

Patient Health Summary

Name: Miss Jessica Sobanski
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The Ponds 2769

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North Ryde 2113
81970008

D.O.B.: 23/08/1997
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Investigations:

SOBANSKI, JESSICA
29 KEDUMABA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 00076776 Lab Reference: 19-18083462-CHM-1
Laboratory: Laverty Pathology
Addressee: DR TEGAN ATHAVALA Referred by: DR TEGAN ATHAVALA

Name of Test: CHLAMYDIA + GONORR. NAT (CHM-1)
Requested: 29/04/2019 Collected: 29/04/2019 Reported: 01/05/2019 17:45

Clinical Notes : Vaginal discharge + sti check

NUCLEIC ACID TESTING (NAT)

Specimen / site	Vaginal swab
Chlamydia trachomatis	DETECTED
Neisseria gonorrhoeae	Not detected

This test was performed using the APTIMA Combo 2 assay. Laverty Pathology is now testing using the Roche cobas 6800. The cobas PCR Media Dual Swab Sample Packet is recommended for collection of swabs for these assays. Collection kits may be ordered from the Laverty Pathology stores department on (02) 9005 7000 (stores item code 696973).

Please note: The optimal samples for this assay are first void urine samples, endocervical or urethral swabs.

Azithromycin or doxycycline are recommended for treatment of uncomplicated genital Chlamydia infection. Investigation and treatment of partner(s) should be initiated.

This condition requires a notification to the Public Health Unit by laboratories. A copy of this report has been sent to the Public Health Unit in accord with the Public Health Act 2010 and the Public Health Regulation 2012.

Further information about this condition, and any action required for public health (eg contact tracing), is available on the NSW Health website www.health.nsw.gov.au/infectious or from your local Public Health Unit on 1300 066 055.

Requested Tests : CHM, GMC, CHM*

SOBANSKI, JESSICA
29 KEDUMABA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 00076776 Lab Reference: 19-18083462-GMC-0

Laboratory: Lavery Pathology

Addressee: DR TEGAN ATHAVALA

Referred by:

DR TEGAN ATHAVALA

Name of Test: GENITAL SWAB M/C/S (GMC-0)

Requested: 29/04/2019

Collected: 29/04/2019

Reported: 01/05/2019

09:54

Clinical Notes : Vaginal discharge + sti check

MICROBIOLOGY

SPECIMEN/SITE Vaginal swab

GRAM STAIN Few leucocytes

Numerous gram positive bacilli

Scant gram negative bacilli

CULTURE No pathogens isolated

Neisseria gonorrhoeae not isolated

Requested Tests : CHM*, GMC, CHM*

SOBANSKI, JESSICA

29 KEDUMABA CRES, NORTH TURRAMURRA. 2074

Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452

Your Reference: 00076776 Lab Reference: 19-18083462-CHM-0

Laboratory: Lavery Pathology

Addressee: DR TEGAN ATHAVALA

Referred by:

DR TEGAN ATHAVALA

Name of Test: CHLAMYDIA + GONORR. NAT (CHM-0)

Requested: 29/04/2019

Collected: 29/04/2019

Reported: 03/05/2019

10:59

Clinical Notes : Vaginal discharge + sti check

NUCLEIC ACID TESTING (NAT)

Specimen / site

Throat

Chlamydia trachomatis

Not detected

Neisseria gonorrhoeae

Not detected

This test was performed using the APTIMA Combo 2 assay. Lavery Pathology is now testing using the Roche cobas 6800. The cobas PCR Media Dual Swab Sample Packet is recommended for collection of swabs for these assays. Collection kits may be ordered from the Lavery Pathology stores department on (02) 9005 7000 (stores item code 696973).

Please note, this assay is validated for use for the following specimen types only: First Void Urine i.e. initial part of stream; Thin Prep Liquid Based Cytology Specimens; Endocervical, Vaginal and Urethral Swabs. For all other specimen types, results should be evaluated in conjunction with the clinical presentation.

Requested Tests : CHM, GMC, CHM

SOBANSKI, JESSICA

29 KEDUMABA CRES, NORTH TURRAMURRA. 2074

Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452

Your Reference: 00076784 Lab Reference: 19-18121561-FBE-0

Laboratory: Lavery Pathology

Addressee: DR TEGAN ATHAVALA

Referred by:

DR TEGAN ATHAVALA

Name of Test: HAEMATOLOGY (FBE-0)

Requested: 29/04/2019

Collected: 03/05/2019

Reported: 03/05/2019

16:01

Clinical Notes : gi upset bloating cramping.

HAEMATOLOGY

Date Collected 03 May 19
Time Collected 11:30
Specimen Type: EDTA

Hb	143 g/L	(115-165)	WBC	4.1 x10 ⁹ /L	(4.0-11.0)
RCC	4.6 x10 ¹² /L	(3.9-5.8)	Neut	2.3 x10 ⁹ /L	(2.0-7.5)
Hct	0.44	(0.34-0.47)	Lymp	1.4 x10 ⁹ /L	(1.0-4.0)
MCV	96 fL	(79-99)	Mono	0.3 x10 ⁹ /L	(0.2-1.0)
MCH	31 pg	(27-34)	Eos	0.1 x10 ⁹ /L	(< 0.7)
MCHC	324 g/L	(320-360)	Baso	0.0 x10 ⁹ /L	(< 0.2)
RDW	12.7 %	(10.0-17.0)			
Plat	336 x10 ⁹ /L	(150-400)			

HAEMATOLOGY: FBC parameters are within reference range.

Requested Tests : TFT*, SYP*, GLU*, CRP*, MBA*, LIP*, IMM*, HIR*, HEP*, FE*, FBE, COE*

SOBANSKI, JESSICA
29 KEDUMABA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 00076784 Lab Reference: 19-18121561-TFT-0
Laboratory: Laverty Pathology
Addressee: DR TEGAN ATHAVALA Referred by: DR TEGAN ATHAVALA

Name of Test: THYROID FUNCTION TEST (TFT-0)
Requested: 29/04/2019 Collected: 03/05/2019 Reported: 03/05/2019 16:49

Clinical Notes : gi upset bloating cramping.

THYROID PROFILE

Specimen Type: Serum
TSH 0.92 mIU/L (0.5-4.0)

Result(s) consistent with euthyroidism.

Please note the above reference intervals have been developed from a non-pregnant healthy general population study.

Requested Tests : TFT, SYP*, GLU*, CRP*, MBA*, LIP*, IMM*, HIR*, HEP*, FE*, FBE, COE*

SOBANSKI, JESSICA
29 KEDUMABA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 00076784 Lab Reference: 19-18121561-CRP-0
Laboratory: Laverty Pathology
Addressee: DR TEGAN ATHAVALA Referred by: DR TEGAN ATHAVALA

Name of Test: C-REACTIVE PROTEIN (CRP-0)
Requested: 29/04/2019 Collected: 03/05/2019 Reported: 03/05/2019 16:53

Clinical Notes : gi upset bloating cramping.

C-REACTIVE PROTEIN

Specimen Type: Serum
Serum CRP 5.7 mg/L (< 6.0)

Requested Tests : TFT, SYP*, GLU, CRP, MBA, LIP, IMM*, HIR*, HEP*, FE*, FBE, COE*

SOBANSKI, JESSICA
29 KEDUMABA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 00076784 Lab Reference: 19-18121561-MBA-0
Laboratory: Laverty Pathology
Addressee: DR TEGAN ATHAVALA Referred by: DR TEGAN ATHAVALA

Name of Test: SERUM CHEMISTRY (MBA-0)
 Requested: 29/04/2019 Collected: 03/05/2019 Reported: 03/05/2019 16:53

Clinical Notes : gi upset bloating cramping.

SERUM CHEMISTRY			
Specimen Type: Serum			
Haemolysis	Nil		
Icterus	Nil		
Lipaemia	Nil		
Sodium	137	mmol/L	(135-145)
Potassium	4.2	mmol/L	(3.6-5.4)
Chloride	104	mmol/L	(95-110)
Bicarbonate	22	mmol/L	(22-32)
Anion Gap	15	mmol/L	(10-20)
Urea	4.5	mmol/L	(2.5-6.7)
Creatinine	60	umol/L	(45-90)
eGFR	> 90		mL/min/1.73m ²
Urate	0.27	mmol/L	(0.14-0.36)
Bilirubin	12	umol/L	(< 15)
AST	19	U/L	(< 30)
ALT	10	U/L	(< 30)
GGT	19	U/L	(< 30)
Alkaline Phosphatase	52	U/L	(20-105)
Protein	79	g/L	(60-82)
Albumin	48	g/L	(38-50)
Globulin	31	g/L	(20-39)
Calcium	2.49	mmol/L	(2.10-2.60)
Corrected Calcium	2.39	mmol/L	(2.10-2.60)
Phosphate	0.92	mmol/L	(0.75-1.50)

eGFR >=90 mL/min/1.73m² usually indicates normal kidney function but does not exclude patients with early kidney damage (those with albuminuria, haematuria or abnormal kidney imaging).

Requested Tests : TFT, SYP*, GLU, CRP, MBA, LIP, IMM*, HIR*, HEP*, FE*, FBE, COE*

SOBANSKI, JESSICA
 29 KEDUMABA CRES, NORTH TURRAMURRA. 2074
 Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
 Your Reference: 00076784 Lab Reference: 19-18121561-GLU-0
 Laboratory: Laverty Pathology
 Addressee: DR TEGAN ATHAVALLE Referred by: DR TEGAN ATHAVALLE

Name of Test: GLUCOSE (GLU-0)
 Requested: 29/04/2019 Collected: 03/05/2019 Reported: 03/05/2019 16:53

Clinical Notes : gi upset bloating cramping.

SERUM/PLASMA GLUCOSE			
Fasting status	Random		
Serum	4.6	mmol/L	(3.4-7.7)

Normal glucose concentration.

Requested Tests : TFT, SYP*, GLU, CRP, MBA, LIP, IMM*, HIR*, HEP*, FE*, FBE, COE*

SOBANSKI, JESSICA
 29 KEDUMABA CRES, NORTH TURRAMURRA. 2074
 Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
 Your Reference: 00076784 Lab Reference: 19-18121561-LIP-0
 Laboratory: Laverty Pathology
 Addressee: DR TEGAN ATHAVALLE Referred by: DR TEGAN ATHAVALLE

Name of Test: LIPID STUDIES (LIP-0)
 Requested: 29/04/2019 Collected: 03/05/2019 Reported: 03/05/2019 16:53

Clinical Notes : gi upset bloating cramping.

LIPID STUDIES

Specimen Type: Serum

Reference intervals are included for reference only, and interpretation / treatment goals should be guided by patient-specific cardiovascular risk assessment (see Australian Cardiovascular Risk Charts. Alternatively, the web-site www.cvdcheck.org.au can be accessed in order to complete a risk assessment for individual patients.)

Haemolysis Nil
Icterus Nil
Lipaemia Nil

Fasting status Random
Total Cholesterol 5.5 mmol/L (3.0-5.2)
Triglycerides 1.5 mmol/L (0.5-1.7)

NVDPa TARGET LIPID RANGES (MMOL/L) FOR PATIENTS AT HIGH / MODERATE RISK OF CARDIOVASCULAR DISEASE:

TOTAL CHOLESTEROL	<4.0
TRIGS (FASTING)	<2.0
HDL-C	>= 1.0
LDL-C	<2.0
NON HDL-C	<2.5

Requested Tests : TFT, SYP*, GLU, CRP, MBA, LIP, IMM*, HIR*, HEP*, FE*, FBE, COE*

SOBANSKI, JESSICA
29 KEDUMABA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 00076784 Lab Reference: 19-18121561-SYP-0
Laboratory: Laverty Pathology
Addressee: DR TEGAN ATHAVALA Referred by: DR TEGAN ATHAVALA

Name of Test: TREPONEMAL SEROLOGY (SYP-0)
Requested: 29/04/2019 Collected: 03/05/2019 Reported: 03/05/2019 16:58

Clinical Notes : gi upset bloating cramping.

SYPHILIS SEROLOGY
Negative

Syphilis (CMIA)

Antibodies to Treponema pallidum NOT detected by chemiluminescent immunoassay (CMIA). This result suggests either no exposure to T. pallidum or very early primary syphilis infection prior to the development of antibodies. If early infection is suspected, please repeat in 14 days.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : TFT, SYP, GLU, CRP, MBA, LIP, IMM*, HIR*, HEP*, FE*, FBE, COE*

SOBANSKI, JESSICA
29 KEDUMABA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 00076784 Lab Reference: 19-18121561-IMM-0
Laboratory: Laverty Pathology
Addressee: DR TEGAN ATHAVALA Referred by: DR TEGAN ATHAVALA

Name of Test: IMMUNOGLOBULINS (IMM-0)

Requested: 29/04/2019 Collected: 03/05/2019 Reported: 03/05/2019 17:01

Clinical Notes : gi upset bloating cramping.

SERUM IMMUNOGLOBULINS

IgA 2.07 g/L (0.40-3.50)

Requested Tests : TFT, SYP, GLU, CRP, MBA, LIP, IMM, HIR*, HEP*, FE*, FBE, COE*

SOBANSKI, JESSICA
29 KEDUMABA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 00076784 Lab Reference: 19-18121561-FE-0
Laboratory: Laverty Pathology
Addressee: DR TEGAN ATHAVALA Referred by: DR TEGAN ATHAVALA

Name of Test: IRON STUDIES (FE-0)
Requested: 29/04/2019 Collected: 03/05/2019 Reported: 03/05/2019 17:05

Clinical Notes : gi upset bloating cramping.

IRON STUDIES

Specimen Type: Serum		
Serum Iron	30 umol/L	(10-30)
Transferrin	41 umol/L	(32-48)
Transferrin Saturation	37 %	(13-45)
Serum Ferritin	67 ug/L	(30-165)

Normal iron studies. No evidence of iron deficiency.

Requested Tests : TFT, SYP, GLU, CRP, MBA, LIP, IMM, HIR*, HEP*, FE, FBE, COE*

SOBANSKI, JESSICA
29 KEDUMABA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 00076784 Lab Reference: 19-18121561-HEP-0
Laboratory: Laverty Pathology
Addressee: DR TEGAN ATHAVALA Referred by: DR TEGAN ATHAVALA

Name of Test: HEPATITIS SEROLOGY (HEP-0)
Requested: 29/04/2019 Collected: 03/05/2019 Reported: 03/05/2019 18:05

Clinical Notes : gi upset bloating cramping.

HEPATITIS SEROLOGY

Hepatitis C Antibody	Not Detected
Hepatitis B Surface Antigen	Not Detected
Hepatitis B Surface Antibody	< 10 mIU/mL

No evidence of current or past Hepatitis C virus (HCV) infection. HCV antibodies may not be detected up to 6 months post exposure. Suggest sending a further sample after an appropriate interval if indicated.

No evidence of current or chronic Hepatitis B virus infection.
No evidence of immunity to hepatitis B virus. Vaccination may be indicated.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : TFT, SYP, GLU, CRP, MBA, LIP, IMM, HIR*, HEP, FE, FBE, COE*

SOBANSKI, JESSICA

29 KEDUMABA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 00076784 Lab Reference: 19-18121561-HIR-0
Laboratory: Laverty Pathology
Addressee: DR TEGAN ATHAVALA Referred by: DR TEGAN ATHAVALA

Name of Test: HIV - NON COMMERCIAL (HIR-0)
Requested: 29/04/2019 Collected: 03/05/2019 Reported: 03/05/2019 18:17

Clinical Notes : gi upset bloating cramping.

HIV SEROLOGY

HIV 1 and 2 Ab/Ag: Negative

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

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : TFT, SYP, GLU, CRP, MBA, LIP, IMM, HIR, HEP, FE, FBE, COE*

SOBANSKI, JESSICA
29 KEDUMABA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 00076784 Lab Reference: 19-18121561-COE-0
Laboratory: Laverty Pathology
Addressee: DR TEGAN ATHAVALA Referred by: DR TEGAN ATHAVALA

Name of Test: COELIAC MASTER PANEL (COE-0)
Requested: 29/04/2019 Collected: 03/05/2019 Reported: 07/05/2019 08:46

Clinical Notes : gi upset bloating cramping.

COELIAC DISEASE SEROLOGY

Deamidated gliadin peptide IgG	1 U/mL	(< 15)
Total IgA	2.07 g/L	(0.40-3.50)
Transglutaminase IgA	< 1 U/mL	(< 15)

No serological evidence of coeliac disease or dermatitis herpetiformis. False negative results may occur in affected individuals compliant with a gluten-free diet. Affected children aged under 5 years may also be negative for IgA- tissue transglutaminase antibodies.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : TFT, SYP, GLU, CRP, MBA, LIP, IMM, HIR, HEP, FE, FBE, COE

SOBANSKI, JESSICA
29 KEDUMABA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 00084998 Lab Reference: 19-19947169-CHM-0
Laboratory: Laverty Pathology
Addressee: DR TEGAN ATHAVALA Referred by: DR TEGAN ATHAVALA

Name of Test: CHLAMYDIA + GONORR. NAT (CHM-0)
Requested: 09/08/2019 Collected: 09/08/2019 Reported: 12/08/2019 22:24

Clinical Notes : STI check.

NUCLEIC ACID TESTING (NAT)

Specimen / site	Oral
Chlamydia trachomatis	Not detected
Neisseria gonorrhoeae	Not detected

This specimen has been tested using the Roche cobas CT/NG 6800 assay.

These assays are validated for first void urine, thin prep cytology specimens, endocervical and vaginal swabs. Anorectal and oropharyngeal (CT/NG) and meatal (TV/MG) swabs are also validated samples. For all other specimen types, results should be evaluated clinically.

Requested Tests : CHM

SOBANSKI, JESSICA
29 KEDUMABA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 00093094 Lab Reference: 19-20328400-CHM-0
Laboratory: Laverty Pathology
Addressee: DR TEGAN ATHAVALA Referred by: DR TEGAN ATHAVALA

Name of Test: CHLAMYDIA + GONORR. NAT (CHM-0)
Requested: 07/11/2019 Collected: 07/11/2019 Reported: 08/11/2019 05:19

Clinical Notes : Recurrent thrush

NUCLEIC ACID TESTING (NAT)

Specimen / site	Vaginal swab
Chlamydia trachomatis	Not detected
Neisseria gonorrhoeae	Not detected

This specimen has been tested using the Roche cobas CT/NG 6800 assay.

These assays are validated for first void urine, thin prep cytology specimens, endocervical and vaginal swabs. Anorectal and oropharyngeal (CT/NG) and meatal (TV/MG) swabs are also validated samples. For all other specimen types, results should be evaluated clinically.

Requested Tests : GMC*, CHM

SOBANSKI, JESSICA
29 KEDUMABA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 00093094 Lab Reference: 19-20328400-GMC-0
Laboratory: Laverty Pathology
Addressee: DR TEGAN ATHAVALA Referred by: DR TEGAN ATHAVALA

Name of Test: GENITAL SWAB M/C/S (GMC-0)
Requested: 07/11/2019 Collected: 07/11/2019 Reported: 09/11/2019 13:44

Clinical Notes : Recurrent thrush

MICROBIOLOGY

SPECIMEN/SITE Vaginal swab
GRAM STAIN Few leucocytes
Scant gram positive cocci
Numerous gram positive bacilli
Scant gram negative bacilli
Scant yeast
CULTURE Light growth of
Org 1: Candida species

The candida species isolated was not C.albicans or C.glabrata.

Neisseria gonorrhoeae not isolated

Requested Tests : GMC, CHM

SOBANSKI, JESSICA
29 KEDUMABA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 00094713 Lab Reference: 19-21062462-FBE-0
Laboratory: Laverty Pathology
Addressee: DR REX KWAN Referred by: DR REX KWAN

Name of Test: HAEMATOLOGY (FBE-0)
Requested: 26/11/2019 Collected: 26/11/2019 Reported: 26/11/2019 17:16

Clinical Notes : Pan-abdominal pain,?cause.

		HAEMATOLOGY	
Request Number		18121561	21062462
Date Collected		3 May 19	26 Nov 19
Time Collected		11:30	15:30
Specimen Type:	EDTA		
Hb (115-165)	g/L	143	149
Hct (0.34-0.47)		0.44	0.45
RCC (3.9-5.8)	x10 ¹² /L	4.6	4.7
MCV (79-99)	fL	96	95
MCH (27-34)	pg	31	32
MCHC (320-360)	g/L	324	333
RDW (10.0-17.0)	%	12.7	12.0
WBC (4.0-11.0)	x10 ⁹ /L	4.1	6.2
Neut (2.0-7.5)	x10 ⁹ /L	2.3	3.5
Lymph(1.0-4.0)	x10 ⁹ /L	1.4	1.7
Mono (0.2-1.0)	x10 ⁹ /L	0.3	0.7
Eos (< 0.7)	x10 ⁹ /L	0.1	0.2
Baso (< 0.2)	x10 ⁹ /L	0.0	0.1
Plat (150-400)	x10 ⁹ /L	336	348

HAEMATOLOGY: FBC parameters are within reference range.

Requested Tests : CRP*, MBA*, HEL*, FBE

SOBANSKI, JESSICA
29 KEDUMABA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 00094713 Lab Reference: 19-21062462-CRP-0
Laboratory: Laverty Pathology
Addressee: DR REX KWAN Referred by: DR REX KWAN

Name of Test: C-REACTIVE PROTEIN (CRP-0)
Requested: 26/11/2019 Collected: 26/11/2019 Reported: 26/11/2019 17:47

Clinical Notes : Pan-abdominal pain,?cause.

		C-REACTIVE PROTEIN	
Request Number		18121561	21062462
Date Collected		3 May 19	26 Nov 19
Time Collected		11:30	15:30
Specimen Type:	Serum		
CRP (< 6.0)	mg/L	5.7	< 4.0

Requested Tests : CRP, MBA*, HEL*, FBE

SOBANSKI, JESSICA
29 KEDUMABA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452

Your Reference: 00094713 Lab Reference: 19-21062462-MBA-0
Laboratory: Laverty Pathology
Addressee: DR REX KWAN Referred by: DR REX KWAN

Name of Test: SERUM CHEMISTRY (MBA-0)
Requested: 26/11/2019 Collected: 26/11/2019 Reported: 26/11/2019 18:31

Clinical Notes : Pan-abdominal pain,?cause.

SERUM CHEMISTRY

Request Number 18121561 21062462
Date Collected 3 May 19 26 Nov 19
Time Collected 11:30 15:30
Specimen Type: Serum

Haemolysis	Nil	Nil
Icterus	Nil	Nil
Lipaemia	Nil	Nil

Na	(135-145)	mmol/L	137	142
K	(3.6-5.4)	mmol/L	4.2	4.3
Cl	(95-110)	mmol/L	104	107
HCO3	(22-32)	mmol/L	22	22
An Gap	(10-20)	mmol/L	15	17
Urea	(2.5-6.7)	mmol/L	4.5	4.6
Creat	(45-90)	umol/L	60	65
eGFR	mL/min/1.73m ²		> 90	> 90
Urate	(0.14-0.36)	mmol/L	0.27	
Bili	(< 15)	umol/L	12	8
AST	(< 30)	U/L	19	22
ALT	(< 30)	U/L	10	19
GGT	(< 30)	U/L	19	26
Alk Phos	(20-105)	U/L	52	74
Protein	(60-82)	g/L	79	78
Albumin	(38-50)	g/L	48	48
Glob	(20-39)	g/L	31	30
Ca	(2.10-2.60)	mmol/L	2.49	
Corr Ca	(2.10-2.60)		2.39	
PO4	(0.75-1.50)	mmol/L	0.92	
Amylase	(< 121)	U/L		57
Lipase	(6-70)	U/L		23

eGFR ≥ 90 mL/min/1.73m² usually indicates normal kidney function but does not exclude patients with early kidney damage (those with albuminuria, haematuria or abnormal kidney imaging).

Requested Tests : CRP, MBA, HEL*, FBE

SOBANSKI, JESSICA
29 KEDUMABA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 00094713 Lab Reference: 19-21062462-HEL-0
Laboratory: Laverty Pathology
Addressee: DR REX KWAN Referred by: DR REX KWAN

Name of Test: HELICOBACTER PYLORI (HEL-0)
Requested: 26/11/2019 Collected: 26/11/2019 Reported: 27/11/2019 13:05

Clinical Notes : Pan-abdominal pain,?cause.

Helicobacter pylori HELICOBACTER PYLORI SEROLOGY
< 0.5 U/mL Negative < 0.9 U/mL
Negative < 0.9 U/mL
Equivocal 0.9 - 1.0 U/mL
Positive > 1.0 U/mL

No evidence of H. pylori infection.

Requested Tests : CRP, MBA, HEL, FBE

SOBANSKI, JESSICA
Birthdate: 23/08/1997 Sex: F Medicare Number: 23227074523
Your Reference: 2309438 Lab Reference: 2309438
Laboratory: Macquarie Medical Imaging SC
Addressee: DR REX KWAN Referred by: DR REX KWAN

Name of Test: ULTRASOUND PELVIS (R) (K)
Requested: 26/11/2019 Collected: 27/11/2019 Reported: 27/11/2019 17:55



ULTRASOUND PELVIS (R)(K)

Patient:	SOBANSKI, JESSICA	Date of Birth:	1997-08-23 00:00	Sex:	F
Address:		Medicare Number:	23227074523	Phone:	
Sender:	GACS, Dr Zita	Addressee:	KWAN, Dr Rex	Referred by:	DR REX KWAN
Lab Reference:	2309438				
Requested:		Collected:	27/11/2019 11:32:00 AM	Reported:	27/11/2019 5:57:00 PM

[CLICK HERE TO VIEW THE IMAGES \(15\)](#)

This report is for: Dr R. Kwan
Referred By:
Dr R. Kwan

US - PELVIS 27/11/2019 Reference: 2309438

ULTRASOUND PELVIS

CLINICAL HISTORY: Generalised abdominal pain.

LMP 13/11/2019.

REPORT:

A transabdominal ultrasound was performed.

Uterus: The uterus is anteverted and normal in size. It measures 7 x 2.6 x 5.3cm in dimension. No uterine fibroids are seen.

Endometrial Cavity: The endometrial cavity is empty. The endometrium measures 3.9mm in thickness.

Cervix: The cervix is closed measuring 2.7cm.

Adnexae: Both ovaries are identified.

Dimension (cm) Volume (ml)

Right Ovary 2.7 x 1 x 1.8 2.5

Left Ovary 2.7 x 1.2 x 2.2 3.8

There are follicles present bilaterally in a normal distribution. No adnexal masses are seen.

Other: No free fluid is seen within the pouch of Douglas.

CONCLUSION:

Normal transabdominal study of the pelvic organs.

Radiologist: Dr Zita Gacs

SOBANSKI, JESSICA

29 KEDUMABA CRES, NORTH TURRAMURRA. 2074

Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452

Your Reference: 00094715 Lab Reference: 19-21062470-C14-0

Laboratory: Laverty Pathology

Addressee: DR REX KWAN Referred by: DR REX KWAN

Name of Test: C14 UREA BREATH TESTING (C14-0)

Requested: 26/11/2019 Collected: 27/11/2019 Reported: 02/12/2019 14:45

Clinical Notes : ?H pylori.

C14 UREA BREATH TEST

C14 Urea Breath Test: Negative
DPMs: 8.0

DPM counts less than 50 are considered negative.

Helicobacter pylori infection is unlikely although recent use of antibiotics or bismuth containing preparations within four weeks, sucralfate within two weeks or proton pump inhibitors within one week may cause false negative results.

Requested Tests : C14

SOBANSKI, JESSICA

Birthdate: 23/08/1997 Sex: F Medicare Number: 23227074523

Your Reference: 2311444 Lab Reference: 2311444

Laboratory: Macquarie Medical Imaging SC

Addressee: DR REX KWAN Referred by: DR REX KWAN

Name of Test: ULTRASOUND UPPER ABDOMEN

Requested: 26/11/2019 Collected: 30/11/2019 Reported: 30/11/2019 14:04



ULTRASOUND UPPER ABDOMEN

Patient:	SOBANSKI, JESSICA	Date of Birth:	1997-08-23 00:00	Sex:	F
Address:		Medicare Number:	23227074523	Phone:	
Sender:	GACS, Dr Zita	Addressee:	KWAN, Dr Rex	Referred by:	DR REX KWAN
Lab Reference:	2311444				
Requested:		Collected:	30/11/2019 8:01:00 AM	Reported:	30/11/2019 2:06:00 PM

CLICK HERE TO VIEW THE IMAGES (30)

This report is for: Dr R. Kwan
Referred By:
Dr R. Kwan

US - ABDOMEN 30/11/2019 Reference: 2311444

ULTRASOUND ABDOMEN

CLINICAL HISTORY: Generalised abdominal pain ? choledocholithiasis.

REPORT:

Pancreas: The pancreas is obscured by bowel gas shadows.

Liver: The liver 12.9cm. There is a suspicion of mild intrahepatic biliary tree dilatation however the CBD is not dilated measuring 3.8mm. There is no definite intraductal calculus. No focal intrahepatic lesion. There is increased echogenicity suggestive of fatty infiltration. The liver has a homogeneous echotexture. It has a smooth contour. The liver is not enlarged. There is normal forward flow within the main portal vein and the hepatic veins are patent.

Gallbladder: No echogenic gallstones or sludge is seen within the gallbladder. Gallbladder wall thickness 1.9mm. There is no gallbladder wall thickening or peri-cholecystic fluid. It was not tender upon scanning.

Biliary: Common Bile Duct at porta hepatis = 3.8mm in diameter. There is no intra-hepatic bile duct dilatation.

Kidneys: Right Kidney: 11.5cm. Left Kidney: 11.9cm. The cortical thickness is maintained bilaterally and there is no hydronephrosis. No cysts or echogenic calculi are identified.

Spleen: Length = 9.4cm. The spleen is not enlarged.

Aorta: Aortic Diameter = 1.6cm. The visualised aorta is of normal calibre.

Other: No free fluid is seen.

CONCLUSION:

Fatty infiltration of the liver without definite focal lesion.

Radiologist: Dr Zita Gacs

SOBANSKI, JESSICA
Birthdate: 23/08/1997 **Sex:** F **Medicare Number:** 23227074523
Your Reference: 2311718 **Lab Reference:** 2311718
Laboratory: Macquarie Medical Imaging SC
Addressee: DR REX KWAN **Referred by:** DR REX KWAN

Name of Test: ULTRASOUND URINARY TRACT/RENAL
Requested: 26/11/2019 **Collected:** 02/12/2019 **Reported:** 02/12/2019 17:44

ULTRASOUND URINARY TRACT/RENAL

Patient: SOBANSKI, JESSICA	Date of Birth: 1997-08-23 00:00	Sex: F
Address:	Medicare Number: 23227074523	Phone:
Sender: BALENDRAN, Dr Nalayini	Addressee: KWAN, Dr Rex	Referred by: DR REX KWAN
Lab Reference: 2311718		
Requested:	Collected: 2/12/2019 7:57:00 AM	Reported: 2/12/2019 5:47:00 PM

[CLICK HERE TO VIEW THE IMAGES \(23\)](#)

This report is for: Dr R. Kwan
 Referred By:
 Dr R. Kwan

US - RENAL 02/12/2019 Reference: 2311718

ULTRASOUND URINARY TRACT

CLINICAL HISTORY:
 Exclude renal calculi.

REPORT

The right kidney measures 11.5 cm, as is the left. There are no renal masses. No discernible calculi or hydronephrosis.

The bladder is of normal contour. Normal wall thickness. Both jets are visualised. The premicturition bladder volume measures 171 mL with the residual volume measuring 6 mL.

CONCLUSION:

No renal or bladder abnormalities. No discernible renal calculi.

Radiologist: Dr Nalayini Balendran

SOBANSKI, JESSICA
Birthdate: 23/08/1997 **Sex:** F **Medicare Number:** 23227074523
Your Reference: 2315690 **Lab Reference:** 2315690
Laboratory: Macquarie Medical Imaging SC
Addressee: DR REX KWAN **Referred by:** DR REX KWAN

Name of Test: CT UPPER ABDOMEN & PELVIS WITH CONTRAST
Requested: 07/12/2019 **Collected:** 07/12/2019 **Reported:** 08/12/2019 21:43

CT UPPER ABDOMEN PELVIS WITH CONTRAST

Patient: SOBANSKI, JESSICA	Date of Birth: 1997-08-23 00:00	Sex: F
Address:	Medicare Number: 23227074523	Phone:
Sender: GACS, Dr Zita	Addressee: KWAN, Dr Rex	Referred by: DR REX KWAN
Lab Reference: 2315690		
Requested:	Collected: 7/12/2019 8:00:00 AM	Reported: 8/12/2019 9:44:00 PM

[CLICK HERE TO VIEW THE IMAGES \(50\)](#)

This report is for: Dr R. Kwan
Referred By:
Dr R. Kwan

CT - ABDOMEN PELVIS 07/12/2019 Reference: 2315690

CT ABDOMEN AND PELVIS

History:

Intrahepatic biliary tree dilatation of the liver ?Calculus.
?Cholecystitis. ?Choledocholithiasis. Pain in the right upper and left upper quadrant, worse with eating.

Comparison:

Comparison with the previous ultrasound of 30/11/2019.

Technique:

Post contrast study with multiplanar reconstructions.

Findings:

The liver is normal in size with homogeneous echotexture without focal lesions. No evidence of obvious gallbladder calculus visualised on this CT scan.

There is no CT findings to suggest cholecystitis. The intra and extrahepatic biliary tree are not dilated. CBD is normal. There is no definite intraductal lesion identified. Pancreas and pancreatic ducts are normal.

Kidneys are normal without mass, hydronephrosis or obvious calculus.

Adrenal glands and spleen are normal in size.

Large bowel and small bowel loops are normal.

Minor faecal loading noted in the colon.

There is no abdominal or pelvic mass or lymph node enlargement. No free fluid or fluid collection.

The lung bases are clear.

Spina bifida occulta of S1 segment is noted. This is a common variation.

Impression:

Normal post contrast CT scan of the abdomen and pelvis. No obvious focal abnormality. Mild faecal loading in the colon. There is no CT findings to suggest cholecystitis. The biliary tree is not dilated.

Radiologist: Dr Zita Gacs

SOBANSKI, JESSICA
Phone: 0432088310
Birthdate: 23/08/1997 Sex: F Medicare Number: 23227074523
Your Reference: 2379094 Lab Reference: 2379094
Laboratory: Macquarie Medical Imaging
Addressee: DR REX KWAN Referred by: DR REX KWAN

Name of Test: ULTRASOUND PELVIS (R) (K)
Requested: 08/04/2020 Collected: 08/04/2020 Reported: 08/04/2020 17:43



ULTRASOUND PELVIS (R)(K)

Patient:	SOBANSKI, JESSICA	Date of Birth:	1997-08-23 00:00	Sex:	F
Address:		Medicare Number:	23227074523	Phone:	0432088310
Sender:	VARNAVA, Dr Andrew	Addressee:	KWAN, Dr Rex	Referred by:	DR REX KWAN
Lab Reference:	2379094				
Requested:		Collected:	8/04/2020 3:33:00 PM	Reported:	8/04/2020 5:44:00 PM

[CLICK HERE TO VIEW THE IMAGES \(36\)](#)

This report is for: Dr R. Kwan

Referred By:

Dr R. Kwan

US - PELVIS 08/04/2020 Reference: 2379094

PELVIC ULTRASOUND

Clinical Details: Two weeks PV brown discharge and bleeding.
?Endometriosis.

Technique: Transabdominal and transvaginal images were obtained.

Findings:

Uterus: The uterus is anteverted, is of homogeneous and normal

echogenicity and measures 27 mL in volume. No fibroids or changes of adenomyosis are seen. The uterus is mobile.

Endometrium: The endometrial thickness is normal and measures 2 mm. The endometrial cavity is empty and no polyp or fluid collection is seen.

Cervix: The cervix is closed and no nabothian follicles are seen. Cervical length is 28 mm.

Right ovary: The right ovary is mobile and of normal size measuring 7.4 mls in volume. It is non-tender but is borderline polycystic with 14 follicles. The dominant follicle measures 10 mm. There is no increased medullary echogenicity. No cystic or solid ovarian mass is present.

Left ovary: The left ovary is mobile. The left ovary is small and measures .5 mL in volume. The left ovary is not polycystic and no cystic or solid ovarian mass is seen. it was difficult to fully visualise the left ovary and ovarian size may be slightly underestimated by this study.

Adnexae: No free fluid is seen. There is no mass in the adnexae to suggest endometriosis.

COMMENT:

Normal study. There are no specific features of endometriosis. The nonenlarged polycystic right ovary may be physiological. If there was clinical concern regarding PCOS, correlation with the patient's serology is recommended.

Radiologist: Dr Andrew Varnava

SOBANSKI, JESSICA
29 KEDUMBA CRES, NORTH TURRAMURRA. 2074
Phone: 0432088310
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 103516 Lab Reference: 843906136-C-Biochemistry
Laboratory: Douglass Hanly Moir Pathology
Addressee: DR REX KWAN Referred by: DR REX KWAN

Name of Test: Biochemistry
Requested: 08/04/2020 Collected: 15/04/2020 Reported: 15/04/2020 16:13

Clinical Notes : 2/52 bleeding despite being on implant since
Nov 2019 Suprapubic pain, cramping as well
?cause

BIOCHEMISTRY

Date	19/03/12	08/08/13	15/04/20		
Time	0835	0736	0800	Units	Reference
Lab ID	212149009	242220990	843906136		
Sodium	136	140	139	mmol/L	(135-145)
Potassium	3.7	4.6	4.2	mmol/L	(3.5-5.5)
Chloride	105	108	107	mmol/L	(95-110)
Bicarbonate	25	24	23	mmol/L	(20-32)

Urea	4.0	5.5	3.8	mmol/L	(2.5-6.5)
Creatinine	55	60	65	umol/L	(45-85)
eGFR			>90	mL/min/1.73m2	(>59)

Comments on Collection 15/04/20 0800:

eGFR (mL/min/1.73m2) calculated by CKD-EPI formula - see www.kidney.org.au

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: Cr(s),UCreat(s),E(s),CRP(s),FBC(e)

Tests Pending : GMC1,MSU

Sample Pending :

SOBANSKI, JESSICA
29 KEDUMBA CRES, NORTH TURRAMURRA. 2074
Phone: 0432088310
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 103516 Lab Reference: 843906136-C-CRP
Laboratory: Douglass Hanly Moir Pathology
Addressee: DR REX KWAN Referred by: DR REX KWAN

Name of Test: CRP(s)

Requested: 08/04/2020 Collected: 15/04/2020 Reported: 15/04/2020 16:13

Clinical Notes : 2/52 bleeding despite being on implant since
Nov 2019 Suprapubic pain, cramping as well
?cause

Date	19/03/12	08/08/13	15/04/20		
Time	0835	0736	0800		
Lab ID	212149009	242220990	843906136	Units	Reference
CRP	<0.4	<0.4	1.1	mg/L	(0.0-5.0)

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: Cr(s),UCreat(s),E(s),CRP(s),FBC(e)

Tests Pending : GMC1,MSU

Sample Pending :

SOBANSKI, JESSICA
29 KEDUMBA CRES, NORTH TURRAMURRA. 2074
Phone: 0432088310
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 103516 Lab Reference: 843906136-H-HAEM VIRTUAL
Laboratory: Douglass Hanly Moir Pathology
Addressee: DR REX KWAN Referred by: DR REX KWAN

Name of Test: Haematology

Requested: 08/04/2020 Collected: 15/04/2020 Reported: 15/04/2020 16:13

Clinical Notes : 2/52 bleeding despite being on implant since
Nov 2019 Suprapubic pain, cramping as well
?cause

HAEMATOLOGY

Date	19/03/12	08/08/13	15/04/20		
Time	0835	0736	0800		
Lab ID	212149009	242220990	843906136	Units	Reference
Haemoglobin	148	138	145	g/L	(119-160)
RCC	4.9	4.6	4.6	x10 ¹² /L	(3.8-5.8)
Haematocrit	0.45	0.43	0.44		(0.35-0.48)

MCV	93	95	95	fL	(80-100)
MCH	30.3	30.3	31.3	pg	(27.0-32.0)
MCHC	326	319	330	g/L	(310-360)
RDW	12.8	13.4	12.8		(10.0-15.0)
WCC	6.8	5.5	5.1	x10 ⁹ /L	(4.0-11.0)
Neutrophils	4.10	2.08	2.29	x10 ⁹ /L	(2.0-7.5)
Lymphocytes	1.83	2.47	2.18	x10 ⁹ /L	(1.0-4.0)
Monocytes	0.58	0.52	0.49	x10 ⁹ /L	(0.0-1.0)
Eosinophils	0.27	0.39	0.12	x10 ⁹ /L	(0.0-0.5)
Basophils	0.03	0.04	0.04	x10 ⁹ /L	(0.0-0.3)
NRBC			<1.0	/100 WBC	(<1)
Platelets	352	296	341	x10 ⁹ /L	(150-450)
ESR	5			mm/h	(1-15)

Comments on Collection 15/04/20 0800:
Full blood count is within reference limits

Supervising Pathologist: FH

NATA Accreditation No 2178

Tests Completed: Cr(s), UCreat(s), E(s), CRP(s), FBC(e)
Tests Pending : GMC1, MSU
Sample Pending :

SOBANSKI, JESSICA
29 KEDUMBA CRES, NORTH TURRAMURRA. 2074
Phone: 0432088310
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 103516 Lab Reference: 843906136-M-GMC
Laboratory: Douglass Hanly Moir Pathology
Addressee: DR REX KWAN Referred by: DR REX KWAN

Name of Test: GMC1
Requested: 08/04/2020 Collected: 15/04/2020 Reported: 17/04/2020 08:13

Clinical Notes : 2/52 bleeding despite being on implant since
Nov 2019 Suprapubic pain, cramping as well
?cause

Vaginal Swab

Gram stain

Leucocytes + G+ve cocci + G+ve bacilli +++
Yeast Nil

Culture

No pathogens isolated after 48h incubation

Supervising Pathologist: IC

NATA Accreditation No 2178

Tests Completed: Cr(s), UCreat(s), E(s), CRP(s), FBC(e), GMC1, MSU
Tests Pending :
Sample Pending :

SOBANSKI, JESSICA
29 KEDUMBA CRES, NORTH TURRAMURRA. 2074
Phone: 0432088310
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 103516 Lab Reference: 843906136-M-MSU
Laboratory: Douglass Hanly Moir Pathology
Addressee: DR REX KWAN Referred by: DR REX KWAN

Name of Test: MSU
Requested: 08/04/2020 Collected: 15/04/2020 Reported: 16/04/2020 10:13

Clinical Notes : 2/52 bleeding despite being on implant since
Nov 2019 Suprapubic pain, cramping as well
?cause

Supra-pubic Catheter Urine

pH	5	Protein	+	Glucose	Nil
Blood	+++	Ketones	Nil		
Specific gravity	1.020		(1.005 - 1.030)		

Microscopy

Leucocytes	H 40	x10*6/L	(<10)
Erythrocytes	H 88	x10*6/L	(<10)
Epithelial cells	40	x10*6/L			

Culture Culture proceeding

Comment on Lab ID 843906136

Microscopy for red cells has not confirmed the dipstick test for blood. Factors which may cause false-positive dipstick results for blood include microbial peroxidases (UTI bacterial contamination) myoglobin and hypochlorite. Lysed erythrocytes will also cause a positive dipstick result with negative microscopy. Further report to follow.

Supervising Pathologist: IC

*** The above result is provisional. Finalised report to follow. ***

NATA Accreditation No 2178

Tests Completed: Cr(s), UCreat(s), E(s), CRP(s), FBC(e)

Tests Pending : GMC1, MSU

Sample Pending :

SOBANSKI, JESSICA
29 KEDUMBA CRES, NORTH TURRAMURRA. 2074
Phone: 0432088310
Birthdate: 23/08/1997 Sex: F Medicare Number: 2322707452
Your Reference: 103516 Lab Reference: 843906136-M-MSU
Laboratory: Douglass Hanly Moir Pathology
Addressee: DR REX KWAN Referred by: DR REX KWAN

Name of Test: MSU

Requested: 08/04/2020 Collected: 15/04/2020 Reported: 17/04/2020 08:13

Clinical Notes : 2/52 bleeding despite being on implant since
Nov 2019 Suprapubic pain, cramping as well
?cause

Supra-pubic Catheter Urine

pH	5	Protein	+	Glucose	Nil
Blood	+++	Ketones	Nil		
Specific gravity	1.020		(1.005 - 1.030)		

Microscopy

Leucocytes	H 40	x10*6/L	(<10)
Erythrocytes	H 88	x10*6/L	(<10)
Epithelial cells	40	x10*6/L			

Culture No significant growth

Comment on Lab ID 843906136

Microscopy for red cells has not confirmed the dipstick test for blood. Factors which may cause false-positive dipstick results for blood include microbial peroxidases (UTI bacterial contamination) myoglobin and hypochlorite. Lysed erythrocytes will also cause a positive dipstick

result with negative microscopy.

Supervising Pathologist: IC

FINAL REPORT - Updated on 17/04/2020 at 08:02

NATA Accreditation No 2178

Tests Completed: Cr(s),UCreat(s),E(s),CRP(s),FBC(e),GMC1,MSU

Tests Pending :

Sample Pending :

25 August 2020
Macquarie Medical Imaging
Referred By:
Dr Rex Kwan
SHOP 456 MACQUARIE CENTRE
CNR HERRING RD & WATERLOO RD
NORTH RYDE NSW 2113

Ms Jessica Sobanski
DOB: 23 August 1997
UR: HFG748Z
Our Ref: 2458614
Service Date: 25 August 2020

Examination: ULTRASOUND PELVIS (R)(K)

ULTRASOUND PELVIS

CLINICAL HISTORY: ? PCOS

REPORT:

A transabdominal and transvaginal ultrasound was performed.

Uterus: The uterus is anteverted and normal in size. It measures 5.6 x 2.8 x 3.8cm in dimension. No uterine fibroids seen.

Endometrial Cavity: The endometrial cavity is empty. The endometrium measures 4mm and has an appearance consistent with proliferative stage of the menstrual cycle.

Cervix: The cervix is unremarkable.

Adnexae:

	Dimension	Volume
Right Ovary	40 x 19 x 26mm	10.2ml
Left Ovary	54 x 15 x 23mm	9.7ml

There are multiple follicles present bilaterally in a normal distribution.

Adjacent to the right ovary, there is another structure which moves separately from the ovary, measuring 14 x 15 x 16 mm in size. This resembles ovarian tissue as well.

Other: No free fluid is seen within the pouch of Douglas.

CONCLUSION: The ovaries demonstrate multicystic appearance. In addition, there is another structure adjacent and separate to the right ovary resembling ovarian tissue as well, raising possibility of ectopic/ accessory ovary.

Reported by:

Dr Ken Ho

Performed by:

J Kim

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Birthdate: 23/08/1997 Sex: F Medicare Number: 23227074523
Your Reference: 2458614 Lab Reference: 2458614
Laboratory: Macquarie Medical Imaging
Addressee: DR REX KWAN Referred by: DR REX KWAN

Name of Test: ULTRASOUND PELVIS (R) (K)
Requested: 09/04/2020 Collected: 25/08/2020 Reported: 25/08/2020 17:59



ULTRASOUND PELVIS (R)(K)

Patient:	SOBANSKI, JESSICA	Date of Birth:	1997-08-23 00:00	Sex:	F
Address:		Medicare Number:	23227074523	Phone:	0432088310
Sender:	HO, Dr Ken	Addressee:	KWAN, Dr Rex	Referred by:	DR REX KWAN
Lab Reference:	2458614				
Requested:		Collected:	25/08/2020 7:35:00 AM	Reported:	25/08/2020 5:59:00 PM

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This report is for: Dr R. Kwan
Referred By:
Dr R. Kwan

US - PELVIS 25/08/2020 Reference: 2458614

ULTRASOUND PELVIS

CLINICAL HISTORY: ? PCOS

REPORT:

A transabdominal and transvaginal ultrasound was performed.

Uterus: The uterus is anteverted and normal in size. It measures 5.6 x 2.8 x 3.8cm in dimension. No uterine fibroids seen.

Endometrial Cavity: The endometrial cavity is empty. The endometrium measures 4mm and has an appearance consistent with proliferative stage of the menstrual cycle.

Cervix: The cervix is unremarkable.

Adnexae:

	Dimension	Volume
Right Ovary	40 x 19 x 26mm	10.2ml
Left Ovary	54 x 15 x 23mm	9.7ml

There are multiple follicles present bilaterally in a normal distribution.

Adjacent to the right ovary, there is another structure which moves separately from the ovary, measuring 14 x 15 x 16 mm in size. This resembles ovarian tissue as well.

Other: No free fluid is seen within the pouch of Douglas.

CONCLUSION: The ovaries demonstrate multicystic appearance. In addition, there is another structure adjacent and separate to the right ovary resembling ovarian tissue as well, raising possibility of ectopic/ accessory ovary.

Radiologist: Dr Ken Ho

SYDNEY ULTRASOUND for WOMEN



File ID: A03909780

Dr Tegan Athavale
Shop 456 Macquarie Centre
Cnr Herring Road and Waterloo Road
NORTH RYDE NSW 2113

2/09/2020
Chatswood

Dear Dr Athavale,

Patient: Sobanski, Jessica
DOB: 23/08/1997
Address: 29 Kedumba Cres NORTH TURRAMURRA NSW 2074

Locations:

Suite 6.02, Level 6
309 Kent Street
Sydney 2000
TEL 02 9290 2122
FAX 02 9290 2399

Suite 114, Level 1
10 Norbrik Drive
Bella Vista 2153
TEL 02 9629 2011
FAX 02 9629 3011

Suite 1705, 17th Floor
Westfield Tower 1
520 Oxford Street
Bondi Junction 2022
TEL 02 9388 0955
FAX 02 9388 0933

Suite 203
21-23 Burwood Road
Burwood 2134
TEL 02 9745 4054
FAX 02 9744 8854

1st Floor
56 Nerioah Street
Chatswood 2067
TEL 02 9413 9196
FAX 02 9413 3863

Suite 4203, Level 2
The Grand
834 Pittwater Road
Dee Why 2099
TEL 1300 557 226
FAX 02 9982 0211

Suite 1A, Level 1
4 Belgrave Street
Kogarah 2217
TEL 02 9553 9611
FAX 02 9587 4386

Suite 205, 2nd Floor
161 Bigge Street
Liverpool 2170
TEL 02 9322 8447
FAX 02 9822 7761

Level 5
22 Darley Road
Manly 2095
TEL 1300 557 226
FAX 02 9976 3406

RPAH Medical Centre
404/100 Carillon Ave
Newtown 2042
TEL 02 9516 2064
FAX 02 9550 6257

www.sufw.com.au

Examination:	Ultrasound of Pelvis
Indication for examination:	? Ectopic ovary.

The uterus is anteverted, anteflexed and midline. It is of normal dimensions, measuring 66 x 28 x 37 mm (36 ml) and its cavity is empty. The myometrial echotexture is homogenous, with the serosal contour appearing normal.

The endometrium measures 2.5 mm in thickness. It is regular in outline and proliferative in appearance with no focal abnormalities identified. The cavity contains a trace of fluid within.

Both ovaries display no abnormal vascularity on colour Doppler Imaging.

The right ovary measures 22 x 26 x 17 mm (5 ml) and contains 25 antral follicles, measuring 8 mm or less. The ovary appears bilobed; with its smaller portion measuring 10 x 13.5 x 15 mm (1.1 mL). Colour Doppler Imaging shows normal high resistance blood flow with a Resistance Index (RI) of 0.60.

The left ovary measures 49 x 24 x 14 mm (9 ml) and contains 12 antral follicles, measuring 8 mm or less. Colour Doppler Imaging shows normal high resistance blood flow with a Resistance Index (RI) of 0.52.

There are no or adnexal masses seen.

There is no free fluid in the pouch of Douglas.

No hydronephrosis seen.

Conclusion:	The right ovary exhibits a polycystic morphology. I consider its appearance more in keeping with being bilobed rather than there being ectopic right ovarian tissue in the right adnexa. However, regardless of whether the ovary is bilobed or there is ectopic ovarian tissue, the appearance is not of any clinical concern. The left ovary exhibits a normal sonographic appearance.
--------------------	---

With kind regards

Greg Kesby

SOBANSKI, JESSICA
29 KEDUMBA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 23227074533
Your Reference: 2953988 Lab Reference: 2953988
Laboratory: mqhealth
Addressee: DR CONSTANCE LEUNG Referred by: DR CONSTANCE LEUNG

Name of Test: X-RAY - RIGHT KNEE
Requested: 10/11/2021 Collected: 10/11/2021 Reported: 10/11/2021 16:36



Patient: SOBANSKI, JESSICA, 1997-08-23
Date of Service: 10/11/2021 9:28:00 AM
Addressee: LEUNG, Dr Constance
CLICK HERE TO VIEW THE IMAGES (4)

This report is for: Dr C. Leung
Referred By:
Dr Constance Leung

X-RAY - RIGHT KNEE 10/11/2021 Reference: 2953988

RIGHT KNEE X-RAY

HISTORY: Prolonged pain after flexion of knee. Slight swelling.
Prepatellar effusion ?bony abnormality.

REPORT:

There is no fracture or dislocation. Patella is intact. Very minor prepatellar soft tissue swelling is noted. There is no obvious joint effusion. Joint spaces are preserved.

Radiologist: Dr Z. Gacs

SOBANSKI, JESSICA
29 KEDUMBA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 23227074533
Your Reference: 2954128 Lab Reference: 2954128
Laboratory: mqhealth
Addressee: DR CONSTANCE LEUNG Referred by: DR CONSTANCE LEUNG

Name of Test: US - RIGHT KNEE
Requested: 10/11/2021 Collected: 10/11/2021 Reported: 12/11/2021 19:31

Patient: SOBANSKI, JESSICA, 1997-08-23

Date of Service: 10/11/2021 2:04:00 PM

Addressee: LEUNG, Dr Constance

[CLICK HERE TO VIEW THE IMAGES \(17\)](#)

This report is for: Dr C. Leung

Referred By:

Dr Constance Leung

US - RIGHT KNEE 10/11/2021 Reference: 2954128

X-RAY RIGHT KNEE

Clinical history: Prolonged pain after flexion of the knee, slight swelling ?Prepatellar effusion.

Report: Alignment is normal, no fracture or focal bony lesion. Minor prepatellar soft tissue swelling is seen.

ULTRASOUND RIGHT KNEE

Report: A pocket of fluid is seen in the patellar bursa.

Quadriceps and patellar tendons outline normally.

Menisci and collateral ligaments are normal. There is no Baker's cyst.

If internal derangement is suspected an MRI study is suggested.

Radiologist: Dr Z. Gacs



MMI@THE HOSPITAL
Macquarie University Hospital
Ground Floor, 3 Technology Place
Macquarie University NSW 2109
ABN: 46 141 203 125
MQ Health Pty Ltd

MMI@MACQUARIE CENTRE
Shop 1046 (near the ice rink) Macquarie Centre
Cnr Herring and Waterloo Roads
North Ryde NSW 2113
ABN: 46 141 203 125
MQ Health Pty Ltd

P: 02 9430 1100 | F: 02 9430 1199 | E: mmi.enquiries@mqhealth.org.au | www.mqmi.com.au

Examination Date: 24/11/2021

Dr Constance Leung
SHOP 456 MACQUARIE CENTRE
CNR HERRING & WATERLOO RD
NORTH RYDE 2113

Referred By: Dr Constance Leung

Patient ID: HFG748Z

Dear Dr Leung

MS JESSICA SOBANSKI DOB: 23/08/1997 Age: 24 Years
29 Kedumba Cres, NORTH TURRAMURRA 2074

MRI RIGHT KNEE

CLINICAL HISTORY

Right knee pain especially on flexion. ? internal derangement.

TECHNIQUE

Routine right Knee MRI protocol

Comparison:

FINDINGS

ACL: Normal

PCL: Normal

Extensor Mechanism: The Insall-Salvati ratio is 1.4 consistent with mild patella alta. Minimal oedema in superolateral Hoffa's fat pad.
(quadriceps & patellar tendons)

Medial Compartment Meniscus: Normal

Cartilage: Normal

Stabilizers : Normal

(MCL, pes anserine tendons)

Lateral Compartment

Meniscus: Normal

Cartilage: Normal

Stabilizers: Normal

(LCL, biceps & popliteus tendons, ITB)

Head of fibula / TFJ Normal

Patellofemoral Compartment:

Cartilage: Subtle partial thickness chondral fissure best appreciated on the sagittal sequences measuring 4.3mm craniocaudal, probably represents superficial chondral fibrillation. Otherwise the remaining articular cartilage is intact.

Effusion & Synovitis: Mild to moderate joint effusion.

Popliteal fossa: Normal

(cyst, popliteal vessels and nerves)

SOBANSKI, JESSICA
29 KEDUMBA CRES, NORTH TURRAMURRA. 2074
Birthdate: 23/08/1997 Sex: F Medicare Number: 23227074533
Your Reference: 2956928 Lab Reference: 2956928
Laboratory: mqhealth
Addressee: DR CONSTANCE LEUNG Referred by: DR CONSTANCE LEUNG

Name of Test: MRI - RIGHT KNEE
Requested: 17/11/2021 Collected: 24/11/2021 Reported: 30/11/2021 22:08



Patient: SOBANSKI, JESSICA, 1997-08-23
Date of Service: 24/11/2021 7:33:00 AM
Addressee: LEUNG, Dr Constance
[CLICK HERE TO VIEW THE IMAGES \(48\)](#)

This report is for: Dr C. Leung
Referred By:
Dr Constance Leung

MRI - RIGHT KNEE 24/11/2021 Reference: 2956928

MRI RIGHT KNEE

CLINICAL HISTORY

Right knee pain especially on flexion. ? internal derangement.

TECHNIQUE

Routine right Knee MRI protocol

Comparison:

FINDINGS

ACL: Normal

PCL: Normal

Extensor Mechanism: The Insall-Salvati ratio is 1.4 consistent with mild patella alta. Minimal oedema in superolateral Hoffa's fat pad. (quadriceps & patellar tendons)

Medial Compartment Meniscus: Normal

Cartilage: Normal

Stabilizers : Normal

(MCL, pes anserine tendons)

Lateral Compartment

Meniscus: Normal

Cartilage: Superficial chondral fibrillation in the mid third and inner portion of the distal lateral femoral condyle.

Stabilizers: Normal

(LCL, biceps & popliteus tendons, ITB)

Head of fibula / TFJ Normal

Patellofemoral Compartment:

Cartilage: Subtle partial thickness chondral fissure best appreciated on the sagittal sequences measuring 4.3mm craniocaudal, probably represents superficial chondral fibrillation. Otherwise the remaining articular cartilage is intact.

Effusion & Synovitis: Mild to moderate joint effusion.

Popliteal fossa: Normal

(cyst, popliteal vessels and nerves)

Bones and muscle: Normal

(marrow edema & infiltration, contusions, fractures)

Other:

No significant additional findings

IMPRESSION

1. Minimal oedema in superolateral Hoffa's fat pad in combination with minor patella alta can be seen in patella maltracking and patellar tendon lateral femoral chondral friction syndrome. Is there anterior knee pain?
2. Mild to moderate joint effusion.
3. No meniscal or cruciate injury.
4. Other than minor proximal popliteus tendinosis, no other abnormality is seen elsewhere.

Radiologist: Dr C. Chong

SOBANSKI, JESSICA

29 KEDUMBA CRES, NORTH TURRAMURRA. 2074

Birthdate: 23/08/1997 Sex: F Medicare Number: 23227074533

Your Reference: 2990626 Lab Reference: 2990626

Laboratory: mqhealth

Addressee: DR CONSTANCE LEUNG Referred by: DR CONSTANCE LEUNG

Name of Test: MRI - BRAIN

Requested: 03/05/2022 Collected: 28/05/2022 Reported: 30/05/2022 22:54



MMI

MACQUARIE MEDICAL IMAGING

Patient: SOBANSKI, JESSICA, 1997-08-23

Date of Service: 28/05/2022 9:56:00 AM

Addressee: LEUNG, Dr Constance

[CLICK HERE TO VIEW THE IMAGES \(51\)](#)

This report is for: Dr C. Leung

Referred By:

Dr Constance Leung

MRI - BRAIN 28/05/2022 Reference: 2990626

MRI BRAIN

CLINICAL HISTORY

Chronic headache for 8 months.

Technique: Sagittal T1 FLAIR, axial T2 and DWI as well as susceptibility weighted and T2 FLAIR sequences were acquired through the brain.

Comparison Study: Nil.

Report:

The ventricles and subarachnoid spaces are appropriate for the patient's age. There is no midline shift or mass effect and there is normal grey/white matter differentiation.

No intra- or extra-axial haemorrhage is seen and there is no indication of significant prior blood product deposition.

There is no diffusion impairment to suggest acute or subacute ischaemia.

The midline structures including the pons, cerebellar vermis, mid brain, pituitary gland and corpus callosum appear normal.

The visualised paranasal sinuses and mastoid air cells are clear.

Conclusion:

No significant intracranial abnormality is seen to explain the patient's chronic headaches.

Radiologist: Prof J. Magnussen

We are now open on Saturdays and Sundays for MRI services with bulk billing available for all Medicare eligible scans

SOBANSKI, JESSICA
8 REACHST, THE PONDS. 2769
Phone: 61432088310
Birthdate: 23/08/1997 Sex: F Medicare Number: 2878952231
Your Reference: 00160377 Lab Reference: 881506808-C-CRP
Laboratory: Douglass Hanly Moir Pathology eOrder
Addressee: DR CONSTANCE LEUNG Referred by: DR CONSTANCE LEUNG
Copy to:

COPY DR UNKNOWN

Name of Test: CRP(s)
Requested: 03/05/2022 Collected: 02/06/2022 Reported: 02/06/2022 19:42

Clinical notes: FREQUENT MIGRAINE

Clinical Notes : FREQUENT MIGRAINE

Date 19/03/12 08/08/13 15/04/20 02/06/22

Time 0835 0736 0800 1310
Lab ID 212149009 242220990 843906136 881506808 Units Reference
CRP <0.4 <0.4 1.1 2.4 mg/L (0.0-5.0)

NATA Accreditation No 2178

Tests Completed: LFT(s), C(s), UCreat(s), E(s), Phos(s), Ca(s), CRP(s), FBC(e)
Tests Pending : HCG Quant(s), B12(s), Fol(s), Glu(p), Ferr(s), Mg(s),
TSH(s), ESR(e), Gliadin/TTG(s)

Sample Pending :

SOBANSKI, JESSICA
8 REACHST, THE PONDS. 2769
Phone: 61432088310
Birthdate: 23/08/1997 Sex: F Medicare Number: 2878952231
Your Reference: 00160377 Lab Reference: 881506808-C-_Glucose
Laboratory: Douglass Hanly Moir Pathology eOrder
Addressee: DR CONSTANCE LEUNG Referred by: DR CONSTANCE LEUNG
Copy to:
COPY DR UNKNOWN

Name of Test: _Glucose
Requested: 03/05/2022 Collected: 02/06/2022 Reported: 02/06/2022 20:12

Clinical notes: FREQUENT MIGRAINE

Clinical Notes : FREQUENT MIGRAINE

GLUCOSE

Date 08/08/13 02/06/22
Time 0736 1310
Lab ID 242220990 881506808
Units Reference
R Gluc Plasma 4.7 4.5 mmol/L (3.6-7.7)

NATA Accreditation No 2178

Tests Completed: LFT(s), C(s), UCreat(s), E(s), Glu(p), Phos(s), Ca(s),
CRP(s), FBC(e)
Tests Pending : HCG Quant(s), B12(s), Fol(s), Ferr(s), Mg(s), TSH(s),
ESR(e), Gliadin/TTG(s)
Sample Pending :

SOBANSKI, JESSICA
8 REACHST, THE PONDS. 2769
Phone: 61432088310
Birthdate: 23/08/1997 Sex: F Medicare Number: 2878952231
Your Reference: 00160377 Lab Reference: 881506808-E-_Pregnancy
Laboratory: Douglass Hanly Moir Pathology eOrder
Addressee: DR CONSTANCE LEUNG Referred by: DR CONSTANCE LEUNG
Copy to:
COPY DR UNKNOWN

Name of Test: _Pregnancy
Requested: 03/05/2022 Collected: 02/06/2022 Reported: 02/06/2022 20:42

Clinical notes: FREQUENT MIGRAINE

Clinical Notes : FREQUENT MIGRAINE

BhCG - Quantitative

Human Chorionic Gonadotrophin <5 IU/L

Comment on Lab ID 881506808

Expected values for normal pregnancy

Gestational age (from LMP)	IU/L	
4 weeks	16	- 160
4-5 weeks	100	- 5000
5-6 weeks	1000	- 30000
6-7 weeks	2500	- 80000
7-8 weeks	23000	- 150000
8-9 weeks	27000	- 230000
9-13 weeks	21000	- 290000
2nd trimester	6000	- 100000
3rd trimester	3000	- 80000

Non Pregnant female - less than 5 IU/L

NATA Accreditation No 2178

Tests Completed: HCG Quant(s), B12(s), Fol(s), LFT(s), C(s), UCreat(s),
E(s), Glu(p), Phos(s), Ca(s), Ferr(s), CRP(s), Mg(s),
TSH(s), FBC(e), ESR(e)

Tests Pending : Active B12(s), Gliadin/TTG(s)

Sample Pending :

SOBANSKI, JESSICA

8 REACHST, THE PONDS. 2769

Phone: 61432088310

Birthdate: 23/08/1997 Sex: F Medicare Number: 2878952231

Your Reference: 00160377 Lab Reference: 881506808-E-Vitamin B12/Folate

Laboratory: Douglass Hanly Moir Pathology eOrder

Addressee: DR CONSTANCE LEUNG Referred by: DR CONSTANCE LEUNG

Copy to:

COPY DR UNKNOWN

Name of Test: B12/Folate/RCF

Requested: 03/05/2022 Collected: 02/06/2022 Reported: 02/06/2022 20:42

Clinical notes: FREQUENT MIGRAINE

Clinical Notes : FREQUENT MIGRAINE

VIT B12 & FOLATE

Date	19/03/12	08/08/13	02/06/22		
Time	0835	0736	1310		
Lab ID	212149009	242220990	881506808	Units	Reference
Vitamin B12		623	L 124	pmol/L	(135-650)
Vitamin B12	590			pmol/L	(145-637)
S.Fol (Abbott)			22.8	nmol/L	(>7.0)
RBC Fol (Roche)	1628	1747		nmol/L	(776-1784)

Comments on Collection 02/06/22 1310:

Vitamin B12 performed by Abbott Architect method.

Reduced B12. Causes include dietary factors pernicious anaemia small bowel malabsorption HIV pregnancy and drugs such as metformin. Suggest intrinsic factor antibody (IF Ab) +/- gastric parietal cell antibody (GPC Ab) if clinically indicated.

From 8 March 2014, active B12 (holotranscobalamin) testing will be performed on all patients with low or equivocal (at or below 340 pmol/L) total B12 results. Both tests are eligible for a Medicare rebate under these circumstances.

NATA Accreditation No 2178

Tests Completed: HCG Quant(s), B12(s), Fol(s), LFT(s), C(s), UCreat(s),
E(s), Glu(p), Phos(s), Ca(s), Ferr(s), CRP(s), Mg(s),
TSH(s), FBC(e), ESR(e)

Tests Pending : Active B12(s), Gliadin/TTG(s)

Sample Pending :

SOBANSKI, JESSICA
8 REACHST, THE PONDS. 2769
Phone: 61432088310
Birthdate: 23/08/1997 Sex: F Medicare Number: 2878952231
Your Reference: 00160377 Lab Reference: 881506808-C-Biochemistry
Laboratory: Douglass Hanly Moir Pathology eOrder
Addressee: DR CONSTANCE LEUNG Referred by: DR CONSTANCE LEUNG
Copy to:
COPY DR UNKNOWN

Name of Test: Biochemistry
Requested: 03/05/2022 Collected: 02/06/2022 Reported: 02/06/2022 20:42
Clinical notes: FREQUENT MIGRAINE

Clinical Notes : FREQUENT MIGRAINE

BIOCHEMISTRY

Date	19/03/12	08/08/13	15/04/20	02/06/22		
Time	0835	0736	0800	1310		
Lab ID	212149009	242220990	843906136	881506808	Units	Reference
Status		Unknown		Random		
Sodium	136	140	139	136	mmol/L	(135-145)
Potassium	3.7	4.6	4.2	4.4	mmol/L	(3.5-5.5)
Chloride	105	108	107	106	mmol/L	(95-110)
Bicarbonate	25	24	23	21	mmol/L	(20-32)
Urea	4.0	5.5	3.8	4.6	mmol/L	(2.5-6.5)
Creatinine	55	60	65	65	umol/L	(45-85)
eGFR			>90	>90	mL/min/1.73m2	(>59)
Calcium				2.38	mmol/L	(2.15-2.55)
Corr Calcium				2.34	mmol/L	(2.15-2.55)
Magnesium.				0.82	mmol/L	(0.65-1.00)
Phosphate.				1.09	mmol/L	(0.8-1.5)
Bili.Total	12			7	umol/L	(3-15)
ALP	160			41	U/L	(20-105)
GGT	10			7	U/L	(5-35)
LD	166			143	U/L	(120-250)
AST	19			18	U/L	(10-35)
ALT	12			14	U/L	(5-30)
Total Protein	77			74	g/L	(68-85)
Albumin	48			45	g/L	(37-48)
Globulin	29			29	g/L	(23-39)

Comments on Collection 02/06/22 1310:
eGFR (mL/min/1.73m2) calculated by CKD-EPI formula - see www.kidney.org.au

NATA Accreditation No 2178

Tests Completed: HCG Quant(s), B12(s), Fol(s), LFT(s), C(s), UCreat(s),
E(s), Glu(p), Phos(s), Ca(s), Ferr(s), CRP(s), Mg(s),
TSH(s), FBC(e), ESR(e)

Tests Pending : Active B12(s), Gliadin/TTG(s)
Sample Pending :

SOBANSKI, JESSICA
8 REACHST, THE PONDS. 2769
Phone: 61432088310
Birthdate: 23/08/1997 Sex: F Medicare Number: 2878952231
Your Reference: 00160377 Lab Reference: 881506808-C-Iron Studies
Laboratory: Douglass Hanly Moir Pathology eOrder
Addressee: DR CONSTANCE LEUNG Referred by: DR CONSTANCE LEUNG
Copy to:
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Name of Test: Iron Studies
Requested: 03/05/2022 Collected: 02/06/2022 Reported: 02/06/2022 20:42

Clinical notes: FREQUENT MIGRAINE

Clinical Notes : FREQUENT MIGRAINE

IRON

Date	19/03/12	08/08/13	02/06/22		
Time	0835	0736	1310	Units	Reference
Lab ID	212149009	242220990	881506808		
Iron	25.7	26.4		umol/L	(5.0-30.0)
Transferrin	2.8	2.5		g/L	(2.0-3.6)
TIBC (Calc)	62	56		umol/L	(46-77)
Saturation	41	H 47		%	(10-45)
Ferritin	36	26	24	ug/L	(15-200)

Comments on Collection 02/06/22 1310:
Serum ferritin levels between 15-30 ug/L may reflect depleted iron stores
and iron therapy may be indicated.

NATA Accreditation No 2178

Tests Completed: HCG Quant(s), B12(s), Fol(s), LFT(s), C(s), UCreat(s),
E(s), Glu(p), Phos(s), Ca(s), Ferr(s), CRP(s), Mg(s),
TSH(s), FBC(e), ESR(e)

Tests Pending : Active B12(s), Gliadin/TTG(s)
Sample Pending :

SOBANSKI, JESSICA
8 REACHST, THE PONDS. 2769
Phone: 61432088310
Birthdate: 23/08/1997 Sex: F Medicare Number: 2878952231
Your Reference: 00160377 Lab Reference: 881506808-E-Thyroid Function
Laboratory: Douglass Hanly Moir Pathology eOrder
Addressee: DR CONSTANCE LEUNG Referred by: DR CONSTANCE LEUNG
Copy to:
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Name of Test: Thyroid Function
Requested: 03/05/2022 Collected: 02/06/2022 Reported: 02/06/2022 20:42

Clinical notes: FREQUENT MIGRAINE

Clinical Notes : FREQUENT MIGRAINE

TFT

Date	08/08/13	02/06/22		
Time	0736	1310	Units	Reference
Lab ID	242220990	881506808		
TSH	1.58	0.82	mIU/L	(0.40-3.50)

NATA Accreditation No 2178

Tests Completed: HCG Quant(s), B12(s), Fol(s), LFT(s), C(s), UCreat(s),
E(s), Glu(p), Phos(s), Ca(s), Ferr(s), CRP(s), Mg(s),
TSH(s), FBC(e), ESR(e)

Tests Pending : Active B12(s), Gliadin/TTG(s)
Sample Pending :

SOBANSKI, JESSICA
8 REACHST, THE PONDS. 2769

Phone: 61432088310
 Birthdate: 23/08/1997 Sex: F Medicare Number: 2878952231
 Your Reference: 00160377 Lab Reference: 881506808-H- HAEM VIRTUAL
 Laboratory: Douglass Hanly Moir Pathology eOrder
 Addressee: DR CONSTANCE LEUNG Referred by: DR CONSTANCE LEUNG
 Copy to:
 COPY DR UNKNOWN

Name of Test: Haematology
 Requested: 03/05/2022 Collected: 02/06/2022 Reported: 02/06/2022 20:42

Clinical notes: FREQUENT MIGRAINE

Clinical Notes : FREQUENT MIGRAINE

HAEMATOLOGY

Date	19/03/12	08/08/13	15/04/20	02/06/22		
Time	0835	0736	0800	1310		
Lab ID	212149009	242220990	843906136	881506808	Units	Reference
Haemoglobin	148	138	145	129	g/L	(119-160)
RCC	4.9	4.6	4.6	4.3	x10 ¹² /L	(3.8-5.8)
Haematocrit	0.45	0.43	0.44	0.39		(0.35-0.48)
MCV	93	95	95	93	fL	(80-100)
MCH	30.3	30.3	31.3	30.4	pg	(27.0-32.0)
MCHC	326	319	330	328	g/L	(310-360)
RDW	12.8	13.4	12.8	12.9		(10.0-15.0)
WCC	6.8	5.5	5.1	6.9	x10 ⁹ /L	(4.0-11.0)
Neutrophils	4.10	2.08	2.29	4.30	x10 ⁹ /L	(2.0-7.5)
Lymphocytes	1.83	2.47	2.18	2.04	x10 ⁹ /L	(1.0-4.0)
Monocytes	0.58	0.52	0.49	0.46	x10 ⁹ /L	(0.0-1.0)
Eosinophils	0.27	0.39	0.12	0.04	x10 ⁹ /L	(0.0-0.5)
Basophils	0.03	0.04	0.04	0.04	x10 ⁹ /L	(0.0-0.3)
NRBC			<1.0	<1.0	/100 WBC	(<1)
Platelets	352	296	341	339	x10 ⁹ /L	(150-450)
ESR	5			9	mm/h	(1-17)

Comments on Collection 02/06/22 1310:
 Full blood count is within reference limits

NATA Accreditation No 2178

Tests Completed: HCG Quant(s), B12(s), Fol(s), LFT(s), C(s), UCreat(s),
 E(s), Glu(p), Phos(s), Ca(s), Ferr(s), CRP(s), Mg(s),
 TSH(s), FBC(e), ESR(e)

Tests Pending : Active B12(s), Gliadin/TTG(s)
 Sample Pending :

SOBANSKI, JESSICA
 8 REACHST, THE PONDS. 2769
 Phone: 61432088310
 Birthdate: 23/08/1997 Sex: F Medicare Number: 2878952231
 Your Reference: 00160377 Lab Reference: 881506808-I-COEL
 Laboratory: Douglass Hanly Moir Pathology eOrder
 Addressee: DR CONSTANCE LEUNG Referred by: DR CONSTANCE LEUNG
 Copy to:
 COPY DR UNKNOWN

Name of Test: Gliadin/TTG(s)
 Requested: 03/05/2022 Collected: 02/06/2022 Reported: 02/06/2022 22:42

Clinical notes: FREQUENT MIGRAINE

Clinical Notes : FREQUENT MIGRAINE

Celiac 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)

Comment on Lab ID 881506808

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.

NATA Accreditation No 2178

Tests Completed: HCG Quant(s), B12(s), Fol(s), LFT(s), C(s), UCreat(s), E(s), Glu(p), Phos(s), Ca(s), Ferr(s), CRP(s), Mg(s), TSH(s), FBC(e), ESR(e), Gliadin/TTG(s)

Tests Pending : Active B12(s)

Sample Pending :

SOBANSKI, JESSICA
 8 REACHST, THE PONDS. 2769
 Phone: 61432088310
 Birthdate: 23/08/1997 Sex: F Medicare Number: 2878952231
 Your Reference: 00160377 Lab Reference: 881506808-C-HOLOTC
 Laboratory: Douglass Hanly Moir Pathology eOrder
 Addressee: DR CONSTANCE LEUNG Referred by: DR CONSTANCE LEUNG
 Copy to:

COPY DR UNKNOWN

Name of Test: Active B12(s)
 Requested: 03/05/2022 Collected: 02/06/2022 Reported: 03/06/2022 04:12

Clinical notes: FREQUENT MIGRAINE

Clinical Notes : FREQUENT MIGRAINE

Active B12

Active B12	79	pmol/L	(>35)
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NATA Accreditation No 2178

Tests Completed: HCG Quant(s), B12(s), Fol(s), LFT(s), C(s), UCreat(s), E(s), Glu(p), Phos(s), Ca(s), Ferr(s), CRP(s), Mg(s), TSH(s), Active B12(s), FBC(e), ESR(e), Gliadin/TTG(s)

Tests Pending :

Sample Pending :

May 19, 2022

Dr Constance Leung
Myhealth Medical Centre
Macquarie Shopping Centre
Cnr Herring Road & Waterloo Road
North Ryde NSW 2113

Via: Healthlink

Dear Constance,

RE: Miss Jessica Sobanski DOB: 23/08/1997
8 Reach Street, The Ponds NSW 2769

Problem List:

1. Migraines
2. Constipation-predominant irritable bowel syndrome

Medications:

Oral contraceptive pill, prn Nurofen Plus and Nurofen

Many thanks for referring Jessica, a 24 year-old training and development leader, for assessment of her abdominal symptoms. As you mention she has had irritable bowel syndrome for many years. Helpfully Jessica brought with her results of investigations performed in 2019, including an ultrasound, CT scan and blood tests. These were unremarkable. In general Jessica opens her bowels once or twice a day, and her stools can be quite hard and pelleted. She has tried Movicol and Coloxyl with Senna, which she has not found to be all that helpful. There has been a recent change in her symptoms. In early February she had sudden onset of abdominal cramps and diarrhoea, which lasted for a couple of days, which sounds suspicious for gastroenteritis. Since then there has been a change in her bowel habit, in that she is now opening her bowels three to four times daily, associated with urgency and tenesmus. She has noted an orange mucoid discharge. There has been about 5kg of weight loss, though she has put this down to the recent removal of her Implanon device. There is no family history of inflammatory bowel disease. Jessica is an ex-smoker, having quit one year ago; she has a five pack-year history. She consumes one or two alcoholic beverages per week. She currently lives with her parents and is moving out with her boyfriend to The Ponds. She occasionally takes Nurofen, perhaps once a fortnight or so for migraines, and Nurofen Plus about once a month for dysmenorrhea.

On examination today she weighed 62kg. There was no supraclavicular or cervical lymphadenopathy and the abdomen was soft, non tender with no masses though there was particular faecal loading palpable in the left and right pelvis. I note recent stool cultures were unremarkable (February 2022).

In summary I suspect that Jessica has post infective irritable bowel syndrome. There is a possibility she has developed proctitis given the symptoms, and that she has recently stopped smoking. I have arranged for her to have a colonoscopy at Ryde Hospital in the next couple of months. In the meantime I have suggested she use Picoprep to help unload the faecally loaded colon and then use Coloxyl and Senna in the morning and Movicol at night. We also discussed Prucalopride. I have also given her some printed information about constipation. I will see her following the

procedure and will be in touch then. I will also ask her to have some blood tests, which will be taken in the next few days.

Kind regards,

A handwritten signature in black ink, appearing to be 'C. Kiely', followed by a long horizontal line.

DR CHRIS KIELY

cc: Dr Chris Kiely, North Shore Private Hospital, Westbourne Street, St Leonards NSW 2065 via: Healthlink

***Our practice can now send and receive encrypted documents electronically via argus on
argus@sydneygs.com.au***

30 May 2022
Macquarie Medical Imaging
Referred By:
Dr Constance Leung
MYHEALTH MACQUARIE CENTRE
SHOP 456 MACQUARIE CENTRE
NORTH RYDE NSW 2113

Ms Jessica Sobanski
DOB: 23 August 1997
UR: HFG748Z
Our Ref: 2990626
Service Date: 28 May 2022

Visit Description: MRI - BRAIN

MRI BRAIN

CLINICAL HISTORY

Chronic headache for 8 months.

Technique: Sagittal T1 FLAIR, axial T2 and DWI as well as susceptibility weighted and T2 FLAIR sequences were acquired through the brain.

Comparison Study: Nil.

Report:

The ventricles and subarachnoid spaces are appropriate for the patient's age. There is no midline shift or mass effect and there is normal grey/white matter differentiation.

No intra- or extra-axial haemorrhage is seen and there is no indication of significant prior blood product deposition.

There is no diffusion impairment to suggest acute or subacute ischaemia.

The midline structures including the pons, cerebellar vermis, mid brain, pituitary gland and corpus callosum appear normal.

The visualised paranasal sinuses and mastoid air cells are clear.

Conclusion:

No significant intracranial abnormality is seen to explain the patient's chronic headaches.

Reported by:

John Magnussen

We are now open on Saturdays and Sundays for MRI services with bulk billing available for all Medicare eligible scans.

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HANLY MOIR**
PATHOLOGY

Quality is in our DNA

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Douglass Hanly Moir Pathology immediately on 1800 222 365.
NATA Accreditation No. 2178

Dr Constance Leung

MYHEALTH MED CTR
Shop 456 Macquarie S-c
Cnr Herring Rd & Waterloo Rd
MACQUARIE PARK 2113

Copies: Copy D Unknown

L15714
BHX/BHX/BHX/---/---

Ph: 0298555336

Jessica SOBANSKI

Lab ID : **881506808**

8 Reachst
The Ponds 2769

DOB : 23/08/1997 (24 Yrs)
Sex : Female
Ph : +61432088310

Your Ref : **00160377**

Requested : 03/05/2022
Collected : 02/06/2022 13:10
Received : 02/06/2022 13:11
Printed : 02/06/2022 20:23

BhCG - Quantitative

Human Chorionic Gonadotrophin <5 IU/L

Comment

Expected values for normal pregnancy
Gestational age (from LMP) IU/L

4 weeks	16 - 160
4-5 weeks	100 - 5000
5-6 weeks	1000 - 30000
6-7 weeks	2500 - 80000
7-8 weeks	23000 - 150000
8-9 weeks	27000 - 230000
9-13 weeks	21000 - 290000
2nd trimester	6000 - 100000
3rd trimester	3000 - 80000

Non Pregnant female - less than 5 IU/L

Tests Completed: HCG Quant(s), Glu(p), CRP(s). **Pending:** B12(s), Fol(s), LFT(s), C(s), UCreat(s), E(s)
Phos(s), Ca(s), Ferr(s), Mg(s), TSH(s), FBC(e), ESR(e), Gladin/TTG(s)
Clinical Notes: FREQUENT MIGRAINE

St Ives Medical Centre

127/166 Mona Vale Rd

ST IVES 2075

Phone: 02 9440 5050

Fax:

17 March 2022

Result List:

From: dhm
Name: MS JESSICA SOBANSKI
Address: 42/10 DROVERS WAY LINDFIELD 2070
DOB: 23/08/1997 Sex: F
Your Reference: 122510
Lab. Reference: 866888234-M-M373
Medicare Number: 2878952231
Phone Enquiries:
Referred By: DR SUHAS MAHAJAN (204598ET)
Provider Nbr: 204598ET
Copy to: MS JESSICA SOBANSKI
Addressee: DR S MAHAJAN (204598ET)
Requested: 23/02/2022
Collected: 23/02/2022
Received by lab: 23/02/2022
Reported: 26/02/2022 11:58:00 AM
Request/Result Status: F - Final
Specimen:
Test Name: FMCS
Clinical Notes: NO HISTORY

Clinical Notes : NO HISTORY

Faeces Examination

Specimen 1
Collection date 23/02/2022

Appearance Semi formed

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.

FINAL REPORT - Updated on 26/02/2022 at 11:38

NATA Accreditation No 2178

Tests Completed: PATHOGEN PCR FAECES, FMCS
Tests Pending :
Sample Pending :

From: dhm
Name: MS JESSICA SOBANSKI
Address: 42/10 DROVERS WAY LINDFIELD 2070
DOB: 23/08/1997 Sex: F
Your Reference: 122510

Lab. Reference: 866888234-M-M373
Medicare Number: 2878952231
Phone Enquiries:
Referred By: DR SUHAS MAHAJAN (204598ET)
Provider Nbr: 204598ET
Copy to: MS JESSICA SOBANSKI
Addressee: DR S MAHAJAN (204598ET)
Requested: 23/02/2022
Collected: 23/02/2022
Received by lab: 23/02/2022
Reported: 25/02/2022 11:58:00 AM
Request/Result Status: P - Preliminary: a verified early result is available, final results not yet obtained
Specimen:
Test Name: FMCS
Clinical Notes: NO HISTORY

Clinical Notes : NO HISTORY

Faeces Examination

Specimen 1
Collection date 23/02/2022

Appearance Semi formed

Microscopy
Concentrate No ova, cysts or parasites seen.

Faecal Antigens
Cryptosporidium Ag **Not Detected**
Giardia Ag **Not Detected**

Comment on Lab ID 866888234

Further report to follow.

*** The above result is provisional. Finalised report to follow. ***

NATA Accreditation No 2178

Tests Completed: PATHOGEN PCR FAECES
Tests Pending : FMCS
Sample Pending :

From: dhm
Name: MS JESSICA SOBANSKI
Address: 42/10 DROVERS WAY LINDFIELD 2070
DOB: 23/08/1997 Sex: F
Your Reference: 122510
Lab. Reference: 866888234-D-D067
Medicare Number: 2878952231
Phone Enquiries:
Referred By: DR SUHAS MAHAJAN (204598ET)
Provider Nbr: 204598ET
Copy to: MS JESSICA SOBANSKI
Addressee: DR S MAHAJAN (204598ET)
Requested: 23/02/2022
Collected: 23/02/2022
Received by lab: 23/02/2022
Reported: 24/02/2022 7:28:00 PM
Request/Result Status: F - Final
Specimen:
Test Name: PATHOGEN PCR FAECES
Clinical Notes: NO HISTORY

Clinical Notes : NO HISTORY

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	Not Detected

Parasites:	
Giardia lamblia	Not Detected
Cryptosporidium species	Not Detected
Dientamoeba fragilis	Not Detected
Entamoeba histolytica	Not Detected
Blastocystis species	Not Detected

NATA Accreditation No 2178

Tests Completed: PATHOGEN PCR FAECES
 Tests Pending : FMCS
 Sample Pending :

From: dhm
 Name: MS JESSICA SOBANSKI
 Address: 42/10 DROVERS WAY LINDFIELD 2070
 DOB: 23/08/1997 Sex: F
 Your Reference: 122310
 Lab. Reference: 867267260-M-M373
 Medicare Number: 2878952231
 Phone Enquiries:
 Referred By: DR JANA VALLE (5792679K)
 Provider Nbr: 5792679K
 Copy to:
 Addressee: DR JANA VALLE (5792679K)
 Requested: 11/02/2022
 Collected: 16/02/2022 8:33:00 AM
 Received by lab: 16/02/2022 8:33:00 AM
 Reported: 18/02/2022 2:28:00 PM
 Request/Result Status: F - Final
 Specimen:
 Test Name: FMCS
 Clinical Notes: NO HISTORY

Clinical Notes : NO HISTORY

Faeces Examination

Specimen	1
Collection date	16/02/2022

Appearance	Semi formed
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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.
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NATA Accreditation No 2178

Tests Completed: C DIFF PCR, PATHOGEN PCR FAECES, FMCS
 Tests Pending :
 Sample Pending :

From: dhm

Name: MS JESSICA SOBANSKI
Address: 42/10 DROVERS WAY LINDFIELD 2070
DOB: 23/08/1997 Sex: F
Your Reference: 122310
Lab. Reference: 867267260-D-D004
Medicare Number: 2878952231
Phone Enquiries:
Referred By: DR JANA VALLE (5792679K)
Provider Nbr: 5792679K
Copy to:
Addressee: DR JANA VALLE (5792679K)
Requested: 11/02/2022
Collected: 16/02/2022 8:33:00 AM
Received by lab: 16/02/2022 8:33:00 AM
Reported: 17/02/2022 3:28:00 PM
Request/Result Status: F - Final
Specimen:
Test Name: C DIFF PCR
Clinical Notes: NO HISTORY

Clinical Notes : NO HISTORY

Clostridium difficile toxin PCR

Specimen	Faeces
C. difficile tcdB gene	Not Detected

Comment on Lab ID 867267260

The tcdB gene of Clostridium difficile is the primary virulence factor for C. difficile infection (CDI) and this test is appropriate for use only on unformed stool from patients with clinically significant diarrhoea.

NATA Accreditation No 2178

Tests Completed: C DIFF PCR, PATHOGEN PCR FAECES
Tests Pending : FMCS
Sample Pending :

From: dhm
Name: MS JESSICA SOBANSKI
Address: 42/10 DROVERS WAY LINDFIELD 2070
DOB: 23/08/1997 Sex: F
Your Reference: 122310
Lab. Reference: 867267260-D-D067
Medicare Number: 2878952231
Phone Enquiries:
Referred By: DR JANA VALLE (5792679K)
Provider Nbr: 5792679K
Copy to:
Addressee: DR JANA VALLE (5792679K)
Requested: 11/02/2022
Collected: 16/02/2022 8:33:00 AM
Received by lab: 16/02/2022 8:33:00 AM
Reported: 17/02/2022 2:58:00 PM
Request/Result Status: F - Final
Specimen:
Test Name: PATHOGEN PCR FAECES
Clinical Notes: NO HISTORY

Clinical Notes : NO HISTORY

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	Not Detected
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Parasites:	
Giardia lamblia	Not Detected
Cryptosporidium species	Not Detected
Dientamoeba fragilis	Not Detected
Entamoeba histolytica	Not Detected
Blastocystis species	Not Detected

Comment on Lab ID 867267260

NATA Accreditation No 2178

Tests Completed: PATHOGEN PCR FAECES
Tests Pending : C DIFF PCR, FMCS
Sample Pending :