

Patient **FITZGERALD Gemma** Ph 0431224421
Address 110 Robsons Road, Keiraville 2500
Ref by Dr Thu Linh Ly
Copies Ms A Middleton

DOB **13/10/1988**
Age **33 Yrs** Sex **F**
Ref **488128896**
Lab **488128896**

Collected **03/02/2022 08:57 h**
Requested **14/01/2022**
Printed **10/02/2022 12:15 hrs**

Clin Notes Tried to have baby for 2yrs, requested by naturopath.

POS

MS ALEXANDRA MIDDLETON
NURTRIONIST
UNIT 12
50 BELLEVUE RD
BELLEVUE HILL NSW 2023



**SOUTHERN.IML
PATHOLOGY**



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Standards and ISO 15189
NATA Accreditation No. 2760

Thank you for referring this patient

Enquiries: 1300 65 4400

Specialist Pathologists

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Dr. Jane Nankervis
Dr. Raj Ramakrishna
Dr. Kimberley Hart
Dr. Bryan Knight
Dr. Alistair Lochhead

Dr. Chee Vun
Dr. Mohammad Al-Shididi
Dr. Vanita Bhargava
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Dr. Asma Naveed

Dr. Syed Abbas
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Dr. Sabar Napaki
Dr. Caitlin Keighley
Dr. San Min
Dr. Yuen Su

Caeruloplasmin

Caeruloplasmin 0.30 g/L (0.17-0.43)

Chol&Trigs

Lab number

Status

Cholesterol

Triglyceride

03/02/22 08:57 488128896	Units	Reference
Fasting		
4.84	mmol/L	(2.30-5.50)
0.67	mmol/L	(0.00-2.00)

Comments on Collection 03/02/22 0857 :

Chol&Trigs

NHF target levels for high risk people (known coronary heart and other arterial disease, diabetes, chronic renal failure, Aboriginal and Torres Strait Islander peoples and familial hyperlipidaemic conditions) are:

Total Cholesterol <4.0 mmol/L
Triglyceride <2.0 mmol/L

Where total cholesterol exceeds 4.0, cholesterol and triglyceride alone are insufficient to assess lipid associated risk for CVD. Fasting LDL-C and HDL-C are recommended in follow up.

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☐ Action Taken

☐ Urgent

Report: **SE-Caeruloplasmin,SE-Chol&Trigs,SE-Chem (serum)**

Tests Completed: Caeruloplasmin, INFO Hormone, LFT, Chol&Trigs, Renal Function, Electrolytes, Glu, Iron Studies, CRP (serum), TF FT VitB12, S.Fol, TFT, LH, FSH, Oest, Prog, Prolactin, Insulin, DHEAS, SHBG, GHB, CA125, FTE, IGF-1, Thyroid Abs,

Supervising Pathologist: AL, SM

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Chem (serum)

Lab number	03/02/22 08:57 488128896	Units	Reference
Fast. Glucose	4.5	mmol/L	(3.6-6.0)
Sodium	140	mmol/L	(135-145)
Potassium	4.1	mmol/L	(3.5-5.5)
Chloride	104	mmol/L	(95-110)
Bicarbonate	28	mmol/L	(20-32)
Urea	3.1	mmol/L	(2.5-7.0)
Creat.	69	umol/L	(45-85)
eGFR(CKD.EPI)	>90	mL/min/1.73m ²	(>89)
Total Protein	75	g/L	(64-81)
Albumin	47 H	g/L	(33-46)
Globulin	28	g/L	(26-41)
ALP	49	U/L	(20-105)
GGT	17	U/L	(5-35)
ALT	8	U/L	(5-30)
AST	14	U/L	(10-35)
LDH	171	U/L	(120-250)
T Bilirubin	11	umol/L	(3-15)

Comments on Collection 03/02/22 0857 :

Renal Function

Note: eGFR units are mL/min/1.73m².

Iron (serum)

Lab number	03/02/22 08:57 488128896	Units	Reference
Iron	15.2	umol/L	(8.8-27.0)
Transferrin	2.0	g/L	(2.0-3.6)
Trans Sat	33	%	(10-45)
Ferritin	101	ug/L	(30-160)

Ferritin

N.B Ferritin range change 28/04/17

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Report: **SE-Chem (serum),SE- Iron (serum),SE-CRP (serum)**

Tests Completed: Caeruloplasmin, INFO Hormone, LFT, Chol&Trigs, Renal Function, Electrolytes, Glu, Iron Studies, CRP (serum), TF FT
 VitB12, S.Fol, TFT, LH, FSH, Oest, Prog, Prolactin, Insulin, DHEAS, SHBG, GHB, CA125, FTE, IGF-1, Thyroid Abs,

Managing Pathologist: Dr Alistair Lochhead, MBBS, FRCPA, FIAC

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P101A 08/21

Supervising Pathologist: SM

P101A-08/21

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Hormones (serum)

Lab number	27/01/22 16:57 487961802	03/02/22 08:57 488128896	Units	Reference
FSH				
LH		16.1	IU/L	
Oestradiol		5.6	IU/L	
Progesterone	40.0	<88	pmol/L	
		<1.6	nmol/L	

Comments on Collection 03/02/22 0857 :

IHOR

Reference	FSH	LH	Oestradiol	Progesterone
Limits	IU/L	IU/L	IU/L	IU/L
Follicular	2 - 10	2 - 12	77 - 922	0.3 - 1.0
Mid-cycle	6 - 25	8 - 89	139 - 2382	
Luteal	1 - 10	0.6 - 14	77 - 1145	3.8 - 50.0
Post menopausal	20 - 140	5 - 62	<103	0.3 - 0.6

Oral contraceptive <5

Note: On 19/7/2021 FSH, LH, Oestradiol and Progesterone method changed to Abbott.

Prolactin

Lab number	03/02/22 08:57 488128896	Units	Reference
Prolactin	165	mIU/L	(<480)

Prolactin On 19/7/21 Prolactin method changed to Abbott.

Insulin

Lab number	03/02/22 08:57 488128896	Units	Reference
Insulin (Abbott)	2.5	mU/L	(0-20)

Insulin On 19/7/21 Insulin method changed to Abbott.

Report: **SE-Hormones (serum),SE-Prolactin,SE-Insulin**

Tests Completed: Caeruloplasmin, INFO Hormone, LFT, Chol&Trigs, Renal Function, Electrolytes, Glu, Iron Studies, CRP (serum), TF FT
 VitB12, S.Fol, TFT, LH, FSH, Oest, Prog, Prolactin, Insulin, DHEAS, SHBG, GHB, CA125, FTE, IGF-1, Thyroid Abs,
 AMU (Rack-Bio) & DO COELIAC PRO FSP ANA Coeliac Serology, ENA (Rack-Bio) & DO COELIAC PRO FSP ANA Coeliac Serology

Managing Pathologist: Dr Alistair Lochhead, MBBS, FRCPA, FIAC

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P101A/06/21

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GHB

Lab number

HbA1c screen

HbA1c (IFCC)

03/02/22 08:57 488128896	Units	Reference
5.1	%	(4.0-6.0)
32	mmol/mol	(20-42)

Comments on Collection 03/02/22 0857 :

.HBA1C

An HbA1c test result of < 6.5% (48 mmol/mol) in patients with normal red blood cell turnover indicates that diabetes is unlikely however if the patients is at high risk of undiagnosed diabetes this test should be repeated 12 months later. (Ref: MJA 197/4:220-221).

Note: HbA1c is not suitable for diagnosis of acute onset Type 1 or Gestational Diabetes. A glucose tolerance test is recommended. The Medicare item for HbA1C for diagnostic testing is limited to one per 12 months.

CA125

Lab number

CA125

03/02/22 08:57 488128896	Units	Reference
7	U/mL	(0-35)

CA125

High dose Biotin (5mg/day) may interfere with these tests.

Comments on Collection 03/02/22 0857 :

CA125

Approximately 20% of ovarian carcinomas do not show elevation of CA 125.

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Report: **SE-Insulin,ED- GHB,SE-CA125,SE- IGF1**

Tests Completed: Caeruloplasmin, INFO Hormone, LFT, Chol&Trigs, Renal Function, Electrolytes, CRP (serum), TF FT
 VitB12, S.Fol, TFT, LH, FSH, Oest, Prog, Prolactin, Insulin, DHEAS, SHBG, GHB, CA125, FTE, IGF-1, Thyroid Abs,
 A.M.A.L. (Rashid Ali) M.A. DOCCOELAC FRC FSD ANA, Clinical Services, ENA, (02) 9150 7000

Managing Pathologist: Dr Alistair Lochhead, MBBS, FRCPA, FIAC

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P101A 66/21

Supervising Pathologist: SM, AL

Glu,Iron Studies ,CRP (serum),TF FT
F-1,Thyroid Abs,

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Anti-Mullerian Hormone (AMH)

Anti-Mullerian Hormone (Roche Plus) 2.7 L pmol/L (4.1-58.0)

Comments:

The reference interval quoted above for the Roche AMH Plus assay is the age-related 2.5 - 97.5 percentile.

Generally accepted fertility criteria (not age-related):

<11.0 pmol/L: Suggestive of reduced ovarian reserve

>24.0 pmol/L: Indicates the possibility of

1. Polycystic Ovarian Syndrome

2. In post-menopausal females - granulosa cell tumour

3. Increased risk of Ovarian Hyperstimulation

Syndrome in a stimulated cycle

AMH is produced by the granulosa cells of developing follicles, and provides an estimate of the number of primordial follicles. Particularly in younger women, a low AMH level does not exclude the possibility of fertility.

Levels may be decreased in the latter part of the menstrual cycle and by the OC pill.

High dose biotin (Vitamin B7) can interfere in the AMH Plus assay, causing a falsely low result. High dose biotin may be used in the treatment of Multiple Sclerosis, and is present in certain vitamin supplements, particularly those for hair and nails. If the patient is taking high dose biotin supplementation (>5 mg/day) this result may not be accurate, please repeat this test after at least 3 days off biotin

Note change to Roche Plus AMH method as of the 29/08/2018.



OK



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File



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Report: **AMH ,ED-HLA DQ COELIAC**

Tests Completed: Caeruloplasmin, INFO Hormone, LFT, Chol&Trigs, Renal Function, Electrolytes, Glu, Iron Studies, CRP (serum), TF FT
VitB12, S.Fol, TFT, LH, FSH, Oest, Prog, Prolactin, Insulin, DHEAS, SHBG, GHB, CA125, FTE, IGF-1, Thyroid Abs,
AMH (Roche Plus), HLA DQ COELIAC, EPO, ESR, ANA, Coeliac Screen, ENA, IgG (serum), IgA (serum), IgM (serum)

Managing Pathologist: Dr Alistair Lochhead, MBBS, FRCPA, FIAC

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101A 08/21

Supervising Pathologist: AL

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Genotyping for Coeliac Disease

Specimen type
Method

EDTA blood
Real-time PCR

Result:

Coeliac susceptibility genotype DETECTED
(DQA1*05+, DQA1*02-, DQB1*02+, DQB1*03:02/05-)

Interpretation:

Genotype consistent with the presence of HLA-DQ2.5
antigen. This result is associated with increased
risk of coeliac disease.

However, >50% of the general population has an at-
risk genotype, and <1% of these individuals will
develop biopsy-confirmed coeliac disease.
Supportive evidence from coeliac serology and
smallintestinal biopsy is therefore necessary to
make a diagnosis of coeliac disease.

Comments:

Test Information:

Qualitative detection of HLA-DQA1*02:01, HLA-DQA1*05:XX, HLA-DQB1*02:XX,
HLA-DQB1*03:02/03:05 and HLA-DRB1*04:XX alleles is performed using the
GeneFinder HLA-DQ2/DQ8 RealAmp kit (Osang Healthcare). This assay is
designed to identify DQ2 (2.2 and 2.5) and DQ8 antigens that are present in
more than 95% of individuals with coeliac disease. Some additional rare
genotypes consistent with HLA-DQ8 antigen may be detectable by this assay
though indistinguishable from HLA-DQB1*03:02/05. False positive results due
to cross-reactivity with rare subtypes are possible. Rare subtypes, the
presence of additional heterodimers, and zygosity of detected alleles
cannot be determined by this assay. A full list of alleles to 4-digit HLA
nomenclature detectable by this assay is available on request. References:
PMID 25827511; 23981538.
Reported by Douglass Hanly Moir Pathology(2178), a member of
the Sonic Healthcare Group.

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Report: **ED-HLA DQ COELIAC,SE-Chem (serum)**

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VitB12, S.Fol, TFT, LH, FSH, Oest, Prog, Prolactin, Insulin, DHEAS, SHBG, GHB, CA125, FTE, IGF-1, Thyroid Abs,
ABH (Dexa, Dhs), HLA-DQ COELIAC, FPO, FPO, ANA, Coeliac Serology, ENA, IgG (serum), IgA (serum), IgM (serum)

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Coeliac Serology

Deamidated Gliadin IgA	<1	U/mL	(<15)
Deamidated Gliadin IgG	<1	U/mL	(<15)
Tissue Transglutaminase IgA	<1	U/mL	(<15)
Tissue Transglutaminase IgG	<1	U/mL	(<15)

Comments:

Performed on Bioplex 2200. This detects selective IgA deficiency (<0.07 g/L), an additional comment will be attached if detected.

In persons eating wheat (most days, last six weeks), negative serology effectively excludes coeliac disease/dermatitis herpetiformis. One elevated marker may occur without disease whereas two or more elevated (at four times the cutoff level) markers strongly predict coeliac disease which can be confirmed by biopsy.

Serology becomes negative on gluten free diet (6-9 months for IgA-deam gliadin and IgA-tTG, 9-15 months for IgG-deam gliadin and IgG-tTG). Without compliance, coeliac markers rise. Coeliac tissue-typing excludes coeliac disease risk by excluding HLA-DQ2 or DQ8 in persons with discordant serology or discordant serology-biopsy findings.

Igs (serum)

Lab number	03/02/22 08:57 488128896	Units	Reference
IgG	11.40	g/L	(6.20-14.40)
IgA	1.50	g/L	(1.24-4.16)
IgM	2.11	g/L	(0.48-3.1)

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Report: **SE-Coeliac Serology, SE-Igs (serum), SE-Vit D3 (serum)**

Tests Completed: Caeruloplasmin, INFO Hormone, LFT, Chol&Trigs, Renal Function, Electrolytes, Glu, Iron Studies, CRP (serum), TF FT
VitB12, S.Fol, TFT, LH, FSH, Oest, Prog, Prolactin, Insulin, DHEAS, SHBG, GHB, CA125, FTE, IGF-1, Thyroid Abs,
ABAI (Basis Risk), HLA DQ COELIAC FRC FOR ANA Coeliac Serology, EMA IgG (coeliac) IgA DQ

Managing Pathologist: Dr Alistair Lochhead, MBBS, FRCPA, FIAC

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P101A 02/21

Supervising Pathologist: AL, SM

