

BENSON-SATTOUT, JANICE
38 MCMILLIAN CCT, NORTH KELLYVILLE. 2155

Phone: 6386276

Birthdate: 28/04/1962

Sex: F

Medicare Number: 2267101478

Your Reference: 00046800

Lab Reference: 22-20042558-CRP-0

Laboratory: Laverty Pathology

Addressee: DR PRARTHANA PACKIAM

Referred by: DR PRARTHANA PACKIAM

Name of Test: C-REACTIVE PROTEIN (CRP-0)

Requested: 16/05/2022 Collected: 20/05/2022

Reported: 20/05/2022

Clinical notes: preventive care.

Clinical Notes : preventive care.

C-REACTIVE PROTEIN

Specimen Type: Serum

Serum CRP

< 4.0 mg/L

(< 6.0)

Requested Tests : VBF*, TFT*, PRL*, GLU, ESR*, CRP, AMH*, 125*, CDG*, MBA*,
LIP*, INS*, IMM*, HOR*, FE*, FBE*, CTD*, COE*, AND*, A1C*

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Phone: 6386276

Birthdate: 28/04/1962 Sex: F Medicare Number: 2267101478

Your Reference: 00046800 Lab Reference: 22-20042558-PRL-0

Laboratory: Lavery Pathology

Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM

Name of Test: SERUM PROLACTIN (PRL-0)

Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
16:33

Clinical notes: preventive care.

Clinical Notes : preventive care.

PROLACTIN

Specimen Type: Serum

Request Number	Date Collected Ref Range	Prolactin mIU/L (40-570)
20042558	20/05/22	139

Requested Tests : VBF, TFT*, PRL, GLU, ESR*, CRP, AMH*, 125*, CDG*, MBA*, LIP,
INS*, IMM*, HOR*, FE*, FBE*, CTD*, COE*, AND*, A1C*

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Your Reference: 00046800 Lab Reference: 22-20042558-VBF-0

Laboratory: Laverty Pathology

Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM

Name of Test: B12, FOLATE, R.C.FOLATE (VBF-0)

Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
16:33

Clinical notes: preventive care.

Clinical Notes : preventive care.

VITAMIN B12 AND FOLATE STUDIES

Vitamin B12	573	pmol/L	(301-740)
Serum Folate	39.8	nmol/L	(> 9.0)

Folate Interpretation:

	DEFICIENCY	BORDERLINE	SUFFICIENCY
Serum Folate:	<4.5 nmol/L	4.5 - 9.0 nmol/L	>9.0 nmol/L
RBC Folate:	<340 nmol/L	340 - 570 nmol/L	>570 nmol/L

Serum Folate Assay:

In the absence of recent oral intake, a serum folate >9.0 nmol/L effectively rules out folate deficiency.

Please note that Medicare requirements for folate testing reflect current best practice. Red cell folate will be reserved for patients with borderline values for serum folate (between 4.5 and 9.0 nmol/L.)

Requested Tests : VBF, TFT*, PRL, GLU, ESR*, CRP, AMH*, 125*, CDG*, MBA*, LIP, INS*, IMM*, HOR*, FE*, FBE*, CTD*, COE*, AND*, A1C*

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Your Reference: 00046800 Lab Reference: 22-20042558-IMM-0

Laboratory: Lavery Pathology

Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM

Name of Test: IMMUNOGLOBULINS (IMM-0)

Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
16:39

Clinical notes: preventive care.

Clinical Notes : preventive care.

SERUM IMMUNOGLOBULINS

IgG	8.60	g/L	(6.50-16.00)
IgA	2.52	g/L	(0.40-3.50)
IgM	1.22	g/L	(0.53-3.00)

Requested Tests : VBF, TFT*, PRL, GLU, ESR*, CRP, AMH*, 125*, CDG*, MBA*, LIP,
INS*, IMM, HOR*, FE, FBE*, CTD*, COE*, AND*, A1C*

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Birthdate: 28/04/1962 Sex: F Medicare Number: 2267101478

Your Reference: 00046800 Lab Reference: 22-20042558-INS-0

Laboratory: Lavery Pathology

Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM

Name of Test: SERUM INSULIN (INS-0)

Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
17:04

Clinical notes: preventive care.

Clinical Notes : preventive care.

SERUM INSULIN

Fasting status
Haemolysis

Fasting
Nil

Insulin 5 mU/L (< 10)

ASSESSMENT OF INSULIN RESISTANCE (FASTING SAMPLES ONLY)

< 10 - normal insulin sensitivity
10-14 - mild insulin resistance
> 14 - insulin resistance

Insulin results from non-fasting samples are difficult to interpret
although any result ≥ 60 mU/L is likely to indicate insulin resistance.

Requested Tests : VBF, TFT*, PRL, GLU, ESR*, CRP, AMH*, 125, CDG*, MBA*, LIP,
INS, IMM, HOR*, FE, FBE*, CTD*, COE*, AND*, A1C*

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Your Reference: 00046800 Lab Reference: 22-20042558-HOR-0

Laboratory: Lavery Pathology

Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM

Name of Test: HORMONE PROFILE (HOR-0)

Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
18:19

Clinical notes: preventive care.

Clinical Notes : preventive care.

SERUM HORMONE PROFILE							
Specimen Type: Serum							
Request Number	Date Collected	FSH IU/L	LH IU/L	PROG nmol/L	E2 (ATEL) pmol/L	E2 (BECK) pmol/L	LH/FSH Ratio
20042558	20 May 22	119	40.1	< 1	< 70		
Reference Ranges		FSH	LH	PROG	OESTRADIOL		
Follicular		2-12	2-12	0.5-4.5		100-530	
Midcycle		12-30	>15			235-1300	
Luteal		2-12	2-15	10.6-89.1		205-790	
Menopausal		>25	>10			<100	
Prepubertal		<6	<4				

PLEASE NOTE:

'E2 (ATEL)' - Oestradiol by Siemens Atellica assay

'E2 (BECK)' - Oestradiol by Beckman Access assay

Requested Tests : VBF, TFT*, PRL, GLU, ESR*, CRP, AMH*, 125, CDG*, MBA, LIP, INS, IMM, HOR, FE, FBE*, CTD*, COE*, AND*, A1C*

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Your Reference: 00046800 Lab Reference: 22-20042558-AND-0

Laboratory: Lavery Pathology

Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM

Name of Test: ANDROGENS (AND-0)

Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
19:46

Clinical notes: preventive care.

Clinical Notes : preventive care.

	<u>SERUM ANDROGENS</u>		
Total Testosterone (Siemens)	1.1	nmol/L	(0.4-1.4)
Sex Hormone Binding Globulin	> 180	nmol/L	(20-118)
DHEAS	3.5	umol/L	(0.7-5.3)
Calculated Free Testosterone	5.4	pmol/L	(2.1-23.0)

SHBG result is elevated. Common causes are oestrogen/OCP therapy.

Requested Tests : VBF, TFT*, PRL, GLU, ESR*, CRP, AMH*, 125, CDG*, MBA, LIP,
INS, IMM, HOR, FE, FBE, CTD*, COE*, AND, A1C*

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Birthdate: 28/04/1962 Sex: F Medicare Number: 2267101478
Your Reference: 00046800 Lab Reference: 22-20042558-A1C-0
Laboratory: Laverty Pathology
Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM

Name of Test: GLYCATED HAEMOGLOBIN (A1C-0)
Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
22:01

Clinical notes: preventive care.

Clinical Notes : preventive care.

<u>GLYCATED HAEMOGLOBIN (HbA1c)</u>			
Specimen Type: EDTA			
HbA1c- NGSP	5.3	%	(4.0-6.0)
HbA1c- IFCC	34	mmol/mol	(20-42)

The WHO recommends that an HbA1c cut-off of $\geq 6.5\%$ (48 mmol/mol) is used to diagnose type 2 diabetes.

While it is recognised that HbA1c levels approaching this cut-off place patients at increasingly higher risk of developing diabetes ($<6.5\%$), there is no consensus as to exactly which cut-off at the lower end of the continuum to use for categorising patients as high risk. Various groups quote lower limits for at-risk patients that vary between 5.5% and 6.0% (37 and 42 mmol/mol).

Please note that HbA1c should not be used for diagnosing diabetes mellitus in the following circumstances:

- Children and young people
- Pregnancy - current or within the past 2 months
- Suspected Type 1 diabetes mellitus
- Symptoms of diabetes for <2 months
- Patients who are acutely ill
- Patients taking drugs that can cause rapid onset hyperglycaemia such as corticosteroids, antipsychotic drugs
- Acute pancreatic damage or pancreatic surgery
- Kidney failure
- Patients being treated for HIV infection

Please be cautious when requesting or interpreting HbA1c when patients:

- May have an abnormal haemoglobin
- May be anaemic
- May have an altered red cell lifespan (e.g. post-splenectomy)
- May have had a recent blood transfusion

Requested Tests : VBF, TFT*, PRL, GLU, ESR, CRP, AMH, 125, CDG*, MBA, LIP, INS, IMM, HOR, FE, FBE, CTD*, COE*, AND, A1C

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Lab Reference: 22-20042558-TFT-0

Laboratory: Lavery Pathology

Addressee: DR PRARTHANA PACKIAM

Referred by: DR PRARTHANA PACKIAM

Name of Test: THYROID FUNCTION TEST (TFT-0)

Requested: 16/05/2022 Collected: 20/05/2022

Reported: 20/05/2022

22:26

Clinical notes: preventive care.

Clinical Notes : preventive care.

Specimen Type: Serum

THYROID PROFILE

TSH

0.08 mIU/L (0.5-4.0)

FT4

22 pmol/L (10-20)

FT3

4.9 pmol/L (3.5-6.0)

Note low TSH. Possible causes include goitre or functioning nodule, drug effect (e.g. thyroxine, amiodarone, glucocorticoids), pituitary dysfunction and acute or chronic disease. Suggest follow-up TFTs as clinically appropriate.

Requested Tests : VBF, TFT, PRL, GLU, ESR, CRP, AMH, 125, CDG*, MBA, LIP, INS, IMM, HOR, FE, FBE, CTD*, COE*, AND, A1C

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Your Reference: 00046800 Lab Reference: 22-20042558-CTD-0

Laboratory: Laverty Pathology

Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM

Name of Test: AUTOIMMUNE (CTD-0)

Requested: 16/05/2022 Collected: 20/05/2022 Reported: 23/05/2022
12:17

Clinical notes: preventive care.

Clinical Notes : preventive care.

AUTOIMMUNE SEROLOGY

Anti-nuclear antibodies Negative

The ANA was negative at the screening dilution of 1:80. A negative ANA excludes lupus in 95% of cases. Consider ENA screening for patients with features of Sjogren's Syndrome (to detect antibodies to SS-A) and antibodies to cardiolipin, beta-2 glycoprotein 1, and lupus anticoagulant for patients with features of the anti-phospholipid antibody syndrome.

Antibodies to Extractable Nuclear Antigens (ENA)

Antibody to Sm	Not detected
Antibody to nRNP	Not detected
Antibody to SSA (Ro60)	Not detected
Antibody to SSA (Ro52)	Not detected
Antibody to SSB	Not detected
Antibody to Scl-70	Not detected
Antibody to Jo-1	Not detected
Antibody to Ribo-P	Not detected

Antibodies to the extractable nuclear antigens listed above were not detected by screening with a multiplex immunoassay. Antibodies to additional disease-associated ENAs (including PM-Scl and others) are not detectable with the current assay.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : VBF, TFT, PRL, GLU, ESR, CRP, AMH, 125, CDG*, MBA, LIP, INS, IMM, HOR, FE, FBE, CTD, COE, AND, A1C

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IMM, HOR, FE, FBE, CTD, COE, AND, A1C