



Choice Of Living
Health Centre

balancing the mind and
body to achieve
inner health

78 Muller Road, Greenacres, SA 5086
E: admin@ChoiceOfLiving.com.au
P: (08) 8367 8228
F: (08) 8367 6228

28/06/2023

Dr Dee McCormack
PRIVATE REFERRAL
Women's and Children Hospital
Pregnancy Investigation Unit (Recurrent Miscarriage Unit),
72 King William Road,
North Adelaide 5006
(08) 8161 7592
(08) 8161 7654

Dear Dee,

**Re: Lisa Mathews
9 Deieso Court
Newton 5074**

**0419 857 800
DOB: 25/03/1978**

Thank you for seeing Lisa Mathews, age 45 yrs, who would value your review of her recurrent miscarriages. She miscarried on Thursday last week and this was the 7th miscarriage. Thanks for your review, opinion and management.

Past History:

	Family history of stroke	
	Miscarriage, recurrent	
	G8P1--> NVD X 1, 7 miscarriages	
	Irregular periods	
	Septate uterus	Was treated at WCH
11/05/2023	Group B Streptococcus Carrier (Provisional)	
31/05/2023	Uterine fibroid	7mm

Allergies:

Nil known.

Current Medications:

No long term medications.

Family History:

Mother: Alive

Father: Alive

Other details:

Mother miscarriage, stroke, anxiety, depression, breast Ca, lumpectomy; PE, MI in 2008

Father IHD with CABG, stroke, tumour on penis, anxiety

Brother is overweight, corneal transplant (keratoconus)

Mat GM DM type II

Mat GF heart disease, died MI, was mentally abusive

Pat GM stomach Ca

Pat GF MI, smoker

Mat aunt anxiety, depression

Mat aunt anxiety depression, rheumatic fever

Mat uncle neuroblastoma

Mat uncle Non-Hodgkins lymphoma

Pat great uncles quadruple CABG

Should any of the above need clarification, please feel free to contact me on Telephone 83678228, or E-mail me at admin@ChoiceOfLiving.com.au

Thank you for your care and assistance. I look forward to hearing the outcome of Lisa's attendance.

Yours sincerely,

Dr Kathy Wallace

263080RJ

FRACGP, BM BS, BHSc Hons

INVESTIGATION RESULTS:

MATHEWS, LISA
9 DE IESO CT, NEWTON. 5074
Phone: 0419857800
Birthdate: 25/03/1978 **Sex:** F **Medicare Number:** 51033936092
Your Reference: 00330179 **Lab Reference:** 23-075-04875#HAE-YC1
Laboratory: SA Pathology
Addressee: DR KATHY WALLACE **Referred by:** DR GIRIJA VIJAY

Name of Test: Haematology: Complete Blood Examination
Requested: 17/02/2023 **Collected:** 16/03/2023 **Reported:** 17/03/2023 13:20

SA Pathology
Accession No : 23-075-04875
Referred By : DR GIRIJA VIJAY
Report Generated: 17/03/2023 13:20

Clinical Notes
GEN CHECK

General Haematology

Collection Date	16-Mar-23		
Collection Time	09:57	Reference	Units
Haemoglobin	119	[115-155]	g/L
White Cell Count	6.26	[4.00-11.00]	x10 ⁹ /L
Platelet Count	304	[150-450]	x10 ⁹ /L
Red Cell Count	3.94	[3.80-5.20]	x10 ¹² /L
Haematocrit	0.35	[0.35-0.45]	L/L
MCV	89.8	[80.0-98.0]	fL
MCH	30	[27-33]	pg
MCHC	336	[310-360]	g/L
RDW	12.2	[12.0-15.0]	%
* Mean Platelet Volume	9.20 L	[9.50-13.00]	fL
Neutrophils	3.96	[1.80-7.50]	x10 ⁹ /L
Neutrophils %	63		%
Lymphocytes	1.61	[1.10-3.50]	x10 ⁹ /L
Lymphocytes %	26		%
Monocytes	0.57	[0.20-0.80]	x10 ⁹ /L
Monocytes %	9		%
Eosinophils	0.08	[0.02-0.50]	x10 ⁹ /L
Eosinophils %	1		%
Basophils	0.04	[<=0.10]	x10 ⁹ /L
Basophils %	1		%

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA
9 DE IESO CT, NEWTON. 5074
Phone: 0419857800
Birthdate: 25/03/1978 **Sex:** F **Medicare Number:** 51033936092
Your Reference: 00330179 **Lab Reference:** 23-075-04876#CHE-YQ9
Laboratory: SA Pathology
Addressee: DR KATHY WALLACE **Referred by:** DR GIRIJA VIJAY

Name of Test: Chemistry: Glucose
Requested: 17/02/2023 **Collected:** 16/03/2023 **Reported:** 17/03/2023 13:20

SA Pathology Accession No : 23-075-04876
 Referred By : DR GIRIJA VIJAY
 Report Generated: 17/03/2023 13:20

Clinical Notes
GEN CHECK

General Chemistry

Collection Date	16-Mar-23		
Collection Time	09:56	Reference	Units
Fasting	Yes		
Glucose	4.6	[3.2-5.5]	mmol/L

All tests on this request have been completed

Unless specified, testing has been performed on serum/plasma, general
Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 00330179 Lab Reference: 23-075-04875#BAF-EV4

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR GIRIJA VIJAY

Name of Test: B12 and Folate: Vitamin B12

Requested: 17/02/2023 Collected: 16/03/2023 Reported: 17/03/2023 13:21

SA Pathology Accession No : 23-075-04875
 Referred By : DR GIRIJA VIJAY
 Report Generated: 17/03/2023 13:21

Clinical Notes
GEN CHECK

B12 and Folate

Collection Date	16-Mar-23		
Collection Time	09:57	Reference	Units
Fasting	Yes		
Vitamin B12	403	[>=260]	pmol/L

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general
Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 00330179 Lab Reference: 23-075-04875#IRS-SH2

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE

Referred by:

DR GIRIJA VIJAY

Name of Test: Iron Studies

Requested: 17/02/2023

Collected: 16/03/2023

Reported: 17/03/2023

13:21

SA Pathology

Accession No : 23-075-04875

Referred By : DR GIRIJA VIJAY

Report Generated: 17/03/2023 13:21

Clinical Notes

GEN CHECK

Iron Studies

Collection Date	16-Mar-23			
Collection Time	09:57		Reference	Units
Fasting	Yes			
Iron	16	[1]	[8-30]	umol/L
Ferritin	73		[30-250]	ug/L
Transferrin	2.13		[2.00-4.00]	g/L
Transferrin Saturation	30		[10-35]	%

[1] Assumed Fasting status

This request has other tests in progress at the time of reporting.

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Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 00330179 Lab Reference: 23-075-04875#CHE-YQ9

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE

Referred by:

DR GIRIJA VIJAY

Name of Test: Chemistry: eGFR, Ca Ion Calc, ECU LFT CAL PHO URA GL

Requested: 17/02/2023

Collected: 16/03/2023

Reported: 17/03/2023

13:21

SA Pathology

Accession No : 23-075-04875

Referred By : DR GIRIJA VIJAY

Report Generated: 17/03/2023 13:21

Clinical Notes

GEN CHECK

General Chemistry

Collection Date	16-Mar-23			
Collection Time	09:57		Reference	Units
Cholesterol	5.5		[0.0-5.5]	mmol/L
Fasting	Yes			
Sodium	136		[135-145]	mmol/L
Potassium	3.9		[3.5-5.2]	mmol/L
Chloride	102		[95-110]	mmol/L
Bicarbonate	24		[22-32]	mmol/L
Anion Gap	14		[7-17]	mmol/L
Glucose	4.6		[3.2-5.5]	mmol/L

Urea	3.8	[2.7-8.0]	mmol/L
Creatinine	64	[45-90]	umol/L
Estimated Glomerular Filtration Rate	>90	[>=60]	mL/min/1.73m2
Urate	0.28	[0.14-0.34]	mmol/L
Calcium	2.35	[2.10-2.60]	mmol/L
Ionised Calcium Calculated	1.20	[1.10-1.30]	mmol/L
Phosphate	0.86	[0.75-1.50]	mmol/L
Albumin	40	[34-48]	g/L
Globulin	36	[21-41]	g/L
Total Protein	76	[60-80]	g/L
Total Bilirubin	10	[2-24]	umol/L
Gamma Glutamyl Transferase	24	[0-60]	U/L
Alkaline Phosphatase	58	[30-110]	U/L
Alanine Aminotransferase	22	[0-55]	U/L
Aspartate Aminotransferase	24	[0-45]	U/L
Lactate Dehydrogenase	182	[120-250]	U/L

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general
Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 00330179 Lab Reference: 23-075-04875#LIS-ST3

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR GIRIJA VIJAY

Name of Test: High Density Lipoprotein Cholesterol, Lipid Studies

Requested: 17/02/2023 Collected: 16/03/2023 Reported: 17/03/2023 13:21

SA Pathology

Accession No : 23-075-04875
Referred By : DR GIRIJA VIJAY
Report Generated: 17/03/2023 13:21

Clinical Notes

GEN CHECK

Lipid Studies

Collection Date	16-Mar-23		
Collection Time	09:57	Reference	Units
Fasting	Yes		
Cholesterol	5.5	[0.0-5.5]	mmol/L
Triglyceride	1.5	[0.3-2.0]	mmol/L
HDL Cholesterol	1.4	[1.0-2.2]	mmol/L
LDL Cholesterol	3.4	[0.0-3.7]	mmol/L
non-HDL Cholesterol	4.1		mmol/L
Total Cholesterol/HDL Ratio	3.9	[0.0-5.0]	

This request has other tests in progress at the time of reporting.

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Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA
9 DE IESO CT, NEWTON. 5074
Phone: 0419857800
Birthdate: 25/03/1978 **Sex:** F **Medicare Number:** 51033936092
Your Reference: 00330179 **Lab Reference:** 23-075-04875#END-YU3
Laboratory: SA Pathology
Addressee: DR KATHY WALLACE **Referred by:** DR GIRIJA VIJAY

Name of Test: Endocrinology: Thyroid Stimulating Hormone, Follicle Stimulating Hormone, Oestra...

Requested: 17/02/2023 **Collected:** 16/03/2023 **Reported:** 17/03/2023 13:21

SA Pathology
Accession No : 23-075-04875
Referred By : DR GIRIJA VIJAY
Report Generated: 17/03/2023 13:21

Clinical Notes
GEN CHECK

Endocrinology

Collection Date	16-Mar-23		
Collection Time	09:57	Reference	Units
Oestradiol	469	[1]	pmol/L
Oestradiol Comment	Comment	[2]	
Luteinizing Hormone	1		IU/L
LH Comment	Comment	[3]	
FSH	2		IU/L
FSH Comment	Comment	[4]	
TSH	1.44	[0.50-4.50]	mIU/L

- [1] PLEASE NOTE: Fulvestrant therapy can produce invalid results for Estradiol Assays.
- [2] Reference Interval
Follicular Phase 100 - 570 pmol/L
Ovulatory Phase 180 - 1150 pmol/L
Luteal Phase 120 - 1100 pmol/L
Postmenopausal < 200 pmol/L
- [3] Luteinising Hormone Reference Interval
Follicular Phase 2 - 12 IU/L
Ovulatory Phase 15 - 100 IU/L
Luteal Phase 1 - 100 IU/L
Postmenopausal > 8 IU/L
- [4] Follicle Stimulating Hormone Reference Interval
Follicular Phase 3 - 12 IU/L
Ovulatory Phase 5 - 20 IU/L
Luteal Phase 2 - 8 IU/L
Postmenopausal > 25 IU/L

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA
9 DE IESO CT, NEWTON. 5074
Phone: 0419857800
Birthdate: 25/03/1978 **Sex:** F **Medicare Number:** 51033936092
Your Reference: 00330179 **Lab Reference:** 23-075-04875#HAA-CS5
Laboratory: SA Pathology
Addressee: DR KATHY WALLACE **Referred by:** DR GIRIJA VIJAY

Name of Test: Haemoglobin A1c

Requested: 17/02/2023 **Collected:** 16/03/2023 **Reported:** 17/03/2023 13:21

SA Pathology

Accession No : 23-075-04875
Referred By : DR GIRIJA VIJAY
Report Generated: 17/03/2023 13:21

Clinical Notes

GEN CHECK

Haemoglobin A1c

Collection Date	16-Mar-23		
Collection Time	09:57	Reference	Units
HbA1c	33	[1]	mmol/mol
HbA1c %	5.2	[<=7.0]	%
HbA1c Comment	Comment.	[2]	

- [1] Misleading low HbA1c levels may occur in: anaemia, B12 & folate deficiency, recent transfusion, haemoglobinopathies, haemolysis or any chronic disease with reduced red cell survival including chronic liver disease and chronic kidney disease.
- [2] If screening for DM: Diabetes unlikely. Recommend re-test in 12 months. If monitoring DM: Increased risk of hypoglycaemia if on insulin/sulfonylureas.
HbA1c analysis is performed on whole blood.

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DEIESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 00024844 Lab Reference: 23-76646172-AMH-0

Laboratory: AUSTRALIAN CLINICAL LABS

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: ANTI MULLERIAN TEST

Requested: 17/03/2023 Collected: 18/03/2023 Reported: 20/03/2023 15:05

CLINICAL NOTES: FERTILITY PT HAPPY TO PAY

ENDOCRINOLOGY**ANTI MULLERIAN HORMONE (AMH PLUS)****SPECIMEN: SERUM**

Date	Time	Lab No.	AMH PLUS	Units
18/03/23	10:00	76646172	19.6	pmol/L

Age Grp Reference Range (pmol/L):

20 - 29Y	13.0 - 54.0
30 - 34Y	7.0 - 48.0
35 - 39Y	5.5 - 37.0
40 - 44Y	0.7 - 21.0
45 - 50Y	0.3 - 15.0

Comment:

AMH values of < 10 may indicate low ovarian reserve

AMH values > 36 may be seen in Polycystic Ovarian patients

AMH results should be interpreted in the clinical context.

NOTE: Anti Mullerian Hormone (AMH) testing is performed on the Roche

Cobas analyser using the AMH PLUS Immunoassay. AMH PLUS enables clinicians to use results when dosing patients with the recombinant FSH treatment, REKOVELLE. AMH Age-Specific Reference Ranges (10th-90th percentile) are provided by Roche.

Please note that blood collected from patients taking Biotin (Vit B7) supplements may cause falsely low results. If this patient is known to be taking Biotin, interpret results with caution within the clinical context.

Validated by Dr. Mirette Saad

AMH-C

All tests on this request have now been completed

MATHEWS, Lisa
9 Deieso Court, NEWTON SA. 5074
Birthdate: 25/03/1978 Sex: F Medicare Number: 5103393609
Your Reference: 42.84735601 Lab Reference: MODB
Addressee: Dr Kathy WALLACE Referred by: Dr Kathy WALLACE
Name of Test: PELVIC ULTRASOUND
Requested: 17/03/2023 Collected: 01/04/2023 Reported: 03/04/2023 09:25
Laboratory: Dr Jones and Partners

Patient ID: 42.84735601

Dr Kathy WALLACE

Order: 86.22357245_1

Dr Kathy WALLACE Performed at: MODBURY
78 Muller Road Exam Date: 1st April 2023
GREENACRES SA 5086 Patient ID: 42.84735601
praxis@promedius.net Accession: 86.22357245
Mrs Lisa MATHEWS D.O.B: 25/03/1978
9 Deieso Court NEWTON SA 5074 Sonographer: kworthington

PELVIC ULTRASOUND

Clinical Information: Recurrent miscarriage. Fertility assessment.

Findings: A transabdominal and transvaginal ultrasound was performed.

The uterus is midline and anteverted. It measures 8.2 x 3.5cm. The endometrial echo is thin measuring 7.5mm in AP diameter. A small myometrial cyst is noted measuring 7mm. Otherwise no focal uterine masses are seen.

Both ovaries were confidently identified and appeared unremarkable. The right ovary measures 2.8 x 2.5 x 2.4cm and the left ovary 3.1 x 1.9 x 2.3cm. There are no adnexal masses or free fluid.

Dr Robyn Grant

Electronically signed 9:42 AM Mon, 3rd Apr 2023

MATHEWS, LISA
9 DE IESO CT, NEWTON. 5074
Phone: 0419857800
Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092
Your Reference: 24848 Lab Reference: 23-108-07719#AUT-YB2
Laboratory: SA Pathology
Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE
Name of Test: Autoimmunity: Thyroid Antibody
Requested: 17/03/2023 Collected: 18/04/2023 Reported: 18/04/2023 18:23

SA Pathology Accession No : 23-108-07719
 Referred By : DR KATHY WALLACE
 Report Generated: 18/04/2023 18:23

Clinical Notes

Recurrent miscarriages

Autoimmunity

Collection Date	18-Apr-23		
Collection Time	13:45	Reference	Units
Thyroid Peroxidase Ab	<9	[1] [<=33]	IU/mL
Thyroid Peroxidase Ab Comment	Comment	[2]	

- [1] Thyroid Antibody (TPO) testing performed on Roche platform as of 01/05/2020. Please note change in reference range after 01/05/2020.
- [2] A TPO result of less than 33 IU/mL virtually excludes the possibility of active Hashimoto s Disease. Further testing for TSH receptor antibodies is recommended for investigation of Grave's disease. Results should be interpreted in the context of thyroid functions tests and other clinical findings.
Methodology: Electrochemiluminescence immunoassay

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 **Sex:** F **Medicare Number:** 51033936092

Your Reference: 24848 **Lab Reference:** 23-108-07719#END-YU3

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE **Referred by:** DR KATHY WALLACE

Name of Test: Endocrinology: Thyroxine Free, Free Triiodothyronine

Requested: 17/03/2023 **Collected:** 18/04/2023 **Reported:** 18/04/2023 18:24

SA Pathology Accession No : 23-108-07719
 Referred By : DR KATHY WALLACE
 Report Generated: 18/04/2023 18:24

Clinical Notes

Recurrent miscarriages

Endocrinology

Collection Date	18-Apr-23		
Collection Time	13:45	Reference	Units
TSH	1.18	[0.50-4.50]	mIU/L
Free T4	14	[10-20]	pmol/L
Free T3	4.2	[3.1-5.4]	pmol/L

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general
Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 24848 Lab Reference: 23-108-07719#HAT-SQ6

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Haemostasis and Thrombosis: Coagulation Studies

Requested: 17/03/2023 Collected: 18/04/2023 Reported: 18/04/2023 18:52

SA Pathology

Accession No : 23-108-07719
Referred By : DR KATHY WALLACE
Report Generated: 18/04/2023 18:52

Clinical Notes

Recurrent miscarriages

Haemostasis and Thrombosis

Collection Date	18-Apr-23		
Collection Time	13:45	Reference	Units
Prothrombin Time	12.8 [1]		s
INR	1.0	[0.9-1.2]	ratio
APTT	28 [2]	[24-38]	s

[1] The normal PT range is 12 - 16 sec.

This does not apply to patients on warfarin therapy.

[2] Target APTT ranges for i.v. Unfractionated Heparin:

for treatment of VTE is 65 - 110 seconds;

for ACS 65 - 90 seconds.

Please note: local protocols for therapeutic ranges may differ from
laboratory recommendations.

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general
Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 24848 Lab Reference: 23-108-07719#END-YU3

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Endocrinology: Thyroid Stimulating Hormone

Requested: 17/03/2023 Collected: 18/04/2023 Reported: 18/04/2023 22:43

SA Pathology

Accession No : 23-108-07719
Referred By : DR KATHY WALLACE
Report Generated: 18/04/2023 22:43

Clinical Notes

Recurrent miscarriages

Endocrinology

Collection Date	18-Apr-23		
Collection Time	13:45	Reference	Units
TSH	1.18	[0.50-4.50]	mIU/L
Free T4	14	[10-20]	pmol/L
Free T3	4.2	[3.1-5.4]	pmol/L

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 24848 Lab Reference: 23-108-07719#HAT-SQ6

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Haemostasis and Thrombosis: Lupus Anticoagulant Inhibitor

Requested: 17/03/2023 Collected: 18/04/2023 Reported: 19/04/2023 11:30

SA Pathology Accession No : 23-108-07719
 Referred By : DR KATHY WALLACE
 DR KATHY WALLACE
 Report Generated: 19/04/2023 11:30

Clinical Notes

Recurrent miscarriages

Haemostasis and Thrombosis

Collection Date	18-Apr-23		
Collection Time	13:45	Reference	Units
Prothrombin Time	13.9 [1]		s
	12.8 [1]		
INR	1.1	[0.9-1.2]	ratio
	1.0		
APTT	28 [2]	[24-38]	s
DOAC Drug	None		
DOAC-Stop	No		
dRVVT Screen	32 [3]	[31-51]	s
Lupus Anticoagulant	Negative		
Antithrombin	86	[80-125]	%

- [1] The normal PT range is 12 - 16 sec.
This does not apply to patients on warfarin therapy.
- [2] Target APTT ranges for i.v. Unfractionated Heparin:
for treatment of VTE is 65 - 110 seconds;
for ACS 65 - 90 seconds.
Please note: local protocols for therapeutic ranges may differ from laboratory recommendations.
- [3] DOACs can interfere with Lupus Anticoagulant testing, with Rivaroxaban and Dabigatran causing a false positive result and Apixaban causing a false negative. Please interpret LA results in conjunction with medication history.

This request has other tests in progress at the time of reporting.

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Haematology on whole blood.
Legend: C=Critical, H=High, L=Low, A=Abnormal
For enquiries phone 8222 3000 NATA: 2348

MATHEWS, LISA
9 DE IESO CT, NEWTON. 5074
Phone: 0419857800
Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092
Your Reference: 24848 Lab Reference: 23-108-07719#AUT-YB2
Laboratory: SA Pathology
Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Autoimmunity: Beta-2 Glycoprotein 1 IgG Antibody
Requested: 17/03/2023 Collected: 18/04/2023 Reported: 20/04/2023 12:21

SA Pathology Accession No : 23-108-07719
Referred By : DR KATHY WALLACE
Report Generated: 20/04/2023 12:21

Clinical Notes
Recurrent miscarriages

Autoimmunity

Collection Date	18-Apr-23			
Collection Time	13:45		Reference	Units
Beta-2 Glycoprotein 1 IgG Ab	Negative			
Beta-2 Glycoprotein 1 IgG U/mL	1.0	[1]	[<=6.9]	U/mL
Beta-2 Glycoprotein 1 IgG Comment	Comment	[2]		
Thyroid Peroxidase Ab	<9	[3]	[<=33]	IU/mL
Thyroid Peroxidase Ab Comment	Comment	[4]		

- [1] Beta-2 Glycoprotein 1 IgG Ab (B2G) testing performed on Phadia 250 EliA platform as of 03/05/2022.
Please note change in reference range after 03/05/2022.
- [2] For the diagnosis of anti-phospholipid syndrome (APLS), please interpret beta-2 glycoprotein 1 (B2GP1) results in conjunction with clinical history, lupus anti-coagulant and cardiolipin antibody tests. One or more tests should be consistently positive over at least three months.
Methodology: Fluoroenzymeimmunoassay (FEIA)
- [3] Thyroid Antibody (TPO) testing performed on Roche platform as of 01/05/2020. Please note change in reference range after 01/05/2020.
- [4] A TPO result of less than 33 IU/mL virtually excludes the possibility of active Hashimoto's Disease. Further testing for TSH receptor antibodies is recommended for investigation of Grave's disease.
Results should be interpreted in the context of thyroid functions tests and other clinical findings.
Methodology: Electrochemiluminescence immunoassay

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general
Haematology on whole blood.
Legend: C=Critical, H=High, L=Low, A=Abnormal
For enquiries phone 8222 3000 NATA: 2348

MATHEWS, LISA
9 DE IESO CT, NEWTON. 5074
Phone: 0419857800
Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092
Your Reference: 24848 Lab Reference: 23-108-07719#AUT-YB2
Laboratory: SA Pathology
Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Autoimmunity: Cardiolipin Antibody IgG

Requested: 17/03/2023 Collected: 18/04/2023 Reported: 21/04/2023 10:46

SA Pathology

Accession No : 23-108-07719
Referred By : DR KATHY WALLACE
Report Generated: 21/04/2023 10:46

Clinical Notes

Recurrent miscarriages

Autoimmunity

Collection Date	18-Apr-23			
Collection Time	13:45	Reference	Units	
Beta-2 Glycoprotein 1 IgG Ab	Negative			
Beta-2 Glycoprotein 1 IgG U/mL	1.0	[1] [<=6.9]	U/mL	
Beta-2 Glycoprotein 1 IgG Comment	Comment	[2]		
Cardiolipin IgG Ab	Negative			
Cardiolipin IgG GPL units	1	[<=8]	GPL unit/mL	
Cardiolipin IgG Ab Comment	Comment	[3]		
Thyroid Peroxidase Ab	<9	[4] [<=33]	IU/mL	
Thyroid Peroxidase Ab Comment	Comment	[5]		

- [1] Beta-2 Glycoprotein 1 IgG Ab (B2G) testing performed on Phadia 250 EliA platform as of 03/05/2022.
Please note change in reference range after 03/05/2022.
- [2] For the diagnosis of anti-phospholipid syndrome (APLS), please interpret beta-2 glycoprotein 1 (B2GP1) results in conjunction with clinical history, lupus anti-coagulant and cardiolipin antibody tests. One or more tests should be consistently positive over at least three months.
Methodology: Fluoroenzymeimmunoassay (FEIA)
- [3] A negative result makes anti-phospholipid syndrome unlikely, however a small proportion of patients with anti-phospholipid syndrome have undetectable IgG anti-cardiolipin antibodies. Further testing including lupus anticoagulant and anti-beta 2-glycoprotein antibody may be indicated. Results should be interpreted in light of clinical history and examination.
Methodology: Enzyme Immunoassay
- [4] Thyroid Antibody (TPO) testing performed on Roche platform as of 01/05/2020. Please note change in reference range after 01/05/2020.
- [5] A TPO result of less than 33 IU/mL virtually excludes the possibility of active Hashimoto's Disease. Further testing for TSH receptor antibodies is recommended for investigation of Grave's disease.
Results should be interpreted in the context of thyroid functions tests and other clinical findings.
Methodology: Electrochemiluminescence immunoassay

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CRT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 23-108-07719 Lab Reference: 23-79008407-MFR-0

Laboratory: AUSTRALIAN CLINICAL LABS

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Copy to:

RESULT ENQUIRIES IMVS

Name of Test: MTHFR-MTHFOLATE REDUCTASE

Requested: 18/04/2023 Collected: 18/04/2023 Reported: 26/04/2023 08:10

CLINICAL NOTES: /

MOLECULAR BIOLOGY

SPECIMEN: BLOOD

Methylenetetrahydrofolate (MTHFR)**MTHFR Gene Mutation (C677T) :** Mutation not found**MTHFR Gene Mutation (A1298C):** Mutation not found**Comment:** The patient is negative for both the MTHFR C677T and A1298C mutations.**Method:** Polymerase Chain Reaction (PCR) followed by single base extension with mass spectrometry (mass array) analysis.

Clinical notes: Methylenetetrahydrofolate reductase (MTHFR) is a regulatory enzyme in folate-dependent homocysteine remethylation. A common polymorphism in the MTHFR gene at position 677 is associated with a thermolabile enzyme with decreased activity. The prevalence of the homozygous mutation ranges from 8-18% in various populations. Clinically, homozygotes for the mutation have an increased risk of thromboembolism, as well as premature vascular disease. A second mutation (A1298C) has been described. This mutation is associated with an increased risk of thromboembolism, only when found together with the C677T mutation.

Reference: Frosst P et al Nature Genetics 1995;10:111-13.

Weisberg IS et al Atherosclerosis 2001;2:409-15.

MFR-C

All tests on this request have now been completed

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800**Birthdate:** 25/03/1978 **Sex:** F **Medicare Number:** 51033936092**Your Reference:** 24848 **Lab Reference:** 23-108-07719#CHE-YQ9**Laboratory:** SA Pathology**Addressee:** DR KATHY WALLACE **Referred by:** DR KATHY WALLACE**Name of Test:** Chemistry: Specialised test not available at SAP**Requested:** 17/03/2023 **Collected:** 18/04/2023 **Reported:** 28/04/2023 11:22**SA Pathology**

Accession No : 23-108-07719

Referred By : DR KATHY WALLACE

Report Generated: 28/04/2023 11:22

Clinical Notes

Recurrent miscarriages

General Chemistry

Collection Date

18-Apr-23

Collection Time

13:45

Reference

Units

Generic Sendaway Orderable See Note [1]

Generic Sendaway Address See Note [2]

Generic Sendaway Send Status Sent [3]

Generic Sendaway Result Result Received [4]

- [1] MTHFR gene mutation
- [2] ACL, 1 Butler Blvd, Adelaide Airport, SA 5950
- [3] Test was sent to the referred laboratory.
- [4] Test was performed at the referred laboratory.

All tests on this request have been completed

Unless specified, testing has been performed on serum/plasma, general
Haematology on whole blood.
Legend: C=Critical, H=High, L=Low, A=Abnormal
For enquiries phone 8222 3000 NATA: 2348

MATHEWS, LISA
9 DE IESO CT, NEWTON. 5074
Phone: 0419857800
Birthdate: 25/03/1978 **Sex:** F **Medicare Number:** 51033936092
Your Reference: 00024848 **Lab Reference:** GM-23-0015321#GEN-TB1
Laboratory: SA Pathology
Addressee: DR KATHY WALLACE **Referred by:** DR KATHY WALLACE

Name of Test: Genetics: F5 Common Variant Screen Report
Requested: 17/03/2023 **Collected:** 18/04/2023 **Reported:** 02/05/2023 14:01

SA Pathology Referred By: DR KATHY WALLACE
Accession: GM-23-0015321

Clinical Notes

Genetics

F5 Common Variant Screen

Test Requested: F5 Common Variant Screen
Specimen Type: Blood, rec'd: 19/04/2023 11:34 AM , coll: 18/04/2023 2:54 PM
Accession Number: GM-23-0015321

Summary:
The common variant in the F5 (Factor V) gene was not detected in this patient.

Results:
F5:c.1601G>A Not Detected

Interpretation:
The common variant in the F5 (Factor V) gene was not detected in this patient.

Background:
Patients with genetic thrombophilia exhibit an increased predisposition to VTE. A common variant, the Factor V Leiden variant (F5: c.1601G>A) is classed as a putative risk factor for VTE. References: Kujovich, 2011: NCBI Gene reviews. DNA sequence variations are classified according to HGVS nomenclature.

Method:
RhAmpSeq targeted amplicon library generation with detection by next generation sequencing .
Genbank accession no: NM_000130.4, NP_000121.2 (F5:c.1601G>A, p.Arg534Gln).

Verified Date:02-MAY-2023

Genetic Pathologist: Dr Abhi Kulkarni Ph: (08) 8222 3446
Clinical Scientist: Dr Lesley Rawlings Ph: (08) 8222 3667

All tests on this request have been completed

Unless specified, testing has been performed on serum/plasma, general
Haematology on whole blood.
Legend: C=Critical, H=High, L=Low, A=Abnormal
For enquiries phone 8222 3000 NATA: 2348
MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074
Phone: 0419857800
Birthdate: 25/03/1978 **Sex:** F **Medicare Number:** 51033936092
Your Reference: 24848 **Lab Reference:** 23-108-07719#END-YU3
Laboratory: SA Pathology
Addressee: DR KATHY WALLACE **Referred by:** DR KATHY WALLACE

Name of Test: Endocrinology: Thyroid Stimulating Hormone, Thyroxine Free, Free Triiodothyronin...
Requested: 17/03/2023 **Collected:** 18/04/2023 **Reported:** 20/05/2023 10:24

SA Pathology Accession No : 23-108-07719
Referred By : DR KATHY WALLACE
Report Generated: 20/05/2023 10:24

Clinical Notes
Recurrent miscarriages

Endocrinology

Collection Date	18-Apr-23	Reference	Units
Collection Time	13:45		
TSH	1.18	[0.50-4.50]	mIU/L
Free T4	14	[10-20]	pmol/L
Free T3	4.2	[3.1-5.4]	pmol/L

All tests on this request have been completed

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.
Legend: C=Critical, H=High, L=Low, A=Abnormal
For enquiries phone 8222 3000 NATA: 2348
MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074
Phone: 0419857800
Birthdate: 25/03/1978 **Sex:** F **Medicare Number:** 51033936092
Your Reference: 24848 **Lab Reference:** 23-108-07719#HAT-SQ6
Laboratory: SA Pathology
Addressee: DR KATHY WALLACE **Referred by:** DR KATHY WALLACE

Name of Test: Haemostasis and Thrombosis: Thrombosis Evaluation(PC,PS,AT), Lupus Anticoagulant...
Requested: 17/03/2023 **Collected:** 18/04/2023 **Reported:** 20/05/2023 10:24

SA Pathology Accession No : 23-108-07719
Referred By : DR KATHY WALLACE
DR KATHY WALLACE
Report Generated: 20/05/2023 10:24

Clinical Notes
Recurrent miscarriages

Haemostasis and Thrombosis

Collection Date	18-Apr-23	Reference	Units
Collection Time	13:45		
Prothrombin Time	13.9 [1]		s
	12.8 [1]		
INR	1.1	[0.9-1.2]	ratio

APTT	1.0			
DOAC Drug	28	[2]	[24-38]	s
DOAC-Stop	None			
dRVVT Screen	No			
Lupus Anticoagulant	32	[3]	[31-51]	s
Antithrombin	Negative			
Protein C	86		[80-125]	%
Protein S	92		[65-130]	%
	83		[55-130]	%

- [1] The normal PT range is 12 - 16 sec.
This does not apply to patients on warfarin therapy.
- [2] Target APTT ranges for i.v. Unfractionated Heparin:
for treatment of VTE is 65 - 110 seconds;
for ACS 65 - 90 seconds.
Please note: local protocols for therapeutic ranges may differ from laboratory recommendations.
- [3] DOACs can interfere with Lupus Anticoagulant testing, with Rivaroxaban and Dabigatran causing a false positive result and Apixaban causing a false negative. Please interpret LA results in conjunction with medication history.

All tests on this request have been completed

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 24848 Lab Reference: 23-108-07719#AUT-YB2

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Autoimmunity: Cardiolipin Antibody IgG, Beta-2 Glycoprotein 1 IgG Antibody, Thyr...

Requested: 17/03/2023 Collected: 18/04/2023 Reported: 20/05/2023 10:24

SA Pathology

Accession No	:	23-108-07719
Referred By	:	DR KATHY WALLACE
Report Generated:		20/05/2023 10:24

Clinical Notes

Recurrent miscarriages

Autoimmunity

Collection Date	18-Apr-23			
Collection Time	13:45	Reference		Units
Beta-2 Glycoprotein 1 IgG Ab	Negative			
Beta-2 Glycoprotein 1 IgG U/mL	1.0	[1]	[<=6.9]	U/mL
Beta-2 Glycoprotein 1 IgG Comment	Comment	[2]		
Cardiolipin IgG Ab	Negative			
Cardiolipin IgG GPL units	1		[<=8]	GPL unit/mL
Cardiolipin IgG Ab Comment	Comment	[3]		
Thyroid Peroxidase Ab	<9	[4]	[<=33]	IU/mL
Thyroid Peroxidase Ab Comment	Comment	[5]		

- [1] Beta-2 Glycoprotein 1 IgG Ab (B2G) testing performed on Phadia 250 EliA platform as of 03/05/2022.
Please note change in reference range after 03/05/2022.
- [2] For the diagnosis of anti-phospholipid syndrome (APLS), please interpret beta-2 glycoprotein 1 (B2GP1) results in conjunction with clinical

history, lupus anti-coagulant and cardiolipin antibody tests. One or more tests should be consistently positive over at least three months.

Methodology: Fluoroenzymeimmunoassay (FEIA)

- [3] A negative result makes anti-phospholipid syndrome unlikely, however a small proportion of patients with anti-phospholipid syndrome have undetectable IgG anti-cardiolipin antibodies. Further testing including lupus anticoagulant and anti-beta 2-glycoprotein antibody may be indicated. Results should be interpreted in light of clinical history and examination.
Methodology: Enzyme Immunoassay
- [4] Thyroid Antibody (TPO) testing performed on Roche platform as of 01/05/2020. Please note change in reference range after 01/05/2020.
- [5] A TPO result of less than 33 IU/mL virtually excludes the possibility of active Hashimoto's Disease. Further testing for TSH receptor antibodies is recommended for investigation of Grave's disease.
Results should be interpreted in the context of thyroid functions tests and other clinical findings.
Methodology: Electrochemiluminescence immunoassay

All tests on this request have been completed

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 24848 Lab Reference: 23-108-07719#CHE-YQ9

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Chemistry: Specialised test not available at SAP

Requested: 17/03/2023 Collected: 18/04/2023 Reported: 20/05/2023 10:24

SA Pathology

Accession No : 23-108-07719

Referred By : DR KATHY WALLACE

Report Generated: 20/05/2023 10:24

Clinical Notes

Recurrent miscarriages

General Chemistry

Collection Date	18-Apr-23		
Collection Time	13:45	Reference	Units
Generic Sendaway Orderable	See Note	[1]	
Generic Sendaway Address	See Note	[2]	
Generic Sendaway Send Status	Sent	[3]	
Generic Sendaway Result	Result Received	[4]	

- [1] MTHFR gene mutation
[2] ACL, 1 Butler Blvd, Adelaide Airport, SA 5950
[3] Test was sent to the referred laboratory.
[4] Test was performed at the referred laboratory.

All tests on this request have been completed

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 00024848 Lab Reference: GM-23-0015321#GEN-TB1

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Genetics: F5 Common Variant Screen Report

Requested: 17/03/2023 Collected: 18/04/2023 Reported: 20/05/2023 10:24

SA Pathology Referred By: DR KATHY WALLACE

Accession: GM-23-0015321

Clinical Notes

Genetics

F5 Common Variant Screen

Test Requested: F5 Common Variant Screen

Specimen Type: Blood, rec'd: 19/04/2023 11:34 AM , coll: 18/04/2023 2:54 PM

Accession Number: GM-23-0015321

Summary:

The common variant in the F5 (Factor V) gene was not detected in this patient.

Results:

F5:c.1601G>A Not Detected

Interpretation:

The common variant in the F5 (Factor V) gene was not detected in this patient.

Background:

Patients with genetic thrombophilia exhibit an increased predisposition to VTE. A common variant, the Factor V Leiden variant (F5: c.1601G>A) is classed as a putative risk factor for VTE. References: Kujovich, 2011: NCBI Gene reviews. DNA sequence variations are classified according to HGVS nomenclature.

Method:

RhAmpSeq targeted amplicon library generation with detection by next generation sequencing .

Genbank accession no: NM_000130.4, NP_000121.2 (F5:c.1601G>A, p.Arg534Gln).

Verified Date:02-MAY-2023

Genetic Pathologist: Dr Abhi Kulkarni Ph: (08) 8222 3446

Clinical Scientist: Dr Lesley Rawlings Ph: (08) 8222 3667

All tests on this request have been completed

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06656#BAF-EV4

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: B12 and Folate: Folate, Vitamin B12
Requested: 08/05/2023 **Collected:** 09/05/2023 **Reported:** 09/05/2023 14:11

SA Pathology Accession No : 23-129-06656
Referred By : DR KATHY WALLACE
Report Generated: 09/05/2023 14:11

Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

B12 and Folate

Collection Date	09-May-23			
Collection Time	09:37		Reference	Units
Fasting	NS			
Serum Folate	32.5	[1]	[6.0-45.0]	nmol/L
Vitamin B12	414		[>=260]	pmol/L

[1] Please note that the serum folate reference interval is only valid for overnight fasting specimens.

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.
Legend: C=Critical, H=High, L=Low, A=Abnormal
For enquiries phone 8222 3000 NATA: 2348
MATHEWS, LISA
9 DE IESO CT, NEWTON. 5074
Phone: 0419857800
Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092
Your Reference: 000025076 Lab Reference: 23-129-06656#END-YU3
Laboratory: SA Pathology
Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Endocrinology: Thyroid Stimulating Hormone Preg, Human Chorionic Gonadotropin Qu...
Requested: 08/05/2023 **Collected:** 09/05/2023 **Reported:** 09/05/2023 14:51

SA Pathology Accession No : 23-129-06656
Referred By : DR KATHY WALLACE
Report Generated: 09/05/2023 14:51

Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

Endocrinology

Collection Date	09-May-23			
Collection Time	09:37		Reference	Units
HCG Quantitative	9477.0	[1]		IU/L
TSH	1.84			mIU/L
TFT Comment	Comment	[2]		

[1] Gestational Age (Weeks post LMP)
2 - 3 0 - 70 (IU/L)
3 - 4 10 - 750 (IU/L)

4 - 5 200 - 7000 (IU/L)
 5 - 6 200 - 32000 (IU/L)
 6 - 8 4000 - 150000 (IU/L)
 8 - 12 64000 - 210000 (IU/L)
 14 14000 - 62000 (IU/L)
 15 12000 - 70000 (IU/L)
 16 9000 - 56000 (IU/L)
 17 8000 - 56000 (IU/L)
 18 8000 - 58000 (IU/L)

Levels of:

<5 IU/L are considered negative for pregnancy

5-25 IU/L are considered equivocal

>25 IU/L are considered positive for pregnancy

As of 13 April 2022 a new quantitative HCG reagent for confirmation/monitoring of pregnancy has commenced. This assay is not suitable for use as a tumour marker.

[2] Target TSH in pregnancy:

First trimester 0.1 - 2.5 mIU/L

Second trimester 0.2 - 3.0 mIU/L

Third trimester 0.3 - 3.0 mIU/L

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06656#HAE-YC1

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Haematology: Complete Blood Examination

Requested: 08/05/2023 Collected: 09/05/2023 Reported: 09/05/2023 13:54

SA Pathology

Accession No : 23-129-06656

Referred By : DR KATHY WALLACE

Report Generated: 09/05/2023 13:54

Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

General Haematology

Collection Date	09-May-23	Reference	Units
Collection Time	09:37		
CBE Comment	Comment [1]		
Film Review	Interim results		
* Haemoglobin	105 L	[115-155]	g/L
White Cell Count	7.34	[4.00-11.00]	x10 ⁹ /L
Platelet Count	306	[150-450]	x10 ⁹ /L
* Red Cell Count	3.50 L	[3.80-5.20]	x10 ¹² /L
* Haematocrit	0.32 L	[0.35-0.45]	L/L
MCV	90.3	[80.0-98.0]	fL
MCH	30	[27-33]	pg
MCHC	332	[310-360]	g/L
* RDW	11.9 L	[12.0-15.0]	%
* Mean Platelet Volume	9.30 L	[9.50-13.00]	fL
Neutrophils	5.36	[1.80-7.50]	x10 ⁹ /L
Neutrophils %	73		%
Lymphocytes	1.56	[1.10-3.50]	x10 ⁹ /L
Lymphocytes %	21		%
Monocytes	0.33	[0.20-0.80]	x10 ⁹ /L

Monocytes %	4		%
Eosinophils	0.06	[0.02-0.50]	x10 ⁹ /L
Eosinophils %	1		%
Basophils	0.03	[<=0.10]	x10 ⁹ /L
Basophils %	0		%

[1] Please note the following pregnancy reference intervals apply:

Hb (1st trimester)	110 - 160 g/L
Hb (2nd and 3rd trimester)	105 - 160 g/L
RCC	3.50 - 5.30 10 ¹² /L
HCT	0.32 - 0.47 L/L
MCV	82 - 101 fl
WCC	4.0 - 15.0 10 ⁹ /L
Neutrophils Abs	2.9 - 12.9 10 ⁹ /L

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06656#CHE-YQ9

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Chemistry: ECU LFT CAL PHO URA GL PREG, Ca Ion Calc preg

Requested: 08/05/2023 Collected: 09/05/2023 Reported: 09/05/2023 14:51

SA Pathology

Accession No : 23-129-06656
Referred By : DR KATHY WALLACE
Report Generated: 09/05/2023 14:51

Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

General Chemistry

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
Fasting	NS		
Sodium	137	[131-142]	mmol/L
Potassium	3.9	[3.3-4.7]	mmol/L
Chloride	102	[95-110]	mmol/L
Bicarbonate	22	[20-28]	mmol/L
Anion Gap	17	[7-17]	mmol/L
Glucose	4.7	[3.2-5.5]	mmol/L
Urea	3.3	[1.2-4.0]	mmol/L
Creatinine	62	[30-70]	umol/L
Urate	0.24	[0.12-0.35]	mmol/L
Calcium	2.27	[2.10-2.60]	mmol/L
Ionised Calcium	1.18	[1.10-1.30]	mmol/L
Calculated			
Phosphate	0.95	[0.75-1.40]	mmol/L
Albumin	37	[30-40]	g/L
Globulin	34	[21-41]	g/L
Total Protein	71	[58-72]	g/L
Total Bilirubin	7	[2-24]	umol/L
Gamma Glutamyl Transferase	29	[5-30]	U/L
Alkaline Phosphatase	57	[30-215]	U/L
Alanine Aminotransferase	20	[0-30]	U/L
Aspartate Aminotransferase	20	[0-40]	U/L

Lactate Dehydrogenase

140

[70-230]

U/L

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06656#HAE-YC1

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Haematology: Complete Blood Examination

Requested: 08/05/2023 Collected: 09/05/2023 Reported: 09/05/2023 15:34

SA Pathology

Accession No : 23-129-06656

Referred By : DR KATHY WALLACE

Report Generated: 09/05/2023 15:34

Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

General Haematology

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
CBE Comment	Comment [1]		
Film Review	Complete		
* Haemoglobin	105 L	[115-155]	g/L
White Cell Count	7.34	[4.00-11.00]	$\times 10^9/L$
Platelet Count	306	[150-450]	$\times 10^9/L$
* Red Cell Count	3.50 L	[3.80-5.20]	$\times 10^{12}/L$
* Haematocrit	0.32 L	[0.35-0.45]	L/L
MCV	90.3	[80.0-98.0]	fL
MCH	30	[27-33]	pg
MCHC	332	[310-360]	g/L
* RDW	11.9 L	[12.0-15.0]	%
* Mean Platelet Volume	9.30 L	[9.50-13.00]	fL
Neutrophils	5.36	[1.80-7.50]	$\times 10^9/L$
Neutrophils %	73		%
Lymphocytes	1.56	[1.10-3.50]	$\times 10^9/L$
Lymphocytes %	21		%
Monocytes	0.33	[0.20-0.80]	$\times 10^9/L$
Monocytes %	4		%
Eosinophils	0.06	[0.02-0.50]	$\times 10^9/L$
Eosinophils %	1		%
Basophils	0.03	[<=0.10]	$\times 10^9/L$
Basophils %	0		%
Rouleaux RBC	1+		

[1] Please note the following pregnancy reference intervals apply:

Hb (1st trimester)	110 - 160 g/L
Hb (2nd and 3rd trimester)	105 - 160 g/L
RCC	3.50 - 5.30 $\times 10^{12}/L$
HCT	0.32 - 0.47 L/L
MCV	82 - 101 fL
WCC	4.0 - 15.0 $\times 10^9/L$
Neutrophils Abs	2.9 - 12.9 $\times 10^9/L$
Mild normocytic, normochromic anaemia.	

Please note the following pregnancy reference intervals apply:

Hb (1st trimester)	110 - 160 g/L
Hb (2nd and 3rd trimester)	105 - 160 g/L
RCC	3.50 - 5.30 $10^{12}/L$
HCT	0.32 - 0.47 L/L
MCV	82 - 101 fl
WCC	4.0 - 15.0 $10^9/L$
Neutrophils Abs	2.9 - 12.9 $10^9/L$

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06656#BLB-KY0

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Blood Bank: Antenatal Blood Group Antibody Screen

Requested: 08/05/2023 Collected: 09/05/2023 Reported: 09/05/2023 16:51

SA Pathology

Accession No : 23-129-06656

Referred By : DR KATHY WALLACE

Report Generated: 09/05/2023 16:51

Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

Blood Bank

Collection Date

09-May-23

Collection Time

09:37

Reference

Units

Blood Group

AB POS

Antibody Screen

Negative [1]

[1] 09/05/2023 16:31 ACST

The patient's specimen will be held 7 days from the time of collection. If the patient has been transfused or pregnant within the last 3 months the specimen will be held for 72 hours from the time of collection.

All tests on this request have been completed

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06657#URM-YQ8

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Urine Microbiology: Culture Urine

Requested: 08/05/2023 Collected: 09/05/2023 Reported: 09/05/2023 17:28

SA Pathology

Accession No : 23-129-06657
Referred By : DR KATHY WALLACE
Report Generated: 09/05/2023 17:28

Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

Urine Microbiology

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
Urine Source	Urine		
Urine WBC	2	[0-10]	x10 ⁶ /L
Urine RBC	1	[0-10]	x10 ⁶ /L
* Urine Epithelial Cells	>10 H	[0-10]	x10 ⁶ /L
Urine Microscopy Comment	Comment [1]		

[1] Greater than 10 epithelial cells may indicate unsatisfactory collection

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06656#SRV-SL4

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Serology - Rubella virus

Requested: 08/05/2023 Collected: 09/05/2023 Reported: 09/05/2023 19:14

SA Pathology

Accession No : 23-129-06656
Referred By : DR KATHY WALLACE
Report Generated: 09/05/2023 19:14

Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

Serology - Rubella virus (RubV)

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
Rubella virus IgG	Detected		
Rubella virus IgG IU/mL	186.00	[1]	IU/mL
Rubella virus IgG Comment	Comment [2]		

[1] Not Detected <10 IU/mL, Detected ≥10 IU/mL

[2] The patient is immune. A rubella antibody level of 10 IU/mL or greater is considered necessary to ensure adequate immunity to rubella. The results were obtained with the Elecsys Rubella IgG assay. Results from assays of other manufacturers cannot be used interchangeably. From 22/3/2021 Rubella antibody testing is performed on the Roche e801 analyser.

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general
Haematology on whole blood.
Legend: C=Critical, H=High, L=Low, A=Abnormal
For enquiries phone 8222 3000 NATA: 2348

MATHEWS, LISA
9 DE IESO CT, NEWTON. 5074
Phone: 0419857800
Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092
Your Reference: 000025076 Lab Reference: 23-129-06656#SHC-SA8
Laboratory: SA Pathology
Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Serology - Hepatitis C virus
Requested: 08/05/2023 Collected: 09/05/2023 Reported: 10/05/2023 11:53

SA Pathology Accession No : 23-129-06656
Referred By : DR KATHY WALLACE
Report Generated: 10/05/2023 11:53

Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

Serology - Hepatitis C virus

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
Hepatitis C virus Ab	Not Detected		
Hepatitis C virus Ab Comment	Comment	[1]	

[1] No evidence of past or current infection with hepatitis C virus (HCV). HCV antibodies may not appear until 8 to 9 weeks after exposure.
From the 22/03/2021 Hepatitis C virus antibody testing is performed on the Roche e801 analyser.

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general
Haematology on whole blood.
Legend: C=Critical, H=High, L=Low, A=Abnormal
For enquiries phone 8222 3000 NATA: 2348

MATHEWS, LISA
9 DE IESO CT, NEWTON. 5074
Phone: 0419857800
Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092
Your Reference: 000025076 Lab Reference: 23-129-06656#SEH-VW4
Laboratory: SA Pathology
Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Serology - HIV
Requested: 08/05/2023 Collected: 09/05/2023 Reported: 10/05/2023 11:53

SA Pathology Accession No : 23-129-06656
Referred By : DR KATHY WALLACE
Report Generated: 10/05/2023 11:53

Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

Serology - HIV

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
HIV 1 and 2 Serology Screen	Not Detected		
HIV 1 and 2 Serology Comment	Comment	[1]	

[1] No serological evidence of infection with HIV-1 and HIV-2.
 The following results were obtained with Elecsys HIV Duo assay. This test detects both the p24 core antigen and HIV antibodies. This allows for earlier detection of infection in patients who have been exposed to HIV 1 / 2.
 From 22/3/2021 Human Immunodeficiency virus (HIV) testing is performed on the Roche e801 analyser.

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.
 Legend: C=Critical, H=High, L=Low, A=Abnormal
 For enquiries phone 8222 3000 NATA: 2348

MATHEWS, LISA
 9 DE IESO CT, NEWTON. 5074
Phone: 0419857800
Birthdate: 25/03/1978 **Sex:** F **Medicare Number:** 51033936092
Your Reference: 000025076 **Lab Reference:** 23-129-06656#STP-MG9
Laboratory: SA Pathology
Addressee: DR KATHY WALLACE **Referred by:** DR KATHY WALLACE

Name of Test: Serology - Treponema pallidum
Requested: 08/05/2023 **Collected:** 09/05/2023 **Reported:** 10/05/2023 11:53

SA Pathology Accession No : 23-129-06656
 Referred By : DR KATHY WALLACE
 Report Generated: 10/05/2023 11:53

Clinical Notes
 LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalaasaemia minor trait, pregnant

Serology - Treponema pallidum (Syphilis) (T. pall)

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
Treponema pallidum Screen	Not Detected		
T. pallidum Comment	Comment	[1]	

[1] No serological evidence of syphilis.
 Repeat testing in 10-14 days may be indicated.
 For interpretative assistance phone Adelaide Sexual Health Centre (formerly Clinic 275) Ph (08) 7117 2800 or the On Call Microbiologist.
 From the 22/03/2021 Syphilis antibody testing is performed on the Roche e801 analyser.

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.
 Legend: C=Critical, H=High, L=Low, A=Abnormal
 For enquiries phone 8222 3000 NATA: 2348

MATHEWS, LISA
 9 DE IESO CT, NEWTON. 5074
Phone: 0419857800

Birthdate: 25/03/1978 **Sex:** F **Medicare Number:** 51033936092
Your Reference: 000025076 **Lab Reference:** 23-129-06656#SHB-SZ8
Laboratory: SA Pathology
Addressee: DR KATHY WALLACE **Referred by:** DR KATHY WALLACE

Name of Test: Serology - Hepatitis B virus: Antenatal (HIV, HBV sAg, HCV Ab, Rub G, Syp)
Requested: 08/05/2023 **Collected:** 09/05/2023 **Reported:** 10/05/2023 14:29

SA Pathology Accession No : 23-129-06656
 Referred By : DR KATHY WALLACE
 Report Generated: 10/05/2023 14:29

Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarraige X 6, father has thalaasaemia minor trait, pregnant

Serology - Hepatitis B virus

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
Hepatitis B virus surface Ag	Not Detected		
Hepatitis B virus Comment	Comment	[1]	

[1] No serological evidence of current active infection with hepatitis B virus (HBV). Recent infection can be determined by HBV core IgM antibody testing. Past infection with HBV can be determined by HBV core total antibody testing.
From 22/3/2021 Hepatitis B virus testing is performed on the Roche e801 analyser.

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 **Sex:** F **Medicare Number:** 51033936092

Your Reference: 000025076 **Lab Reference:** 23-129-06657#BAC-YE2

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE **Referred by:** DR KATHY WALLACE

Name of Test: Bacteriology: Culture Urine

Requested: 08/05/2023 **Collected:** 09/05/2023 **Reported:** 10/05/2023 15:00

SA Pathology Accession No : 23-129-06657
 Referred By : DR KATHY WALLACE
 Report Generated: 10/05/2023 15:00

Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarraige X 6, father has thalaasaemia minor trait, pregnant

Urine Microbiology

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
Urine Source	Urine		
Urine WBC	2	[0-10]	x10 ⁶ /L

Urine RBC	1	[0-10]	x10 ⁶ /L
* Urine Epithelial Cells	>10 H	[0-10]	x10 ⁶ /L
Urine Microscopy Comment	Comment	[1]	

[1] Greater than 10 epithelial cells may indicate unsatisfactory collection

Preliminary Report

Preliminary Date/Time - 10-MAY-2023 15:00

10⁴-10⁵ /mL Streptococcus agalactiae (Group B)

Sensitivity results to follow

Group B streptococcus (GBS) is a leading cause of maternal and/or neonatal infection and intra-partum antimicrobial prophylaxis with IV penicillin is indicated. GBS is universally susceptible to penicillin while clindamycin resistance may occur in up to 20% of local isolates. For penicillin-allergic patients without an immediate severe hypersensitivity (anaphylaxis) use cephazolin. For patients with a severe immediate penicillin hypersensitivity (anaphylaxis) use clindamycin (if sensitive) or vancomycin (if clindamycin resistant or the sensitivity is unknown). This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06656#SVZ-SQ3

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Serology - Varicella zoster virus

Requested: 08/05/2023 Collected: 09/05/2023 Reported: 11/05/2023 16:06

SA Pathology

Accession No : 23-129-06656

Referred By : DR KATHY WALLACE

Report Generated: 11/05/2023 16:06

Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalaasaemia minor trait, pregnant

Serology - Varicella zoster virus (VZV)

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
Varicella zoster virus (VZV)	Detected		
IgG			
VZV IgG mIU/mL	1758	[1]	mIU/mL
VZV IgG Comment	See Note	[2]	

[1] Not Detected <135 mIU/mL, Equivocal >=135 - <=165 mIU/mL, Detected >165 mIU/mL

[2] Serological evidence of past or recent infection or vaccination with varicella zoster virus.

If lesions are present varicella zoster virus nucleic acid testing (NAT) is the preferred method of diagnosis.

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general

Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06657#BAC-YE2

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Bacteriology: Culture Urine

Requested: 08/05/2023 Collected: 09/05/2023 Reported: 11/05/2023 18:02

SA Pathology

Accession No : 23-129-06657

Referred By : DR KATHY WALLACE

Report Generated: 11/05/2023 18:02

Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarraige X 6, father has thalaasaemia minor trait, pregnant

Urine Microbiology

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
Urine Source	Urine		
Urine WBC	2	[0-10]	x10 ⁶ /L
Urine RBC	1	[0-10]	x10 ⁶ /L
* Urine Epithelial Cells	>10 H	[0-10]	x10 ⁶ /L
Urine Microscopy Comment	Comment [1]		

[1] Greater than 10 epithelial cells may indicate unsatisfactory collection

Source: Urine

Final Report

Final Date/Time - 11-MAY-2023 18:02

10⁴-10⁵ /mL Streptococcus agalactiae (Group B)

Group B streptococcus (GBS) is a leading cause of maternal and/or neonatal infection and intra-partum antimicrobial prophylaxis with IV penicillin is indicated. GBS is universally susceptible to penicillin while clindamycin resistance may occur in up to 20% of local isolates. For penicillin-allergic patients without an immediate severe hypersensitivity (anaphylaxis) use cephazolin. For patients with a severe immediate penicillin hypersensitivity (anaphylaxis) use clindamycin (if sensitive) or vancomycin (if clindamycin resistant or the sensitivity is unknown).

Susceptibility Results

Streptococcus agalactiae (Group B)

Interp

Ampicillin S

Cephalexin S

Nitrofurantoin S

All tests on this request have been completed

Unless specified, testing has been performed on serum/plasma, general

Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 **Sex:** F **Medicare Number:** 51033936092
Your Reference: 000025076 **Lab Reference:** 23-129-06656#IRS-SH2
Laboratory: SA Pathology
Addressee: DR KATHY WALLACE **Referred by:** DR KATHY WALLACE

Name of Test: Iron Studies: Ferritin
Requested: 08/05/2023 **Collected:** 09/05/2023 **Reported:** 11/05/2023 18:48

SA Pathology Accession No : 23-129-06656
 Referred By : DR KATHY WALLACE
 Report Generated: 11/05/2023 18:48

Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarraige X 6, father has thalaasaemia minor trait, pregnant

Iron Studies

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
Fasting	NS		
Ferritin	80	[30-250]	ug/L

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 **Sex:** F **Medicare Number:** 51033936092

Your Reference: 000025076 **Lab Reference:** 23-129-06656#HAE-YC1

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE **Referred by:** DR KATHY WALLACE

Name of Test: Haematology: Haemoglobin Variants
Requested: 08/05/2023 **Collected:** 09/05/2023 **Reported:** 11/05/2023 20:55

SA Pathology Accession No : 23-129-06656
 Referred By : DR KATHY WALLACE
 Report Generated: 11/05/2023 20:55

Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarraige X 6, father has thalaasaemia minor trait, pregnant

General Haematology

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
CBE Comment	Comment [1]		
Film Review	Complete		
* Haemoglobin	105 L	[115-155]	g/L
White Cell Count	7.34	[4.00-11.00]	x10^9/L
Platelet Count	306	[150-450]	x10^9/L
* Red Cell Count	3.50 L	[3.80-5.20]	x10^12/L
* Haematocrit	0.32 L	[0.35-0.45]	L/L

MCV	90.3	[80.0-98.0]	fL
MCH	30	[27-33]	pg
MCHC	332	[310-360]	g/L
* RDW	11.9 L	[12.0-15.0]	%
* Mean Platelet Volume	9.30 L	[9.50-13.00]	fL
Neutrophils	5.36	[1.80-7.50]	x10 ⁹ /L
Neutrophils %	73		%
Lymphocytes	1.56	[1.10-3.50]	x10 ⁹ /L
Lymphocytes %	21		%
Monocytes	0.33	[0.20-0.80]	x10 ⁹ /L
Monocytes %	4		%
Eosinophils	0.06	[0.02-0.50]	x10 ⁹ /L
Eosinophils %	1		%
Basophils	0.03	[<=0.10]	x10 ⁹ /L
Basophils %	0		%
Rouleaux RBC	1+		
Hb A2	2.6	[2] [1.8-3.2]	%
Hb Variant Comment	See Note	[3]	

[1] Please note the following pregnancy reference intervals apply:

Hb (1st trimester)	110 - 160 g/L
Hb (2nd and 3rd trimester)	105 - 160 g/L
RCC	3.50 - 5.30 10 ¹² /L
HCT	0.32 - 0.47 L/L
MCV	82 - 101 fL
WCC	4.0 - 15.0 10 ⁹ /L
Neutrophils Abs	2.9 - 12.9 10 ⁹ /L

Mild normocytic, normochromic anaemia.

Please note the following pregnancy reference intervals apply:

Hb (1st trimester)	110 - 160 g/L
Hb (2nd and 3rd trimester)	105 - 160 g/L
RCC	3.50 - 5.30 10 ¹² /L
HCT	0.32 - 0.47 L/L
MCV	82 - 101 fL
WCC	4.0 - 15.0 10 ⁹ /L
Neutrophils Abs	2.9 - 12.9 10 ⁹ /L

[2] Note: due to a change in haemoglobin separation methodology, to capillary electrophoresis, there is a corresponding change to the reference interval for HbA2, (previously by HPLC, 1.8 - 3.4%).

[3] No evidence of thalassaemia or haemoglobin variant detected by capillary electrophoresis and CBE analysis.

For patients who are pregnant or planning pregnancy, formal assessment of reproductive risk requires information on both the male and female partner to be considered.

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, Lisa

19 Deieso Court, NEWTON SA. 5074

Birthdate: 25/03/1978 Sex: F Medicare Number: 5103393609

Your Reference: 80.286175 Lab Reference: CAM

Addressee: Dr Kathy Wallace Referred by: Dr Kathy Wallace

Name of Test: OBSTETRIC ULTRASOUND

Requested: 11/05/2023 Collected: 27/05/2023 Reported: 27/05/2023 10:22

Laboratory: RadiologySA

Patient ID: 80.286175

Dr Kathy Wallace

Order: 80.1686181_1

27 May 2023

Dr Kathy Wallace

78 Muller Road

GREENACRES 5086

praxis@promedica.net

Campbelltown - Radiology SA

511 Lower North East Road

CAMPBELLTOWN 5074

0884020212

Inteleviewer Only

Exam Date: 27 May 2023

AK

C Karipidis

Re: Ms Lisa MATHEWS DOB: 25/03/1978
19 Deieso Court NEWTON SA 5074 Folio: 80.286175
 Accession: 80.1686181

EARLY OBSTETRIC ULTRASOUND

Clinical Indication: Obstetric, pregnant.
History: Age 45 years. G 8 P 1

A transabdominal ultrasound has been performed.

Findings: There is a single fetus. Fetal cardiac activity present. FHR: 156bpm.

Uterus: Anteverted.

There is a 7 x 6mm posterior, intramural fibroid seen.

Gestational sac: Fundal (MSD 19mm: 6w 6d)
Placenta: Good decidual reaction
Retroplacental area: Normal

Yolk sac: Present.
Embryo: Present.
CRL: 16mm (8w 0d).

Average ultrasound age is 8 weeks 0 days +/- 5 days. The EDC based on AUA is 06/01/2024.

Cervix: Closed.

Thank you for referring Ms Lisa MATHEWS.

Dr A KOUKOUROU
Electronically signed by Dr Adam Koukourou at 10:23 AM Sat, 27 May 2023

MATHEWS, LISA
9 DE IESO CT, NEWTON. 5074
Phone: 0419857800
Birthdate: 25/03/1978 **Sex:** F **Medicare Number:** 51033936092
Your Reference: **Lab Reference:** 23-149-06029#URM-YQ8
Laboratory: SA Pathology
Addressee: DR KATHY WALLACE **Referred by:** DR KATHY WALLACE

Name of Test: Urine Microbiology: Culture Urine
Requested: 17/05/2023 **Collected:** 29/05/2023 **Reported:** 29/05/2023 16:59

SA Pathology Accession No : 23-149-06029
 Referred By : DR KATHY WALLACE
 Report Generated: 29/05/2023 16:59

Clinical Notes

? Group B Strep on last sample, but it was not a mid stream. Pregnant LMP 24.03.2023 EDC 04.01.2024

Urine Microbiology

Collection Date	29-May-23		
Collection Time	12:15	Reference	Units
Urine Source	Urine		
Urine WBC	5	[0-10]	x10 ⁶ /L
Urine RBC	0	[0-10]	x10 ⁶ /L
* Urine Epithelial Cells	>10 H	[0-10]	x10 ⁶ /L
Urine Microscopy Comment	Comment	[1]	

[1] Greater than 10 epithelial cells may indicate unsatisfactory collection

This request has other tests in progress at the time of reporting.

Copy To: COPY TO MEDICAL RECORDS

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: Lab Reference: 23-149-06029#BAC-YE2

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Bacteriology: Culture Urine

Requested: 17/05/2023 Collected: 29/05/2023 Reported: 31/05/2023 11:57

SA Pathology	Accession No	:	23-149-06029
	Referred By	:	DR KATHY WALLACE
	Report Generated:	:	31/05/2023 11:57

Clinical Notes

? Group B Strep on last sample, but it was not a mid stream. Pregnant LMP 24.03.2023 EDC 04.01.2024

Urine Microbiology

Collection Date	29-May-23		
Collection Time	12:15	Reference	Units
Urine Source	Urine		
Urine WBC	5	[0-10]	x10 ⁶ /L
Urine RBC	0	[0-10]	x10 ⁶ /L
* Urine Epithelial Cells	>10 H	[0-10]	x10 ⁶ /L
Urine Microscopy Comment	Comment	[1]	

[1] Greater than 10 epithelial cells may indicate unsatisfactory collection

Preliminary Report

Preliminary Date/Time - 31-MAY-2023 11:56

10⁴-10⁵ /mL Streptococcus agalactiae (Group B)

Sensitivity results to follow

Group B streptococcus (GBS) is a leading cause of maternal and/or neonatal infection and intra-partum antimicrobial prophylaxis with IV penicillin is indicated. GBS is universally susceptible to penicillin while clindamycin resistance may occur in up to 20% of local isolates. For penicillin-allergic patients without an immediate severe hypersensitivity (anaphylaxis) use cephazolin. For patients with a severe immediate penicillin hypersensitivity (anaphylaxis) use clindamycin (if sensitive) or vancomycin (if clindamycin resistant or the sensitivity is unknown). This request has other tests in progress at the time of reporting.

Copy To: COPY TO MEDICAL RECORDS

Unless specified, testing has been performed on serum/plasma, general
Haematology on whole blood.
Legend: C=Critical, H=High, L=Low, A=Abnormal
For enquiries phone 8222 3000 NATA: 2348

MATHEWS, LISA
9 DE IESO CT, NEWTON. 5074
Phone: 0419857800
Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092
Your Reference: Lab Reference: 23-149-06029#BAC-YE2
Laboratory: SA Pathology
Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Bacteriology: Culture Urine
Requested: 17/05/2023 Collected: 29/05/2023 Reported: 02/06/2023 12:56

SA Pathology Accession No : 23-149-06029
Referred By : DR KATHY WALLACE
Report Generated: 02/06/2023 12:56

Clinical Notes

? Group B Strep on last sample, but it was not a mid stream. Pregnant LMP 24.03.2023 EDC 04.01.2024

Urine Microbiology

Collection Date	29-May-23		
Collection Time	12:15	Reference	Units
Urine Source	Urine		
Urine WBC	5	[0-10]	x10 ⁶ /L
Urine RBC	0	[0-10]	x10 ⁶ /L
* Urine Epithelial Cells	>10 H	[0-10]	x10 ⁶ /L
Urine Microscopy Comment	Comment [1]		

[1] Greater than 10 epithelial cells may indicate unsatisfactory collection

Source: Urine

Final Report

Final Date/Time - 02-JUN-2023 12:56
10⁴-10⁵ /mL Streptococcus agalactiae (Group B)
Organism reported is predominant in a mixed growth
Group B streptococcus (GBS) is a leading cause of maternal and/or neonatal infection and intra-partum antimicrobial prophylaxis with IV penicillin is indicated. GBS is universally susceptible to penicillin while clindamycin resistance may occur in up to 20% of local isolates. For penicillin-allergic patients without an immediate severe hypersensitivity (anaphylaxis) use cephazolin. For patients with a severe immediate penicillin hypersensitivity (anaphylaxis) use clindamycin (if sensitive) or vancomycin (if clindamycin resistant or the sensitivity is unknown).

Susceptibility Results

Streptococcus agalactiae (Group B)
Interp
Ampicillin S
Cephalexin S

All tests on this request have been completed

Copy To: COPY TO MEDICAL RECORDS

Unless specified, testing has been performed on serum/plasma, general
Haematology on whole blood.
Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 00025249 Lab Reference: 23-164-11203#URM-YQ8

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Urine Microbiology: Culture Urine

Requested: 31/05/2023 Collected: 13/06/2023 Reported: 13/06/2023 20:15

SA Pathology

Accession No : 23-164-11203

Referred By : DR KATHY WALLACE

Report Generated: 13/06/2023 20:15

Clinical Notes

epithelial cells contamination pregnant lmp24/3/23 edc 4/1/24

Urine Microbiology

Collection Date	13-Jun-23		
Collection Time	12:30	Reference	Units
Urine Source	Urine		
Urine WBC	2	[0-10]	x10 ⁶ /L
Urine RBC	0	[0-10]	x10 ⁶ /L
Urine Epithelial Cells	2	[0-10]	x10 ⁶ /L

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general

Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348