



Referrer Dr Claudia Nicholson

Address SAPPHIRE MED CTR SHOP 2 & 3 95-99 BRONTE ROAD
BONDI JUNCTION NSW 2022

Phone 0281882568

Your ref. 00051823

Address 25 DENNING ST
COOGEE NSW 2034

Phone 0419988044

Copy to Ms Alexandra Middleton (0410503376)

Requested 15/12/2020

Collected 23/12/2020 08:32 AEDT

Received 23/12/2020 08:43 AEDT

Rheumatoid Factor (Quantitative) (Architect Method)

Test Name	Result	Units	Reference Interval
Rheumatoid Factor (RF)	11	IU/mL	<16

Supervising Pathologist: GC, NT

NATA ACCREDITATION NO 2178

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Reproductive Hormones (Abbott Method)

Test Name	Result	Units	Reference Interval
FSH	32.3	IU/L	
LH	21.3	IU/L	
Oestradiol	277	pmol/L	
Progesterone	<0.5	nmol/L	
DHEAS	1.6	umol/L	1.2 - 8.4

Comments

FSH	Basal Mid cycle peak Post-menopausal	1.5 - 10 7.0 - 22 25 - 130
LH	Basal Mid cycle peak Post-menopausal	2.0 - 12 8.0 - 90 5.0 - 62
Oestradiol	Follicular phase Preovulatory phase Luteal phase Post-menopausal	<320 450 - 2000 125 - 1300 <170
Progesterone	Follicular phase Luteal phase Midluteal Post-menopausal	0.3 - 4.0 5.5 - 90.0 8.5 - 110.0 <2.6

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Biochemistry

Test Name	Result	Units	Reference Interval
Status	Fasting		
Calcium	2.49	mmol/L	2.15 - 2.55
Corrected Calcium	2.45	mmol/L	2.15 - 2.55
Albumin	45	g/L	36 - 47
● Cholesterol	5.8 H	mmol/L	3.9 - 5.5
Triglycerides	0.9	mmol/L	0.5 - 1.7

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25-OH Vitamin D

Test Name	Result	Units	Reference Interval
Vitamin D	116	nmol/L	50 - 140

Comments

According to the Position Statement 'Vitamin D and health in adults in Australia and New Zealand' MJA, 196(11):686-687, 2012, Vitamin D status is defined as:

Mild Deficiency	30	-	49 nmol/L
Moderate Deficiency	12.5	-	29 nmol/L
Severe Deficiency	<12.5		nmol/L

Vitamin D adequacy can be defined as a level >49 nmol/L at the end of winter - the level may need to be 10 - 20 nmol/L higher at the end of summer, to allow for seasonal decrease.

From 1st November 2014, Medicare rebates for vitamin D testing will apply to patients at risk of Vitamin D deficiency such as chronic lack of sun exposure.

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Thyroid Function

Test Name	Result	Units	Reference Interval
TSH	1.68	mIU/L	0.40 - 4.00

Comments

TSH is within reference limits.
Please note that if 'Thyroid function tests' or 'TFTs' are requested as a simple screening test, a TSH level is always done first. If this is increased a T4 level will be done automatically. If this is decreased a T4 and T3 will be performed automatically.

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Prolactin (Roche Method)

Prolactin (Total) 207 mIU/L 85 - 500

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Parathyroid Hormone

(Intact (1-84) PTH measured by Roche method.)

Intact Parathyroid Hormone	4.2	pmol/L	1.6 - 6.9
Calcium	2.49	mmol/L	2.15 - 2.55
Corrected Calcium	2.45	mmol/L	2.15 - 2.55
Albumin	45	g/L	36 - 47

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Androgens

Testosterone	0.3	nmol/L	0.1 - 1.5
SHBG	206 H	nmol/L	15 - 70
Free Androgen Index	0.1 L	%	0.3 - 5.5
Calculated Free Testosterone	1	pmol/L	1 - 22

Comments

? exogenous hormone effect.

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IGF-1 (Liaison)	11	nmol/L	7 - 26
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Comments

IGF-1 testing performed on Diasorin Liaison XL.

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

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Thyroid Autoantibodies

Thyroglobulin Ab	0.9	IU/mL	<4.1
Thyroid Peroxidase Ab	<0.5	IU/mL	<5.6

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Glucose Tolerance Test with Insulins

Glucose load	75	g			
	Plasma Glucose			Insulin	
Fasting	4.5	mmol/L	3.6 - 6.0	4	mU/L
1 Hour	7.8	mmol/L		25	mU/L
2 Hours	4.4	mmol/L	3.6 - 7.7	34	mU/L

Comments

Please note: specimen times checked and confirmed.

Reference Limits for Insulin Resistance
Normal: <10 mU/L Fasting, <60 mU/L Post-load.

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Haemoglobin A1c

Test Name	Result	Units	Reference Interval
HbA1c (IFCC)	32	mmol/mol	20 - 38
HbA1c	5.1	%	4.0 - 5.6

Comments

HbA1c less than 48 mmol/mol (6.5%) does not exclude a diagnosis of diabetes mellitus based upon elevated glucose results. The existing diagnostic criteria for fasting and random glucose levels and for oral glucose tolerance testing remain valid, and are the diagnostic tests of choice in the presence of conditions that interfere with HbA1c measurement. Conditions which may affect the measured HbA1c value include any of the haemolytic anaemias, anaemia of chronic disease, severe liver disease, vitamin B12 and/or folate deficiency, the haemoglobinopathies and regular phlebotomy performed for medical indications or for blood donation. It also should be noted that further investigation is required for any inexplicably low HbA1c level or significant discrepancy between HbA1c and glucose results.

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Reverse Triiodothyronine

Reverse T3 468 pmol/L 140 - 540

Comments

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Genotyping for Coeliac Disease

Specimen type EDTA blood
Method Real-time PCR
Result: Coeliac susceptibility genotype NOT DETECTED
(DQA1*05-, DQB1*02-, DQB1*03:02/05-)
Interpretation: Not consistent with the presence of HLA-DQ2 or HLA-DQ8 antigens. In the absence of these antigens coeliac disease is extremely unlikely (<1%).

Comments

Test information:

Qualitative detection of HLA-DQA1*02:01, HLA-DQA1*05:XX, HLA-DQB1*02:XX, HLA-DQB1*03:02/03:05 and HLA-DRB1*04:XX alleles is performed using the GeneFinder HLA-DQ2/DQ8 RealAmp kit (Osang Healthcare). This assay is designed to identify DQ2 (2.2 and 2.5) and DQ8 antigens that are present in more than 95% of individuals with coeliac disease. Some additional rare genotypes consistent with HLA-DQ8 antigen are detectable by this assay though indistinguishable from HLA-DQB1*03:02/05. Rare subtypes, the presence of additional heterodimers, and zygosity of detected alleles cannot be determined by this assay. A full list of alleles to 4-digit HLA nomenclature detectable by this assay is available on request. References: PMID 25827511; 23981538.

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Haematology

Test Name	Result	Units	Reference Interval
Haemoglobin	133	g/L	119 - 160
Red cell count	4.5	$\times 10^{12}/L$	3.8 - 5.8
Haematocrit	0.40		0.35 - 0.48
MCV	90	fL	80 - 100
MCH	29.8	pg	27.0 - 32.0
MCHC	329	g/L	310 - 360
RDW	13.7		10.0 - 15.0
White cell count	9.5	$\times 10^9/L$	4.0 - 11.0
● Neutrophils	7.85 H	$\times 10^9/L$	2.0 - 7.5
● Lymphocytes	0.78 L	$\times 10^9/L$	1.0 - 4.0
Monocytes	0.48	$\times 10^9/L$	0.0 - 1.0
Eosinophils	0.32	$\times 10^9/L$	0.0 - 0.5
Basophils	0.07	$\times 10^9/L$	0.0 - 0.3
NRBC	<1.0	/100 WBC	<1
Platelets	306	$\times 10^9/L$	150 - 450

Comments

Mild neutrophilia and lymphopenia

Supervising Pathologist: FH

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Antinuclear Antibodies

ANA	Detected: Mixed Pattern
Titre, Pattern	80 Homogeneous 80 Speckled

Comments

(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.

HOMOGENEOUS staining patterns occur with autoantibodies to single and double-stranded DNA (characteristic of lupus) as well as with anti-histone antibodies (characteristic of drug-induced lupus).

Supervising Pathologist: KB

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Antibodies to Extractable Nuclear Antigen (ENA)

SS-A 60	Not detected
SS-B	Not detected
Ro-52	Not detected
Scl-70	Not detected
Jo-1	Not detected
Cenp-B	Not detected
Sm	Not detected
RNP	Not detected
Ribo-P	Not detected

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Coeliac Serology

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

Comments

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

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Immunoglobulins

Immunoglobulin G	12.71	g/L	6.20 - 14.40
Immunoglobulin A	1.45	g/L	0.60 - 3.96
Immunoglobulin M	1.11	g/L	0.48 - 3.04

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Cardiolipin / Beta2Glycoprotein IgG Abs

Cardiolipin IgG Abs	<1.6	GPL - U/mL	<20
Beta2Glycoprotein 1 IgG Abs	<1.4	U/mL	<20
Cardiolipin IgM Abs	1.4	MPL - U/mL	<20

Comments

Interpretation	(U/mL)
Negative	0-19
Low Positive	20-39
Moderate Positive	40-79
High Positive	>80

Most patients with Anti-Phospholipid Syndrome (thrombosis, recurrent foetal loss, thrombocytopenia and phospholipid Abs) have moderate to high IgG cardiolipin levels; IgM Abs are less specific. B2GP1 IgG Abs are more specific and less sensitive. The lupus anticoagulant test may detect other phospholipid Abs. Diagnosis of APS requires persistence of phospholipid Abs for more than 12 weeks confirmed by repeat testing.

Supervising Pathologist: KB

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Chlamydia Serology

Chlamydia species IgG	Not Detected
Chlamydia species IgA	Not Detected

Comments

Antibody to Chlamydia genus not detected. Repeat testing in 2-4 weeks may be indicated to detect rising antibody levels.

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Cytomegalovirus Serology

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

Comments

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

Supervising Pathologist: IC

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Epstein-Barr Virus Serology

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

Comments

Evidence of past, not current, EBV infection

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Mycoplasma pneumoniae Serology

M.pneumoniae IgG	Detected
M.pneumoniae IgM	Not Detected

Comments

This result is consistent with either past infection or recent re-infection with Mycoplasma pneumoniae. While IgM is a reliable marker of primary infection it is detected less frequently when re-infection occurs. In this setting repeat testing in 2 weeks may be indicated to detect rising IgG levels.

Mycoplasma pneumoniae PCR on throat swab or sputum may provide further clarification of the diagnosis if collected in the first 2-4 weeks of illness.

Supervising Pathologist: IC

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Lyme Borrellosiis Serology

A copy of the report has been received from ARRL Geelong and a hard copy will be sent to you.

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