

Diagnostic Results: Miss Kate Southorn

Result IDs: (169490 169309 169185 169161 169160 169159 169146 159885
159884 159701 159381 159299 159250 159236 159229 159214 159206 159168
159166 159165 159160 159157 159148 159140 159131 159130 159129 159115
159114 159113 159112 159111 159110 159105 159104 159103 159102 159101
159099 159093 159092 159091 159090)

Reverse T3(s)

Collection Date: 09:56 11/03/2020

NO HISTORY

Date	09/09/19	11/03/20		
Time F-Fast	1041 F	0956 F		
Lab ID	299810424	844090494	Units	Reference
Reverse T3	433	364	pmol/L	(140-540)

Comments on Collection 11/03/20 0956 F:

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

NATA Accreditation No 2178

Tests Completed: :TFT(s),Reverse T3(s)

Tests Pending :

Sample Pending :

:TFT(s)

Collection Date: 09:56 11/03/2020

NO HISTORY

TFT

Date	09/09/19	11/03/20		
Time F-Fast	1041 F	0956 F		
Lab ID	299810424	844090494	Units	Reference
TSH..	1.71	2.35	mIU/L	(0.40-3.50)

Free T4..	12.6	13.1	pmol/L	(9.0-19.0)
Free T3	5.1	3.8	pmol/L	(2.6-6.0)

Comments on Collection 11/03/20 0956 F:
Euthyroid values.

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: :TFT(s)
Tests Pending : Reverse T3(s)
Sample Pending :

ANA(s)
Collection Date: 09:56 11/03/2020
FOLLOW UP CHRINIC FATIGUE

Antinuclear Antibodies

ANA Not Detected

Comment on Lab ID 844090495

(Screened at a titre of 80)

Supervising Pathologist: KB

NATA Accreditation No 2178

Tests Completed: LFT(s),Cr(s),UCreat(s),E(s),Glu(p),UA(s),Ferr(s),
Active B12(s),ANA(s)
Tests Pending :
Sample Pending :

Active B12(s)
Collection Date: 09:56 11/03/2020
FOLLOW UP CHRINIC FATIGUE

Date 09/09/19 **11/03/20**
Time F-Fast 1039 F **0956 F**
Lab ID 299810423 **844090495** Units Reference

Active B12 94 **>128** pmol/L (>35)

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: LFT(s),Cr(s),UCreat(s),E(s),Glu(p),UA(s),Ferr(s), Active B12(s)
Tests Pending : ANA(s)
Sample Pending :

Ferr(s)
Collection Date: 09:56 11/03/2020
FOLLOW UP CHRINIC FATIGUE

IRON

Date 09/09/19 **11/03/20**
Time F-Fast 1039 F **0956 F**
Lab ID 299810423 **844090495** Units Reference

Ferritin 24 **37** ug/L (15-200)

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: LFT(s),Cr(s),UCreat(s),E(s),Glu(p),UA(s),Ferr(s), Active B12(s)
Tests Pending : ANA(s)
Sample Pending :

LFT(s),Cr(s),UCreat(s),E(
Collection Date: 09:56 11/03/2020
FOLLOW UP CHRINIC FATIGUE

BIOCHEMISTRY

Date 09/09/19 **11/03/20**
Time F-Fast 1039 F **0956 F**
Lab ID 299810423 **844090495** Units Reference

Status	Fasting	Fasting		
Sodium	138	138	mmol/L	(135-145)
Potassium	3.7	3.9	mmol/L	(3.5-5.5)
Chloride	104	104	mmol/L	(95-110)
Bicarbonate	24	22	mmol/L	(20-32)
Urea	4.3	4.0	mmol/L	(2.5-6.5)
Creatinine	60	60	umol/L	(45-85)
eGFR	>90	>90	mL/min/1.73m2	(>59)
Urate	0.25	0.24	mmol/L	(0.15-0.40)
Bili.Total	13	9	umol/L	(3-15)
ALP	71	59	U/L	(20-105)
GGT	12	12	U/L	(5-35)
LD	145	139	U/L	(120-250)
AST	17	17	U/L	(10-35)
ALT	13	15	U/L	(5-30)
Total Protein	76	70	g/L	(68-85)
Albumin	47	45	g/L	(37-48)
Globulin	29	25	g/L	(23-39)

Comments on Collection 11/03/20 0956 F:
 eGFR (mL/min/1.73m2) calculated by CKD-EPI formula - see [Click here](#)

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: LFT(s),Cr(s),UCreat(s),E(s),Glu(p),UA(s),Ferr(s), Active B12(s)
 Tests Pending : ANA(s)
 Sample Pending :

Glu(p)
 Collection Date: 09:56 11/03/2020
 FOLLOW UP CHRINIC FATIGUE

GLUCOSE

Date 09/09/19 **11/03/20**
Time F-Fast 1039 F **0956 F**
Lab ID 299810423 **844090495** Units Reference

F Gluc Plasma	4.2	mmol/L	(3.6-6.0)
F Gluc Serum	4.2	mmol/L	(3.6-6.0)

Comments on Collection 11/03/20 0956 F:

Diabetes is unlikely if fasting glucose levels are less than 5.5 mmol/L but an OGTT could be indicated in the presence of risk factors such as metabolic syndrome, past gestational diabetes, polycystic ovary or family history of type 2 diabetes.

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: Glu(p)

Tests Pending : LFT(s),Cr(s),UCreat(s),E(s),UA(s),Ferr(s),
Active B12(s),ANA(s)

Sample Pending :

LEPTIN

Collection Date: 10:41 09/09/2019

NO HISTORY

Leptin: 23.4 ng/mL (3.7-11.1)

Reference interval applies to fasting specimens.

Please Note: Testing performed at Royal Prince Alfred Hospital

NATA Accreditation No 2178

Tests Completed: CPLS(s),DHEAS(s),Cu(s),:TFT(s),CortR(s),Histamine(h),
Reverse T3(s),Coeliac Gene(e),LEPTIN,VIP

Tests Pending :

Sample Pending :

PORPHYRIN URINE

Collection Date: 10:39 09/09/2019
CFS RECURRENT INFECTIONS LETHARGY

Porphyrin, Urine

Porphyrin/Creat Ratio: 6 nm/mm Cr (≤35)
PBG/Creat Ratio: 0.07 umol/mm cr (≤1.50)

The calculated results (per mmol creat) may be imprecise due to the dilution of the urine.

These results exclude a current attack of acute porphyria. During an attack the porphobilinogen is significantly raised. The results do not exclude neurological porphyria in remission.

Results exclude all forms of porphyria except protoporphyria as a cause of any current skin symptoms. Three mL of EDTA blood (preferred) are required for a diagnosis of protoporphyria.

NSW PORPHYRIA REFERENCE UNIT

Chemical Pathology Department

Royal Prince Alfred Hospital

Camperdown NSW 2050

email: victor.poulos@health.nsw.gov.au

Please contact A/Prof Peter Stewart,

Dr. Victor Poulos or Jole Bojovic on (02) 9515 8572

if you wish to discuss these results.

Ur Creatinine: 1.5 mmol/L

Please Note: Testing performed at Royal Prince Alfred Hospital

NATA Accreditation No 2178

Tests Completed: RF(s), B12(s), LFT(s), Cr(s), UCreat(s), E(s), Glu(s),
UA(s), HDL & LIPIDS, Ferr(s), CRP(s), ds-DNA Ab, Homo(e),
Active B12(s), PORPHYRIN URINE, Thyroid Abs(s),
HLA-B27, FBC(e), ESR(e), CD57(e), ANA(s), Gliadin/TTG(s),
ENA Screen(s), ECP(s), Tryptase-S, B2M(s), IgA(s), IgG(s),
IgM(s), EBVNA(s), BRF(s), CMV(s), Toxo(s)

Tests Pending :

Sample Pending :

VIP

Collection Date: 10:41 09/09/2019

NO HISTORY

Vasoactive Intestinal Peptide

VIP: <4.0 pmol/L (0.0-30.0)

From Monday 26th August 2019, the VIP assay has changed from Euradiagnostica to

DIASource

radioimmunoassay. The DIASource method has a negative bias and this is reflected in the change in reference interval (fasting specimen)

Please Note: Testing performed at Royal Prince Alfred Hospital

NATA Accreditation No 2178

Tests Completed: CPLS(s),DHEAS(s),Cu(s),:TFT(s),CortR(s),Histamine(h),
Reverse T3(s),Coeliac Gene(e),VIP

Tests Pending : LEPTIN

Sample Pending :

Histamine(h)

Collection Date: 10:41 09/09/2019

NO HISTORY

Blood Histamine

B-Histamine 0.7 umol/L (0.2 - 2.0)

Comment on Lab ID 299810424

Reported by Sullivan and Nicolaides Pathology, a member of the

Sonic Healthcare Group.

NATA Accreditation No 2178

Tests Completed: CPLS(s),DHEAS(s),Cu(s),:TFT(s),CortR(s),Histamine(h),
Reverse T3(s),Coeliac Gene(e)

Tests Pending : LEPTIN,VIP

Sample Pending :

ds-DNA Ab

Collection Date: 10:39 09/09/2019

CFS RECURRENT INFECTIONS LETHARGY

ANTI-ds DNA

Anti-DNA Antibodies (RIA) <5 IU/mL (0 - 6)

Comment on Lab ID 299810423

Supervising Pathologist: KB

NATA Accreditation No 2178

Tests Completed: RF(s),B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),
UA(s),HDL & LIPIDS,Ferr(s),CRP(s),ds-DNA Ab,Homo(e),
Active B12(s),Thyroid Abs(s),HLA-B27,FBC(e),ESR(e),
CD57(e),ANA(s),Gliadin/TTG(s),ENA Screen(s),ECP(s),
Tryptase-S,B2M(s),IgA(s),IgG(s),IgM(s),EBVNA(s),
BRF(s),CMV(s),Toxo(s)

Tests Pending : PORPHYRIN URINE

Sample Pending :

Reverse T3(s)

Collection Date: 10:41 09/09/2019

NO HISTORY

Reverse Triiodothyronine

Reverse T3 433 pmol/L (140 - 540)

Comment on Lab ID 299810424

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

NATA Accreditation No 2178

Tests Completed: CPLS(s),DHEAS(s),Cu(s),:TFT(s),CortR(s),
Reverse T3(s),Coeliac Gene(e)
Tests Pending : Histamine(h),LEPTIN,VIP
Sample Pending :

ECP(s)
Collection Date: 10:39 09/09/2019
CFS RECURRENT INFECTIONS LETHARGY

Eosinophil Cationic Protein

ECP 7.34 ug/L (<15)

Comment on Lab ID 299810423

Elevated Eosinophil Cationic Protein levels result from activation of
eosinophils in allergic or eosinophilic syndromes. Medicare rebate is only
available for ECP measurements in children (<12) with asthma.
(ImmunoCAP 250)

Supervising Pathologist: KB

NATA Accreditation No 2178

Tests Completed: RF(s),B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),
UA(s),HDL & LIPIDS,Ferr(s),CRP(s),Homo(e),
Active B12(s),Thyroid Abs(s),HLA-B27,FBC(e),ESR(e),
CD57(e),ANA(s),Gliadin/TTG(s),ENA Screen(s),ECP(s),
Tryptase-S,B2M(s),IgA(s),IgG(s),IgM(s),EBVNA(s),
BRF(s),CMV(s),Toxo(s)
Tests Pending : ds-DNA Ab,PORPHYRIN URINE

Sample Pending :

Cu(s)

Collection Date: 10:41 09/09/2019

NO HISTORY

Heavy Metals

Serum Copper 13 umol/L (12 - 22)

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: CPLS(s),DHEAS(s),Cu(s),:TFT(s),CortR(s),Coeliac Gene(e)

Tests Pending : Histamine(h),Reverse T3(s),LEPTIN,VIP

Sample Pending :

BRF(s)

Collection Date: 10:39 09/09/2019

CFS RECURRENT INFECTIONS LETHARGY

Barmah Forest Virus Serology

BFV IgG (EIA) Not Detected

BFV IgM (EIA) Not Detected

Comment on Lab ID 299810423

No evidence of past or current Barmah Forest Virus infection.

If an acute phase specimen repeat testing in 2 weeks may be indicated.

Supervising Pathologist: IC

NATA Accreditation No 2178

Tests Completed: RF(s),B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),
UA(s),HDL & LIPIDS,Ferr(s),CRP(s),Homo(e),
Active B12(s),Thyroid Abs(s),HLA-B27,FBC(e),ESR(e),
CD57(e),ANA(s),Gliadin/TTG(s),ENA Screen(s),

Tryptase-S,B2M(s),IgA(s),IgG(s),IgM(s),EBVNA(s),
BRF(s),CMV(s),Toxo(s)
Tests Pending : ds-DNA Ab,PORPHYRIN URINE,ECP(s)
Sample Pending :

Toxo(s)
Collection Date: 10:39 09/09/2019
CFS RECURRENT INFECTIONS LETHARGY

Toxoplasma Serology

Toxoplasma IgG (CMIA)	Not Detected
Toxoplasma IgM (CMIA)	Not Detected

Comment on Lab ID 299810423

No evidence of past or current toxoplasma infection. If acute phase specimen, repeat testing in 2 weeks is recommended.

Supervising Pathologist: IC

NATA Accreditation No 2178

Tests Completed: RF(s),B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),
UA(s),HDL & LIPIDS,Ferr(s),CRP(s),Homo(e),
Active B12(s),Thyroid Abs(s),HLA-B27,FBC(e),ESR(e),
CD57(e),ANA(s),Gliadin/TTG(s),ENA Screen(s),
Tryptase-S,B2M(s),IgA(s),IgG(s),IgM(s),EBVNA(s),
CMV(s),Toxo(s)
Tests Pending : ds-DNA Ab,PORPHYRIN URINE,ECP(s),BRF(s)
Sample Pending :

HLA-B27
Collection Date: 10:39 09/09/2019
CFS RECURRENT INFECTIONS LETHARGY

HLA-B27

Specimen type	EDTA blood
Method	Real-time PCR

HLA-B27 Not Detected

Comment on Lab ID 299810423

Note that this result does not exclude a diagnosis of an HLA-B27 associated disorder in an individual with clinical features.

Test information: Qualitative detection of HLA-B27 was performed using the GeneFinder HLA-B27 RealAmp kit (Osang Healthcare). Rare subtypes may not be detected by this assay.
Reference: PMID 28249891

NATA Accreditation No 2178

Tests Completed: RF(s),B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),
UA(s),HDL & LIPIDS,Ferr(s),CRP(s),Homo(e),
Active B12(s),Thyroid Abs(s),HLA-B27,FBC(e),ESR(e),
CD57(e),ANA(s),Gliadin/TTG(s),ENA Screen(s),
Tryptase-S,B2M(s),IgA(s),IgG(s),IgM(s),EBVNA(s),CMV(s)
Tests Pending : ds-DNA Ab,PORPHYRIN URINE,ECP(s),BRF(s),Toxo(s)
Sample Pending :

ANA(s)
Collection Date: 10:39 09/09/2019
CFS RECURRENT INFECTIONS LETHARGY

Antinuclear Antibodies

ANA	* Detected
Titre, Pattern	80 Speckled

Comment on Lab ID 299810423

(Screened at a titre of 80)

SPECKLED staining patterns occur with Sjogren's syndrome, lupus, mixed connective tissue disease, scleroderma and occasionally other inflammatory disorders. ENA testing may be useful.

Supervising Pathologist: KB

NATA Accreditation No 2178

Tests Completed: RF(s),B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),
UA(s),HDL & LIPIDS,Ferr(s),CRP(s),Homo(e),
Active B12(s),Thyroid Abs(s),FBC(e),ESR(e),CD57(e),
ANA(s),Gliadin/TTG(s),ENA Screen(s),Tryptase-S,
B2M(s),IgA(s),IgG(s),IgM(s),EBVNA(s),CMV(s)

Tests Pending : ds-DNA Ab,PORPHYRIN URINE,HLA-B27,ECP(s),BRF(s),Toxo(s)

Sample Pending :

CD57(e)

Collection Date: 10:39 09/09/2019

CFS RECURRENT INFECTIONS LETHARGY

Expression of CD57 on NK cells

White Cell Count 4.4 x10⁹/L (4.0 - 11.0)

Lymphocytes 1.5 x10⁹/L (1.0 - 4.0)

CD3-/CD57+ 2 %

CD3-/CD57+ 0.03 x10⁹/L

CD3-/CD57+ 30 /cubic mm

Comment on Lab ID 299810423

A published absolute range for CD3-/CD57+ lymphocytes
is 30-730 cells/cu.mm (0.03-0.730 x 10⁹/L).

(National Institute of Allergy and Infectious Diseases,
Bethesda Maryland. Nov 2009)

Supervising Pathologist: FH

NATA Accreditation No 2178

Tests Completed: RF(s),B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),
UA(s),HDL & LIPIDS,Ferr(s),CRP(s),Homo(e),
Active B12(s),Thyroid Abs(s),FBC(e),ESR(e),CD57(e),
Gliadin/TTG(s),ENA Screen(s),Tryptase-S,B2M(s),
IgA(s),IgG(s),IgM(s),EBVNA(s),CMV(s)

Tests Pending : ds-DNA Ab,PORPHYRIN URINE,HLA-B27,ANA(s),ECP(s),
BRF(s),Toxo(s)

Sample Pending :

Coeliac Gene(e)
Collection Date: 10:41 09/09/2019
NO HISTORY

HLA DR/DQ Genotyping for Coeliac Disease

Specimen type	EDTA blood
Method	Detection of sequence-specific oligonucleotides (Gen-Probe).

HLA-DR	4,15
DRB1	04,15

HLA-DQ	6,7
HLA-DQA1	01,03
HLA-DQB1	0301,06

Interpretation	No genotype susceptibility for coeliac disease. The DQ2 and DQ8 antigens associated with increased risk of coeliac disease were not identified in this patient. In the absence of these antigens, coeliac disease is extremely unlikely.
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Comment on Lab ID 299810424

More than 95% of persons with coeliac disease have either HLA-DQ2 or HLADQ8. Not all persons with these results will develop coeliac disease.

Genetic test results may have significant implications for both the patient and relatives. Corroboration of this result by reference to other clinical or laboratory information or by repeat testing may be warranted.

NATA Accreditation No 2178

Tests Completed: CPLS(s),DHEAS(s),:TFT(s),CortR(s),Coeliac Gene(e)
Tests Pending : Cu(s),Histamine(h),Reverse T3(s),LEPTIN,VIP
Sample Pending :

Australia HLA-DR Calculator

Version 1.3

HLA-DR: HLA-DR: HLA-DQ: HLA-DQ:

HLA-DR	3	4
DRB1	03	04
HLA-DQ	2	8
HLA-DQA1	03	05
HLA-DQB1	02	0302

[Clear](#) [Calculate](#)

Note: If you are a frequent user of this calculator, please observe that as of version 1.3 released in June of 2018 the input boxes have changed from vertical to horizontal to match the sample image.



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The following HLA-DR
haplotypes were detected:

4-3-53 - Multisusceptible/Chronic
Fatigue

15-6-51 - Post Lyme/MS/Narcolepsy

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Likes / Dislikes / Feedback
Take a 30 second HLA Calculator [survey](#)

HLA-DR Haplotype Definitions

4-3-53 and 15-6-51

An Important Note

It's important to understand the differences in testing between Sonic Healthcare and NutriPATH in Australia vs. Labcorp and Quest in the United States. Your full HLA-DR/DQ haplotype is comprised of sometimes two, but most often three figures. Labcorp and Quest in the United States test and return all three figures. In Australia, both Sonic Healthcare and NutriPATH return only two of the three figures necessary. In light of this missing third figure, the calculator is able to utilize serology and prevalence in many cases to derive, infer or significantly narrow down the possibilities. For each detected haplotype, the calculator will describe the methods used and the level of certainty in deriving the missing third figure.

4-3-53 - Multisusceptible/Chronic Fatigue

Using serology, it's possible to derive the third figure and complete this haplotype. While it is of course preferable to have the additional genes sequenced to be completely certain, as there are always genetic anomalies and abnormalities, in this case the missing figure can be calculated with a relatively high degree of certainty.

With regard to biotoxin susceptibility it is reported that this haplotype is statistically correlated with an increased susceptibility to multiple biotoxins¹, including but not limited to:

- ▲ Mold
- ▲ Lyme
- ▲ Ciguatera
- ▲ Pfisteria
- ▲ Dinoflagellates
- ▲ Cyanobacteria derived from blue-green algae
- ▲ Venom from the northern recluse spider
- ▲ Venom from rattlesnakes

It has been suggested that the immune system of those with this haplotype may be unable or less able to properly identify and eliminate these toxins². Multisusceptible haplotypes have been casually

referred to as the 'dreaded' genes on occasion, however first hand experiences of many seem to suggest that those with this haplotype can be treated just as easily as others.

4-3-53 is additionally reported to be statistically correlated with an increased incidence of chronic fatigue syndrome¹. Importantly, possessing this haplotype **does not mean that you have chronic fatigue syndrome**. Rather it means only that you may be at an increased risk of developing chronic fatigue syndrome.

Disease Risk

- ✖ Some versions of this haplotype may confer additional risk of Type 1 Diabetes⁶
- ✖ Some versions of elements of this haplotype may confer additional risk of Rheumatoid Arthritis⁷
- ✖ Some versions of this haplotype may confer additional risk of Alzheimer's Disease⁸
- ✖ This haplotype may confer additional risk of Addison's Disease⁹
- ✖ Elements of this haplotype may confer additional risk of Alopecia areata¹⁰

Disease Protection

- ✔ One version of this haplotype is reported to be protective against Type 1 Diabetes⁶
- ✔ Some versions of this haplotype are reported to be protective against Parkinson's Disease¹¹

15-6-51 - Post Lyme/MS/Narcolepsy

Using serology, it's possible to derive the third figure and complete this haplotype. While it is of course preferable to have the additional genes sequenced to be completely certain, as there are always genetic anomalies and abnormalities, in this case the missing figure can be calculated with a relatively high degree of certainty.

With regard to biotoxin susceptibility it is reported that this haplotype is statistically correlated with an increased incidence of chronic persistent lyme disease¹. Importantly, possessing this haplotype **does not mean that you have lyme disease**. Rather it means only that you may be at an increased risk of developing *persistent lyme disease* should you initially develop lyme disease by traditional means, such as being bitten by a tick. It has been said that the immune system of those with this haplotype may be unable or less able to properly identify and eliminate toxins associated with lyme disease², specifically those produced by bacteria of the *Borrelia* type.

Aspects of this haplotype have also been statistically correlated with an increased incidence of multiple sclerosis³. Again, it is important to understand that possessing this haplotype **does not mean that you have multiple sclerosis**. Rather it means only that you may be at an increased risk of developing multiple sclerosis. In fact, research has suggested that this increased risk is related to low levels of vitamin d, and that it may be possible to offset the increased risk associated with this haplotype by always ensuring sufficiency⁴.

Aspects of this haplotype have also been statistically correlated with an increased incidence of narcolepsy⁵. **This does not mean that you have narcolepsy**. Rather it means only that you may be at an increased risk of developing narcolepsy.

Disease Risk

- ✖ Some versions of this haplotype may confer additional risk of Multiple Sclerosis³
- ✖ Some versions of this haplotype may confer additional risk of Narcolepsy⁵
- ✖ Some versions of this haplotype may confer additional risk of Parkinson's Disease¹¹
- ✖ Some versions of this haplotype may confer additional risk of Systemic Lupus Erythematosus¹²
- ✖ Elements of this haplotype may confer additional susceptibility to Aspergillosis¹³
- ✖ Some versions of this haplotype may confer additional risk of Alzheimer's Disease⁸

Disease Protection

- ✔ Some versions of this haplotype are reported to be protective against Type 1 Diabetes⁶

References

1. Surviving Mold, by Ritchie C. Shoemaker
2. The Genetics of Chronic Inflammatory Response Syndrome from Biotoxins, by Dr. David Ou - <http://www.drdaveou.com/blog/?p=406>
3. <https://www.ncbi.nlm.nih.gov/pmc/articles/pmc3258250>
4. <https://www.ncbi.nlm.nih.gov/pubmed/20530326>
5. <https://www.ncbi.nlm.nih.gov/pubmed/9456467>
6. <http://diabetes.diabetesjournals.org/content/57/4/1084>
7. <https://www.ncbi.nlm.nih.gov/pmc/articles/pmc130004>
8. <https://www.ncbi.nlm.nih.gov/pubmed/25651370>
9. <https://www.ncbi.nlm.nih.gov/m/pubmed/11836294>
10. <https://www.ncbi.nlm.nih.gov/pubmed/16935791>
11. <https://www.ncbi.nlm.nih.gov/pmc/articles/pmc3824116>
12. <http://www.nature.com/ejhg/journal/v15/n8/full/5201827a.html>
13. <https://www.ncbi.nlm.nih.gov/pubmed/15709450>

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portions referencing dr. ritchie shoemaker and survivingmold.com are hereby attributed

B2M(s)

Collection Date: 10:39 09/09/2019

CFS RECURRENT INFECTIONS LETHARGY

Beta 2 Microglobulin, Serum (Immulate Method)

Beta 2 Microglobulin 0.9 mg/L (0 - 2.4)

Comment on Lab ID 299810423

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: RF(s),B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),
UA(s),HDL & LIPIDS,Ferr(s),CRP(s),Homo(e),
Active B12(s),Thyroid Abs(s),FBC(e),ESR(e),
Gliadin/TTG(s),ENA Screen(s),Tryptase-S,B2M(s),
IgA(s),IgG(s),IgM(s),EBVNA(s),CMV(s)

Tests Pending : ds-DNA Ab,PORPHYRIN URINE,HLA-B27,CD57(e),ANA(s),
ECP(s),BRF(s),Toxo(s)

Sample Pending :

Tryptase-S

Collection Date: 10:39 09/09/2019

CFS RECURRENT INFECTIONS LETHARGY

Mast Cell Tryptase

Tryptase 4.19 ug/L (<13.50)

Comment on Lab ID 299810423

Levels may be elevated with systemic mastocytosis/urticaria pigmentosa as well as following mast cell degranulation (usually after insect sting or parenteral drug reactions). Follow up testing of elevated levels is recommended to exclude mastocytosis and monitor progression of this disorder. Few patients with anaphylaxis induced by food allergens or oral drugs will have elevated tryptase levels. All patients with insect sting allergy should have their Tryptase checked. (ImmunoCAP 250)

Supervising Pathologist: KB

NATA Accreditation No 2178

Tests Completed: RF(s),B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),
UA(s),HDL & LIPIDS,Ferr(s),CRP(s),Homo(e),
Active B12(s),Thyroid Abs(s),FBC(e),ESR(e),
Gliadin/TTG(s),ENA Screen(s),Tryptase-S,IgA(s),
IgG(s),IgM(s),EBVNA(s),CMV(s)

Tests Pending : ds-DNA Ab,PORPHYRIN URINE,HLA-B27,CD57(e),ANA(s),
ECP(s),B2M(s),BRF(s),Toxo(s)

Sample Pending :

CortR(s)

Collection Date: 10:41 09/09/2019

NO HISTORY

Cortisol

Cortisol (Random)	295	nmol/L	(70 - 650)
Collection Time	1041		

Comment on Lab ID 299810424

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: CPLS(s),DHEAS(s),:TFT(s),CortR(s)

Tests Pending : Cu(s),Histamine(h),Reverse T3(s),Coeliac Gene(e),
LEPTIN,VIP

Sample Pending :

CMV(s)

Collection Date: 10:39 09/09/2019

CFS RECURRENT INFECTIONS LETHARGY

Cytomegalovirus Serology

CMV IgG (CMIA)	Not Detected
CMV IgM (CMIA)	Not Detected

Comment on Lab ID 299810423

No evidence of past or current CMV infection. If acute phase specimen, repeat testing in 2 weeks is recommended.

Supervising Pathologist: IC

NATA Accreditation No 2178

Tests Completed: RF(s),B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),
UA(s),HDL & LIPIDS,Ferr(s),CRP(s),Homo(e),
Active B12(s),Thyroid Abs(s),FBC(e),ESR(e),
Gliadin/TTG(s),ENA Screen(s),IgA(s),IgG(s),IgM(s),
EBVNA(s),CMV(s)

Tests Pending : ds-DNA Ab,PORPHYRIN URINE,HLA-B27,CD57(e),ANA(s),
ECP(s),Tryptase-S,B2M(s),BRF(s),Toxo(s)

Sample Pending :

ENA Screen(s)

Collection Date: 10:39 09/09/2019

CFS RECURRENT INFECTIONS LETHARGY

Antibodies to Extractable Nuclear Antigen (ENA)

SS-A 60	Negative
SS-B	Negative

Ro-52	Negative
Scl-70	Negative
Jo-1	Negative
Cenp-B	Negative

Sm	Negative
RNP	Negative

Ribo-P	Negative
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Supervising Pathologist: KB

NATA Accreditation No 2178

Tests Completed: RF(s),B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),
UA(s),HDL & LIPIDS,Ferr(s),CRP(s),Homo(e),
Active B12(s),Thyroid Abs(s),FBC(e),ESR(e),
Gliadin/TTG(s),ENA Screen(s),IgA(s),IgG(s),IgM(s),
EBVNA(s),CMV(s)

Tests Pending : ds-DNA Ab,PORPHYRIN URINE,HLA-B27,CD57(e),ANA(s),
ECP(s),Tryptase-S,B2M(s),BRF(s),Toxo(s)

Sample Pending :

Gliadin/TTG(s)

Collection Date: 10:39 09/09/2019

CFS RECURRENT INFECTIONS LETHARGY

Coeliac Serology

Deamidated Gliadin IgA	<1	U/mL	(<15)
Deamidated Gliadin IgG	5	U/mL	(<15)
Tissue Transglutaminase IgA	<1	U/mL	(<15)
Tissue Transglutaminase IgG	<1	U/mL	(<15)

Comment on Lab ID 299810423

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.

Supervising Pathologist: KB

NATA Accreditation No 2178

Tests Completed: RF(s),B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),

UA(s),HDL & LIPIDS,Ferr(s),CRP(s),Homo(e),
Active B12(s),Thyroid Abs(s),FBC(e),ESR(e),
Gliadin/TTG(s),ENA Screen(s),IgA(s),IgG(s),IgM(s),
EBVNA(s),CMV(s)
Tests Pending : ds-DNA Ab,PORPHYRIN URINE,HLA-B27,CD57(e),ANA(s),
ECP(s),Tryptase-S,B2M(s),BRF(s),Toxo(s)
Sample Pending :

:TFT(s)
Collection Date: 10:41 09/09/2019
NO HISTORY

Thyroid Function

TSH	1.71	mIU/L	(0.40 - 3.50)
Free T4	12.6	pmol/L	(9.0 - 19.0)
Free T3	5.1	pmol/L	(2.6 - 6.0)

Comment on Lab ID 299810424

Euthyroid values.

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: CPLS(s),DHEAS(s),:TFT(s)
Tests Pending : Cu(s),CortR(s),Histamine(h),Reverse T3(s),
Coeliac Gene(e),LEPTIN,VIP
Sample Pending :

DHEAS(s)
Collection Date: 10:41 09/09/2019
NO HISTORY

Reproductive Hormones (Abbott Method)

DHEAS	5.9	umol/L	(2.4 - 13)
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Comment on Lab ID 299810424

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: CPLS(s),DHEAS(s),:TFT(s)

Tests Pending : Cu(s),CortR(s),Histamine(h),Reverse T3(s),
Coeliac Gene(e),LEPTIN,VIP

Sample Pending :

CPLS(s)

Collection Date: 10:41 09/09/2019

NO HISTORY

Caeruloplasmin

(Abbott Architect Method)

Caeruloplasmin 0.29 g/L (0.17 - 0.43)

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: CPLS(s),DHEAS(s),:TFT(s)

Tests Pending : Cu(s),CortR(s),Histamine(h),Reverse T3(s),
Coeliac Gene(e),LEPTIN,VIP

Sample Pending :

EBVNA(s)

Collection Date: 10:39 09/09/2019

CFS RECURRENT INFECTIONS LETHARGY

Epstein-Barr Virus Serology

EBV VCA IgG	Not Detected
EBV NA IgG	Not Detected
EBV VCA IgM	Not Detected

Unusual

Comment on Lab ID 299810423

No evidence of past or current EBV infection. If acute phase specimen repeat testing in 2 weeks is recommended.

Supervising Pathologist: IC

NATA Accreditation No 2178

Tests Completed: RF(s),B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),
UA(s),HDL & LIPIDS,Ferr(s),CRP(s),Homo(e),
Active B12(s),Thyroid Abs(s),FBC(e),ESR(e),IgA(s),
IgG(s),IgM(s),EBVNA(s)

Tests Pending : ds-DNA Ab,PORPHYRIN URINE,HLA-B27,CD57(e),ANA(s),
Gliadin/TTG(s),ENA Screen(s),ECP(s),Tryptase-S,
B2M(s),BRF(s),CMV(s),Toxo(s)

Sample Pending :

Active B12(s)

Collection Date: 10:39 09/09/2019

CFS RECURRENT INFECTIONS LETHARGY

Active B12

Active B12 94 pmol/L (>35)

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: RF(s),B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),
UA(s),HDL & LIPIDS,Ferr(s),CRP(s),Homo(e),
Active B12(s),Thyroid Abs(s),FBC(e),ESR(e),IgA(s),
IgG(s),IgM(s),EBVNA(s)

Tests Pending : ds-DNA Ab,PORPHYRIN URINE,HLA-B27,CD57(e),ANA(s),
Gliadin/TTG(s),ENA Screen(s),ECP(s),Tryptase-S,
B2M(s),BRF(s),CMV(s),Toxo(s)

Sample Pending :

Homo(e)

Collection Date: 10:39 09/09/2019

CFS RECURRENT INFECTIONS LETHARGY

Homocysteine

Homocysteine 8.2 umol/L (5.0 - 12.0)

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: RF(s),B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),
UA(s),HDL & LIPIDS,Ferr(s),CRP(s),Homo(e),
Active B12(s),Thyroid Abs(s),FBC(e),ESR(e),IgA(s),
IgG(s),IgM(s),EBVNA(s)

Tests Pending : ds-DNA Ab,PORPHYRIN URINE,HLA-B27,CD57(e),ANA(s),
Gliadin/TTG(s),ENA Screen(s),ECP(s),Tryptase-S,
B2M(s),BRF(s),CMV(s),Toxo(s)

Sample Pending :

IgA(s),IgG(s),IgM(s)

Collection Date: 10:39 09/09/2019

CFS RECURRENT INFECTIONS LETHARGY

Immunoglobulins

Immunoglobulin G 9.97 g/L (6.20 - 14.40)

Immunoglobulin A 1.71 g/L (0.60 - 3.96)

Immunoglobulin M 0.64 g/L (0.48 - 3.04)

Comment on Lab ID 299810423

Supervising Pathologist: KB

NATA Accreditation No 2178

Tests Completed: RF(s),B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),
UA(s),HDL & LIPIDS,Ferr(s),CRP(s),Thyroid Abs(s),
FBC(e),ESR(e),IgA(s),IgG(s),IgM(s)

Tests Pending : ds-DNA Ab,Homo(e), Active B12(s),PORPHYRIN URINE,
HLA-B27,CD57(e),ANA(s),Gliadin/TTG(s),ENA Screen(s),
ECP(s),Tryptase-S,B2M(s),EBVNA(s),BRF(s),CMV(s),Toxo(s)

Sample Pending :

Thyroid Abs(s)

Collection Date: 10:39 09/09/2019

CFS RECURRENT INFECTIONS LETHARGY

Thyroid Autoantibodies

Thyroglobulin Ab 0.9 IU/mL (<4.1)

Thyroid Peroxidase Ab <0.5 IU/mL (<5.6)

Comment on Lab ID 299810423

From 06/09/17, Thyroid antibodies will be measured by the Abbott Architect (not Immulite) method and reported with new reference intervals.

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: RF(s),B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),
UA(s),HDL & LIPIDS,Ferr(s),CRP(s),Thyroid Abs(s),
FBC(e),ESR(e),IgA(s),IgG(s),IgM(s)

Tests Pending : ds-DNA Ab,Homo(e), Active B12(s),PORPHYRIN URINE,
HLA-B27,CD57(e),ANA(s),Gliadin/TTG(s),ENA Screen(s),
ECP(s),Tryptase-S,B2M(s),EBVNA(s),BRF(s),CMV(s),Toxo(s)

Sample Pending :

Ferr(s)

Collection Date: 10:39 09/09/2019

CFS RECURRENT INFECTIONS LETHARGY

Iron Studies

Ferritin 24 ug/L (15 - 200)

Comment on Lab ID 299810423

Serum ferritin levels between 15-30 ug/L may reflect depleted iron stores and iron therapy may be indicated.

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: RF(s),B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),
UA(s),HDL & LIPIDS,Ferr(s),CRP(s),Thyroid Abs(s),
FBC(e),ESR(e),IgA(s),IgG(s),IgM(s)

Tests Pending : ds-DNA Ab,Homo(e), Active B12(s),PORPHYRIN URINE,
HLA-B27,CD57(e),ANA(s),Gliadin/TTG(s),ENA Screen(s),
ECP(s),Tryptase-S,B2M(s),EBVNA(s),BRF(s),CMV(s),Toxo(s)

Sample Pending :

B12(s)

Collection Date: 10:39 09/09/2019

CFS RECURRENT INFECTIONS LETHARGY

Vitamin B12 and Folate

Vitamin B12 321 pmol/L (135 - 650)

Comment on Lab ID 299810423

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.

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: RF(s),B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),
UA(s),HDL & LIPIDS,Ferr(s),CRP(s),Thyroid Abs(s),
FBC(e),ESR(e),IgA(s),IgG(s),IgM(s)

Tests Pending : ds-DNA Ab,Homo(e), Active B12(s),PORPHYRIN URINE,
HLA-B27,CD57(e),ANA(s),Gliadin/TTG(s),ENA Screen(s),
ECP(s),Tryptase-S,B2M(s),EBVNA(s),BRF(s),CMV(s),Toxo(s)

Sample Pending :

RF(s)

Collection Date: 10:39 09/09/2019

CFS RECURRENT INFECTIONS LETHARGY

Rheumatoid Factor (Quantitative) (Architect Method)

Rheumatoid Factor (RF)	8	IU/mL	(<16)
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Comment on Lab ID 299810423

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: RF(s),B12(s),LFT(s),Cr(s),UCreat(s),E(s),Glu(s),
UA(s),HDL & LIPIDS,Ferr(s),CRP(s),Thyroid Abs(s),
FBC(e),ESR(e),IgA(s),IgG(s),IgM(s)

Tests Pending : ds-DNA Ab,Homo(e), Active B12(s),PORPHYRIN URINE,
HLA-B27,CD57(e),ANA(s),Gliadin/TTG(s),ENA Screen(s),
ECP(s),Tryptase-S,B2M(s),EBVNA(s),BRF(s),CMV(s),Toxo(s)

Sample Pending :

FBC(e),ESR(e)

Collection Date: 10:39 09/09/2019

CFS RECURRENT INFECTIONS LETHARGY

Haematology

Haemoglobin	126	g/L	(119 - 160)
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Red cell count 4.2 x10¹²/L (3.8 - 5.8)

Haematocrit	0.37	(0.35 - 0.48)
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MCV	88	fL	(80 - 100)
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MCH	29.7 pg	(27.0 - 32.0)
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MCHC	340	g/L	(310 - 360)
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RDW	13.0	(10.0 - 15.0)
-----	------	-----------------

White cell count 4.4 x10⁹/L (4.0 - 11.0)

Neutrophils	2.45	x10 ⁹ /L	(2.0 - 7.5)
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Lymphocytes 1.50 x10⁹/L (1.0 - 4.0)

Monocytes	0.34	x10*9/L (0.0 - 1.0)
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Eosinophils 0.06 x10⁹/L (0.0 - 0.5)

Eosinophils	0.00	x10 ⁹ /L (0.0 - 0.5)
Basophils	0.03	x10 ⁹ /L (0.0 - 0.3)

Leucophils	0.00	x10 ⁹ /L (0.0 - 0.0)
NRBC	<1.0	/100 WBC (<1)

Platelets	224	x10*9/L (150 - 450)
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ESR	5	mm/h	(1 - 19)
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Comment on Lab ID 299810423

Full blood count is within reference limits

Supervising Pathologist: FH

NATA Accreditation No 2178

Tests Completed: LFT(s),Cr(s),UCreat(s),E(s),Glu(s),UA(s),
HDL & LIPIDS,CRP(s),FBC(e),ESR(e)

Tests Pending : RF(s),B12(s),Ferr(s),ds-DNA Ab,Homo(e),
PORPHYRIN URINE,Thyroid Abs(s),HLA-B27,CD57(e),
ANA(s),Gliadin/TTG(s),ENA Screen(s),ECP(s),
Tryptase-S,B2M(s),IgA(s),IgG(s),IgM(s),EBVNA(s),
BRF(s),CMV(s),Toxo(s)

Sample Pending :

CRP(s)

Collection Date: 10:39 09/09/2019

CFS RECURRENT INFECTIONS LETHARGY

C Reactive Protein (High Sens)

CRP <0.4 mg/L (0.0 - 5.0)

Comment on Lab ID 299810423

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: LFT(s),Cr(s),UCreat(s),E(s),Glu(s),UA(s),
HDL & LIPIDS,CRP(s),FBC(e)

Tests Pending : RF(s),B12(s),Ferr(s),ds-DNA Ab,Homo(e),
PORPHYRIN URINE,Thyroid Abs(s),HLA-B27,ESR(e),
CD57(e),ANA(s),Gliadin/TTG(s),ENA Screen(s),ECP(s),
Tryptase-S,B2M(s),IgA(s),IgG(s),IgM(s),EBVNA(s),
BRF(s),CMV(s),Toxo(s)

Sample Pending :

HDL & LIPIDS

Collection Date: 10:39 09/09/2019

CFS RECURRENT INFECTIONS LETHARGY

Lipids and HDL

Status	Fasting
Cholesterol	4.9 mmol/L (3.9 - 5.5)
Triglycerides	0.7 mmol/L (0.5 - 1.7)
HDL Cholesterol	1.7 mmol/L (0.9 - 2.1)
LDL Cholesterol	2.9 mmol/L (1.7 - 3.5)

Comment on Lab ID 299810423

According to current guidelines (Position Statement 2005), suggested targets are:

HDL Cholesterol	>1.0 mmol/L
LDL Cholesterol	<2.0 mmol/L (for patients at high risk) <2.5 mmol/L (for patients at lower risk)
Triglycerides	<1.5 mmol/L

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: LFT(s),Cr(s),UCreat(s),E(s),Glu(s),UA(s),
HDL & LIPIDS,CRP(s),FBC(e)

Tests Pending : RF(s),B12(s),Ferr(s),ds-DNA Ab,Homo(e),
PORPHYRIN URINE,Thyroid Abs(s),HLA-B27,ESR(e),
CD57(e),ANA(s),Gliadin/TTG(s),ENA Screen(s),ECP(s),
Tryptase-S,B2M(s),IgA(s),IgG(s),IgM(s),EBVNA(s),
BRF(s),CMV(s),Toxo(s)

Sample Pending :

Glu(s)

Collection Date: 10:39 09/09/2019

CFS RECURRENT INFECTIONS LETHARGY

Glucose

Glucose Fasting	4.2 mmol/L (3.6 - 6.0)
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Comment on Lab ID 299810423

Diabetes is unlikely if fasting glucose levels are less than 5.5 mmol/L but an OGTT could be indicated in the presence of risk factors such as metabolic syndrome, past gestational diabetes, polycystic ovary or family history of type 2 diabetes.

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: LFT(s),Cr(s),UCreat(s),E(s),Glu(s),UA(s),
HDL & LIPIDS,CRP(s),FBC(e)

Tests Pending : RF(s),B12(s),Ferr(s),ds-DNA Ab,Homo(e),
PORPHYRIN URINE,Thyroid Abs(s),HLA-B27,ESR(e),
CD57(e),ANA(s),Gliadin/TTG(s),ENA Screen(s),ECP(s),
Tryptase-S,B2M(s),IgA(s),IgG(s),IgM(s),EBVNA(s),
BRF(s),CMV(s),Toxo(s)

Sample Pending :

LFT(s),Cr(s),UCreat(s),E(
Collection Date: 10:39 09/09/2019
CFS RECURRENT INFECTIONS LETHARGY

Biochemistry

Status	Fasting	
Sodium	138	mmol/L (135 - 145)
Potassium	3.7	mmol/L (3.5 - 5.5)
Chloride	104	mmol/L (95 - 110)
Bicarbonate	24	mmol/L (20 - 32)
Urea	4.3	mmol/L (2.5 - 6.5)
Creatinine	60	umol/L (45 - 85)
eGFR	>90	mL/min/1.73m2(>59)
Urate	0.25	mmol/L (0.15 - 0.40)
Total Bilirubin	13	umol/L (3 - 15)
Alk Phos	71	U/L (20 - 105)
Gamma GT	12	U/L (5 - 35)
LDH	145	U/L (120 - 250)
AST	17	U/L (10 - 35)
ALT	13	U/L (5 - 30)
Total Protein	76	g/L (68 - 85)
Albumin	47	g/L (37 - 48)
Globulin	29	g/L (23 - 39)
Cholesterol	4.9	mmol/L (3.9 - 5.5)

Triglycerides 0.7 mmol/L (0.5 - 1.7)

Comment on Lab ID 299810423

eGFR (mL/min/1.73m²) calculated by CKD-EPI formula - see [Click here](#)

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: LFT(s),Cr(s),UCreat(s),E(s),Glu(s),UA(s),
HDL & LIPIDS,CRP(s),FBC(e)

Tests Pending : RF(s),B12(s),Ferr(s),ds-DNA Ab,Homo(e),
PORPHYRIN URINE,Thyroid Abs(s),HLA-B27,ESR(e),
CD57(e),ANA(s),Gliadin/TTG(s),ENA Screen(s),ECP(s),
Tryptase-S,B2M(s),IgA(s),IgG(s),IgM(s),EBVNA(s),
BRF(s),CMV(s),Toxo(s)

Sample Pending :



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Dr Alara Avell
256 HENRY PARRY DRIVE
WYOMING - GOSFORD
NSW 2250

Patient :
KATE SOUTHORN
16A BURRAWANG STREET
ETTALONG BEACH
NSW 2257

Reference: 12253672

Date of Birth: 17/02/1991

Patient Id: IGI565Y

MRN:

Ext Ref:

Date of Service: 24/01/20

Referred by : Dr Alara Aveli

Ultrasound Pelvis : 24 Jan 2020

CLINICAL INFORMATION

Menorrhagia and dysmenorrhoea. Past history of ovarian cysts.? Fibroids

ULTRASOUND PELVIS

FINDINGS

Comparison scan 12/6/2013.

Transabdominal and transvaginal scans were performed.

The uterus is anteverted and measures 68 x 38 x 51 mm in size with a volume of 70 mL.

Normal appearance to the myometrium.

The cervix has a normal appearance.

Endometrial thickness measures 8 mm, has a secretory appearance in keeping with current phase of menstrual cycle. No polyp or abnormal vascularity is seen. There appears to be a curved contour to the myometrium at the fundus, suggestive of an arcuate uterus.

The right ovary measures 41 x 16 x 23 mm in size with a volume of 8.1 mL, and contains a corpus luteum.

The left ovary measures 37 x 27 x 29 mm in size with a volume of 14.8 mL. There is a 33 mm cyst within the left ovary which contains a 2 mm mural nodule. There is no associated vascularity.

CONCLUSION

Possible arcuate uterus. No endometrial abnormality is seen.

In the left ovary there is a 33 mm cyst which contains a 2 mm mural nodule. Gynaecologist opinion is suggested regarding further management/follow up for this.

DR EMMA YOUNG
Radiologist

Verified by: DR EMMA YOUNG

continued ...

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