

NSW HEALTH PATHOLOGY - NORTH - Reference No: 464429706 Status: F

Patient: Bernadette May ABRAHAMSEN **Linked by:** Dr S McGrath

DOB: 16/01/1977

Message: No action

Address: 89 Edward St MOREE 2400

Ordered by: Dr Shaun McGrath on 15/02/2024

Copy to: Dr Saman Maheepala

Collected: 15/02/2024

Notified by: on 00/00/0000

Reported: 16/02/2024

Message:

R lobe nodule 1/5, Hashimotos in background.

NSWHP - Pathology Report

Collected: ??? 15-Feb-24 MRN: H2430063 Specimen Type: Cy FNA Thyroid
R.RANGE

Reporting Pathologist Dr J Hollingsworth

Cytology Report

FINE NEEDLE ASPIRATION FOR CYTOLOGY: RIGHT LOBE THYROID

CLINICAL NOTES:

R Lobe thyroid 1/5. Hashimotos in background.

MACROSCOPY:

C1560.A FNA right lobe thyroid: 2 fine needle aspiration passes were performed under ultrasound guidance to a nodule in the right lobe thyroid which yielded a small amounts of viscous bloodstained material. 2 air dried and 2 wet fixed slides were prepared. Needle rinse in saline was used for cell block production.

This procedure was attended by a cytologist from NSW Health Pathology- Hunter.

MICROSCOPY:

A. The slides contain occasional sheets of follicular cells, plentiful haemosiderin-laden macrophages and stripped bare nuclei in a background of abundant thin colloid, scattered lymphocytes and blood. Rare cells show oncocytic change. Cyst lining cells are also identified.

The findings are suggestive of chronic lymphocytic (Hashimoto) thyroiditis. Scattered macrophages are present on the cell block.

DIAGNOSIS:

A. FNA right lobe thyroid: Benign follicular pattern
(Bethesda Category 2).

Reported by Dr Jane Hollingsworth

jane.hollingsworth@health.nsw.gov.au

Direct phone number: 02 4921 4047

16 February 2024

LAVERTY PATHOLOGY - Reference No: 24-26663553 Status: F

Patient: Bernadette ABRAHAMSEN **Linked by:** Dr S McGrath

DOB: 16/01/1977

Message: No action

Address: 89 Edward St MOREE 2400

Ordered by: Shaun McGrath on 15/02/2024

Copy to: DR. SAMMU SAMAN MAHEEPALA

Collected: 15/02/2024 - 12:46 PM **Notified by:** on 00/00/0000
Reported: 15/02/2024 **Message:**

Hashimotos disease.

Clinical Notes : Hashimotos disease.

THYROID PROFILE

Request Number	25594817	26663553
Date Collected	14 Dec 23	15 Feb 24
Time Collected	00:00	12:46
Specimen Type: Serum		
TSH (0.5-4.0)	mIU/L	5.2 1.6
FT4 (10-20)	pmol/L	9.7 11
FT3 (3.5-6.5)	pmol/L	4.4 5.0

Result(s) consistent with euthyroidism.

Please note the above reference intervals have been developed from a non-pregnant healthy general population study.

Requested Tests : TFT, TAA

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Address: 89 Edward St MOREE 2400
Ordered by: Shaun McGrath on 15/02/2024
Copy to: DR. SAMMU SAMAN MAHEEPALA
Collected: 15/02/2024 - 12:46 PM **Notified by:** on 00/00/0000
Reported: 15/02/2024 **Message:**

Hashimotos disease.

Clinical Notes : Hashimotos disease.

THYROID AUTOANTIBODIES

Specimen Type: Serum

Anti-Thyroglobulin Abs (aTGII)	2.0	IU/mL	(< 4.5)
Anti-Thyroidal Peroxidase Abs	31	IU/ml	(< 60)

Over 90% of patients with autoimmune thyroiditis show moderate to high levels of Anti-Thyroidal Peroxidase Abs (anti-TPO) with Anti-Thyroglobulin Abs (anti-Tg) also present in about 90% of such patients. Up to 75% of patients with Graves' hyperthyroidism show increased anti-TPO with anti-Tg present in 50-60%. Low levels of both anti-TPO and anti-Tg may be found in up to 10% of "normal" asymptomatic adults. In most cases of autoimmune thyroid disease increased anti-TPO is the predominant finding although a small proportion of patients show a predominant increase in anti-Tg.

Please note that as of 08/09/2021, Lavery Pathology changed to a reformulated Atellica anti-thyroglobulin antibody (aTGII) assay. The reference interval has been updated. Differences in individual patient results may be observed compared to the previous method. If further information is required please contact a Chemical Pathologist on 9005

7000.

Requested Tests : TFT*, TAA