

TEALE, KIERA
100 TOWNCENTRE DRIVE, THORNLIE, THORNLIE. 6108
Birthdate: 17/08/1996 **Sex:** F **Medicare Number:**
Your Reference: **Lab Reference:** WIL11369379-X-RAY CHEST, RIBS LEFT,
ADDITIONAL NECESSARY SERVICE
Laboratory: SKG
Addressee: DR SUDAH ARUNKUMAR **Referred by:** SUDAH DR ARUNKUMAR
Name of Test: X-RAY CHEST, RIBS LEFT, ADDITIONAL NECESSARY SERVICE
Requested: 10/10/2023 **Collected:** 10/10/2023 **Reported:** 10/10/2023
14:30

Apollo RIS Patient Id : SKG2292266
Patient Name : TEALE KIERA **DOB :** 17/08/1996 **Service Date :** 10/10/2023

EXAMINATION:

X-RAY CHEST; X-RAY RIBS LEFT

Clinical History:

Left lower rib tenderness

Findings:

Cardiomediastinal contours are within normal limits. The lung fields appear clear without collapse or consolidation. There is no rib fracture, callus or deformity.

Dr Weng Chin - SKG Radiology

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For more information, please email referrer.services@skg.com.au



TEALE, KIERA
100 TOWNCENTRE DR, THORNLIE. 6108
Phone: 61026071
Birthdate: 17/08/1996 **Sex:** F **Medicare Number:** 6279605581
Your Reference: **Lab Reference:** 23-83680252-EUC-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR SUDHA ARUNKUMAR **Referred by:** DR SUDHA ARUNKUMAR
Name of Test: ELECTROLYTES INC CREAT (EUC-0)
Requested: 10/10/2023 **Collected:** 10/10/2023 **Reported:** 11/10/2023
11:14

CUMULATIVE ELECTROLYTES (Serum)

Date	Time	Na	K	Cl	HCO ₃	Urea	Creat	Lab.No.
		mmol/L	mmol/L	mmol/L	mmol/L	mmol/L	umol/L	
		(135 - 145)	(3.5 - 5.2)	(95 - 110)	(22 - 32)	(3.0 - 8.0)	(45 - 90)	
06/06/23	11:20	144	4.0	107	28	4.3	54	82459672
10/10/23	14:10	143	4.0	104	28	3.4	62	83680252

eGFR : > 90 mL/min/1.73m²

EGFR by CKD-EPI formula (Med J Aust 2012; 197:222 -223).

Instrument: Siemens Atellica

Requested Tests : RF, LFT*, EUC, CRP, QNA*, HAE

TEALE, KIERA
100 TOWNCENTRE DR, THORNLIE. 6108

Phone: 61026071

Birthdate: 17/08/1996 Sex: F Medicare Number: 6279605581

Your Reference: Lab Reference: 23-83680252-RF-0

Laboratory: WESTERN DIAGNOSTIC PATHOLOGY

Addressee: DR SUDHA ARUNKUMAR Referred by: DR SUDHA ARUNKUMAR

Name of Test: RHEUMATOID FACTOR (RF-0)

Requested: 10/10/2023 Collected: 10/10/2023 Reported: 11/10/2023
11:14

RHEUMATOID FACTOR (Serum)

Reference Range (< 14)

Date	Result IU/mL	Lab. No.
10/10/23	< 14	83680252

Instrument: Siemens Atellica

Requested Tests : RF, LFT*, EUC, CRP, QNA*, HAE

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100 TOWNCENTRE DR, THORNLIE. 6108

Phone: 61026071

Birthdate: 17/08/1996 Sex: F Medicare Number: 6279605581

Your Reference: Lab Reference: 23-83680252-CRP-0

Laboratory: WESTERN DIAGNOSTIC PATHOLOGY

Addressee: DR SUDHA ARUNKUMAR Referred by: DR SUDHA ARUNKUMAR

Name of Test: C-REACTIVE PROTEIN (CRP) (CRP-0)

Requested: 10/10/2023 Collected: 10/10/2023 Reported: 11/10/2023
11:07

C-REACTIVE PROTEIN (Serum)

(Reference Range < 5)

Date	Time	Result mg/L	Lab. No.
10/10/23	14:10	7	83680252

Instrument: Siemens Atellica

Requested Tests : RF*, LFT*, EUC*, CRP, QNA*, HAE

TEALE, KIERA
 100 TOWNCENTRE DR, THORNLIE. 6108
Phone: 61026071
Birthdate: 17/08/1996 **Sex:** F **Medicare Number:** 6279605581
Your Reference: **Lab Reference:** 23-83680252-LFT-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR SUDHA ARUNKUMAR **Referred by:** DR SUDHA ARUNKUMAR

Name of Test: LIVER FUNCTION TESTS (LFT-0)
Requested: 10/10/2023 **Collected:** 10/10/2023 **Reported:** 11/10/2023
 12:07

CUMULATIVE LIVER FUNCTION TEST (Serum)
 Please note change in report format as of 14/12/2021

Collection Date: 08/10/21 05/04/22 06/06/23 10/10/23
 Collection Time: 15:20 14:00 11:20 14:10
 Lab No: 86929372 88722468 82459672 83680252

Bilirubin:	< 3	< 3	7	< 3	umol/L (< 16)
Alk Phos:	60	83	50	51	U/L (30 - 110)
Gamma GT:	12	17	14	16	U/L (< 31)
ALT:	36	29	11	12	U/L (< 31)
AST:		23	16	16	U/L (< 31)
Albumin:	48	48	47	52	g/L (38 - 50)
Protein:	74	73	74	78	g/L (60 - 80)
Globulin Gap:		25	27	26	g/L (22 - 38)

83680252 Dehydration is a possible cause of the observed hyperalbuminaemia. Further clinical correlation is recommended.

Instrument: Siemens Atellica

Requested Tests : RF, LFT, EUC, CRP, QNA*, HAE

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Phone: 61026071
Birthdate: 17/08/1996 **Sex:** F **Medicare Number:** 6279605581
Your Reference: **Lab Reference:** 23-83680252-HAE-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR SUDHA ARUNKUMAR **Referred by:** DR SUDHA ARUNKUMAR

Name of Test: HAEM MASTER - ENQUIRIES (HAE-0)
Requested: 10/10/2023 **Collected:** 10/10/2023 **Reported:** 10/10/2023
 20:25

ROUTINE HAEMATOLOGY (Whole Blood)

RCC	4.86	x 10 ¹² /L	HAEMOGLOBIN	140	(115 - 160)	g/L
	(3.80 - 5.80)		MCV	89	(80 - 98)	fL
HCT	0.430		MCHC	326	(315 - 360)	g/L
	(0.370 - 0.470)		RDW	13	(< 16)	%
MCH	28.8	pg				
	(27.0 - 34.0)					
			ESR	2	(1 - 15)	mm/h
			PLATELETS	343	(150 - 450)	x 10 ⁹ /L
			WHITE CELLS	9.7	(4.0 - 11.0)	x 10 ⁹ /L
			Neut	58%	5.6	(2.0 - 8.0) " "
			Lymph	27%	2.6	(1.0 - 4.0) " "
			Mono	7%	0.7	(0.2 - 1.2) " "
			* Eosin	8%	0.8	(< 0.7) " "

Requested Tests : RF*, LFT*, EUC*, CRP*, QNA*, HAE

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100 TOWNCENTRE DR, THORNIE. 6108
Phone: 61026071

Birthdate: 17/08/1996 Sex: F Medicare Number: 6279605581

Your Reference: Lab Reference: 23-83680252-QNA-0

Laboratory: WESTERN DIAGNOSTIC PATHOLOGY

Addressee: DR SUDHA ARUNKUMAR Referred by: DR SUDHA ARUNKUMAR

Name of Test: ANTINUCLEAR ANTIBODIES (QNA-0)

Requested: 10/10/2023 Collected: 10/10/2023 Reported: 16/10/2023
11:46

ANTINUCLEAR ANTIBODY SEROLOGY

Anti-nuclear antibodies Negative

The ANA test is negative at the screening dilution of 1:80. A negative ANA excludes SLE in most cases. Consider ENA screening for patients with features of Sjogren's syndrome (to detect antibodies to SS-A which may co-exist with a negative ANA).
Anti-dsDNA antibody testing is usually not warranted with a negative ANA unless the clinical suspicion of SLE is high.

For enquiries, contact Dr Paul Campbell 07 3121 4444
Patients should contact their referring doctor in regard to this result.

Requested Tests : RF, LFT, EUC, CRP, QNA, HAE