

**RESULTS ENQUIRIES** 13 39 36



Report to MIDDLETON, Alexandra

12/50 Bellevue Hill

Patient JACOB, Katharina

> 22/173-179 BRONTE RD QUEENPARK NSW 2022

Phone

D.O.B 06/07/1985 Age 33 years.

Ref. by/copy to

CC Drs: MIDDLETON, ALEXANDRA

Collect date 01/06/2019

19-18796266 Your ref

Collect time 10:30 AM

Reported 03/06/2019 02:37 PM

Tests requested

CTD, COE, EPG, DVI, FE, IMM, GLU, LIP, MBA, VBF, FB

CVI\*

Clin notes

### 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	Sc1-70	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.

SURGERY USE

Normal

No Action/File

Notified

Appoint

Further Tests

Notes Required

Speak with Dr.



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Clin notes

### COELIAC DISEASE SEROLOGY

< 1 U/mLDeamidated gliadin peptide IgG (< 15)

g/L Total TgA 2.20 (0.40 - 3.50)Transglutaminase IgA 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.

#### SERUM ELECTROPHORESIS

Total Protein	66	g/L	(60-82)
Albumin	42	g/L	(38-50)
Alpha-1 Globulins	3	g/L	(2-4)
Alpha-2 Globulins	7	g/L	(5-10)
Beta-1 Globulin	3	g/L	(3-6)
Beta-2 Globulin	3	g/L	(1-5)
Gamma Globulin	9	g/L	(6-13)

Comment:

Normal serum protein electrophoresis pattern.

### SERUM PROTEIN IMMUNOFIXATION

No monoclonal bands were detected by immunofixation electrophoresis.

### VITAMIN D

Serum 25(OH) Vitamin D 87 nmol/L

Suggested decision limits for Vitamin D status:

Sufficiency	51 -200	nmol/L
Mild deficiency	25 - 50	nmol/L
Marked deficiency	< 25	nmol/L
Toxicity	>250	nmol/L

References: Vitamin D and health in adults in Australia and New Zealand:

Position Statement. MJA 2012 June 18; 196(11),686-687.

SURGERY USE

Normal

No Action/File

Notified

Make Appoint

Further Tests

Required Speak with Dr.

Notes



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Reported 03/06/2019 02:00 PM

Clin notes

IRON STUDIES

16677473 18796266 Request Number 27467633 10 Mar 17 23 Mar 19 08:44 10:48 Date Collected 1 Jun 19 Time Collected 10:30

CVI\*

Specimen Type: Serum Iron (10-30)umol/L 23 T'ferrin(32-48) 22 umol/L T. Sat. (13-45) 응 53 75 Ferritin(30-165) 120 95 ug/L

Raised transferrin saturation may be the earliest sign of iron overload. Suggest repeat fasting iron studies to confirm the finding.

#### SERUM IMMUNOGLOBULINS

IqA 2.20 (0.40 - 3.50)q/L

SERUM/PLASMA GLUCOSE

Request Number 27467633 16677473 18796266 10 Mar 17 Date Collected 23 Mar 19 1 Jun 19 Time Collected 08:44 10:48 10:30 Fasting status Fasting Fasting Fasting (3.4-5.4)5.2 4.7 Serum mmol/L 5.5

Normal glucose concentration.

SURGERY USE

Normal

No Action/File

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On Correct Treatment



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FC5066 02/10 #643469

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Your ref

Phone

D.O.B 06/07/1985

Age 33 years.

sex F

Ref. by/copy to

CC Drs: MIDDLETON, ALEXANDRA

Collect date 01/06/2019

ref 19-18796266

Collect time 10:30 AM

Reported 03/06/2019 02:00 PM

Tests requested

CTD, COE, EPG, DVI, FE, IMM, GLU, LIP, MBA, VBF, FB

CVI\*

Clin notes

LIPID STUDIES

 Request Number
 27467633
 16677473
 18796266

 Date Collected
 10 Mar 17 23 Mar 19 1 Jun 19

 Time Collected
 08:44 10:48 10:30

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	Nil	Nil
Icterus		Nil	Nil	Nil
Lipaemia		Nil	Nil	Nil
Fasting status Chol (3.6-5.2) Trig (0.5-1.7) HDL (1.0-2.0) LDL (1.5-3.4) Non-HDL (< 3.4) Chol/HDL(< 4.5)	mmol/L mmol/L mmol/L	5.2 0.4 2.1 2.9 3.1 2.5	Fasting 3.6 0.4 1.4 2.0 2.2 2.6	Fasting 3.7 0.6

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

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Collect date 01/06/2019

19-18796266

(0.75-1.50) mmol/L

Collect time 10:30 AM

Reported 03/06/2019 01:40 PM

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CTD, COE, EPG, DVI, FE, IMM, GLU, LIP, MBA, VBF, FB

CVI\*

Clin notes

SERUM CHE Request Date Coll Time Coll Specimen	Number ected		27467633 Mar 17 23 08:44		18796266 1 Jun 19 10:30
Haemolys Icterus Lipaemia			Nil Nil Nil	Nil Nil Nil	
K C1 HCO3 An Gap Urea Creat eGFR Urate	(135-145) (3.6-5.4) (95-110) (22-32) (10-20) (2.5-8.0) (45-90) mL/min/1.7 (0.14-0.36)	mmol/L mmol/L mmol/L mmol/L mmol/L umol/L 3m^2 mmol/L	140 4.2 105 25 14 5.3 60 > 90	140 4.8 107 25 13 5.4 45 > 90 0.26	104 25 15 6.8 60 > 90
Bili AST ALT GGT Alk Phos Protein Albumin Glob Ca Corr Ca	(< 15) (< 30) (< 30) (< 30) (< 30) (20-105) (60-82) (38-50)	umol/L U/L U/L U/L U/L g/L g/L g/L g/L mmol/L	14 26 18 14 49 70 44 26	17 23 19 11 57 65 41 24 2.33 2.37	13 29 23 8 58 66 41 25

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).

1.21

SURGERY USE

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Collect date 01/06/2019

19-18796266

CC Drs: MIDDLETON, ALEXANDRA

Collect time 10:30 AM

Your ref

Reported 03/06/2019 10:42 AM

Tests requested

CTD, COE, EPG, DVI, FE, IMM, GLU, LIP, MBA, VBF, FB

CVI\*

Clin notes

VITAMIN B12 AND FOLATE STUDIES

Request Number Date Collected

27467633 18796266 10 Mar 17 08:44 1 Jun 19 10:30

Time Collected

B12

(301-740)pmol/L

582

> 54.0

507

Serum Folate (> 9.0)nmol/L

52.8

### 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.)

> SURGERY USE

Normal

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Notified

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Tests requested

CTD, COE, EPG, DVI, FE, IMM, GLU, LIP, MBA, VBF, FB

CVI\*

Clin notes

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Request Number		27467633	16677473	18796266
Date Collected	10	Mar 17 23	Mar 19	1 Jun 19
Time Collected		08:44	10:48	10:30
Specimen Type: EDTA				
Hb (115-165) g/L		131	129	134
Hct (0.34-0.47)		0.38	0.38	0.40
RCC $(3.9-5.8)$ $\times 10^{12}$	/1	4.1	4.1	4.5
MCV (79-99) fL		93	93	90
MCH (27-34) pg		32	32	30
MCHC (320-360) g/L		342	339	334
RDW (10.0-17.0) %		12.2	11.5	11.6
WBC (4.0-11.0) x10^9	/L	5.5	4.5	5.8
Neut $(2.0-7.5)$ $\times 10^9$	/L	3.1	2.4	3.1
Lymph $(1.0-4.0)$ x10 <sup>9</sup>	/L	1.8	1.6	2.1
Mono (0.2-1.0) x10^9	/L	0.5	0.4	0.4
Eos $(< 0.7)$ x10^9	/L	0.1	0.0	0.1
Baso (< 0.2) x10 <sup>9</sup>	/L	0.1	0.0	0.1
Plat (150-400) x10^9	/L	227	197	274

HAEMATOLOGY: FBC parameters are within reference range.

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