

**MACKAY HOSPITAL & HEALTH SERVICE**

**Mackay Hospital & Health Service**

Enquiries to: Child & Adolescent Health Unit  
Office: Bridge Road Mackay Q 4740  
Postal: PO Box 5580 MMC Q 4741  
Telephone: (07) 4885 5000  
Facsimile: (07) 4885 7229  
Our Ref SC:



**Queensland  
Government**

To:

Dr Emma McIntyre

Mater Private Specialist Suites

Suite 6, Level 2, Salmon Building

537 Stanley St, South Brisbane QLD 4101

Dear Dr McIntyre,

**Re:**

**Name:** Joel Mason

**DOB:** 04/01/2010

**Address:** 10 Moonlight Drive, Jubilee Pocket QLD 4802

**Contact:** 0419671920 – Sonia (Mother)

Thank you for seeing Joel for assessment and management of acute on chronic abdominal pain with associated dyspepsia and weight loss.

I met Joel and his family in the Mackay Hospital General Paediatric Clinic on 18/4/24. He was referred by his GP due to chronic abdominal pain over the last 3yrs, increasing in frequency and severity over the last 6 months. The pain is cramping in nature and waxes and wanes in intensity. The pain can wake him at night and he has missed a lot of school due to pain. He has some associated dyspepsia and unpleasant taste in his mouth on occasions. Bowels are regular without any blood or mucous. Joel's parents feel he has not gained weight due to his abdominal pain and since my review in clinic report he has lost around 2kg.

Joel's GP had completed a thorough set of investigations, which are attached. Of note was a positive urease breath test and borderline iron deficiency. Joel was treated for H.pylori with a 1 week course of esomeprazole, amoxicillin and clarithromycin on 28/3/24. He also had an iron transfusion with his GP.

Joel is otherwise well with no other chronic medical conditions. When asked Joel didn't describe himself as an anxious person, however his parents felt he may have some mild social anxiety. There have been no recent social upheaval or traumatic events in his life obviously connected to his pain. He had some early life issues with slow weight gain and food regurgitation that improved with dietetics support. There is a family history of IBS symptoms in his older brother Jacob and his maternal grandmother was diagnosed with bowel cancer in her 60s.

On examination on 18/4/24 Joel weighed 44.7kg (19<sup>th</sup>%) and his height was 170cm (70<sup>th</sup>%). He has heterochromia and some leukonychia and was noted to have a small aphthous ulcer under his bottom lip. He was clinically in puberty. Abdomen was soft and non-tender at the time with no masses.

I had planned on repeating Joel's breath test in the coming week and re-treating resistant H.pylori if positive, although we discussed this may not be the cause of Joel's pain. I had also recommended using antacids and we will trial a regular PPI.

I would appreciate your expert opinion if further investigations or management is warranted.

Kind regards,



*Dr Shaun Cousen*  
General Paediatrician  
Mackay Base Hospital  
MBBS FRACP MPH  
Provider No. 4908508L  
Contact No: 07 48856000

(17/05/2024)



Referrer **Dr Cathy M Reto**

Address **AFFINITY FAMILY MEDICAL SUITE 20 230 SHUTE HARBOUR RD  
CANNONVALE QLD 4802**

Phone **0748045680**

Lab ID **516161479**

Your ref. **4649**

Address **10 MOONLIGHT DR  
JUBILEE POCKET QLD 4802**

Phone **0419671920**

DOB **04/01/2010 (14 Yrs MALE)**

Copy to

Requested **19/03/2024**

Clinical Notes **Upper abdo pain for 8 weeks; Contant pain/low grade with  
spasmic pain every now and then; Weight los; Poor appetite; ?  
GORD, ?H P infection, ?IBD, ?Coeliac**

Collected **22/03/2024 08:09**

Received **22/03/2024 08:18**

Test Name	Result	Units	Reference Interval
Sodium	137	mmol/L	132 - 145
Potassium	4.2	mmol/L	3.5 - 5.5
Chloride	105	mmol/L	95 - 110
Bicarbonate	25	mmol/L	21 - 31
Anion Gap	7	mmol/L	<16
Calcium (Corrected)	2.22	mmol/L	2.20 - 2.65
Phosphate	1.43	mmol/L	1.00 - 1.70
Urea	5.7	mmol/L	2.5 - 6.5
Uric Acid	0.271	mmol/L	0.180 - 0.450
Creatinine	54	umol/L	50 - 95
Fasting Glucose	5.4	mmol/L	3.6 - 6.0
Total Protein	75	g/L	66 - 82
● Albumin	49 H	g/L	35 - 47
Globulin	26	g/L	23 - 42
Bilirubin	7	umol/L	<16
Alk Phos	190	U/L	100 - 450
AST	33	U/L	10 - 40
ALT	28	U/L	5 - 30
Gamma GT	15	U/L	5 - 30
LDH	190	U/L	<300
Cholesterol	4.4	mmol/L	<5.6
Haemolysis Index	7		<40

#### Comments

Please note: eGFR cannot be calculated on patients less than 18 years old.

CA

Reported on **22-03-2024 13:42**



Referrer: Dr Cathy M Reto

Address: AFFINITY FAMILY MEDICAL SUITE 20 230 SHUTE HARBOUR RD  
CANNONVALE QLD 4802

Phone: 0748045680

Lap ID: 516161479

Your ref: 4649

Address: 10 MOONLIGHT DR  
JUBILEE POCKET QLD 4802

Phone: 0419671920

DOB: 04/01/2010 (14 Yrs MALE)

Copy to

Clinical Notes: Upper abdo pain for 8 weeks; Constant pain/low grade with  
spasmodic pain every now and then; Weight loss; Poor appetite; ?  
GORD, ?H P infection, ?IBD, ?Coeliac

Requested: 19/03/2024

Collected: 22/03/2024 08:09

Received: 22/03/2024 08:18

### C Reactive Protein

Test Name	Result	Units	Reference Interval
CRP	<0.4	mg/L	<5

### Comments

Interpretation: Elevation in CRP indicates disease activity of an inflammatory, infective or neoplastic nature. CRP is a more sensitive early indicator of an acute phase response than is the ESR. It also returns towards normal more rapidly with improvement or resolution of the disease process.

Artificially decreased CRP values occur when patients are treated with antibiotics containing carboxypenicillins including Ticarcillin.

CA

Reported on 22-03-2024 13:42

### Faeces PCR

Specimen Type

Faeces

#### Parasites:

Giardia intestinalis

Not Detected

Cryptosporidium

Not Detected

Dientamoeba fragilis

Detected \*

Entamoeba histolytica

Not Detected

Blastocystis hominis

Detected \*

#### Bacteria:

Campylobacter spp.

Not Detected

Salmonella spp.

Not Detected

Shigella spp./EIEC

Not Detected

Yersinia enterocolitica

Not Detected

Aeromonas

Not Detected

### Comments

DNA consistent with the presence of Blastocystis hominis has been detected using PCR with specific primers and probe. The pathogenic role of Blastocystis spp has not been proven, particularly in immunocompetent individuals. Using molecular techniques, the overall prevalence in our test population is 17%. Individuals may be colonised with this organism and do not



Referrer Dr Cathy M Reto

Address AFFINITY FAMILY MEDICAL SUITE 20 230 SHUTE HARBOUR RD  
CANNONVALE QLD 4802

Phone 0748045680

Lab ID 516161479

DOB 04/01/2010 (14 Yrs MALE)

Your ref. 4649

Address 10 MOONLIGHT DR  
JUBILEE POCKET QLD 4802

Phone 0419671920

Copy to

Requested 19/03/2024

Clinical Notes Upper abdo pain for 8 weeks, Contant pain/low grade with  
spasmic pain every now and then, Weight los, Poor appetite, ?  
GORD, ?H P infection, ?IBD, ?Coeiliac

Collected 22/03/2024 08:09

Received 22/03/2024 08:18

need treatment. It can be acquired by contact with animals including  
pets or contaminated water. Potentially pathogenic or animal strains  
cannot be differentiated by the current available tests. Screening  
for clearance of the organism or testing of family members is  
not recommended.

[http://www.rcpa.edu.au/Library/College-Policies/  
Guidelines/Faecal-pathogen-testing-by-PCR](http://www.rcpa.edu.au/Library/College-Policies/Guidelines/Faecal-pathogen-testing-by-PCR)

DNA consistent with the presence of *Dientamoeba fragilis* has  
been detected by PCR with specific primers and probe.

The pathogenic role of *Dientamoeba fragilis* has not been  
established. Using molecular techniques, the overall prevalence in  
our test population is 16.2% with more than 50% of children aged  
5-10 years testing positive for *D. fragilis*.

A randomised double blinded placebo controlled clinical trial does  
not support routine metronidazole treatment of *D. fragilis*  
positive children with chronic gastrointestinal symptoms.

As such, treatment may be harmful resulting in unnecessary adverse  
reactions, disruption of the normal gut flora and contribute to the  
development of antimicrobial resistance of faecal microbiota.

Other causes for symptoms should be considered including other gut  
enteropathogens, food intolerance etc.

Screening for clearance of the organism or testing of asymptomatic  
family members is not recommended.

[http://www.rcpa.edu.au/Library/College-Policies/  
Guidelines/Faecal-pathogen-testing-by-PCR](http://www.rcpa.edu.au/Library/College-Policies/Guidelines/Faecal-pathogen-testing-by-PCR)

Only the reported enteropathogens have been tested.

All bacterial causes of gastroenteritis reported by PCR are cultured for  
recovery of isolates subject to organism viability and a further report  
issued. Some clinical indications e.g overseas travel, eosinophilia,  
seafood or antibiotic ingestion will require additional parasite  
concentration examination, culture setup or molecular testing to detect  
alternative pathogens e.g. hookworm, strongyloides, Vibrios, Clostridium  
difficile infection (CDI), Enterohaemorrhagic *E. coli* (STEC).  
These indications should be highlighted on the request.

Roche LightMix Gastroenteritis multiplex PCR assays were utilised for  
testing.

For further enquiries regarding these results please contact  
Dr Jenny Robson or Dr Sarah Cherian (07 3377 8534).

#### Patient Notes: Blastocystosis

<http://protocols.sonichealthcare.com/shared/IP600.pdf>

BJ

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964





Referrer Dr Cathy M Reto

Address AFFINITY FAMILY MEDICAL SUITE 20/230 SHUTE HARBOUR RD  
CANNONVALE QLD 4802

Phone 0748045680

Lab ID 516161479

DOB 04/01/2010 (14 Yrs MALE)

Your ref 4049

Address 10 MOONLIGHT DR  
JUBILEE POCKET QLD 4802

Phone 0419071920

Copy to

Clinical Notes Upper abdo pain for 8 weeks; Constant pain/low grade with  
spasmodic pain every now and then; Weight loss; Poor appetite; ?  
GORD; ?H P infection; ?IBD; ?Coeliac

Requested 19/03/2024

Collected 22/03/2024 08:09

Received 22/03/2024 08:18

Reported on 23-03-2024 15:30

### Helicobacter pylori

Helicobacter pylori IgG (ChLIA)

Urea Breath Test for H.Pylori

UBT (numerical value)

See notes

Negative

Positive \*

385 H dpm

### Notes

UBT (numerical value): Equivocal 50 - 199 dpm, Positive > 199 dpm

### Comments

Presence of Faecal Helicobacter antigen and/or Positive Urea Breath Test  
Indicates current infection with Helicobacter pylori.

Serological evidence of probable Helicobacter pylori infection. For current  
treatment recommendations refer to IP607.  
<https://protocols.sonichealthcare.com/shared/IP607.pdf>

To determine the success of anti-helicobacter treatment the faecal antigen  
or urea breath test should be performed no sooner than 4 weeks after  
completion of treatment

H.pylori infection has been linked to duodenal (100%) and gastric (70%)  
ulceration but also to nonulcer dyspepsia (40-50%), gastric carcinoma,  
primary gastric lymphoma and iron deficiency anaemia. Infection results in  
chronic inflammation of the gastric antrum sometimes with no symptoms or  
immediate clinical consequences. Eradication therapy for all patients with  
active H.pylori infection is recommended.

### H. pylori Management (H. pylori 1)

<http://protocols.sonichealthcare.com/shared/IP607.pdf>

VK

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

Reported on 23-03-2024 00:49



Referrer Dr Cathy M Reto

Address AFFINITY FAMILY MEDICAL SUITE 20 230 SHUTE HARBOUR RD  
CANNONVALE QLD 4802

Phone 0748045680

Lab ID 516161479

Your ref. 4649

Address 10 MOONLIGHT DR  
JUBILEE POCKET QLD 4802

Phone 0419671920

DOB 04/01/2010 (14 Yrs MALE)

Copy to

Requested 19/03/2024

Clinical Notes Upper abdo pain for 8 weeks; Contant pain/low grade with  
spasmic pain every now and then, Weight los, Poor appetite; ?  
GORD, ?H P infection, ?IBD, ?Coeeliac

Collected 22/03/2024 08:09

Received 22/03/2024 08:18

## HbA1c

Test Name	Result	Units	Reference Interval
HbA1c (NGSP)	5.9	%	<6.5
HbA1c (IFCC)	41	mmol/mol	<48

## Comments

Control zones for diabetes management

	NGSP (%)	IFCC (mmol/mol)
Very good control *	<6.1	<43
Good control	6.1 - 7.0	43 - 53
Suboptimal control	7.1 - 8.0	54 - 64
Poor control	8.1 - 9.0	65 - 75
Very poor control	>9.0	>75

In patients with a significant risk of adverse outcome from hypoglycaemia (children <16 and adults >70 years), higher target values may be appropriate.

An alternative test to monitor diabetes such as serum fructosamine is advisable in the presence of altered red cell lifespan.

HbA1c performed on the Sebia Cap3 analyser by capillary electrophoresis.

HA

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

Reported on 23-03-2024 11:27



Referrer: Dr Cathy M Reto

Address: AFFINITY FAMILY MEDICAL SUITE 20/230 SHUTE HARBOUR RD  
CANNONVALE QLD 4802

Phone: 0748045680

Lab ID: 516161479

DOB: 04/01/2010 (14 Yrs MALE)

Your ref: 4649

Address: 10 MOONLIGHT DR  
JUBILEE POCKET QLD 4802

Phone: 0419671920

Copy to

Requested: 19/03/2024

Clinical Notes: Upper abdo pain for 8 weeks; Constant pain/low grade with  
spasmodic pain every now and then; Weight loss; Poor appetite; ?  
GORD; ?H P infection; ?IBD; ?Coeliac

Collected: 22/03/2024 08:09

Received: 22/03/2024 08:18

### Haematology

Test Name	Result	Units	Reference Interval
Iron	18	umol/L	5 - 30
● Transferrin	3.3 H	g/L	1.9 - 3.1
● TIBC	84 H	umol/L	47 - 77
Saturation	21	%	20 - 45
● Ferritin	10 L	ug/L	30 - 200
CRP	<0.4	mg/L	<5
Vitamin B12	642	pmol/L	>150
Folate (Serum)	29	nmol/L	>7.0

### Comments

Results are consistent with Iron Deficiency.  
This may be due to excessive blood loss, or poor dietary iron intake.  
Investigation of the GIT for a source of blood loss may be indicated.

All patients with low or equivocal vitamin B12 results (400 pmol/L or less)  
will be routinely tested for holo-transcobalamin (active B12) to clarify  
the B12 status.

Both tests are now Medicare rebateable. Vitamin B12 concentrations over 400  
pmol/L are generally considered replete.

EA

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

Reported on 23-03-2024 00:47





Referrer Dr Cathy M Reto

Address AFFINITY FAMILY MEDICAL SUITE 20 230 SHUTE HARBOUR RD  
CANNONVALE QLD 4802

Phone 0748045680

Lab ID 516161479

Your ref. 4649

Address 10 MOONLIGHT DR  
JUBILEE POCKET QLD 4802

Phone 0419671920

DOB 04/01/2010 (14 Yrs MALE)

Copy to

Requested 19/03/2024

Clinical Notes Upper abdo pain for 8 weeks; Contant pain/low grade with  
spasmic pain every now and then; Weight los; Poor appetite; ?  
GORD, ?H P infection, ?IBD, ?Coeeliac

Collected 22/03/2024 08:09

Received 22/03/2024 08:18

## Haematology

Test Name	Result	Units	Reference Interval
Haemoglobin	139	g/L	135 - 175
Haematocrit	0.43		0.40 - 0.54
Red cell count	5.1	10 <sup>12</sup> /L	4.5 - 6.5
MCV	84	fL	80 - 100
White cell count	5.6	10 <sup>9</sup> /L	3.5 - 10.0
Neutrophils	2.63	10 <sup>9</sup> /L	1.5 - 6.5
Lymphocytes	2.34	10 <sup>9</sup> /L	1.0 - 4.0
Monocytes	0.33	10 <sup>9</sup> /L	0 - 0.9
Eosinophils	0.26	10 <sup>9</sup> /L	0 - 0.6
Basophils	0.03	10 <sup>9</sup> /L	0 - 0.15
Platelets	270	10 <sup>9</sup> /L	150 - 400

HA

Reported on 22-03-2024 13:14



Referrer: Dr Cathy M Reto

Address: AFFINITY FAMILY MEDICAL SUITE 20 230 SHUTE HARBOUR RD  
CANNONVALE QLD 4802

Phone: 0748045680

Lab ID: 516161479

DOB: 04/01/2010 (14 Yrs MALE)

Your ref: 4646

Address: 10 MOONLIGHT DR  
JUBILEE POCKET QLD 4802

Phone: 0419671920

Copy to

Clinical Notes: Upper abdo pain for 8 weeks, Constant pain/low grade with  
spasmodic pain every now and then, Weight loss, Poor appetite, ?  
GORD, ?H P infection, ?IBD, ?Coeliac

Requested: 19/03/2024

Collected: 22/03/2024 08:09

Received: 22/03/2024 08:18

### Glomerular Basement Membrane (GBM) Antibodies

GBM Abs	<0.2	<1	AI
GBM Abs	Not Detected		

### Comments

GBM antibodies may occur in patients suffering from Goodpasture syndrome, anti-GBM disease and ANCA associated vasculitis.

Please note from 21/6/2023 the GBM assay is temporarily changed to a multiplex flow IA and performed at Douglas Hanly Moir. Results prior to this date are not directly comparable to the new method. If further information is required please contact the Immunology department on (07) 3377 8644.

SS

SULLIVAN NICOLAIDES PTY LTD, ABN 38 078 202 196, NATA/RCPA ACCREDITATION NO 1964

Reported on 26-03-2024 18:51



Referrer Dr Cathy M Reto

Address AFFINITY FAMILY MEDICAL SUITE 20 230 SHUTE HARBOUR RD  
CANNONVALE QLD 4802

Phone 0748045680

Lab ID 516161479

DOB 04/01/2010 (14 Yrs MALE)

Your ref. 4649

Address 10 MOONLIGHT DR  
JUBILEE POCKET QLD 4802

Phone 0419671920

Copy to

Requested 19/03/2024

Clinical Notes Upper abdo pain for 8 weeks, Constant pain/low grade with  
spasmodic pain every now and then, Weight loss, Poor appetite, ?  
GORD, ?H P infection, ?IBD, ?Coeliac

Collected 22/03/2024 08:09

Received 22/03/2024 08:18

### Anti-Saccharomyces cerevisiae Antibodies (ASCA)

ASCA IgG	<1	<10	U/mL
ASCA IgA	<1	<10	U/mL

### Comments

ASCA antibodies (IgA and/or IgG) are of limited use in determining the nature of inflammatory bowel disease. When combined with ANCA testing they may be of use in delineating indeterminate colitis, though the sensitivity and specificity is around 75%.

ASCA positive, p-ANCA negative: more likely to develop Crohn's disease.

ASCA negative, p-ANCA positive: more likely to develop ulcerative colitis.

Note: From 15/10/2013 ASCA antibodies are now performed by FEIA. Reference ranges are the same as the previous method (ELISA). Results between 8-10 IU/mL are considered borderline by the new method.

IA

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

Reported on 23-03-2024 02:16



Referrer: Dr Cathy M Reto

Lab ID: 516161479

DOB: 04/01/2010 (14 Yrs MALE)

Address: AFFINITY FAMILY MEDICAL SUITE 20/230 SHUTE HARBOUR RD  
CANNONVALE QLD 4802

Your ref: 4049

Address: 10 MOONLIGHT DR  
JUBILEE POCKET QLD 4802

Phone: 0748045680

Phone: 0419671920

Copy to

Requested: 19-03-2024

Clinical Notes: Upper abdo pain for 8 weeks; Constant pain/low grade with  
spasmodic pain every now and then; Weight loss; Poor appetite; ?  
GORD; ?H.P. infection; ?IBD; ?Coeliac

Collected: 22-03-2024 08:09

Received: 22-03-2024 08:18

### Anti-Neutrophil Cytoplasmic Antibodies (ANCA)

Classical-ANCA (C-ANCA)	<40
Perinuclear-ANCA (P-ANCA)	<40

#### Comments

A negative ANCA does not exclude the presence of a large vessel (e.g. giant cell arteritis, temporal arteritis, Takayasu's arteritis) or medium vessel vasculitis (e.g. polyarteritis nodosa). Up to 5% of patients with Granulomatosis with polyangiitis (previously Wegener's) and other small vessel vasculitides (e.g. microscopic polyarteritis/polyangiitis) will also be ANCA negative. ANCA titres are expressed as a reciprocal of dilution from <40 (negative) to  $\geq 2560$  (strongly positive).

RP

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

Reported on 25-03-2024 08:37

### Coeliac Disease Autoantibodies

Tissue Transglutaminase IgA Abs	<1	<7	U/mL
Gliadin (deamidated) IgG Abs	<1	<7	U/mL
Immunoglobulin A (Total IgA)	1.67	0.99 - 2.97	g/L

#### Comments

With a normal or near normal IgA, the presence of CD is very unlikely (<5%). If suggestive symptoms, signs or family history, coeliac tissue typing or endoscopy may help exclude the disease further.

IA

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

Reported on 23-03-2024 02:15



Referrer **Dr Cathy M Reto**

Address **AFFINITY FAMILY MEDICAL SUITE 20 230 SHUTE HARBOUR RD  
CANNONVALE QLD 4802**

Phone **0748045680**

Lab ID **516161479**

Your ref. **4649**

Address **10 MOONLIGHT DR  
JUBILEE POCKET QLD 4802**

Phone **0419671920**

DOB **04/01/2010 (14 Yrs MALE)**

Copy to

Requested **19/03/2024**

Clinical Notes **Upper abdo pain for 8 weeks; Contant pain/low grade with  
spasmic pain every now and then; Weight los; Poor appetite; ?  
GORD, ?H P infection, ?IBD, ?Coeliac**

Collected **22/03/2024 08:09**

Received **22/03/2024 08:18**

**Faeces 1**

**Specimen**

**Faeces**

**Culture**

**No pathogens isolated**

**Comments**

**Negative for Salmonella, Shigella, Campylobacter, Aeromonas spp.  
and Yersinia enterocolitica.**

**RM**

**SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964**

**Reported on 25-03-2024 15:27**





LAB ID 516161479 DOB 04/01/2010 (14Y Male)

Referring Doctor Dr Cathy M Reto

Your ref. 4649

Address 10 Moonlight Dr  
JUBILEE POCKET QLD 4802

Phone 0419 671 920

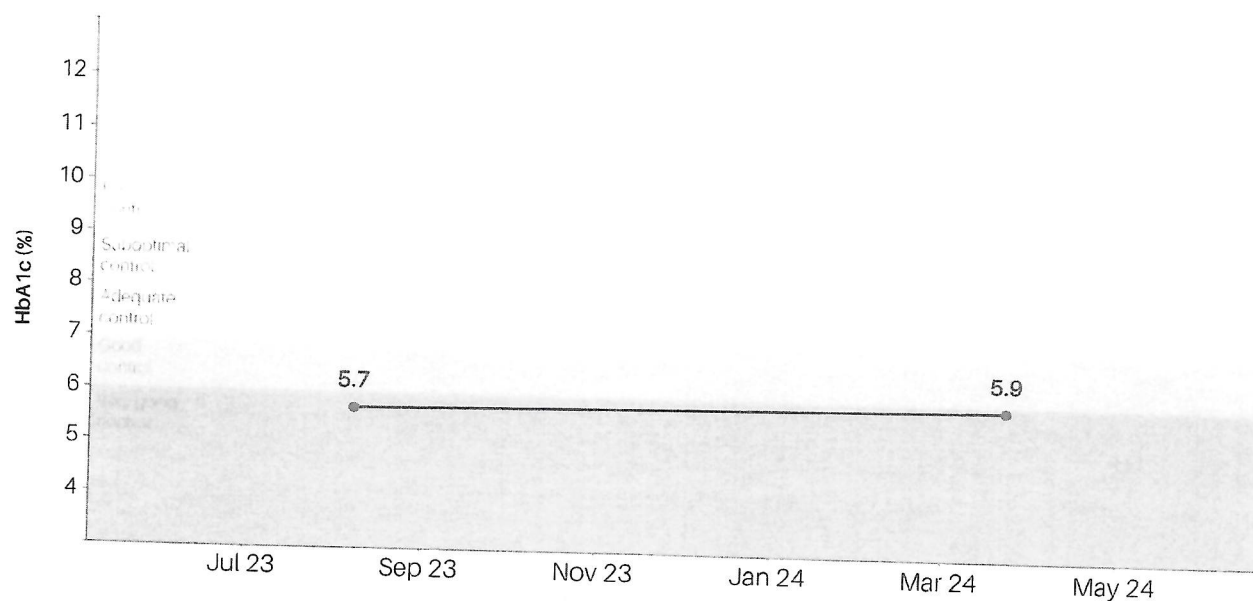
Dr Cathy M Reto  
Affinity Family Medical  
Suite 20  
230 Shute Harbour Rd  
CANNONVALE QLD 4802

R12416  
MKY1/--/--/--

Requested 19 Mar 2024  
Collected 22 Mar 2024 08:09 am  
Received 22 Mar 2024 08:18 am  
Reported 23 Mar 2024 11:29 am

## Glycated Haemoglobin | HbA1c

Diabetes Monitoring



### LEGEND

- Poor control (> 9.0)
- Suboptimal control (8.1 - 9.0)
- Adequate control (7.1 - 8.0)
- Good control (6.1 - 7.0)
- Very good control (<6.1)
- Within reference interval
- Out of reference interval

Type of primary sample: EDTA

Page 12 12



Referrer **Dr Shaun M Cousen**

Address **MACKAY BASE HOS PAEDIATRIC DPT PAEDIATRIC DEPT 475  
BRIDGE RD  
MACKAY QLD 4740**

Phone 0748856000

Lab ID **526102034**

Your ref.

Address **10 MOONLIGHT DR  
JUBILEE POCKET QLD 4802**

Phone 0419671920

DOB **04/01/2010 (14 Yrs MALE)**

Copy to **Dr Cathy M Reto (0748045680)**

Requested **18/04/2024**

Clinical Notes **chronic abdominal pain**

Collected **08/05/2024 08:08**

Received **08/05/2024 08:12**

Test Name	Result	Units	Reference Interval
Sodium	141	mmol/L	132 - 145
Potassium	4.0	mmol/L	3.5 - 5.5
Chloride	108	mmol/L	95 - 110
Bicarbonate	26	mmol/L	21 - 31
Anion Gap	7	mmol/L	< 16
Calcium (Corrected)	2.29	mmol/L	2.20 - 2.65
Phosphate	1.48	mmol/L	1.00 - 1.70
Urea	5.0	mmol/L	2.5 - 6.5
Uric Acid	0.321	mmol/L	0.180 - 0.450
Creatinine	55	umol/L	50 - 95
Fasting Glucose	5.0	mmol/L	3.6 - 6.0
Total Protein	68	g/L	66 - 82
Albumin	45	g/L	35 - 47
Globulin	23	g/L	23 - 42
Bilirubin	9	umol/L	< 16
Alk Phos	147	U/L	100 - 450
AST	15	U/L	10 - 40
ALT	12	U/L	5 - 30
Gamma GT	17	U/L	5 - 30
LDH	179	U/L	< 300
Cholesterol	3.8	mmol/L	< 5.6
Haemolysis Index	13		< 40

#### Comments

LD and AST may be falsely elevated due to mild haemolysis.  
Please note: eGFR cannot be calculated on patients less than 18 years old.

CA

Reported on 08-05-2024 14:29



Referrer Dr Shaun M Cousen

Lab ID 526102034

DOS 04/01/2010 (14 Yrs MALE)

Address MACKAY BASE HOS PAEDIATRIC DPT PAEDIATRIC DEPT 475  
BRIDGE RD  
MACKAY QLD 4740

Your ref.

Address 10 MOONLIGHT DR  
JUBILEE POCKET QLD 4802

Phone 0748856000

Phone 0419671920

Copy to Dr Cathy M Reto (0748045680)

Requested 18/04/2024

Clinical Notes chronic abdominal pain

Collected 08/05/2024 08:08

Received 08/05/2024 08:12

### C Reactive Protein

Test Name	Result	Units	Reference Interval
CRP	<0.4	mg/L	<5

### Comments

Interpretation: Elevation in CRP indicates disease activity of an inflammatory, infective or neoplastic nature. CRP is a more sensitive early indicator of an acute phase response than is the ESR. It also returns towards normal more rapidly with improvement or resolution of the disease process.

Artefactually decreased CRP values occur when patients are treated with antibiotics containing carboxypenicillins including Ticarcillin.

CA

Reported on 08-05-2024 14:29

### Haematology

Test Name	Result	Units	Reference Interval
ESR	1	mm/h	1 - 12

HA

Reported on 08-05-2024 14:22



Referrer **Dr Shaun M Cousen**

Lab ID **526102034**

DOB **04/01/2010 (14 Yrs MALE)**

Your ref.

Address **MACKAY BASE HOS PAEDIATRIC DPT PAEDIATRIC DEPT 475  
BRIDGE RD  
MACKAY QLD 4740**

Address **10 MOONLIGHT DR  
JUBILEE POCKET QLD 4802**

Phone **0748856000**

Phone **0419671920**

Copy to **Dr Cathy M Reto (0748045680)**

Requested **18/04/2024**

Clinical Notes **chronic abdominal pain**

Collected **08/05/2024 08:08**

Received **08/05/2024 08:12**

#### HaematIncls

Test Name	Result	Units	Reference Interval
Iron	24	umol/L	5 - 30
Transferrin	2.4	g/L	1.9 - 3.1
TIBC	60	umol/L	47 - 77
Saturation	40	%	20 - 45
Ferritin	141	ug/L	30 - 200
CRP	<0.4	mg/L	<5

#### Comments

Normal Iron Status.

CA

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

Reported on **09-05-2024 10:54**



Referrer: Dr Shaun M Cousen

Lab ID: 526102034

DOB: 04/01/2010 (14 Yrs MALE)

Address: MACKAY BASE HOS PAEDIATRIC DPT PAEDIATRIC DEPT 475  
BRIDGE RD  
MACKAY QLD 4740

Your ref:

Address: 10 MOONLIGHT DR  
JUBILEE POCKET QLD 4802

Phone: 0748856000

Phone: 0419671920

Copy to: Dr Cathy M Reto (0748045680)

Requested: 18/04/2024

Clinical Notes: chronic abdominal pain

Collected: 08/05/2024 08:08

Received: 08/05/2024 08:12

### Haematology

Test Name	Result	Units	Reference Interval
Haemoglobin	135	g/L	135 - 175
Haematocrit	0.40		0.40 - 0.54
Red cell count	4.7	$10^{12}/L$	4.5 - 6.5
MCV	86	fL	80 - 100
White cell count	5.1	$10^9/L$	3.5 - 10.0
Neutrophils	2.89	$10^9/L$	1.5 - 6.5
Lymphocytes	1.58	$10^9/L$	1.0 - 4.0
Monocytes	0.23	$10^9/L$	0 - 0.9
Eosinophils	0.36	$10^9/L$	0 - 0.6
Basophils	0.02	$10^9/L$	0 - 0.15
Platelets	234	$10^9/L$	150 - 400

HA

Reported on 08-05-2024 13:59





Referrer Dr Shaun M Cousen

Address MACKAY BASE HOS PAEDIATRIC DPT PAEDIATRIC DEPT 475  
BRIDGE RD  
MACKAY QLD 4740

Phone 0748856000

Lab ID 526102119

DOB 04/01/2010 (14 Yrs MALE)

Your ref. 273307

Address 10 MOONLIGHT DR  
JUBILEE POCKET QLD 4802

Phone 0419671920

Copy to Dr Cathy M Reto (0748045680)

Requested 18/04/2024

Clinical Notes chronic abdominal pain

Collected 11/05/2024 07:15

Received 11/05/2024 09:31

### Faecal Calprotectin

Faecal Calprotectin 5 <50 mg/kg

### Comments

Elevated faecal calprotectin indicates a high probability of intestinal inflammation. Levels of faecal calprotectin above 250 mg/kg have greater positive predictive value especially in children. For patients with known inflammatory bowel disease in remission, faecal calprotectin above 50 mg/kg is associated with an increased risk of relapse over the next 12 months. In patients with faecal calprotectin levels below 50 mg/kg with strong clinical indications of intestinal inflammation, a repeat sample may be useful. In small bowel Crohn's the faecal calprotectin may be within the normal range. Many conditions including bowel cancer, NSAID ulceration, coeliac disease, diverticulitis and chronic inflammation may cause elevated faecal calprotectin. This test has not been validated in children under two years of age. Testing performed by FEIA.

Please be advised that as of November 1st 2021 the medicare schedule for faecal calprotectin testing has changed.

If all of the following five criteria have been met, no out of pocket fee will be charged -

1. The patient is under 50 years of age
2. The patient has gastrointestinal symptoms suggestive of inflammatory or functional bowel disease of more than 6 weeks duration
3. Infectious causes have been excluded
4. The likelihood of malignancy has been assessed as low
5. No relevant clinical alarms are present

All patients over the age of 50 will be charged the non-rebateable fee.

IA

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

Reported on 14-05-2024 06:15



Referrer Dr Shaun M Cousen

Address MACKAY BASE HOS PAEDIATRIC DPT PAEDIATRIC DEPT 475  
BRIDGE RD  
MACKAY QLD 4740

Phone 0748856000

Lab ID 526102119

DOB 04/01/2010 (14 Yrs MALE)

Your ref. 273307

Address 10 MOONLIGHT DR  
JUBILEE POCKET QLD 4802

Phone 0419671920

Copy to Dr Cathy M Reto (0748045680)

Clinical Notes chronic abdominal pain

Requested 18/04/2024

Collected 11/05/2024 07:15

Received 11/05/2024 09:31

### Faeces Occult Blood 1

Occult Blood(Immunochemical) Negative

#### Comments

Investigative protocol and additional interpretation of results  
available at the following weblink:  
<http://protocols.sonichealthcare.com/shared/IP605.pdf>

PLEDIA FOB #2@BWH

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

Reported on 14-05-2024 12:05

### Faeces Occult Blood 2

Occult Blood(Immunochemical) Negative

PLEDIA FOB #2@BWH

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

Reported on 14-05-2024 12:05

### Faeces Occult Blood 3

Occult Blood(Immunochemical) Negative

PLEDIA FOB #2@BWH

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

Reported on 14-05-2024 12:05



Referrer **Dr Cathy M Reto**

Address **AFFINITY FAMILY MEDICAL SUITE 20 230 SHUTE HARBOUR RD  
CANNONVALE QLD 4802**

Phone **0748045680**

Lab ID **516161602**

Your ref. **4649**

DOB **04/01/2010 (14 Yrs MALE)**

Address **10 MOONLIGHT DR  
JUBILEE POCKET QLD 4802**

Phone **0419671920**

Copy to

Clinical Notes **H Pylori Abs positive**

Requested **28/03/2024**

Collected **28/03/2024 10:30**

Received **28/03/2024 11:47**

**Helicobacter pylori**

Faecal H. pylori Ag (ChLIA)

**Negative**

**Comments**

A Negative result for Faecal Helicobacter antigen in most cases indicates no current infection with Helicobacter pylori.

If the patient is on antimicrobials not specifically prescribed for the eradication of H. pylori or proton pump inhibitors or bismuth preparations, the Faecal Helicobacter antigen may be falsely negative. The test result is valid if use of these medications have been ceased for a minimum of 2 weeks or in the case of specific anti-helicobacter treatment for a minimum of 4 weeks prior to the collection of the specimen. A false negative result may also occur if the patient has diarrhoea.

RC

SULLIVAN NICOLAIDES PTY LTD, ABN 38 078 202 196, NATA/RCPA ACCREDITATION NO 1964

Reported on **03-04-2024 18:30**