

Patient: [Name]      Age: [Age]      Sex: [Sex]      Date: [Date]  
 Ref: [Ref]      Lab: [Lab]      Date: [Date]      Ref: [Ref]

White Blood Count: [Value]      Hemoglobin: [Value]      Hematocrit: [Value]  
 Platelets: [Value]      RBC: [Value]      WBC: [Value]

Comments: [Text]      Date: [Date]      By: [Name]

Remarks: [Text]      Date: [Date]      By: [Name]

Test Results: [Text]      Date: [Date]      By: [Name]

Patient: [Name]      Age: [Age]      Sex: [Sex]      Date: [Date]  
 Ref: [Ref]      Lab: [Lab]      Date: [Date]      Ref: [Ref]

Name of Test: [Text]      Requested: [Text]      Date: [Date]      By: [Name]

| Test             | Ref  | Lab  | Ref  | Lab  | Ref  | Lab  |
|------------------|------|------|------|------|------|------|
| White Cell Count | 12.0 | 12.0 | 12.0 | 12.0 | 12.0 | 12.0 |
| Red Cell Count   | 4.5  | 4.5  | 4.5  | 4.5  | 4.5  | 4.5  |
| Hemoglobin       | 14.0 | 14.0 | 14.0 | 14.0 | 14.0 | 14.0 |
| Hematocrit       | 45.0 | 45.0 | 45.0 | 45.0 | 45.0 | 45.0 |
| MCV              | 90   | 90   | 90   | 90   | 90   | 90   |
| MCH              | 28.0 | 28.0 | 28.0 | 28.0 | 28.0 | 28.0 |
| MCHC             | 32.0 | 32.0 | 32.0 | 32.0 | 32.0 | 32.0 |
| RDW              | 13.0 | 13.0 | 13.0 | 13.0 | 13.0 | 13.0 |
| Platelet Count   | 180  | 180  | 180  | 180  | 180  | 180  |
| Neutrophils      | 40   | 40   | 40   | 40   | 40   | 40   |
| Lymphocytes      | 50   | 50   | 50   | 50   | 50   | 50   |
| Monocytes        | 5    | 5    | 5    | 5    | 5    | 5    |
| Eosinophils      | 2    | 2    | 2    | 2    | 2    | 2    |
| Basophils        | 3    | 3    | 3    | 3    | 3    | 3    |

Manual Hematology Tests      Date: [Date]      By: [Name]

Test Results: [Text]      Date: [Date]      By: [Name]

Patient: [Name]      Age: [Age]      Sex: [Sex]      Date: [Date]  
 Ref: [Ref]      Lab: [Lab]      Date: [Date]      Ref: [Ref]

Address: Dr. ELLEN HATHAWAY Referred by: Dr. ELLEN HATHAWAY  
 Name of Teeth: Upper Frontal Teeth  
 Requested: 04/17/2011 Collected: 04/18/2011 Reported: 04/21/2011 09:12

|                                   | Current<br>Result | Previous<br>Result | Previous Result for Comparison Only | Reference<br>Range |
|-----------------------------------|-------------------|--------------------|-------------------------------------|--------------------|
| Teeth                             | 18-22/20          | 18-22/20           | 18-22/20                            | 18-22/20           |
| Time                              | 08:00             | 08:00              | 08:00                               | 08:00              |
| Request No.:                      | 001100            | 001100             | 001100                              | 001100             |
| <b>Upper Frontal Teeth/Plaque</b> |                   |                    |                                     |                    |
| TO                                | 1.5               | 1.5                | 1.5                                 | 1.5                |
| TV                                | 0.0               | 0.0                | 0.0                                 | 0.0                |

Comments: 04/17/2011 08:00 Request No. 001100

Upper Frontal Teeth: TO, TV and TVI measured using Perimeter-Counted  
 Method (See General Notes)

Teeth Findings: All are 0.0/0.0/0.0

Address: Dr. ELLEN HATHAWAY  
 10 Main Street, Weymouth, MA 01978  
 Birthdate: 01/01/1982 Sex: F Referring Doctor: Dr. ELLEN HATHAWAY  
 Your Reference: 001100 Lab Reference: 001100100  
 Laboratory: STENT  
 Address: Dr. ELLEN HATHAWAY Referred by: Dr. ELLEN HATHAWAY  
 Name of Teeth: Upper Frontal  
 Requested: 04/17/2011 Collected: 04/18/2011 Reported: 04/21/2011 09:12

|                            | Current<br>Result | Previous<br>Result | Previous Result for Comparison Only | Reference<br>Range |
|----------------------------|-------------------|--------------------|-------------------------------------|--------------------|
| Teeth                      | 18-22/20          | 18-22/20           | 18-22/20                            | 18-22/20           |
| Time                       | 08:00             | 08:00              | 08:00                               | 08:00              |
| Request No.:               | 001100            | 001100             | 001100                              | 001100             |
| <b>Upper Frontal Teeth</b> |                   |                    |                                     |                    |
| TO                         | 1.5               | 1.5                | 1.5                                 | 1.5                |
| TV                         | 0.0               | 0.0                | 0.0                                 | 0.0                |
| TO/TVI                     | 1.5               | 1.5                | 1.5                                 | 1.5                |
| TO/TVI                     | 0.0               | 0.0                | 0.0                                 | 0.0                |
| TO/TVI                     | 1.5               | 1.5                | 1.5                                 | 1.5                |
| TO/TVI                     | 0.0               | 0.0                | 0.0                                 | 0.0                |

Teeth Findings: All are 0.0/0.0/0.0

Address: Dr. ELLEN HATHAWAY  
 10 Main Street, Weymouth, MA 01978  
 Birthdate: 01/01/1982 Sex: F Referring Doctor: Dr. ELLEN HATHAWAY  
 Your Reference: 001100 Lab Reference: 001100100  
 Laboratory: STENT  
 Address: Dr. ELLEN HATHAWAY Referred by: Dr. ELLEN HATHAWAY  
 Name of Teeth: Upper Frontal  
 Requested: 04/17/2011 Collected: 04/18/2011 Reported: 04/21/2011 09:12

STENT

Yours faithfully,

  
Dr Dilini Pathirana  
MBBS, FRACP

GENERAL PATRIKA  
11 KECO STREET, KALABURGI, 1100  
Birthdate: 11/01/1982 Sex: F Medication Number: 0124038818  
Your Reference: 014885 Lab Reference: 0124038818  
Laboratory: STURIES  
Address: Dr. DILINI PATHIRANA Referred by: Dr. DILINI PATHIRANA

Name of Test: CHOL  
Requested: 14/07/2021 Collected: 14/07/2021 Reported: 14/07/2021 11:14

|               | Current Result | Previous results for comparison only | Reference (for this collection) |
|---------------|----------------|--------------------------------------|---------------------------------|
| Date:         | 14/07/21       |                                      |                                 |
| Time:         | 09:25          |                                      |                                 |
| Request No.:  | 014885         |                                      |                                 |
| CHOL          |                |                                      |                                 |
| CHOL          | 4.2            |                                      | 1.0-5.4                         |
| CHOL (mmol/L) | 4.2            |                                      | mmol/L                          |
| CHOL Comment  | Normal         |                                      |                                 |

Comment: 14/07/2021: 09:25 Request No. 014885

DRAGON CHOL (CHOL) is keeping with Australian guidelines which is now reporting CHOL in conventional units (L) and not mmol/L. (MAY 2019)  
CHOL 4.2-5.4

GENERAL PATRIKA  
11 KECO STREET, KALABURGI, 1100  
Birthdate: 11/01/1982 Sex: F Medication Number: 0124038818  
Your Reference: 014885 Lab Reference: 0124038818  
Laboratory: STURIES  
Address: Dr. DILINI PATHIRANA Referred by: Dr. DILINI PATHIRANA

Name of Test: Endocrinology  
Requested: 14/07/2021 Collected: 14/07/2021 Reported: 14/07/2021 23:03

|               | Current Result | Previous results for comparison only | Reference (for this collection) |
|---------------|----------------|--------------------------------------|---------------------------------|
| Date:         | 14/07/21       |                                      |                                 |
| Time:         | 09:25          |                                      |                                 |
| Request No.:  | 014885         |                                      |                                 |
| Endocrinology |                |                                      |                                 |
| IG            | 7.8            |                                      | 2.0-7.0                         |



Sex:                      12.5  
 Contaminant:            100  
 Evaluation:             170  
 In comment:            10000  
 Sex comment:            100000  
 Distribution comment: 10000

Date: 10/1/72  
 Page: 10-100

Comment: 10/1/72 1000 Spine: 10-10000  
 10000: 10-10000 10000 10000 10000  
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Comment: 10000: 10-10000 10000 10000 10000

Date: 10/1/72, Active: 10-10000

Name: 10000  
 10-10000: 10-10000 10000 10000 10000  
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Name of Test: 10000  
 Requested: 10/1/72 Collected: 10/1/72 Reported: 10/1/72

| Date:           | 10/1/72 | 10/1/72 | 10/1/72 | 10/1/72 |
|-----------------|---------|---------|---------|---------|
| Time:           | 10:00   | 10:00   | 10:00   | 10:00   |
| Report No.:     | 10000   | 10000   | 10000   | 10000   |
| Liquid Analysis |         |         |         |         |
| Fastest phase:  | Fastest | Fastest |         |         |
| Cholesterol:    | 1.0     | 1.0     |         |         |
| Triglyceride:   | 1.0     | 1.0     |         |         |
| HL Cholesterol: | 1.0     | 1.0     |         |         |
| HL Cholesterol: | 1.0     | 1.0     |         |         |
| HL Cholesterol: | 1.0     | 1.0     |         |         |
| HL Cholesterol: | 1.0     | 1.0     |         |         |
| HL Cholesterol: | 1.0     | 1.0     |         |         |
| HL Cholesterol: | 1.0     | 1.0     |         |         |
| Lipid content:  | Lipid   | Lipid   |         |         |

Comment: 10/1/72 1000 Spine: 10-10000  
 10000: 10-10000 10000 10000 10000  
 10000: 10-10000 10000 10000 10000  
 10000: 10-10000 10000 10000 10000  
 10000: 10-10000 10000 10000 10000

ALL CHILDREN 12-18 MONTHS, 12-18 MONTHS, THE FOLLOWING INFORMATION  
 MUST BE FURNISHED FOR EACH CHILD:

FOR CHILDREN 12-18 MONTHS, THE FOLLOWING INFORMATION MUST BE FURNISHED FOR EACH  
 CHILD: NAME, AGE, SEX, RACE, ETHNIC ORIGIN, ADDRESS, PHONE NO., DATE OF BIRTH,  
 APPROXIMATE 1% OF THE TOTAL POPULATION.

YOUR RESULTS: YES, NO, UNKNOWN, YES, NO, UNKNOWN, YES, NO, UNKNOWN

NAME: [REDACTED] ADDRESS: [REDACTED]  
 SEX: [REDACTED] AGE: [REDACTED] RACE: [REDACTED] ETHNIC ORIGIN: [REDACTED]  
 DATE OF BIRTH: [REDACTED] ADDRESS: [REDACTED]  
 LABORATORY: [REDACTED] REFERRED BY: [REDACTED]

NAME OF TEST: [REDACTED] DATE OF TEST: [REDACTED] REPORTED: [REDACTED]

|                                            | Current  | Previous | Reference | Reference | Reference |
|--------------------------------------------|----------|----------|-----------|-----------|-----------|
| Test:                                      | 12/12/12 | 12/12/12 | 12/12/12  | 12/12/12  | 12/12/12  |
| Time:                                      | 12:00    | 12:00    | 12:00     | 12:00     | 12:00     |
| Request No.:                               | 12/12/12 | 12/12/12 | 12/12/12  | 12/12/12  | 12/12/12  |
| <b>Electrolyte (Serum/Plasma)</b>          |          |          |           |           |           |
| Sodium                                     | 135      | 135      | 135       | 135       | 135       |
| Potassium                                  | 4.5      | 4.5      | 4.5       | 4.5       | 4.5       |
| Calcium                                    | 10.0     | 10.0     | 10.0      | 10.0      | 10.0      |
| Magnesium                                  | 0.8      | 0.8      | 0.8       | 0.8       | 0.8       |
| Iron                                       | 5.5      | 5.5      | 5.5       | 5.5       | 5.5       |
| Copper                                     | 0.8      | 0.8      | 0.8       | 0.8       | 0.8       |
| Chloride                                   | 100      | 100      | 100       | 100       | 100       |
| Phosphate                                  | 0.8      | 0.8      | 0.8       | 0.8       | 0.8       |
| Bicarbonate                                | 24       | 24       | 24        | 24        | 24        |
| Urea Nitrogen                              | 1.0      | 1.0      | 1.0       | 1.0       | 1.0       |
| Glucose                                    | 100      | 100      | 100       | 100       | 100       |
| <b>Liver Function Tests (Serum/Plasma)</b> |          |          |           |           |           |
| Total Protein                              | 7.0      | 7.0      | 7.0       | 7.0       | 7.0       |
| Albumin                                    | 4.0      | 4.0      | 4.0       | 4.0       | 4.0       |
| Bilirubin                                  | 1.0      | 1.0      | 1.0       | 1.0       | 1.0       |
| Alkaline Phosphate                         | 100      | 100      | 100       | 100       | 100       |
| ALT                                        | 40       | 40       | 40        | 40        | 40        |
| AST                                        | 40       | 40       | 40        | 40        | 40        |
| GGT                                        | 10       | 10       | 10        | 10        | 10        |
| LDH                                        | 100      | 100      | 100       | 100       | 100       |
| <b>Glucose Testing</b>                     |          |          |           |           |           |
| Glucose (Fasting)                          | 100      | 100      | 100       | 100       | 100       |

YOUR RESULTS: YES, NO, UNKNOWN, YES, NO, UNKNOWN, YES, NO, UNKNOWN

NAME: [REDACTED] ADDRESS: [REDACTED]  
 SEX: [REDACTED] AGE: [REDACTED] RACE: [REDACTED] ETHNIC ORIGIN: [REDACTED]  
 DATE OF BIRTH: [REDACTED] ADDRESS: [REDACTED]  
 LABORATORY: [REDACTED] REFERRED BY: [REDACTED]

NAME OF TEST: [REDACTED] DATE OF TEST: [REDACTED] REPORTED: [REDACTED]

The cervix measured 2.5cm in length and was closed. No free fluid in the Pouch of Douglas.

The uterus is anteverted and anteflexed, but with a mobile position measuring 7.1 x 3.2 x 3.4cm (volume 42ml). The myometrium appeared mildly heterogeneous. No focal mass identified.

The endometrium double line thickness is 6mm. There are anechoic structures with posterior acoustic enhancement compatible with cystic spaces within the endometrium. No polyps seen.

The ovary measured 2.7 x 1.5 x 1.7cm (volume 4mL). The left adnexa was not seen.

A few endometrial cysts raise the possibility of cystic endometrial hyperplasia. No polyps or fibroids have been demonstrated.

Sonographer: J. Vineet  
Signed by: J. Vineet (Alpenlow) Read: 9350  
(02) 92494040 21/03/2022