

Patient Name: SHANN, DIANNE
Patient Address: 491 OLD GUNNEDAH ROAD, NARRABRI NSW 2390
D.O.B: 7/04/1952
Medicare No.: 4073625079
Lab. Reference:
Addressee: DR OKWUN OJAH
Date Requested: 17/05/2024
Date Collected: 22/05/2024
Specimen:
Subject(Test Name): US Hand - Left
Clinical Information:

Sex at Birth: F
IHI No.:
Provider: YourNameHere
Referred by: Dr Okwun OJAH
Date Performed: 22/05/2024
Complete:

Patient ID: 107.930913
Dr Okwun OJAH

Order: 107.6808469_1

22 May 2024
Dr Okwun OJAH
NAMOI MEDICAL SERVICES
Suite 4, 159 Maitland Street
NARRABRI 2390
namoims@promedius.net

Patient ID:107.930913
Order: 107.6808469
Go Sonics - Narrabri
Ref: CB

cc: GO SONICS ULTRASOUND

Re: Ms Dianne SHANN - DOB: 07/04/1952
491 Old Gunnedah Road NARRABRI 2390

ULTRASOUND LEFT WRIST

Clinical History: She has had discomfort in her left wrist and middle finger. States that she has also felt some discomfort in her left thumb. ? carpal tunnel syndrome.

Findings: The dorsal aspect of the left wrist shows evidence of osteoarthritis with synovitis.
Compartments 1, 2, 3, 4, 5 and 6 define normally.

On the volar aspect of the wrist there is a tendinitis of the flexor pollicis longus.
There is a tendinitis present of the flexor digitorum longus.
The median nerve is at the upper limits of normal.
The ulnar nerve defines normally.
No ganglion visualised.

Conclusion: Synovitis of the left wrist and evidence of OA.
Tendinitis of the flexor pollicis longus and flexor digitorum longus.

Thank you for your referral.

Kind regards,

DR LOURENS BESTER
MB. Ch.B. FRANZCR

Electronically signed by Dr Lourens Bester at 3:42 PM Thu, 23 May 2024

Patient Name:	SHANN, DIANNE DIANNE		
Patient Address:	PO BOX 665 491 OLD GUNNEDAH RD, NARRABRI 2390		
D.O.B:	7/04/1952	Sex at Birth:	F
Medicare No.:	4073625079	IHI No.:	
Lab. Reference:	24-26780277-GLU-0	Provider:	Lavery Pathology
Addressee:	DR OKWUN OJAH	Referred by:	DR. OKWUN OJAH
Date Requested:	17/05/2024	Date Performed:	22/05/2024
Date Collected:	22/05/2024	Complete:	Final
Specimen:			
Subject(Test Name):	GLUCOSE (GLU-0)		
Clinical Information:			

Clinical Notes : She has had generalised malaise,her iron profile..

SERUM/PLASMA GLUCOSE

Request Number	21278438	25952289	26780277
Date Collected	14 Oct 22	29 Feb 24	22 May 24
Time Collected	00:00	08:06	00:00
Fasting status	Random	Fasting	Fasting
Serum (3.4-5.4) mmol/L	4.3	5.3	5.5

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

Requested Tests : VBF*, TFT*, GLU, HGA*, MBA*, INS*, FE*, FBE*, A1C*

Patient Name: SHANN, DIANNE DIANNE
Patient Address: PO BOX 665 491 OLD GUNNEDAH RD, NARRABRI 2390
D.O.B: 7/04/1952
Medicare No.: 4073625079
Lab. Reference: 24-26780277-VBF-0
Addressee: DR OKWUN OJAH
Sex at Birth: F
IHI No.:
Provider: Laverty Pathology
Referred by: DR. OKWUN OJAH
Date Requested: 17/05/2024
Date Performed: 22/05/2024
Date Collected: 22/05/2024
Complete: Final
Specimen:
Subject(Test Name): B12, FOLATE, R.C.FOLATE (VBF-0)
Clinical Information:

Clinical Notes : She has had generalised malaise, her iron profile..

	VITAMIN B12 AND FOLATE STUDIES			
Request Number	21681216	25952289	26780277	
Date Collected	16 Feb 23	29 Feb 24	22 May 24	
Time Collected	09:44	08:06	00:00	
B12	(156-740)pmol/L	386	429	428
Serum Folate (> 9.0)nmol/L		53.1	> 54.0	

Folate Interpretation:

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

Serum Folate Assay:

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

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

Requested Tests : VBF, TFT, GLU, HGA*, MBA*, INS*, FE*, FBE*, A1C*

Patient Name: SHANN, DIANNE DIANNE
Patient Address: PO BOX 665 491 OLD GUNNEDAH RD, NARRABRI 2390
D.O.B: 7/04/1952
Medicare No.: 4073625079
Lab. Reference: 24-26780277-TFT-0
Addressee: DR OKWUN OJAH
Sex at Birth: F
IHI No.:
Provider: Lavery Pathology
Referred by: DR. OKWUN OJAH
Date Requested: 17/05/2024
Date Collected: 22/05/2024
Specimen:
Subject(Test Name): THYROID FUNCTION TEST (TFT-0)
Clinical Information:

Clinical Notes : She has had generalised malaise,her iron profile..

	THYROID PROFILE			
Request Number	21278438	24481535	25952289	26780277
Date Collected	14 Oct 22	19 Jul 23	29 Feb 24	22 May 24
Time Collected	00:00	11:27	08:06	00:00
Specimen Type: Serum				
TSH (0.5-4.0) mIU/L	2.4	2.0	3.2	2.6
FT4 (10-20) pmol/L			13	

Result(s) consistent with euthyroidism.

Requested Tests : VBF, TFT, GLU, HGA*, MBA*, INS*, FE*, FBE*, A1C*

Patient Name: SHANN, DIANNE DIANNE
Patient Address: PO BOX 665 491 OLD GUNNEDAH RD, NARRABRI 2390
D.O.B: 7/04/1952
Medicare No.: 4073625079
Lab. Reference: 24-26780277-FBE-0
Addressee: DR OKWUN OJAH
Sex at Birth: F
IHI No.:
Provider: Lavery Pathology
Referred by: DR. OKWUN OJAH
Date Requested: 17/05/2024
Date Collected: 22/05/2024
Specimen:
Subject(Test Name): HAEMATOLOGY (FBE-0)
Clinical Information:

Clinical Notes : She has had generalised malaise,her iron profile..

HAEMATOLOGY					
Request Number	21681216	24481535	25952289	26780277	
Date Collected	16 Feb 23	19 Jul 23	29 Feb 24	22 May 24	
Time Collected	09:44	11:27	08:06	00:00	
Specimen Type: EDTA					
Hb (115-165) g/L	145	144	147	151	
Hct (0.34-0.47)	0.45	0.43	0.43	0.45	
RCC (3.9-5.8) x10 ¹² /L	4.7	4.7	4.7	4.8	
MCV (79-99) fL	95	93	92	94	
MCH (27-34) pg	31	31	31	32	
MCHC (320-360) g/L	322	332	339	334	
RDW (10.0-17.0) %	13.1	12.5	13.0	12.7	
WBC (4.0-11.0) x10 ⁹ /L	7.9	9.8	8.1	7.8	
Neut (2.0-7.5) x10 ⁹ /L	4.8	5.9	4.9	4.0	
Lymph(1.0-4.0) x10 ⁹ /L	2.3	2.7	2.3	2.9	
Mono (0.2-1.0) x10 ⁹ /L	0.6	1.0	0.7	0.7	
Eos (< 0.7) x10 ⁹ /L	0.1	0.1	0.2	0.2	
Baso (< 0.2) x10 ⁹ /L	0.1	0.1	0.1	0.1	
Plat (150-400) x10 ⁹ /L	372	388	359	351	

HAEMATOLOGY: FBC parameters are within reference range.

Requested Tests : VBF, TFT, GLU, HGA*, MBA*, INS*, FE*, FBE, A1C*

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Patient Address: PO BOX 665 491 OLD GUNNEDAH RD, NARRABRI 2390
D.O.B: 7/04/1952
Medicare No.: 4073625079
Lab. Reference: 24-26780277-MBA-0
Addressee: DR OKWUN OJAH
Sex at Birth: F
IHI No.:
Provider: Lavery Pathology
Referred by: DR. OKWUN OJAH
Date Requested: 17/05/2024
Date Collected: 22/05/2024
Specimen:
Subject(Test Name): SERUM CHEMISTRY (MBA-0)
Clinical Information:

Date Performed: 22/05/2024
Complete: Final

Clinical Notes : She has had generalised malaise,her iron profile..

SERUM CHEMISTRY					
Request Number	21278438	24481535	25952289	26780277	
Date Collected	14 Oct 22	19 Jul 23	29 Feb 24	22 May 24	
Time Collected	00:00	11:27	08:06	00:00	
Specimen Type: Serum					
Haemolysis	Nil	Nil	Nil	1+	
Icterus	Nil	Nil	Nil	Nil	
Lipaemia	Nil	Nil	Nil	Nil	
Na (135-145)	mmol/L	139	138	138	137
K (3.6-5.4)	mmol/L	4.4	4.6	4.9	4.9
Cl (95-110)	mmol/L	99	98	99	101
HCO3 (22-32)	mmol/L	24	26	24	23
An Gap (10-20)	mmol/L	20	19	20	18
Urea (3.0-10.0)	mmol/L	6.6	7.7	8.6	8.3
Creat (45-90)	umol/L	80	80	75	85
eGFR mL/min/1.73sqM		67	62	67	59
Urate (0.14-0.36)	mmol/L	0.44		0.47	
Bili (< 15)	umol/L	14	12	19	12
AST (< 35)	U/L	20	19	25	37
ALT (< 30)	U/L	20	20	24	31
GGT (< 35)	U/L	17	24	27	29
Alk Phos(30-115)	U/L	81	70	78	77
Protein (60-82)	g/L	72	72	72	73
Albumin (36-48)	g/L	45	43	44	44
Glob (20-39)	g/L	27	29	28	29
Ca (2.10-2.60)	mmol/L	2.43	2.40	2.40	
Corr Ca (2.10-2.60)		2.39	2.40	2.38	
PO4 (0.75-1.50)	mmol/L	1.23	1.33	1.24	
CPK (< 211)	U/L	53			
Mg (0.70-1.10)	mmol/L		0.77	0.81	

eGFR 30-59 mL/min/1.73m2 suggests moderate chronic kidney disease and indicates the need for further investigation including assessment of proteinuria and cardiovascular risk factors.

As a result of haemolysis in this sample, the following analytes may be falsely elevated: AST

Requested Tests : VBF, TFT, GLU, HGA*, MBA, INS*, FE*, FBE, A1C*

Patient Name: SHANN, DIANNE DIANNE
Patient Address: PO BOX 665 491 OLD GUNNEDAH RD, NARRABRI 2390
D.O.B: 7/04/1952
Medicare No.: 4073625079
Lab. Reference: 24-26780277-FE-0
Addressee: DR OKWUN OJAH
Sex at Birth: F
IHI No.:
Provider: Lavery Pathology
Referred by: DR. OKWUN OJAH
Date Requested: 17/05/2024
Date Collected: 22/05/2024
Specimen:
Subject(Test Name): IRON STUDIES (FE-0)
Clinical Information:

Date Performed: 22/05/2024
Complete: Final

Clinical Notes : She has had generalised malaise,her iron profile..

IRON STUDIES

Request Number	21278438	21681216	25952289	26780277
Date Collected	14 Oct 22	16 Feb 23	29 Feb 24	22 May 24
Time Collected	00:00	09:44	08:06	00:00
Specimen Type: Serum				
Iron (10-30) umol/L	30	28	28	17
T'ferrin(32-48) umol/L	32	31	31	31
T. Sat. (13-45) %	48	46	46	28
Ferritin(30-400) ug/L	280	258	365	428

An increased serum ferritin with a normal transferrin saturation may occur in the context of the acute-phase response or hepatic damage. This finding may atypically occur in the context of iron overload. Suggest follow-up assessment with iron studies, CRP and liver function tests, after resolution of any concurrent illness.

Requested Tests : VBF, TFT, GLU, HGA*, MBA, INS*, FE, FBE, A1C*

Patient Name: SHANN, DIANNE DIANNE
Patient Address: PO BOX 665 491 OLD GUNNEDAH RD, NARRABRI 2390
D.O.B: 7/04/1952
Medicare No.: 4073625079
Lab. Reference: 24-26780277-A1C-0
Addressee: DR OKWUN OJAH
Sex at Birth: F
IHI No.:
Provider: Lavery Pathology
Referred by: DR. OKWUN OJAH
Date Requested: 17/05/2024
Date Collected: 22/05/2024
Specimen:
Subject(Test Name): GLYCATED HAEMOGLOBIN (A1C-0)
Clinical Information:

Clinical Notes : She has had generalised malaise,her iron profile..

	GLYCATED HAEMOGLOBIN (HbA1c)	
Request Number	25952289	26780277
Date Collected	29 Feb 24	22 May 24
Time Collected	08:06	00:00
Specimen Type: EDTA		
HbA1c-NGSP (4.0-6.0) %	5.8	5.9
HbA1c-IFCC (20-42) mmol/mol	40	41

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
- 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, TFT, GLU, HGA*, MBA, INS*, FE, FBE, A1C

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Patient Address: PO BOX 665 491 OLD GUNNEDAH RD, NARRABRI 2390
D.O.B: 7/04/1952
Medicare No.: 4073625079
Lab. Reference: 24-26780277-INS-0
Addressee: DR OKWUN OJAH
Sex at Birth: F
IHI No.:
Provider: Lavery Pathology
Referred by: DR. OKWUN OJAH
Date Requested: 17/05/2024
Date Collected: 22/05/2024
Specimen:
Subject(Test Name): SERUM INSULIN (INS-0)
Clinical Information:

Clinical Notes : She has had generalised malaise,her iron profile..

SERUM INSULIN

Fasting status	Fasting
Haemolysis	1+
Insulin	6 mU/L (< 10)

ASSESSMENT OF INSULIN RESISTANCE (FASTING SAMPLES ONLY)

< 10 - normal insulin sensitivity
10-14 - mild insulin resistance
> 14 - insulin resistance

Insulin results from non-fasting samples are difficult to interpret although any result ≥ 60 mU/L is likely to indicate insulin resistance.

Requested Tests : VBF, TFT, GLU, HGA*, MBA, INS, FE, FBE, A1C

Patient Name: SHANN, DIANNE DIANNE
Patient Address: PO BOX 665 491 OLD GUNNEDAH RD, NARRABRI 2390
D.O.B: 7/04/1952
Medicare No.: 4073625079
Lab. Reference: 24-26780277-HGA-0
Addressee: DR OKWUN OJAH
Sex at Birth: F
IHI No.:
Provider: Lavery Pathology
Referred by: DR. OKWUN OJAH
Date Requested: 17/05/2024
Date Collected: 22/05/2024
Specimen:
Subject(Test Name): HAEMOCHROMATOSIS GENE STY (HGA-0)
Clinical Information:

Clinical Notes : She has had generalised malaise, her iron profile..

HEREDITARY HAEMOCHROMATOSIS GENOTYPING

Specimen:
Blood

Result:
C282Y HFE Gene Mutation: Not Detected
H63D HFE Gene Mutation: **DETECTED HETEROZYGOUS**
S65C HFE Gene Mutation: Not Detected

Comments:
This sample is heterozygous for the H63D mutation which is generally associated with a normal phenotype.

Hereditary Haemochromatosis (HH) is a predominantly autosomal recessive disorder of the HFE gene. Greater than 90% of HH patients have a homozygous expression of a single mutation (C282Y) in this gene. Those who are heterozygous for C282Y are carriers but very rarely develop significant iron overload.

Other mutations in the HFE gene have also been described, the most common of which is H63D. Compound heterozygotes with one copy of H63D and one copy of C282Y may develop iron overload. This is usually not as severe as in C282Y homozygotes but may be clinically significant. Homozygotes for H63D or S65C may have iron overload in some cases, usually mild. Heterozygotes are very unlikely to have iron overload.

Treatment decisions should always be based on clinical features and iron studies as well as genetic test results, especially in cases involving mutations other than the homozygous expression of C282Y.

Family studies should be performed if a patient is homozygous for C282Y. With other genotypes family studies are less likely to detect individuals at high risk.

Dr Abhijit Kulkarni MBBS, MD, FRCPath (UK), FRCPA

Genomic Diagnostics

Requested Tests : VBF, TFT, GLU, HGA, MBA, INS, FE, FBE, A1C