

## 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 6th January 2024

### Investigations:

Cranston, Doreen R  
22 Maccauley Crescent, GLENBROOK. 2773  
Phone: 0414849385  
Birthdate: 06/06/1961 Sex: F Medicare Number: 2240 66727 9-1  
Your Reference: 2023P0008802 Lab Reference: 2023P0008802-1  
Laboratory: Nepean Radiology  
Addressee: Dr Lujing LIU Referred by: Dr Lujing LIU

Name of Test: DEXA-Bone Mineral Densitometry-Prolonged Glucocorticoid Therapy, Excess  
Glucocorticoid Secretion, Male Hypogonadism and Female Hypogonadism, Early Menopause-12312  
Requested: 20/01/2023 Collected: 12/04/2023 Reported: 13/04/2023 10:06



## DEXA-Bone Mineral Densitometry-Prolonged Glucocorticoid Therapy, Excess Glucocorticoid Secretion, Male Hypogonadism and Female Hypogonadism, Early Menopause-12312

<b>Patient Name:</b> Cranston, Doreen R	<b>Date of Birth:</b> 06/06/1961	<b>Sex:</b> F
<b>Address:</b> 22 Maccauley Crescent GLENBROOK NSW 2773	<b>Medicare Number:</b> 2240 66727 9-1	<b>Phone:</b> 0414849385
<b>Radiologist:</b> Dr Raguparan Yogaratnam	<b>Referred by:</b> Dr Lujing LIU	<b>Lab Reference:</b> 2023P0008802-1
<b>Date Performed:</b> 12/04/2023 11:00	<b>Date Reported:</b> 13/04/2023 10:06	<b>Laboratory:</b> Nepean Radiology

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### BONE DENSITOMETRY (DEXA SCAN)

**Clinical history:** 61 year old female with osteoporosis for progress study.

The scan was performed on a Lunar Prodigy densitometer (with enCORE, software version 14.10).

## Report

**LEFT PROXIMAL FEMUR:** Bone density measured at the left total proximal femur is 0.55g/cm<sup>2</sup>.

The T-score is -3.7, which is the number of standard deviations below the young, normal adult population.

**LUMBAR SPINE:** Bone density measured in L1 to L3 vertebrae is 0.74g/cm<sup>2</sup>.

The T-score is -3.5, which is the number of standard deviations below the young, normal adult population.

## Comment:

There is severe osteoporosis of the lumbar spine and left hip and the absolute risk of fracture is high.

There is also significantly low bone mass when compared to the similar age and gender (Z-score). This should generally trigger further investigation for secondary causes of bone loss (eg: thyroid, parathyroid disease, calcium, vitamin D levels etc).

It will not be reliable to compare to the prior scan performed elsewhere due to the difference in scanners. Anti-resorptive therapy and a progress study in 12-24 months, using the same scanner for reliable comparison is suggested.

Yours sincerely,

Dr. Ragu Yogaratnam  
MBBS, FRACP, FAANMS.

Electronically authorised by Dr. R Yogaratnam

Thank you for referring this patient to Quantum Radiology, if you would like to view the images, please [CLICK HERE](#)

For historical image access and to create a user account please contact Quantum Radiology.

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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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-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

<b>Date</b>	21/04/20	10/07/21	25/01/23	<b>29/12/23</b>		
<b>Time F-Fast</b>	0904 F	0956 F	1018 F	<b>0817 F</b>		
<b>Lab ID</b>	843988843	861913432	884246002	<b>836577079</b>	Units	Reference
<b>Status</b>	Fasting		Fasting	<b>Fasting</b>		
<b>Sodium</b>			140	<b>138</b>	mmol/L	(135-145)

Potassium		4.4	<b>4.0</b>	mmol/L	(3.5-5.5)
Chloride		104	<b>104</b>	mmol/L	(95-110)
Bicarbonate		27	<b>26</b>	mmol/L	(20-32)
Urea		4.6	<b>4.7</b>	mmol/L	(3.0-8.5)
Creatinine		60	<b>60</b>	umol/L	(45-85)
eGFR		>90	<b>&gt;90</b>	mL/min/1.73m2	(>59)
Urate			<b>0.24</b>	mmol/L	(0.15-0.40)
Calcium	2.33	2.36	<b>2.25</b>	mmol/L	(2.15-2.55)
Corr Calcium	2.39	2.38	<b>2.29</b>	mmol/L	(2.15-2.55)
Magnesium.	0.73	0.79	<b>0.81</b>	mmol/L	(0.65-1.00)
Phosphate.	1.11	1.18	<b>1.33</b>	mmol/L	(0.8-1.5)
Bili.Total		9	<b>9</b>	umol/L	(3-15)
ALP		94	<b>87</b>	U/L	(30-115)
GGT		8	<b>7</b>	U/L	(5-35)
LD		201	<b>194</b>	U/L	(120-250)
AST		22	<b>25</b>	U/L	(10-35)
ALT		19	<b>17</b>	U/L	(5-30)
Total Protein		68	<b>65</b>	g/L	(64-83)
Albumin	40	42	<b>41</b>	g/L	(36-47)
Globulin		26	<b>24</b>	g/L	(23-39)
Cholesterol	5.5	5.4	<b>5.1</b>	mmol/L	(<5.5)
Triglycerides	0.7	0.8	<b>0.6</b>	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](http://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	<b>29/12/23</b>		
Time F-Fast	0920 F	0904 F	1018 F	<b>0817 F</b>		
Lab ID	294509227	843988843	884246002	<b>836577079</b>	Units	Reference

F Gluc Plasma	4.5	4.6	4.8	<b>4.3</b>	mmol/L	(3.6-6.0)
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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-HDL  
**Laboratory:** Douglass Hanly Moir Pathology  
**Addressee:** DR WEI Z LU **Referred by:** DR WEI Z LU

**Name of Test:** Lipids HDL(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	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
Status	Fasting	Fasting	Fasting	Fasting		
Cholesterol	5.4	5.5	5.4	5.1	mmol/L	(<5.5)
Triglycerides	1.0	0.7	0.8	0.6	mmol/L	(<2.0)
HDL Chol.	2.1	1.9	2.1	1.9	mmol/L	(>1.2)
LDL Chol.	2.8	3.3	2.9	2.9	mmol/L	(<3.0)
Non-HDL Chol.			3.3	3.2	mmol/L	(<4.0)

Comments on Collection 29/12/23 0817 F:  
Please note that the above reference limits are decision limits.  
A flag based on these limits is an indication to review the absolute cardiovascular risk for the patient. For assessment of absolute cardiovascular disease risk please see [www.cvdcheck.org.au](http://www.cvdcheck.org.au)

The above decision limits are based on the European Atherosclerosis Society (EAS) and European Federation of Clinical Chemistry and Laboratory Medicine (EFLM) Consensus Statement 2016 and the Australasian Association of Clinical Biochemistry and Laboratory Medicine (AACB) Lipid Reporting Guideline 2018.

Lipid treatment targets for patients at high risk of cardiovascular disease:

Total cholesterol	<4.0 mmol/L
Triglyceride	<2.0 mmol/L
HDL cholesterol	>1.0 mmol/L
LDL cholesterol	<2.5 mmol/L (<1.8 mmol/L for very high risk)
Non-HDL cholesterol	<3.3 mmol/L (<2.5 mmol/L for very high risk)

High risk - Primary prevention      Very high risk - Secondary prevention

Target values from the AACB Lipid Reporting Guideline 2018.

Please note that as there is a continuum of risk, benefits are obtained for any measured lipid components moving towards and beyond the various target levels.

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-H- HAEM VIRTUAL

Laboratory: Douglass Hanly Moir Pathology

Addressee: DR WEI Z LU Referred by: DR WEI Z LU

Name of Test: Haematology

Requested: 29/11/2023 Collected: 29/12/2023 Reported: 29/12/2023 11:20

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

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

#### HAEMATOLOGY

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
Haemoglobin	138	136	134	135	g/L	(119-160)
RCC	4.7	4.6	4.7	4.6	x10 <sup>12</sup> /L	(3.8-5.8)
Haematocrit	0.41	0.40	0.42	0.42		(0.35-0.48)
MCV	87	88	91	90	fL	(80-100)
MCH	29.3	29.7	28.8	29.2	pg	(27.0-32.0)
MCHC	337	337	318	323	g/L	(310-360)
RDW	12.4	13.0	13.4	12.9		(10.0-15.0)
WCC	5.4	5.2	5.0	6.1	x10 <sup>9</sup> /L	(4.0-11.0)
Neutrophils	2.73	2.20	2.54	2.85	x10 <sup>9</sup> /L	(2.0-7.5)
Lymphocytes	2.10	2.44	1.90	2.60	x10 <sup>9</sup> /L	(1.0-4.0)
Monocytes	0.38	0.32	0.38	0.44	x10 <sup>9</sup> /L	(0.0-1.0)
Eosinophils	0.17	0.19	0.10	0.12	x10 <sup>9</sup> /L	(0.0-0.5)
Basophils	0.06	0.06	0.06	0.09	x10 <sup>9</sup> /L	(0.0-0.3)
NRBC	<1.0	<1.0	<1.0	<1.0	/100 WBC	(<1)
Platelets	379	362	376	328	x10 <sup>9</sup> /L	(150-450)
ESR	13			8	mm/h	(1-35)

Comments on Collection 29/12/23 0817 F:  
Full blood count is within reference limits

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),ESR(e)

Tests Pending : B12(s),Fol(s),Iron(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-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 :