



**CREMORNE
MEDICAL PRACTICE**
EMPATHY. EXCELLENCE. EVERYTIME

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General Practitioners
Cremorne Medical Pty Ltd
ABN 27159660634

18/04/2019

Dr Amanda Chung Phone 9051 2406 Fax 9473 8969
Suite 107, AMA House
69 Christie Street
St Leonards 2065

Dear Amanda

Ms Camilla Cairns
11/01/1972
22 Lang Street
Mosman 2088
0421567265
8034 8644
Medicare Number 2329319969

Thank you for seeing Camilla Cairns, age 47 yrs, for an opinion and management advice regarding her ongoing urinary symptoms...I enclose relevant notes and pathology

Surgery consultation recorded by Dr Deborah Geyer on 12/04/2018

Dysuria for the last few days

Had some macrodantin and triprim at home

Took 1 macrodantin last night

But has been on Ural (which reduces efficacy of macrodantin)

Nil fevers, however starting to feel unwell and tummy pains

Nil back pain or rigors

Ural is alkalinising.

Examination:

Temp 36.8

Nil renal angle tenderness

Urinalysis - leucos and nitrites and blood. Alkaline!

Plan:

Commence keflex + probiotics. Increase water. Ural.

Consider Ellura long term as prevention. Discussed post coital micturition.

Actions:

Request printed to DHM Eorder: Urine MCS. (?UTI. Had 1 dose of macrodantin last night.)

Prescription printed: Keflex 500mg Capsule(Cephalexin) 1 Twice a day for 5 days only.

Surgery consultation recorded by Dr Felicity Shepherd on 16/01/2019

Presents with ?UTI

Collected sample after 1 dose of abx

Dysuria

No fevers or back pain, systemically well

Long discussion around UTIs

Had 1-2 2018

Tend to be associated with intercourse

Discussed voiding after intercourse and adequate lubrication

Also tends to then get thrush

Does not meet criteria for recurrent UTI at this stage

Discussed various prophylaxis regimens

*crab
et al*

*70g Crabs
Ellura (36mg equiv.)*

Afebrile
BP (sitting): 109/68
Pulse: 67

Reason for visit:
UTI

Actions:
Fluids/urinal
Request printed to DHM Eorder: Urine MCS. (Dysuria, [GP WILL EMAIL RESULT])
Prescription printed: Keflex 500mg Capsule(Cephalexin) 1 Every 12 hours for 5 days
Treat for thrush after completing abx as necessary

Surgery consultation recorded by Dr Margaret Hamilton on 02/04/2019

has recurrent dysuria and pain esp after sex...starting to avoid as knows will stir up bladder.
Last few MSUs have been sterile pyuria...each time she had started abs prior
No fevers no loin pain.
Has just finished a course of Keflex.

Suggest:
Stop antibiotics
use Ovestin cream
Recheck MSU in about 10 days
Then trial Hiprex depending on results.
May need urology review

Reason for visit:
Dysuria

Actions:
Prescription printed: Ovestin Vaginal 1mg/g Cream(Estriol) 1 applicat In the evening
Request printed to Douglass Hanly Moir: MSU. (Recurrent UTI, [GP WILL EMAIL RESULT])
Prescription printed: Hiprex 1g Tablet(Methenamine (Hexamine) Hippurate) 1 Daily can take w Vitamin C

Surgery consultation recorded by Dr Deborah Geyer on 08/04/2019

Presents with recurrent urinary symptoms
Was planning to do baseline urine, however had intercourse last night, and pain has now started
Dysuria and general suprapubic discomfort
Feels like never quite back to normal though, even after keflex

Hasn't taken any antibiotics yet

Urinalysis - Positive for blood and nitrites

Reason for visit:
Recurrent UTI

Plan:
1. Keflex
2. Hiprex (stay on longer term)
3. Chase urine (email results, I will call if need to change antibiotics)
4. Oestrogen cream topically for 2 weeks, then nightly thereafter. Has script from Dr Hamilton.
5. Renal US (I will email if need to come in, or if normal, then to do pelvic US.
6. Review after pelvic US.
Next step is urologist if above all normal.

Actions:
Request printed to DHM Eorder: Urine MCS. ([GP WILL EMAIL RESULT] Dysuria)
Imaging request printed to Cremorne Radiology: Ultrasound scan - KUB. (Recurrent UTI)
Letter to Omni Gynaecological Care* printed.
Letter written to Omni Gynaecological Care* re. Consult referral.
Prescription printed: Keflex 500mg Capsule(Cephalexin) 1 Twice a day for 5 days

Surgery consultation recorded by Dr Margaret Hamilton on 16/04/2019

Ongoing problems with urinary stinging soon after sex...stinging settles fairly quickly but has dragging pelvic pains. Started Hiprex at the same time as Keflex and Vit C...pain seemed worse.

Hold off Hiprex for now

Keflex helping a bit but pain persists.

Renal and pelvic U/S ok (Some fluid noted in endometrium..?significant

I suggest review w urologist, may need cystoscopy.

Trial Ovestin as well.

Reason for visit:

Abdominal pain

Actions:

Dose of Keflex 500mg Capsule changed from 1 Twice a day for 5 days to 1 Daily As directed.

Prescription printed: Keflex 500mg Capsule(Cephalexin) 1 Daily As directed

. Many thanks for seeing Camilla.

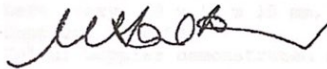
Past History Allergies Nil known.

Current Medications

Microgynon 30 ED 150mcg;30mcg Tablet

1 Tablet Daily

Yours sincerely,



Dr Margaret Hamilton

MB BS DCH

020121KX

Save time, money and the environment by corresponding with us electronically.

We have secure accounts with Healthlink (EDI: tandrawn), Argus (argus@cremornmedical.com.au) & Promedius.

If you are not already using one of these systems, please call Debra Peacock for details.

Cairns, Camilla
7 Benelong Road, CREMORNE. 2090
Phone: 0421567265
Birthdate: 11/01/1972 Sex: F Medicare Number: 2329 31996 9-3
Your Reference: Lab Reference: 201900001615-1
Laboratory: OMNI Gynaecological Care
Addressee: Dr Deborah Geyer Referred by: Dr Deborah Geyer

Name of Test: Pelvis Colour Doppler scan
Requested: 08/04/2019 Collected: 15/04/2019 Reported: 15/04/2019 21:13

Indication: Recurrent UTIs, pelvic pain after i/c.

History: 47 yo Para 2+2 woman. LMP 03/04/219.

3D/4D Gynaecological Ultrasonography:

Method: GE E8, transvaginal ultrasound

Uterus: anteverted and measuring 81 x 42 x 58 mm

Nil congenital uterine anomaly of note

Endometrial thickness: anterior wall = 3.1 mm; posterior wall = 3.5 mm;

contains fluid with some internal echoes

Nil focal pathology of note in the endometrial cavity, i.e no polyps/
submucosal fibroids

Colour Doppler: demonstrated no abnormal vascularity

Right ovary: 32 x 25 x 16 mm, normal in size and appearance

Doppler: RI 0.77, PSV -17.6 cm/s

Colour Doppler demonstrated no abnormal vascularity

Left ovary: 19 x 13 x 15 mm, normal in size and appearance

Doppler: RI 0.54

Colour Doppler demonstrated no abnormal vascularity

Diagnosis: There is no focal endometrial pathology of note, however the
endometrial cavity contains fluid with some internal echoes measuring 26 x 7
x 19 mm.

Both ovaries appear grossly normal.

Yours sincerely,

[Image "gc_signature_200"]

George Condous

MBBS (Adel), FRCOG, FRANZCOG, MD (Lon)

Associate Professor of Obstetrics and Gynaecology

Specialist in Gynaecological Ultrasound

Sonographer: Lisa Feldman

WE NOW BULK BILL PELVIC ULTRASOUND SCANS @ OMNI

CAIRNS, Camilla
22 Lang Street, MOSMAN. 2088
Birthdate: 11/01/1972 Sex: F Medicare Number:
Your Reference: Lab Reference: 2019040900925490
Laboratory: Cremorne Radiology and Nuclear Medicine
Addressee: Dr. DEBBIE GEYER Referred by: Dr. DEBBIE GEYER

Name of Test: URINARY TRACT ULTRASOUND
Requested: 09/04/2019 Collected: 09/04/2019 Reported: 09/04/2019 00:00

Dr Debbie GEYER
Cremorne Town Centre, 287 Military Road
CREMORNE NSW 2090
Tel: 0299082233
Fax: 0299533097
cc:

9/04/2019

Ms Camilla CAIRNS,
22 Lang Street,
MOSMAN NSW 2088
DOB: 11/01/1972 ID: A00009865
Reported: 09/04/2019 15:37

EXTENDED OPENING HOURS NOW: Mon-Fri 8.00am - 6.00pm, Saturday 8.30am - 1.30pm

Imaging Link - USKUB
<https://images.doctorxray.com.au:4443/ContrastViewer?study=%3C1%27%5CV%23%28Q1%3DVV%5B%3CC%24%5BP2E%28%2CN%28IJ2ZL%3AV%3ED0P%22%29CP%60%60#main>
If your software does not support hyperlinks, please copy and paste the http link above into a web browser.

URINARY TRACT ULTRASOUND

Thank you for referring Camilla Cairns with recurrent UTI.

Findings: The right kidney is 117mm in length.
The left kidney is 135mm in length. There is an echogenic focus in the upper pole measuring 3 x 2 x 1cm consistent with a cortical calcification/granuloma.
Both kidneys demonstrate normal cortical thickness and echogenicity.
There is no renal cortical cyst, mass or scar.
There is no calyceal calculus or hydronephrosis.

The urinary bladder is 333ml in volume with a post-void residual of 30ml.
The urinary bladder wall is normal in thickness and contour.
The vesicoureteric junctions are patent bilaterally.

CONCLUSION

Small post-void residual bladder volume.

With kind regards,

Dr Philip Herald RADIOLOGIST
BSc MBBS FRANZCR FAANMS

CAIRNS, CAMILLA
 22 LANG ST, MOSMAN. 2088
 Birthdate: 11/01/1972 Sex: F Medicare Number: 2329319969
 Your Reference: 00210240 Lab Reference: 295626349-C-Lipids and HDL
 Laboratory: dhm
 Addressee: DR MARGARET HAMILTON Referred by: DR MARGARET HAMILTON
 Name of Test: Lipids and HDL
 Requested: 30/04/2019 Collected: 02/05/2019 Reported: 02/05/2019
 12:38

Clinical Notes : [GP WILL EMAIL RESULT] FH THYROID DISEASE,
 [APPT FOR RESULTS]

LIPIDS AND HDL

Date	25/10/13	21/11/16	02/05/19		
Time F-Fast	0925 F	1155	0829 F		
Lab ID	285176915	275352251	295626349	Units	Reference
Status	Fasting	Random	Fasting		
Cholesterol	4.3		4.4	mmol/L	(3.9-5.5)
Triglycerides	0.7		0.5	mmol/L	(0.5-1.7)
HDL Chol.	1.6		1.8	mmol/L	(0.9-2.1)
LDL Chol.	2.4		2.4	mmol/L	(1.7-3.5)

Comments on Collection 02/05/19 0829 F:
 According to current guidelines (Position Statement 2005),
 suggested targets are:
 HDL Cholesterol >1.0 mmol/L
 LDL Cholesterol <2.0 mmol/L (for patients at high risk)
 <2.5 mmol/L (for patients at lower risk)
 Triglycerides <1.5 mmol/L

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: LFT(s),Cr(s),UCreat(s),E(s),Glu(p),HDL & LIPIDS,
 CRP(s),FBC(e)
 Tests Pending : Iron(s),Vit D(s),TSH(s)
 Sample Pending :

CAIRNS, CAMILLA
22 LANG ST, MOSMAN. 2088
Birthdate: 11/01/1972 Sex: F Medicare Number: 2329319969
Your Reference: 00210240 Lab Reference: 295626349-C-CRP(s)
Laboratory: dhm
Addressee: DR MARGARET HAMILTON Referred by: DR MARGARET HAMILTON

Name of Test: CRP(s)
Requested: 30/04/2019 Collected: 02/05/2019 Reported: 02/05/2019
12:38

Clinical Notes : [GP WILL EMAIL RESULT] FH THYROID DISEASE,
[APPT FOR RESULTS]

Date	21/11/16	16/01/18	02/05/19		
Time F-Fast	1155	1210	0829 F		
Lab ID	275352251	283152807	295626349	Units	Reference
CRP	2.5	H 24.0	2.8	mg/L	(0.0-5.0)

Comments on Collection 02/05/19 0829 F:

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: LFT(s),Cr(s),UCreat(s),E(s),Glu(p),HDL & LIPIDS,
CRP(s),FBC(e)

Tests Pending : Iron(s),Vit D(s),TSH(s)

Sample Pending :

CAIRNS, CAMILLA
22 LANG ST, MOSMAN. 2088
Birthdate: 11/01/1972 Sex: F Medicare Number: 2329319969
Your Reference: 00210240 Lab Reference: 295626349-C-Vit D(s)
Laboratory: dhm
Addressee: DR MARGARET HAMILTON Referred by: DR MARGARET HAMILTON

Name of Test: Vit D(s)
Requested: 30/04/2019 Collected: 02/05/2019 Reported: 02/05/2019
13:38

Clinical Notes : [GP WILL EMAIL RESULT] FH THYROID DISEASE,
[APPT FOR RESULTS]

Date	25/10/13	02/05/19		
Time F-Fast	0925 F	0829 F		
Lab ID	285176915	295626349	Units	Reference
Vitamin D	77	99	nmol/L	(50-140)

Comments on Collection 02/05/19 0829 F:
According to the Position Statement 'Vitamin D and health in adults in Australia and New Zealand' MJA, 196(11):686-687, 2012, Vitamin D status is defined as:

Mild Deficiency	30	-	49 nmol/L
Moderate Deficiency	12.5	-	29 nmol/L
Severe Deficiency	<12.5		nmol/L

Vitamin D adequacy can be defined as a level >49 nmol/L at the end of winter - the level may need to be 10 - 20 nmol/L higher at the end of summer, to allow for seasonal decrease.
From 1st November 2014, Medicare rebates for vitamin D testing will apply to patients at risk of Vitamin D deficiency such as chronic lack of sun exposure.

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: LFT(s), Cr(s), UCreat(s), E(s), Glu(p), Iron(s),
HDL & LIPIDS, CRP(s), Vit D(s), TSH(s), FBC(e)

Tests Pending :
Sample Pending :

CAIRNS, CAMILLA
22 LANG ST, MOSMAN. 2088
Birthdate: 11/01/1972 Sex: F Medicare Number: 2329319969
Your Reference: 00210240 Lab Reference: 295626349-E-Thyroid
Function
Laboratory: dhm
Addressee: DR MARGARET HAMILTON Referred by: DR MARGARET HAMILTON
Name of Test: Thyroid Function
Requested: 30/04/2019 Collected: 02/05/2019 Reported: 02/05/2019
13:11

Clinical Notes : [GP WILL EMAIL RESULT] FH THYROID DISEASE,
[APPT FOR RESULTS]

TFT

Date	25/10/13	21/11/16	16/01/18	02/05/19	
Time F-Fast	0925 F	1155	1210	0829 F	
Lab ID	285176915	275352251	283152807	295626349	Units Reference

TSH.. 1.99 1.99 1.62 2.47 mIU/L
(0.40-3.50)

Comments on Collection 02/05/19 0829 F:

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: LFT(s),Cr(s),UCreat(s),E(s),Glu(p),Iron(s),
HDL & LIPIDS,CRP(s),TSH(s),FBC(e)

Tests Pending : Vit D(s)

Sample Pending :

CAIRNS, CAMILLA
22 LANG ST, MOSMAN. 2088
Birthdate: 11/01/1972 Sex: F Medicare Number: 2329319969
Your Reference: 00210240 Lab Reference: 295626349-C- Glucose
Laboratory: dhm
Addressee: DR MARGARET HAMILTON Referred by: DR MARGARET HAMILTON

Name of Test: Glucose
Requested: 30/04/2019 Collected: 02/05/2019 Reported: 02/05/2019
12:10

Clinical Notes : [GP WILL EMAIL RESULT] FH THYROID DISEASE,
[APPT FOR RESULTS]

GLUCOSE

Date	25/10/13	21/11/16	02/05/19	
Time F-Fast	0925 F	1155	0829 F	
Lab ID	285176915	275352251	295626349	Units Reference
F Gluc Plasma	4.6		4.0	mmol/L (3.6-6.0)
R Gluc Plasma		4.4		mmol/L (3.6-7.8)

Comments on Collection 02/05/19 0829 F:
Diabetes is unlikely if fasting glucose levels are less than 5.5 mmol/L but
an OGTT could be indicated in the presence of risk factors such as
metabolic syndrome, past gestational diabetes, polycystic ovary or family
history of type 2 diabetes.

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: Glu(p), FBC(e)

Tests Pending : LFT(s), Cr(s), UCreat(s), E(s), Iron(s), HDL & LIPIDS,
CRP(s), Vit D(s), TSH(s)

Sample Pending :

CAIRNS, CAMILLA
 22 LANG ST, MOSMAN. 2088
 Birthdate: 11/01/1972 Sex: F Medicare Number: 2329319969
 Your Reference: 00210240 Lab Reference: 295626349-H-Haematology
 Laboratory: dhm
 Addressee: DR MARGARET HAMILTON Referred by: DR MARGARET HAMILTON
 Name of Test: Haematology
 Requested: 30/04/2019 Collected: 02/05/2019 Reported: 02/05/2019
 11:39

Clinical Notes : [GP WILL EMAIL RESULT] FH THYROID DISEASE,
 [APFT FOR RESULTS]

HAEMATOLOGY

Date	25/10/13	21/11/16	16/01/18	02/05/19		
Time F-Fast	0925 F	1155	1210	0829 F		
Lab ID	285176915	275352251	283152807	295626349	Units	Reference
Haemoglobin	133	124	135	121	g/L	(119-160)
RCC	4.6	4.5	4.8	4.3	x10 ¹² /L	(3.8-5.8)
Haematocrit (0.35-0.48)	0.42	0.39	0.42	0.38		
MCV	90	85	87	87	fL	(80-100)
MCH	28.7	27.4	28.2	28.1	pg	
(27.0-32.0)						
MCHC	320	320	324	322	g/L	(310-360)
RDW	14.2	13.3	13.8	13.5		
(10.0-15.0)						
WCC	7.7	6.7	L 2.4	6.7	x10 ⁹ /L	(4.0-11.0)
Neutrophils	5.52	4.40	L 1.38	4.71	x10 ⁹ /L	(2.0-7.5)
Lymphocytes	1.62	1.86	L 0.51	1.50	x10 ⁹ /L	(1.0-4.0)
Monocytes	0.41	0.39	0.39	0.35	x10 ⁹ /L	(0.0-1.0)
Eosinophils	0.08	0.03	0.04	0.05	x10 ⁹ /L	(0.0-0.5)
Basophils	0.02	0.03	0.03	0.05	x10 ⁹ /L	(0.0-0.3)
NRBC		<1.0	<1.0	<1.0	/100 WBC	(<1)
Platelets	280	265	182	314	x10 ⁹ /L	(150-450)

Comments on Collection 02/05/19 0829 F:
 Full blood count is within reference limits

Supervising Pathologist: FH

NATA Accreditation No 2178

Tests Completed: FBC(e)

Tests Pending : LFT(s), Cr(s), UCreat(s), E(s), Glu(p), Iron(s),
 HDL & LIPIDS, CRP(s), Vit D(s), TSH(s)

Sample Pending :

viral inf / Bacterial Inf

CAIRNS, CAMILLA 2088
22 LANG ST, MOSMAN.
Phone: 80348644
Birthdate: 11/01/1972 Sex: F Medicare Number: 2329319968
Your Reference: 695529472 Lab Reference: 295626597-M-MSU
Laboratory: dhm
Addressee: DR FELICITY SHEPHERD Referred by: DR FELICITY SHEPHERD

Name of Test: MSU
Requested: 16/01/2019 Collected: 16/01/2019 Reported: 18/01/2019 09:08

Clinical Notes : Dysuria, [GP WILL EMAIL RESULT]

Urine

pH	7	Protein	Nil	Glucose	Nil
Blood	++	Ketones	Nil		
Bilirubin	Nil				
Specific gravity	1.011		(1.005 - 1.030)		

Microscopy

Leucocytes	H >100	x10 ⁶ /L	(<10)
Erythrocytes	H 58	x10 ⁶ /L	(<10)
Epithelial cells	9	x10 ⁶ /L			
Casts	NIL				

Culture No significant growth

Supervising Pathologist: IC

NATA Accreditation No 2178

Tests Completed: MSU

Tests Pending :

Sample Pending :

CAIRNS, CAMILLA
22 LANG ST, MOSMAN. 2088
Phone: 80348644
Birthdate: 11/01/1972 Sex: F Medicare Number: 2329319968
Your Reference: 703768326 Lab Reference: 296770532-M-MSU
Laboratory: dhm
Addressee: DR DEBORAH GEYER Referred by: DR DEBORAH GEYER

Name of Test: MSU
Requested: 08/04/2019 Collected: 08/04/2019 Reported: 10/04/2019 14:38

Clinical Notes : [GP WILL EMAIL RESULT] Dysuria

Urine

acidic
pH 6 Protein Trace Glucose Nil
Blood + Ketones Nil
Bilirubin Nil
Specific gravity 1.023 (1.005 - 1.030)

Microscopy

Leucocytes X H 68 x10⁶/L (<10)
Erythrocytes H 37 x10⁶/L (<10)
Epithelial cells 11 x10⁶/L
Casts NIL

Culture

Organism 1 Escherichia coli >10⁸ orgs/L

Sensitivities

	1
Ampi/Amoxycillin	R
Augmentin	S
Cephalexin	S
Norfloxacin	S
Trimethoprim	S

Comment on Lab ID 296770532

These results may indicate UTI if consistent clinical features are present.

Supervising Pathologist: IC

NATA Accreditation No 2178

Tests Completed: MSU
Tests Pending :
Sample Pending :

CAIRNS, CAMILLA
 22 LANG ST, MOSMAN. 2088
 Birthdate: 11/01/1972 Sex: F Medicare Number: 2329319969
 Your Reference: 00210240 Lab Reference: 295626349-C-Biochemistry
 Laboratory: dhm
 Addressee: DR MARGARET HAMILTON Referred by: DR MARGARET HAMILTON
 Name of Test: Biochemistry
 Requested: 30/04/2019 Collected: 02/05/2019 Reported: 02/05/2019
 12:38

Clinical Notes : [GP WILL EMAIL RESULT] FH THYROID DISEASE,
 [APPT FOR RESULTS]

BIOCHEMISTRY

Date	25/10/13	21/11/16	16/01/18	02/05/19		
Time F-Fast	0925 F	1155	1210	0829 F		
Lab ID	285176915	275352251	283152807	295626349	Units	Reference
Status	Fasting	Random		Fasting		
Sodium	138	138	136	138	mmol/L	(135-145)
Potassium	3.8	3.8	3.6	4.0	mmol/L	(3.5-5.5)
Chloride	104	105	101	106	mmol/L	(95-110)
Bicarbonate	25	28	24	26	mmol/L	(20-32)
Urea		3.7	3.9	5.0	mmol/L	(2.5-7.0)
Creatinine		65	65	60	umol/L	(45-85)
eGFR		>90	>90	>90	mL/min/1.73m2	(>59)
Bili.Total	8	8	5	6	umol/L	(3-15)
ALP	43	41	50	38	U/L	(20-105)
GGT	23	23	23	19	U/L	(5-35)
LD	219	155	169	154	U/L	(120-250)
AST	18	18	24	15	U/L	(10-35)
ALT	13	12	15	10	U/L	(5-30)
Total Protein	71	68	72	68	g/L	(68-85)
Albumin	40	42	45	38	g/L	(37-48)
Globulin	31	26	27	30	g/L	(23-39)
Cholesterol	4.3			4.4	mmol/L	(3.9-5.5)
Triglycerides	0.7			0.5	mmol/L	(0.5-1.7)

Anion gap = 10 ✓

Comments on Collection 02/05/19 0829 F:

eGFR (mL/min/1.73m2) calculated by CKD-EPI formula - see www.kidney.org.au

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: LFT(s), Cr(s), UCreat(s), E(s), Glu(p), HDL & LIPIDS,
 CRP(s), FBC(e)

Tests Pending : Iron(s), Vit D(s), TSH(s)

Sample Pending :

CAIRNS, CAMILLA
22 LANG ST, MOSMAN. 2088
Birthdate: 11/01/1972 Sex: F Medicare Number: 2329319969
Your Reference: 00210240 Lab Reference: 295626349-C-Iron Studies
Laboratory: dhm
Addressee: DR MARGARET HAMILTON Referred by: DR MARGARET HAMILTON

Name of Test: Iron Studies
Requested: 30/04/2019 Collected: 02/05/2019 Reported: 02/05/2019
13:11

Clinical Notes : [GP WILL EMAIL RESULT] FH THYROID DISEASE,
[APPT FOR RESULTS]

IRON

Date	21/11/16	16/01/18	08/03/18	02/05/19		
Time F-Fast	1155	1210	1235	0829 F		
Lab ID	275352251	283152807	289130067	295626349	Units	Reference
Iron	19.0	28.4	12.7	15.6	umol/L	(5.0-30.0)
Transferrin	3.0	2.8	3.3	2.8	g/L	(2.0-3.6)
TIBC (Calc)	66	62	72	62	umol/L	(46-77)
Saturation	29	H 46	18	25	%	(10-45)
Ferritin	L 14	H 231	23	17	ug/L	(15-200)

Comments on Collection 02/05/19 0829 F:
Serum ferritin levels between 15-30 ug/L may reflect depleted iron stores
and iron therapy may be indicated.

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: LFT(s),Cr(s),UCreat(s),E(s),Glu(p),Iron(s),
HDL & LIPIDS,CRP(s),TSH(s),FBC(e)

Tests Pending : Vit D(s)
Sample Pending :