

KEOGH, CHANTEL
 46B HESTER ST, SHAILER PARK. 4128
Phone: 0490453688
Birthdate: 16/05/1993 **Sex:** F **Medicare Number:** 4355334763
Your Reference: 00237827 **Lab Reference:** 682312138-H-H900
Laboratory: SNP
Addressee: DR STEPHANIE E ROBINSON **Referred by:** DR STEPHANIE E ROBINSON

Name of Test: .BLOOD COUNT
Requested: 08/08/2023 **Collected:** 08/08/2023 **Reported:** 08/08/2023
 20:20

Clinical notes: fatigue, low vitamin D deficiency

Clinical Notes : fatigue, low vitamin D deficiency

Haematology

Date	Latest Results				Reference	Units
	09-Oct-19	30-Mar-20	28-Oct-20	08-Aug-23		
Time F-Fast	0725	0803 F	0750 F	1350 F		
Lab Id.	649490715	651431015	655355022	682312138		
Haemoglobin	125	123	124	127	(115-165)	g/L
Haematocrit	0.38	0.37	0.37	0.37	(0.35-0.47)	
RCC	4.0	4.0	4.0	4.0	(3.9-5.6)	10*12/L
MCV	96	93	94	94	(80-100)	fL
WCC	4.9	6.1	4.6	4.7	(3.5-12.0)	10*9/L
Neutrophils	2.48	3.36	2.22	2.25	(1.5-8.0)	10*9/L
Lymphocytes	2.03	2.20	1.90	1.95	(1.0-4.0)	10*9/L
Monocytes	0.26	0.36	0.31	0.40	(0-0.9)	10*9/L
Eosinophils	0.14	0.15	0.16	0.05	(0-0.6)	10*9/L
Basophils	0.03	0.04	0.04	0.03	(0-0.15)	10*9/L
Platelets	397	359	401 H	392	(150-400)	10*9/L

HA

Sullivan Nicolaidides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: FBE
 Tests Pending : Iron Studies,CRP,E/LFT,TFTH,Vitamin B12,Vitamin D
 Sample Pending :

KEOGH, CHANTEL
 46B HESTER ST, SHAILER PARK. 4128
Phone: 0490453688
Birthdate: 16/05/1993 **Sex:** F **Medicare Number:** 4355334763
Your Reference: 00237827 **Lab Reference:** 682312138-C-H245
Laboratory: SNP
Addressee: DR STEPHANIE E ROBINSON **Referred by:** DR STEPHANIE E ROBINSON

Name of Test: .ANAEMIA
Requested: 08/08/2023 **Collected:** 08/08/2023 **Reported:** 09/08/2023
 05:21

Clinical notes: fatigue, low vitamin D deficiency

Clinical Notes : fatigue, low vitamin D deficiency

Haematinics

				Latest Results	
Date	14-Jun-16	09-Oct-19	30-Mar-20	08-Aug-23	
Time F-Fast	0815	0725	0803 F	1350 F	
Lab Id.	630487895	649490715	651431015	682312138	Reference Units
Iron	19	21		15	(5-30) umol/L
Transferrin	2.4	2.4		2.3	(1.9-3.1) g/L
TIBC	60	59		59	(47-77) umol/L
Trans Sat	32	36		25	(20-45) %
Ferritin	50	72		69	(30-250) ug/L
CRP			2.6	0.8	(<5) mg/L
Vitamin B12	405	333		216	(>150) pmol/L
Active B12		>128	>128	101	(>35) pmol/L
Folate serum			24		(>7.0) nmol/L

Comments on Collection 08-Aug-23 1350 F:
Iron Studies
Normal Iron Status.

All patients with low or equivocal vitamin B12 results (400 pmol/L or less) will be routinely tested for holo-transcobalamin (active B12) to clarify the B12 status.

Both tests are now Medicare rebateable. Vitamin B12 concentrations over 400 pmol/L are generally considered replete.

Active B12 (holotranscobalamin) is the biologically active fraction of total serum B12, and should be a superior indicator of B12 status.

Holotranscobalamin level indicates Vitamin B12 deficiency unlikely.

Up to 15% of patients will have a deficiency of carrier protein (haptocorrin) that does not appear to result in a clinically recognisable Vitamin B12 deficiency despite low total Vitamin B12 levels.

EA

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Tests Completed: Iron Studies,CRP,E/LFT,TFTH,Vitamin B12,Active B12,
Vitamin D,FBE

Tests Pending :
Sample Pending :

KEOGH, CHANTEL
46B HESTER ST, SHAILER PARK. 4128

Phone: 0490453688

Birthdate: 16/05/1993 Sex: F Medicare Number: 4355334763

Your Reference: 00237827 Lab Reference: 682312138-C-C290

Laboratory: SNP

Addressee: DR STEPHANIE E ROBINSON Referred by: DR STEPHANIE E ROBINSON

Name of Test: S-C REACTIVE PROTEIN

Requested: 08/08/2023 Collected: 08/08/2023 Reported: 09/08/2023
05:21

Clinical notes: fatigue, low vitamin D deficiency

Clinical Notes : fatigue, low vitamin D deficiency

		Latest Results		
Date	30-Mar-20	08-Aug-23		
Time F-Fast	0803 F	1350 F		
Lab Id.	651431015	682312138	Reference	Units
CRP	2.6	0.8	(<5)	mg/L

Comments on Collection 08-Aug-23 1350 F:

C Reactive Protein

Interpretation: Elevation in CRP indicates disease activity of an inflammatory, infective or neoplastic nature. CRP is a more sensitive early indicator of an acute phase response than is the ESR. It also returns towards normal more rapidly with improvement or resolution of the disease process.

Artefactually decreased CRP values occur when patients are treated with antibiotics containing carboxypenicillins including Ticarcillin.

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Iron Studies, CRP, E/LFT, TFTH, Vitamin B12, Active B12, Vitamin D, FBE

Tests Pending :

Sample Pending :

KEOGH, CHANTEL

46B HESTER ST, SHAILER PARK. 4128

Phone: 0490453688

Birthdate: 16/05/1993 Sex: F Medicare Number: 4355334763

Your Reference: 00237827 Lab Reference: 682312138-C-C140

Laboratory: SNP

Addressee: DR STEPHANIE E ROBINSON Referred by: DR STEPHANIE E ROBINSON

Name of Test: S- ROUTINE CHEMISTRY

Requested: 08/08/2023 Collected: 08/08/2023 Reported: 09/08/2023 05:21

Clinical notes: fatigue, low vitamin D deficiency

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Chemistry (serum)

	Latest Results					
Date	09-Oct-19	30-Mar-20	28-Oct-20	08-Aug-23		
Time F-Fast	0725	0803 F	0750 F	1350 F		
Lab Id.	649490715	651431015	655355022	682312138	Reference	Units
Sodium	137	138	134 L	137	(135-145)	mmol/L
Potassium	4.2	4.0	4.2	4.3	(3.5-5.5)	mmol/L
Chloride	104	107	102	104	(95-110)	mmol/L
Bicarbonate	27	25	25	25	(20-32)	mmol/L
Anion Gap	6	6	7	8	(<16)	mmol/L
Calcium (Corr.)	2.36	2.37	2.32	2.42	(2.10-2.60)	mmol/L
Phosphate	1.08	1.32	1.21	1.37	(0.80-1.50)	mmol/L
Urea	3.9	2.9	2.6	3.4	(2.5-7.0)	mmol/L
Urate	0.235	0.235	0.228	0.184	(0.150-0.400)	mmol/L

Creatinine	59	64	57	60	(45-85)	umol/L
eGFR	>90	>90	>90	>90	(>59)	
Fast. Glucose		4.4	4.3	4.5	(3.6-6.0)	mmol/L
Random Glucose	7.5				(3.6-7.7)	mmol/L
Total Protein	65	67	68	71	(64-81)	g/L
Albumin	37	41	39	43	(33-46)	g/L
Globulin	28	26	29	28	(23-43)	g/L
T Bilirubin	14	18 H	17 H	16 H	(<16)	umol/L
ALP	54	60	50	46	(20-105)	U/L
AST	14	13	12	16	(10-35)	U/L
ALT	13	12	11	13	(5-30)	U/L
GGT	20	18	19	23	(5-35)	U/L
LDH	125	133	124	164	(<250)	U/L
Cholesterol	4.1	3.5 L	3.7	4.1	(<5.6)	mmol/L
Haemolysis Index	1	2	5	3	(<40)	mg/dL

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Iron Studies, CRP, E/LFT, TFTH, Vitamin B12, Active B12, Vitamin D, FBE

Tests Pending :

Sample Pending :

KEOGH, CHANTEL

46B HESTER ST, SHAILER PARK. 4128

Phone: 0490453688

Birthdate: 16/05/1993 Sex: F Medicare Number: 4355334763

Your Reference: 00237827 Lab Reference: 682312138-E-E030

Laboratory: SNP

Addressee: DR STEPHANIE E ROBINSON Referred by: DR STEPHANIE E ROBINSON

Name of Test: S- THYROID FUNCTION

Requested: 08/08/2023 Collected: 08/08/2023 Reported: 09/08/2023 05:21

Clinical notes: fatigue, low vitamin D deficiency

Clinical Notes : fatigue, low vitamin D deficiency

Thyroid Function Tests

				Latest Results		
Date	14-Jun-16	09-Oct-19	28-Oct-20	08-Aug-23		
Time F-Fast	0815	0725	0750 F	1350 F		
Lab Id.	630487895	649490715	655355022	682312138	Reference	Units
Free T4	13.1	13.2	13.8	12.3	(9.0-19.0)	pmol/L
Free T3		4.4	4.1		(2.6-6.0)	pmol/L
TSH	0.8	0.5	1.0	0.7	(0.3-3.5)	mIU/L

Comments on Collection 08-Aug-23 1350 F:
Euthyroid

EA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Iron Studies,CRP,E/LFT,TFTH,Vitamin B12,Active B12,
Vitamin D,FBE

Tests Pending :
Sample Pending :

KEOGH, CHANTEL
46B HESTER ST, SHAILER PARK. 4128
Phone: 0490453688
Birthdate: 16/05/1993 **Sex:** F **Medicare Number:** 4355334763
Your Reference: 00237827 **Lab Reference:** 682312138-E-E405
Laboratory: SNP
Addressee: DR STEPHANIE E ROBINSON **Referred by:** DR STEPHANIE E
ROBINSON

Name of Test: S-VITAMIN D
Requested: 08/08/2023 **Collected:** 08/08/2023 **Reported:** 09/08/2023
05:21

Clinical notes: fatigue, low vitamin D deficiency

Clinical Notes : fatigue, low vitamin D deficiency

			Latest Results	
Date	30-Mar-20		08-Aug-23	
Time F-Fast	0803 F		1350 F	
Lab Id.	651431015	682312138	Reference	Units
Hydroxycalciferol	66	57	(50-150)	nmol/L

Comments on Collection 08-Aug-23 1350 F:
According to the Position Statement 'Vitamin D and health in adults in
Australia and New Zealand' MJA, 196(11):1-7, 2012, vitamin D status is
defined as:

Vitamin D adequacy: >49 nmol/L at the end of winter
(levels may need to be 10-20 nmol/L higher at the end
of summer, to allow for seasonal decrease.)
Mild vitamin D deficiency: 30-49 nmol/L
Moderate vitamin D deficiency: 12.5-29 nmol/L
Severe vitamin D deficiency: < 12.5 nmol/L

EA

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1964

Tests Completed: Iron Studies,CRP,E/LFT,TFTH,Vitamin B12,Active B12,
Vitamin D,FBE

Tests Pending :
Sample Pending :

Keogh, Chantel
46b Hester Street, SHAILER PARK. 4128
Birthdate: 16/05/1993 **Sex:** F **Medicare Number:** 43553347641
Your Reference: 102.145814 **Lab Reference:** 102.145814_1
Laboratory: Qld Radiology Specialists
Addressee: Dr Stephanie Robinson **Referred by:** Dr Stephanie Robinson

Name of Test: Renal Ultrasound
Requested: 21/08/2023 **Collected:** 21/08/2023 **Reported:** 21/08/2023
21:12

Dr Stephanie Robinson Examined: 21 August 2023
Chatswood Road Medical Centre Reported: 21 August 2023
Chatswood & Magellan Roads Acc No: 102.145814
SPRINGWOOD 4127
0732088622
chatswrd@promedius.net

Dear Dr Robinson,
Thank you for referring the following patient
Re: Miss Chantel Keogh - Folio No: 102.47994
DOB: 16/05/1993

RENAL TRACT ULTRASOUND

Clinical Information:

Follow up renal lesion found on ultrasound in early 2023 for investigating abdominal pain. Follow up scan for growth, ? site of the lesion, original report not available.

Comparison Study:

Comparison is made with the prior study performed on 17/01/2023.

Findings:

The right kidney had a bipolar length of 12.5cm and left 11.9cm. There is an upper pole cortical cyst on the right side measuring up to 6mm and an echogenic lesion at the inferior pole on the left side which could reflect an angiomyolipoma measuring 5x4mm. Kidneys are sonographically normal.

The bladder had a premicturition volume of 557cc. There is a small postvoid residual of 21cc. The bladder wall was smooth and regular. Vesicoureteric jets were visualised and appeared normal.

Conclusion:

- * Simple cyst at the upper pole level of the right kidney.
- * Angiomyolipoma suspected at the lower pole level of the left kidney.
- * There has been no significant interval change.

With kind regards,

Dr Patrick Bergin
Electronically signed by Dr Patrick Bergin at 9:01 PM Mon, 21 Aug 2023