

**Gunnedah Diagnostic Imaging**

99 BARBER ST

GUNNEDAH

Phone: 0267427722

Fax: 0267422051

DATE: \_\_\_\_\_

ACTION - call patient within  
file report  
no action  
patient seen alreadyDr Okwun Ojah  
4/159 MAITLAND STREET  
NARRABRIPatient :  
ALISHA STANFORD  
176 TUPPIARI ROAD  
JACKS CREEK  
NSW

Drs Signature: \_\_\_\_\_

Reference: 1474235

Date of Birth: 07/01/1989

Referred by : Dr Okwun Ojah

Visit Date : 20 Jun 2019

**ULTRASOUND ABDOMINAL WALL****Clinical History:**

Had caesarean 31/5/2019. There could be retained products. Pain left abdominal flank. Pain on urination.

**Findings:**

Transabdominal scanning.

The uterus is anteverted. Throughout the endometrial cavity there is markedly heterogeneous echotexture over approximate span of 9.4 x 3.4 x 5.0cm. This is non-vascular. Cervical canal appears open.

The ovarian volumes are 4ml on the right and 5ml on the left. No adnexal mass.

Throughout the caesarean scar site, there is no focal findings such as fluid collection.

**COMMENT:**

Markedly heterogeneous complex appearing material filling the endometrial cavity suggesting blood clots or non-vascular products of conception.

DR ALLEN KO  
TMI RAD

Text Verified by: DR ALLEN KO

(This report and images are available online at <https://pacs.alpenglow.com.au/InteleConnect>)

ALISHA STANFORD US ABDO WALL 20 Jun 2019

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P-1 will speak with Dr. Apen about this result.

**Patient Name:** STANFORD, ALISHA  
**Patient Address:** 176 TUPPIARI RD, NARRABRI 2390  
**D.O.B:** 7/01/1989  
**Medicare No.:** 2612631437  
**Lab. Reference:** 22-18152406-VBF-0  
**Addressee:** DR MICHAEL LING

**Gender:** F  
**IHI No.:**  
**Provider:** Lavery Pathology  
**Referred by:** DR. MICHAEL LING

**Date Requested:** 25/08/2022

**Date Performed:** 25/08/2022

**Date Collected:** 25/08/2022

**Complete:** Final

**Specimen:**

**Subject(Test Name):** B12, FOLATE, R.C.FOLATE (VBF-0)

**Clinical Information:**

Clinical Notes : on Oroxine + lethargy.

VITAMIN B12 AND FOLATE STUDIES

Vitamin B12	274	pmol/L	(301-740)
Active B12	124	pmol/L	(> 40)
Serum Folate	31.5	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. Patients with renal impairment may still be B12 depleted despite an active B12 level within this range. For these patients, correlation with total B12, homocysteine and/or methylmalonate is required.

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 03/05/2022, Lavery Pathology changed to the Atellica analyser for Active B12 testing. Results may be slightly higher

\* 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 : VBF, TFT, HOR, FE, FBE

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**D.O.B:** 7/01/1989  
**Medicare No.:** 2612631437  
**Lab. Reference:** 22-18152406-TFT-0  
**Addressee:** DR MICHAEL LING  
  
**Date Requested:** 25/08/2022  
**Date Collected:** 25/08/2022  
**Specimen:**  
**Subject(Test Name):** THYROID FUNCTION TEST (TFT-0)  
**Clinical Information:**

**Gender:** F  
**IHI No.:**  
**Provider:** Lavery Pathology  
**Referred by:** DR. MICHAEL LING

**Date Performed:** 25/08/2022  
**Complete:** Final

Clinical Notes : on Oroxine + lethargy.

<u>THYROID PROFILE</u>			
Specimen Type: Serum			
TSH	2.0	mIU/L	(0.5-4.0)
FT4	18	pmol/L	(10-20)
FT3	5.4	pmol/L	(3.5-6.0)

Result(s) consistent with euthyroidism.

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

Requested Tests : VBF\*, TFT, HOR, FE, FBE

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**Lab. Reference:** 22-18152406-HOR-0  
**Addressee:** DR MICHAEL LING

**Gender:** F  
**IHI No.:**  
**Provider:** Laverty Pathology  
**Referred by:** DR. MICHAEL LING

**Date Requested:** 25/08/2022

**Date Collected:** 25/08/2022

**Specimen:**

**Subject(Test Name):** HORMONE PROFILE (HOR-0)

**Clinical Information:**

**Date Performed:** 25/08/2022

**Complete:** Final

Clinical Notes : on Oroxine + lethargy.

SERUM HORMONE PROFILE

Specimen Type: Serum							
Request	Date	FSH	LH	PROG	E2 (ATEL)	E2 (BECK)	LH/FSH
Number	Collected	IU/L	IU/L	nmol/L	pmol/L	pmol/L	Ratio
18152406	25 Aug 22	3					

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

PLEASE NOTE:

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

Requested Tests : VBF\*, TFT, HOR, FE, FBE

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**D.O.B:** 7/01/1989  
**Medicare No.:** 2612631437  
**Lab. Reference:** 22-18152406-FE-0  
**Addressee:** DR MICHAEL LING

**Gender:** F  
**IHI No.:**  
**Provider:** Lavery Pathology  
**Referred by:** DR. MICHAEL LING

**Date Requested:** 25/08/2022

**Date Collected:** 25/08/2022

**Specimen:**

**Date Performed:** 25/08/2022

**Complete:** Final

**Subject(Test Name):** IRON STUDIES (FE-0)

**Clinical Information:**

Clinical Notes : on Oroxine + lethargy.

	<u>IRON STUDIES</u>		
Specimen Type: Serum			
Serum Iron	14	umol/L	(10-30)
Transferrin	32	umol/L	(32-48)
Transferrin Saturation	22	%	(13-45)
Serum Ferritin	36	ug/L	(30-165)

Normal iron studies.

Requested Tests : VBF\*, TFT\*, HOR\*, FE, FBE

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**Addressee:** DR MICHAEL LING

**Gender:** F  
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**Date Requested:** 25/08/2022

**Date Performed:** 25/08/2022

**Date Collected:** 25/08/2022

**Complete:** Final

**Specimen:**

**Subject(Test Name):** HAEMATOLOGY (FBE-0)

**Clinical Information:**

Clinical Notes : on Oroxine + lethargy.

HAEMATOLOGY

Date Collected 25 Aug 22

Time Collected 09:35

Specimen Type: EDTA

Hb	142	g/L	(115-165)	WBC	6.6	$\times 10^9$	/L (4.0-11.0)
RCC	4.8	$\times 10^{12}$	/L (3.9-5.8)	Neut	4.2	$\times 10^9$	/L (2.0-7.5)
Hct	0.42		(0.34-0.47)	Lymp	1.8	$\times 10^9$	/L (1.0-4.0)
MCV	87	fL	(79-99)	Mono	0.5	$\times 10^9$	/L (0.2-1.0)
MCH	30	pg	(27-34)	Eos	0.1	$\times 10^9$	/L (< 0.7)
MCHC	340	g/L	(320-360)	Baso	0.1	$\times 10^9$	/L (< 0.2)
RDW	12.7	%	(10.0-17.0)				
Plat	227	$\times 10^9$	/L (150-400)				

HAEMATOLOGY: FBC parameters are within reference range.

Requested Tests : VBF\*, TFT\*, HOR\*, FE\*, FBE