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 21/06/2024 03:34 PM

Tests requested TPT, SCP, LP1, FBE, IGE FLO*

Clinical notes

ALLERGY INVESTIGATIONS

Tryptase Assay 8.4 ug/L (< 11.5)

Serum tryptase is a marker of mast cell degranulation. Tryptase elevation is more common following venom and drug allergy, and less common following food allergy. Serum tryptase is detectable within 30 - 60 minutes of an allergic event, peaks at 1 - 3 hours and may be detectable for 6-12 hours.

For enquiries, contact Dr Paul Campbell 07 3121 4444
Patients should contact their referring doctor in regard to this result.

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

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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

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