Patient Subpoena Export

Name: Miss Brodie Aumont Address: 8/567 Spencer Street

West Melbourne 3003 D.O.B.: 23/06/1994

Record No.: y

Phone:

Printed on 14th March 2023

Turn the Corner Medical Clinic 409 High Street Northcote 3070 1300557502

Subpoena generated using the following date range: 23/06/1994 to 14/03/2023 **Warnings:**

Allergies/Adverse reactions:

Nil known.

Family History:
Mother: Alive

Father: Alive

Social History:

Occupation: Environmental Consultant

Marital status: De facto

Sexual Orientation: Heterosexual

Alcohol:

3 drinks/day 2 days per week.

Smoking:

Non smoker

Occupation History:

Occupation: Environmental Consultant

Asbestos Exposure: No Animal Exposure: No Dust Exposure: No Radiation Exposure: No

Current Medications:

No long term medications.

Reminders:

16/08/2022 Ultrasound Scan

30/09/2023 Pathology test 24/10/2023 CST one year follow up

Actions:

No Actions within range.

Active Past History:

Not recorded.

Inactive Past History:

Not recorded.

Immunisations:

None recorded.

Prescriptions:

None recorded.

EPC Reports:

Obstetric History:

Cervical screening:

No Records within range

Investigation requests:

mvesugation	requests.			
06/06/2022	Dr K. Jennings	Chlamydia PCR, Swab		4Cyte Pathology
06/06/2022	Dr K. Jennings	Cervical Screening Test	non 16/18 in 2021	4Cyte Pathology
06/06/2022	Dr K. Jennings	Ultrasound scan - Pelvis	LIF pain, soemtimes R and urine freq	Women's Ultrasound Melbourne (WUMe)
06/06/2022	Dr K. Jennings	E/LFTs; FBE; B12; Iron Studies	-	4Cyte Pathology
30/07/2022	Dr K. Jennings	CT Scan - IVP	flank pain.nomal kidney function	I-Med Radiology
30/07/2022	Dr K. Jennings	Ultrasound scan - renal	flank poain and microscopic haematuria	I-Med Radiology
30/07/2022 30/07/2022	Dr K. Jennings Dr K. Jennings	Urine M/C/S urine cytology		4Cyte Pathology 4Cyte Pathology

Observations:

 09/05/2022
 Pulse
 58
 Current

 09/05/2022
 BP
 117/67 Sitting
 Current

Consultations:

Surgery consultation

Recorded by: Dr Kirstin Jennings Visit date: 09/05/2022

Recorded on: 09/05/2022

Brodie Aumont — Female, 23 Jun 1994 (27)

These notes have been created from a pre-consultation clinical form completed by the patient through BetterConsult.

Presenting for

1 / Skin lesion

Experienced symptom for 6 months

Affecting the left side

Described as solid mass and pea-sized

Number of lumps: Single Location of lump(s): Neck

and lesion on nose - second opimion, 12/12 unchanged, popped up sudenly

2 / Abdominal pain

12/12 ago

Symptom comes and goes

constant when it comes

related to not drinking lots of water

like uti pain but w/o urine sx

similar pain in middle of the night and then haematuria and took anti and better

Occurs 1 time per month for an average of 1 day at a time

Symptom has improved in the last 1 month

Average pain is 5/10, 6 at worst

Affecting the left side

Described as cramping pain

Triggered by greater than usual alcohol consumption

Exacerbating factors: menstruation

Relieving factors: supine position and avoidance of movement

Reports: abdominal distension

Denies: melaena, pr bleeding, dysphagia, fever, pelvic and perineal pain, vaginal discharge, jaundice,

haematemesis, vomiting, and vaginal bleeding in pregnancy Unsure about: loss of appetite and unexplained weight loss

Related symptoms: None or not sure

Past Medical History

Nil reported

Medications

Nil reported

Family History

Nil reported or not aware

Social History

Works full-time (environmental advisor)

Consumes alcohol mainly on weekends, 6 drinks per week

Has never smoked

Has never used recreational drugs

Pregnancy And Breastfeeding Status

Denies being pregnant

Not breastfeeding

Covid-19 Screening

Denies fever, cough, sore throat, blocked or runny nose, shortness of breath, loss of taste, loss of smell Denies fatigue, myalgia, arthralgia, headache, diarrhoea, nausea, vomiting, loss of appetite, conjunctivitis Denies being required to self-isolate

Diagnosed with COVID-19 over 2 weeks ago

Covid-19 Vaccination Status: 2 doses of vaccine

Reason for visit:

Abdominal pain

Examination:

General:

BP (sitting): 117/67

Pulse: 58

nose- tenangectasia- nil else - monitor closely, has FH non-meanoma skin cancer

lesion under mandible- for US, nil other palable in cervial area

abdo-tender RIIF, actually thinks is R side not L!

??renal stones- for ct kub and urien if gets flare sx and

Review interval:

bried discussion pcos and endo- for pelvic USS if ct and urine normal

also due for cst

Review interval:

1/12

Actions:

Adverse drug reactions queried - Nil known

Imaging request printed to I-Med Radiology: Ultrasound scan - neck- left. (patient identified 1cm aplable mass over line mandible, soft, non tender, regular)

Imaging request printed to I-Med Radiology: CT Scan - KUB. (?renal stones,occ flank pain and haematuria) Request printed to 4Cyte Pathology: Urine M/C/S.

Surgery consultation

Recorded by: Dr Kirstin Jennings Visit date: 06/06/2022

Recorded on: 06/06/2022

- 1. results
- 2. puffy eyes when wakes up knows allergic to dust on skin prick
- 3. #CST Cervical Screening Test
- date of last Pap smear/CST March 21
- any previous abnormal results? If yes, type and treatment 2x HPV non 16/18

- any new symptoms? (Eg intermenstrual/postcoital bleeding, discharge, dyspareunia)
- urinary sx no

consent before and during examination

O/e

CST performed with/without difficulty

Cervix appears (benign/ectropion/polyp etc)

Pl- send for CST

- patient advised to ring for results in 2 weeks if she hasn't heard from us before then

Reason for visit:

CST

Actions:

E-mail sent to brodie1994@hotmail.com, Subject - Radiology Referral KJ - Miss Brodie Aumont.

Letter written to Vision Radiology Thornbury re. Radiology Referral KJ.

Imaging request printed to Vision Radiology Thornbury: Ultrasound scan - neck. (pleasse track change LN)

Request printed to 4Cyte Pathology: Chlamydia PCR, Swab.

Request printed to 4Cyte Pathology: Cervical Screening Test. (non 16/18 in 2021)

Imaging request printed to Women's Ultrasound Melbourne (WUMe): Ultrasound scan - Pelvis. (LIF pain, soemtimes R and urine freq)

Request printed to 4Cyte Pathology: E/LFTs; FBE; B12; Iron Studies.

rc
w pelvic US
path
??needs
bladder training

Telephone consultation

Recorded by: Dr Kirstin Jennings Visit date: 27/06/2022

Recorded on: 27/06/2022

call to brodie explained CST and also fe results
will check with her health insurpage if she is

will check with her health insurnace if she is covered for private and let mew know

Reason for visit:

HPV non 16/18 detected

Surgery consultation

Recorded by: Dr Kirstin Jennings Visit date: 30/07/2022

Recorded on: 30/07/2022

##

colposcopy

Reason for visit:

#

microscoptic haemauria fi

Actions:

Imaging request printed to I-Med Radiology: CT Scan - IVP. (flank pain.nomal kidney function) Imaging request printed to I-Med Radiology: Ultrasound scan - renal. (flank poain and microscopic haematuria)

Request printed to 4Cyte Pathology: Urine M/C/S.

Request printed to 4Cyte Pathology: urine cytology.

E-mail sent to brodie1994@hotmail.com, Subject - 4Cyte request_TTC2 KJ - Miss Brodie Aumont.

Letter written re. 4Cyte request TTC2 KJ.

Reminder added for Pathology test on 30/09/2023.

E-mail sent to argus@neeshamprivateconsulting.com.au;, Subject - Signed Specialist Referral - KJ - Miss Brodie Aumont.

Letter written to Dr Deborah Neesham re. Signed Specialist Referral - KJ.

Results of US NECK, CT KUB WITHOUT CONTRAST, Biochemistry, Serum, B12/folate Master, Full Blood Count, Hba1c, Iron Studies, Urine Culture, Sti Pcr, CERVICAL SCREENING given to patient.

Non visit

Recorded by: Dr Kirstin Jennings Visit date: 01/08/2022

Recorded on: 01/08/2022

Message from Prof Back Of House on 01/08/2022 at 8:13 am

Hi Kirtsy,

Patient has sent this email. Would this be to two urine tests I can see dated 30/07 I can reprint and send to them today

See email:

Thank you for my referrals.

I have received a gynecologist referral and blood test referral.

I think I may be missing one - was I meant to get one for kidney scans? Using a dye?

Thanks Dr Jennings.

Regards,

Brodie Aumont

Actions:

E-mail sent to brodie1994@hotmail.com, Subject - Radiology Referral KJ - Miss Brodie Aumont. Letter written to I-Med Radiology re. Radiology Referral KJ.

3rd Party consultation

Recorded by: HotDoc External Vendor Visit date: 16/08/2022

Recorded on: 16/08/2022

16/08/22 2:03pm - HotDoc Reminders - SMN 1 sent to patient - Ultrasound Scan - Ultrasound Scan

3rd Party consultation

Recorded by: HotDoc External Vendor Visit date: 16/08/2022

Recorded on: 16/08/2022

16/08/22 2:03pm - HotDoc Reminders - Read by patient - Ultrasound Scan - Ultrasound Scan

Telephone consultation

Recorded by: Dr Kirstin Jennings Visit date: 06/10/2022

Recorded on: 06/10/2022

saw gynae yesterday suggested see speciliastist

urologist or gastro

lower abdo pain
LIF area - was tender w internal probing w gynae
worse w etoh,
worse w garlic and onions
gasro in gold caoast whereshe is moving to

Reason for visit:

IBS

Actions:

Results of CYTOLOGY NON GYNAE given to patient.

Results of URINE MICROSCOPY given to patient.

Results of IRON STUDIES given to patient.

Results of FULL BLOOD EXAMINATION given to patient.

E-mail sent to 563429@argusnet.net., Subject - Signed Specialist Referral - KJ - Miss Brodie Aumont.

Letter written to Dr Georgina Paizis re. Signed Specialist Referral - KJ.

E-mail sent to brodie1994@hotmail.com, Subject - Signed Specialist Referral - KJ - Miss Brodie Aumont.

Letter written re. Signed Specialist Referral - KJ.

Non visit

Recorded by: Prof Back Of House Visit date: 06/10/2022

Recorded on: 06/10/2022

Message from Dr Kirstin Jennings on 06/10/2022 at 12:11 pm

Is this patient still blacklisted or ok for me to call!?

Non visit

Recorded by: Prof Back Of House Visit date: 06/10/2022

Recorded on: 06/10/2022

Message from Dr Kirstin Jennings on 06/10/2022 at 12:57 pm

Please fax to Alex Dorrington. Thx, K

Non visit

Recorded by: Dr Kirstin Jennings Visit date: 04/11/2022

Recorded on: 04/11/2022

Actions:

Reminder for Ultrasound Scan (Clinically Significant) due on 16/08/2022 marked as performed.

Investigations:

Dr Kirstin JenningsPatient ID: 77.9610333Turn The Corner Medical ClinicAccession Number:409 High Street77.37843389

Northcote 3070 Tel: 1300557502

11th May 2022 Reported: 12 May 2022

Dear Dr Jennings

Re: Miss Brodie Aumont - DOB: 23/06/1994

8/567 Spencer Street WEST MELBOURNE 3003

NECK ULTRASOUND

Clinical Notes: 1cm palpable mass over mandible, soft, non-tender.

Report:

The palpable lump adjacent to the left mandibular angle shown by the patient corresponds to an ovoid hypoechoic lymph node within the inferior portion of the left parotid gland measuring 6mm x 3mm x 8mm, with cortical prominence and compressed fatty hilum but maintains ovoid nodal configuration.

A couple of other normal looking lymph nodes within the left parotid gland.

There are also a couple of normal looking lymph nodes within the right parotid gland.

The bilateral submandibular glands appear normal. No cervical lymphadenopathy on either side.

Conclusion:

The palpable lump corresponds to an ovoid lymph node within the inferior portion of left parotid gland with cortical prominence. Current appearance favours reactive node, however advise further clinical correlation and sonographic follow-up in three months time . if the node further progresses, further investigation may be indicated.

Dr Kevin Tsao

Electronically signed at 4:51 pm Thu, 12th May 2022

Images for 77.37843389\par \par\par

Dr Kirstin JenningsPatient ID: 77.9610333Turn The Corner Medical ClinicAccession Number:409 High Street77.37843401

Northcote 3070 Tel: 1300557502

17th May 2022 Reported: 17 May 2022

Dear Dr Jennings

Re: Miss Brodie Aumont - DOB: 23/06/1994

8/567 Spencer Street WEST MELBOURNE 3003

CT KUB

CLINICAL INDICATION:

? Renal stones, flank pain and haematuria

TECHNIQUE:

CT KUB (Non-contrast).

FINDINGS:

The kidneys demonstrate a normal appearance without pelvicalyceal dilatation.

No obstructing renal, ureteric or bladder calculus.

The remainder of the abdominopelvic viscera demonstrate an unremarkable unopacified appearance.

The visualised lung bases are clear. No suspicous osseous lesion

IMPRESSION:

No evidence of an obstructive uropathy.

No cause for symptoms evident.

Dr David Kusuma

Electronically signed at 12:34 pm Tue, 17th May 2022

Images for 77.37843401\par \par\par

Clinical Notes: nil

Pathologist: Dr P. Stewart

Biochemistry (Serum)

Coll Date: Coll Time: Lab Number:	06/06/22 09:32 6765798		
Sodium	141	(135-145)	mmol/L
Potassium	4.4	(3.5-5.5)	mmol/L
Chloride	106	(95-110)	mmol/L
Bicarbonate	29	(22-32)	mmol/L
Anion Gap	10	(8-19)	mmol/L
Urea	5.7	(3.2-8.2)	mmol/L
Creatinine	79	(45-90)	umol/L
eGFR	89	(> 59)	g/L
Total Protein	67	(60-80)	
Globulin	25	(23-39)	g/L
Albumin	42	(34-50)	g/L
Bilirubin Total	13	(< 21)	umol/L
Alk. Phosphatase	47	(30-110)	U/L
Gamma GT	11	(< 36)	U/L
ALT	11	(< 35)	U/L
AST	14	(< 30)	U/L

Tests to follow: B12/FOL, FE, FBC, HbA1C

Clinical Notes: nil
Pathologist: Dr C. Harris

B12/Folate (Serum)

Coll Date: 06/06/22 Coll Time: 09:32 Lab Number: 6765798

Vitamin B12 225 (156-670) pmol/L Active Vit. B12 92 (> 35) pmol/L

Tests to follow: FE,FBC,HbA1C

Clinical Notes: nil
Pathologist: Dr C. Harris

Full Blood Count (Whole Blood)

Coll Date: Coll Time: Lab Number:	06/06/22 09:32 6765798		
HAEMOGLOBIN RBC	133 4.1	(115-165) (3.8-5.8)	g/L 10^12/L
HCT	0.40	(0.32-0.46)	10 12/1
MCV	95.5	(80.0-100.0)	fL
MCH	32	(26-32)	pg
MCHC	336	(300-360)	g/L
RDW	11.8	(< 15.1)	90
WCC	4.3	(4.0-11.0)	10^9/L
Neutrophils	2.2	(2.0-8.0)	10^9/L
Lymphocytes	1.6	(1.0-4.0)	10^9/L
Monocytes	0.4	(0.2-1.0)	10^9/L
Eosinophils	0.2	(< 0.8)	10^9/L
Basophils	0.0	(< 0.2)	10^9/L
PLATELETS	303	(150-400)	10^9/L
MPV	6.6	(6.5-11.0)	fL

FBC parameters normal.

Tests to follow: FE, HbA1C

Clinical Notes: nil

Pathologist: Dr P. Stewart

Diabetic Testing (Whole Blood)

Coll Date: 06/06/22 Coll Time: 09:32 6765798 Lab Number:

HbA1c (NGSP) 4.8

(4.0-5.9) % mmol/mol HbA1c (IFCC)

Tests to follow: All Tests now completed

Clinical Notes: nil

Pathologist: Dr C. Harris

Iron Studies (Serum)

Coll Date:	06/06/22
Coll Time:	09:32
Lab Number:	6765798

Ferritin	32		(30-200) ug	·/L
Iron	39	H	(9-30) um	ol/L
Transferrin	2.3		(2.0-3.6) g/	L
Transferrin Sat.	67	H	(15-50) %	

High transferrin saturation with normal ferritin suggests early stages of iron overload/recent iron intake. Consider ongoing monitoring to determine whether the transferrin saturation normalises or the ferritin increases. Persistently elevated transferrin saturation may be the

earliest sign of iron overload.

Tests to follow: All Tests now completed

Clinical Notes: nil
Pathologist: Dr A. Jaksic

Urine Culture

Coll Date:	06/06/22
Coll Time:	09:32
Lab Number:	6765802

Microscopy:

44	(<10)	10^6/L
15	(<10)	10^6/L
39	(<10)	10^6/L
	15	15 (<10)

Chemistry:

pH 6.5 (4.0-9.0)

Protein Neg
Glucose Neg
Ketones Neg
Blood(Hb) +

Organism: No growth

Current Request: 6765802
Culture: No growth

Pyuria in the absence of significant growth may represent prior antibiotic effect or fastidious organisms. Suggest repeat, if clinically

indicated.

Tests to follow: All Tests now completed

Clinical Notes: nil
Pathologist: Dr A. Jaksic

Genitourinary Infections PCR

Specimen Type Swab

C.trachomatis Not detected

Tests to follow: All Tests now completed

CERVICAL SCREENING - Higher risk

SPECIMEN Cervical - PreservCyt Solution

TEST RESULTS PCR for oncogenic HPV and genotype:

HPV 16 - Not Detected HPV 18 - Not Detected

HPV (not 16/18) - Detected

Liquid based cytology (LBC), Image Assisted:

NEGATIVE

There is no evidence of a squamous intraepithelial

lesion or malignancy.

Endocervical component: Present.

RECOMMENDATION In view of the previously reported abnormality referral for colposcopic assessment.

Professor Marion Saville AM 17/06/2022

Executive Director

FULL BLOOD EXAMINATION

RTOOD	LXAMINA	TITON				
						$(x10^9 / L)$
130	g/L	(115-165)	WHITE CELL COU	NT:	5.5	(4.0-11.0)
0.40	L/L	(0.37 - 0.47)	Neutrophils:	62%	3.4	(2.0-8.0)
4.20	x10^12	/L(3.80-5.80)	Lymphocytes:	28%	1.5	(1.0-4.0)
95	fL	(80-96)	Monocytes :	8%	0.4	(0.0-1.0)
31	pg	(27-32)	Eosinophils:	1%	0.1	(0.0-0.5)
327	g/L	(320-360)	Basophils :	1%	0.1	(0.0-0.2)
11.8	용	(11.0-16.0)				
	130 0.40 4.20 95 31 327	130 g/L 0.40 L/L	0.40 L/L (0.37-0.47) 4.20 x10^12 /L(3.80-5.80) 95 fL (80-96) 31 pg (27-32) 327 g/L (320-360)	130 g/L (115-165) WHITE CELL COU 0.40 L/L (0.37-0.47) Neutrophils: 4.20 x10^12 /L(3.80-5.80) Lymphocytes: 95 fL (80-96) Monocytes : 31 pg (27-32) Eosinophils: 327 g/L (320-360) Basophils :	130 g/L (115-165) WHITE CELL COUNT: 0.40 L/L (0.37-0.47) Neutrophils: 62% 4.20 x10^12 /L(3.80-5.80) Lymphocytes: 28% 95 fL (80-96) Monocytes : 8% 31 pg (27-32) Eosinophils: 1% 327 g/L (320-360) Basophils : 1%	130 g/L (115-165) WHITE CELL COUNT: 5.5 0.40 L/L (0.37-0.47) Neutrophils: 62% 3.4 4.20 x10^12 /L(3.80-5.80) Lymphocytes: 28% 1.5 95 fL (80-96) Monocytes: 8% 0.4 31 pg (27-32) Eosinophils: 1% 0.1 327 g/L (320-360) Basophils: 1% 0.1

PLATELETS : 265 (150-450)

Ref.

COMMENT: Red cells, white cells and platelets within normal limits.

Requested Tests : FES*, FBE

SERUM IRON STUDIES

Date:10/08/22 Time:13:10 Lab.No:40825897

Ferritin:	37			Range (30-300)
Iron: Transferrin: Transferrin Sat:	19 2.3 33	g	/L	(7-27) (2.0-3.6) (13-47)

Medical professionals: Please contact a pathologist on $03\ 9244\ 0444$ if required.

Please note: The Ferritin reference intervals have changed from 20/08/2019

Method: Siemens Immunoassay
Requested Tests : FES, FBE

URINE EXAMINATION:

PHASE CONTRAST			CHEMISTRY	
Epith.Squames	< 1 x10^6 /L	(N < 10)	рн 6.0	Glucose Neg
Polymorphs	11 x10^6 /L	(N < 10)	Protein Neg	Ketones Neg
Erythrocytes	< 1 x10^6 /L	(N < 10)	Blood/Hb Neg	I
No casts or crystal:	s seen (unspun	urine).		

CULTURE

No significant growth.

Requested Tests : URC

2022-20302

CYTOLOGY OF URINE

SPECIMEN: SPECIMEN 1: 110 ml of clear yellow fluid.

MICROSCOPY: No malignant cells detected.

CONCLUSION: NEGATIVE FOR MALIGNANCY.

Requested Tests : CYT*, CYT, CYT

2022-20327

CYTOLOGY OF URINE

SPECIMEN: SPECIMEN 2: 110 ml of cloudy yellow fluid.

MICROSCOPY: No malignant cells detected.

CONCLUSION: NEGATIVE FOR MALIGNANCY.

Requested Tests : CYT*, CYT, CYT

2022-20487

CYTOLOGY OF URINE

SPECIMEN: SPECIMEN 3: 100 ml of cloudy yellow fluid.

MICROSCOPY: Transitional cells are present.

No malignant cells detected.

CONCLUSION: NEGATIVE FOR MALIGNANCY.

Requested Tests : CYT, CYT, CYT

CLINICAL Histopathology; LBC HPV non 16/18 persistent. Minor

INFORMATION: changes on colp BX 12a.

MACROSCOPIC: Specimen labelled with patient details only. The specimen

consists of a single piece of tissue measuring 5x3x2 mm. The entire specimen is submitted in a single cassette.

DEG/DG/ph

MICROSCOPIC Multiple levels of the tissue have been examined to DESCRIPTION: extinction. The cervical biopsy comprises metaplastic

extinction. The cervical biopsy comprises metaplastic squamous epithelium with attached stroma containing endocervical glands. The squamous epithelium is mildly inflamed with associated reactive inflammatory changes. No dysplasia or human papillomavirus effect is seen. Within the stroma there is a patchy chronic inflammatory cell

infiltrate. The endocervical glands are unremarkable.

DIAGNOSIS: Cervical biopsy 12a: Chronic cervicitis and mature

squamous metaplasia.

SNOMED II Code: T83150,M40000 SNOMED II Code:T83150,M73220

REPORTED BY: Dr Yi Qiu Sun FRCPA

End of Report

Validated by ysun 16:55 07 Oct 2022

CERVICAL SCREENING -

SPECIMEN Cervical - Liquid based specimen

TEST RESULTS Liquid based cytology (LBC), Image Assisted:

Possible low-grade squamous intraepithelial lesion

Endocervical component: Present.

RECOMMENDATION This patient is under specialist management, therefore

no management recommendation is made.

Dr Yi Qiu SUN 07/10/2022

Pathologist



Medical Information

New Patient Registration Form

Patient has submitted the following form on 18/10/2021

Personal Details			
Title	First name		
Miss	Brodie		
Last name	Preferred name		
Aumont	Brodie		
Gender	Date of birth		
Female	23/06/1994		
Street address	Street address line 2		
8/567 spencer street			
Suburb	Postcode		
West melbourne	3003		
Mobile phone	Email address		
+61400603651	brodie1994@hotmail.com		
Do any of your family members currently attend Turn the Corner Med	dical Clinic?		
No			
Full Name	Relationship to you		
Full Name	Relationship to you		
Full Name	Relationship to you		
Health Initiatives			
In order to assist us with health initiatives and tail	or care		
Do you identify as Aboriginal or Torres Strait Islander	What is your country of birth		
No	Australia		

Medicare card - Number	Medicare card - Position on card
3061876052	2
Medicare card - Expiry date	
09/2024	
Your Health History	
Do you have any allergies or are you sensitive to drugs or dressings	If yes, please list
No	
Social Activities	
Do you smoke?	How many per day?
No	
Do you drink alcohol?	Alcohol intake per day
Yes	
Alcohol intake days per week	
2	
Under 16s only - Parent/Guardian details	
First Name	Last Name
Date of Birth	Medicare Number
Ref Number	Expiry
Emergency Contact Information	
We collect this information in case of an emergency	
Next of kin - First name	Next of kin - Last name
Harris	Lanyon
Next of kin - Relationship	Next of kin - Contact number

0400693349

Partner

Emergency contact - First name	Emergency contact - Last name
Harris	Lanyon
Emergency contact - Relationship	Emergency contact - Contact number
Partner	0400693349

Communication

We send appointment reminders and secure links to certain test results via SMS if we have your mobile phone number on file. We operate a recall system for matters of clinical significance. We participate in a personalised reminder program for preventive health issues such as skin checks and annual health assessments. We also produce an e-newsletter every month or so with Clinic information and relevant general health information for our clients. Please indicate whether you consent to receive the e-newsletter.

Yes

Privacy and Terms

We are committed to protecting the confidentiality of your personal information and health records. In submitting this form, you acknowledge that you have read and agree to the Clinic's Privacy policy (available on the website).

Do you agree to the terms in the privacy policy?

I agree

The patient accepted the Turn The Corner Medical Clinic Privacy Policy as listed in https://www.turnthecorner.com.au/privacy-policy/

The patient accepted the Turn The Corner Medical Clinic Terms of Use as listed in https://www.turnthecorner.com.au/terms-conditions/

Signature





Epworth Froemasons
Suite 6, 320 Victoria Parado
Fast Mellocama VIC 3002
Phone 0417 6788 | Fax 9416 1084

Tooronga Village Suite C12-18: 762 Toorak Roed Glen ins VIC 0140

Phone 9822 1411 | Fax 9822 1433

Frances Perry House

BC-File Number

Exam date:

Selfe (3, Level 2, 20 Flornington Road Parkwita VIO 3052 Phone (348 2200 | Fax 0348 2500

Bayside 32 Bluff Road Black Role Victories Phone (abrata) / | Fax (abra 84/6)

C35337

22/06/2022

Turn The Corner Medical Clinic Dr. Kristin Jennings 409 High Street Northcote ViC

Gynaecological Ultrasound

Patient: Brodie Aumont DOB: 23/06/1994

8/567 Spencer Street WEST MELBOURNE 3003

Exam date: 22/06/2022

Indication Left iliac fossa pain, sometimes right.

Urinary frequency.

LMP on 3/06/2022. Day of cycle 20

Method Ultrasound machine: Philips EPIQ 7.

Transabdominal and transvaginal ultrasound examination.

Uterus Long 79 mm x ap 36 mm x tr 48 mm. Vol 71.0 cm³

Size: Normal

Position: anteverted Malformations: none

Myometrium: Normal ultrasound appearance. Endometrium: Endometrium clearly visualised.

Structure: secretory.

Endometrial thickness, total 8.0 mm

Cervix details: Normal ultrasound appearance.

No fibroids identified No polyps identified

Uterine Mobility The bowel and bladder are mobile over the uterus.

Fight Ovary Easily seen. Normal appearance, mobile and non tender. Outline: smooth. Morphology:

normal physiological changes. Size 31.9 mm x 20.8 mm x 13.2 mm. Vol 4.6 cm³

No cysts identified

Follicle(s) 16 small follicles seen.

Good TV access to this ovary.

Page 1of 2

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Left Ovary

Easily seen. Normal appearance, mobile and non tender. Outline: smooth. Morphology: normal physiological changes. Size 29.0 mm x 24.8 mm x 19.4 mm. Vol 7.3 cm³. Corpus

luteum: Visible. Solid. Typical peripheral colour flow.

No cysts identified

Follicle(s) 18 small follicles seen.

Good TV access to this ovary.

Pouch of Douglas Normal mobility. Small amount of free fluid consistent with normal physiological changes.

The uterosacral ligaments are not thickened or tender.

Conclusion

Normal pelvic scan.

No cause found for the pain.

No ultrasound evidence of deep infiltrating endometriosis.

Dr. Poonam

- Epworth Freemasons

Charan

Page 2 of 2

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Or Sophia Ye Ching Chuang

Or Necous Woodraw Street Control

Griffmann Charain Semisar (Saat Charain Charain) Or Deborah Mebal





Dr Deborah E Neesham

Gynaecological Oncologist
MBBS DCH FRANZCOG CGO

Suite D / Level 2 20 Flemington Road, Parkville Vic 3052

Email: reception@vgos.com.au

Argus mail: argus@neeshamprivateconsulting.com.au

Phone: 03 9344 5088 Fax: 03 9344 5089

Provider No: 025722KY

17 October 2022

Dr Kirstin Jennings Turn The Corner Medical Clinic 409 High Street NORTHCOTE 3070

Dear Kirstin,

Re: Miss Brodie Aumont DOB: 23/06/1994 8 / 567 Spencer Street WEST MELBOURNE 3003 Home: 0400 603 651 / Mobile: 0400 603 651

Medicare No: 30618760522

Thank you for referring this 28 year old woman who presents with HPV non 16/18 which apparently has been noted on her two prior tests. She is otherwise well and asymptomatic with no abnormal bleeding or discharge but has had some increasing left iliac fossa pain which has been investigated with an ultrasound which showed a normal uterus, ovaries and renal tract and I wonder whether in fact she's having some issues with the bowels.

On examination there was evidence of cervicitis and metaplasia which was confirmed on a biopsy. There was no evidence of any HPV change or precancerous abnormalities requiring treatment and liquid based cytology was again reported as showing only minor changes.

Accordingly I am very happy that there is no current cause for concern and would simply recommend ongoing annual tests. If there are 3 further tests that show HPV non 16/18 or Brodie develops any high grade changes on cytology, then obviously a further colposcopy would be recommended.

With kind regards,

Yours sincerely,

Deborah E. Neesham

Dictated but not sighted.

cc: Miss Brodie Aumont brodieaumont@outlook.com

AUMONT, Brodie

1/2 Pheasant Court, MIAMI. 4220

Phone: 0400603651

Birthdate: 23/06/1994 **Sex:** F **Medicare Number:** 30618760522

Addressee: Dr. KIRSTIN JENNINGS
Sender: Dr. ALEXANDER DORRINGTON

Suite 3 Brockway House 82 Queen Street Southport 4215

Dr Alex Dorrington
BSc MBBS (Old) FRACP

Gold Coast Centre for Digestive Diseases Suite 3, 82 Queen Street, Southport QLD 4215 P: (07) 5591 4455 F: (07) 5591 4077 E: office@dorringtons.com.au

Dr Alex Dorrington & Dr Waled Mohsen www.drdorrington.com.au www.gcgastro.com.au

1 December 2022

Dr Kristin JENNINGS Turn The Corner - Medical Clinic 409 High St NORTHCOTE VIC 3070

Dear Dr JENNINGS

Brodie AUMONT 1/2 Pheasant Court MIAMI QLD 4220 DOB: 23/06/94 0400603651

Medicare: 3061876052/2 30/09/24

Thank you for asking me to see this 28-year-old lady with persistent left lower quadrant pain.

Past medical history: Nil significant. No previous abdominal surgery.

Current medications:

Nil regular.

Social history:

Recently moved from Melbourne to the Gold Coast - works as an environmental planner. No family history of inflammatory bowel disease, coeliac disease or gastrointestinal malignancy. Non-smoker.

Social alcohol consumption.

Clinical data:

Brodie reports an 18-month history of left lower quadrant pain. She describes it as a sharp, non-focal pain that tends to be worst prior to moving her bowels and is relieved after defecation. The problem started shortly after she returned from holiday to the Philippines where she contracted gastrointestinal bug. She denies any significant change in bowel habit, but she has had episodes of significant urgency. She has been having mild abdominal bloating and certainly there has been increased borborygmi. She lost about 5 kg of weight earlier this year due to food avoidance in an effort to reduce her symptoms. There has not been any overt gastrointestinal bleeding. Aside from some heartburn, there have not been any prominent upper gastrointestinal symptoms. She follows a fairly standard diet and has not embarked on any specific restriction.

Brodie has already seen a gynaecologist, who apparently felt it was most likely that the pain was emanating from her GI tract. I understand that transvaginal pelvic ultrasonography was unremarkable, as was a cervical screening test. Urinalysis and CT KUB failed to demonstrate any significant abnormalities. Blood tests including iron studies are essentially unremarkable.

On examination, the abdomen is soft and non-tender. There was no palpable abdominal mass. Bowel sounds were active and normal.

Comment:

I suspect we are dealing with a functional gastrointestinal issue. Technically speaking, Brodie does not meet the Rome IV diagnostic criteria for irritable bowel syndrome, as there has not been a significant associated change in bowel habit with her pain. Having said that, these conditions occur on a spectrum and there certainly are a number of features of the presentation

that suggest functional gastrointestinal disease.

For reassurance, I will arrange faecal occult blood testing and also check her calprotectin level. These investigations offer a non-invasive avenue for excluding inflammatory and neoplastic colorectal disease. I will phone Brodie with the results and we will only proceed to colonoscopy should the testing reveal a significant abnormality.

We had a long discussion today regarding functional gastrointestinal disease and its management. I have suggested that she tries regular Iberogast thrice daily before meals, as this often provides symptomatic benefit for bloating and discomfort. An antispasmodic such as Buscopan can be used for severe pain. There is very weak evidence supporting the use of probiotics in these patients and I suppose there is no harm in giving this a try. Finally, the most effective intervention for functional gastrointestinal disease is usually dietary modification (specifically a low FODMAP diet). I have suggested to Brodie that she arranges a dietician review in the coming weeks. In the meantime, it might be worth cutting out cow's milk to see if this helps with the bloating and discomfort.

I will keep you informed of her progress.

Yours sincerely,

Dr Alex Dorrington Consultant Gastroenterologist BSc MBBS (Qld) FRACP Provider no: 4462408X

Powered by Medical Objects



Radiology Request

Vision Radiology Thornbury 621 High St Thornbury 3071 Phone: 9957 8881 Fax: 9957 8880

Turn The Corner Medical Clinic 409 High Street Northcote 3070

Patient Name

Re: Miss Brodie Aumont

Current contact details:

DOB:23/06/1994

Mobile: 0400 603 651

Medicare Number: 3061876052

Investigation Required

Neck USS
Clinical Details;
small likely LN on scan 12/5/22 - please track change

Clinical Question:

EDD	11	BMI >30 (Y or N)	Allergies		

Requesting Doctor:
Dr Kirstin Jennings
Turn The Corner Medical Clinic
409 High Street
Northcote 3070

Provider Number: 241787AW

Tel:1300557502

Practice Details:

Turn the Corner Medical Clinic

Date:06/06/2022

Signature:

Turn the Corner prefers Medical Objects as our encrypted communication method. Please do not fax or mail results.



3061876052 2 09/2024 Medicare Number Tel: 13 4CYTE 13 4 298

www.4cyte.com.au

Patient Last Name / Address Given Names
Aumont Brodie

Sex Female Date of Birth 23/06/1994

Your Ref:

Tel (Bus)

8/567 Spencer Street West Melbourne 3003 Tel (Home) 0400 603 651

Tests Requested Fasting FBE, Iron studies Non Fasting Pregnant HormTherapy IMP Lab Use Only Clinical History FDC Cervical Cytology Cervix _ Vaginal Vault ____ Endometrium __ I assign my right to benefits to the approved pathology practitioner **Doctor Signature & Date:** Urgent Phone ____ Fax ____ By Time: Other ____ who will render the requested pathology services and any eligible Post Natal ____ pathologist determinable services. Your doctor has requested tests Date: 30/07/2022 according to clinical need. Some of these tests may not be eligible PostMenopausal Phone/Fax for Medicare rebate for which you will receive an account. **Patient Signature and Date:** Radio Therapy ___ Bulk Bill _ Private Schedule _ IUCD Date: 30/07/2022 Abn Bleeding _ Cx Benign __ Vet Affairs # Cx Suspicious _ Copy Reports To: Requesting Practitioner ACC STAMP Dr Kirstin Jennings Turn The Corner Medical Clinic 409 High Street Northcote 3070 241787AW Collector Signature I certify that I collected the Collected By: Citrat ACD Plain SST Li Hep EDTA FI Ox Collect Time: accompanying sample from the above patient whose identify I confirmed by enquiry and then labelled the sample immediately following collection: 24U LBC Collect Date: SpU Faece Sterile Swb Histo Other Aumont Last: Aumont Aumont Last: C 4Cyte Brodie Brodie Brodie **Pathology** First: First: Firs т D.O.B.: 23/06/1994 D.O.B.: 23/06/1994 D.O.B.: 23/06/1994 Tel: 13 4 298 www.4cyte.com.au Your treating practitioner has recommended that you use 4Cyte Pathology. You are free to choose your own pathology provider. However, if your treating practitioner 3061876052 2 09/2024 has specified a particular pathologist on clinical grounds, a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with Medicare Number your treating practitioner. PRIVACY NOTE: The information provided will be used to verify your name, DOB and details with Medicare, assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health or to a person in the medical practice associated with this claim, or as authorised/required by law. Patient Last Name / Address **Given Names** Sex Date of Birth Your Ref: Female 23/06/1994 Aumont **Brodie** 8/567 Spencer Street Tel (Home) Tel (Bus) West Melbourne 3003 0400 603 651 **Tests Requested Requesting Practitioner** Dr Kirstin Jennings Turn The Corner Medical Clinic 409 High Street Northcote 3070 241787AW



409 High Street Northcote 3070 301 Albert Street Brunswick 3056

Argus: argus@turnthecorner.com.au Contact us: reception@turnthecorner.com.au or 1300 557 502

30/07/2022

Dr Deborah Neesham Suite D, Level 2 Royal Womens Cnr Grattan and Flemington Parkville 3052

Phone: (03) 9344 5088 Fax: (03) 9344 5089

argus@neeshamprivateconsulting.com.au

Dear Deborah,

RE: Miss Brodie Aumont

8/567 Spencer Street

West Melbourne VIC 3003

Mobile 0400 603 651 DOB: 23/06/1994

Medicare Card No 3061876052 2

Thank you for seeing Miss Brodie Aumont.

I appreciate your opinion and assistance in their management with a third HPV non 16/18 on CST. No symptoms.

BRODIE AUMONT,

8/567 SPENCER STREET, WEST MELBOURNE. 3003

Birthdate: 23/06/1994 Sex: F Medicare Number: 3061876052

Your Reference: 00082007 Lab Reference: 22V043900 Laboratory: VCS Pathology. NATA/RCPA Accreditation No.2977

Addressee: DR KIRSTIN JENNINGS Referred by: DR KIRSTIN JENNINGS

Name of Test: CERVICAL SCREENING

Requested: 06/06/2022 **Collected:** 06/06/2022 **Reported:** 17/06/2022

14:39

CERVICAL SCREENING - Higher risk

SPECIMEN Cervical - PreservCyt Solution

TEST RESULTS PCR for oncogenic HPV and genotype:

HPV 16 - Not Detected
HPV 18 - Not Detected

HPV (not 16/18) - Detected

Liquid based cytology (LBC), Image Assisted:

NEGATIVE

There is no evidence of a squamous intraepithelial

lesion or malignancy.

Endocervical component: Present.

RECOMMENDATION In view of the previously reported abnormality

referral for colposcopic assessment.

Professor Marion Saville AM 17/06/2022

Executive Director

Not recorded.

Sincerely yours,

Dr Kirstin Jennings 241787AW



Turn The Corner Medical Clinic 409 High Street Northcote 3070

Radiology Request

I-Med Radiology St Vincent's Private Consulting Suites 141 Grey St East Melbourne 3002 Phone: 03 9413 0200 Fax:

P	ati	Δ١	nt.	N	a	me	2

Re: Miss Brodie Aumont

Current contact details:

DOB:23/06/1994

Mobile: 0400 603 651

Medicare Number: 3061876052

Investigation Required

CT IVP
Clinical Details;
flank pain and microscopic haematuria normal renal function

Clinical Question:

EDD	11	BMI >30 (Y or N)	Allergies		

•

Requesting Doctor:

Dr Kirstin Jennings Turn The Corner Medical Clinic 409 High Street Northcote 3070

Provider Number: 241787AW

Tel:1300557502

Practice Details:

Turn the Corner Medical Clinic

Date:01/08/2022

Signature:

Turn the Corner prefers Medical Objects as our encrypted communication method. Please do not fax or mail results.



Turn The Corner Medical Clinic 409 High Street Northcote 3070

Radiology Request

I-Med Radiology St Vincent's Private Consulting Suites 141 Grey St East Melbourne 3002 Phone: 03 9413 0200 Fax:

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Re: Miss Brodie Aumont

Current contact details:

DOB:23/06/1994

Mobile: 0400 603 651

Medicare Number: 3061876052

Investigation Required

	USS renal
	Clinical Details;
	microscopic haematuria and flank pain

Clinical Question:

EDD / / BMI >30 (Y or N) Alle	llergies
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Requesting Doctor:

Dr Kirstin Jennings Turn The Corner Medical Clinic

409 High Street Northcote 3070

Provider Number: 241787AW

Tel:1300557502

Practice Details:

Turn the Corner Medical Clinic

Date:01/08/2022

Signature:

Turn the Corner prefers Medical Objects as our encrypted communication method. Please do not fax or mail results.



409 High Street Northcote 3070 301 Albert Street Brunswick 3056

Argus: argus@turnthecorner.com.au Contact us: reception@turnthecorner.com.au or 1300 557 502

06/10/2022

Dr Dr Alex Dorrington

Ph 07 5591 4455 Fax: 07 5591 4077.

Postal Address: PO BOX 250 Southport 4215

Dear Alex,

RE: Miss Brodie Aumont

8/567 Spencer Street

West Melbourne VIC 3003

Mobile 0400 603 651 DOB: 23/06/1994

Medicare Card No 3061876052 2

Thank you for seeing Miss Brodie Aumont.

I appreciate your opinion and assistance in their management for 18 months of LIF abdominal pain. We initially thought there was some renal tract pathology going on but have done initial investigations, see below, that are all normal. Now thinking it is more likely to be IBS. She is moving to the Gold Coast in 4 weeks and will look into FODMAPS and IBS before she checks in with yourself.

Your Reference: 77.9610333 Lab Reference: Doncaster Rad Addressee: Dr Kirstin Jennings Referred by: Dr Kirstin Jennings

Name of Test: US NECK

Requested: 09/05/2022 Collected: 11/05/2022 Reported: 12/05/2022

10:18

Laboratory: I-MED Radiology Network

Dr Kirstin Jennings

Turn The Corner Medical Clinic Accession Number: 409 High Street 77.37843389

Patient ID: 77.9610333

Patient ID: 77.9610333

Northcote 3070 Tel: 1300557502

11th May 2022 Reported: 12 May 2022

Dear Dr Jennings

Re: Miss Brodie Aumont - DOB: 23/06/1994

8/567 Spencer Street WEST MELBOURNE 3003

NECK ULTRASOUND

Clinical Notes: 1cm palpable mass over mandible, soft, non-tender.

Report:

The palpable lump adjacent to the left mandibular angle shown by the patient corresponds to an ovoid hypoechoic lymph node within the inferior portion of the left parotid gland measuring 6mm x 3mm x 8mm, with cortical prominence and compressed fatty hilum but maintains ovoid nodal configuration.

A couple of other normal looking lymph nodes within the left parotid gland.

There are also a couple of normal looking lymph nodes within the right parotid gland.

The bilateral submandibular glands appear normal. No cervical lymphadenopathy on either side.

Conclusion:

The palpable lump corresponds to an ovoid lymph node within the inferior portion of left parotid gland with cortical prominence. Current appearance favours reactive node, however advise further clinical correlation and sonographic follow-up in three months time . if the node further progresses, further investigation may be indicated.

Dr Kevin Tsao

Electronically signed at 4:51 pm Thu, 12th May 2022

Images for 77.37843389\par \par\par

Aumont, Brodie

8/567 Spencer Street, WEST MELBOURNE VIC. 3003
Birthdate: 23/06/1994 Sex: F Medicare Number: 3061876052
Your Reference: 77.9610333 Lab Reference: Doncaster Rad
Addressee: Dr Kirstin Jennings Referred by: Dr Kirstin Jennings

Name of Test: CT KUB WITHOUT CONTRAST

Requested: 09/05/2022 Collected: 17/05/2022 Reported: 17/05/2022

12:34

Laboratory: I-MED Radiology Network

Turn The Corner Medical Clinic **Accession Number:** 409 High Street 77.37843401

Northcote 3070 Tel: 1300557502

17th May 2022 Reported: 17 May 2022

Dear Dr Jennings

Re: Miss Brodie Aumont - DOB: 23/06/1994

8/567 Spencer Street WEST MELBOURNE 3003

CT KUB

CLINICAL INDICATION:

? Renal stones, flank pain and haematuria

TECHNIQUE:

CT KUB (Non-contrast).

FINDINGS:

The kidneys demonstrate a normal appearance without pelvicalyceal dilatation.

No obstructing renal, ureteric or bladder calculus.

The remainder of the abdominopelvic viscera demonstrate an unremarkable unopacified appearance.

The visualised lung bases are clear. No suspicous osseous lesion

IMPRESSION:

No evidence of an obstructive uropathy.

No cause for symptoms evident.

Dr David Kusuma

Electronically signed at 12:34 pm Tue, 17th May 2022

Images for 77.37843401\par \par\par

AUMONT, BRODIE

8/567 SPENCER STREET, WEST MELBOURNE. 3003

Phone: 0400603651 **Birthdate:** 23/06/1994 **Sex:** F **Medicare Number:** 30618760522

Lab Reference: 22-6765798-RCM-0 Your Reference:

Laboratory: 4Cyte Pathology

Addressee: Dr. KIRSTIN JENNINGS Referred by: Dr. KIRSTIN JENNINGS

Name of Test: Biochemistry, Serum

Requested: 06/06/2022 **Collected:** 06/06/2022 **Reported:** 06/06/2022

23:56

Clinical Notes: nil

Pathologist: Dr P. Stewart

Biochemistry (Serum)

Coll Date: 06/06/2: Coll Time: 09:32 Lab Number: 6765798 06/06/22

Sodium 141 (135-145) mmol/L

Potassium Chloride Bicarbonate Anion Gap Urea Creatinine	4.4 106 29 10 5.7 79	(3.5-5.5) mmol/L (95-110) mmol/L (22-32) mmol/L (8-19) mmol/L (3.2-8.2) mmol/L (45-90) umol/L
eGFR	89	(> 59)
Total Protein	67	(60-80) g/L
Globulin Albumin	25 42	(23-39) g/L (34-50) g/L
Bilirubin Total	13	(<21) umol/L
	13 47	(\lambda 21)
Alk. Phosphatase	= :	
Gamma GT	11	(< 36) U/L
ALT	11	(< 35) U/L
AST	14	(< 30) U/L

Tests to follow: B12/FOL, FE, FBC, HbA1C

AUMONT, BRODIE

8/567 SPENCER STREET, WEST MELBOURNE. 3003

Phone: 0400603651

Birthdate: 23/06/1994 **Sex:** F **Medicare Number:** 30618760522

Your Reference: Lab Reference: 22-6765798-VBM-0

Laboratory: 4Cyte Pathology

Addressee: Dr. KIRSTIN JENNINGS Referred by: Dr. KIRSTIN JENNINGS

Name of Test: B12/folate Master

Requested: 06/06/2022 **Collected:** 06/06/2022 **Reported:** 07/06/2022

00:38

Clinical Notes: nil Pathologist: Dr C. Harris

B12/Folate (Serum)

Coll Date: 06/06/22
Coll Time: 09:32
Lab Number: 6765798

Vitamin B12 225 (156-670) pmol/L Active Vit. B12 92 (> 35) pmol/L

Tests to follow: FE,FBC,HbA1C

AUMONT, BRODIE

8/567 SPENCER STREET, WEST MELBOURNE. 3003

Phone: 0400603651

Birthdate: 23/06/1994 **Sex:** F **Medicare Number:** 30618760522

Your Reference: Lab Reference: 22-6765798-HPM-0

Laboratory: 4Cyte Pathology

Addressee: Dr. KIRSTIN JENNINGS Referred by: Dr. KIRSTIN JENNINGS

Name of Test: Full Blood Count

Requested: 06/06/2022 **Collected:** 06/06/2022 **Reported:** 07/06/2022

01:10

Clinical Notes: nil Pathologist: Dr C. Harris

Full Blood Count (Whole Blood)

Coll Date: Coll Time: Lab Number:	06/06/22 09:32 6765798		
HAEMOGLOBIN RBC	133 4.1	(115-165) (3.8-5.8)	g/L 10^12/L
HCT	0.40	(0.32-0.46)	10 12/1
MCV	95.5	(80.0-100.0)	fL
MCH	32	(26-32)	pg
MCHC	336	(300-360)	g/L
RDW	11.8	(< 15.1)	9
WCC	4.3	(4.0-11.0)	10^9/L
Neutrophils	2.2	(2.0-8.0)	10^9/L
Lymphocytes	1.6	(1.0-4.0)	10^9/L
Monocytes	0.4	(0.2-1.0)	10^9/L
Eosinophils	0.2	(< 0.8)	10^9/L
Basophils	0.0	(< 0.2)	10^9/L
PLATELETS	303	(150-400)	10^9/L
MPV	6.6	(6.5-11.0)	fL

FBC parameters normal.

Tests to follow: FE, HbA1C

AUMONT, BRODIE

8/567 SPENCER STREET, WEST MELBOURNE. 3003

Phone: 0400603651

Birthdate: 23/06/1994 Sex: F Medicare Number:
Your Reference: Lab Reference: 22-6765798-GHB-0 30618760522

Laboratory: 4Cyte Pathology

Addressee: Dr. KIRSTIN JENNINGS Referred by: Dr. KIRSTIN JENNINGS

Hba1c Name of Test:

Requested: 06/06/2022 **Collected:** 06/06/2022 **Reported:** 07/06/2022

01:50

Clinical Notes: nil

Pathologist: Dr P. Stewart

Diabetic Testing (Whole Blood)

06/06/22 Coll Date: Coll Time: 09:32 Lab Number: 6765798

(4.0-5.9)HbA1c (NGSP) 4.8

mmol/mol HbA1c (IFCC) (20-41)29

Tests to follow: All Tests now completed

AUMONT, BRODIE

8/567 SPENCER STREET, WEST MELBOURNE. 3003

Phone: 0400603651

Birthdate: 23/06/1994 Sex: F Medicare Number: 30618760522

Your Reference: Lab Reference: 22-6765798-FEM-0

Laboratory: 4Cyte Pathology

Addressee: Dr. KIRSTIN JENNINGS Referred by: Dr. KIRSTIN JENNINGS

Name of Test: Iron Studies

Requested: 06/06/2022 **Collected:** 06/06/2022 **Reported:** 07/06/2022

01:53

Clinical Notes: nil Pathologist: Dr C. Harris

Iron Studies (Serum)

Coll Date: 06/06/22 Coll Time: 09:32 Lab Number: 6765798

Ferritin (30-200) 32 uq/L 39 H Iron (9-30)umol/L 2.3 Transferrin (2.0-3.6)g/L Transferrin Sat. 67 H (15-50)

High transferrin saturation with normal ferritin suggests early stages of iron overload/recent iron intake. Consider ongoing monitoring to determine whether the transferrin saturation normalises or the ferritin increases. Persistently elevated transferrin saturation may be the earliest sign of iron overload.

Tests to follow: All Tests now completed

AUMONT, BRODIE

8/567 SPENCER STREET, WEST MELBOURNE. 3003

0400603651 Phone:

Birthdate: 23/06/1994 Sex: F Medicare Number: 30618760522

Your Reference: Lab Reference: 22-6765802-UMC-0

Laboratory: 4Cyte Pathology
Addressee: Dr. KIRSTIN JENNINGS Referred by: Dr. KIRSTIN JENNINGS

Name of Test: Urine Culture

Requested: 09/05/2022 **Collected:** 06/06/2022 **Reported:** 07/06/2022

(<10)

(<10)

(<10)

10^6/L

10^6/L

10^6/L

17:46

Clinical Notes: nil Pathologist: Dr A. Jaksic

Urine Culture

Coll Date: 06/06/22 Coll Time: 09:32 Lab Number: 6765802

Microscopy: 44 White cells Red cells 15 Epithelial 39

Chemistry:

6.5 (4.0 - 9.0)Нq

Protein Neg Glucose Neg Ketones Neg Blood(Hb)

Organism: growth

Current Request: 6765802 Culture: No growth

Pyuria in the absence of significant growth may represent prior antibiotic effect or fastidious organisms. Suggest repeat, if clinically indicated.

Tests to follow: All Tests now completed

AUMONT, BRODIE

8/567 SPENCER STREET, WEST MELBOURNE. 3003

Phone: 0400603651
Birthdate: 23/06/1994 Sex: F Medicare Number: 30618760522

Your Reference: **Lab Reference:** 22-6776204-STD-0

Laboratory: 4Cyte Pathology
Addressee: Dr. KIRSTIN JENNINGS Referred by: Dr. KIRSTIN JENNINGS

Name of Test: Sti Pcr

Requested: 06/06/2022 **Collected:** 06/06/2022 **Reported:** 08/06/2022

17:22

Clinical Notes: nil Pathologist: Dr A. Jaksic

Genitourinary Infections PCR

Specimen Type Swab

C.trachomatis Not detected

Tests to follow: All Tests now completed

AUMONT, BRODIE

8/567 SPENCER STREET, WEST MELBOURNE. 3003

Birthdate: 23/06/1994 **Sex:** F **Medicare Number:** 3061876052

Your Reference: 00082007 Lab Reference: 22V043900 Laboratory: VCS Pathology. NATA/RCPA Accreditation No.2977

Addressee: DR KIRSTIN JENNINGS Referred by: DR KIRSTIN JENNINGS

Name of Test: CERVICAL SCREENING

Requested: 06/06/2022 **Collected:** 06/06/2022 **Reported:** 17/06/2022

14:39

CERVICAL SCREENING - Higher risk

SPECIMEN Cervical - PreservCyt Solution

TEST RESULTS PCR for oncogenic HPV and genotype:

HPV 16 - Not Detected
HPV 18 - Not Detected

HPV (not 16/18) - Detected

Liquid based cytology (LBC), Image Assisted:

NEGATIVE

There is no evidence of a squamous intraepithelial

lesion or malignancy.

Endocervical component: Present.

RECOMMENDATION In view of the previously reported abnormality

referral for colposcopic assessment.

Professor Marion Saville AM 17/06/2022

Executive Director AUMONT, BRODIE

8/567 SPENCER ST, WEST MELBOURNE. 3003

Phone: 0260273332

Birthdate: 23/06/1994 **Sex:** F **Medicare Number:** 30618760522

Your Reference: Lab Reference: 22-40825897-FBE-0

Laboratory: DOREVITCH PATHOLOGY

Addressee: DR KIRSTIN JENNINGS Referred by: DR KIRSTIN JENNINGS

Name of Test: FULL BLOOD EXAMINATION

Requested: 30/07/2022 **Collected:** 10/08/2022 **Reported:** 10/08/2022

FULL BLOOD EXAMINATION

 $(x10^9 / L)$ 5.5 (4.0-11.0) HB: 130 g/L (115-165)WHITE CELL COUNT: (0.37-0.47) 3.4 (2.0-8.0) PCV: 0.40 L/L Neutrophils: 62% Lymphocytes: 28% RCC: $4.20 \times 10^{12} / L(3.80-5.80)$ 1.5 (1.0-4.0)0.4 (0.0-1.0) MCV: 95 fL (80 - 96)Monocytes : 8% 31 pg (27 - 32)Eosinophils: 1% 0.1 (0.0 - 0.5)MCH: MCHC 327 g/L (320 - 360)Basophils : 1% 0.1 (0.0-0.2)RDW: 11.8 % (11.0-16.0)

PLATELETS : 265 (150-450)

Dof

COMMENT: Red cells, white cells and platelets within normal limits.

Requested Tests : FES*, FBE

AUMONT, BRODIE

8/567 SPENCER ST, WEST MELBOURNE. **Phone:** 0260273332 3003

Birthdate: 23/06/1994 Sex: FMedicare Number: 30618760522

Lab Reference: 22-40825897-FES-0 Your Reference:

Laboratory: DOREVITCH PATHOLOGY

Addressee: DR KIRSTIN JENNINGS Referred by: DR KIRSTIN JENNINGS

Name of Test: IRON STUDIES

Requested: 30/07/2022 **Collected:** 10/08/2022 **Reported:** 11/08/2022

00:27

SERUM IRON STUDIES

Date:10/08/22 Time:13:10 Lab.No:40825897

Ferritin:	37	Units Range ug/L (30-300)
Iron: Transferrin: Transferrin Sat:	19 2.3 33	umol/L (7-27) g/L (2.0-3.6) % (13-47)

Medical professionals: Please contact a pathologist on 03 9244 0444 if required.

Please note: The Ferritin reference intervals have changed from 20/08/2019

Method: Siemens Immunoassay

Requested Tests : FES, FBE

AUMONT, BRODIE

8/567 SPENCER ST, WEST MELBOURNE. 3003

Phone: 0260273332 Birthdate: 23/06/1994 Sex: F 30618760522 Medicare Number:

Your Reference: Lab Reference: 22-40825899-URC-0

Laboratory: DOREVITCH PATHOLOGY

Addressee: DR KIRSTIN JENNINGS Referred by: DR KIRSTIN JENNINGS

URINE MICROSCOPY Name of Test:

Requested: 30/07/2022 **Collected:** 11/08/2022 **Reported:** 12/08/2022

14:19

URINE EXAMINATION:

PHASE CONTRAST CHEMISTRY

Epith.Squames.. < 1 x10^6 /L (N <10) pH 6.0 Polymorphs.... 11 x10^6 /L (N <10) Protein Neg Erythrocytes... < 1 x10^6 /L (N <10) Blood/Hb Neg Glucose Neg Ketones Neg

No casts or crystals seen (unspun urine).

CULTURE

No significant growth.

Requested Tests : URC

AUMONT, BRODIE

8/567 SPENCER ST, WEST MELBOURNE. 3003

0260273332 Phone:

Birthdate: 23/06/1994 $\mathtt{Sex}\colon \ \mathbb{F}$ Medicare Number: 30618760522

Lab Reference: 22-40825896-CYT-0 Your Reference:

Laboratory: DOREVITCH PATHOLOGY

Addressee: DR KIRSTIN JENNINGS DR KIRSTIN JENNINGS Referred by:

CYTOLOGY NON GYNAE Name of Test:

Requested: 30/07/2022 **Collected:** 16/08/2022 **Reported:** 19/08/2022

13:54

2022-20302

CYTOLOGY OF URINE

SPECIMEN: SPECIMEN 1: 110 ml of clear yellow fluid.

MICROSCOPY: No malignant cells detected.

CONCLUSION: NEGATIVE FOR MALIGNANCY.

Requested Tests : CYT*, CYT, CYT

AUMONT, BRODIE

8/567 SPENCER ST, WEST MELBOURNE. 3003

0260273332 Phone:

Birthdate: 23/06/1994 Sex: F 30618760522 Medicare Number:

Lab Reference: 22-40825896-CYT-1 Your Reference:

Laboratory: DOREVITCH PATHOLOGY

Addressee: DR KIRSTIN JENNINGS Referred by: DR KIRSTIN JENNINGS

Name of Test: CYTOLOGY NON GYNAE

Requested: 30/07/2022 **Collected:** 16/08/2022 **Reported:** 19/08/2022

13:54

2022-20327

CYTOLOGY OF URINE

SPECIMEN: SPECIMEN 2: 110 ml of cloudy yellow fluid.

MICROSCOPY: No malignant cells detected.

CONCLUSION: NEGATIVE FOR MALIGNANCY.

Requested Tests : CYT*, CYT, CYT

AUMONT, BRODIE

8/567 SPENCER ST, WEST MELBOURNE. 3003

Phone: 0260273332

Birthdate: 23/06/1994 **Sex:** F **Medicare Number:** 30618760522

Your Reference: Lab Reference: 22-40825896-CYT-2

Laboratory: DOREVITCH PATHOLOGY

Addressee: DR KIRSTIN JENNINGS Referred by: DR KIRSTIN JENNINGS

Name of Test: CYTOLOGY NON GYNAE

Requested: 30/07/2022 **Collected:** 16/08/2022 **Reported:** 24/08/2022

15:40

2022-20487

CYTOLOGY OF URINE

SPECIMEN: SPECIMEN 3: 100 ml of cloudy yellow fluid.

MICROSCOPY: Transitional cells are present.

No malignant cells detected.

CONCLUSION: NEGATIVE FOR MALIGNANCY.

Requested Tests : CYT, CYT, CYT

Not recorded.

Sincerely yours,

of g

Dr Kirstin Jennings 241787AW



409 High Street Northcote 3070 301 Albert Street Brunswick 3056

Argus: argus@turnthecorner.com.au Contact us: reception@turnthecorner.com.au or 1300 557 502

06/10/2022

RE: Miss Brodie Aumont

8/567 Spencer Street

West Melbourne VIC 3003

Mobile 0400 603 651 DOB: 23/06/1994

Medicare Card No 3061876052 2

I have attached a copy of your investigations to date.

Brodie Aumont,

8/567 Spencer Street, WEST MELBOURNE VIC. 3003
Birthdate: 23/06/1994 Sex: F Medicare Number: 3061876052
Your Reference: 77.9610333 Lab Reference: Doncaster Rad
Addressee: Dr Kirstin Jennings Referred by: Dr Kirstin Jennings

Name of Test: US NECK

Requested: 09/05/2022 Collected: 11/05/2022 Reported: 12/05/2022

10:18

Laboratory: I-MED Radiology Network

Dr Kirstin Jennings

Turn The Corner Medical Clinic 409 High Street Northcote 3070 Tel: 1300557502

Patient ID: 77.9610333 Accession Number: 77.37843389 11th May 2022 Reported: 12 May 2022

Dear Dr Jennings

Re: Miss Brodie Aumont - DOB: 23/06/1994

8/567 Spencer Street WEST MELBOURNE 3003

NECK ULTRASOUND

Clinical Notes: 1cm palpable mass over mandible, soft, non-tender.

Report:

The palpable lump adjacent to the left mandibular angle shown by the patient corresponds to an ovoid hypoechoic lymph node within the inferior portion of the left parotid gland measuring 6mm x 3mm x 8mm, with cortical prominence and compressed fatty hilum but maintains ovoid nodal configuration.

A couple of other normal looking lymph nodes within the left parotid gland.

There are also a couple of normal looking lymph nodes within the right parotid gland.

The bilateral submandibular glands appear normal. No cervical lymphadenopathy on either side.

Conclusion:

The palpable lump corresponds to an ovoid lymph node within the inferior portion of left parotid gland with cortical prominence. Current appearance favours reactive node, however advise further clinical correlation and sonographic follow-up in three months time . if the node further progresses, further investigation may be indicated.

Dr Kevin Tsao

Electronically signed at 4:51 pm Thu, 12th May 2022

Images for 77.37843389\par \par\par

Aumont, Brodie
8/567 Spencer Street, WEST MELBOURNE VIC. 3003
Birthdate: 23/06/1994 Sex: F Medicare Number: 3061876052
Your Reference: 77.9610333 Lab Reference: Doncaster Rad
Addressee: Dr Kirstin Jennings Referred by: Dr Kirstin Jennings
Name of Test: CT KUB WITHOUT CONTRAST
Requested: 09/05/2022 Collected: 17/05/2022
Reported: 17/05/2022
12:34
Laboratory: I-MED Radiology Network

_

Dr Kirstin JenningsPatient ID: 77.9610333Turn The Corner Medical ClinicAccession Number:409 High Street77.37843401

Northcote 3070 Tel: 1300557502

17th May 2022 Reported: 17 May 2022

Dear Dr Jennings

Re: Miss Brodie Aumont - DOB: 23/06/1994

8/567 Spencer Street WEST MELBOURNE 3003

CT KUB

CLINICAL INDICATION:

? Renal stones, flank pain and haematuria

TECHNIQUE:

CT KUB (Non-contrast).

FINDINGS:

The kidneys demonstrate a normal appearance without pelvicalyceal dilatation. No obstructing renal, ureteric or bladder calculus.

The remainder of the abdominopelvic viscera demonstrate an unremarkable unopacified appearance.

The visualised lung bases are clear. No suspicous osseous lesion

IMPRESSION:

No evidence of an obstructive uropathy.

No cause for symptoms evident.

Dr David Kusuma

Electronically signed at 12:34 pm Tue, 17th May 2022

Images for 77.37843401\par \par\par

AUMONT, BRODIE

8/567 SPENCER STREET, WEST MELBOURNE. 3003

Phone: 0400603651

Birthdate: 23/06/1994 Sex: F Medicare Number:
Your Reference: Lab Reference: 22-6765798-RCM-0 30618760522

Laboratory: 4Cyte Pathology

Addressee: Dr. KIRSTIN JENNINGS Referred by: Dr. KIRSTIN JENNINGS

Name of Test: Biochemistry, Serum

Requested: 06/06/2022 **Collected:** 06/06/2022 **Reported:** 06/06/2022

23:56

Clinical Notes: nil

Pathologist: Dr P. Stewart

Coll Date: 06/06/22

Biochemistry (Serum)

Coll Time:	09:32		
Lab Number:	6765798		
Sodium	141	(135-145)	mmol/L
Potassium	4.4	(3.5-5.5)	mmol/L
Chloride	106	(95-110)	${\tt mmol/L}$
Bicarbonate	29	(22-32)	${\tt mmol/L}$
Anion Gap	10	(8-19)	${\tt mmol/L}$
Urea	5.7	(3.2-8.2)	${\tt mmol/L}$
Creatinine	79	(45-90)	umol/L
eGFR	89	(> 59)	
Total Protein	67	(60-80)	g/L
Globulin	25	(23-39)	g/L
Albumin	42	(34-50)	g/L
Bilirubin Total	13	(< 21)	umol/L
Alk. Phosphatase	47	(30-110)	U/L
Gamma GT	11	(< 36)	U/L
ALT	11	(< 35)	U/L
AST	14	(< 30)	U/L

Tests to follow: B12/FOL, FE, FBC, HbA1C

AUMONT, BRODIE

8/567 SPENCER STREET, WEST MELBOURNE. 3003

Phone: 0400603651

Birthdate: 23/06/1994 **Sex:** F **Medicare Number:** 30618760522

Your Reference: Lab Reference: 22-6765798-VBM-0

Laboratory: 4Cyte Pathology

Addressee: Dr. KIRSTIN JENNINGS Referred by: Dr. KIRSTIN JENNINGS

Name of Test: B12/folate Master

Requested: 06/06/2022 **Collected:** 06/06/2022 **Reported:** 07/06/2022

00:38

Clinical Notes: nil

Pathologist: Dr C. Harris

B12/Folate (Serum)

Coll Date: 06/06/22
Coll Time: 09:32
Lab Number: 6765798

Vitamin B12 225 (156-670) pmol/L Active Vit. B12 92 (> 35) pmol/L

Tests to follow: FE, FBC, HbA1C

AUMONT, BRODIE

8/567 SPENCER STREET, WEST MELBOURNE. 3003

Phone: 0400603651

Birthdate: 23/06/1994 **Sex:** F **Medicare Number:** 30618760522

Your Reference: Lab Reference: 22-6765798-HPM-0

Laboratory: 4Cyte Pathology

Addressee: Dr. KIRSTIN JENNINGS Referred by: Dr. KIRSTIN JENNINGS

Name of Test: Full Blood Count

Requested: 06/06/2022 **Collected:** 06/06/2022 **Reported:** 07/06/2022

01:10

Clinical Notes: nil
Pathologist: Dr C. Harris

Full Blood Count (Whole Blood)

Coll Date: 06/06/22

Coll Time:	09:32
Lab Number:	6765798

200 1.0m201.			
HAEMOGLOBIN	133	(115-165)	g/L
RBC	4.1	(3.8-5.8)	10^12/L
HCT	0.40	(0.32 - 0.46)	
MCV	95.5	(80.0-100.0)	fL
MCH	32	(26-32)	pq
MCHC	336	(300 - 360)	g/L
RDW	11.8	(< 15.1)	00
WCC	4.3	(4.0-11.0)	10^9/L
Neutrophils	2.2	(2.0-8.0)	10^9/L
Lymphocytes	1.6	(1.0-4.0)	10^9/L
Monocytes	0.4	(0.2-1.0)	10^9/L
Eosinophils	0.2	(< 0.8)	10^9/L
Basophils	0.0	(< 0.2)	10^9/L
PLATELETS	303	(150-400)	10^9/L
MPV	6.6	(6.5-11.0)	fL

FBC parameters normal.

Tests to follow: FE, HbA1C

AUMONT, BRODIE

8/567 SPENCER STREET, WEST MELBOURNE. 3003

Phone: 0400603651

Birthdate: 23/06/1994 **Sex:** F **Medicare Number:** 30618760522

Your Reference: Lab Reference: 22-6765798-GHB-0

Laboratory: 4Cyte Pathology

Addressee: Dr. KIRSTIN JENNINGS Referred by: Dr. KIRSTIN JENNINGS

Name of Test: Hbalc

Requested: 06/06/2022 **Collected:** 06/06/2022 **Reported:** 07/06/2022

01:50

Clinical Notes: nil

Pathologist: Dr P. Stewart

Diabetic Testing (Whole Blood)

Coll Date: 06/06/22
Coll Time: 09:32
Lab Number: 6765798

HbA1c (NGSP) 4.8 (4.0-5.9)

HbA1c (IFCC) 29 (20-41) mmol/mol

Tests to follow: All Tests now completed

AUMONT, BRODIE

8/567 SPENCER STREET, WEST MELBOURNE. 3003

Phone: 0400603651

Birthdate: 23/06/1994 **Sex:** F **Medicare Number:** 30618760522

Your Reference: Lab Reference: 22-6765798-FEM-0

Laboratory: 4Cyte Pathology

Addressee: Dr. KIRSTIN JENNINGS Referred by: Dr. KIRSTIN JENNINGS

Name of Test: Iron Studies

Requested: 06/06/2022 **Collected:** 06/06/2022 **Reported:** 07/06/2022

01:53

Clinical Notes: nil
Pathologist: Dr C. Harris

Iron Studies (Serum)

Coll Date: 06/06/22 Coll Time: 09:32 Lab Number: 6765798

Ferritin 32 (30-200) ug/L Iron 39 H (9-30) umol/L Transferrin 2.3 (2.0-3.6) g/L Transferrin Sat. 67 H (15-50) %

High transferrin saturation with normal ferritin suggests early stages of iron overload/recent iron intake. Consider ongoing monitoring to determine whether the transferrin saturation normalises or the ferritin increases. Persistently elevated transferrin saturation may be the earliest sign of iron overload.

Tests to follow: All Tests now completed

AUMONT, BRODIE

8/567 SPENCER STREET, WEST MELBOURNE. 3003

Phone: 0400603651

Birthdate: 23/06/1994 **Sex:** F **Medicare Number:** 30618760522

Your Reference: Lab Reference: 22-6765802-UMC-0

Laboratory: 4Cyte Pathology

Addressee: Dr. KIRSTIN JENNINGS Referred by: Dr. KIRSTIN JENNINGS

Name of Test: Urine Culture

Requested: 09/05/2022 **Collected:** 06/06/2022 **Reported:** 07/06/2022

17:46

Clinical Notes: nil

Pathologist: Dr A. Jaksic

Urine Culture

Coll Date: 06/06/22 Coll Time: 09:32 6765802 Lab Number:

Microscopy:

White cells 44 (<10)10^6/L 10^6/L Red cells 15 (<10)Epithelial 39 (<10)10^6/L

Chemistry:

6.5 рН (4.0-9.0)

Protein Neg Glucose Neg Ketones Neg Blood(Hb)

Organism: No growth

Current Request: 6765802 No growth Culture:

Pyuria in the absence of significant growth may represent prior antibiotic effect or fastidious organisms. Suggest repeat, if clinically indicated.

Tests to follow: All Tests now completed

AUMONT, BRODIE

8/567 SPENCER STREEL,
Phone: 0400603651
Birthdate: 23/06/1994 Sex: F Medicare Number:
Lab Reference: 22-6776204-STD-0 Medicare Number: 30618760522

Laboratory: 4Cyte Pathology
Addressee: Dr. KIRSTIN JENNINGS Referred by: Dr. KIRSTIN JENNINGS

Name of Test: Sti Pcr

Requested: 06/06/2022 **Collected:** 06/06/2022 **Reported:** 08/06/2022

17:22

Clinical Notes: nil

Pathologist: Dr A. Jaksic

Genitourinary Infections PCR

Specimen Type Swab

C.trachomatis Not detected

Tests to follow: All Tests now completed

AUMONT, BRODIE

8/567 SPENCER STREET, WEST MELBOURNE. 3003 **Birthdate:** 23/06/1994 **Sex:** F Medicare Number: 3061876052

Your Reference: 00082007 **Lab Reference:** 22V043900 Laboratory: VCS Pathology. NATA/RCPA Accreditation No.2977

Addressee: DR KIRSTIN JENNINGS Referred by: DR KIRSTIN JENNINGS

Name of Test: CERVICAL SCREENING

Requested: 06/06/2022 **Collected:** 06/06/2022 **Reported:** 17/06/2022

14:39

CERVICAL SCREENING - Higher risk

SPECIMEN Cervical - PreservCyt Solution

TEST RESULTS PCR for oncogenic HPV and genotype:

> HPV 16 - Not Detected HPV 18 - Not Detected

HPV (not 16/18) - Detected

Liquid based cytology (LBC), Image Assisted:

NEGATIVE

There is no evidence of a squamous intraepithelial

lesion or malignancy.

Endocervical component: Present.

RECOMMENDATION In view of the previously reported abnormality referral for colposcopic assessment.

Professor Marion Saville AM 17/06/2022

Executive Director AUMONT, BRODIE

8/567 SPENCER ST, WEST MELBOURNE. 3003

Phone: 0260273332

Birthdate: 23/06/1994 30618760522 Sex: F Medicare Number:

Your Reference: **Lab Reference:** 22-40825897-FBE-0

Laboratory: DOREVITCH PATHOLOGY

Addressee: DR KIRSTIN JENNINGS DR KIRSTIN JENNINGS Referred by:

Name of Test: FULL BLOOD EXAMINATION

Requested: 30/07/2022 **Collected:** 10/08/2022 **Reported:** 10/08/2022

21:39

FULL BLOOD EXAMINATION

(x10^9 /L) 5.5 (4.0-11.0) Lymphocytes: 28% 1.5 (1.0-4.0)
Monocytes: 8% 0.4 (0.0-1.0)
Eosinophils: 1% 0.1 (0.0-0.5) Monocytes: 8% 0.4 (0.0-1.0) Eosinophils: 1% 0.1 (0.0-0.5) Basophils: 1% 0.1 (0.0-0.2) 31 pg MCH: (27 - 32)MCHC 327 g/L (320-360)

RDW: 11.8 % (11.0-16.0)

PLATELETS : 265 (150-450)

COMMENT: Red cells, white cells and platelets within normal limits.

Requested Tests : FES*, FBE

AUMONT, BRODIE

8/567 SPENCER ST, WEST MELBOURNE. 3003

Phone: 0260273332

Birthdate: 23/06/1994 **Sex:** F **Medicare Number:** 30618760522

Your Reference: Lab Reference: 22-40825897-FES-0

Laboratory: DOREVITCH PATHOLOGY

Addressee: DR KIRSTIN JENNINGS Referred by: DR KIRSTIN JENNINGS

Name of Test: IRON STUDIES

Requested: 30/07/2022 **Collected:** 10/08/2022 **Reported:** 11/08/2022

00:27

SERUM IRON STUDIES

Date:10/08/22 Time:13:10 Lab.No:40825897

Medical professionals: Please contact a pathologist on $03\ 9244\ 0444$ if required.

Please note: The Ferritin reference intervals have changed from 20/08/2019

Method: Siemens Immunoassay

Requested Tests : FES, FBE

AUMONT, BRODIE

8/567 SPENCER ST, WEST MELBOURNE. 3003

Phone: 0260273332

Birthdate: 23/06/1994 **Sex:** F **Medicare Number:** 30618760522

Your Reference: Lab Reference: 22-40825899-URC-0

Laboratory: DOREVITCH PATHOLOGY

Addressee: DR KIRSTIN JENNINGS Referred by: DR KIRSTIN JENNINGS

Name of Test: URINE MICROSCOPY

Requested: 30/07/2022 **Collected:** 11/08/2022 **Reported:** 12/08/2022

14:19

URINE EXAMINATION:

PHASE CONTRAST CHEMISTRY

 $< 1 \times 10^6 /L (N < 10) pH 6.0$ Epith.Squames.. Glucose Neg Ketones Neg

No casts or crystals seen (unspun urine).

CULTURE

No significant growth.

Requested Tests : URC

BRODIE AUMONT,

8/567 SPENCER ST, WEST MELBOURNE. 3003

Phone: 0260273332

Birthdate: 23/06/1994 Sex: F Medicare Number: 30618760522

Your Reference: Lab Reference: 22-40825896-CYT-0

Laboratory: DOREVITCH PATHOLOGY

Addressee: DR KIRSTIN JENNINGS Referred by: DR KIRSTIN JENNINGS

Name of Test: CYTOLOGY NON GYNAE

Requested: 30/07/2022 **Collected:** 16/08/2022 **Reported:** 19/08/2022

13:54

2022-20302

CYTOLOGY OF URINE

SPECIMEN: SPECIMEN 1: 110 ml of clear yellow fluid.

MICROSCOPY: No malignant cells detected.

CONCLUSION: NEGATIVE FOR MALIGNANCY.

Requested Tests : CYT*, CYT, CYT

AUMONT, BRODIE

8/567 SPENCER ST, WEST MELBOURNE. 3003

Phone: 0260273332

Birthdate: 23/06/1994 Sex: FMedicare Number: 30618760522

Your Reference: **Lab Reference:** 22-40825896-CYT-1

Laboratory: DOREVITCH PATHOLOGY

Addressee: DR KIRSTIN JENNINGS DR KIRSTIN JENNINGS Referred by:

Name of Test: CYTOLOGY NON GYNAE

Requested: 30/07/2022 **Collected:** 16/08/2022 **Reported:** 19/08/2022

13:54

SPECIMEN: SPECIMEN 2: 110 ml of cloudy yellow fluid.

MICROSCOPY: No malignant cells detected.

CONCLUSION: NEGATIVE FOR MALIGNANCY.

Requested Tests : CYT*, CYT, CYT

BRODIE AUMONT,

8/567 SPENCER ST, WEST MELBOURNE. 3003

Phone: 0260273332 Birthdate: 23/06/1994 Sex: FMedicare Number: 30618760522

Your Reference: **Lab Reference:** 22-40825896-CYT-2

Laboratory: DOREVITCH PATHOLOGY

Addressee: DR KIRSTIN JENNINGS Referred by: DR KIRSTIN JENNINGS

CYTOLOGY NON GYNAE Name of Test:

Requested: 30/07/2022 **Collected:** 16/08/2022 **Reported:** 24/08/2022

15:40

2022-20487

CYTOLOGY OF URINE

SPECIMEN: SPECIMEN 3: 100 ml of cloudy yellow fluid.

MICROSCOPY: Transitional cells are present.

No malignant cells detected.

NEGATIVE FOR MALIGNANCY. CONCLUSION:

Requested Tests : CYT, CYT, CYT

Not recorded.

Sincerely yours,

Dr Kirstin Jennings 241787AW