oakey DOB: 09/08/1986
86 Foxton Boulevard, HIGH WYCOMBE WA 6057
Mobile: **0478 625 291** Home:

Problems:
1. Persistent cough and phlegm with radiology concerning for atypical respiratory colonisation
2. Symptoms consisting of sinusitis
3. Nicotine dependence

It was nice to meet Tehani. She is a 38-year-old mother of 2. She lives in High Wycombe. She was born and raised in Australia with minimal time overseas. She has no known drug allergies. She stopped smoking a week ago and has previously used intermittent cannabis through a bong on approximately weekly basis. Her mother has complex airways disease and is managed by one of our colleagues.

As you know she has been struggling for approximately 9 months with lower respiratory tract symptoms of productive cough associated with systemic symptoms of sweats and unintentional weight loss. She has also reported increasing nasal congestion and her most recent exacerbation appears to have been triggered by a flare of sinus disease first. There has been no haemoptysis. She has had oral antibiotics with doxycycline and Augmentin with partial response. She is also had significant gastrointestinal symptoms with diarrhoea.

On examination there was a fine wheeze without any crackles. There was no sinus tenderness.

I reviewed her CT chest. She had a patchy bilateral infiltrate in the lingular and middle lobes in October with some borderline bronchiectasis and mucous plugging. A lot of the middle and lingular lobe changes have improved over CT scans in December and March but they still persist.

Her eosinophil count has been suppressed. She has had a variety of different sputum cultures. Earlier this week there was no typical pathogens. In October she had strep pneumo. In July she had haemophilus.

Impression: I am concerned about atypical infection and this may be driven by bong use. Obstructive sinus disease may also be a lingering source of persisting infection.

Plan: She will continue to be free of cigarettes and either try to stop eating cannabis and use a medically approved vaping device. She will have a CT scan of the sinuses and start a nasal steroid spray. She will provide 3 early morning sputum's for AFB and fungal growth. She will have a blood test for immunodeficiency and I will see her again at the end of June.

Kind Regards,

Dr David Manners
FRACP MBBS(hons)
283458NK

Midland Specialist Centre
Level 1, Suite 6, 81 Yelverton Drive
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Web: www.midlandms.com.au **Healthlink:** midmedsp

9th May, 2025

Dr Nancy Burge
Stirk Medical Group (Newburn Road)
32 Newburn Road
HIGH WYCOMBE WA 6057

Dear Nancy,

RE: Miss Tehani Oakey DOB: 09/08/1986
86 Foxton Boulevard, HIGH WYCOMBE WA 6057
Mobile: **0478 625 291** Home:

Problems:
1. Persistent cough and phlegm with radiology concerning for atypical respiratory colonisation
2. Symptoms consisting of sinusitis
3. Nicotine dependence

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Her eosinophil count has been suppressed. She has had a variety of different sputum cultures. Earlier this week there was no typical pathogens. In October she had strep pneumo. In July she had haemophilus.

Impression: I am concerned about atypical infection and this may be driven by bong use. Obstructive sinus disease may also be a lingering source of persisting infection.

Plan: She will continue to be free of cigarettes and either try to stop eating cannabis and use a medically approved vaping device. She will have a CT scan of the sinuses and start a nasal steroid spray. She will provide 3 early morning sputum's for AFB and fungal growth. She will have a blood test for immunodeficiency and I will see her again at the end of June.

Kind Regards,

Dr David Manners
FRACP MBBS(hons)
283458NK

Government of Western Australia
Department of Health

RECEIVED
11 JUL 2025
BY: TD

Date:11/07/2025
Referral Site Acceptance

Referral Number: REFERRAL-2-2683119

DR KIM LOUISE OATES
STIRK MEDICAL GROUP - EDNEY ROAD SURGERY
113 EDNEY ROAD
HIGH WYCOMBE WA 6057

Dear Dr Kim Louise OATES,

We would like to notify you that your referral REFERRAL-2-2683119 for TEHANI OAKEY 09-08-1986 has been accepted by Respiratory - Midland Health Campus.

Your referral has been assessed by a clinician at the Hospital, and an appointment will be allocated to your patient based on the urgency of the condition. Your patient will receive an appointment letter by mail 30 DAYS PRIOR to the scheduled appointment date.

Any further enquiries relating to your patient's appointment or wait time should be directed to the hospital site named above, as CRS do not make appointments.

Regards,

The Central Referral Service Team
Phone: 1300 551 142
Referral Fax: 1300 365 056
HealthLink: crefserv
MMEX: central@mmex.gsmhn.com.au
Info: centralreferralservice@health.wa.gov.au
Address: GPO Box 2566
St George's Terrace WA 6831

August 12, 2025

Kim Louise Oates
113 EDNEY ROAD
HIGH WYCOMBE, WA 6057

RE: **TEHANI OAKEY**
ID#: **174558**

Dear Dr Oates:

It was a pleasure seeing your patient, TEHANI OAKEY, in my clinic on August 12, 2025. Attached please find the evaluation of this visit.

I would like to thank you for allowing me to see this patient and to share in their care. If I can be of any further assistance, please feel free to contact me.

Sincerely,

Electronically Approved by:
Jane Hadfield
Consultant Respiratory and Sleep Medicine

Attachment

ST JOHN OF GOD
Midland Public Hospital

Operated by St John of God Health Care in
partnership with the Government of Western Australia

12 August 2025

Dr Kim Louise Oates
Stirk Medical Group (edney Road Surgery)
113 Edney Road
HIGH WYCOMBE WA 6057
Fax: 61894544205 (Autofax)

Dear Dr Oates

RE: TEHANI OAKEY DOB: 09/08/1986 MRN: 174558

86 Foxton Boulevard, HIGH WYCOMBE WA 6057

Title
Regarding nonattendance at Respiratory Clinic.

Unfortunately, Tehani did not attend her scheduled Respiratory Clinic appointment scheduled on 12 August 2025.

Noting the referral details and her young age we had endeavoured to appoint relatively urgently despite constrained clinic capacity. I note you are concerned about recurrent pathogenic organisms cultured in her sputum including *Haemophilus influenzae* and *Streptococcus pneumoniae*. The middle lobe and lingular inflammatory/infective scarring does raise the possibility of atypical infection. Her demographics and country of bith would guide me further on possible aetiology. These findings aren't just due to smoking, although cessation is encouraged of course.

If upon receipt of this letter Tehani contacts us requesting an appointment she can be re-appointed. I have not re-appointed her at this stage as we have been unable to contact her despite post, text and a voicemail. The referral specifically stated 'address checked' but please check this and her mobile number. We'd be happy to contact her again if details were wrong.

In the meantime I suggest you request **three sputum samples and request culture for acid fast bacilli.** I will copy this letter to her stated address and hope that we hear from her so that an appointment can be arranged. Respiratory review is strongly advised.

PO Box 268, Midland DC, WA 6936
E. info.midland@sjog.org.au
www.midlandhospitals.org.au

Government of **Western Australia**
Department of **Health**

Surname: Oakey
Firstname:Tehani
DOB: 09/08/1986

REQUEST FOR OUTPATIENT APPOINTMENT – General Adult

(URGENT/IMMEDIATE REFERRALS ARE NOT SENT TO CRS, SEND DIRECTLY TO HOSPITAL)

Speciality: Respiratory
Name of Specialist (if required):
Site:

Referral From

Name: Dr Kim Oates
Provider Number: 5927768H
Phone: 0894544431 **Fax:** 0894544205
Address: Stirk Medical Group (Vivo Service Trust)
113 Edney Road
High Wycombe, WA 6057

Once completed, please send referral to the ***Central Referral Service*** by one of the following methods.
Please note that for efficiency of process our preferred method is ***Secure Messaging***.

Secure Messaging	Healthlink address ID: **crefserv** See the CRS website for more information on available vendors. http://ww2.health.wa.gov.au/Articles/N_R/Referral-form-templates
Fax	1300 365 056
Post	Central Referral Service GPO Box 2566 St Georges Terrace, WA 6831

Patient Details

First Name(s): Tehani
Preferred Name: Tehani
Title: Miss
Country of Birth:
Gender: Female
ATSI Status:

URMN Hospital No: (if known)
Family Name: Oakey
Previous Name (e.g. Maiden):
Marital Status:
Birth Date: 09/08/1986

Address:
86 Foxton Boulevard, High Wycombe WA
Post code: 6057
Telephone No:
Home:
Mobile: 0478 625 291

Mailing Address (if different):
86 Foxton Boulevard High Wycombe 6057
Email:
Work:
Fax:

Special Needs:
Is an interpreter required? No **If Yes, language/Dialect:**
Other Special needs:

Medicare Eligible: No **Medicare No:** 6269126223 **Ref:** 2 **Expiry:** 02/2026
DVA Card Number: **DVA Card Type:**
MVIT **Workers Compensation** No

Next of Kin/Guardian
Full Name: Mrs Carrie Hannington
Relationship: Mum **Phone:**

Referral Details

Fill this box for Immediate Referrals only *(if the Patient must be seen by specialist within 7 days)*
Has the referral been discussed with Registrar or Consultant? No **(essential for Urgent Cases)**
If yes, the clinician name:
Site: **Contact Number:**
Referral advice given:

Is the referrer the usual GP for the patient? Yes
If No, name of usual GP:

Contact number:

If the patient has been referred to this speciality for the same condition before, do they need to be referred to the same place again? No
Is the patient suitable for a Telehealth consult? No
Length of Referral:
Is this a renewed referral? No

Reason for referring:

Clinical Details: Recurrent and prolonged pneumonia in 38F with recent surveilance CT chest persistently abnormal. Growth of HIB on sputum culture in July 2024 followed by growth of Strep pneumonia in Oct. Ongoing fatigue and daily productive cough. Background bronciolitic changes noted a/w smoking history (patient has now cut down to 1 cigarette per day) ?MAC

Clinical Information

Observations

BMI, Height & Weight

18/09/2024	Temp	36.8
02/10/2024	Temp	35.9
02/10/2024	Pulse	107
02/10/2024	Resp	14

Current Problem:
CT:
Findings: There is persistent bilateral bronchial wall thickening. Persistent retained secretions within the middle lobe and lingula. Residual infiltrates are noted within the right upper lobe.
Centrilobular groundglass infiltrates upper lobes supportive of smoking-related respiratory bronchiolitis.
No mediastinal lymphadenopathy.
Pleural and pericardial surfaces appear normal.
Hepatic steatosis.
Comment: There is persistent bronchial wall thickening as well as retained secretions and peribronchiolar infiltrates middle lobe, lingula and right upper lobe. Atypical infection e.g. MAC needs to be excluded.
Background mild smoking-related respiratory bronchiolitis.

Thank you for your care and expertise in reviewing Tehani.

Past History:

Current Medications:

Allergies: Nil known.

Other:

Family:

Mother: Not recorded

Father: Not recorded

Other details:
Medical History
nil<br<br
2002 22/06/2002 : BRONCHITIS -
<br<br
no fam hx

Social History:

Smoking:
Smoker

Relevant Investigations and Tests

Pathology Provider:

Radiology Provider:

Other Notes:

Doctor Name: Dr Kim Oates
Provider Number: 5927768H
Designation: GP registrar
Date: 09/04/2025

Hospital Use Triage Only:

Urgent: Semi Urgent: Routine:
Comments:
Name: Signature: Date:

OAKEY, TEHANI
Phone: 0434720793
Birthdate: 09/08/1986 **Sex:** F **Medicare Number:** 62691262232
Your Reference: 15005035-CR **Lab Reference:** 15005035-CR
Laboratory: Perth Rad Clinic
Addressee: DR DAVID JONES **Referred by:** DR DAVID JONES

Name of Test: XRAY CHEST
Requested: 23/07/2024 **Collected:** 23/07/2024 **Reported:** 23/07/2024 15:50

Perth Radiological Clinic

PATIENT NAME: TEHANI OAKEY
PATIENT DOB: 09/08/1986

This report is for: Dr D. Jones

Referred By:
Dr D. Jones

XRAY CHEST 23/07/2024 Reference: 15005035

PACS ID: FAE672X
PRC ID: MI174558

<

X-RAY CHEST

Clinical Details: Ongoing symptoms of LRTI. Haemophilus infection treated.
Findings: Heart size and mediastinal contours are normal. Patchy airspace consolidation suggested within the medial middle lobe and lingular segment left upper lobe, suggestive of multifocal bronchopneumonia.
No pleural fluid.
No fracture.

For images: click here

Radiologist: Dr Adrian Yoong
Perth Radiological Clinic PRC Kalamunda Hospital

OAKEY, TEHANI
86 POXTON BLVD, HIGH WYCOMBE. 6057
Phone: 0478625291
Birthdate: 09/08/1986 **Sex:** F **Medicare Number:** 62691262232
Your Reference: 00614523 **Lab Reference:** 24-21454685-RSC-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR DAVID JONES **Referred by:** DR DAVID JONES

Name of Test: RESPIRATORY MICRO/CULTURE
Requested: 23/07/2024 **Collected:** 23/07/2024 **Reported:** 26/07/2024 16:05

CLINICAL NOTES: prev haemophilus influenza culture,treated with am

MICROBIOLOGY **SPECIMEN:** Mucopurulent Sputum

MICROSCOPY
Numerous leucocytes.
Scanty epithelial cells.
Moderate mixed bacteria

CULTURE
Org 1: Moderate growth of Haemophilus influenzae

ANTIMICROBIAL SUSCEPTIBILITY:

	Org 1
Amp/Amoxycillin	S
Cefuroxime	R
Doxycycline	S
Cotrimoxazole	S

TESTS COMPLETED: RSS,

OAKEY, TEHANI
86 FOXTON BLVD, HIGH WYCOMBE. 6057
Phone: 0478625291
Birthdate: 09/08/1986 **Sex:** F **Medicare Number:** 62691262232
Your Reference: **Lab Reference:** 24-22939647-RSC-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR CHRISTOPHER BURGIN **Referred by:** DR CHRISTOPHER BURGIN
Copy to:
DR CHRISTOPHER BURGIN

Name of Test: RESPIRATORY MICRO/CULTURE
Requested: 03/10/2024 **Collected:** 03/10/2024 **Reported:** 08/10/2024 14:59

CLINICAL NOTES: 3 month hx of being unwell

MICROBIOLOGY **SPECIMEN:** Mucopurulent Sputum 1.

MICROSCOPY
Moderate leucocytes.
Moderate epithelial cells.
Scanty mixed bacteria

CULTURE
Org 1: Heavy growth of Streptococcus pneumoniae

ANTIMICROBIAL SUSCEPTIBILITY:

	Org 1
Penicillin	S
Cephalexin	S
Erythromycin	R
Clindamycin	R
Doxycycline	R
Cotrimoxazole	R
Moxifloxacin	S

TESTS COMPLETED: FBE, ECU, LFT, RSS, CRP, RSS, RSS,

OAKEY, TEHANI
86 FOXTON BLVD, HIGH WYCOMBE. 6057

Phone: 0478625291
Birthdate: 09/08/1986 **Sex:** F **Medicare Number:** 62691262232
Your Reference: **Lab Reference:** 24-22939647-RSC-1
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR CHRISTOPHER BURGIN **Referred by:** DR CHRISTOPHER BURGIN
Copy to:
DR CHRISTOPHER BURGIN

Name of Test: RESPIRATORY MICRO/CULTURE
Requested: 03/10/2024 **Collected:** 03/10/2024 **Reported:** 08/10/2024 14:59

CLINICAL NOTES: 3 month hx of being unwell

MICROBIOLOGY **SPECIMEN:** Mucopurulent Sputum 2

MICROSCOPY
Moderate leucocytes.
Moderate epithelial cells.
Scanty mixed bacteria

CULTURE
Org 1: Heavy growth of Streptococcus pneumoniae

For antibiotic susceptibilities please refer to report for specimen labelled : Mucopurulent Sputum 1.

TESTS COMPLETED: FBE, ECU, LFT, RSS, CRP, RSS, RSS,

OAKEY, TEHANI
Birthdate: 09/08/1986 **Sex:** F **Medicare Number:** 62691262232
Your Reference: 15266905-CT **Lab Reference:** 15266905-CT
Laboratory: Perth Rad Clinic
Addressee: DR CHRISTOPHER BURGIN **Referred by:** DR CHRISTOPHER BURGIN

Name of Test: CT CHEST
Requested: 03/10/2024 **Collected:** 04/10/2024 **Reported:** 04/10/2024 11:05

Perth Radiological Clinic

PATIENT NAME: TEHANI OAKEY
PATIENT DOB: 09/08/1986

This report is for: Dr C. Burgin

Referred By:
Dr C. Burgin

CT CHEST 04/10/2024 Reference: 15266905

PACS ID: EDE526W
PRC ID: EDE526W

<

HRCT CHEST

Clinical Details: Followup three month history of chest symptoms. X-ray abnormality remains. Smoker? Neoplasia.
Technique: Non-contrast helical supine inspiratory examination has been supplemented with expiratory and prone images.
Comparison with chest imaging from chest x-ray series.
Findings: The right upper lobe demonstrates a nodular bronchiolitis posterobasal segment. Middle lobe consolidation with bronchiolitis and groundglass infiltrate. Lingula retained secretions and consolidation. Right lower lobe groundglass pneumonitis and retained secretions. Diffuse bronchial wall thickening. No endobronchial or endotracheal mass and no significant sinister mass is identified. There is a degree of lobular gas trapping.
No significant axillary, mediastinal or hilar lymphadenopathy. No pleural finding. No pericardial effusion. No upper abdominal mass.
Comment:
The lung appearances are compatible with infection. Likely bronchopneumonia but atypical infections not excluded. Consider antibiotic therapy and low-dose CT chest followup in three months.

For images: click here

Radiologist: Dr Anuj Patel
Perth Radiological Clinic PRC Midland Victoria St

OAKEY, TEHANI
86 FOXTON BOULEVARD, HIGH WYCOMBE. 6057
Phone: 0478625291
Birthdate: 09/08/1986 **Sex:** F **Medicare Number:** 62691262232
Your Reference: 00632652 **Lab Reference:** 24-89890977-CRP-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR CHRISTOPHER BURGIN **Referred by:** DR CHRISTOPHER BURGIN
Copy to:
DR CHRISTOPHER BURGIN

Name of Test: C-REACTIVE PROTEIN
Requested: 09/12/2024 **Collected:** 09/12/2024

CLINICAL NOTES: re-check

BIOCHEMISTRY

C REACTIVE PROTEIN (CRP) **SPECIMEN: SERUM**

Date	Time	Lab No.		CRP	Units	Ref. Range
09/12/24 NS		89890977		< 0.7	mg/L	(< 3.0)
28/11/24	09:20	89890911		0.9		
22/10/24	14:52	22939825	*	**5.0**		
09/10/24	09:05	89890650	*	**10.8**		
03/10/24	12:28	22939647	**	**146.2**		

In the setting of infection, CRP levels >100 mg/L are supportive of bacterial rather than viral aetiology.

Note results from this CRP assay should not be used for cardiac risk assessment. Please request the high sensitivity assay (hsCRP) instead.

TESTS COMPLETED: FBE, CRP,
INCOMPLETE TESTS: ECU, LFT,

OAKEY, TEHANI
Birthdate: 09/08/1986 **Sex:** F **Medicare Number:** 62691262232
Your Reference: 15511166-CT **Lab Reference:** 15511166-CT
Laboratory: Perth Rad Clinic
Addressee: DR CHRISTOPHER BURGIN **Referred by:** DR CHRISTOPHER BURGIN

Name of Test: CT CHEST
Requested: 07/10/2024 **Collected:** 10/12/2024 **Reported:** 11/12/2024 19:43

Perth Radiological Clinic

PATIENT NAME: TEHANI OAKEY
PATIENT DOB: 09/08/1986

This report is for: Dr C. Burgin

Referred By:
Dr C. Burgin

CT CHEST 10/12/2024 Reference: 15511166

PACS ID: EDE526W
PRC ID: EDE526W

CT CHEST (NON-CONTRAST)
Clinical Details: Prolonged pneumonia three months. Smoker.
Technique: Non-contrast, low dose helical HRCT performed in full inspiration.
Findings: There has been significant interval improvement in the bilateral inflammatory-looking pulmonary infiltrate demonstrated in October 2024. However, there is persistent solid and ground-glass nodular infiltrate in the right middle lobe and lingula and there is a small residual nodularity in the peripheral right upper lobe.
Generalised bronchial wall thickening is demonstrated. There is endobronchial secretion, particularly evident in the right middle lobe.
No mediastinal lymphadenopathy. No pleural or pericardial effusion. There is no coronary arterial calcification in this ungated scan.
Within the limitation of the non-contrast scan, the visualised upper abdominal organs are unremarkable.
No aggressive osseous abnormality is evident.
Comment: There has been marked interval improvement in the inflammatory-looking infiltrate. A follow-up low-dose chest CT scan in six months is suggested to ensure complete resolution.

Radiologist: Dr Bann Saffar
Perth Radiological Clinic PRC Midland Victoria St

For images: click here

OAKEY, TEHANI
86 FOXTON BOULEVARD, HIGH WYCOMBE. 6057
Phone: 0478625291
Birthdate: 09/08/1986 **Sex:** F **Medicare Number:** 62691262232
Your Reference: 00640958 **Lab Reference:** 25-27748435-HAE-0

Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR CHRISTOPHER BURGIN **Referred by:** DR CHRISTOPHER BURGIN
Copy to:
DR CHRISTOPHER BURGIN

Name of Test: HAEMATOLOGY GENERAL
Requested: 19/02/2025 **Collected:** 19/02/2025 **Reported:** 20/02/2025 15:45

CLINICAL NOTES: check up

HAEMATOLOGY **SPECIMEN: WHOLE BLOOD**

	Date:	**19/02/25**	09/12/24	28/11/24	(#Refers to current
	Coll. Time:	14:05	NS	09:20	result only)
	Lab Number:	#27748435	89890977	89890911	
HAEMOGLOBIN		144	141	139	(115 - 165) g/L
RBC		4.37	4.29	4.19	(3.80 - 5.50) x10 12/L
HCT		0.45	0.43	0.42	(0.35 - 0.47)
MCV	*	**103**	* **100**	* **100**	(80 - 99) fL
MCH		33.0	32.9	33.2	(27.0 - 34.0) pg
MCHC		321	329	333	(310 - 360) g/L
RDW		12.2	12.0	12.0	(11.0 - 15.0) %
WCC		8.6	10.1	6.2	(4.0 - 11.0) x10 9/L
Neutrophils		5.2	7.5	4.2	(2.0 - 8.0) x10 9/L
Lymphocytes		2.6	1.7	1.4	(1.0 - 4.0) x10 9/L
Monocytes		0.7	0.7	0.6	(< 1.1) x10 9/L
Eosinophils		< 0.1	0.1	< 0.1	(< 0.7) x10 9/L
Basophils		< 0.1	0.1	< 0.1	(< 0.3) x10 9/L
PLATELETS		218	215	188	(150 - 450) x10 9/L
MPV		10.3	10.1	10.4	(7.1 - 11.2) fL

#27748435 : There is a borderline macrocytosis.

TESTS COMPLETED: FBE, QUA,
INCOMPLETE TESTS: ECU, LFT,

OAKEY, TEHANI
86 FOXTON BOULEVARD, HIGH WYCOMBE. 6057
Phone: 0478625291
Birthdate: 09/08/1986 **Sex:** F **Medicare Number:** 62691262232
Your Reference: 00640958 **Lab Reference:** 25-27748435-MBI-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR CHRISTOPHER BURGIN **Referred by:** DR CHRISTOPHER BURGIN
Copy to:
DR CHRISTOPHER BURGIN

Name of Test: MULTIPLE BIOCHEM ANALYSIS
Requested: 19/02/2025 **Collected:** 19/02/2025 **Reported:** 20/02/2025 16:04

CLINICAL NOTES: check up

GENERAL CHEMISTRY **SPECIMEN: SERUM**

	Date:	**19/02/25**	09/12/24	28/11/24	
	Coll. Time:	14:05	NS	09:20	
	Lab Number:	27748435	89890977	89890911	
Sodium		145	138	(135 - 145)	mmol/L
Potassium		4.1	3.6	(3.5 - 5.2)	mmol/L
Chloride		105	105	(95 - 110)	mmol/L
Bicarbonate		25	26	(22 - 32)	mmol/L
Anion Gap		19	11	(9 - 19)	mmol/L
Urea		3.6	3.7	(3.0 - 7.0)	mmol/L
Creatinine		67	65	(45 - 90)	umol/L
eGFR		> 90	> 90	(> 59)	mL/min/1.73m2

T.Protein		72		70		72	(60 - 80)	g/L
Albumin		42		42		41	(35 - 50)	g/L
Globulin		30		28		31	(23 - 39)	g/L
ALP		82		94		82	(30 - 110)	U/L
Bilirubin		10		14		16	(3 - 20)	umol/L
GGT	**	**224**	**	**175**	**	**171**	(5 - 35)	U/L
AST	*	**114**	*	**136**	*	**103**	(5 - 30)	U/L
ALT	*	**138**	**	**156**	*	**143**	(5 - 35)	U/L

27748435 LIVER FUNCTION
Moderate hepatitic derangement in liver enzymes may be due to acute or chronic viral, autoimmune, toxic (including medication), or alcoholic hepatitis; non-alcoholic steatohepatitis; or systemic illness.

TESTS COMPLETED: FBE, ECU, LFT, QUA,

OAKEY, TEHANI
Birthdate: 09/08/1986 **Sex:** F **Medicare Number:** 62691262232
Your Reference: 15878974-US **Lab Reference:** 15878974-US
Laboratory: Perth Rad Clinic
Addressee: DR CHRISTOPHER BURGIN **Referred by:** DR CHRISTOPHER BURGIN

Name of Test: ULTRASOUND ABDOMEN
Requested: 19/02/2025 **Collected:** 27/03/2025 **Reported:** 30/03/2025 08:42

Perth Radiological Clinic

PATIENT NAME: TEHANI OAKEY
PATIENT DOB: 09/08/1986

This report is for: Dr C. Burgin

Referred By:
Dr C. Burgin

ULTRASOUND ABDOMEN 27/03/2025 Reference: 15878974

PACS ID: EDE526W
PRC ID: EDE526W

ULTRASOUND ABDOMEN

Clinical Details: Abnormal LFTs.
Findings: The liver is increased in echogenicity and homogeneous in echotexture. The liver surface is smooth. No focal lesions identified.
The portal vein is patent and demonstrates normal antegrade flow.
The gallbladder is normal and contains no calculi. There is no bile duct dilatation.
Normal sonographic appearance of the pancreas, spleen and kidneys.
The aorta is of normal calibre.
There is no free fluid.
Comment: Mild diffuse hepatosteatosis.

Radiologist: Dr Ashley Bennett
Perth Radiological Clinic PRC Midland Victoria St

For images: click here

OAKEY, TEHANI
Birthdate: 09/08/1986 **Sex:** F **Medicare Number:** 62691262232
Your Reference: 15878928-CT **Lab Reference:** 15878928-CT
Laboratory: Perth Rad Clinic
Addressee: DR CHRISTOPHER BURGIN **Referred by:** DR CHRISTOPHER BURGIN

Name of Test: CT CHEST
Requested: 19/02/2025 **Collected:** 27/03/2025 **Reported:** 02/04/2025 13:20

Perth Radiological Clinic

PATIENT NAME: TEHANI OAKEY
PATIENT DOB: 09/08/1986

This report is for: Dr C. Burgin

Referred By:
Dr C. Burgin

CT CHEST 27/03/2025 Reference: 15878928

PACS ID: EDE526W
PRC ID: EDE526W

CT CHEST
Clinical Details: Prolonged pneumonia, three month surveillance.
Technique: Low-dose CT chest performed in full inspiration. Comparison was made to previous studies performed October 2024 and December 2024.
Findings: There is persistent bilateral bronchial wall thickening. Persistent retained secretions within the middle lobe and lingula. Residual infiltrates are noted within the right upper lobe.
Centrilobular groundglass infiltrates upper lobes supportive of smoking-related respiratory bronchiolitis.
No mediastinal lymphadenopathy.
Pleural and pericardial surfaces appear normal.
Hepatic steatosis.
Comment: There is persistent bronchial wall thickening as well as retained secretions and peribronchiolar infiltrates middle lobe, lingula and right upper lobe. Atypical infection e.g. MAC needs to be excluded.
Background mild smoking-related respiratory bronchiolitis.

Radiologist: Dr Roche Helberg
Perth Radiological Clinic PRC Midland Victoria St

For images: click here

28/04/2025

Midland Medical Specialists
Level 1/ Suite 6
81 Yelverton Dve
Midland. 6056
Phone: 6371 5050 6371 5055

re. **Miss Tehani Oakey**
86 Foxton Boulevard
High Wycombe. 6057
09/08/1986
Home: Mobile: 0478 625 291

Dear Colleagues
URGENT

I would be grateful for your urgent respiratory review of this 46-year-old patient with recurrent respiratory infections and ongoing symptoms despite multiple courses of antibiotics.

The patient initially presented in July 2024 with a respiratory infection. She was found to have a Haemophilus influenzae infection followed by a streptococcal infection that progressed to pneumonia. In October 2024, she was seen with another severe chest iinfection (CRP 147) A CT chest at that time showed bilateral inflammatory pulmonary infiltrates.

While there was some improvement on CT imaging in December 2024, she has continued to persist with chest symptoms of cough and fatigue.

A recent CT chest on 23/03/2025 shows resistant bronchial wall thickening, retained secretions, and peribronchiolar infiltrates in the middle lobe and lingula. The radiologist has suggested possible MAC infection requiring exclusion. There is also mild background smoking-related bronchiolitis, though she has now successfully quit smoking using nicotine patches.

Current symptoms include:
- Severe fatigue
- Profuse morning sweating
- Recent onset of chills
- Fever up to 38°C
- Productive cough with green-yellow sputum
- Bilateral chest crackles on examination

She has had multiple courses of antibiotics including doxycycline with limited response. Today I have commenced Augmentin Duo Forte while continuing doxycycline. New sputum cultures and blood tests have been ordered.

Of note, she has developed deranged liver function tests, likely secondary to prolonged antibiotic use, and has been referred to hepatology for consideration of liver biopsy.

I would greatly appreciate your urgent assessment and management advice for this deteriorating patient who has chosen to avoid hospital admission due to having young children at home.

Todays bloods and sputum cultures to be copied to MMS

Current medications:

Augmentin Duo Forte 875mg;125mg Tablet (Amoxicillin, Potassium clavulanate)	1 Tablet Twice a day.
Citalopram 20mg Tablet (Citalopram Hydrobromide)	Take half at night for the first week, then increase to full tablet.
Depo-Ralovera 150mg/mL Injection (Medroxyprogesterone Acetate)	stat.
Doxycycline 100mg Tablet	1 Tablet Twice a day. Take until finished.
Nicotine 14mg/24hr Patch	Apply patch to clean dry skin every 24 hours.

Allergies:
Nil known.

Past Medical History:

03/07/2001	Infectionupper resp tract
12/06/2002	Cough
02/08/2002	Urinary tract infection
06/09/2013	Referral for TOP
26/07/2024	Infection
09/04/2025	Nicotine dependance

Yours faithfully,

Dr Nancy Burge
MB BS, MRCGP, DFSRH, FRACGP
5002231T

Our preferred method of receiving correspondence is Healthlink EDI code: stirkkal

CLINICAL NOTES: 3 month hx of being unwell

MICROBIOLOGY **SPECIMEN:** Mucopurulent Sputum 1.

MICROSCOPY
Moderate leucocytes.
Moderate epithelial cells.
Scanty mixed bacteria

CULTURE
Org 1: Heavy growth of Streptococcus pneumoniae

ANTIMICROBIAL SUSCEPTIBILITY:

	Org 1
Penicillin	S
Cephalexin	S
Erythromycin	R
Clindamycin	R
Doxycycline	R
Cotrimoxazole	R
Moxifloxacin	S

TESTS COMPLETED: FBE, ECU, LFT, RSS, CRP, RSS, RSS,

OAKEY, TEHANI
86 FOXTON BLVD, HIGH WYCOMBE. 6057
Phone: 0478625291
Birthdate: 09/08/1986 **Sex:** F **Medicare Number:** 62691262232
Your Reference: **Lab Reference:** 24-22939647-RSC-1
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR CHRISTOPHER BURGIN **Referred by:** DR CHRISTOPHER BURGIN
Copy to:
DR CHRISTOPHER BURGIN

Name of Test: RESPIRATORY MICRO/CULTURE
Requested: 03/10/2024 **Collected:** 03/10/2024 **Reported:** 08/10/2024 14:59

CLINICAL NOTES: 3 month hx of being unwell

MICROBIOLOGY **SPECIMEN:** Mucopurulent Sputum 2

MICROSCOPY
Moderate leucocytes.
Moderate epithelial cells.
Scanty mixed bacteria

CULTURE
Org 1: Heavy growth of Streptococcus pneumoniae

For antibiotic susceptibilities please refer to report for specimen labelled : Mucopurulent Sputum 1.

TESTS COMPLETED: FBE, ECU, LFT, RSS, CRP, RSS, RSS,

OAKEY, TEHANI
Birthdate: 09/08/1986 **Sex:** F **Medicare Number:** 62691262232
Your Reference: 15266905-CT **Lab Reference:** 15266905-CT
Laboratory: Perth Rad Clinic
Addressee: DR CHRISTOPHER BURGIN **Referred by:** DR CHRISTOPHER BURGIN

Name of Test: CT CHEST
Requested: 03/10/2024 **Collected:** 04/10/2024 **Reported:** 04/10/2024 11:05

Perth Radiological Clinic

PATIENT NAME: TEHANI OAKEY
PATIENT DOB: 09/08/1986

This report is for: Dr C. Burgin

Referred By:
Dr C. Burgin

CT CHEST 04/10/2024 Reference: 15266905

PACS ID: EDE526W
PRC ID: EDE526W

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HRCT CHEST

Clinical Details: Followup three month history of chest symptoms. X-ray abnormality remains. Smoker? Neoplasia.

Technique: Non-contrast helical supine inspiratory examination has been supplemented with expiratory and prone images.

Comparison with chest imaging from chest x-ray series.

Findings: The right upper lobe demonstrates a nodular bronchiolitis posterobasal segment. Middle lobe consolidation with bronchiolitis and groundglass infiltrate. Lingula retained secretions and consolidation.

Right lower lobe groundglass pneumonitis and retained secretions. Diffuse bronchial wall thickening. No endobronchial or endotracheal mass and no significant sinister mass is identified. There is a degree of lobular gas trapping.

No significant axillary, mediastinal or hilar lymphadenopathy. No pleural finding. No pericardial effusion. No upper abdominal mass.

Comment:

The lung appearances are compatible with infection. Likely bronchopneumonia but atypical infections not excluded. Consider antibiotic therapy and low-dose CT chest followup in three months.

For images: click here

Radiologist: Dr Anuj Patel
Perth Radiological Clinic PRC Midland Victoria St

OAKEY, TEHANI
86 FOXTON BOUELVARD, HIGH WYCOMBE. 6057
Phone: 0478625291
Birthdate: 09/08/1986 **Sex:** F **Medicare Number:** 62691262232
Your Reference: 00624959 **Lab Reference:** 24-89890650-CRP-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR CHRISTOPHER BURGIN **Referred by:** DR CHRISTOPHER BURGIN
Copy to:
DR CHRISTOPHER BURGIN

Name of Test: C-REACTIVE PROTEIN
Requested: 07/10/2024 **Collected:** 09/10/2024 **Reported:** 09/10/2024 16:36

CLINICAL NOTES: check

BIOCHEMISTRY

C REACTIVE PROTEIN (CRP) **SPECIMEN: SERUM**

Date	Time	Lab No.		CRP	Units	Ref. Range
09/10/24	09:05	89890650	*	**10.8**	mg/L	(< 3.0)

03/10/24 12:28 22939647 ** **146.2**

In the setting of infection, CRP levels >100 mg/L are supportive of bacterial rather than viral aetiology.

Note results from this CRP assay should not be used for cardiac risk assessment. Please request the high sensitivity assay (hsCRP) instead.

TESTS COMPLETED: LFT, CRP,

OAKEY, TEHANI
86 FOXTON BOULEVARD, HIGH WYCOMBE. 6057
Phone: 0478625291
Birthdate: 09/08/1986 **Sex:** F **Medicare Number:** 62691262232
Your Reference: 00640958 **Lab Reference:** 25-27748435-HAE-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR CHRISTOPHER BURGIN **Referred by:** DR CHRISTOPHER BURGIN
Copy to:
DR CHRISTOPHER BURGIN

Name of Test: HAEMATOLOGY GENERAL
Requested: 19/02/2025 **Collected:** 19/02/2025 **Reported:** 20/02/2025 15:45

CLINICAL NOTES: check up

HAEMATOLOGY **SPECIMEN: WHOLE BLOOD**

	Date:	**19/02/25**	09/12/24	28/11/24	(#Refers to current result only)
	Coll. Time:	14:05	NS	09:20	
	Lab Number:	#27748435	89890977	89890911	
HAEMOGLOBIN		144	141	139	(115 - 165) g/L
RBC		4.37	4.29	4.19	(3.80 - 5.50) x10 12/L
HCT		0.45	0.43	0.42	(0.35 - 0.47)
MCV	*	**103**	* **100**	* **100**	(80 - 99) fL
MCH		33.0	32.9	33.2	(27.0 - 34.0) pg
MCHC		321	329	333	(310 - 360) g/L
RDW		12.2	12.0	12.0	(11.0 - 15.0) %
WCC		8.6	10.1	6.2	(4.0 - 11.0) x10 9/L
Neutrophils		5.2	7.5	4.2	(2.0 - 8.0) x10 9/L
Lymphocytes		2.6	1.7	1.4	(1.0 - 4.0) x10 9/L
Monocytes		0.7	0.7	0.6	(< 1.1) x10 9/L
Eosinophils		< 0.1	0.1	< 0.1	(< 0.7) x10 9/L
Basophils		< 0.1	0.1	< 0.1	(< 0.3) x10 9/L
PLATELETS		218	215	188	(150 - 450) x10 9/L
MPV		10.3	10.1	10.4	(7.1 - 11.2) fL

#27748435 : There is a borderline macrocytosis.

TESTS COMPLETED: FBE, QUA,
INCOMPLETE TESTS: ECU, LFT,

OAKEY, TEHANI
86 FOXTON BOULEVARD, HIGH WYCOMBE. 6057
Phone: 0478625291
Birthdate: 09/08/1986 **Sex:** F **Medicare Number:** 62691262232
Your Reference: 00640958 **Lab Reference:** 25-27748435-MBI-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR CHRISTOPHER BURGIN **Referred by:** DR CHRISTOPHER BURGIN
Copy to:
DR CHRISTOPHER BURGIN

Name of Test: MULTIPLE BIOCHEM ANALYSIS
Requested: 19/02/2025 **Collected:** 19/02/2025 **Reported:** 20/02/2025 16:04

CLINICAL NOTES: check up

GENERAL CHEMISTRY **SPECIMEN: SERUM**

Date:		**19/02/25**		09/12/24		28/11/24		
Coll. Time:		14:05		NS		09:20		
Lab Number:		27748435		89890977		89890911		
Sodium		145		138			(135 - 145)	mmol/L
Potassium		4.1		3.6			(3.5 - 5.2)	mmol/L
Chloride		105		105			(95 - 110)	mmol/L
Bicarbonate		25		26			(22 - 32)	mmol/L
Anion Gap		19		11			(9 - 19)	mmol/L
Urea		3.6		3.7			(3.0 - 7.0)	mmol/L
Creatinine		67		65			(45 - 90)	umol/L
eGFR		> 90		> 90			(> 59)	mL/min/1.73m2
T.Protein		72		70		72	(60 - 80)	g/L
Albumin		42		42		41	(35 - 50)	g/L
Globulin		30		28		31	(23 - 39)	g/L
ALP		82		94		82	(30 - 110)	U/L
Bilirubin		10		14		16	(3 - 20)	umol/L
GGT	**	**224**	**	**175**	**	**171**	(5 - 35)	U/L
AST	*	**114**	*	**136**	*	**103**	(5 - 30)	U/L
ALT	*	**138**	**	**156**	*	**143**	(5 - 35)	U/L

27748435 LIVER FUNCTION
Moderate hepatitic derangement in liver enzymes may be due to acute or chronic viral, autoimmune, toxic (including medication), or alcoholic hepatitis; non-alcoholic steatohepatitis; or systemic illness.

TESTS COMPLETED: FBE, ECU, LFT, QUA,

OAKEY, TEHANI
Birthdate: 09/08/1986 **Sex:** F **Medicare Number:** 62691262232
Your Reference: 15878928-CT **Lab Reference:** 15878928-CT
Laboratory: Perth Rad Clinic
Addressee: DR CHRISTOPHER BURGIN **Referred by:** DR CHRISTOPHER BURGIN

Name of Test: CT CHEST
Requested: 19/02/2025 **Collected:** 27/03/2025 **Reported:** 02/04/2025 13:20

Perth Radiological Clinic

PATIENT NAME: TEHANI OAKEY
PATIENT DOB: 09/08/1986

This report is for: Dr C. Burgin

Referred By:
Dr C. Burgin

CT CHEST 27/03/2025 Reference: 15878928

PACS ID: EDE526W
PRC ID: EDE526W

CT CHEST
Clinical Details: Prolonged pneumonia, three month surveillance.
Technique: Low-dose CT chest performed in full inspiration. Comparison was made to previous studies performed October 2024 and December 2024.
Findings: There is persistent bilateral bronchial wall thickening. Persistent retained secretions within the middle lobe and lingula. Residual infiltrates are noted within the right upper lobe.
Centrilobular groundglass infiltrates upper lobes supportive of smoking-related respiratory bronchiolitis.
No mediastinal lymphadenopathy.
Pleural and pericardial surfaces appear normal.
Hepatic steatosis.
Comment: There is persistent bronchial wall thickening as well as retained secretions and peribronchiolar infiltrates middle lobe, lingula and right upper lobe. Atypical infection e.g. MAC needs to be excluded.
Background mild smoking-related respiratory bronchiolitis.

Radiologist: Dr Roche Helberg
Perth Radiological Clinic PRC Midland Victoria St

For images: click here