Dr Jennifer Wines
M.B.,B.S. (U.NSW)
Provider No. 027267FH
10 Dale Street
BROOKVALE NSW 2100
T: 02 9938 6666 **F:** 02 9905 4290

3rd May 2022

Dr Sonal Karia
2338 Bunnerong rd
Hillsdale
1300361795
fax: 87343399
drsonalkaria.com.au
genea . com . au

Dear Dr Karia,

Re: Miss Bianca Smuts and Yasin Priatna dob: 10/02/1982

2606 96241 7 / 1
35 Baringa Ave
SEAFORTH 2092
My record no.: 45402
DOB: 31/12/1983
Ph: 0451037542

35 Baringa Ave
Seaforth

Thank you for seeing Miss Bianca Smuts, age 38 yrs and Yasin Priatna on 5/6/22 for initial consultation for fertility advice . Bianca and her husband are keen to fall pregnant . Bianca had extensive surgery in December last year for endometriosis . She has recovered fairly well . She did have an early miscarriage 5-6 weeks in 2020 . Thank you for your assessment and advice .

Allergies:
None recorded.

Yours sincerely,

Dr Jennifer Wines
M.B.,B.S. (U.NSW)
027267FH

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Dr Jennifer Wines
10 Dale Street
BROOKVALE NSW 2100

30 April 2022

Dear Dr Jennifer Wines

Thank you for referring your patient: **Bianca Smuts** DOB: **31/12/1983**

Date of Attending: **29/04/2022**

Indication: 3 months post laparoscopic surgery for endometriosis with bowel resection.
Now feeling pressure with urination and bowel movement and a sensation of vaginal lump when urinating.

History: 38 yo Para 0+2 woman. LMP 13/04/2022

3D/4D Gynaecological Ultrasonography:
Method: GE E8, transvaginal ultrasound
Uterus: retroverted and measuring 65 x 39 x 39 mm
Nil congenital uterine anomaly of note
Myometrium: no MUSA features present
Endometrial thickness: 6.3 mm
Nil focal pathology of note in the endometrial cavity, i.e. no polyps/submucosal fibroids
Colour Doppler demonstrated no abnormal vascularity

Pouch of Douglas: no free fluid visualised
Sliding sign is positive. i.e the POD is not obliterated

Right ovary: 35 x 19 x 17 mm, normal in size and appearance
Doppler: PSV 4.92 cm/s. ED 1.64 cm/s. RI 0.67
Colour Doppler demonstrated no abnormal vascularity
Left ovary: 30 x 28 x 17 mm, normal in size and appearance
Contains cystic corpus luteum measuring 21 x 16 x 23 mm, haemorrhagic
Colour Doppler demonstrated peri-vascular "ring of fire"

Diagnosis: Normal uterus on scan today.
Both ovaries appear grossly normal.

Yours sincerely,

GC

George Condous
MBBS (Adel), FRCOG, FRANZCOG, MD (Lon)
Associate Professor of Obstetrics and Gynaecology
Specialist in Gynaecological Ultrasound

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Dr Jennifer Wines
10 Dale Street
BROOKVALE NSW 2100

24 January 2022

Dear Dr Jennifer Wines

Thank you for referring your patient: **Bianca Smuts** DOB: **31/12/1983**

Date of Attending: **24/01/2022**

Indication: Follow up consultation.
She underwent colonoscopy, cystoscopy, insertion of ureteric catheters, laparoscopic excision endometriosis, tubal patency, right ureterolysis, adhesiolysis, pouch of douglas dissection, ultra-low rectal segmental resection with primary reanastomosis (combined case with Dr Barto) on 7th December 2021.
She was noted to have stage IV rectal endometriosis with POD obliteration.
Patent right Fallopian tube.
Confirmed histological endometriosis: rectum, right and left uterosacral ligaments, left pelvic side wall. Hyperplastic colonic polyp.
Her period on 30th December 2021 lasted 8 days with associated back pain.
Her back pain is nowhere near as severe as pre-surgery.
Bowels improving over the last 3 weeks.
Some urgency with bowels.
Urinary control is back to normal.
She is doing well.
She has stopped smoking.
She has been working on her diet.
She is keen to get pregnant.

History: 38 yo Para 0+2 woman. LMP 30.12.2021.

Diagnosis: She is doing well since laparoscopic joint bowel endometriosis.

Therapy / Recommendations:
I have suggested Pelvic Floor Physiotherapist - she will arrange.
I will get her to see Dr Patravali Monash IVF (referral letter written and sent).
I am happy to see her at 7 weeks gestation in her next pregnancy.

Yours sincerely,

George Condous
MBBS (Adel), FRCOG, FRANZCOG, MD (Lon)
Associate Professor of Obstetrics and Gynaecology

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DR WALID BARTO

Colorectal, Laparoscopic & Robotic Surgeon

General Contact Information
Telephone: 4722 8552
Facsimile: 8580 4770
Email: drwalidbarto@gmail.com
Healthlink EDI: drwbarto185

Sydney Adventist Hospital Rooms
Suite 220, Level 2, Clark Tower
185 Fox Valley Road
WAHROONGA NSW 2076

Somerset Specialist Centre Rooms
Level 2, Suite 201
38 Somerset Street
KINGSWOOD NSW 2747

24th January 2022

09 FEB 2022

Professor George CONDOUS
OMNI Ultrasound & Gynaecological Care
Suite 1005, Level 10, 229 Macquarie Street
SYDNEY NSW 2000

Dear Dr CONDOUS,

RE: Bianca Smuts (31/12/1983)
12/56-58 Gordon Street, Manly Vale NSW 2093

I spoke to Bianca via Telehealth today. As you are aware, she underwent joint surgery for Stage 4 endometriosis on the 7/12/2021 at the Sydney Adventist Hospital. A colonoscopy performed at the start of the procedure reported sigmoid diverticular disease and two polyps removed from the descending colon and rectum proved to be a sessile serrated adenoma and a benign hyperplastic polyp respectively.
A segmental resection with an ultralow anastomosis was performed using natural orifice techniques. The histology confirmed deep rectal endometriosis nodule.

Her recovery was uncomplicated and the bowel motions are slowly returning to normal.

I have explained the findings and discussed the pre-malignant polyp which was removed. I recommend surveillance colonoscopy in 5 years time.

Kind Regards,

Dr Walid Barto
This letter was written but not checked by Dr Barto.

Copy To: Dr Jennifer Wines
Attached: Histopathology

DR WALID BARTO

Colorectal, Laparoscopic & Robotic Surgeon

General Contact Information
Telephone: 4722 8552
Facsimile: 8580 4770
Email: drwalidbarto@gmail.com
Healthlink EDI: drwbarto185

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Level 2, Suite 201
38 Somerset Street
KINGSWOOD NSW 2747

11th October, 2021

Dr Jennifer Wines
Warringah Medical & Dental Centre
10 Dale Street
BROOKVALE NSW 2100

Dear Jennifer,

RE: **Bianca Smuts (31/12/1983)**
12/56-58 Gordon Street, Manly Vale NSW 2093

Thank you for referring Bianca with Stage 4 endometriosis and rectal involvement. Her background summary is as follows:-

History	Bianca is 37 and has had chronic, lower abdominal pain radiating into the back passage for several years. The pain is worse with bowel movements and has improved previously when she is taking the oral contraceptive pill in her late 20's. It is associated with faecal urgency and alternating bowel habits with diarrhoea and constipation. This is worse at the time of her periods. There is intermittent bleeding on the toilet paper with constipation but no blood mixed with the stools. Previous history of laparoscopic appendicectomy over 10 years ago. Bianca has been trying to fall pregnant for the last 12 months. She lives with her partner and currently working. She is not vaccinated against Covid.
Faecal Continence	Patient maintains a health diet. No constipation or bleeding reported.
Family History	There is no family history of bowel cancer or inflammatory bowel disease reported.
Medications	PRN valium for anxiety
Allergies	Nil known
Smoking Status	5 cigarettes a day
Alcohol Intake	Non-drinker
Pouch of Douglas	Obliterated
Ultrasound Report	Rectal nodule at 18 cm from verge.

I have discussed my role in her planned surgery which may include partial rectal wall resection of the involved segment, or full recto-sigmoid anterior resection of the bowel, depending on the findings at the time. The risks of the procedure including anastomotic leak and the need for diverting stoma were discussed at length with Bianca and she is happy to proceed.

A colonoscopy will be performed at the same time to assess for full thickness involvement and exclude other bowel pathology.

Kind Regards,

Dr Walid Barto

This letter was written but not checked by Dr Barto.

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Dr Jennifer Wines
10 Dale Street
BROOKVALE NSW 2100

14 October 2021

Dear Dr Jennifer Wines

Thank you for referring your patient: **Bianca Smuts** DOB: **31/12/1983**

Date of Attending: **14/10/2021**

Indication: Follow up consultation.
Stage IV intestinal endometriosis with POD obliteration.
She has seen Dr Walid Barto and wants to proceed with joint colorectal gynaecological surgery.
Recent 'deep endometriosis' on 15th September 2021 demonstrated right ovary was fixed to the uterus and right uterosacral ligament, left ovary contains haemorrhagic corpus luteum appeared mobile. Nil adenomyosis was noted. The POD was obliterated. Anterior rectal deep endometriotic lesion was noted measuring 26 x 9 x 14 mm; this rectal lesion was at the level of the torus uterinus/posterior uterine fundus with spikes towards the bowel lumen (18 cm from the anal verge). Torus uterinus and right uterosacral ligament endometriosis lesions was noted. Nil obvious left uterosacral ligament, vaginal or rectovaginal endometriosis.
She smokes 5 cigarettes/day.

History: 37 yo Para 0+2 woman. LMP 29/09/2021. Day of cycle 16

Diagnosis: Symptomatic stage IV intestinal endometriosis with POD obliteration.

Therapy / Recommendations:
After long discussion about the pros and cons of surgery -- she is keen to proceed with joint gynae/colorectal laparoscopic procedure (on the basis of her symptoms and impact on the QoL).
I will book her for colonoscopy, cystoscopy and insertion of ureteric catheters, bilateral ureterolysis, laparoscopic excision of endometriosis, POD adhesiolysis, rectal shaving, rectal discectomy +/- rectal segmental resection (combined case with Dr Barto) plus tubal patency.
She will need full bowel prep.
Consented for surgery - she understands the risks of advanced laparoscopic surgery (haemorrhage, infection, DVT); entry related risks (bowel, vascular injury 1-2/1000), operative risks (bladder, ureteric injury, anastomotic leak, defunctioning ileostomy).
I will book for her TCI to the SAN Hospital for her surgical procedure once COVID-19 restrictions are lifted.

Yours sincerely,

GC Condous

George Condous
MBBS (Adel), FRCOG, FRANZCOG, MD (Lon)
Associate Professor of Obstetrics and Gynaecology

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OMNI IS OPEN DURING THE COVID19 PANDEMIC AND IS FOLLOWING NSW HEALTH GUIDELINES

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Dr Jennifer Wines
10 Dale Street
BROOKVALE NSW 2100

16 September 2021

Dear Dr Jennifer Wines

Thank you for referring your patient: **Bianca Smuts** DOB: **31/12/1983**

Date of Attending: **15/09/2021**

Indication: Ultrasound for 'deep endometriosis scan' today to evaluate the anterior and posterior pelvic compartments for deep endometriosis (bladder, ureters, rectum recto-sigmoid, vagina, RVS, uterosacral ligaments).
Pain with bowel actions. Cyclical change to her bowels (diarrhoea and greater urgency). Rectal bleeding.
Dysmenorrhoea and pre-period pain for 5 days. Associated headache, lower back pain and fatigue.
Occasional dyspareunia.
TTC for since June 2020 miscarriage.
Laparoscopic appendicectomy 2009.

History: 37 yo Para 0+1 woman. LMP 31/08/2021, day 28 of cycle.

3D/4D Gynaecological Ultrasonography:
Method: GE E8, transvaginal ultrasound
Uterus: retroverted and measuring 51 x 42 x 43 mm
Nil congenital uterine anomaly of note
Myometrium: No MUSA features present
Endometrial thickness: 8.9 mm
Nil focal pathology of note in the endometrial cavity, i.e. no polyps/submucosal fibroids
Colour Doppler demonstrated no abnormal vascularity

Right ovary: 24 x 14 x 24 mm, normal in size and appearance
Colour Doppler demonstrated no abnormal vascularity
Left ovary: 42 x 27 x 36 mm, contains unilocular cystic lesion measuring 42 x 27 x 36 mm
This cystic lesion contains hyperechoic material consistent with haemorrhage
Colour Doppler demonstrated peri-vascular "ring of fire"

Soft markers:
Ovarian mobility:
Right ovary is fixed to the uterus and the ipsilateral uterosacral ligament
Left ovary is mobile

Posterior compartment evaluation:
Method: GE E8, transvaginal ultrasound
Vaginal fornices appear grossly normal.

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Rectovaginal septum appears grossly normal.
Torus uterinus hypoechoic lesion noted measuring 11 x 8 x 14 mm.
Right uterosacral ligament hypoechoic lesion noted and measuring 12 x 4 x 7 mm.
Left uterosacral ligament appears grossly normal
Visualisation of the posterior compartment demonstrated that the sliding sign is negative, i.e. the anterior rectal wall does not slide nicely over the posterior vagina.
There is the presence of an hypoechoic lesion within the muscularis propria of the anterior rectal wall measuring 26 x 9 x 14 mm. I think this lesion rectal is at the level of the posterior uterine fundus with spikes towards the bowel lumen (18 cm from the anal verge).

Anterior compartment evaluation:
Bladder demonstrated nil obvious deep endometriosis
Ureters demonstrated nil hydroureter bilaterally

It is important to be aware of the limitations of 'deep endometriosis ultrasound'.
'Deep endometriosis ultrasound' cannot detect all posterior compartment endometriosis and laparoscopy is still the gold standard.

Diagnosis: The ovaries appear normal with no evidence of endometriomas.
Right ovary is fixed to the uterus and right uterosacral ligament.
Left ovary contains haemorrhagic corpus luteum and appears mobile.
Nil adenomyosis noted.
Abnormal posterior pelvic compartment noted on 'deep endometriosis scan' today.
The POD is obliterated.
Presence of an anterior rectal deep endometriotic lesion noted measuring 26 x 9 x 14 mm.
I think this rectal lesion is at the level of the torus uterinus/posterior uterine fundus with spikes towards the bowel lumen (18 cm from the anal verge).
Torus uterinus and right uterosacral ligament endometriosis lesions noted.
Nil obvious left uterosacral ligament, vaginal or rectovaginal endometriosis.
Normal anterior pelvic compartment noted on 'deep endometriosis ultrasound scan' today.
Bladder appears grossly normal and there is no obvious hydroureter bilaterally.

Yours sincerely,

George Condous
MBBS (Adel), FRCOG, FRANZCOG, MD (Lon)
Associate Professor of Obstetrics and Gynaecology

Sonographer: A/Prof George Condous

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Sydney, NSW 2000

Patient Name:	SMUTS, BIANCA		
Patient Address:	35 BARINGA AVE, SEAFORTH 2092		
D.O.B:	31/12/1983	**Sex:**	F
Medicare No.:	2606962417	**IHI No.:**	
Lab. Reference:	22-20054546-UMM-0	**Provider:**	Laverty Pathology
Addressee:	DR JENNIFER WINES	**Referred by:**	DR. JENNIFER WINES
Date Requested:	19/04/2022	**Date Performed:**	19/04/2022
Date Collected:	19/04/2022	**Complete:**	Final
Specimen:			
Subject(Test Name):	URINE MICRO/CULTURE (UMM-0)		

Clinical Notes : ?? UTI

URINE EXAMINATION

Specimen	Midstream				
CHEMISTRY		MICROSCOPY			
pH	6.0	Leucocytes	6	x10^6 /L	(< 10)
Protein	nil	Erythrocytes	4	x10^6 /L	(< 10)
Glucose	nil	Epithelial cells	37	x10^6 /L	(< 10)
Blood	nil				

A urine with these results is not usually infected. Although culture has been performed, a further report will only be issued if the culture is positive.

Microscopy consistent with genital contamination.

Requested Tests : UMM

Patient Name:	SMUTS, BIANCA		
Patient Address:	35 BARINGA AVE, SEAFORTH 2092		
D.O.B:	31/12/1983	**Sex:**	F
Medicare No.:	2606962417	**IHI No.:**	
Lab. Reference:	21-13649420-HOR-0	**Provider:**	Laverty Pathology
Addressee:	DR JENNIFER WINES	**Referred by:**	DR. JENNIFER WINES
Date Requested:	29/08/2021	**Date Performed:**	20/09/2021
Date Collected:	20/09/2021	**Complete:**	Final
Specimen:			
Subject(Test Name):	HORMONE PROFILE (HOR-0)		

Clinical Notes : day 1 progesterone.

SERUM HORMONE PROFILE

Specimen Type: Serum

Request Number	Date Collected	FSH IU/L	LH IU/L	PROG nmol/L	E2(ATEL) pmol/L	E2(BECK) pmol/L	LH/FSH Ratio
13651982	3 Sep 21	4	6.9	1	227		
13649420	20 Sep 21			27			

Reference Ranges	FSH	LH	PROG	OESTRADIOL
Follicular	2-12	2-12	0.5-4.5	100-530
Midcycle	12-30	>15		235-1300
Luteal	2-12	2-15	10.6-89.1	205-790
Menopausal	>25	>10		<100
Prepubertal	<6	<4		

PLEASE NOTE:
'E2 (ATEL)' - Oestradiol by Siemens Atellica assay
'E2 (BECK)' - Oestradiol by Beckman Access assay

Requested Tests : HOR

Patient Name:	SMUTS, BIANCA		
Patient Address:	35 BARINGA AVE, SEAFORTH 2092		
D.O.B:	31/12/1983	**Sex:**	F
Medicare No.:	2606962417	**IHI No.:**	
Lab. Reference:	21-13657404-CRO-0	**Provider:**	Laverty Pathology
Addressee:	DR JENNIFER WINES	**Referred by:**	DR. JENNIFER WINES
Date Requested:	29/08/2021	**Date Performed:**	9/09/2021
Date Collected:	9/09/2021	**Complete:**	Final
Specimen:			
Subject(Test Name):	CHROMOSOME ANALYSIS (CRO-0)		

Clinical Notes : fertility investigation.

CHROMOSOME ANALYSIS OF BLOOD

G-Banding Studies:

Maximum band resolution: 400 bands per haploid set

15 cells counted
5 cells analysed

Karyotype: 46,XX. FEMALE.

Comment: No abnormalities were detected by conventional cytogenetic analysis.

Requested Tests : CRO

Patient Name:	SMUTS, BIANCA		
Patient Address:	35 BARINGA AVE, SEAFORTH 2092		
D.O.B:	31/12/1983	**Sex:**	F
Medicare No.:	2606962416	**IHI No.:**	
Lab. Reference:	21-13651982-FBE-0	**Provider:**	Laverty Pathology
Addressee:	DR JENNIFER WINES	**Referred by:**	DR. JENNIFER WINES
Date Requested:	29/08/2021	**Date Performed:**	3/09/2021
Date Collected:	3/09/2021	**Complete:**	Final
Specimen:			
Subject(Test Name):	HAEMATOLOGY (FBE-0)		

Clinical Notes : Check up fertility. Ix amenorrhoea or infertility.

HAEMATOLOGY

Request Number			13940578	18494244	13651982
Date Collected			25 Sep 18	7 May 19	3 Sep 21
Time Collected			14:27	19:39	12:15
Specimen Type: EDTA					
Hb (115-165)	g/L		134	140	134
Hct (0.34-0.47)			0.39	0.42	0.40
RCC (3.9-5.8)	x10^12	/L	4.2	4.4	4.4
MCV (79-99)	fL		92	94	92
MCH (27-34)	pg		32	32	31
MCHC (320-360)	g/L		344	337	333
RDW (10.0-17.0)	%		12.2	12.2	13.0
WBC (4.0-11.0)	x10^9	/L	10.3	9.3	13.0
Neut (2.0-7.5)	x10^9	/L	6.6	4.7	9.5
Lymph (1.0-4.0)	x10^9	/L	3.0	4.0	2.7
Mono (0.2-1.0)	x10^9	/L	0.5	0.6	0.7
Eos (< 0.7)	x10^9	/L	0.1	0.1	0.1
Baso (< 0.2)	x10^9	/L	0.1	0.0	0.0
Plat (150-400)	x10^9	/L	261	250	265

HAEMATOLOGY: Neutrophilia present.

Requested Tests : TFT*, AMH*, MBA*, HOR*, FE*, FBE, DVI*, AND*

Patient Name:	SMUTS, BIANCA		
Patient Address:	35 BARINGA AVE, SEAFORTH 2092		
D.O.B:	31/12/1983	**Sex:**	F
Medicare No.:	2606962416	**IHI No.:**	
Lab. Reference:	21-13651982-FE-0	**Provider:**	Laverty Pathology
Addressee:	DR JENNIFER WINES	**Referred by:**	DR. JENNIFER WINES
Date Requested:	29/08/2021	**Date Performed:**	3/09/2021
Date Collected:	3/09/2021	**Complete:**	Final
Specimen:			
Subject(Test Name):	IRON STUDIES (FE-0)		

Clinical Notes : Check up fertility. Ix amenorrhoea or infertility.

IRON STUDIES

Request Number			13940578	18494244	13651982
Date Collected			25 Sep 18	7 May 19	3 Sep 21
Time Collected			14:27	19:39	12:15
Specimen Type: Serum					
Iron	(10-30)	umol/L			15
T'ferrin	(32-48)	umol/L			34
T. Sat.	(13-45)	%			22
Ferritin	(30-165)	ug/L	45	29	33

Normal iron studies.

Requested Tests : TFT*, AMH*, MBA*, HOR*, FE, FBE, DVI*, AND*

Patient Name:	SMUTS, BIANCA		
Patient Address:	35 BARINGA AVE, SEAFORTH 2092		
D.O.B:	31/12/1983	**Sex:**	F
Medicare No.:	2606962416	**IHI No.:**	
Lab. Reference:	21-13651982-DVI-0	**Provider:**	Laverty Pathology
Addressee:	DR JENNIFER WINES	**Referred by:**	DR. JENNIFER WINES
Date Requested:	29/08/2021	**Date Performed:**	3/09/2021
Date Collected:	3/09/2021	**Complete:**	Final
Specimen:			
Subject(Test Name):	VITAMIN D (DVI-0)		

Clinical Notes : Check up fertility. Ix amenorrhoea or infertility.

VITAMIN D

Serum 25(OH) Vitamin D	53	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.

Requested Tests : TFT*, AMH*, MBA*, HOR*, FE, FBE, DVI, AND*

Patient Name:	SMUTS, BIANCA		
Patient Address:	35 BARINGA AVE, SEAFORTH 2092		
D.O.B:	31/12/1983	**Sex:**	F
Medicare No.:	2606962416	**IHI No.:**	
Lab. Reference:	21-13651982-AND-0	**Provider:**	Laverty Pathology
Addressee:	DR JENNIFER WINES	**Referred by:**	DR. JENNIFER WINES
Date Requested:	29/08/2021	**Date Performed:**	3/09/2021
Date Collected:	3/09/2021	**Complete:**	Final
Specimen:			
Subject(Test Name):	ANDROGENS (AND-0)		

Clinical Notes : Check up fertility. Ix amenorrhoea or infertility.

SERUM ANDROGENS

Total Testosterone (Siemens)	0.8	nmol/L	(0.4-1.4)
DHEAS	4.2	umol/L	(1.9-7.3)

Please note that as of 21/09/2019, Laverty Pathology changed to the Atellica analyser for DHEAS testing. Comparison studies have shown good agreement between the methods and the reference intervals have not changed. If further information is required, please contact a Chemical Pathologist on 9005 7000.

Requested Tests : TFT*, AMH*, MBA, HOR, FE, FBE, DVI, AND

Patient Name:	SMUTS, BIANCA		
Patient Address:	35 BARINGA AVE, SEAFORTH 2092		
D.O.B:	31/12/1983	**Sex:**	F
Medicare No.:	2606962416	**IHI No.:**	
Lab. Reference:	21-13651982-MBA-0	**Provider:**	Laverty Pathology
Addressee:	DR JENNIFER WINES	**Referred by:**	DR. JENNIFER WINES
Date Requested:	29/08/2021	**Date Performed:**	3/09/2021
Date Collected:	3/09/2021	**Complete:**	Final
Specimen:			
Subject(Test Name):	SERUM CHEMISTRY (MBA-0)		

Clinical Notes : Check up fertility. Ix amenorrhoea or infertility.

SERUM CHEMISTRY

Request Number			13940578	18494244	13651982
Date Collected			25 Sep 18	7 May 19	3 Sep 21
Time Collected			14:27	19:39	12:15
Specimen Type: Serum					
Haemolysis			Nil	Nil	Nil
Icterus			Nil	Nil	Nil
Lipaemia			Nil	Nil	Nil
Na	(135-145)	mmol/L	141	138	136
K	(3.6-5.4)	mmol/L	4.0	4.3	4.3
Cl	(95-110)	mmol/L	107	104	104
HCO3	(22-32)	mmol/L	25	24	23
An Gap	(10-20)	mmol/L	13	14	13
Urea	(2.5-8.0)	mmol/L	4.6	2.8	3.5
Creat	(45-90)	umol/L	75	60	70
eGFR	mL/min/1.73m^2		> 90	> 90	> 90
Urate	(0.14-0.36)	mmol/L	0.29	0.22	0.39
Bili	(< 15)	umol/L	9	5	8
AST	(< 30)	U/L	17	17	23
ALT	(< 30)	U/L	8	8	11
GGT	(< 30)	U/L	12	16	15
Alk Phos	(20-105)	U/L	62	72	71
Protein	(60-82)	g/L	69	72	73
Albumin	(38-50)	g/L	45	48	46
Glob	(20-39)	g/L	24	24	27
Ca	(2.10-2.60)	mmol/L	2.44	2.44	2.53
Corr Ca	(2.10-2.60)	mmol/L	2.40	2.34	2.47
PO4	(0.75-1.50)	mmol/L	0.96	1.16	0.94

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*, AMH*, MBA, HOR, FE, FBE, DVI, AND*

Patient Name:	SMUTS, BIANCA		
Patient Address:	35 BARINGA AVE, SEAFORTH 2092		
D.O.B:	31/12/1983	**Sex:**	F
Medicare No.:	2606962416	**IHI No.:**	
Lab. Reference:	21-13651982-AMH-0	**Provider:**	Laverty Pathology
Addressee:	DR JENNIFER WINES	**Referred by:**	DR. JENNIFER WINES
Date Requested:	29/08/2021	**Date Performed:**	3/09/2021
Date Collected:	3/09/2021	**Complete:**	Final
Specimen:			
Subject(Test Name):	ANTI MULLERIAN HORMONE (AMH-0)		

Clinical Notes : Check up fertility. Ix amenorrhoea or infertility.

ANTI-MULLERIAN HORMONE (AMH)

Request Number		13651982
Date Collected		3 Sep 21
Time Collected		12:15
Specimen Type: Serum		
AMH	pmol/L	21.0

Reference Interval:

<14 pmol/L:	Decreased AMH level. Suggests possible abnormal ovarian reserve. Hormonal contraception and pregnancy may also cause temporary decrease in AMH levels and should be excluded.
14 - 30 pmol/L:	Suggests normal ovarian reserve.
>30 pmol/L:	Elevated AMH level. Indicates possibility of: - PCOS - Higher risk of OHSS in a stimulated cycle.

AMH levels should be interpreted with caution in young adult female patients (<25 years).

Requested Tests : TFT, AMH, MBA, HOR, FE, FBE, DVI, AND