

Report to **DONOHUE, Mark**
 4 Best Ave

 Patient **SOUTHORN, Kate**
 16A BURRAWANG ST
 ETTALONG NSW 2257

Phone

D.O.B 17/02/1991 Age 29 years. Sex F

Ref. by/copy to CC Drs: PATIENT, , DONOHUE, MARK

Collect date 11/11/2020 Lab ref 20-24813826

Collect time 09:40 AM Your ref

Reported 20/11/2020 02:37 PM

 Tests requested WEL, ASE, RNM, SCI, EEA, MYS, COR, MBA, ASO, CEA
 FLO*

Clin notes

RICKETTSIAL SEROLOGY

Spotted Fever Group IgM (EIA): Negative
 (R. conorii, R. akari, R. sibirica)
 (R. australis, R. honei, R. rickettsii)

No serological evidence of recent infection.

If infection is suspected, please repeat in 14 days.

Scrub Typhus IgM serology is no longer available through QML. This serum has been stored. If Scrub Typhus serology is required please contact QML and the serum can be referred to the Australian Rickettsial Reference Laboratory for Scrub Typhus serology.

Anti-Streptococcal DNase (ADNB): 170 U/mL (<200)

⚠ High end

Anti-DNase B antibody levels peak at 4 - 6 weeks after infection and remain elevated for several months.

Antibiotic therapy may suppress the magnitude of the antibody response.

Aldosterone 180 pmol/L Upright (100-950)

Ranges assume normal salt intake and Potassium levels, and not on antihypertensives or diuretics.

Low end
?POTS

SURGERY USE

Normal

No Action/File

 Patient
Notified

 Make
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Further Tests

 Notes
Required

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Reported 19/11/2020 01:34 PM

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Clin notes

Anti-Saccharomyces cerevisiae Antibodies (ASCA)

ASCA IgG:	Negative	2.1	(< 7.0)	No IBD
ASCA IgA:	Negative	2.1	(< 7.0)	

Saccharomyces cerevisiae is a species of yeast. Anti-Saccharomyces cerevisiae antibodies (ASCA) have been described in Crohn's disease. Both false positive and false negative results may occur. A negative ASCA does not exclude Crohn's disease; a positive ASCA does not confirm Crohn's disease. ASCA IgG are more sensitive and less specific for Crohn's disease than ASCA IgA.

For further information please contact Dr. David Heyworth-Smith, Immunologist. Ph 07 3121 4444.

REFERENCE REPORT

The following test has been sent to:
 I.C.P.M.R. WESTMEAD - EBV EARLY ANTIGEN
 Usually a result will be available in 14 days

?Back yet

MYCOPLASMA SEROLOGY

Mycoplasma pneumoniae IgG Negative
 Mycoplasma pneumoniae IgM Negative

No evidence of previous Mycoplasma pneumoniae infection. IgM is often absent in the first week after onset of symptoms. Please send a repeat serum in 2-3 weeks if clinically indicated.

All testing performed on serum or plasma unless otherwise specified.

SERUM CORTISOL

Time 09:40
 Cortisol 451 nmol/L

OK

AM Reference Interval 120-620 nmol/L

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Clin notes

SERUM CHEMISTRY

Request Number	11384743	24813826
Date Collected	22 Nov 17	11 Nov 20
Time Collected	09:21	09:40
Specimen Type: Serum		

Haemolysis		Nil	Nil
Icterus		Nil	Nil
Lipaemia		Nil	Nil
Na	(135-145)	mmol/L	139
K	(3.6-5.4)	mmol/L	4.1
Cl	(95-110)	mmol/L	104
HCO3	(22-32)	mmol/L	23
An Gap	(10-20)	mmol/L	16
Urea	(2.5-6.7)	mmol/L	3.7
Creat	(45-90)	umol/L	55
eGFR	mL/min/1.73m ²		> 90
Urate	(0.14-0.36)	mmol/L	0.21
Bili	(< 15)	umol/L	12
AST	(< 30)	U/L	22
ALT	(< 30)	U/L	16
GGT	(< 30)	U/L	10
Alk Phos	(20-105)	U/L	57
LDH L-P	(120-250)	U/L	141
Protein	(60-82)	g/L	76
Albumin	(38-50)	g/L	49
Glob	(20-39)	g/L	27
Ca	(2.10-2.60)	mmol/L	2.55
Corr Ca	(2.10-2.60)	mmol/L	2.43
PO4	(0.75-1.50)	mmol/L	1.16
CPK	(< 211)	U/L	95

Liver, kidneys, chemistry all fine

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).

IMMUNOLOGY

STREPTOCOCCAL SEROLOGY

Anti Streptolysin O	27	IU/mL	(< 200)
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Clin notes

CEA (Siemens) SERUM CARCINO EMBRYONIC ANTIGEN < 0.5 ug/L (< 2.6) **NO IBD**

Specimen Type: Serum THYROID PROFILE
 TSH 2.3 mIU/L (0.5-4.0) **Adequate**

Result(s) consistent with euthyroidism.

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

Request Number C-REACTIVE PROTEIN
 11384743 24813826
 Date Collected 22 Nov 17 11 Nov 20
 Time Collected 09:21 09:40
 Specimen Type: Serum
 CRP (< 6.0) mg/L < 4.0 < 4.0 **Good**

PHENOTYPE
 Specimen Type: EDTA
 The phenotype is Le(a-b+). **Normal Lewis Secretor**

REFERENCE REPORT
 The following test has been sent to:
 PATHWEST - MANNOSE BINDING LECTIN

EBV SEROLOGY

Epstein-Barr virus (VCA) IgG	Equivocal
Epstein-Barr virus (VCA) IgM	Negative
EBV Nuclear Antigen (EBNA) IgG	Negative

**Quite unusual result
Prev negative**

All testing performed on serum or plasma unless otherwise specified.

SEROLOGY; please send a repeat sample, in 10 to 14 days, to clarify the equivocal result.

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VITAMIN B12 AND FOLATE STUDIES

 Active B12 > 128 pmol/L (> 36) **Good**

Serum Active B12 Assay:

This active B12 result indicates that the patient is vitamin B12 sufficient.

CHLAMYDIA SEROLOGY

 Chlamydia IgG Negative
 Chlamydia IgA Negative

Good

No evidence of recent or current Chlamydia infection. If early infection is suspected please send a further sample in 10-14 days to exclude a rise in Chlamydia antibody levels.

At Lavery Pathology (like I.C.P.M.R. Westmead), all requests for respiratory Chlamydial disease are screened using Chlamydia rELISA (Medac) for IgG and IgA. Specimens that are Positive for both IgG and IgA suggest recent Chlamydial infection and speciation is then performed.

All testing performed on serum or plasma unless otherwise specified.

CELL SURFACE MARKERS - LYMPHOCYTE SUBSETS

 Absolute Lymphocyte count 1.7 x10⁹ /L (1.0-4.0)

Antigen tested	Cell count %	Absolute count x10 ⁹ /L	Reference range x10 ⁹ /L
CD19(B cell)	7	0.12	(0.04-0.50)
HLA-DR(Class II)	7	0.12	(0.04-0.50)
CD3(Pan T cells)	80	1.36	(0.90-2.10)
CD4(T helper)	44	0.75	(0.60-1.70)
CD8(T suppressor)	28	0.48	(0.40-1.00)
CD3-/CD16+CD56+(NK)	13	0.22	
CD3+/HLA-DR(act.T)	1	0.02	
Th:Ts(CD4/CD8)Ratio		1.6	(1.20-3.00)

**Mostly perfect
Low activated T cells**

For queries contact A/Prof Stephen Mulligan

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PLASMA TRACE ELEMENTS

(RI)

Copper	14	umol/L	(12-24)	Perfect
Zinc	16.5	umol/L	(10.0-18.0)	

RI = Reference Interval

HAEMATOLOGY

Request Number	11384743	24813826
Date Collected	22 Nov 17	11 Nov 20
Time Collected	09:21	09:40
Specimen Type: EDTA		
Hb (115-165) g/L	129	129
Hct (0.34-0.47)	0.38	0.39
RCC (3.9-5.8) x10 ¹² /L	4.3	4.3
MCV (79-99) fL	90	89
MCH (27-34) pg	30	30
MCHC (320-360) g/L	339	334
RDW (10.0-17.0) %	12.5	12.5

WBC (4.0-11.0) x10 ⁹ /L	4.2	3.6
Neut (2.0-7.5) x10 ⁹ /L	2.3	1.5
Lymph (1.0-4.0) x10 ⁹ /L	1.5	1.7
Mono (0.2-1.0) x10 ⁹ /L	0.3	0.3
Eos (< 0.7) x10 ⁹ /L	0.0	0.1
Baso (< 0.2) x10 ⁹ /L	0.0	0.0

Plat (150-400) x10 ⁹ /L	229	247
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Missing neutrophils
?

HAEMATOLOGY: Slight neutropenia.

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