



14/02/2024

Dr Vanessa Wills  
Lookout Road  
John Hunter Hospital Surgical Services  
New Lambton Heights. 2305  
Phone: (02) 4921 4270  
Fax: (02) 4921 4274

re. Miss Kayla Ellery 05/02/1997  
18 Ford St  
Oxley Vale. 2340  
0488415976  
Medicare: 2771778503 Ref: 1 Exp: 11/2025

**URGENT**

Dear Vanessa,

Thank you for seeing Kayla Ellery 27 yrs year old Female for an URGENT opinion and management of large cystic mass tail of pancreas measuring 12.4 x 10.6cm in cross sectional dimension . Ca 125 40  
Presented to general practice last week., advised needs mri to review the pancreas by ED doc, was in coffs harbour and went to ED for abdo pain, severe 2 days and u/s revealed cystic structure tail of pancreas told to get MRI or MRCP  
MRI revealed large cystic mass, contacted Tamworth Rural referral hospital registrar who recommended staging scans and referral ASAP to Newcastle as the surgery would not be possible locally.

Her current medications are:

Dermaid 1% Cream

1 Application Twice a day for two weeks.

Allergies:

Penicillin

ELLERY, KAYLA  
92 MARIUS ST, TAMWORTH. 2340  
Phone: 0488415976  
Birthdate: 05/02/1997 Sex: F Medicare Number: 2771778503  
Your Reference: 00130006 Lab Reference: 24-25673117-DVI-0  
Laboratory: Lavery Pathology  
Addressee: DR AMIN AMIRI Referred by: DR AMIN AMIRI

Name of Test: VITAMIN D (DVI-0)  
Requested: 02/11/2023 Collected: 30/01/2024 Reported: 30/01/2024 22:16

Clinical notes: Tiredness, history of iron and zinc deficiency.

Clinical Notes : Tiredness, history of iron and zinc deficiency.

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VITAMIN D

Haemolysis Nil  
Serum 25(OH) Vitamin D 84 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 : VBF\*, UMM\*, TFT, STE\*, UMA\*, GLU, MBA, LIP, IMM, FE, FBE\*, DVI, COE\*, ALC\*

ELLERY, KAYLA  
92 MARIUS ST, TAMWORTH. 2340  
Phone: 0488415976  
Birthdate: 05/02/1997 Sex: F Medicare Number: 2771778503  
Your Reference: 00130006 Lab Reference: 24-25673117-TFT-0  
Laboratory: Laverty Pathology  
Addressee: DR AMIN AMIRI Referred by: DR AMIN AMIRI

Name of Test: THYROID FUNCTION TEST (TFT-0)  
Requested: 02/11/2023 Collected: 30/01/2024 Reported: 30/01/2024 21:44

Clinical notes: Tiredness, history of iron and zinc deficiency.

Clinical Notes : Tiredness, history of iron and zinc deficiency.

THYROID PROFILE

Specimen Type: Serum  
TSH 2.9 mIU/L (0.5-4.0)

Result(s) consistent with euthyroidism.

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

Please note that without a specific indication, Medicare does not fund FT4 and FT3 testing in patients with normal TSH results. If these tests are clinically indicated please contact the laboratory.

Requested Tests : VBF\*, UMM\*, TFT, STE\*, UMA\*, GLU\*, MBA, LIP\*, IMM\*, FE\*, FBE\*, DVI\*, COE\*, ALC\*

ELLERY, KAYLA  
92 MARIUS ST, TAMWORTH. 2340  
Phone: 0488415976  
Birthdate: 05/02/1997 Sex: F Medicare Number: 2771778503  
Your Reference: 00130006 Lab Reference: 24-25673117-GLU-0  
Laboratory: Laverty Pathology  
Addressee: DR AMIN AMIRI Referred by: DR AMIN AMIRI

Name of Test: GLUCOSE (GLU-0)  
Requested: 02/11/2023 Collected: 30/01/2024 Reported: 30/01/2024 21:48

Clinical notes: Tiredness, history of iron and zinc deficiency.

Clinical Notes : Tiredness, history of iron and zinc deficiency.

SERUM/PLASMA GLUCOSE

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Fasting status                      Fasting  
Serum                                      5.6    mmol/L                      (3.4-5.4)

Equivocally elevated fasting glucose result. If not recently performed, recommend follow-up assessment with an oral glucose tolerance test or HbA1c.

Requested Tests : VBF\*, UMM\*, TFT, STE\*, UMA\*, GLU, MBA, LIP, IMM, FE, FBE\*, DVI\*, COE\*, A1C\*

ELLERY,            KAYLA  
92 MARIUS ST,            TAMWORTH.            2340  
Phone:            0488415976  
Birthdate:    05/02/1997            Sex: F            Medicare Number:            2771778503  
Your Reference:    00130006            Lab Reference:            24-25673117-IMM-0  
Laboratory: Lavery Pathology  
Addressee: DR AMIN AMIRI            Referred by:    DR AMIN AMIRI

Name of Test:            IMMUNOGLOBULINS (IMM-0)  
Requested:    02/11/2023            Collected:    30/01/2024            Reported:    30/01/2024            21:48

Clinical notes:            Tiredness, history of iron and zinc deficiency.

Clinical Notes : Tiredness, history of iron and zinc deficiency.

SERUM IMMUNOGLOBULINS

IgA                                      1.89    g/L                                      (0.40-3.50)

Note: IgA testing was done on the Roche Cobas platform from 11/05/2023 - 13/06/2023. Any testing before and after these dates were/are done on the Siemens Atellica platform. Please review reference ranges accordingly.

Reference range source: Siemens Atellica IgA\_2 Instruction for Use.

Requested Tests : VBF\*, UMM\*, TFT, STE\*, UMA\*, GLU, MBA, LIP, IMM, FE, FBE\*, DVI\*, COE\*, A1C\*

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92 MARIUS ST,            TAMWORTH.            2340  
Phone:            0488415976  
Birthdate:    05/02/1997            Sex: F            Medicare Number:            2771778503  
Your Reference:    00130006            Lab Reference:            24-25673117-FE-0  
Laboratory: Lavery Pathology  
Addressee: DR AMIN AMIRI            Referred by:    DR AMIN AMIRI

Name of Test:            IRON STUDIES (FE-0)  
Requested:    02/11/2023            Collected:    30/01/2024            Reported:    30/01/2024            21:48

Clinical notes:            Tiredness, history of iron and zinc deficiency.

Clinical Notes : Tiredness, history of iron and zinc deficiency.

IRON STUDIES

Specimen Type: Serum			
Serum Iron	12	umol/L	(10-30)
Transferrin	24	umol/L	(32-48)
Transferrin Saturation	26	%	(13-45)
Serum Ferritin	127	ug/L	(30-165)

Transferrin may be decreased by inflammation (acute or chronic), or protein deficiency or loss. The ferritin concentration excludes iron deficiency.

Requested Tests : VBF\*, UMM\*, TFT, STE\*, UMA\*, GLU, MBA, LIP, IMM, FE, FBE\*, DVI\*, COE\*, A1C\*

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ELLERY, KAYLA  
92 MARIUS ST, TAMWORTH. 2340  
Phone: 0488415976  
Birthdate: 05/02/1997 Sex: F Medicare Number: 2771778503  
Your Reference: 00130006 Lab Reference: 24-25673117-MBA-0  
Laboratory: Laverty Pathology  
Addressee: DR AMIN AMIRI Referred by: DR AMIN AMIRI

Name of Test: SERUM CHEMISTRY (MBA-0)  
Requested: 02/11/2023 Collected: 30/01/2024 Reported: 30/01/2024 21:48

Clinical notes: Tiredness, history of iron and zinc deficiency.

Clinical Notes : Tiredness, history of iron and zinc deficiency.

<u>SERUM CHEMISTRY</u>			
Specimen Type: Serum			
Haemolysis	Nil		
Icterus	Nil		
Lipaemia	Nil		
Sodium	135	mmol/L	(135-145)
Potassium	3.5	mmol/L	(3.6-5.4)
Chloride	99	mmol/L	(95-110)
Bicarbonate	26	mmol/L	(22-32)
Anion Gap	14	mmol/L	(10-20)
Urea	3.0	mmol/L	(2.5-6.7)
Creatinine	70	umol/L	(45-90)
eGFR	> 90		mL/min/1.73m <sup>2</sup>
Bilirubin	6	umol/L	(< 15)
AST	19	U/L	(< 30)
ALT	21	U/L	(< 30)
GGT	21	U/L	(< 30)
Alkaline Phosphatase	73	U/L	(20-105)
Protein	73	g/L	(60-82)
Albumin	47	g/L	(38-50)
Globulin	26	g/L	(20-39)
Calcium	2.37	mmol/L	(2.10-2.60)
Corrected Calcium	2.29	mmol/L	(2.10-2.60)
Phosphate	1.26	mmol/L	(0.75-1.50)
Magnesium	0.61	mmol/L	(0.70-1.10)

eGFR  $\geq 90$  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\*, UMM\*, TFT, STE\*, UMA\*, GLU, MBA, LIP, IMM, FE, FBE\*, DVI\*, COE\*, A1C\*

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Phone: 0488415976  
Birthdate: 05/02/1997 Sex: F Medicare Number: 2771778503  
Your Reference: 00130006 Lab Reference: 24-25673117-LIP-0  
Laboratory: Laverty Pathology  
Addressee: DR AMIN AMIRI Referred by: DR AMIN AMIRI

Name of Test: LIPID STUDIES (LIP-0)  
Requested: 02/11/2023 Collected: 30/01/2024 Reported: 30/01/2024 21:48

Clinical notes: Tiredness, history of iron and zinc deficiency.

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Specimen Type: Serum LIPID STUDIES

Reference intervals are included for reference only, and interpretation /

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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	4.7	mmol/L	(3.0-5.2)
Triglycerides	1.5	mmol/L	(0.5-1.7)
HDL Cholesterol	1.0	mmol/L	(1.0-2.0)
LDL Cholesterol	3.0	mmol/L	(1.5-3.4)
Non-HDL Cholesterol	3.7	mmol/L	(< 3.4)
Cholesterol/HDL-C Ratio	4.7		(< 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 : VBF\*, UMM\*, TFT, STE\*, UMA\*, GLU, MBA, LIP, IMM, FE, FBE\*, DVI\*, COE\*, A1C\*

ELLERY, KAYLA  
92 MARIUS ST, TAMWORTH. 2340  
Phone: 0488415976  
Birthdate: 05/02/1997 Sex: F Medicare Number: 2771778503  
Your Reference: 00130006 Lab Reference: 24-25673117-VBF-0  
Laboratory: Lavery Pathology  
Addressee: DR AMIN AMIRI Referred by: DR AMIN AMIRI

Name of Test: B12, FOLATE, R.C.FOLATE (VBF-0)  
Requested: 02/11/2023 Collected: 30/01/2024 Reported: 30/01/2024 22:44

Clinical notes: Tiredness, history of iron and zinc deficiency.

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#### VITAMIN B12 AND FOLATE STUDIES

Vitamin B12	226	pmol/L	(156-740)
Active B12	72	pmol/L	(> 40)
Serum Folate	32.9	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

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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, UMM\*, TFT, STE\*, UMA\*, GLU, MBA, LIP, IMM, FE, FBE\*, DVI, COE\*, A1C\*

ELLERY, KAYLA  
92 MARIUS ST, TAMWORTH. 2340  
Phone: 0488415976  
Birthdate: 05/02/1997 Sex: F Medicare Number: 2771778503  
Your Reference: 00130006 Lab Reference: 24-25673117-A1C-0  
Laboratory: Laverty Pathology  
Addressee: DR AMIN AMIRI Referred by: DR AMIN AMIRI

Name of Test: GLYCATED HAEMOGLOBIN (A1C-0)  
Requested: 02/11/2023 Collected: 30/01/2024 Reported: 30/01/2024 23:36

Clinical notes: Tiredness, history of iron and zinc deficiency.

Clinical Notes : Tiredness, history of iron and zinc deficiency.

#### GLYCATED HAEMOGLOBIN (HbA1c)

Specimen Type: EDTA  
HbA1c- NGSP 4.9 % (4.0-6.0)  
HbA1c- IFCC 30 mmol/mol (20-42)

The WHO recommends that an HbA1c cut-off of  $\geq 6.5\%$  (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

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- 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 : VBF, UMM\*, TFT, STE\*, UMA\*, GLU, MBA, LIP, IMM, FE, FBE\*, DVI, COE\*, A1C

ELLERY, KAYLA  
92 MARIUS ST, TAMWORTH. 2340  
Phone: 0488415976  
Birthdate: 05/02/1997 Sex: F Medicare Number: 2771778503  
Your Reference: 00130006 Lab Reference: 24-25673117-UMA-0  
Laboratory: Laverty Pathology  
Addressee: DR AMIN AMIRI Referred by: DR AMIN AMIRI

Name of Test: URINE MICROALBUMIN (UMA-0)  
Requested: 02/11/2023 Collected: 30/01/2024 Reported: 31/01/2024 00:12

Clinical notes: Tiredness, history of iron and zinc deficiency.

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	<u>URINE MICROALBUMIN</u>	
Urine Albumin	639.4	mg/L
Creatinine	4.0	mmol/L
Albumin/Creatinine ratio	159.8	mg/mmol creat (< 3.5)

Urine albumin: creatinine ratio > 35 mg/mmol is consistent with macroalbuminuria. If not already done, suggest repeat on a first morning void urine sample to confirm.

Persistent urine albumin: creatinine ratio > 30 mg/mmol (present for >= 3 months) may be an indication for referral to a nephrologist. (Kidney Health Australia, CKD Management in General Practice 2015)

Requested Tests : VBF, UMM\*, TFT, STE\*, UMA, GLU, MBA, LIP, IMM, FE, FBE\*, DVI, COE\*, A1C

ELLERY, KAYLA  
92 MARIUS ST, TAMWORTH. 2340  
Phone: 0488415976  
Birthdate: 05/02/1997 Sex: F Medicare Number: 2771778503  
Your Reference: 00130006 Lab Reference: 24-25673117-FBE-0  
Laboratory: Laverty Pathology  
Addressee: DR AMIN AMIRI Referred by: DR AMIN AMIRI

Name of Test: HAEMATOLOGY (FBE-0)  
Requested: 02/11/2023 Collected: 30/01/2024 Reported: 31/01/2024 07:56

Clinical notes: Tiredness, history of iron and zinc deficiency.

Clinical Notes : Tiredness, history of iron and zinc deficiency.

	<u>HAEMATOLOGY</u>
Date Collected	30 Jan 24
Time Collected	07:45
Specimen Type:	EDTA

Hb	134 g/L	(115-165)	WBC	8.8 x10 <sup>9</sup> /L	(4.0-11.0)
RCC	4.8 x10 <sup>12</sup> /L	(3.9-5.8)	Neut	5.6 x10 <sup>9</sup> /L	(2.0-7.5)

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Hct	0.41	(0.34-0.47)	Lymp	2.6	$\times 10^9$	/L (1.0-4.0)
MCV	85	fL (79-99)	Mono	0.4	$\times 10^9$	/L (0.2-1.0)
MCH	28	pg (27-34)	Eos	0.1	$\times 10^9$	/L (< 0.7)
MCHC	331	g/L (320-360)	Baso	0.1	$\times 10^9$	/L (< 0.2)
RDW	14.0	% (10.0-17.0)				
Plat	512	$\times 10^9$ /L (150-400)				

Red cells : Normal.  
 White cells : Normal.  
 Platelets : Thrombocytosis +.

HAEMATOLOGY: Thrombocytosis noted.

Requested Tests : VBF, UMM\*, TFT, STE\*, UMA, GLU, MBA, LIP, IMM, FE, FBE, DVI, COE\*, A1C

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 92 MARIUS ST, TAMWORTH. 2340  
 Phone: 0488415976  
 Birthdate: 05/02/1997 Sex: F Medicare Number: 2771778503  
 Your Reference: 00130006 Lab Reference: 24-25673117-UMM-0  
 Laboratory: Lavery Pathology  
 Addressee: DR AMIN AMIRI Referred by: DR AMIN AMIRI

Name of Test: URINE MICRO/CULTURE (UMM-0)  
 Requested: 02/11/2023 Collected: 30/01/2024 Reported: 31/01/2024 14:09

Clinical notes: Tiredness, history of iron and zinc deficiency.

Clinical Notes : Tiredness, history of iron and zinc deficiency.

		<u>URINE EXAMINATION</u>			
Specimen	URINE				
CHEMISTRY		MICROSCOPY			
pH	6.5	Leucocytes	30	$\times 10^6$	/L (< 10)
Protein	++	Erythrocytes	< 4	$\times 10^6$	/L (< 10)
Glucose	nil	Epithelial cells	10	$\times 10^6$	/L (< 10)
Blood	nil				

CULTURE No growth

Microscopy consistent with genital contamination.

Requested Tests : VBF, UMM, TFT, STE, UMA, GLU, MBA, LIP, IMM, FE, FBE, DVI, COE, A1C

ELLERY, KAYLA  
 92 MARIUS ST, TAMWORTH. 2340  
 Phone: 0488415976  
 Birthdate: 05/02/1997 Sex: F Medicare Number: 2771778503  
 Your Reference: 00130006 Lab Reference: 24-25673117-STE-0  
 Laboratory: Lavery Pathology  
 Addressee: DR AMIN AMIRI Referred by: DR AMIN AMIRI

Name of Test: TRACE ELEMENTS (STE-0)  
 Requested: 02/11/2023 Collected: 30/01/2024 Reported: 31/01/2024 10:36

Clinical notes: Tiredness, history of iron and zinc deficiency.

Clinical Notes : Tiredness, history of iron and zinc deficiency.

PLASMA TRACE ELEMENTS

(RI)

Zinc	23.9	umol/L	(10.0-18.0)
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Elevated zinc level noted. Causes include industrial exposure, accidental ingestion and excessive zinc supplements. Haemolysis may cause spurious elevation of zinc levels. Please also consider the possibility of contamination at the time of collection if zinc-based ointments/creams are in use.

RI = Reference Interval

Requested Tests : VBF, UMM\*, TFT, STE, UMA, GLU, MBA, LIP, IMM, FE, FBE, DVI, COE\*, A1C

ELLERY, KAYLA  
92 MARIUS ST, TAMWORTH. 2340  
Phone: 0488415976  
Birthdate: 05/02/1997 Sex: F Medicare Number: 2771778503  
Your Reference: 00130006 Lab Reference: 24-25673117-COE-0  
Laboratory: Laverty Pathology  
Addressee: DR AMIN AMIRI Referred by: DR AMIN AMIRI

Name of Test: COELIAC MASTER PANEL (COE-0)  
Requested: 02/11/2023 Collected: 30/01/2024 Reported: 31/01/2024 10:41

Clinical notes: Tiredness, history of iron and zinc deficiency.

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#### COELIAC DISEASE SEROLOGY

Deamidated gliadin peptide IgA	< 1 FLU	(< 5)
Deamidated gliadin peptide IgG	< 1 FLU	(< 5)
Total IgA	1.89 g/L	(0.40-3.50)
Transglutaminase IgA	< 1 FLU	(< 5)

No serological evidence of coeliac disease or dermatitis herpetiformis. False negative results may occur in affected individuals compliant with a gluten-free diet. Affected children aged under 5 years may also be negative for IgA- tissue transglutaminase antibodies.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : VBF, UMM\*, TFT, STE, UMA, GLU, MBA, LIP, IMM, FE, FBE, DVI, COE, A1C

ELLERY, KAYLA  
92 MARIUS ST, TAMWORTH. 2340  
Phone: 0488415976  
Birthdate: 05/02/1997 Sex: F Medicare Number: 2771778503  
Your Reference: 00130646 Lab Reference: 24-25673118-HIR-0  
Laboratory: Laverty Pathology  
Addressee: DR SAVIZ SASANI Referred by: DR SAVIZ SASANI

Name of Test: HIV - NON COMMERCIAL (HIR-0)  
Requested: 12/11/2023 Collected: 30/01/2024 Reported: 30/01/2024 22:42

#### 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.

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Requested Tests : SYP\*, HIR, HEP\*, CHM\*

ELLERY, KAYLA  
92 MARIUS ST, TAMWORTH. 2340  
Phone: 0488415976  
Birthdate: 05/02/1997 Sex: F Medicare Number: 2771778503  
Your Reference: 00130646 Lab Reference: 24-25673118-SYP-0  
Laboratory: Laverty Pathology  
Addressee: DR SAVIZ SASANI Referred by: DR SAVIZ SASANI

Name of Test: TREPONEMAL SEROLOGY (SYP-0)  
Requested: 12/11/2023 Collected: 30/01/2024 Reported: 30/01/2024 22:54

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 : SYP, HIR, HEP\*, CHM\*

ELLERY, KAYLA  
92 MARIUS ST, TAMWORTH. 2340  
Phone: 0488415976  
Birthdate: 05/02/1997 Sex: F Medicare Number: 2771778503  
Your Reference: 00130646 Lab Reference: 24-25673118-HEP-0  
Laboratory: Laverty Pathology  
Addressee: DR SAVIZ SASANI Referred by: DR SAVIZ SASANI

Name of Test: HEPATITIS SEROLOGY (HEP-0)  
Requested: 12/11/2023 Collected: 30/01/2024 Reported: 30/01/2024 23:43

HEPATITIS SEROLOGY

Hepatitis B Surface Antigen	Not Detected
Hepatitis B Core Antibody	Not Detected
Hepatitis B Surface Antibody	41 mIU/mL

No evidence of current or past Hepatitis B virus infection.  
Immune to Hepatitis B virus. NHMRC guidelines no longer recommend routine booster doses of hepatitis vaccine. Booster doses are recommended for immunosuppressed individuals such as those with HIV infection, or renal failure.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : SYP, HIR, HEP, CHM\*

ELLERY, KAYLA  
92 MARIUS ST, TAMWORTH. 2340  
Phone: 0488415976  
Birthdate: 05/02/1997 Sex: F Medicare Number: 2771778503  
Your Reference: 00130646 Lab Reference: 24-25673118-CHM-0  
Laboratory: Laverty Pathology  
Addressee: DR SAVIZ SASANI Referred by: DR SAVIZ SASANI

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Name of Test: CHLAMYDIA + GONORR. NAT (CHM-0)  
Requested: 12/11/2023 Collected: 30/01/2024

Reported: 31/01/2024 04:01

NUCLEIC ACID TESTING (NAT)

Specimen / site URINE  
Chlamydia trachomatis Not detected  
Neisseria gonorrhoeae Not detected

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

Please note: The optimal samples for this assay are first void urine samples, endocervical or urethral swabs.

Requested Tests : SYP, HIR, HEP, CHM

ELLERY, KAYLA  
18 FORD ST, OXLEY VALE. 2340  
Phone: 0488415976  
Birthdate: 05/02/1997 Sex: F Medicare Number: 2771778503  
Your Reference: 00137042 Lab Reference: 24-25097092-MBA-0  
Laboratory: Laverty Pathology  
Addressee: DR CASEY SULLIVAN Referred by: DR CASEY SULLIVAN

Name of Test: SERUM CHEMISTRY (MBA-0)  
Requested: 06/02/2024 Collected: 06/02/2024 Reported: 06/02/2024 22:27

Clinical notes: pancreatic cyst.

Clinical Notes : pancreatic cyst.

SERUM CHEMISTRY  
Request Number  
Date Collected  
Time Collected  
Specimen Type: Serum

25673117 25097092  
30 Jan 24 6 Feb 24  
07:45 11:28

Haemolysis	Nil	Nil
Icterus	Nil	Nil
Lipaemia	Nil	Nil
Na (135-145)	mmol/L	135
K (3.6-5.4)	mmol/L	3.5
Cl (95-110)	mmol/L	99
HCO3 (22-32)	mmol/L	26
An Gap (10-20)	mmol/L	14
Urea (2.5-6.7)	mmol/L	3.0
Creat (45-90)	umol/L	70
eGFR mL/min/1.73m <sup>2</sup>		> 90
Bili (< 15)	umol/L	6
AST (< 30)	U/L	19
ALT (< 30)	U/L	21
GGT (< 30)	U/L	21
Alk Phos (20-105)	U/L	73
Protein (60-82)	g/L	73
Albumin (38-50)	g/L	47
Glob (20-39)		26
Ca (2.10-2.60)	mmol/L	2.37
Corr Ca (2.10-2.60)		2.29
PO4 (0.75-1.50)	mmol/L	1.26
Amylase (< 121)	U/L	73
Lipase (6-70)	U/L	38
Mg (0.70-1.10)	mmol/L	0.61
		0.71

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).

HAEMATOLOGY: Thrombocytosis noted.

Requested Tests : UMA\*, ESR, CRP\*, MBA, FBE

ELLERY, KAYLA  
18 FORD ST, OXLEY VALE. 2340  
Phone: 0488415976  
Birthdate: 05/02/1997 Sex: F Medicare Number: 2771778503  
Your Reference: 00137042 Lab Reference: 24-25097092-CRP-0  
Laboratory: Laverty Pathology  
Addressee: DR CASEY SULLIVAN Referred by: DR CASEY SULLIVAN

Name of Test: C-REACTIVE PROTEIN (CRP-0)  
Requested: 06/02/2024 Collected: 06/02/2024 Reported: 07/02/2024 12:30

Clinical notes: pancreatic cyst.

Clinical Notes : pancreatic cyst.

C-REACTIVE PROTEIN

Specimen Type: Serum  
Serum CRP 11.7 mg/L (< 6.0)  
C-reactive protein is an acute phase reactant which rapidly increases in response to tissue injury, such as inflammation or infection, and may remain elevated if tissue damage persists.

Requested Tests : UMA\*, ESR, CRP, MBA, FBE

ELLERY, KAYLA  
18 FORD ST, OXLEY VALE. 2340  
Phone: 0488415976  
Birthdate: 05/02/1997 Sex: F Medicare Number: 2771778503  
Your Reference: 00137042 Lab Reference: 24-25097092-UMA-0  
Laboratory: Laverty Pathology  
Addressee: DR CASEY SULLIVAN Referred by: DR CASEY SULLIVAN

Name of Test: URINE MICROALBUMIN (UMA-0)  
Requested: 06/02/2024 Collected: 06/02/2024 Reported: 08/02/2024 00:25

Clinical notes: pancreatic cyst.

Clinical Notes : pancreatic cyst.

	URINE MICROALBUMIN	
Request Number	25673117	25097092
Date Collected	30 Jan 24	6 Feb 24
Time Collected	07:45	11:28
Urine albumin	mg/L 639.4	414.5
Urine creatinine	mmol/L 4.0	6.1
Alb/Crt (< 3.5)	mg/mmol 159.8	68.0

Urine albumin: creatinine ratio > 35 mg/mmol is consistent with macroalbuminuria. If not already done, suggest repeat on a first morning void urine sample to confirm.

Persistent urine albumin: creatinine ratio > 30 mg/mmol (present for >= 3 months) may be an indication for referral to a nephrologist. (Kidney Health Australia, CKD Management in General Practice 2015)

Requested Tests : UMA, ESR, CRP, MBA, FBE

ELLERY, KAYLA  
Birthdate: 05/02/1997 Sex: F Medicare Number: 27717785031  
Your Reference: 2796867 Lab Reference: 2796867

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Laboratory: TAMWORTH MEDICAL IMAGING

Addressee: DR CASEY SULLIVAN

Referred by:

DR CASEY SULLIVAN

Name of Test: MRI PANCREAS

Requested: 06/02/2024

Collected: 07/02/2024

Reported: 07/02/2024 09:05



TAMWORTH  
MEDICAL IMAGING

Patient Name: ELLERY, KAYLA

DOB: 05/02/1997

Gender: F

Address: 18 FORD STREET  
TAMWORTH NSW 2340

Phone:

Medicare Number:

[Click here to view images](#)

This report is for: Dr C. Sullivan

Referred By:

Dr C. Sullivan

MRI PANCREAS 07/02/2024 Reference: 2796867

## MRI PANCREAS

Clinical History: Routine protocol including dynamic post gadolinium sequences.

### Findings:

No relevant previous imaging is available for correlation at the time of reporting.

On the left side of the abdomen, there is a large complex cystic mass measuring 12.4 x 10.6cm in cross sectional dimension. There are some slightly irregular internal septations predominantly over the posterior aspect. It demonstrates fatty smooth thin peripheral enhancement. No discrete enhancing nodular or mass-like component is seen. The lesion is situated in the region of the pancreatic tail, separated from left adrenal, kidney and spleen. There is localised mass effect with slight displacement of adjacent bowel loops. The rest of the pancreas appears unremarkable. No pancreatic ductal dilatation is seen.

No significant intrahepatic or extrahepatic biliary dilatation is seen. CBD measures 2mm. No choledocholithiasis is seen.

Gallbladder appears unremarkable.

No discrete hepatic lesion is seen. Hepatic and portal veins are patent. The spleen is not enlarged and appears unremarkable. Adrenals appear unremarkable. Both kidneys appear unremarkable.

No significantly enlarged upper abdominal lymphadenopathy is seen.

**Comment:**

There is a large complex cystic lesion on the left side of the abdomen in the region of the pancreatic tail as described. Pancreatic cystic neoplasm should be considered. Surgical review is suggested. There is minor localised mass effect. The rest of the pancreas appears unremarkable.

No significantly enlarged upper abdominal lymphadenopathy or ascites is seen.

( This report and images are available online at <https://pacs.alpenglow.com.au/InteleConnect> )

**Reported by:** Dr C. Chu

**Typist:** J.T

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For any enquiries or problems relating to this report, please contact our reception on 02 6764 6000

ELLERY, KAYLA  
18 FORD ST, OXLEY VALE. 2340  
**Phone:** 0488415976  
**Birthdate:** 05/02/1997 **Sex:** F **Medicare Number:** 2771778503  
**Your Reference:** 00137357 **Lab Reference:** 24-25097120-AFP-0  
**Laboratory:** Laverty Pathology  
**Addressee:** DR CASEY SULLIVAN **Referred by:** DR CASEY SULLIVAN

**Name of Test:** SERUM ALPHA FETOPROTEIN (AFP-0)  
**Requested:** 09/02/2024 **Collected:** 09/02/2024 **Reported:** 09/02/2024 21:33

**Clinical notes:** Cystic lesion pancreas .

Clinical Notes : Cystic lesion pancreas .

	<u>SERUM ALPHA FETOPROTEIN</u>	
Serum AFP (Atellica)	4 ug/L	(0-10)

Please note that as of 26/04/2021, Alphafetoprotein units have changed to ug/L in line with national harmonisation of pathology reporting. To convert results from the new units (ug/L) to the old units (kIU/L) multiply by 0.83.

Requested Tests : AFP, C19\*, 125\*

ELLERY, KAYLA  
18 FORD ST, OXLEY VALE. 2340  
**Phone:** 0488415976  
**Birthdate:** 05/02/1997 **Sex:** F **Medicare Number:** 2771778503  
**Your Reference:** 00137357 **Lab Reference:** 24-25097120-C19-0  
**Laboratory:** Laverty Pathology  
**Addressee:** DR CASEY SULLIVAN **Referred by:** DR CASEY SULLIVAN

**Name of Test:** CARBOHYDRATE ANTIGEN 19-9 (C19-0)  
**Requested:** 09/02/2024 **Collected:** 09/02/2024 **Reported:** 09/02/2024 21:44

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Clinical notes: Cystic lesion pancreas .

Clinical Notes : Cystic lesion pancreas .

SERUM CANCER ANTIGEN 19.9

CA-19.9 (Siemens) 5.7 U/mL (< 37)

Please note that as of 21/09/2019, Lavery Pathology changed to the Atellica analyser for CA-19.9 testing. Differences in individual patient results may be observed compared to the previous method. If further information is required please contact a Chemical Pathologist on 9005 7000.

Requested Tests : AFP, C19, 125\*

ELLERY, KAYLA  
18 FORD ST, OXLEY VALE. 2340  
Phone: 0488415976  
Birthdate: 05/02/1997 Sex: F Medicare Number: 2771778503  
Your Reference: 00137357 Lab Reference: 24-25097120-125-0  
Laboratory: Lavery Pathology  
Addressee: DR CASEY SULLIVAN Referred by: DR CASEY SULLIVAN

Name of Test: CANCER ANTIGEN 125 (125-0)  
Requested: 09/02/2024 Collected: 09/02/2024 Reported: 09/02/2024 22:05

Clinical notes: Cystic lesion pancreas .

Clinical Notes : Cystic lesion pancreas .

SERUM CANCER ANTIGEN 125

CA 125 (Siemens) 40 U/mL (< 35)

CA 125 concentrations may increase due to benign conditions, including cirrhosis, hepatitis, endometriosis, as well as pleural and pericardial effusions. Levels may also increase during pregnancy. CA 125 measurement has been recommended in the monitoring and surveillance of patients with known neoplasia, as well as in the evaluation of pelvic masses.

Requested Tests : AFP, C19, 125

ELLERY, KAYLA  
Birthdate: 05/02/1997 Sex: F Medicare Number: 27717785031  
Your Reference: 2802858 Lab Reference: 2802858  
Laboratory: TAMWORTH MEDICAL IMAGING  
Addressee: DR CASEY SULLIVAN Referred by: DR CASEY SULLIVAN

Name of Test: CT CHEST/ABDO/PELVIS  
Requested: 09/02/2024 Collected: 13/02/2024 Reported: 13/02/2024 10:44



TAMWORTH  
MEDICAL IMAGING

Patient Name: ELLERY, KAYLA  
DOB: 05/02/1997  
Gender: F

Address: 18 FORD STREET  
TAMWORTH NSW 2340  
Phone:  
Medicare Number:

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This report is for: Dr C. Sullivan  
Referred By:  
Dr C. Sullivan

CT CHEST/ABDO/PELVIS 13/02/2024 Reference: 2802858

## CT CHEST, ABDOMEN AND PELVIS

Clinical History: Staging scan of patient is having resection of a complex of the tail of the pancreas.

Technique: A spiral scan was performed with intravenous contrast and multiplanar reformats.

Comparison: Comparison is made with an MRI of the pancreas dated 07/02/2024.

### Findings:

No mediastinal or axillary adenopathy.

No lung metastasis or mass lesion.

The liver has normal appearance.

A large cyst with posterior septations is demonstrated in the left side of the abdomen and the body and tail of the pancreas is not visible. The pancreatic duct in the neck and head of the pancreas appears normal. The cyst has maximum dimensions of 12.8 x 13.4 x 11.3cm (key images). No vascularity is demonstrated in the wall of the cyst and the splenic artery and vein are draped over the apex of the cyst.

The spleen, kidneys, adrenal glands and aorta are normal.

No pelvic or inguinal adenopathy.

No para-aortic adenopathy.

No ascites.

No bowel wall thickening.

No obvious bony destructive lesion.

### Conclusion:

Large cystic pancreatic lesion with septations posteriorly.

( This report and images are available online at  
<https://pacs.alpenglow.com.au/InteleConnect> )