# Patient Health Summary

Name: Ms Louise Monticone

Address: 44 Huxley St
Narrabri 2340
D.O.B.: 22/10/1987
Record No.:
Home Phone:
Work Phone:
Mobile Phone: 0422034482

Tamworth General Practice and Skin Cancer Clinic
516 Peel Street
Tamworth 2340
0267663888

Printed on 2nd May 2024

**Allergies/Adverse reactions:**
Nil known.

**Current Medications:**

| | |
|---|---|
| Folic Acid 0.5mg Tablet | 1 Tablet Daily. |

**Active Past History:**
27/09/2019 BCC

**Inactive Past History:**
Not recorded.

**Immunisations:**
None recorded.

**Investigations:**

MONTICONE, LOUISE LOU
59 GIPPS ST, TAMWORTH. 2340
**Phone:** 0422034482
**Birthdate:** 22/10/1987 **Sex:** F **Medicare Number:** 2646639825
**Your Reference:** 00152018 **Lab Reference:** 24-26982207-PTQ-0
**Laboratory:** Laverty Pathology
**Addressee:** DR PERUKARAGE RANWALA **Referred by:** DR PERUKARAGE RANWALA

**Name of Test:** QUANTITATIVE PREG (PTQ-0)
**Requested:** 01/02/2024 **Collected:** 13/02/2024 **Reported:** 13/02/2024 13:46

**Clinical notes:** Pregnant LMP 28/12/2023 EDC 03/10/2024.

Clinical Notes : Pregnant LMP 28/12/2023 EDC 03/10/2024.

Beta hCG

Specimen Type: Serum

| | | | |
|---|---|---|---|
| Quant Beta HCG (Beckman) | 164000 | IU/L | |

Reference Intervals for Pregnancy

| Weeks after LMP | Range IU/L | Weeks after LMP | Range IU/L |
|---|---|---|---|
| 2 - < 3 | 0-50 | 6 - < 7 | 1,000-50,000 |
| 3 - < 4 | 50-500 | 7 - < 8 | 10,000-100,000 |
| 4 - < 5 | 100-5,000 | 8 - < 10 | 15,000-200,000 |
| 5 - < 6 | 500-10,000 | 10 - < 16 | 10,000-100,000 |

Non-pregnant reference interval < 5 IU/L

Requested Tests : VZ*, VBF*, UMM*, TFT*, SYP*, PTQ, GLU*, RUL*, MBA*, LIP*, HIR*, HEP*, FE*, FBE*, DVI*, CHM*, BGA*, A1C*

MONTICONE, LOUISE LOU
59 GIPPS ST, TAMWORTH. 2340
**Phone:** 0422034482
**Birthdate:** 22/10/1987 **Sex:** F **Medicare Number:** 2646639825
**Your Reference:** 00152018 **Lab Reference:** 24-26982207-FBE-0
**Laboratory:** Laverty Pathology
**Addressee:** DR PERUKARAGE RANWALA **Referred by:** DR PERUKARAGE RANWALA

**Name of Test:** HAEMATOLOGY (FBE-0)
**Requested:** 01/02/2024 **Collected:** 13/02/2024 **Reported:** 13/02/2024 13:57

**Clinical notes:** Pregnant LMP 28/12/2023 EDC 03/10/2024.

Clinical Notes : Pregnant LMP 28/12/2023 EDC 03/10/2024.

HAEMATOLOGY

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Date Collected | 13 Feb 24 | | | | | | |
| Time Collected | 08:02 | | | | | | |
| Specimen Type: EDTA | | | | | | | |
| Hb | 142 | g/L | (105-145) | WBC | 9.1 | x10^9 /L | (4.0-14.5) |
| RCC | 4.5 | x10^12 /L | (3.3-4.9) | Neut | 5.4 | x10^9 /L | (2.0-11.0) |
| Hct | 0.41 | | (0.30-0.42) | Lymp | 3.1 | x10^9 /L | (1.0-4.0) |
| MCV | 91 | fL | (79-99) | Mono | 0.5 | x10^9 /L | (0.2-1.0) |
| MCH | 32 | pg | (27-34) | Eos | 0.0 | x10^9 /L | (< 0.7) |
| MCHC | 346 | g/L | (320-360) | Baso | 0.0 | x10^9 /L | (< 0.2) |
| RDW | 12.3 | % | (10.0-17.0) | | | | |
| Plat | 265 | x10^9 /L | (150-400) | | | | |

HAEMATOLOGY: Haematology results are normal for pregnancy.

Requested Tests : VZ*, VBF*, UMM*, TFT*, SYP*, PTQ, GLU*, RUL*, MBA*, LIP*, HIR*, HEP*, FE*, FBE, DVI*, CHM*, BGA*, A1C*

MONTICONE, LOUISE LOU
59 GIPPS ST, TAMWORTH. 2340
**Phone:** 0422034482
**Birthdate:** 22/10/1987 **Sex:** F **Medicare Number:** 2646639825
**Your Reference:** 00152018 **Lab Reference:** 24-26982207-MBA-0
**Laboratory:** Laverty Pathology
**Addressee:** DR PERUKARAGE RANWALA **Referred by:** DR PERUKARAGE RANWALA

**Name of Test:** SERUM CHEMISTRY (MBA-0)
**Requested:** 01/02/2024 **Collected:** 13/02/2024 **Reported:** 13/02/2024 16:54

**Clinical notes:** Pregnant LMP 28/12/2023 EDC 03/10/2024.

Clinical Notes : Pregnant LMP 28/12/2023 EDC 03/10/2024.

SERUM CHEMISTRY

| | | | |
|---|---|---|---|
| Specimen Type: Serum | | | |
| Haemolysis | Nil | | |
| Icterus | Nil | | |
| Lipaemia | Nil | | |
| Sodium | 136 | mmol/L | (134-142) |
| Potassium | 3.7 | mmol/L | (3.6-5.4) |
| Chloride | 103 | mmol/L | (97-108) |
| Bicarbonate | 21 | mmol/L | (19-29) |
| Anion Gap | 16 | mmol/L | (10-20) |
| Urea | 4.8 | mmol/L | (2.0-5.5) |
| Creatinine | 60 | umol/L | (40-75) |
| Urate | 0.26 | mmol/L | (0.14-0.36) |

| | | | |
|---|---|---|---|
| Bilirubin | 10 | umol/L | (< 15) |
| AST | 22 | U/L | (< 35) |
| ALT | 19 | U/L | (< 30) |
| GGT | 9 | U/L | (< 30) |
| Alkaline Phosphatase | 46 | U/L | (20-105) |
| Protein | 73 | g/L | (60-82) |
| Albumin | 45 | g/L | (38-50) |
| Globulin | 28 | g/L | (20-36) |
| Calcium | 2.34 | mmol/L | (2.10-2.60) |
| Corrected Calcium | 2.30 | mmol/L | (2.10-2.60) |
| Phosphate | 1.12 | mmol/L | (0.75-1.50) |

Please note that routine reporting of eGFR is not recommended in pregnant women. Serum creatinine concentration is recommended as the standard test for kidney function in pregnant women. (Australasian Creatinine Consensus Working Group. Position Statement. August 2012). Please contact a Chemical Pathologist if you require further information.

Requested Tests : VZ*, VBF*, UMM*, TFT*, SYP*, PTQ, GLU*, RUL*, MBA, LIP, HIR*, HEP*, FE*, FBE, DVI*, CHM*, BGA*, A1C*

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**Phone:** 0422034482
**Birthdate:** 22/10/1987 **Sex:** F **Medicare Number:** 2646639825
**Your Reference:** 00152018 **Lab Reference:** 24-26982207-LIP-0
**Laboratory:** Laverty Pathology
**Addressee:** DR PERUKARAGE RANWALA **Referred by:** DR PERUKARAGE RANWALA

**Name of Test:** LIPID STUDIES (LIP-0)
**Requested:** 01/02/2024 **Collected:** 13/02/2024 **Reported:** 13/02/2024 16:54

**Clinical notes:** Pregnant LMP 28/12/2023 EDC 03/10/2024.

Clinical Notes : Pregnant LMP 28/12/2023 EDC 03/10/2024.

## 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 can be accessed in order to complete a risk assessment for individual patients.)

| | | | |
|---|---|---|---|
| Haemolysis | Nil | | |
| Icterus | Nil | | |
| Lipaemia | Nil | | |
| Fasting status | Fasting | | |
| Total Cholesterol | 5.1 | mmol/L | (3.6-5.2) |
| Triglycerides | 0.7 | mmol/L | (0.5-1.7) |
| HDL Cholesterol | 1.8 | mmol/L | (1.0-2.0) |
| LDL Cholesterol | 3.0 | mmol/L | (1.5-3.4) |
| Non-HDL Cholesterol | 3.3 | mmol/L | (< 3.4) |
| Cholesterol/HDL-C Ratio | 2.8 | | (< 4.5) |

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 |

LDL-C exceeds target for higher risk patients and may be excessive in some individuals.

Requested Tests : VZ*, VBF*, UMM*, TFT*, SYP*, PTQ, GLU*, RUL*, MBA, LIP, HIR*, HEP*, FE*, FBE, DVI*, CHM*, BGA*, A1C*

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**Phone:** 0422034482
**Birthdate:** 22/10/1987 **Sex:** F **Medicare Number:** 2646639825
**Your Reference:** 00152018 **Lab Reference:** 24-26982207-GLU-0
**Laboratory:** Laverty Pathology
**Addressee:** DR PERUKARAGE RANWALA **Referred by:** DR PERUKARAGE RANWALA

**Name of Test:** GLUCOSE (GLU-0)
**Requested:** 01/02/2024 **Collected:** 13/02/2024 **Reported:** 13/02/2024 16:58

**Clinical notes:** Pregnant LMP 28/12/2023 EDC 03/10/2024.

Clinical Notes : Pregnant LMP 28/12/2023 EDC 03/10/2024.

SERUM/PLASMA GLUCOSE

| | | | |
|---|---|---|---|
| Fasting status | Fasting | | |
| Serum | 4.9 | mmol/L | (3.4-5.0) |

Please note the revised upper reference limit for fasting glucose as per ADIPS (Australasian Diabetes in Pregnancy Society) 2014. Some professional groups in Australia (e.g. RACGP) continue to advocate the use of the 1998 ADIPS criteria, which considers fasting glucose results below 5.5 mmol/L normal in pregnancy.

Requested Tests : VZ*, VBF*, UMM*, TFT*, SYP*, PTQ, GLU, RUL*, MBA, LIP, HIR*, HEP*, FE*, FBE, DVI*, CHM*, BGA*, A1C*

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**Phone:** 0422034482
**Birthdate:** 22/10/1987 **Sex:** F **Medicare Number:** 2646639825
**Your Reference:** 00152018 **Lab Reference:** 24-26982207-A1C-0
**Laboratory:** Laverty Pathology
**Addressee:** DR PERUKARAGE RANWALA **Referred by:** DR PERUKARAGE RANWALA

**Name of Test:** GLYCATED HAEMOGLOBIN (A1C-0)
**Requested:** 01/02/2024 **Collected:** 13/02/2024 **Reported:** 13/02/2024 23:04

**Clinical notes:** Pregnant LMP 28/12/2023 EDC 03/10/2024.

Clinical Notes : Pregnant LMP 28/12/2023 EDC 03/10/2024.

GLYCATED HAEMOGLOBIN (HBA1c)

| | | | |
|---|---|---|---|
| Specimen Type: EDTA | | | |
| HbA1c- NGSP | 4.6 | % | (4.0-6.0) |
| HbA1c- IFCC | 27 | mmol/mol | (20-42) |

The WHO recommends that an HbA1c cut-off of >=6.5% (48 mmol/mol) is used to diagnose type 2 diabetes.

While it is recognised that HbA1c levels approaching this cut-off place patients at increasingly higher risk of developing diabetes (<6.5%), there is no consensus as to exactly which cut-off at the lower end of the continuum to use for categorising patients as high risk. Various groups quote lower limits for at-risk patients that vary between 5.5% and 6.0% (37 and 42 mmol/mol).

Please note that HbA1c should not be used for diagnosing diabetes mellitus in the following circumstances:
- Children and young people
- Pregnancy - current or within the past 2 months
- Suspected Type 1 diabetes mellitus
- Symptoms of diabetes for <2 months
- Patients who are acutely ill

- Patients taking drugs that can cause rapid onset hyperglycaemia such as corticosteroids, antipsychotic drugs
- Acute pancreatic damage or pancreatic surgery
- Kidney failure
- Patients being treated for HIV infection

Please be cautious when requesting or interpreting HbA1c when patients:
- May have an abnormal haemoglobin
- May be anaemic
- May have an altered red cell lifespan (e.g. post-splenectomy)
- May have had a recent blood transfusion

Requested Tests : VZ*, VBF*, UMM*, TFT*, SYP*, PTQ, GLU, RUL*, MBA, LIP, HIR*, HEP*, FE*, FBE, DVI*, CHM*, BGA*, A1C

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**Phone:** 0422034482
**Birthdate:** 22/10/1987 **Sex:** F **Medicare Number:** 2646639825
**Your Reference:** 00152018 **Lab Reference:** 24-26982207-DVI-0
**Laboratory:** Laverty Pathology
**Addressee:** DR PERUKARAGE RANWALA **Referred by:** DR PERUKARAGE RANWALA

**Name of Test:** VITAMIN D (DVI-0)
**Requested:** 01/02/2024 **Collected:** 13/02/2024 **Reported:** 14/02/2024 00:05

**Clinical notes:** Pregnant LMP 28/12/2023 EDC 03/10/2024.

Clinical Notes : Pregnant LMP 28/12/2023 EDC 03/10/2024.

VITAMIN D

| | | |
|---|---|---|
| Haemolysis | Nil | |
| Serum 25(OH) Vitamin D | 88 | nmol/L |

Suggested decision limits for Vitamin D status:

| | | |
|---|---|---|
| Sufficiency | 51 -200 | nmol/L |
| Mild deficiency | 25 - 50 | nmol/L |
| Marked deficiency | < 25 | nmol/L |
| Toxicity | >250 | nmol/L |

References: Vitamin D and health in adults in Australia and New Zealand: Position Statement. MJA 2012 June 18; 196(11),686-687.

Requested Tests : VZ*, VBF*, UMM*, TFT*, SYP*, PTQ, GLU, RUL*, MBA, LIP, HIR*, HEP*, FE*, FBE, DVI, CHM*, BGA*, A1C

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59 GIPPS ST, TAMWORTH. 2340
**Phone:** 0422034482
**Birthdate:** 22/10/1987 **Sex:** F **Medicare Number:** 2646639825
**Your Reference:** 00152018 **Lab Reference:** 24-26982207-VZ-0
**Laboratory:** Laverty Pathology
**Addressee:** DR PERUKARAGE RANWALA **Referred by:** DR PERUKARAGE RANWALA

**Name of Test:** VARICELLA ZOSTER (VZ-0)
**Requested:** 01/02/2024 **Collected:** 13/02/2024 **Reported:** 14/02/2024 00:07

**Clinical notes:** Pregnant LMP 28/12/2023 EDC 03/10/2024.

Clinical Notes : Pregnant LMP 28/12/2023 EDC 03/10/2024.

Varicella Zoster Serology

| | | |
|---|---|---|
| Varicella-Zoster IgG (EIA) | DETECTED | |

Consistent with past Chickenpox infection or vaccination.If recent contact or infection is suspected, please request VZV IgM antibodies and,

if lesions are present, send a swab for VZV PCR.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : VZ, VBF*, UMM*, TFT*, SYP*, PTQ, GLU, RUL*, MBA, LIP, HIR*, HEP*, FE*, FBE, DVI, CHM*, BGA*, A1C

MONTICONE, LOUISE LOU
59 GIPPS ST, TAMWORTH. 2340
**Phone:** 0422034482
**Birthdate:** 22/10/1987 **Sex:** F **Medicare Number:** 2646639825
**Your Reference:** 00152018 **Lab Reference:** 24-26982207-RUL-0
**Laboratory:** Laverty Pathology
**Addressee:** DR PERUKARAGE RANWALA **Referred by:** DR PERUKARAGE RANWALA

**Name of Test:** RUBELLA SEROLOGY (RUL-0)
**Requested:** 01/02/2024 **Collected:** 13/02/2024 **Reported:** 14/02/2024 00:16

**Clinical notes:** Pregnant LMP 28/12/2023 EDC 03/10/2024.

Clinical Notes : Pregnant LMP 28/12/2023 EDC 03/10/2024.

RUBELLA SEROLOGY

| | | |
|---|---|---|
| Rubella IgG | 95 | IU/mL |

Consistent with past infection/vaccination and immunity to Rubella. If a recent infection (or contact during pregnancy) is suspected, suggest Rubella IgM testing.

Please note: Method changed to Siemens Atellica Rubella IgG II assay effective 13/01/2023.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : VZ, VBF*, UMM*, TFT*, SYP*, PTQ, GLU, RUL, MBA, LIP, HIR*, HEP*, FE*, FBE, DVI, CHM*, BGA*, A1C

MONTICONE, LOUISE LOU
59 GIPPS ST, TAMWORTH. 2340
**Phone:** 0422034482
**Birthdate:** 22/10/1987 **Sex:** F **Medicare Number:** 2646639825
**Your Reference:** 00152018 **Lab Reference:** 24-26982207-FE-0
**Laboratory:** Laverty Pathology
**Addressee:** DR PERUKARAGE RANWALA **Referred by:** DR PERUKARAGE RANWALA

**Name of Test:** IRON STUDIES (FE-0)
**Requested:** 01/02/2024 **Collected:** 13/02/2024 **Reported:** 14/02/2024 01:20

**Clinical notes:** Pregnant LMP 28/12/2023 EDC 03/10/2024.

Clinical Notes : Pregnant LMP 28/12/2023 EDC 03/10/2024.

IRON STUDIES

Specimen Type: Serum

| | | | |
|---|---|---|---|
| Serum Iron | 21 | umol/L | (10-30) |
| Transferrin | **29** | umol/L | (32-48) |
| Transferrin Saturation | 37 | % | (13-45) |
| Serum Ferritin | 44 | ug/L | (30-165) |

Transferrin may be decreased by inflammation (acute or chronic) or protein deficiency or loss.

Requested Tests : VZ, VBF*, UMM*, TFT*, SYP*, PTQ, GLU, RUL, MBA, LIP, HIR*, HEP*, FE, FBE, DVI, CHM*, BGA*, A1C

MONTICONE, LOUISE LOU
59 GIPPS ST, TAMWORTH. 2340
**Phone:** 0422034482
**Birthdate:** 22/10/1987 **Sex:** F **Medicare Number:** 2646639825
**Your Reference:** 00152018 **Lab Reference:** 24-26982207-SYP-0
**Laboratory:** Laverty Pathology
**Addressee:** DR PERUKARAGE RANWALA **Referred by:** DR PERUKARAGE RANWALA

**Name of Test:** TREPONEMAL SEROLOGY (SYP-0)
**Requested:** 01/02/2024 **Collected:** 13/02/2024 **Reported:** 14/02/2024 01:35

**Clinical notes:** Pregnant LMP 28/12/2023 EDC 03/10/2024.

Clinical Notes : Pregnant LMP 28/12/2023 EDC 03/10/2024.

SYPHILIS SEROLOGY

| | |
|---|---|
| Syphilis (CMIA) | Negative |

Antibodies to Treponema pallidum NOT detected by chemiluminescent immunoassay (CMIA). This result suggests either no exposure to T. pallidum or very early primary syphilis infection prior to the development of antibodies. If early infection is suspected, please repeat in 14 days.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : VZ, VBF*, UMM*, TFT*, SYP, PTQ, GLU, RUL, MBA, LIP, HIR*, HEP*, FE, FBE, DVI, CHM*, BGA*, A1C

MONTICONE, LOUISE LOU
59 GIPPS ST, TAMWORTH. 2340
**Phone:** 0422034482
**Birthdate:** 22/10/1987 **Sex:** F **Medicare Number:** 2646639825
**Your Reference:** 00152018 **Lab Reference:** 24-26982207-VBF-0
**Laboratory:** Laverty Pathology
**Addressee:** DR PERUKARAGE RANWALA **Referred by:** DR PERUKARAGE RANWALA

**Name of Test:** B12, FOLATE, R.C.FOLATE (VBF-0)
**Requested:** 01/02/2024 **Collected:** 13/02/2024 **Reported:** 14/02/2024 02:31

**Clinical notes:** Pregnant LMP 28/12/2023 EDC 03/10/2024.

Clinical Notes : Pregnant LMP 28/12/2023 EDC 03/10/2024.

VITAMIN B12 AND FOLATE STUDIES

| | | | |
|---|---|---|---|
| Vitamin B12 | 316 | pmol/L | (156-740) |
| Active B12 | > 146 | pmol/L | (> 40) |
| Serum Folate | 51.0 | 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 : VZ, VBF, UMM*, TFT*, SYP, PTQ, GLU, RUL, MBA, LIP, HIR*, HEP*, FE, FBE, DVI, CHM*, BGA*, A1C

MONTICONE, LOUISE LOU
59 GIPPS ST, TAMWORTH. 2340
**Phone:** 0422034482
**Birthdate:** 22/10/1987 **Sex:** F **Medicare Number:** 2646639825
**Your Reference:** 00152018 **Lab Reference:** 24-26982207-CHM-0
**Laboratory:** Laverty Pathology
**Addressee:** DR PERUKARAGE RANWALA **Referred by:** DR PERUKARAGE RANWALA

**Name of Test:** CHLAMYDIA + GONORR. NAT (CHM-0)
**Requested:** 01/02/2024 **Collected:** 13/02/2024 **Reported:** 14/02/2024 02:37

**Clinical notes:** Pregnant LMP 28/12/2023 EDC 03/10/2024.

Clinical Notes : Pregnant LMP 28/12/2023 EDC 03/10/2024.

NUCLEIC ACID TESTING (NAT)

| | |
|---|---|
| Specimen / site | First void urine |
| Chlamydia trachomatis | Not detected |
| Neisseria gonorrhoeae | Not detected |

This specimen has been tested using the Roche cobas CT/NG 6800 assay.

These assays are validated for first void urine, thin prep cytology specimens, endocervical and vaginal swabs. Anorectal and oropharyngeal (CT/NG) and meatal (TV/MG) swabs are also validated samples. For all other specimen types, results should be evaluated clinically.

Requested Tests : VZ, VBF, UMM*, TFT*, SYP, PTQ, GLU, RUL, MBA, LIP, HIR*, HEP*, FE, FBE, DVI, CHM, BGA*, A1C

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**Phone:** 0422034482
**Birthdate:** 22/10/1987 **Sex:** F **Medicare Number:** 2646639825
**Your Reference:** 00152018 **Lab Reference:** 24-26982207-TFT-0
**Laboratory:** Laverty Pathology
**Addressee:** DR PERUKARAGE RANWALA **Referred by:** DR PERUKARAGE RANWALA

**Name of Test:** THYROID FUNCTION TEST (TFT-0)
**Requested:** 01/02/2024 **Collected:** 13/02/2024 **Reported:** 14/02/2024 06:55

**Clinical notes:** Pregnant LMP 28/12/2023 EDC 03/10/2024.

Clinical Notes : Pregnant LMP 28/12/2023 EDC 03/10/2024.

THYROID PROFILE

Specimen Type: Serum

| | | | |
|---|---|---|---|
| TSH | 2.2 | mIU/L | (0.03-2.5) |

The reference intervals displayed are applicable to the gestational age provided of 6 weeks.

Requested Tests : VZ, VBF, UMM*, TFT, SYP, PTQ, GLU, RUL, MBA, LIP, HIR*, HEP*, FE, FBE, DVI, CHM, BGA*, A1C

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**Phone:** 0422034482
**Birthdate:** 22/10/1987 **Sex:** F **Medicare Number:** 2646639825
**Your Reference:** 00152018 **Lab Reference:** 24-26982207-HIR-0
**Laboratory:** Laverty Pathology
**Addressee:** DR PERUKARAGE RANWALA **Referred by:** DR PERUKARAGE RANWALA

**Name of Test:** HIV - NON COMMERCIAL (HIR-0)
**Requested:** 01/02/2024 **Collected:** 13/02/2024 **Reported:** 14/02/2024 09:49

**Clinical notes:** Pregnant LMP 28/12/2023 EDC 03/10/2024.

Clinical Notes : Pregnant LMP 28/12/2023 EDC 03/10/2024.

HIV SEROLOGY

| | |
|---|---|
| HIV 1 and 2 Ab/Ag: | Negative |

This result does not exclude infection with HIV virus. If serum was tested within 3 months of exposure please retest after that time.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : VZ, VBF, UMM*, TFT, SYP, PTQ, GLU, RUL, MBA, LIP, HIR, HEP*, FE, FBE, DVI, CHM, BGA*, A1C

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**Phone:** 0422034482
**Birthdate:** 22/10/1987 **Sex:** F **Medicare Number:** 2646639825
**Your Reference:** 00152018 **Lab Reference:** 24-26982207-BGA-0
**Laboratory:** Laverty Pathology
**Addressee:** DR PERUKARAGE RANWALA **Referred by:** DR PERUKARAGE RANWALA

**Name of Test:** BLOOD GROUP / ANTIBODIES (BGA-0)
**Requested:** 01/02/2024 **Collected:** 13/02/2024 **Reported:** 14/02/2024 10:49

**Clinical notes:** Pregnant LMP 28/12/2023 EDC 03/10/2024.

Clinical Notes : Pregnant LMP 28/12/2023 EDC 03/10/2024.

BLOOD GROUP AND ANTIBODIES

Specimen Type: EDTA

| | | |
|---|---|---|
| Blood Group | O | Rh(D) Negative |
| RBC antibody screen | Nil Detected | |

Recommendations as per announcement of Stage 3 of the Rh (D) Antenatal Prophylaxis Programme.
Rh(D) immunoglobulin products should be used as indicated:
*First trimester sensitising events (<12 weeks): Rh (D) immunoglobulin 250 IU
*First trimester sensitising events (multiple pregnancies <12 weeks): Rh(D) immunoglobulin 625 IU
*Second and third trimester sensitising events Rh (D) immunoglobulin 625

IU
*All Rh negative women without preformed Anti-D: Rh(D) immunoglobulin 625 IU at 28 weeks and 34 weeks gestation
*Postnatal prophylaxis: Rh (D) immunoglobulin 625 IU
(NB: Sensitising events include ectopic pregnancy, miscarriage, termination of pregnancy and ultrasound guided procedures such as chorionic villus sampling, amniocentesis, cordocentesis and fetoscopy, as well as abdominal trauma considered sufficient to cause fetomaternal haemorrhage, external cephalic version, antepartum haemorrhage and normal delivery.)

Requested Tests : VZ, VBF, UMM*, TFT, SYP, PTQ, GLU, RUL, MBA, LIP, HIR, HEP*, FE, FBE, DVI, CHM, BGA, A1C

MONTICONE, LOUISE LOU
59 GIPPS ST, TAMWORTH. 2340
**Phone:** 0422034482
**Birthdate:** 22/10/1987 **Sex:** F **Medicare Number:** 2646639825
**Your Reference:** 00152018 **Lab Reference:** 24-26982207-HEP-0
**Laboratory:** Laverty Pathology
**Addressee:** DR PERUKARAGE RANWALA **Referred by:** DR PERUKARAGE RANWALA

**Name of Test:** HEPATITIS SEROLOGY (HEP-0)
**Requested:** 01/02/2024 **Collected:** 13/02/2024 **Reported:** 14/02/2024 12:33

**Clinical notes:** Pregnant LMP 28/12/2023 EDC 03/10/2024.

Clinical Notes : Pregnant LMP 28/12/2023 EDC 03/10/2024.

HEPATITIS SEROLOGY

| | |
|---|---|
| Hepatitis C Antibody | Not Detected |
| Hepatitis B Surface Antigen | Not Detected |

No evidence of current or past Hepatitis C virus (HCV) infection. HCV antibodies may not be detected up to 6 months post exposure. Suggest sending a further sample after an appropriate interval if indicated.

No evidence of current or chronic Hepatitis B virus infection. For investigation of past infection or possible occult infection, please request hepatitis B core antibody. For investigation of immune status please request hepatitis B surface antibody.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : VZ, VBF, UMM*, TFT, SYP, PTQ, GLU, RUL, MBA, LIP, HIR, HEP, FE, FBE, DVI, CHM, BGA, A1C

MONTICONE, LOUISE LOU
59 GIPPS ST, TAMWORTH. 2340
**Phone:** 0422034482
**Birthdate:** 22/10/1987 **Sex:** F **Medicare Number:** 2646639825
**Your Reference:** 00152018 **Lab Reference:** 24-26982207-UMM-0
**Laboratory:** Laverty Pathology
**Addressee:** DR PERUKARAGE RANWALA **Referred by:** DR PERUKARAGE RANWALA

**Name of Test:** URINE MICRO/CULTURE (UMM-0)
**Requested:** 01/02/2024 **Collected:** 13/02/2024 **Reported:** 15/02/2024 07:14

**Clinical notes:** Pregnant LMP 28/12/2023 EDC 03/10/2024.

Clinical Notes : Pregnant LMP 28/12/2023 EDC 03/10/2024.

URINE EXAMINATION

| Specimen | URINE | | | | |
|---|---|---|---|---|---|
| CHEMISTRY | | MICROSCOPY | | | |
| pH | 6.0 | Leucocytes | 12 | x10^6 /L | (< 10) |
| Protein | nil | Erythrocytes | < 4 | x10^6 /L | (< 10) |
| Glucose | nil | Epithelial cells | 7 | x10^6 /L | (< 10) |
| Blood | nil | | | | |

CULTURE No significant growth

Requested Tests : VZ, VBF, UMM, TFT, SYP, PTQ, GLU, RUL, MBA, LIP, HIR, HEP, FE, FBE, DVI, CHM, BGA, A1C

MONTICONE, LOUISE
59 GIPPS STREET , TAMWORTH NSW, TAMWORTH. 2340
**Birthdate:** 22/10/1987 **Sex:** F **Medicare Number:**
**Your Reference:** **Lab Reference:** TAM6214539-U/S Pregnancy <12/40
**Laboratory:** hig
**Addressee:** DR PERUKARAGE RANWALA **Referred by:** PERUKARAGE DR RANWALA

**Name of Test:** U/S Pregnancy <12/40
**Requested:** 01/02/2024 **Collected:** 23/02/2024 **Reported:** 23/02/2024 11:56

**Apollo RIS Patient Id :**HIG1234058
**Patient Name :**MONTICONE LOUISE **DOB :**22/10/1987 **Service Date :**23/02/2024

Obstetric Ultrasound

Clinical History
Dating scan.

Findings
Single live intrauterine foetus is demonstrated having a CRL of 20 mm corresponding to 8 weeks 3 days gestation.
Foetal heart rate is 176 beats per minute.

Both ovaries appear normal with a corpus luteal cyst in the left ovary.
The cervix measures 36 mm long. The cervical os is closed.

Conclusion
Single live intrauterine pregnancy corresponding to 8 weeks 3 days gestation. EDD remains at 3/10/2024 as per LMP.

Thank you for referring this patient.

Sonographer: A. McKenzie

Dr. Sanila George

report electronically authorised by Dr Sanila George
**Click Here** to access patient images.

We are telehealth ready - visit https://www.hunterimaging.com.au/electronic-request-forms/ for referrer guide and telehealth forms.

CASTLEREAGH IMAGING TAMWORTH

MONTICONE, LOUISE LOU
59 GIPPS ST, TAMWORTH. 2340
**Phone:** 0422034482
**Birthdate:** 22/10/1987 **Sex:** F **Medicare Number:** 2646639825
**Your Reference:** 00153309 **Lab Reference:** 24-26980934-MSS-0
**Laboratory:** Laverty Pathology
**Addressee:** DR PERUKARAGE RANWALA **Referred by:** DR PERUKARAGE RANWALA

**Name of Test:** MATERNAL SERUM SCREENING (MSS-0)
**Requested:** 28/02/2024 **Collected:** 15/03/2024 **Reported:** 18/03/2024 11:17

**Clinical notes:** Pregnant LMP 28/12/23 EDC 03/10/24, fisrt ...

Clinical Notes : Pregnant LMP 28/12/23 EDC 03/10/24, fisrt ...

## FIRST TRIMESTER SCREEN

### Clinical Information

| | | | | | |
|---|---|---|---|---|---|
| Date of sample | : | 15/03/2024 | Smoker | : | Not Provided |
| LMP | : | 28/12/2023 | Insulin dependent | : | Not Provided |
| US EDD | : | 03/10/2024 | Previous NTD | : | Not Provided |
| Gestational Age | : | Not Provided | Previous Downs | : | Not Provided |
| Scan Date | : | Not Provided | Pre-eclampsia Hx | : | Not Provided |
| Maternal Weight | : | Not Provided | IVF | : | Not Provided |
| No. of fetuses | : | Not Provided | Ethnicity | : | Not Provided |

### Serum Markers (Brahms Kryptor)

| | | | | |
|---|---|---|---|---|
| Free B HCG | : | 40.02 IU/L | 0.91 MoM | |
| PAPP - A | : | 7.53 IU/L | 3.70 MoM | |
| PlGF | : | 45.8 ng/L | 1.51 MoM | |
| AFP | : | 9.8 ug/L | 0.93 MoM | (MoM RI <2.5) |

MoM results based on gestational age 11 weeks and 1 day(s)
based on EDD for singleton pregnancy and other clinical information,
if provided above.

### Interpretation:

For Trisomy risk assessment, combine maternal serum markers with a nuchal translucency measurement by ultrasound performed at 11w-13w6d.

The MoM (Multiple of the Median) is dependent on an accurate gestational age and may be affected by maternal and pregnancy factors listed above. Providing this clinical information is essential for optimal MoM calculations.

Neural tube defect risk assessment with AFP is preferable during the second trimester (14-17 wks).

For any changes or additional clinical information, please contact the Special Chemistry laboratory on 02 9005 7242

### PlGF Reference Intervals:

| Gestational age (completed weeks) | PlGF (ng/L) 5th Percentile | PlGF (ng/L) 95th Percentile |
|---|---|---|
| 8 | 9.3 | 28.9 |
| 9 | 11.7 | 37.8 |
| 10 | 16.2 | 55.0 |
| 11 | 19.0 | 61.0 |
| 12 | 21.3 | 96.7 |
| 13 | 25.2 | 100.4 |
| 14 | 34.3 | 132.0 |

Reference intervals sourced from the assay manufacturer.

Requested Tests : MSS