



Referrer Dr Mark Donohue

Address MOSMAN INTEGRATIVE MEDICINE 4 BEST AVE
MOSMAN NSW 2088

Phone 0299605755

Your ref. 405264644

Address 36 GORDON AVE
MOUNT STUART TAS 7000

Phone 0417380662

Copy to

Requested 12/08/2021
Collected 12/08/2021 10:05 AEDT
Received 12/08/2021 11:19 AEDT

Copper

Copper-serum 14.3 umol/L 13.0 - 25.0

ND

Good

Zinc

Zinc-plasma 16.9 umol/L 9.0 - 19.0

Please note Zinc (Plasma) collection date: 17/08/2021 00:00

SS



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Test Name	Result	Units	Reference Interval
Sodium	136	mmol/L	135 - 145
Potassium	3.7	mmol/L	3.5 - 5.5
Chloride	104	mmol/L	95 - 110
Urea	2.5	mmol/L	2.5 - 7.0
Creatinine	50	umol/L	45 - 85
eGFR	>90	mL/min/1.73m2	>89
Bicarbonate	26	mmol/L	20 - 32
Total Bilirubin	10	umol/L	3 - 15
ALP	62	U/L	20 - 105
Gamma GT	11	U/L	5 - 35
ALT	9	U/L	5 - 30
Total Protein	70	g/L	64 - 81
Albumin	44	g/L	33 - 46
Globulin	26	g/L	26 - 41

Good

Comments

Note: eGFR units are mL/min/1.73m2.

If a history of smoking, obesity, diabetes, hypertension, cardiovascular disease, family history of CKD or Aboriginal origin is present, testing for urine albumin:creatinine ratio should be undertaken plus repeat testing in 1 to 2 years.

*Kidney Health Australia (www.kidney.org.au) 2012.

CA

Test Name	Result	Units	Reference Interval
CK	81	U/L	30 - 150
LDH	147	U/L	120 - 250

CA



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Test Name	Result	Units	Reference Interval
Active B12	> 128	pmol/L	> 35

Excellent

Comments

Active B12 (holotranscobalamin) is the biologically active fraction of total serum B12, and should be a superior indicator of B12 status. **Holotranscobalamin** level indicates Vitamin B12 deficiency unlikely. Up to 15% of patients will have a deficiency of carrier protein (haptocorrin) that does not appear to result in a clinically recognisable Vitamin B12 deficiency despite low total Vitamin B12 levels.

CA



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Test Name	Result	Units	Reference Interval	
25-OH Vit.D	51	nmol/L	> 49	See notes

Low, but winter
in Tasmania!

Notes

25-OH Vit.D: Vitamin D testing is Medicare Rebataable.

Comments

Vitamin D Status	25-OH Vitamin D nmol/L
Indeterminate	50 - 75
Mild Deficiency	30 - 49
Moderate Deficiency	12.5 - 29
Severe Deficiency	<12.5

The results show Indeterminate Vitamin D status.

If treatment is undertaken, repeat testing should be performed in 3 months.

60% of all Tasmanians presenting for the first time for Vitamin D testing (at the end of winter) show deficiency and on average in any season of the year 44% of Tasmanians are Vitamin D deficient.

Low sun exposure is the main cause of deficiency - living or working indoors, residing in the southern latitudes such as Tasmania, covering up exposed skin and avoiding outdoor activities are contributing factors. Vitamin D deficiency is a major contributing factor to demineralising bone disease such as osteoporosis. As well, recent research shows that it may be associated with other chronic diseases, including certain cancers and autoimmune diseases.

CA



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Test Name	Result	Units	Reference Interval
Haemoglobin	119	g/L	115 - 165
HCT	0.37		0.36 - 0.47
MCV	91	fL	80 - 100
White Cell Count	4.2	/nL	4.0 - 11.0
Neutrophils	2.3	/nL	2.0 - 7.5
Lymphocytes	1.5	/nL	1.0 - 4.0
Monocytes	0.3	/nL	0.2 - 1.0
Eosinophils	<0.1	/nL	<0.5
Basophils	<0.1	/nL	<0.3
Platelets	249	/nL	150 - 400

All good

Comments

No significant morphological abnormality detected.

CM

Test Name	Result	Units	Reference Interval
IgG	9.5	g/L	7.0 - 16.0
IgA	1.9	g/L	0.7 - 4.0
IgM	0.7	g/L	0.4 - 2.3

All good

ND



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Test Name	Result	Units	Reference Interval
Total Protein	70	g/L	64 - 81
EP Albumin	45	g/L	39 - 49
Alpha-1 Globulin	1.3	g/L	1.0 - 2.5
Alpha-2 Globulin	8.2	g/L	6.0 - 9.0
Beta Globulin	8.3	g/L	7.5 - 11.0
Gamma Globulin	7.3	g/L	5.5 - 14.0

All good

Electrophoresis shows an essentially normal pattern.

DO

Immunofixation Electrophoresis

No monoclonal protein was detected.

DO

Immunoglobulin G (Total IgG)	10.50	g/L	5.76 - 15.36
Immunoglobulin G1 (IgG1)	6.25	g/L	4.05 - 10.11
Immunoglobulin G2 (IgG2)	2.44	g/L	1.69 - 7.86
Immunoglobulin G3 (IgG3)	0.25	g/L	0.110 - 0.850
Immunoglobulin G4 (IgG4)	1.93	g/L	0.030 - 2.010

All good

HF



Referrer **Dr Mark Donohue**
Address MOSMAN INTEGRATIVE MEDICINE 4 BEST AVE
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EPSTEIN-BARR VIRUS SEROLOGY

EBV VCA IgG	NEGATIVE
EBV VCA IgM	NEGATIVE
EBV NA IgG	NEGATIVE

Returned to negative

Comments

No serological evidence of Epstein-Barr virus (EBV) infection.
This result indicates either:
1.No exposure to EBV. If this sample was collected 2 weeks or more after the onset of symptoms, infection with EBV can be excluded.
2.Very early infection with EBV. If this sample was collected less than 2 weeks after the onset of symptoms, and infection with EBV is still considered possible, a further sample should be submitted in 14-21 days to test for a rise in antibody levels.

AM

Streptococcal Serology

Anti-Streptolysin O (ASO)	<60	IU/mL	<250
Anti-DNase B	147	U/mL	<250

Good

Comments

An elevation of one or both antibodies occurs after infection. Peak levels are achieved 3-6 weeks after onset, following uncomplicated infection. ADNase B levels are more likely to rise after streptococcal skin infections. Elevated antibody levels may take considerable time to return to normal (ASO up to one year, ADNase B up to two years). The sensitivity of the ASO in rheumatic fever and post-streptococcal glomerulonephritis is about 85% and greater when ADNase B is included. Levels may have fallen in patients with delayed sequelae (eg. chorea).

SS

FAX

RHH Pathology South

FLOW CYTOMETRY REPORT

THCI: 106430032

URNO:

Lab#: 21P210734

SOUTHORN, KATE

17/02/1991



405264644

External Ref #: 405264644

SOUTHORN, KATE ANNE

DOB: 17 Feb 1991 Sex: Female

Address: 36 Gordon Ave, MOUNT STUART

Location:

Referred by: DR MARK DONOHOE (12/08/2021)

PO Box 328, MOSMAN, NSW 2088

Requested: FlowID, 71139

Page 1 of 1

LYMPHOCYTE SUBSET ANALYSIS (Flow Cytometry)

SPECIMEN TYPE ANALYSED: Peripheral Blood

Leucocyte Count: $4.2 \times 10^9/L$ Absolute Lymphocyte Count: $1.5 \times 10^9/L$

Marker	% Gated Lymphs	Absolute ($\times 10^9/L$)	Ref. Range	Cell Type
CD3	79 %	1.2	(0.7-2.1)	Mature T-Cells
CD3+/4+	42 %	0.6	(0.3-1.4)	Helper/Inducer
CD3+/8+	29 %	0.4	(0.2-0.9)	Suppressor/Cytotoxic
CD19	8 %	0.1	(0.1-0.5)	Pan B-Cells
CD3-/CD16+56+	13 %	0.2	(0.09-0.6)	NK Cells

Additional Markers:

HLA-DR+ - 9%

CD3+DR+ = 1%

CD19+DR+ - 8%

Still lowish B lymphocytes

Full Blood Count performed by: Hobart Pathology

Technical Comments:

Immunophenotype analysis on gated CD45+ lymphoid region.

Reported by: Scientist E Hinds

Haematologist

FAXED Report Only

NATA / RCPA Laboratory Accreditation Number 3036

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Enquiries: (03) 6166-8416, Results/Add-Ons: (03) 6166-8416, FAX: (03) 6173-0431
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