Report to	**IMEDICAL,** 1 Union st , Pyrmont, NSW, 2009	Patient	**HOWARTH, SOPHIE** IMEDICAL C/O IMEDICAL 1 UNION ST PYRMONT NSW 2009
		Phone	0408403253
		D.O.B	27/10/1970 Age 53 years Sex F
Ref. by/copy to	IMEDICAL,	Collect date	17/06/2024 Lab ref 24-27878183
		Collect time	08:34 AM Your ref
		Reported	17/06/2024 07:33 PM
Tests requested	SCP, LP1, FBE, IGE TPT*,FLO*		
Clinical notes			

SERUM HIGH SENSITIVITY C-REACTIVE PROTEIN (CRP)

Request Number	27878183
Date Collected	17 Jun 24
Time Collected	08:34
hsCRP (< 4.91) mg/L	0.48

The CDC / AHA recommend the following hsCRP cut-off points (tertiles) for cardiovascular disease risk assessment:

hsCRP level (mg/L)	Relative Risk
<1.0	Low
1.0 - 3.0	Average
>3.0	High

The average of two CRP tests, ideally taken two weeks apart, produces a more stable estimate of this marker.

A CRP greater than 10mg/L should prompt a search for a source of infection or inflammation.

SURGERY USE

Normal

No Action/File

Patient Notified

Make Appoint.

Further Tests

Notes Required

Speak with Dr.

On Correct Treatment

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CELL DIFFERENTIATION MARKERS - LEUKAEMIA/LYMPHOCYTOSIS EVALUATION

POPULATION UNDER STUDY Peripheral Blood: All cells were analysed within the lymphoid scattergram.

Absolute Lymphocyte count 1.4 x10^9 /L (1.0-4.0)

Antigen tested	Cell count %	Absolute count x10^9 /L	Reference range x10^9 /L
CD19 (B cell)	11	0.15	(0.04-0.50)
CD20 (B cell)	11	0.15	
CD23 (B cell subset)	2	0.03	
CD10 (CALLA +)	0	0.00	
CD5/CD19(B-CLL:NHL:Bsub)	< 1	< 0.01	
HLA-DR(Class II)	14	0.20	(0.04-0.50)
Kappa light chain	6	0.08	
Lambda light chain	5	0.07	
CD3 (Pan T cells)	83	1.16	(0.90-2.10)
CD4 (T helper)	46	0.64	(0.60-1.70)
CD5 (T cell/B sub)	82	1.15	
CD8(T suppressor)	33	0.46	(0.40-1.00)
Th:Ts(CD4/CD8)Ratio		1.39	(1.20-3.00)
CD3-/CD16+CD56+(NK)	6	0.08	(0.04-0.40)
CD3+/HLA-DR(act.T)	3	0.04	
CD13/CD33/CD34	<1		
CD117/CD34	0		

PHENOTYPE: Normal number of B-cells and these appear polyclonal and show no aberrant antigen expression. Normal number of T-cells and T-cell subsets with a normal CD4:CD8 ratio. Normal number of Natural Killer cells. No significant expression of the early stem marker CD34 or the myeloid markers CD13 or CD33.

CONCLUSION: No evidence of a clonal B-cell population or blast cell population in this study. Essentially normal peripheral blood lymphocyte subsets.

For queries contact Dr Lisa Clarke

SURGERY USE

Normal

No Action/File

Patient Notified

Make Appoint.

Further Tests

Notes Required

Speak with Dr.

On Correct Treatment

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HAEMATOLOGY

Date Collected 17 Jun 24
Time Collected 08:34
Specimen Type: EDTA

Hb	126	g/L	(115-165)	WBC	**3.7**	x10^9	/L	(4.0-11.0)
RCC	4.1	x10^12	/L (3.9-5.8)	Neut	**1.9**	x10^9	/L	(2.0-7.5)
Hct	0.37		(0.34-0.47)	Lymp	1.4	x10^9	/L	(1.0-4.0)
MCV	90	fL	(79-99)	Mono	0.3	x10^9	/L	(0.2-1.0)
MCH	31	pg	(27-34)	Eos	0.1	x10^9	/L	(< 0.7)
MCHC	341	g/L	(320-360)	Baso	0.0	x10^9	/L	(< 0.2)
RDW	13.1	%	(10.0-17.0)					
Plat	293	x10^9	/L (150-400)					

HAEMATOLOGY: Slight neutropenia.

SERUM IGE

Serum IgE 8 kIU/L (< 100)
Serum IgE levels less than 100 U/mL suggest atopy unlikely.

Please note: Samples with markedly high IgE levels may measure falsely low results due to an assay interference. If this IgE result is clinically unexpected, please call 9005 7000 to discuss further with an immunopathologist.

SURGERY USE

- Normal
- No Action/File
- Patient Notified
- Make Appoint.
- Further Tests
- Notes Required
- Speak with Dr.
- On Correct Treatment