

Patient Health Summary

Name: Ms Cait Downes
Address: 93 Cowper Street
Wee Waa 2388
D.O.B.: 31/07/2001
Record No.: 7048
Home Phone:
Work Phone:
Mobile Phone: 0455583813

Maitland Street Medical Centre
139 Maitland Street
Narrabri 2390
0290590711

Printed on 2nd March 2022

Investigations:

DOWNES, CAIT
93 COWPER ST, WEE WAA. 2388
Birthdate: 31/07/2001 **Sex:** F **Medicare Number:** 2848796571
Your Reference: 00007911 **Lab Reference:** 22-18152726-TOF-0
Laboratory: Laverty Pathology
Addressee: DR MAY EL-KHOURY **Referred by:** DR MAY EL-KHOURY

Name of Test: TO FOLLOW TESTS (TOF-0)
Requested: 24/02/2022 **Collected:** 25/02/2022 **Reported:** 25/02/2022 10:23

Clinical notes: Possible IBD.

Clinical Notes : Possible IBD.

To Follow -

Please be advised that the following test(s) listed below will follow with a new episode number. The patient was unable to provide sample(s) at the initial referral and has been advised to return to complete the tests.

Thank you for your referral.

CAL - FAECAL CALPROTECTIN

Requested Tests : VBF*, TOF, TFT*, GLU*, ESR*, CRP*, MBA*, LIP*, IMM*, FE*, FBE*, DVI*, COE*, A1C*

DOWNES, CAIT
93 COWPER ST, WEE WAA. 2388
Birthdate: 31/07/2001 **Sex:** F **Medicare Number:** 2848796571
Your Reference: 00007911 **Lab Reference:** 22-18152726-CRP-0
Laboratory: Laverty Pathology
Addressee: DR MAY EL-KHOURY **Referred by:** DR MAY EL-KHOURY

Name of Test: C-REACTIVE PROTEIN (CRP-0)
Requested: 24/02/2022 **Collected:** 25/02/2022 **Reported:** 25/02/2022 23:05

Clinical notes: Possible IBD.

Clinical Notes : Possible IBD.

C-REACTIVE PROTEIN

Specimen Type: Serum
Serum CRP < 4.0 mg/L (< 6.0)

Requested Tests : CTD*, RDA*, VBF*, TOF, TFT, GLU, ESR*, CRP, MBA*, LIP, IMM*, FE, FBE*, DVI*, COE*, A1C*

DOWNES, CAIT
93 COWPER ST, WEE WAA. 2388
Birthdate: 31/07/2001 **Sex:** F **Medicare Number:** 2848796571
Your Reference: 00007911 **Lab Reference:** 22-18152726-FE-0
Laboratory: Lavery Pathology
Addressee: DR MAY EL-KHOURY **Referred by:** DR MAY EL-KHOURY

Name of Test: IRON STUDIES (FE-0)
Requested: 24/02/2022 **Collected:** 25/02/2022 **Reported:** 25/02/2022 23:05

Clinical notes: Possible IBD.

Clinical Notes : Possible IBD.

IRON STUDIES

Specimen Type: Serum			
Serum Iron	10	umol/L	(10-30)
Transferrin	26	umol/L	(32-48)
Transferrin Saturation	20	%	(13-45)
Serum Ferritin	25	ug/L	(30-165)

Although the transferrin saturation is normal, the mildly reduced ferritin suggests iron deficiency.

During the reproductive years, iron deficiency in women is usually due to multiparity or heavy menstrual losses. Investigation of the gastrointestinal tract for a source of blood loss may be indicated.

Requested Tests : CTD*, RDA*, VBF*, TOF, TFT, GLU, ESR*, CRP, MBA*, LIP, IMM*, FE, FBE*, DVI*, COE*, A1C*

DOWNES, CAIT
93 COWPER ST, WEE WAA. 2388
Birthdate: 31/07/2001 **Sex:** F **Medicare Number:** 2848796571
Your Reference: 00007911 **Lab Reference:** 22-18152726-TFT-0
Laboratory: Lavery Pathology
Addressee: DR MAY EL-KHOURY **Referred by:** DR MAY EL-KHOURY

Name of Test: THYROID FUNCTION TEST (TFT-0)
Requested: 24/02/2022 **Collected:** 25/02/2022 **Reported:** 25/02/2022 23:05

Clinical notes: Possible IBD.

Clinical Notes : Possible IBD.

THYROID PROFILE

Specimen Type: Serum			
TSH	0.94	mIU/L	(0.5-4.0)

Result(s) consistent with euthyroidism.

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

Requested Tests : CTD*, RDA*, VBF*, TOF, TFT, GLU, ESR*, CRP, MBA*, LIP, IMM*, FE, FBE*, DVI*, COE*, A1C*

DOWNES, CAIT
93 COWPER ST, WEE WAA. 2388
Birthdate: 31/07/2001 **Sex:** F **Medicare Number:** 2848796571
Your Reference: 00007911 **Lab Reference:** 22-18152726-GLU-0
Laboratory: Lavery Pathology
Addressee: DR MAY EL-KHOURY **Referred by:** DR MAY EL-KHOURY

Name of Test: GLUCOSE (GLU-0)
Requested: 24/02/2022 **Collected:** 25/02/2022 **Reported:** 25/02/2022 23:05

Clinical notes: Possible IBD.

Clinical Notes : Possible IBD.

SERUM/PLASMA GLUCOSE

Fasting status Fasting
Serum 4.5 mmol/L (3.4-5.4)

Normal glucose concentration.

Requested Tests : CTD*, RDA*, VBF*, TOF, TFT, GLU, ESR*, CRP, MBA*, LIP, IMM*, FE, FBE*, DVI*, COE*, A1C*

DOWNES, CAIT
93 COWPER ST, WEE WAA. 2388
Birthdate: 31/07/2001 **Sex:** F **Medicare Number:** 2848796571
Your Reference: 00007911 **Lab Reference:** 22-18152726-LIP-0
Laboratory: Laverty Pathology
Addressee: DR MAY EL-KHOURY **Referred by:** DR MAY EL-KHOURY

Name of Test: LIPID STUDIES (LIP-0)
Requested: 24/02/2022 **Collected:** 25/02/2022 **Reported:** 25/02/2022 23:05

Clinical notes: Possible IBD.

Clinical Notes : Possible IBD.

LIPID STUDIES

Specimen Type: Serum

Reference intervals are included for reference only, and interpretation / treatment goals should be guided by patient-specific cardiovascular risk assessment (see Australian Cardiovascular Risk Charts. Alternatively, the web-site www.cvdcheck.org.au can be accessed in order to complete a risk assessment for individual patients.)

Haemolysis Nil
Icterus Nil
Lipaemia Nil

Fasting status Fasting
Total Cholesterol 3.8 mmol/L (3.0-5.2)
Triglycerides 0.8 mmol/L (0.5-1.7)

NVDPA TARGET LIPID RANGES (MMOL/L) FOR PATIENTS AT HIGH / MODERATE RISK OF CARDIOVASCULAR DISEASE:

TOTAL CHOLESTEROL	<4.0	
-----	-----	
TRIGS (FASTING)	<2.0	
-----	-----	
HDL-C	>= 1.0	
-----	-----	
LDL-C	<2.0	
-----	-----	
NON HDL-C	<2.5	
-----	-----	

Requested Tests : CTD*, RDA*, VBF*, TOF, TFT, GLU, ESR*, CRP, MBA*, LIP, IMM*, FE, FBE*, DVI*, COE*, A1C*

DOWNES, CAIT
93 COWPER ST, WEE WAA. 2388
Birthdate: 31/07/2001 **Sex:** F **Medicare Number:** 2848796571
Your Reference: 00007911 **Lab Reference:** 22-18152726-MBA-0
Laboratory: Laverty Pathology
Addressee: DR MAY EL-KHOURY **Referred by:** DR MAY EL-KHOURY

Name of Test: SERUM CHEMISTRY (MBA-0)
Requested: 24/02/2022 **Collected:** 25/02/2022 **Reported:** 25/02/2022 23:07

Clinical notes: Possible IBD.

Clinical Notes : Possible IBD.

SERUM CHEMISTRY

Specimen Type: Serum

Haemolysis	Nil		
Icterus	Nil		
Lipaemia	Nil		
Sodium	140	mmol/L	(135-145)
Potassium	4.1	mmol/L	(3.6-5.4)
Chloride	104	mmol/L	(95-110)
Bicarbonate	21	mmol/L	(22-32)
Anion Gap	19	mmol/L	(10-20)
Urea	3.3	mmol/L	(2.5-6.7)
Creatinine	60	umol/L	(45-90)
eGFR	> 90		mL/min/1.73m ²
Urate	0.25	mmol/L	(0.14-0.36)
Bilirubin	7	umol/L	(< 15)
AST	24	U/L	(< 30)
ALT	17	U/L	(< 30)
GGT	10	U/L	(< 30)
Alkaline Phosphatase	55	U/L	(20-105)
Protein	70	g/L	(60-82)
Albumin	46	g/L	(38-50)
Globulin	24	g/L	(20-39)
Calcium	2.31	mmol/L	(2.10-2.60)
Corrected Calcium	2.25	mmol/L	(2.10-2.60)
Phosphate	0.91	mmol/L	(0.75-1.50)
Magnesium	0.79	mmol/L	(0.70-1.10)

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 : CTD*, RDA*, VBF*, TOF, TFT, GLU, ESR*, CRP, MBA, LIP, IMM*, FE, FBE*, DVI*, COE*, A1C*

DOWNES, CAIT

93 COWPER ST, WEE WAA. 2388

Birthdate: 31/07/2001 **Sex:** F **Medicare Number:** 2848796571

Your Reference: 00007911 **Lab Reference:** 22-18152726-IMM-0

Laboratory: Lavery Pathology

Addressee: DR MAY EL-KHOURY **Referred by:** DR MAY EL-KHOURY

Name of Test: IMMUNOGLOBULINS (IMM-0)

Requested: 24/02/2022 **Collected:** 25/02/2022 **Reported:** 25/02/2022 23:12

Clinical notes: Possible IBD.

Clinical Notes : Possible IBD.

SERUM IMMUNOGLOBULINS

IgA 1.31 g/L (0.40-3.50)

Requested Tests : CTD*, RDA, VBF*, TOF, TFT, GLU, ESR*, CRP, MBA, LIP, IMM, FE, FBE*, DVI*, COE*, A1C*

DOWNES, CAIT

93 COWPER ST, WEE WAA. 2388

Birthdate: 31/07/2001 **Sex:** F **Medicare Number:** 2848796571

Your Reference: 00007911 **Lab Reference:** 22-18152726-RDA-0

Laboratory: Lavery Pathology

Addressee: DR MAY EL-KHOURY **Referred by:** DR MAY EL-KHOURY

Name of Test: RHEUMATIC DISEASE AB (RDA-0)

Requested: 24/02/2022 **Collected:** 25/02/2022 **Reported:** 25/02/2022 23:12

Clinical notes: Possible IBD.

Clinical Notes : Possible IBD.

RHEUMATIC DISEASE ANTIBODIES

Rheumatoid factor < 14 IU/mL (< 14)

Rheumatoid factor (RF) was not detected by direct chemiluminescence assay. Negative RF does not exclude a diagnosis of rheumatoid arthritis as 20-40% of patients with this condition may be seronegative. Measurement of antibodies to cyclic citrullinated peptide (CCP) may assist in diagnosis of seronegative patients with rheumatoid arthritis.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : CTD*, RDA, VBF*, TOF, TFT, GLU, ESR*, CRP, MBA, LIP, IMM, FE, FBE*, DVI*, COE*, A1C*

DOWNES, CAIT
93 COWPER ST, WEE WAA. 2388
Birthdate: 31/07/2001 **Sex:** F **Medicare Number:** 2848796571
Your Reference: 00007911 **Lab Reference:** 22-18152726-FBE-0
Laboratory: Lavery Pathology
Addressee: DR MAY EL-KHOURY **Referred by:** DR MAY EL-KHOURY

Name of Test: HAEMATOLOGY (FBE-0)
Requested: 24/02/2022 **Collected:** 25/02/2022 **Reported:** 25/02/2022 23:19

Clinical notes: Possible IBD.

Clinical Notes : Possible IBD.

HAEMATOLOGY

Date Collected 25 Feb 22
Time Collected 09:21
Specimen Type: EDTA

Hb	136 g/L	(115-165)	WBC	4.8 x10 ⁹ /L	(4.0-11.0)
RCC	4.7 x10 ¹² /L	(3.9-5.8)	Neut	2.3 x10 ⁹ /L	(2.0-7.5)
Hct	0.42	(0.34-0.47)	Lymp	2.0 x10 ⁹ /L	(1.0-4.0)
MCV	90 fL	(79-99)	Mono	0.4 x10 ⁹ /L	(0.2-1.0)
MCH	29 pg	(27-34)	Eos	0.0 x10 ⁹ /L	(< 0.7)
MCHC	322 g/L	(320-360)	Baso	0.0 x10 ⁹ /L	(< 0.2)
RDW	12.0 %	(10.0-17.0)			
Plat	244 x10 ⁹ /L	(150-400)			

HAEMATOLOGY: FBC parameters are within reference range.

Requested Tests : CTD*, RDA, VBF*, TOF, TFT, GLU, ESR*, CRP, MBA, LIP, IMM, FE, FBE, DVI*, COE*, A1C*

DOWNES, CAIT
93 COWPER ST, WEE WAA. 2388
Birthdate: 31/07/2001 **Sex:** F **Medicare Number:** 2848796571
Your Reference: 00007911 **Lab Reference:** 22-18152726-DVI-0
Laboratory: Lavery Pathology
Addressee: DR MAY EL-KHOURY **Referred by:** DR MAY EL-KHOURY

Name of Test: VITAMIN D (DVI-0)
Requested: 24/02/2022 **Collected:** 25/02/2022 **Reported:** 25/02/2022 23:37

Clinical notes: Possible IBD.

Clinical Notes : Possible IBD.

VITAMIN D

Haemolysis Nil
Serum 25(OH) Vitamin D 135 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 : CTD*, RDA, VBF*, TOF, TFT, GLU, ESR*, CRP, MBA, LIP, IMM, FE, FBE, DVI, COE*,
A1C*

DOWNES, CAIT
93 COWPER ST, WEE WAA. 2388
Birthdate: 31/07/2001 **Sex:** F **Medicare Number:** 2848796571
Your Reference: 00007911 **Lab Reference:** 22-18152726-VBF-0
Laboratory: Laverty Pathology
Addressee: DR MAY EL-KHOURY **Referred by:** DR MAY EL-KHOURY

Name of Test: B12, FOLATE, R.C.FOLATE (VBF-0)
Requested: 24/02/2022 **Collected:** 25/02/2022 **Reported:** 25/02/2022 23:48

Clinical notes: Possible IBD.

Clinical Notes : Possible IBD.

VITAMIN B12 AND FOLATE STUDIES

Vitamin B12	213	pmol/L	(301-740)
Active B12	58	pmol/L	(> 36)
Serum Folate	26.1	nmol/L	(> 9.0)

Serum Vitamin B12 Assay:

DEFICIENCY	BORDERLINE	SUFFICIENCY
-----+-----		
<150 pmol/L	150 - 300 pmol/L	>300 - 740 pmol/L

For patients with total B12 levels in the low or borderline range, testing for active B12 (holotranscobalamin II) will automatically be performed to resolve B12 status. Active B12 is the biologically active fraction of total serum B12, and a superior indicator of B12 status. Up to 15% of individuals may have a deficiency of the carrier protein haptocorrin, which does not result in clinical B12 deficiency, despite low total B12 levels.

Serum Active B12 Assay:

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

Folate Interpretation:

	DEFICIENCY	BORDERLINE	SUFFICIENCY
-----+-----+-----			
Serum Folate:	<4.5 nmol/L	4.5 - 9.0 nmol/L	>9.0 nmol/L
-----+-----+-----			
RBC Folate:	<340 nmol/L	340 - 570 nmol/L	>570 nmol/L

Serum Folate Assay:

In the absence of recent oral intake, a serum folate >9.0 nmol/L effectively rules out folate deficiency.

Please note that Medicare requirements for folate testing reflect current best practice. Red cell folate will be reserved for patients with borderline values for serum folate (between 4.5 and 9.0 nmol/L.)

Please note that as of 10/01/2022, Lavery Pathology changed to the Alinity analyser for Active B12 testing. Results may be slightly lower compared to the previous method. Reference intervals have been adjusted accordingly. If further information is required, please contact a Chemical Pathologist on 9005 7000.

Requested Tests : CTD*, RDA, VBF, TOF, TFT, GLU, ESR*, CRP, MBA, LIP, IMM, FE, FBE, DVI, COE*, ALC*

DOWNES, CAIT
93 COWPER ST, WEE WAA. 2388
Birthdate: 31/07/2001 **Sex:** F **Medicare Number:** 2848796571
Your Reference: 00007911 **Lab Reference:** 22-18152726-ESR-0
Laboratory: Lavery Pathology
Addressee: DR MAY EL-KHOURY **Referred by:** DR MAY EL-KHOURY

Name of Test: E.S.R (ESR-0)
Requested: 24/02/2022 **Collected:** 25/02/2022 **Reported:** 26/02/2022 00:20

Clinical notes: Possible IBD.

Clinical Notes : Possible IBD.

HAEMATOLOGY

Request Number 18152726
Date Collected 25 Feb 22
Time Collected 09:21
Specimen Type: EDTA
ESR (< 30) mm/hr 2

Requested Tests : CTD*, RDA, VBF, TOF, TFT, GLU, ESR, CRP, MBA, LIP, IMM, FE, FBE, DVI, COE*, ALC*

DOWNES, CAIT
93 COWPER ST, WEE WAA. 2388
Birthdate: 31/07/2001 **Sex:** F **Medicare Number:** 2848796571
Your Reference: 00007911 **Lab Reference:** 22-18152726-A1C-0
Laboratory: Lavery Pathology
Addressee: DR MAY EL-KHOURY **Referred by:** DR MAY EL-KHOURY

Name of Test: GLYCATED HAEMOGLOBIN (A1C-0)
Requested: 24/02/2022 **Collected:** 25/02/2022 **Reported:** 26/02/2022 01:38

Clinical notes: Possible IBD.

Clinical Notes : Possible IBD.

GLYCATED HAEMOGLOBIN (HbA1c)

Specimen Type: EDTA
HbA1c- NGSP 4.6 % (4.0-6.0)
HbA1c- IFCC 27 mmol/mol (20-42)

The WHO recommends that an HbA1c cut-off of $\geq 6.5\%$ (48 mmol/mol) is used to diagnose type 2 diabetes.

While it is recognised that HbA1c levels approaching this cut-off place patients at increasingly higher risk of developing diabetes ($<6.5\%$), there is no consensus as to exactly which cut-off at the lower end of the continuum to use for categorising patients as high risk. Various groups quote lower limits for at-risk patients that vary between 5.5% and 6.0% (37 and 42 mmol/mol).

Please note that HbA1c should not be used for diagnosing diabetes mellitus in the following circumstances:

- Children and young people
- Pregnancy - current or within the past 2 months
- Suspected Type 1 diabetes mellitus

- Symptoms of diabetes for <2 months
- Patients who are acutely ill
- Patients taking drugs that can cause rapid onset hyperglycaemia such as corticosteroids, antipsychotic drugs
- Acute pancreatic damage or pancreatic surgery
- Kidney failure
- Patients being treated for HIV infection

Please be cautious when requesting or interpreting HbA1c when patients:

- May have an abnormal haemoglobin
- May be anaemic
- May have an altered red cell lifespan (e.g. post-splenectomy)
- May have had a recent blood transfusion

Requested Tests : CTD*, RDA, VBF, TOF, TFT, GLU, ESR, CRP, MBA, LIP, IMM, FE, FBE, DVI, COE*, A1C

DOWNES, CAIT
93 COWPER ST, WEE WAA. 2388
Birthdate: 31/07/2001 **Sex:** F **Medicare Number:** 2848796571
Your Reference: 00007911 **Lab Reference:** 22-18152726-COE-0
Laboratory: Lavery Pathology
Addressee: DR MAY EL-KHOURY **Referred by:** DR MAY EL-KHOURY

Name of Test: COELIAC MASTER PANEL (COE-0)
Requested: 24/02/2022 **Collected:** 25/02/2022 **Reported:** 26/02/2022 11:49

Clinical notes: Possible IBD.

Clinical Notes : Possible IBD.

COELIAC DISEASE SEROLOGY

Deamidated gliadin peptide IgG	< 1 U/mL	(< 15)
Total IgA	1.31 g/L	(0.40-3.50)
Transglutaminase IgA	< 1 U/mL	(< 15)

No serological evidence of coeliac disease or dermatitis herpetiformis.
False negative results may occur in affected individuals compliant with a gluten-free diet. Affected children aged under 5 years may also be negative for IgA- tissue transglutaminase antibodies.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : CTD*, RDA, VBF, TOF, TFT, GLU, ESR, CRP, MBA, LIP, IMM, FE, FBE, DVI, COE, A1C

DOWNES, CAIT
93 COWPER ST, WEE WAA. 2388
Birthdate: 31/07/2001 **Sex:** F **Medicare Number:** 2848796571
Your Reference: 00007911 **Lab Reference:** 22-18152726-CTD-0
Laboratory: Lavery Pathology
Addressee: DR MAY EL-KHOURY **Referred by:** DR MAY EL-KHOURY

Name of Test: AUTOIMMUNE (CTD-0)
Requested: 24/02/2022 **Collected:** 25/02/2022 **Reported:** 28/02/2022 11:37

Clinical notes: Possible IBD.

Clinical Notes : Possible IBD.

AUTOIMMUNE SEROLOGY

Anti-nuclear antibodies Negative

The ANA was negative at the screening dilution of 1:80. A negative ANA excludes lupus in 95% of cases. Consider ENA screening for patients with

features of Sjogren's Syndrome (to detect antibodies to SS-A) and antibodies to cardiolipin, beta-2 glycoprotein 1, and lupus anticoagulant for patients with features of the anti-phospholipid antibody syndrome.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : CTD, RDA, VBF, TOF, TFT, GLU, ESR, CRP, MBA, LIP, IMM, FE, FBE, DVI, COE, A1C

DOWNES, CAIT
93 COWPER ST, WEE WAA. 2388
Birthdate: 31/07/2001 **Sex:** F **Medicare Number:** 2848796571
Your Reference: 00007911 **Lab Reference:** 22-18152732-CAL-0
Laboratory: Laverty Pathology
Addressee: DR MAY EL-KHOURY **Referred by:** DR MAY EL-KHOURY

Name of Test: FAECAL CALPROTECTIN (CAL-0)
Requested: 24/02/2022 **Collected:** 25/02/2022 **Reported:** 01/03/2022 14:02

[FAECAL CALPROTECTIN](#)
Request Number 18152732
Date Collected 25 Feb 22
Time Collected 11:30

Faecal Calprotectin ug/g 45
BRI (<50)

Mild/Absent inflammation of the GIT.

BRI = Biological Reference Interval

Requested Tests : CAL