SCHUMANN, Anita
18 Hill Street, Queenscliff NSW. 2096
Birthdate: 29/01/1958 Sex: F
Medicare Number: 2105243238
Your Reference: 46.00986571 Lab Reference: Dee Why
Addressee: Dr Thu-Linh Ly Referred by: Dr Thu-Linh Ly
Name of Test: CT ABDOMEN & PELVIS WITH CONTRAST
Requested: 25/10/2021 Collected: 02/11/2021 Reported: 02/11/2021 12:19
Laboratory: I-MED Radiology

Patient ID: 46.00986571
Accession Number: 77.35456012

1.

Dr Thu-Linh Ly
Raglan Street Medical Centre
43 Belgrave Street
Manly 2095
Tel: 0299778733

2 November 2021

Exam Date: 2nd November 2021

Dear Dr Ly

Re: **Mrs Anita SCHUMANN - DOB: 29/01/1958**
18 Hill Street QUEENSCLIFF 2096

CT ABDOMEN AND PELVIS

HISTORY:

IBS symptoms, deranged LFTs

TECHNIQUE:

Non-contrast CT liver followed by CT abdomen and pelvis in portal venous phase.

FINDINGS:

No evidence of hepatic steatosis or cirrhosis a non-contrast CT. Liver, adrenal glands, spleen, gallbladder appear normal. Pancreatic duct is slightly prominent measures up to 2.4 mm region of the head, still within normal limits. No pancreatic lesion or calculus is seen. CBD measures up to 7.5 mm, there is only partial within normal limits. Tapering to 4 mm however there is a slight shouldering at the region of the ampulla . Prominent fibrofatty infiltration and congestive mesenteric vessels in the small bowel mesentery suggestive of inflammatory bowel disease. Terminal ileum is collapsed with no gross abnormality seen. No fat stranding to suggest acute enterocolitis. No lymphadenopathy. An area of luminal narrowing with associated wall thickening in the distal ileum loops in the right lower quadrant are suspicious for skip lesion.
A number of bands of atelectasis/fibrosis in the lung bases are most likely post inflammatory. No 2 subpleural nodules are noted in the posterolateral aspect of right lower lobe measuring up to 6 mm most likely fibrotic. Evidence of sacroiliitis. Mild anterolisthesis of L4 relative to L5. Certainly millimetres sclerotic lesion in the right ileum adjacent to the sacroiliac joint is presumably benign. There is another sclerotic lesion in the right ilium superior to the acetabulum. Bones are osteopenic/osteoporotic.

COMMENT:

The appearances are suspicious for IBD/Crohn's disease. No evidence of acute enterocolitis. Slightly abnormal appearance of the distal CBD/ampulla of Vater could be due to focal stricture however a small lesion is difficult to exclude. Mild prominent pancreatic duct is noted. MR CP is recommended to further assess.
Three pleural-based nodules in the right lung base most likely fibrotic post inflammatory, CT chest is helpful to further assess.

Dr Patrick Mehr
Electronically signed at 12:19 pm Tue, 2 Nov 2021

Images for 77.35456012\par \par\par

SCHUMANN, Anita
18 Hill Street, Queenscliff NSW. 2096
Birthdate: 29/01/1958 Sex: F
Medicare Number: 2105243238
Your Reference: 46.00986571 Lab Reference: Dee Why
Addressee: Dr Thu-Linh Ly Referred by: Dr Thu-Linh Ly
Name of Test: CT BRAIN W/OUT CONTRAST
Requested: 18/10/2021 Collected: 19/10/2021 Reported: 20/10/2021 14:28
Laboratory: I-MED Radiology

Patient ID: 46.00986571
Accession Number: 77.35356646

2.

Dr Thu-Linh Ly
Raglan Street Medical Centre
43 Belgrave Street
Manly 2095
Tel: 0299778733

20 October 2021

Exam Date: 19th October 2021

Dear Dr Ly

Re: **Mrs Anita SCHUMANN - DOB: 29/01/1958**
18 Hill Street QUEENSCLIFF 2096

CT BRAIN

History:
Headache five days ago. She was forgetting events. Vertigo. Now pins and needles in the head in the right frontal region.

Technique:
Noncontrast.

Findings:
There is no focal lesion or area of abnormally altered attenuation. No acute intracranial haemorrhage, space occupying lesion or subdural collection present. No asymmetric dense MCA sign present. No established infarct. Posterior cranial fossa normal.
The ventricles located midline. There is normal grey/white matter interface. Cerebral sulci and ventricle are normal for patient's age.
The bone window displays no skull vault or skull base abnormality. The visualised paranasal sinuses and mastoid air cells normal.
Incidental very minor bilateral basal ganglia calcification present likely to be of physiological origin.

Impression:
Normal noncontrast examination. No feature noted to account for patient's symptoms. If there is strong clinical suspicion of significant pathology giving rise to patient's symptom MRI scan may be considered.
Dr Terry LO
Electronically signed at 16:56 pm Wed, 20 Oct 2021

Images for 77.35356646\par \par\par

ANITA SCHUMANN

DR.JASMINA DEDIC-HAGAN

NutriPATH

P: 1300 688 522
E: info@nutripath.com.au
A: PO Box 442 Ashburton VIC 3142

Date of Birth : 29-Jan-1958
Sex : F
Collected : 2/Nov/2020
Received: 04-Nov-2020
18 HILL STREET
QUEENSCLIFF NSW 2096
Lab id : **3702442** UR#: 6571636

AVALON WHOLISTIC MEDICINE
LEVEL 1,55 OLD BARRENJOEY ROAD
AVALON BEACH NSW 2107

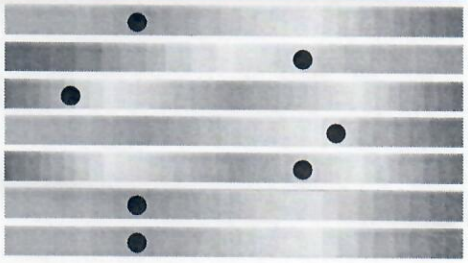
COMPLETE MICROBIOME MAPPING

General Macroscopic Description

	Result	Range	Markers
Stool Colour	**Brown**		**Colour** - Brown is the colour of normal stool. Other colours may indicate abnormal GIT conditions.
Stool Form	**Unformed**		**Form** -A formed stool is considered normal. Variations to this may indicate abnormal GIT conditions.
Mucous	**NEG**	<+	**Mucous** - Mucous production may indcate the presence of an infection, inflammation or malignancy.
Occult Blood	**NEG**	<+	**Blood (Macro)**- The presence of blood in the stool may indicate possible GIT ulcer, and must always be investigated immediately.

GIT Functional Markers

	Result	Range	Units
Calprotectin.	**8.3**	0.0 - 50.0	ug/g
Pancreatic Elastase	**>500.0**	> 200.0	ug/g
Faecal Secretory IgA	***160.6*** ***L**	510.0 - 2010.0	ug/g
Faecal Zonulin	**99.0**	0.0 - 107.0	ng/g
Faecal B-Glucuronidase	**3430.0**	337.0 - 4433.0	U/g
Steatocrit	**2.0**	0.0 - 15.0	%
anti-Gliadin IgA	**13.0**	0.0 - 157.0	units/L



Microbiome Mapping Summary

Parasites & Worms

Blastocystis hominis.

Bacteria & Viruses

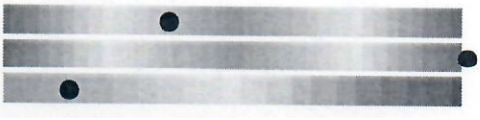
Enterococcus faecalis
Enterococcus faecium
Pseudomonas species
Streptococcus species
Citrobacter freundii.
Klebsiella pneumoniae.
Helicobacter pylori

Fungi and Yeasts

Candida species.

Key Phyla Microbiota

Bacteroidetes	**14.60**	8.61 - 33.10	x10^11 org/g
Firmicutes	***60.23*** ***H**	5.70 - 30.40	x10^10 org/g
Firmicutes:Bacteroidetes Ratio	**0.41**	< 1.00	RATIO



ANITA SCHUMANN | **DR.JASMINA DEDIC-HAGAN**

NutriPATH

P: 1300 688 522
E: info@nutripath.com.au
A: PO Box 442 Ashburton VIC 3142

Date of Birth : 29-Jan-1958
Sex : F
Collected : 2/Nov/2020
Received: 04-Nov-2020
18 HILL STREET
QUEENSCLIFF NSW 2096
Lab id : **3702442** UR#: 6571636

AVALON WHOLISTIC MEDICINE
LEVEL 1,55 OLD BARRENJOEY ROAD
AVALON BEACH NSW 2107

2.

Parasites and Worms.	Result	Range	Units
Parasitic Organisms			
Cryptosporidium.	<dl	< 1.0	x10^6 org/g
Entamoeba histolytica.	<dl	< 1.0	x10^4 org/g
Giardia lamblia.	<dl	< 5.0	x10^3 org/g
Blastocystis hominis.	*224.8* *H	< 2.0	x10^3 org/g
Dientamoeba fragilis.	<dl	< 1.0	x10^5 org/g
Endolimax nana	<dl	< 1.0	x10^4 org/g
Entamoeba coli.	<dl	< 5.0	x10^6 org/g
Pentatrichomonas hominis	<dl	< 1.0	x10^2 org/g
Worms			
Ancylostoma duodenale, Roundworm	Not Detected		
Ascaris lumbricoides, Roundworm	Not Detected		
Necator americanus, Hookworm	Not Detected		
Trichuris trichiura, Whipworm	Not Detected		
Taenia species, Tapeworm	Not Detected		
Enterobius vermicularis,Pinworm	Not Detected		

Comment: Not Detected results indicate the absence of detectable DNA in this sample for the worms reported.

Opportunistic Bacteria/Overgr	Result	Range	Units
Bacillus species.	0.7	< 1.5	x10^5 org/g
Enterococcus faecalis	*5.3* *H	< 1.0	x10^4 org/g
Enterococcus faecium	*16.2* *H	< 1.0	x10^4 org/g
Morganella species	<dl	< 1.0	x10^3 org/g
Pseudomonas species	*100.5* *H	< 1.0	x10^4 org/g
Pseudomonas aeruginosa.	<dl	< 5.0	x10^2 org/g
Staphylococcus species	<dl	< 1.0	x10^4 org/g
Staphylococcus aureus	<dl	< 5.0	x10^2 org/g
Streptococcus species	*3.1* *H	< 1.0	x10^3 org/g
Methanobacteriaceae	*5.74* *H	< 5.00	x10^9 org/g
Potential Autoimmune Triggers			
Citrobacter species.	<dl	< 5.0	x10^5 org/g
Citrobacter freundii.	*360.0* *H	< 5.0	x10^5 org/g
Klebsiella species	<dl	< 5.0	x10^3 org/g
Klebsiella pneumoniae.	*10.8* *H	< 5.0	x10^4 org/g
Prevotella copri	<dl	< 1.0	x10^7 org/g
Proteus species	<dl	< 5.0	x10^4 org/g
Proteus mirabilis.	<dl	< 1.0	x10^3 org/g
Fusobacterium species	1.17	< 10.00	x10^7 org/g

Fungi & Yeast	Result	Range	Units
Candida species.	*11.4* *H	< 5.0	x10^3 org/g
Candida albicans.	<dl	< 5.0	x10^2 org/g
Geotrichum species.	2.0	< 3.0	x10^2 org/g
Microsporidium species	<dl	< 5.0	x10^3 org/g
Rhodotorula species.	<dl	< 1.0	x10^3 org/g

ANITA SCHUMANN | **DR.JASMINA DEDIC-HAGAN**

NutriPATH
Integrative Pathology Services

P: 1300 688 522
E: info@nutripath.com.au
A: PO Box 442 Ashburton VIC 3142

Date of Birth : 29-Jan-1958
Sex : F
Collected : 2/Nov/2020
Received: 04-Nov-2020
18 HILL STREET
QUEENSCLIFF NSW 2096
Lab id : **3702442** UR#: 6571636

AVALON WHOLISTIC MEDICINE
LEVEL 1,55 OLD BARRENJOEY ROAD
AVALON BEACH NSW 2107

3.

Bacterial Pathogens	Result	Range	Units
Aeromonas species.	<dl	< 1.0	x10^3 CFU/g
Campylobacter.	<dl	< 1.0	x10^3 CFU/g
C. difficile, Toxin A	<dl	< 1.0	x10^3 CFU/g
C. difficile, Toxin B	<dl	< 1.0	x10^3 CFU/g
Enterohemorrhagic E. coli	<dl	< 1.0	x10^3 CFU/g
E. coli O157	<dl	< 1.0	x10^2 CFU/g
Enteroinvasive E. coli/Shigella	<dl	< 1.0	x10^3 CFU/g
Enterotoxigenic E. coli LT/ST	<dl	< 1.0	x10^3 CFU/g
Shiga-like Toxin E. coli stx1	<dl	< 1.0	x10^3 CFU/g
Shiga-like Toxin E. coli stx2	<dl	< 1.0	x10^3 CFU/g
Salmonella.	<dl	< 1.0	x10^4 CFU/g
Vibrio cholerae	<dl	< 1.0	x10^5 CFU/g
Listeria monocytogenes	<dl	< 1.0	x10^3 CFU/g
Yersinia enterocolitica.	<dl	< 1.0	x10^5 CFU/g
Helicobacter pylori	*1.0* *H	< 1.0	x10^3 CFU/g

Comment: Helico Pylori virulence factors will be listed below if detected POSITIVE

H.pylori Virulence Factor, babA	Not Detected
H.pylori Virulence Factor, cagA	*POSITIVE*
H.pylori Virulence Factor, dupA	Not Detected
H.pylori Virulence Factor, iceA	Not Detected
H.pylori Virulence Factor, oipA	Not Detected
H.pylori Virulence Factor, vacA	Not Detected
H.pylori Virulence Factor, virB	Not Detected
H.pylori Virulence Factor, virD	Not Detected

Viral Pathogens	Result	Range	Units
Adenovirus 40/41	<dl	< 1.0	x10^10 CFU/g
Norovirus GI/II	<dl	< 1.0	x10^7 CFU/g
Bocavirus	<dl	< 1.0	x10^10 CFU/g

Normal Bacterial GUT Flora	Result	Range	Units
Bacteroides fragilis	3.1	1.6 - 250.0	x10^9 CFU/g
Bifidobacterium species	*3.8* *L	> 6.7	x10^7 CFU/g
Enterococcus species	*2206.5* *H	1.9 - 2000.0	x10^5 CFU/g
Escherichia species	42.8	3.7 - 3800.0	x10^6 CFU/g
Lactobacillus species	96.3	8.6 - 6200.0	x10^5 CFU/g
Clostridium species	*57.4* *H	5.0 - 50.0	x10^6 CFU/g
Enterobacter species	*320.5* *H	1.0 - 50.0	x10^6 CFU/g
Akkermansia muciniphila	7.64	0.01 - 50.00	x10^3 CFU/g
Faecalibacterium prausnitzii	*0.3* *L	1.0 - 500000	x10^3 CFU/g

Short Chain Fatty Acids	Result	Range	Units
Short Chain Fatty Acids, Beneficial	50.3	> 13.6	umol/g
Butyrate	16.6	10.8 - 33.5	%
Acetate	61.3	44.5 - 72.4	%
Propionate	18.4	0.0 - 32.0	%
Valerate	3.7	0.5 - 7.0	%

North Shore Private Hospital
Part of Ramsay Health Care

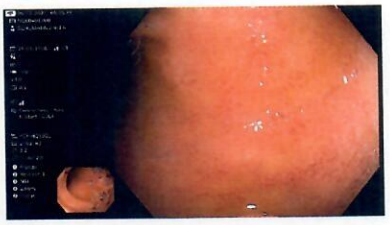
URN:	ME00401700
Name:	**SCHUMANN**, ANITA
DOB:	29/01/1958
Address:	18 HILL ST QUEENSCLIFF 2096

Procedure Date: 6/12/2021
Site: ODPA03NSP

COLONOSCOPY REPORT

Endoscopist 1: Dr VID SUTTOR
ENDOSCOPY SUITE

GP: Dr JASMINA DEDIC-HAGAN
Anaesthetist: Dr ANISHA KULKARNI



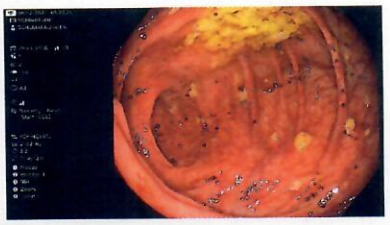
Indication

CT scan indicates thickening of the terminal ileum, suggestive of Crohn's disease.

Preparation

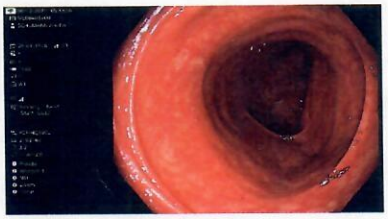
Informed consent was obtained after the risks and benefits were explained and the alternatives were outlined. The bowel preparation was good. Medications administered as per anaesthetist.

Findings & Interventions



The colonoscope was inserted to the terminal ileum, 10 cm beyond the ileo-caecal valve, with moderate difficulty due to looping. Visualisation of the tri-radiate caecal folds, appendiceal orifice and ileo-caecal valve confirmed ceacal intubation. The patient tolerated the procedure well. Retroflexion was performed in the rectum and double inspection technique was utilised in the ascending colon and at both flexures.

The ileum appeared normal (See Picture 1); biopsies sent to assess for microscopic evidence of ileitis. The colon was floppy and redundant, with pooling of liquid faecal residue - suctioned. A sessile 2mm polyp at the hepatic flexure was snared off and retrieved. Otherwise normal colon, but biopsies sent to assess for microscopic colitis. A digital rectal examination was performed, and laxity of the rectovaginal wall was noted.

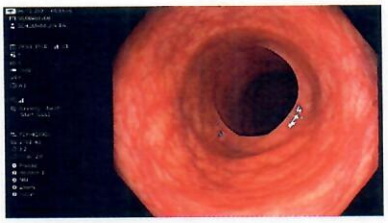


Specimens for Pathology

Polyp - hepatic flexure. Biopsies were taken from the terminal ileum and colon.

Conclusion

Nil apparent Crohn's disease, but biopsies sent for assessment.



Post-Procedure Instructions

Routine post-anaesthetic obs. Patient can resume normal diet when awake.

Follow Up

Review in my office with the result, as planned.

Signed

Dr Vidyut Suttor

Copies To: Dr Thu Linh Ly (Manly)

MBS: 32222, 32229.

North Shore Private Hospital
Part of Ramsay Health Care

URN:	ME00401700
Name:	**SCHUMANN**, ANITA
DOB:	29/01/1958
Address:	18 HILL ST QUEENSCLIFF 2096

2.

Procedure Date: 6/12/2021
Site: ODPA03NSP

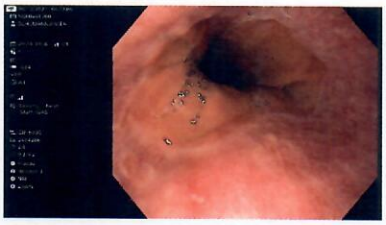
GASTROSCOPY REPORT

Endoscopist 1: Dr VID SUTTOR
ENDOSCOPY SUITE

GP: Dr JASMINA DEDIC-HAGAN
Anaesthetist: Dr ANISHA KULKARNI

Indication

CT suggestive of ampullary mass.

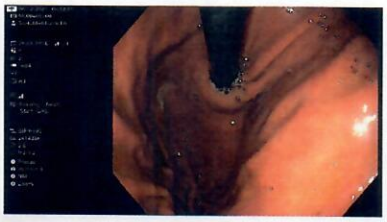


Preparation

Informed consent was obtained after the risks and benefits were explained and the alternatives were outlined. Patient nil orally prior to procedure. Medications administered as per anaesthetist.

Findings & Interventions

The endoscope was inserted to the third part of the duodenum with no difficulty.



Pharynx: The pharynx appeared normal. The vocal cords appeared normal.

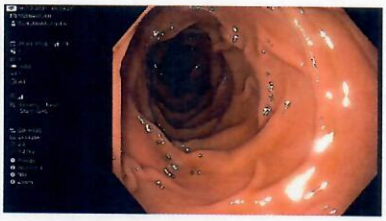
Oesophagus: Minor sliding 1cm hiatus hernia with irregularity of the Z-line; biopsied to assess for Barrett's oesophagus.

Stomach: Normal on direct and retroflexion views; biopsies sent.

Duodenum: A single diverticulum was noted in the 2nd part of the duodenum, ipsilateral to the ampulla (see image 4). The ampulla appeared normal.

Specimens for Pathology

Biopsies taken from the oesophagus, stomach and duodenum.



Conclusion

Duodenal diverticulum (adjacent to ampulla).

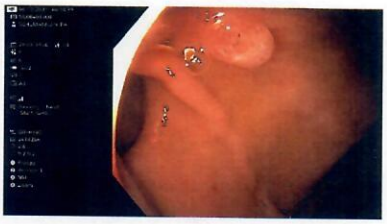
Post Procedure Instructions

Routine post-anaesthetic obs.

Patient can resume normal diet when awake.

Follow Up

Await histology results, and review in my office as planned.



Signed

Dr V Suttor

Copies To: Dr Thu Linh Ly (Manly)

MBS: 30473.

Dr Vid Suttor

MBBS Bsc (med), FRACP

Gastroenterologist
Provider No: 238447BJ
Email: reception@peninsulagastro.com.au

Pittwater Day Surgery
202/20 Bungan St,
Mona Vale NSW 2103

COLONOSCOPY REPORT

Referring doctor: Dr Thu Linh Ly

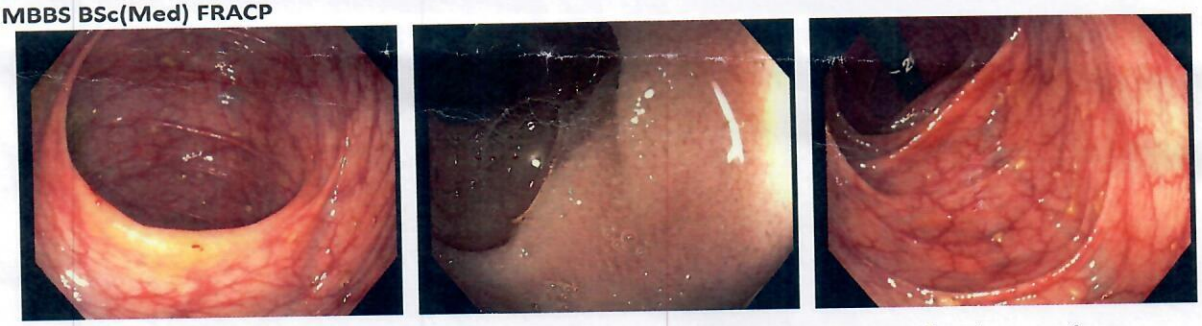
Date of procedure : 06/02/2020
Patient Details :
Name: **Mrs Anita Schumann**

DOB: 29/01/1958
Address: 18 Hill Street, QUEENSCLIFF NSW 2096

INDICATION :	**Weight loss and family history of colon cancer; for investigation.**
PREPARATION :	The bowel preparation was excellent
WITHDRAWAL TIME :	16min
INSTRUMENTS :	Olympus Colonoscope – S/N 2839555
MEDICATIONS :	Sedation was administered by anaesthetist; Dr Raymond Nassar.
MBS ITEM NO :	32223- Colonoscopy Surveillance Low Risk CRC 32229 - Polypectomy
EXTENT OF EXAM :	Insertion into the Terminal ileum
FINDINGS :	The rectal examination revealed a minor haemorrhoid in the anal canal. There were 2 sessile 2-12mm polyps in the ascending colon (larger) and sigmoid colon (smaller); snared off and retrieved. Otherwise normal colonoscopy despite deep retrograde ileal intubation, retroflexion in the caecum and rectum, with double inspection of flexures. Further biopsies taken from the ileum, right and left hemicolon, to assess for microscopic features of ileocolitis.
SPECIMENS :	Polyps x 2colon plus ileum biopsies ; (NSW Health Pathology).
DIAGNOSIS :	**Removal of polyps; histology pending.**
RECOMMENDATION :	Follow up in my office in 2-8 weeks. Repeat colonoscopy in 3 years.

Yours sincerely,

Dr Vid Suttor
MBBS BSc(Med) FRACP



Note: *Peninsula Gastroenterology offers* ***open access to no-gap*** *colonoscopy and endoscopy for appropriate insured patients. Please contact our office or access our website* ***www.peninsulagastro.com.au****.for details*

1.

M21-002455

25/2/2021

Histopath Specialist Pathologists

Dr Jasmina Dedic-Hagan
Avalon Wholistic Centre
Level 1
55 Old Barrenjoey Road
AVALON NSW 2107

Received 25/02/2021

Anita SCHUMANN
18 Hill Street
QUEENSCLIFF, NSW 2096
DOB 29/01/1958 Your Ref.

Specimen(s) Received:
(1) Faeces, fixed, (2) Faeces, fixed, (3) Faeces, fixed

Clinical History:
Blastocystis hominis treated, ? Cleared Previous history of *Helicobacter pylori*

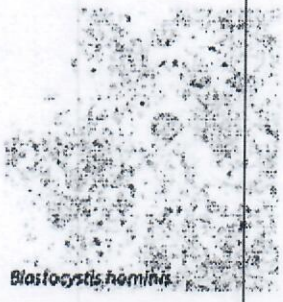
FAECAL PARASITOLOGY REPORT

POSITIVE
Parasite(s) identified Blastocystis hominis in high numbers

CELL EXAMINATION

(Modified Iron Haematoxylin Technique)

Leucocytes Nil
Red Blood Cells Nil



Blastocystis hominis

At Histopath, Specialist Parasitologists examine specimens for all gastrointestinal parasites using microscopy in combination with multiplex PCR.

Supervising Parasitologist: Janice Stavropoulos

Supervising Pathologist: Dr. Chris Douglas

Other Test(s) Requested: Faecal Culture; HP PCR

Referred by: Dr Jasmina Dedic-Hagan
Copies to

Dr Chris Douglas
Dr Stephen Mann

Pinnacle Office Park, Bldg B, Level 2, 4 Drake Ave, Macquarie Park NSW 2113
E enquiry@histopath.com.au
Ph 02 9878 8111

2.

SCHUMANN, ANITA
18 HILL ST, QUEENSCLIFF. 2096
Phone: 0403246637
Birthdate: 29/01/1958 **Sex:** F **Medicare Number:** 2105243238
Your Reference: **Lab Reference:** 846485883-R-S400
Laboratory: dhm
Addressee: DR THU L LY **Referred by:** DR VID SUTTOR
Copy to:
DR THU LY

Name of Test: STRONGYLOIDES AB
Requested: 15/10/2020 **Collected:** 26/10/2020 **Reported:** 30/10/2020 12:40

Clinical notes: FOLLOW UP AFTER IVERMECTIN FOR PARASITOSIS

Clinical Notes : FOLLOW UP AFTER IVERMECTIN FOR PARASITOSIS

Date	27/02/20	**26/10/20**		
Time	1158	**1143**		
Lab ID	843250149	**846485883**	Units	Reference
Strongylodies IgG	1.12	**1.06**		
Strongylodies Resu	Positive	**Equivocal**		

Comments on Collection 26/10/20 1143:
Previous specimen unavailable for comparative testing.

Possible low-level Strongyloides infection but may be non-specific reaction. Strongyloides is endemic in rural and remote parts of Queensland, Western and central Australia and northern New South Wales and is common in indigenous communities and migrant populations from Africa and Asia. Most infected individuals are asymptomatic. Serology may cross-react with other nematode infections.

Advise repeat serological test and submit faecal samples on two separate occasions for nematode culture if clinically indicated.

Assay S/Co Ratio Ranges:
Negative: 0.0 to 0.89
Equivocal: 0.90 to 1.10
Positive: >1.10

Reported by Sullivan and Nicolaides Pathology, a member of the Sonic Healthcare Group.

NATA Accreditation No 2178

Tests Completed: STRONGYLOIDES AB
Tests Pending :
Sample Pending :

Official Pharmacy Receipt

(Tax Invoice)

NOT claimable.

3.

DEE WHY HEALTH CARE PHARMACY
852A PITTWATER ROAD
DEE WHY NSW 2099
02 9971 5353

Approval No. 10162W
ABN 71958307802

07-Dec-2020

Name Anita Schumann
Address 18 Hill St
QUEENSCLIFF NSW 2096

Supply Date	Script No.	Item Dispensed/Prescribed Date/Doctor	PBS Qty	PBS Price	Private Price	GST
07/12/2020	377890	Dizole Capsules 100mg Dedic-Hagan	28		$ 29.95	$ 0.00
07/12/2020	377891	Paromomycin 500Mg Capsules 21 Dedic-Hagan	1		$ 99.00	$ 0.00
Subtotals					$ 128.95	
TOTAL				**$ 128.95**		**$ 0.00**

Pharmacist's Signature .....

[ ] Prescription attached
[ ] Prescription held by Pharmacist

4.

SCHUMANN, ANITA
18 HILL ST, QUEENSCLIFF. 2096
Phone: 0403246637
Birthdate: 29/01/1958 **Sex:** F **Medicare Number:** 2105243238
Your Reference: 7C69CF05AC **Lab Reference:** 866417946-M-FAEC1
Laboratory: dhm
Addressee: DR JASMINA DEDIC-HAGAN **Referred by:** DR JASMINA DEDIC-HAGAN

Name of Test: FMCS
Requested: 17/11/2021 **Collected:** 18/11/2021 **Reported:** 25/11/2021 13:18

Clinical notes: F/U elevated LFTs, high CRP + high Ferritin

Clinical Notes : F/U elevated LFTs, high CRP + high Ferritin

Faeces Examination

Specimen	1
Collection date	23/11/2021
Appearance	Unformed
Microscopy	
Concentrate	No ova, cysts or parasites seen.
Faecal Antigens	
Cryptosporidium Ag	**Not Detected**
Giardia Ag	**Not Detected**
Culture	**No Salmonella, Shigella or Campylobacter isolated.**

NATA Accreditation No 2178

Tests Completed: LFT(s),C(s),UCreat(s),E(s),Iron(s),CRP(s),
F-Calprotectin,FBC(e),FMCS,Molecular Testing
Tests Pending :
Sample Pending :

5.

SCHUMANN, ANITA
18 HILL ST, QUEENSCLIFF. 2096
Phone: 0403246637
Birthdate: 29/01/1958 **Sex:** F **Medicare Number:** 2105243238
Your Reference: 7C69CF05AC **Lab Reference:** 866417946-C-FCAL
Laboratory: dhm
Addressee: DR JASMINA DEDIC-HAGAN **Referred by:** DR JASMINA DEDIC-HAGAN

Name of Test: F-Calprotectin
Requested: 17/11/2021 **Collected:** 22/11/2021 **Reported:** 23/11/2021 16:06

Clinical notes: F/U elevated LFTs, high CRP + high Ferritin

Clinical Notes : F/U elevated LFTs, high CRP + high Ferritin

Faecal Calprotectin

Faecal Calprotectin	15	ug/g	(<50)

Comment on Lab ID 866417946

Interpretation of result:

<50 ug/g	Normal
50 - 120 ug/g	Borderline
>120 ug/g	Elevated

Test performed by DiaSorin Liaison chemiluminescent immunoassay (CLIA).
Faecal calprotectin below 50 ug/g is consistent with a reduced likelihood of intestinal inflammation, although for patients with strong clinical indications of intestinal inflammation, repeat testing may be useful.

Please note F-Calprotectin collection date: 22/11/2021 00:00

NATA Accreditation No 2178

Tests Completed: LFT(s),C(s),UCreat(s),E(s),Iron(s),CRP(s),
F-Calprotectin,FBC(e),Molecular Testing
Tests Pending : FMCS
Sample Pending :

rtAM(s),FBC(e),ANCA(s),ASCA(s),Gliadin/TTG(s),IgA(s),Entamoeba Ab-S,Helico Ab(s),STRONGYLOIDES AB

6.

Clinical Notes : FAMILY HISTORY OF BOWEL CANCER / ABNORMAL WEIGHT LOSS

Faecal pathogen PCR

Specimen Type	Faeces
Bacteria:	
Campylobacter species	Not Detected
Salmonella species	Not Detected
Shigella species	Not Detected
Yersinia enterocolitica	Not Detected
Aeromonas species	* Detected
Parasites:	
Giardia lamblia	Not Detected
Cryptosporidium species	Not Detected
Dientamoeba fragilis	Not Detected
Entamoeba histolytica	Not Detected
Blastocystis species	* Detected

Comment on Lab ID 843250149

Aeromonas associated diarrhoea is usually self-limiting. Specific treatment is not usually required but antibiotic therapy (norfloxacin or ciprofloxacin) may be indicated for severe or protracted illness.
The clinical significance of detection of Blastocystis hominis in stool remains uncertain. Treatment should only be considered for symptomatic patients when other infectious and non-infectious aetiologies have been excluded.
Treatment options if indicated include metronidazole or trimethoprim + sulfamethoxazole.

Supervising Pathologist: IC

NATA Accreditation No 2178

Tests Completed: PATHOGEN PCR FAECES
Tests Pending : F-Elastase
Sample Pending : B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),Glu(p), Iron(s),CRP(s),TFT(s),CortAM(s),FBC(e),ANCA(s), ASCA(s),Gliadin/TTG(s),IgA(s),Entamoeba Ab-S, Helico Ab(s),STRONGYLOIDES AB

End of Report :

PRP DIAGNOSTIC IMAGING - DEE WHY Ph: 99813000

1.

DR JASMINA DEDIC-HAGAN
AVALON WHOLISTIC MEDICAL
55 OLD BARRENJOEY ROAD
AVALON BEACH
NSW 2107

Patient :
ANITA SCHUMMAN
18 HILL STREET
QUEENSCLIFF
NSW 2096
Ph: 99391458 Mob: 0403246637

Visit #: 7785985 DOB: 29/01/1958 Patient Id: BHA516Z Date of Service: 09 Nov 2020
Referred by: DR JASMINA DEDIC-HAGAN

BONE MINERAL DENSITOMETRY

HISTORY: ? osteoporosis. Early menopause in her late 30s. No HRT.

TECHNIQUE:
Dual energy x-ray densitometry using Lunar Prodigy, narrow angle fan beam, with Encore software. The reference population used was Australian Geelong/Lunar normal standard.

Previous studies: None.

FINDINGS:

Site		BMD (g/cm2)	T score
Lumbar Spine	L1-L4	1.071	-1.0
Left Hip	Neck	0.868	-1.2
	Total Hip	0.921	-1.0
Right Hip	Neck	0.895	-1.0
	Total Hip	0.961	-0.7
Mean Total Hip		0.941	-0.8

Fracture risk may be calculated using on-line calculators such as :
https://www.garvan.org.au/promotions/bone-fracture-risk/calculator/

COMMENT:
Left hip bone mineral density is in the osteopenic range.

WHO definitions:
normal (T-score -1.0 and above)
osteopenia (T-score between -1.0 and -2.5)
osteoporosis (T-score -2.5 and below)
Comments:
Relative fracture risk doubles for every 1.0 SD reduction.
Spinal values are commonly elevated by spinal degenerative change.
In the hip, the femoral neck is most sensitive for detecting osteoporosis, but is also very sensitive to variation in technical factors such as slight differences in hip positioning, which may lead to variability between different exams. Total hip value is more robust and less sensitive to technical variation, allowing accurate evaluation of change over time.

Dr Jonathan Lee

continued ...

1.

PRP DIAGNOSTIC IMAGING - MONA VALE Ph: 99977411

DR THU LINH LY
RAGLAN STREET MEDICAL PRACTICE
43 BELGRAVE STREET
MANLY
NSW 2095

Patient :
ANITA SCHUMMAN
18 HILL STREET
QUEENSCLIFF
NSW 2096
Ph: 99391458 Mob: 0403246637

Visit #: 7201747 DOB: 29/01/1958 Patient Id: BHA516Z Date of Service: 27 Feb 2020
Referred by: DR VIDYUT SUTTOR Copies: DR THU LINH LY

ULTRASOUND OF THE PELVIS

HISTORY:
Abnormal weight loss. Exclude ovarian lesion.

COMPARISON:
None available.

TECHNIQUE: Transabdominal and transvaginal.

FINDINGS:

Uterus: The uterus is small.
Uterus dimensions: 52 mm x 20 mm x 34 mm. Position: Anteverted.
Myometrium: The myometrium is mildly heterogenous. No uterine fibroids are seen. post menopausal myometrium.
Cervix: No abnormality is seen.

Endometrial Thickness: 2 mm. Normal.

Right Ovary/Adnexa
6 mm x 13 mm x 10 mm = 1 mL
The right ovary appears small.
There are no visible follicles.

Left Ovary/Adnexa
8 mm x 12 mm x 12 mm = 1 mL
The left ovary appears small.
There are no visible follicles.

Pouch Of Douglas: There is no free fluid in the pouch of Douglas.

COMMENT:
Normal pelvic ultrasound.

Dr Andrew Solomons

Electronically verified by: Dr Andrew Solomons - 27/02/2020 14:59