QML - Reference No: 22-71609367 Status: F

Patient:	Cameron RODGERS	**Linked by:**	Mohammadmahdi TAFAKORIAN
DOB:	11/07/1982	**Message:**	no action
Address:	PO Box 1150 BOWEN 4805		
Ordered by:	Dr Mohammadmahdi TAFAKORIAN on 21/11/2022		
Collected:	22/11/2022 - 8:05 AM	**Notified by:**	on 00/00/0000
Reported:	24/11/2022	**Message:**	

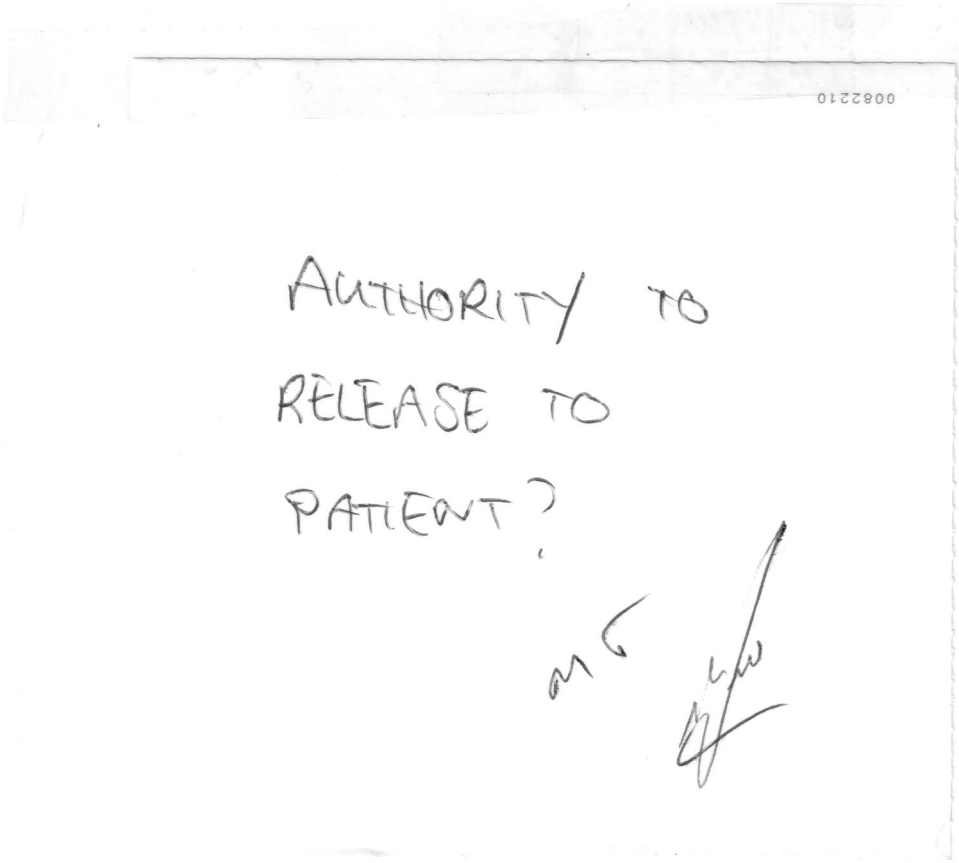
FAECES FOR EXAMINATION
APPEARANCE: Semi-formed
MICROSCOPY
No ova, cysts or parasites seen

ANTIGEN ASSAY

Giardia	Not Detected
Cryptosporidium	Not Detected

CULTURE
No bacterial pathogens isolated

Tests Completed:RRV AB, SHBG, TOTAL TESTOSTERONE, PROGESTERONE, LH, FREE TESTOSTERONE
Tests Completed:FSH, EBV AB, CMV AB, SE VIT D, SE HOMOCYSTEINE, GTT
Tests Completed:FAECES OCP & M/C/S, DHEAS
Tests Pending :



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MICROBIAL SEROLOGY

RRV IgG (EIA):	POSITIVE
RRV IgM (EIA):	Negative

Evidence of past exposure.

Tests Completed:RRV AB, SHBG, TOTAL TESTOSTERONE, PROGESTERONE, LH, FREE TESTOSTERONE
Tests Completed:FSH, EBV AB, CMV AB, SE VIT D, SE HOMOCYSTEINE, GTT, DHEAS
Tests Pending :FAECES OCP & M/C/S

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CUMULATIVE SERUM VITAMIN D

Date	22/11/22
Time	08:05
Lab No	71609367
Vitamin D3	113 nmol/L (> 49)

Tests Completed:SHBG, TOTAL TESTOSTERONE, PROGESTERONE, LH, FREE TESTOSTERONE, FSH
Tests Completed:EBV AB, CMV AB, SE VIT D, SE HOMOCYSTEINE, GTT, DHEAS
Tests Pending :RRV AB, FAECES OCP & M/C/S

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Message:

MICROBIAL SEROLOGY

EBV VCA IgG (EIA):	POSITIVE
EBV EBNA IgG (EIA):	POSITIVE
EBV VCA IgM (EIA):	Negative

Evidence of past exposure.

TYPICAL EBV SEROLOGY PATTERNS

VCA = Viral Capsid Antigen EBNA = EBV Nuclear Antigen
Anti-VCA IgG: Levels peak after 1-3 months (long term persistence)
Anti-EBNA IgG: Appears 2-6 months after infection and persists
Anti-VCA IgM: Acute marker of infection (disappears 1-2 months)

Tests Completed:SHBG, TOTAL TESTOSTERONE, PROGESTERONE, LH, FREE TESTOSTERONE, FSH
Tests Completed:EBV AB, CMV AB, SE HOMOCYSTEINE, GTT, DHEAS
Tests Pending :RRV AB, SE VIT D, FAECES OCP & M/C/S

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Notified by: on 00/00/0000
Message:

MICROBIAL SEROLOGY

CMV IgG (EIA):	Negative
CMV IgM (EIA):	Negative

No serological evidence of exposure.

If infection is suspected, please repeat in 14 days.

Tests Completed:SHBG, TOTAL TESTOSTERONE, PROGESTERONE, LH, FREE TESTOSTERONE, FSH
Tests Completed:EBV AB, CMV AB, SE HOMOCYSTEINE, GTT, DHEAS
Tests Pending :RRV AB, SE VIT D, FAECES OCP & M/C/S

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Message:

Luteinizing Hormone	4	IU/L	(1-10)
Follicle Stimulating Hormone	4	IU/L	(1-10)
Progesterone	1	nmol/L	(< 3)
Testosterone	11	nmol/L	(10.0-33.0)
free Testosterone (calc)	303	pmol/L	(150-700)
Sex Hormone Binding Globulin	14	nmol/L	(13-71)

Tests Completed:SHBG, TOTAL TESTOSTERONE, PROGESTERONE, LH, FREE TESTOSTERONE, FSH
Tests Completed:SE HOMOCYSTEINE, GTT, DHEAS
Tests Pending :RRV AB, EBV AB, CMV AB, SE VIT D, FAECES OCP & M/C/S

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CUMULATIVE SERUM HOMOCYSTEINE

Date	22/11/22
Time	08:05
Lab No	71609367
Homocysteine	14.1 umol/L (0.0-15.0)

71609367 High normal value.
With this level, the heterozygous state for defects of transsulphuration (homocysteinaemia) is unlikely. However the risk of coronary artery disease may be mildly elevated over the baseline. This is independent of other risk factors.

Homocysteine Related Risk

Plasma level (umol/L)	Risk Average
Below 9.0	No increase
9.0 - 14.9	x 2
15.0 - 19.9	x 3
20.0 or greater	x 4.5

Risks approximated from New Eng J Med 1997 (337:230-236)

Tests Completed:SE HOMOCYSTEINE, GTT, DHEAS
Tests Pending :RRV AB, SHBG, TOTAL TESTOSTERONE, PROGESTERONE, LH, FREE TESTOSTERONE
Tests Pending :FSH, EBV AB, CMV AB, SE VIT D, FAECES OCP & M/C/S

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DHEA - Sulphate (DeHydroEpiAndrosterone)	4.1	umol/L	(2.2-13.8)
(previous units)	1500	ng/mL	(800-5100)

Tests Completed:GTT, DHEAS
Tests Pending :RRV AB, SHBG, TOTAL TESTOSTERONE, PROGESTERONE, LH, FREE TESTOSTERONE
Tests Pending :FSH, EBV AB, CMV AB, SE VIT D, SE HOMOCYSTEINE, FAECES OCP & M/C/S

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GLUCOSE TOLERANCE TEST

Oral glucose load: Adult 75 g
Child 1.75 g/kg body weight (to a maximum of 75 g)

Interpretive criteria as recommended by the Working Party of RCPA, AACB and Aust Diab Soc (published in MJA, Vol 170, 19 April 1999).

Time	serum Glucose	Ref.Range	urine Glucose	urine Ketone
Fasting	6.1 mmol/L	(3.0 - 6.0)	Not provided	Not provided
1.0 h	9.8 mmol/L			
2.0 h	6.4 mmol/L	(up to 7.7)		

Interpretation:
The fasting glucose is mildly elevated but the subsequent response is not indicative of impairment of glucose tolerance.
If we can discount inadequate fasting or intercurrent illness, this pattern is that of impaired fasting glycaemia. A repeat test may be indicated in 12 months unless clinically indicated sooner.

Tests Completed:GTT
Tests Pending :RRV AB, SHBG, TOTAL TESTOSTERONE, PROGESTERONE, LH, FREE TESTOSTERONE
Tests Pending :FSH, EBV AB, CMV AB, SE VIT D, SE HOMOCYSTEINE, FAECES OCP & M/C/S
Tests Pending :DHEAS