

Patient Health Summary

Name: Mrs Doreen Cranston
Address: 22 McCauley Crescent
Glenbrook 2773
D.O.B.: 06/06/1961
Record No.: 6304
Home Phone:
Work Phone:
Mobile Phone: 0414849385

Lu Medical Practice Pty Ltd
10 Layton Avenue
Blaxland NSW 2774
0247020259

Printed on 16th January 2024

Investigation requests:

16/04/2020	Dr W. Lu	Ultrasound scan - Feet	Bilat feet sore for invx	
16/04/2020	Dr W. Lu	B12/Folate; CRP; ESR; Fasting Lipids/HDL; Fe Studies; Glucose (Fasting); Rheumatoid Factor; TSH; TG; LDL; ANA	Feet sore for invx, anxiety	Medlab Pathology
02/03/2021	Dr W. Lu	Plain X-ray - Chest, left rib cage	left rib cage pain 2 weeks for invx	
02/03/2021	Dr W. Lu	Ultrasound scan - Foot, Plain X-ray - Ankle, Plain X-ray - Foot, ancle	Feet and ankles pain for 2 years , for invx	
16/03/2021	Dr W. Lu	Bone densitometry - Bone densitometry, Dexa	Osteoporosis F/U	
26/04/2021	Dr W. Lu	PTH; CMP	Osteoporosis before Prolia treatment	Medlab Pathology
27/05/2022	Dr W. Lu	E/LFTs; ESR; Fasting Lipids/HDL; FBC; Glucose (Fasting); TG; LDL	Routine , itchy skin	Medlab Pathology
20/01/2023	Dr L. Liu	DEXA-BMD	osteoporosis, for progress scan in April 2023.	
20/01/2023	Dr L. Liu	Fasting BSL; Fasting cholesterol/HDL/LDL/ triglycerides; FBC; EUC; LFT; CMP; vitamin D; TSH; B12; ferritin	tired, family history of IHD, osteoporosis	
20/01/2023	Dr L. Liu	24 hour holter monitor	persistent palpitations	
21/04/2023	Dr L. Liu	CXR and rib views	left lower rib pain and tenderness after twisting incident. osteoporosis ?rib fractures.	
29/11/2023	Dr W. Lu	Plain X-ray - Ankle, Plain X-ray - Foot,	Left foot heel and lateral of the ankle	

		Left	pain for 2 weeks. O/E: Left nakjle sl swell. not red or warm or tender.	
29/11/2023	Dr W. Lu	B12/Folate; CRP; E/LFTs; ESR; Fasting Lipids/HDL; FBC; Fe Studies; Glucose (Fasting); Urate; ANA; TG; LDL; CMP	left foot and ankle pain for invx	Medlab Pathology
29/11/2023	Dr W. Lu	B12/Folate; CRP; E/LFTs; ESR; Fasting Lipids/HDL; FBC; Fe Studies; Glucose (Fasting); Urate; ANA; TG; LDL; CMP.	(left foot and ankle pain for invx)	Medlab Pathology
11/01/2024	Dr W. Lu	Plain X-ray - Lumbo-sacral spine	Lower back pain for invx, to rule out # osteoporosis	

Investigations:

CRANSTON, DOREEN
22 MACCAULEY CRES, GLENBROOK. 2773
Phone: 0414849385
Birthdate: 06/06/1961 **Sex:** F **Medicare Number:** 2240667279
Your Reference: 00009282 **Lab Reference:** 843988843-C-CRP
Laboratory: Douglass Hanly Moir Pathology
Addressee: DR WEI Z LU **Referred by:** DR WEI Z LU

Name of Test: CRP(s)
Requested: 16/04/2020 **Collected:** 21/04/2020 **Reported:** 21/04/2020 12:12

Clinical Notes : FEET SORE FORM INVX, ANXIETY

Date	21/04/20		13/07/16	23/11/15	09/02/10
Time	09:04		09:08	15:45	09:40
Lab ID	843988843	Units	Reference	273838712	246900629 51601571

CRP (HS)	0.5	mg/L	(0.0-5.0)	0.6	0.9	0.6
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Supervising Pathologist: MR

NATA Accreditation No 2178

Tests Completed: Glu(p), HDL & LIPIDS, CRP(s), ESR(e)
Tests Pending : RF(s), B12(s), Fol(s), Iron(s), TSH(s), ANA(s)
Sample Pending :

Cranston, Doreen
22 McCauley Crescent, GLENBROOK. 2773
Phone: 47394693
Birthdate: 06/06/1961 **Sex:** F **Medicare Number:** 2240 66727 9-1
Your Reference: 2021H0012412 **Lab Reference:** 2021H0012412
Laboratory: High Street Medical Imaging
Addressee: Dr Wei Zhen Lu **Referred by:** Dr Wei Zhen Lu

Name of Test: Foot Both US, Ankle/Foot Left XR; Ankle/Foot Right XR NFC
Requested: 25/03/2021 **Collected:** 25/03/2021 **Reported:** 26/03/2021 14:42



Patient Name: Cranston, Doreen
DOB: 06/06/1961
Gender: F

Address: 22 McCauley Crescent
GLENBROOK NSW 2773
Phone: 473946930414849385
Medicare Number: 2240 66727
9-1

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ULTRASOUND BOTH FEET

Scans have been performed through both feet.

The metatarsals and tarsometatarsal joints are intact. Slight bony irregularity is noted in keeping with degenerative changes. No synovial thickening/synovitis evident. The plantar plates are intact. The tendons are intact. No tears or changes of tendinosis/tendinopathy evident. No ganglion cyst seen.

Non-compressible hypoechoic structures are seen in the 2nd/3rd and 3rd/4th webspaces bilaterally suspicious for neuromas/bursal thickening. No abnormal hyperaemia. The patient is not symptomatic.

There is evidence of fine periosteal reaction seen related to the shaft of the 4th metatarsal on the left in the region of interest. This could represent an undisplaced stress type fracture. Plain radiographs of the area would be of use for further evaluation.

The visualised deep peroneal nerves define normally. No neuromas evident.

COMMENT:

There is evidence of fine periosteal reaction seen related to the shaft of the 4th metatarsal on the left with hyperaemia. The patient is tender in this region. This could represent an underlying stress type injury/fracture. Correlation with plain radiographs would be of use for further evaluation. Hypoechoic areas in the 2nd/3rd and 3rd/4th webspaces bilaterally in keeping with neuromas/bursal thickening. The patient however, is not symptomatic in the webspaces.

The tendons are intact. No ganglion cyst seen.

Degenerative changes. No synovial thickening/synovitis evident.

The patient has been requested to return to you for review.

X-RAY BOTH FEET

No fractures seen. No periosteal reaction seen related to the metatarsal shafts to suggest an underlying stress type injury on today's study. In particular, the 4th metatarsal appears intact on the left. If there is persistent concern, repeat radiographs in 7-10 days' time would be of use for further evaluation.

Degenerative changes are noted involving the small joints of the mid and forefoot. No erosions seen. Ankylosis of the distal interphalangeal joints of both 5th toes are noted. These are normal variants. Mild hallux valgus deformity of the left great toe is noted. Alignment of the mid and forefoot

otherwise is anatomic.

The subtalar joints define normally. No significant plantar calcaneal spur formation seen.

X-RAY BOTH ANKLES

No fractures seen. Alignment of the ankle joints is anatomic. The bony mortises are intact. No osteochondral lesion seen.

Thank you for referring this patient.

Dr Alvin CHAN

MBBS, FRANZCR

Sonographer: G. Fernandes (AMS)

We at Radiology Group are concerned for all in this time of COVID-19 and are prepared to assist both referrers and patients in any way possible.

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Cranston, Doreen
22 McCauley Crescent, GLENBROOK. 2773
Phone: 47394693
Birthdate: 06/06/1961 Sex: F Medicare Number: 2240 66727 9-1
Your Reference: 2023H0018189 Lab Reference: 2023H0018189-1
Laboratory: High Street Medical Imaging
Addressee: Lujing Liu Referred by: Lujing Liu

Name of Test: Chest Ribs Left XR
Requested: 26/04/2023 Collected: 26/04/2023 Reported: 27/04/2023 13:52



Patient Name: Cranston, Doreen
DOB: 06/06/1961
Gender: F

Address: 22 McCauley Crescent
GLENBROOK NSW 2773
Phone: 473946930414849385
Medicare Number: 2240 66727 9-1

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X-RAY CHEST AND LEFT RIBCAGE

Thank you for referring this patient.

Clinical History: Left lower rib pain, tender during twisting incident.
?fracture.

Findings:

Subtle buckling of 10th and 7th ribs is seen. No other rib fractures obvious. Features suggestive of COPD can be confirmed clinically with any smoking history. The hilar and mediastinal contours are normal. No pleural effusion or any airspace consolidation.

COMMENT:

If the patient has any pain focally over left 6th and 9th/10th ribs, x-ray findings suggest subtle rib fractures at these two levels. No other acute changes.

Dr Jaspal HUNJAN
FRANZCR, MBBS,
MBA, BPharm (Hons)

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Cranston, Doreen
22 McCauley Crescent, GLENBROOK. 2773
Phone: 47394693
Birthdate: 06/06/1961 **Sex:** F **Medicare Number:** 2240 66727 9-1
Your Reference: 2023E0010505 **Lab Reference:** 2023E0010505
Laboratory: Emerton Medical Imaging
Addressee: Dr Wei Zhen Lu **Referred by:** Dr Wei Zhen Lu

Name of Test: Ankle Left US, Ankle Foot Left XR, Foot Left US
Requested: 22/12/2023 **Collected:** 22/12/2023 **Reported:** 02/01/2024 09:12



Patient Name: Cranston, Doreen
DOB: 06/06/1961
Gender: F

Address: 22 McCauley Crescent
GLENBROOK NSW 2773
Phone: 473946930414849385
Medicare Number: 2240 66727
9-1

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ULTRASOUND LEFT ANKLE

Scans were performed through the left ankle.

No joint effusion seen at the level of the ankle joint anteriorly. The tendons are intact.

Medially, the deltoid ligament and tendons are intact. No tears or abnormal hyperaemia.

Laterally, the peroneal tendons and ligaments are intact. No tears or abnormal hyperaemia. Note is made of a type 2 navicular. No hyperaemia. No fluid seen laterally.

COMMENT:

Essentially normal ultrasound study of the ankle. The tendons and ligaments are intact. No tears or abnormal hyperaemia. No joint effusion seen.

ULTRASOUND LEFT FOOT

Scans were performed through the left foot laterally.

The region of interest correlates with the lateral margin of the calcaneus. There is slight bony irregularity noted with adjacent oedema/hyperaemia. The patient is focally tender in this region. Appearances are equivocal. No cortical breach or step deformity seen to suggest an underlying fracture but appearances could represent a stress type injury. An MRI would be of use for

further evaluation.

The plantar fascia defines normally. No tears or changes of plantar fasciitis noted. No fibromas.

The Achilles insertion is intact with a small spur. No abnormal hyperaemia. No retrocalcaneal bursal fluid seen.

COMMENT:

Slight bony irregularity along the lateral margin of the calcaneus with adjacent oedema/hyperaemia. The patient is focally tender in this region. Appearances could represent an underlying stress type injury. If there is persistent concern, an MRI would be of use for further evaluation. No step deformity or periosteal reaction to suggest a discrete calcaneal fracture on today's study.

X-RAY LEFT ANKLE

No fractures seen. Alignment of the ankle is anatomic. The bony mortise is intact. No osteochondral lesion seen. No significant joint effusion. The visualised subtalar joints define normally.

There is an area of sclerosis seen related to the calcaneus posteriorly. Appearances are equivocal. No disruption of the adjacent trabecular pattern to suggest an underlying fracture on today's study. If there is persistent concern, a CT or MRI would be of use for further evaluation. No significant plantar calcaneal spur formation seen.

X-RAY LEFT FOOT

No fractures seen. Degenerative changes are noted involving the small joints of mid and forefoot. No erosions or periosteal reaction. Alignment of the mid and forefoot is anatomic. Note is made of an accessory ossicle related to the navicular medially.

There is subtle sclerosis seen related to the posterior aspect of the calcaneus. No breach of the overlying cortex evident.

Thank you for referring this patient,

Dr Alvin CHAN
MBBS, FRANZCR

Sonographer: P. Jones (AMS)

Christmas closure:

All our practices at Radiology Group will be closed from Friday 22nd December 2023 from 12pm, reopening Tuesday 2nd January 2024

We wish you all a merry Christmas and a happy New Year. Thank you for your support during 2023

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Birthdate: 06/06/1961 **Sex:** F **Medicare Number:** 2240667279
Your Reference: 00024525 **Lab Reference:** 836577079-C-Biochemistry
Laboratory: Douglass Hanly Moir Pathology
Addressee: DR WEI Z LU **Referred by:** DR WEI Z LU

Name of Test: Biochemistry
Requested: 29/11/2023 **Collected:** 29/12/2023 **Reported:** 29/12/2023 10:20

Clinical notes: (LEFT FOOT AND ANKLE PAIN FOR INVX)

Clinical Notes : (LEFT FOOT AND ANKLE PAIN FOR INVX)

BIOCHEMISTRY

Date	21/04/20	10/07/21	25/01/23	29/12/23		
Time F-Fast	0904 F	0956 F	1018 F	0817 F		
Lab ID	843988843	861913432	884246002	836577079	Units	Reference
Status	Fasting		Fasting	Fasting		
Sodium			140	138	mmol/L	(135-145)
Potassium			4.4	4.0	mmol/L	(3.5-5.5)
Chloride			104	104	mmol/L	(95-110)
Bicarbonate			27	26	mmol/L	(20-32)
Urea			4.6	4.7	mmol/L	(3.0-8.5)
Creatinine			60	60	umol/L	(45-85)
eGFR			>90	>90	mL/min/1.73m2	(>59)
Urate				0.24	mmol/L	(0.15-0.40)
Calcium	2.33	2.36		2.25	mmol/L	(2.15-2.55)
Corr Calcium	2.39	2.38		2.29	mmol/L	(2.15-2.55)
Magnesium.	0.73	0.79		0.81	mmol/L	(0.65-1.00)
Phosphate.	1.11	1.18		1.33	mmol/L	(0.8-1.5)
Bili.Total		9		9	umol/L	(3-15)
ALP		94		87	U/L	(30-115)
GGT		8		7	U/L	(5-35)
LD		201		194	U/L	(120-250)
AST		22		25	U/L	(10-35)
ALT		19		17	U/L	(5-30)
Total Protein		68		65	g/L	(64-83)
Albumin	40	42		41	g/L	(36-47)
Globulin		26		24	g/L	(23-39)
Cholesterol	5.5	5.4		5.1	mmol/L	(<5.5)
Triglycerides	0.7	0.8		0.6	mmol/L	(<2.0)

Comments on Collection 29/12/23 0817 F:
eGFR (mL/min/1.73m2) calculated by CKD-EPI formula - see www.kidney.org.au

NATA Accreditation No 2178

Tests Completed: LFT(s), C(s), UCreat(s), E(s), Glu(p), Phos(s), UA(s),
Lipids HDL(s), Ca(s), CRP(s), Mg(s), FBC(e)
Tests Pending : B12(s), Fol(s), Iron(s), ESR(e), ANA(s)
Sample Pending :

CRANSTON, DOREEN
22 MACCAULEY CRES, GLENBROOK. 2773
Phone: 0414849385
Birthdate: 06/06/1961 **Sex:** F **Medicare Number:** 2240667279
Your Reference: 00024525 **Lab Reference:** 836577079-C_Glucose
Laboratory: Douglass Hanly Moir Pathology
Addressee: DR WEI Z LU **Referred by:** DR WEI Z LU

Name of Test: _Glucose
Requested: 29/11/2023 **Collected:** 29/12/2023 **Reported:** 29/12/2023 10:20

Clinical notes: (LEFT FOOT AND ANKLE PAIN FOR INVX)

Clinical Notes : (LEFT FOOT AND ANKLE PAIN FOR INVX)

GLUCOSE

Date	24/01/19	21/04/20	25/01/23	29/12/23		
Time F-Fast	0920 F	0904 F	1018 F	0817 F		
Lab ID	294509227	843988843	884246002	836577079	Units	Reference
F Gluc Plasma	4.5	4.6	4.8	4.3	mmol/L	(3.6-6.0)

Comments on Collection 29/12/23 0817 F:
 Diabetes is unlikely if fasting glucose levels are less than 5.5 mmol/L but an OGTT could be indicated in the presence of risk factors such as metabolic syndrome, past gestational diabetes, polycystic ovary or family history of type 2 diabetes.

NATA Accreditation No 2178

Tests Completed: LFT(s), C(s), UCreat(s), E(s), Glu(p), Phos(s), UA(s),
 Lipids HDL(s), Ca(s), CRP(s), Mg(s), FBC(e)
 Tests Pending : B12(s), Fol(s), Iron(s), ESR(e), ANA(s)
 Sample Pending :

CRANSTON, DOREEN
 22 MACCAULEY CRES, GLENBROOK. 2773
Phone: 0414849385
Birthdate: 06/06/1961 **Sex:** F **Medicare Number:** 2240667279
Your Reference: 00024525 **Lab Reference:** 836577079-C-CRP
Laboratory: Douglass Hanly Moir Pathology
Addressee: DR WEI Z LU **Referred by:** DR WEI Z LU

Name of Test: CRP(s)
Requested: 29/11/2023 **Collected:** 29/12/2023 **Reported:** 29/12/2023 10:20

Clinical notes: (LEFT FOOT AND ANKLE PAIN FOR INVX)

Clinical Notes : (LEFT FOOT AND ANKLE PAIN FOR INVX)

Date	23/11/15	13/07/16	21/04/20	29/12/23		
Time F-Fast	1545	0908 F	0904 F	0817 F		
Lab ID	246900629	273838712	843988843	836577079	Units	Reference
CRP	0.9	0.6	0.5	0.6	mg/L	(0.0-5.0)

NATA Accreditation No 2178

Tests Completed: LFT(s), C(s), UCreat(s), E(s), Glu(p), Phos(s), UA(s),
 Lipids HDL(s), Ca(s), CRP(s), Mg(s), FBC(e)
 Tests Pending : B12(s), Fol(s), Iron(s), ESR(e), ANA(s)
 Sample Pending :

CRANSTON, DOREEN
 22 MACCAULEY CRES, GLENBROOK. 2773
Phone: 0414849385
Birthdate: 06/06/1961 **Sex:** F **Medicare Number:** 2240667279
Your Reference: 00024525 **Lab Reference:** 836577079-C-Iron Studies
Laboratory: Douglass Hanly Moir Pathology
Addressee: DR WEI Z LU **Referred by:** DR WEI Z LU

Name of Test: Iron Studies
Requested: 29/11/2023 **Collected:** 29/12/2023 **Reported:** 29/12/2023 15:20

Clinical notes: (LEFT FOOT AND ANKLE PAIN FOR INVX)

Clinical Notes : (LEFT FOOT AND ANKLE PAIN FOR INVX)

IRON

Date	24/01/19	21/04/20	25/01/23	29/12/23		
Time F-Fast	0920 F	0904 F	1018 F	0817 F		
Lab ID	294509227	843988843	884246002	836577079	Units	Reference
Iron	18.8	17.0		15.3	umol/L	(5.0-30.0)
Transferrin	2.4	2.2		2.2	g/L	(2.0-3.2)
TIBC (Calc)	54	50		50	umol/L	(46-70)
Saturation	35	34		31	%	(10-45)
Ferritin	101	104	79	101	ug/L	(30-300)

NATA Accreditation No 2178

Tests Completed: B12(s),Fol(s),LFT(s),C(s),UCreat(s),E(s),Glu(p),
Phos(s),UA(s),Iron(s),Lipids HDL(s),Ca(s),CRP(s),
Mg(s),FBC(e),ESR(e)

Tests Pending : Active B12(s),ANA(s)

Sample Pending :

CRANSTON, DOREEN
22 MACCAULEY CRES, GLENBROOK. 2773
Phone: 0414849385
Birthdate: 06/06/1961 **Sex:** F **Medicare Number:** 2240667279
Your Reference: 00024525 **Lab Reference:** 836577079-E-Vitamin B12/Folate
Laboratory: Douglass Hanly Moir Pathology
Addressee: DR WEI Z LU **Referred by:** DR WEI Z LU

Name of Test: B12/Folate/RCF
Requested: 29/11/2023 **Collected:** 29/12/2023 **Reported:** 29/12/2023 15:50

Clinical notes: (LEFT FOOT AND ANKLE PAIN FOR INVX)

Clinical Notes : (LEFT FOOT AND ANKLE PAIN FOR INVX)

VIT B12 & FOLATE

Date	24/01/19	21/04/20	25/01/23	29/12/23		
Time F-Fast	0920 F	0904 F	1018 F	0817 F		
Lab ID	294509227	843988843	884246002	836577079	Units	Reference
Vitamin B12	450	407	395	337	pmol/L	(135-650)
Active B12				>128	pmol/L	(>35)
S.Fol (Abbott)		37.0		33.4	nmol/L	(>7.0)

Comments on Collection 29/12/23 0817 F:
From 27 November 2023, active B12 (holotranscobalamin) testing will be performed on all patients with low or equivocal (at or below 400 pmol/L) total B12 results. Both tests are eligible for a Medicare rebate under these circumstances.

NATA Accreditation No 2178

Tests Completed: B12(s),Fol(s),LFT(s),C(s),UCreat(s),E(s),Glu(p),
Phos(s),UA(s),Iron(s),Lipids HDL(s),Ca(s),CRP(s),
Mg(s), Active B12(s),FBC(e),ESR(e)

Tests Pending : ANA(s)

Sample Pending :

CRANSTON, DOREEN
22 MACCAULEY CRES, GLENBROOK. 2773
Phone: 0414849385
Birthdate: 06/06/1961 **Sex:** F **Medicare Number:** 2240667279
Your Reference: 00024525 **Lab Reference:** 836577079-I-ANA
Laboratory: Douglass Hanly Moir Pathology
Addressee: DR WEI Z LU **Referred by:** DR WEI Z LU

Name of Test: ANA(s)
Requested: 29/11/2023 **Collected:** 29/12/2023 **Reported:** 30/12/2023 01:20

Clinical notes: (LEFT FOOT AND ANKLE PAIN FOR INVX)

Clinical Notes : (LEFT FOOT AND ANKLE PAIN FOR INVX)

Antinuclear Antibodies

ANA Not Detected

Comment on Lab ID 836577079

Screening titre - 1:80

NATA Accreditation No 2178

Tests Completed: B12(s), Fol(s), LFT(s), C(s), UCreat(s), E(s), Glu(p),
Phos(s), UA(s), Iron(s), Lipids HDL(s), Ca(s), CRP(s),
Mg(s), Active B12(s), FBC(e), ESR(e), ANA(s)

Tests Pending :

Sample Pending :

Cranston, Doreen
22 McCauley Crescent, GLENBROOK. 2773
Phone: 47394693
Birthdate: 06/06/1961 **Sex:** F **Medicare Number:** 2240 66727 9-1
Your Reference: 2024H0001970 **Lab Reference:** 2024H0001970-1
Laboratory: High Street Medical Imaging
Addressee: Dr Wei Zhen Lu **Referred by:** Dr Wei Zhen Lu

Name of Test: Lumbosacral Spine XR
Requested: 11/01/2024 **Collected:** 11/01/2024 **Reported:** 12/01/2024 11:12



Patient Name: Cranston, Doreen
DOB: 06/06/1961
Gender: F

Address: 22 McCauley Crescent
GLENBROOK NSW 2773
Phone: 473946930414849385
Medicare Number: 2240 66727
9-1

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X-RAY LUMBOSACRAL SPINE

Thank you for referring this patient.

Clinical History: Lower back pain. Rule out fracture.

Findings:

Curvature convex to the right with multilevel endplate changes and facet joint disease with accentuation of the usual lumbar lordosis. Mild anterior wedging of L2 with 24% loss of vertical height.

COMMENT:

Multilevel spondylotic change with a curvature seen convex to the right with anterior wedging of L2 with greater than 20% loss of vertical height. Correlation with patient's BMD is recommended.

Dr James METRI
MBBS(USYD), FRANZCR

Radiology Group Australia Day opening hours
All practices will be closed Friday 26th January 2024
Normal hours will resume Monday 29th January 2024

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