

## Investigations:

LYNCH, PRUDENCE PRU  
63 NANDEWAR ST, NARRABRI. 2390  
**Birthdate:** 05/03/1989 **Sex:** F **Medicare Number:** 4320840076  
**Your Reference:** 00014352 **Lab Reference:** 24-25952187-FMP-0  
**Laboratory:** Laverty Pathology  
**Addressee:** DR NAVIN ERATHNAGE **Referred by:** DR NAVIN ERATHNAGE

**Name of Test:** FAECAL MULTIPLEX PCR (FMP-0)  
**Requested:** 14/02/2024 **Collected:** 15/02/2024 **Reported:** 16/02/2024 16:09

**Clinical notes:** Diarrhoea for 3 weeks.

Clinical Notes : Diarrhoea for 3 weeks.

### FAECAL MULTIPLEX PCR

Parasites	
Entamoeba histolytica DNA	Not Detected
Giardia species DNA	Not Detected
Dientamoeba species DNA	<b>DETECTED *</b>
Cryptosporidium species DNA	Not Detected
Blastocystis species DNA	<b>DETECTED *</b>

Bacteria	
Yersinia enterocolitica DNA	Not Detected
Campylobacter species DNA	Not Detected
Shigella / Enteroinvasive E. Coli	Not Detected
Salmonella species DNA	Not Detected
Aeromonas species DNA	Not Detected

Dientamoeba fragilis: Pathogenicity has not been established.  
Antimicrobial treatment often does not clear the organism but may disrupt gut flora. If symptomatic, other causes should be excluded before considering treatment (for example with metronidazole). Asymptomatic screening is not recommended.

Blastocystis hominis : Pathogenicity has not been established.  
Antimicrobial treatment often does not clear the organism but may disrupt gut flora. If symptomatic, other causes should be excluded before considering treatment (for example with metronidazole). Asymptomatic screening is not recommended.

Requested Tests : FMP, FMC\*

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**Birthdate:** 05/03/1989 **Sex:** F **Medicare Number:** 4320840076  
**Your Reference:** 00014352 **Lab Reference:** 24-25952187-FMC-0  
**Laboratory:** Laverty Pathology  
**Addressee:** DR NAVIN ERATHNAGE **Referred by:** DR NAVIN ERATHNAGE

**Name of Test:** FAECES MICROBIOLOGY (FMC-0)  
**Requested:** 14/02/2024 **Collected:** 15/02/2024 **Reported:** 17/02/2024 11:01

**Clinical notes:** Diarrhoea for 3 weeks.

Clinical Notes : Diarrhoea for 3 weeks.

### FAECES EXAMINATION

Specimen	1
Appearance	Unformed

MICROSCOPY  
Concentrate Microscopy      Blastocystis hominis

CULTURE      Salmonella, Shigella and Campylobacter NOT isolated.

Blastocystis hominis : Pathogenicity has not been established.  
Antimicrobial treatment often does not clear the organism but may disrupt  
gut flora. If symptomatic, other causes should be excluded before  
considering treatment (for example with metronidazole). Asymptomatic  
screening is not recommended.

Requested Tests : FMP, FMC

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**Birthdate:** 05/03/1989    **Sex:** F    **Medicare Number:** 4320840076  
**Your Reference:** 00014399    **Lab Reference:** 24-25952234-LIP-0  
**Laboratory:** Lavery Pathology  
**Addressee:** DR NAVIN ERATHNAGE    **Referred by:** DR NAVIN ERATHNAGE

**Name of Test:** LIPID STUDIES (LIP-0)  
**Requested:** 20/02/2024    **Collected:** 22/02/2024    **Reported:** 22/02/2024    21:24

**Clinical notes:** Check up.

Clinical Notes : Check up.

LIPID STUDIES

Specimen Type: Serum

Reference intervals are included for reference only, and interpretation /  
treatment goals should be guided by patient-specific cardiovascular risk  
assessment (see Australian Cardiovascular Risk Charts. Alternatively, the  
web-site [www.cvdcheck.org.au](http://www.cvdcheck.org.au) can be accessed in order to complete a  
risk assessment for individual patients.)

Haemolysis                      Nil  
Icterus                            Nil  
Lipaemia                         Nil

Fasting status                      Fasting  
Total Cholesterol                      4.5    mmol/L                      (3.6-5.2)  
Triglycerides                         0.6    mmol/L                      (0.5-1.7)

NVDPA TARGET LIPID RANGES (MMOL/L) FOR PATIENTS AT HIGH / MODERATE RISK  
OF CARDIOVASCULAR DISEASE:

TOTAL CHOLESTEROL	<4.0
TRIGS (FASTING)	<2.0
HDL-C	>= 1.0
LDL-C	<2.0
NON HDL-C	<2.5

Requested Tests : VBF\*, TFT, GLU, ESR\*, CRP, MBA\*, LIP, FE, FBE\*

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**Birthdate:** 05/03/1989    **Sex:** F    **Medicare Number:** 4320840076  
**Your Reference:** 00014399    **Lab Reference:** 24-25952234-CRP-0  
**Laboratory:** Lavery Pathology

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Requested Tests : VBF\*, TFT, GLU, ESR\*, CRP, MBA\*, LIP, FE, FBE\*

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**Birthdate:** 05/03/1989 **Sex:** F **Medicare Number:** 4320840076  
**Your Reference:** 00014399 **Lab Reference:** 24-25952234-GLU-0  
**Laboratory:** Lavery Pathology  
**Addressee:** DR NAVIN ERATHNAGE **Referred by:** DR NAVIN ERATHNAGE

**Name of Test:** GLUCOSE (GLU-0)  
**Requested:** 20/02/2024 **Collected:** 22/02/2024 **Reported:** 22/02/2024 21:24

**Clinical notes:** Check up.

Clinical Notes : Check up.

SERUM/PLASMA GLUCOSE

Fasting status Fasting  
Serum 5.0 mmol/L (3.4-5.4)

Normal glucose concentration.

Requested Tests : VBF\*, TFT, GLU, ESR\*, CRP, MBA\*, LIP, FE, FBE\*

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**Your Reference:** 00014399 **Lab Reference:** 24-25952234-FBE-0  
**Laboratory:** Lavery Pathology  
**Addressee:** DR NAVIN ERATHNAGE **Referred by:** DR NAVIN ERATHNAGE

**Name of Test:** HAEMATOLOGY (FBE-0)  
**Requested:** 20/02/2024 **Collected:** 22/02/2024 **Reported:** 22/02/2024 21:26

**Clinical notes:** Check up.

Clinical Notes : Check up.

HAEMATOLOGY

Date Collected 22 Feb 24  
Time Collected 09:23  
Specimen Type: EDTA

Hb	139 g/L	(115-165)	WBC	7.5 x10 <sup>9</sup> /L	(4.0-11.0)
RCC	4.4 x10 <sup>12</sup> /L	(3.9-5.8)	Neut	4.3 x10 <sup>9</sup> /L	(2.0-7.5)
Hct	0.40	(0.34-0.47)	Lymp	2.3 x10 <sup>9</sup> /L	(1.0-4.0)
MCV	92 fL	(79-99)	Mono	0.5 x10 <sup>9</sup> /L	(0.2-1.0)
MCH	32 pg	(27-34)	Eos	0.2 x10 <sup>9</sup> /L	(< 0.7)
MCHC	346 g/L	(320-360)	Baso	0.1 x10 <sup>9</sup> /L	(< 0.2)
RDW	11.9 %	(10.0-17.0)			
Plat	317 x10 <sup>9</sup> /L	(150-400)			

HAEMATOLOGY: FBC parameters are within reference range.

Requested Tests : VBF\*, TFT, GLU, ESR\*, CRP, MBA\*, LIP, FE, FBE

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**Birthdate:** 05/03/1989 **Sex:** F **Medicare Number:** 4320840076  
**Your Reference:** 00014399 **Lab Reference:** 24-25952234-MBA-0  
**Laboratory:** Lavery Pathology  
**Addressee:** DR NAVIN ERATHNAGE **Referred by:** DR NAVIN ERATHNAGE

**Name of Test:** SERUM CHEMISTRY (MBA-0)  
**Requested:** 20/02/2024 **Collected:** 22/02/2024 **Reported:** 22/02/2024 21:28

**Clinical notes:** Check up.

Clinical Notes : Check up.

SERUM CHEMISTRY

Specimen Type: Serum

Haemolysis	Nil		
Icterus	Nil		
Lipaemia	Nil		
Sodium	141	mmol/L	(135-145)
Potassium	4.2	mmol/L	(3.6-5.4)
Chloride	102	mmol/L	(95-110)
Bicarbonate	25	mmol/L	(22-32)
Anion Gap	18	mmol/L	(10-20)
Urea	4.3	mmol/L	(2.5-8.0)
Creatinine	70	umol/L	(45-90)
eGFR	> 90		mL/min/1.73m <sup>2</sup>
Bilirubin	12	umol/L	(< 15)
AST	45	U/L	(< 30)
ALT	32	U/L	(< 30)
GGT	15	U/L	(< 30)
Alkaline Phosphatase	74	U/L	(20-105)
Protein	74	g/L	(60-82)
Albumin	47	g/L	(38-50)
Globulin	27	g/L	(20-39)

eGFR >=90 mL/min/1.73m<sup>2</sup> usually indicates normal kidney function but does not exclude patients with early kidney damage (those with albuminuria, haematuria or abnormal kidney imaging).

Requested Tests : VBF\*, TFT, GLU, ESR\*, CRP, MBA, LIP, FE, FBE

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**Birthdate:** 05/03/1989 **Sex:** F **Medicare Number:** 4320840076  
**Your Reference:** 00014399 **Lab Reference:** 24-25952234-ESR-0  
**Laboratory:** Lavery Pathology  
**Addressee:** DR NAVIN ERATHNAGE **Referred by:** DR NAVIN ERATHNAGE

**Name of Test:** E.S.R (ESR-0)  
**Requested:** 20/02/2024 **Collected:** 22/02/2024 **Reported:** 22/02/2024 22:33  
**Clinical notes:** Check up.

Clinical Notes : Check up.

HAEMATOLOGY

Request Number 25952234  
Date Collected 22 Feb 24  
Time Collected 09:23  
Specimen Type: EDTA  
ESR (< 30) mm/hr 2

Requested Tests : VBF\*, TFT, GLU, ESR, CRP, MBA, LIP, FE, FBE

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**Birthdate:** 05/03/1989 **Sex:** F **Medicare Number:** 4320840076  
**Your Reference:** 00014399 **Lab Reference:** 24-25952234-VBF-0  
**Laboratory:** Lavery Pathology  
**Addressee:** DR NAVIN ERATHNAGE **Referred by:** DR NAVIN ERATHNAGE

**Name of Test:** B12, FOLATE, R.C.FOLATE (VBF-0)  
**Requested:** 20/02/2024 **Collected:** 22/02/2024 **Reported:** 22/02/2024 22:36  
**Clinical notes:** Check up.

Clinical Notes : Check up.

## VITAMIN B12 AND FOLATE STUDIES

Vitamin B12	330	pmol/L	(156-740)
Active B12	> 146	pmol/L	(> 40)
Serum Folate	40.2	nmol/L	(> 9.0)

### Serum Vitamin B12 Assay:

DEFICIENCY	BORDERLINE	SUFFICIENCY
<150 pmol/L	150 - 300 pmol/L	>300 - 740 pmol/L

For patients with total B12 levels in the low or borderline range, testing for active B12 (holotranscobalamin II) will automatically be performed to resolve B12 status. Active B12 is the biologically active fraction of total serum B12, and a superior indicator of B12 status. Up to 15% of individuals may have a deficiency of the carrier protein haptocorrin, which does not result in clinical B12 deficiency, despite low total B12 levels.

### Serum Active B12 Assay:

This active B12 result indicates that the patient is likely to be vitamin B12 sufficient. Patients with renal impairment may still be B12 depleted despite an active B12 level within this range. For these patients, correlation with total B12, homocysteine and/or methylmalonate is required.

### Folate Interpretation:

	DEFICIENCY	BORDERLINE	SUFFICIENCY
Serum Folate:	<4.5 nmol/L	4.5 - 9.0 nmol/L	>9.0 nmol/L
RBC Folate:	<340 nmol/L	340 - 570 nmol/L	>570 nmol/L

### Serum Folate Assay:

In the absence of recent oral intake, a serum folate >9.0 nmol/L effectively rules out folate deficiency.

Red cell folates (RCF) are no longer processed routinely. If you have requested a RCF, and require a result for appropriate clinical reasons, this will need to be discussed and agreed with a Consultant Haematologist on +61290027085 or Dr. Lucinda Wallman, Consultant Pathologist in Immunology and Medical Director on telephone number +61 290057179

Requested Tests : VBF, TFT, GLU, ESR, CRP, MBA, LIP, FE, FBE