Sezeats Dhotmail.com

EARLS, SARAH LOUISE

7 LOCHSIDE GROVE, SOUTH LAKE. 6164
Phone: 0447660626
Birthdate: 04/04/1986 Sex: F Sex: F Medicare Number: 60678957413

Your Reference: Lab Reference: F113003539

Laboratory: PathWest

Addressee: DR GOSAGAN GOPALAKRISHNAN Referred by: DR GOSAGAN

GOPALAKRISHNAN

Name of Test: Routine Biochemistry

Requested: 27/06/2023 Collected: 13/07/2023 Reported: 13/07/2023

14:37

ROUTINE BIOCHEMISTRY

Specimen: Serum Collected: 13/07/2023 08:34 Received: 13/07/2023 13:28

Flag Ref-Range Units Result Test Name

Liver Function Tests

<5.0 mg/L C Reactive Protein 1.2

> Key for Lab Flag Column: L - Low, H - High, AB - Abnormal Key for Micro - ** Result modified after Final Status

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GOPALAKRISHNAN

Name of Test: Immunoglobulins- GAM

Requested: 27/06/2023 Collected: 13/07/2023 Reported: 13/07/2023

14:57

IMMUNOGLOBULINS

Specimen: Serum Collected: 13/07/2023 08:34 Received: 13/07/2023 13:28

Result Flag Ref-Range Units Test Name

3.90 H 0.60 - 3.40 g/L Immunoglobulin A

See below Comment

Coeliac serology to follow.

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Laboratory: PathWest

Addressee: DR GOSAGAN GOPALAKRISHNAN Referred by: DR GOSAGAN

GOPALAKRISHNAN

Name of Test: Full Blood Picture

Requested: 27/06/2023 Collected: 13/07/2023 Reported: 13/07/2023

15:02

FULL BLOOD PICTURE

FOLL BLOOD FICTORE			
Specimen: Blood Collected Test Name	Result Flag		
White cell count Haemoglobin Platelet count Red cell count Haematocrit Mean cell volume MCH MCHC RDW MPV	7.19 133 354 4.58 0.40 87 29.0 336 12.0	4.00 - 11.00 115 - 160 150 - 400 3.80 - 4.80 0.37 - 0.47 80 - 100 27.0 - 32.0 320 - 360 9.0 - 15.0 8 - 12	10*9/L g/L 10*9/L 10*12/L
Absolute Cell Count Neutrophils Lymphocytes Monocytes Eosinophils Basophils	3.94 2.60 0.51 0.09 0.05	2.00 - 7.50 1.20 - 4.00 0.20 - 1.00 0.00 - 0.50 0.00 - 0.20	10*9/L
Differential Neutrophils Lymphocytes Monocytes Eosinophils Basophils	54.7 36.2 7.1 1.3 0.7		00 00 00 00 00
Erythrocyte Sedimentation ESR	Rate 17	1 - 20	mm/h

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EARLS, SARAH LOUISE

7 LOCHSIDE GROVE, SOUTH LAKE. 6164
Phone: 0447660626
Birthdate: 04/04/1986 Sex: F

Sex: F Medicare Number: 60678957413

Your Reference: Lab Reference: F113003539

Laboratory: PathWest

Addressee: DR GOSAGAN GOPALAKRISHNAN Referred by: DR GOSAGAN

GOPALAKRISHNAN

Name of Test: Iron Studies

Requested: 27/06/2023 Collected: 13/07/2023 Reported: 13/07/2023

15:10

IRON STUDIES

Specimen: Serum Collected: 13/07/2023 08:34 Received: 13/07/2023 13:28 Test Name Result Flag Ref-Range 30 - 300 Ferritin 62 9 - 30 Iron 26 umol/L 23 - 46 13 - 45 33 umol/L Transferrin 39 Transferrin saturation See below Comment Normal results.

EARLS, SARAH LOUISE

7 LOCHSIDE GROVE, SOUTH LAKE. 6164

Phone: 0447660626 Birthdate: 04/04/1986 Sex: F Medicare Number: 60678957413

Your Reference: Lab Reference: F113003539

Laboratory: PathWest

Addressee: DR GOSAGAN GOPALAKRISHNAN Referred by: DR GOSAGAN

GOPALAKRISHNAN

Name of Test: Enteric PCR

Requested: 27/06/2023 **Collected:** 13/07/2023 **Reported:** 14/07/2023

12:41

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ENTERIC PCR

Specimen: Faeces Collected: 13/07/2023 08:34 Received: 13/07/2023 14:12

Flag Ref-Range Units Test Name Result

SPECIMEN

Consistency Loose

BACTERIAL PCR

Salmonella Not detected Shigella/Enteroinvasive Not detected

E.coli

DETECTED* Campylobacter

Campylobacter enteritis is usually a self-limiting illness. Antibiotic therapy may be considered in those with severe disease, or those who have risk factors for severe disease (e.g. immunocompromised, infants less than 3 months of age, the elderly, third trimester pregnancy). For treatment options please refer to the Acute Infectious Diarrhoea chapter of Therapeutic Guidelines: Antibiotic or discuss with a Clinical Microbiologist. Culture is not routinely performed.

Not detected Shiga toxin 1 and/or 2

genes

PARASITE PCR

Giardia intestinalis Not detected Not detected Cryptosporidium Entamoeba histolytica Not detected

ENTERIC PCR COMMENT

See below Comment

* ATTENTION: This is a notifiable disease.

In accordance with Health Act Requirements, PathWest will provide the Department of Health WA with this result. Please complete the Notification Form as further clinical information is required. (See ww2.health.wa.gov.au/Articles/N R/Notification-of-infectious-diseasesand-related-conditions).

See below Comment

This test has not been fully validated to the current NPAAC requirements. Therefore, it is not NATA/RCPA endorsed and the results should be interpreted with other clinical and laboratory information. For further information please contact the laboratory.

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EARLS, SARAH LOUISE

7 LOCHSIDE GROVE, SOUTH LAKE. 6164

Phone: 0447660626 Birthdate: 04/04/1986 Sex: F Medicare Number: 60678957413

Your Reference: Lab Reference: E720003922

Laboratory: PathWest

Addressee: DR EMMA VICTORIA KNIGHT DR EMMA VICTORIA Referred by:

KNIGHT

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Thyroid Function Tests Name of Test:

Requested: 01/03/2023 Collected: 20/03/2023 Reported: 20/03/2023

15:00

THYROID FUNCTION TESTS

Specimen: Serum Collected: 20/03/2023 08:52 Received: 20/03/2023 13:36

Result Flag Ref-Range Units

0.40 - 4.00 mU/L TSH 2.68 pmol/L Free thyroxine 10

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal Key for Micro - ** Result modified after Final Status