DAWES, PAULA ANNE
6 BALNAVES PL, MITCHELTON. 4053
Phone: 04 27299880
Birthdate: 24/11/1955 **Sex:** F **Medicare Number:** 24400836161
Your Reference: **Lab Reference:** 24-75489857-25T-0
Laboratory: QML Pathology
Addressee: DR ELIZABETH J MOLONEY **Referred by:** DR ALEX CHAUDHURI
Copy to:
DR MONICA WAGENAAR
DR ANDREW ROSENSTENGEL
DR ELIZABETH J MOLONEY

Name of Test: E/LFT (MASTER)
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 11/06/2024 18:56

SERUM/PLASMA CHEMISTRY - RANDOM				
Sodium	139	mmol/L		(137-147)
Potassium	4.5	mmol/L		(3.5-5.0)
Chloride	101	mmol/L		(96-109)
Bicarbonate	30	mmol/L		(25-33)
Other Anions	13	mmol/L		(4-17)
Glucose	4.5	mmol/L	random	(3.0-7.7)
Urea	5.2	mmol/L		(2.5-7.5)
Creatinine	56	umol/L		(50-120)
eGFR	> 90	mL/min		(over 59)
Uric Acid	0.29	mmol/L		(0.14-0.35)
Total Bilirubin	6	umol/L		(2-20)
Alk. Phos.	109	U/L		(30-115)
Gamma G.T.	35	U/L		(0-45)
ALT	22	U/L		(0-45)
AST	28	U/L		(0-41)
LD	222	U/L		(80-250)
Calcium	2.35	mmol/L		(2.15-2.60)
Adjusted for Albumin	2.34	mmol/L		(2.15-2.60)
Phosphate	1.3	mmol/L		(0.8-1.5)
Total Protein	74	g/L		(60-82)
Albumin	43	g/L		(35-50)
Globulins	31	g/L		(20-40)
Cholesterol	4.3	mmol/L		(3.6-7.3)
Triglycerides	1.7	mmol/L	random	(0.3-4.0)

Tests Completed:SE E/LFT, SE C-REACTIVE PROTEIN
Tests Pending :LEGIONELLA AB, FBC

DAWES, PAULA ANNE
6 BALNAVES PL, MITCHELTON. 4053
Phone: 04 27299880
Birthdate: 24/11/1955 **Sex:** F **Medicare Number:** 24400836161
Your Reference: **Lab Reference:** 24-75489857-CBC-0
Laboratory: QML Pathology
Addressee: DR ELIZABETH J MOLONEY **Referred by:** DR ALEX CHAUDHURI
Copy to:
DR MONICA WAGENAAR
DR ANDREW ROSENSTENGEL
DR ELIZABETH J MOLONEY

Name of Test: MASTER FULL BLOOD COUNT
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 11/06/2024 18:57

FULL BLOOD EXAMINATION				
Haemoglobin		120	g/L	(115-160)
Red Cell Count		4.6	x10 ^12 /L	(3.6-5.2)
Haematocrit		0.40		(0.33-0.46)
Mean Cell Volume		86	fL	(80-98)
Mean Cell Haemoglobin		26	pg	(27-35)
Platelet Count		225	x10 ^9 /L	(150-450)
White Cell Count		7.2	x10 ^9 /L	(4.0-11.0)
Neutrophils	62 %	4.5	x10 ^9 /L	(2.0-7.5)
Lymphocytes	26 %	1.9	x10 ^9 /L	(1.1-4.0)
Monocytes	7 %	0.5	x10 ^9 /L	(0.2-1.0)
Eosinophils	4 %	0.29	x10 ^9 /L	(0.04-0.40)
Basophils	1 %	0.07	x10 ^9 /L	(< 0.21)

Automated Comment:
As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

** FINAL REPORT - Please destroy previous report **

Tests Completed:FBC, SE E/LFT, SE C-REACTIVE PROTEIN
Tests Pending :LEGIONELLA AB

DAWES, PAULA ANNE
6 BALNAVES PL, MITCHELTON. 4053
Phone: 04 27299880
Birthdate: 24/11/1955 **Sex:** F **Medicare Number:** 24400836161
Your Reference: **Lab Reference:** 24-75489857-CRP-0
Laboratory: QML Pathology
Addressee: DR ELIZABETH J MOLONEY **Referred by:** DR ALEX CHAUDHURI
Copy to:
DR MONICA WAGENAAR
DR ANDREW ROSENSTENGEL
DR ELIZABETH J MOLONEY

Name of Test: C REACTIVE PROTEIN
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 11/06/2024 18:57

CUMULATIVE SERUM/PLASMA C-REACTIVE PROTEIN (CRP)

Date	10/04/24	11/06/24
Time	11:46	14:56
Lab No	96049455	75489857
CRP	+ 7	+ 10 mg/L(0-6)

C-reactive protein (CRP) is a non-specific indicator of tissue damage.
The level rises rapidly (within 6-10 hours) after tissue injury, peaks at 48-72 hours and returns to normal within a few days. Common causes of markedly increased CRP include infection (particularly bacterial), trauma, surgery, myocardial infarction, many malignancies and inflammatory disorders.

Tests Completed:FBC, SE E/LFT, SE C-REACTIVE PROTEIN
Tests Pending :LEGIONELLA AB

DAWES, PAULA ANNE
6 BALNAVES PL, MITCHELTON. 4053
Phone: 04 27299880
Birthdate: 24/11/1955 **Sex:** F **Medicare Number:** 24400836161
Your Reference: **Lab Reference:** 24-75489857-LGS-0
Laboratory: QML Pathology
Addressee: DR ELIZABETH J MOLONEY **Referred by:** DR ALEX CHAUDHURI
Copy to:
DR MONICA WAGENAAR
DR ANDREW ROSENSTENGEL
DR ELIZABETH J MOLONEY

Name of Test: LEGIONELLA SEROLOGY
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 13/06/2024 23:26

MICROBIAL SEROLOGY

Legionella pneumophila Serogroups 1-6 IgG (IFA):	<64	(< 64)
Legionella longbeachae Serogroups 1,2 IgG (IFA):	128	(< 64)

Borderline
Please repeat serology in approximately 21 days.

NOTE
The rise in titre is slower than with other bacterial diseases. Paired sera should be collected early in the illness (<1 week from onset) and 3-6 weeks later.

Tests Completed:LEGIONELLA AB, FBC, SE E/LFT, SE C-REACTIVE PROTEIN
Tests Pending :

Dawes , Paula
6 Balnaves Place MITCHELTON 4053

Phone:	0427299880				
Birthdate:	24/11/1955	**Sex:**	F	**Medicare Number:**	24400836171
Your Reference:	2024K0011374	**Lab Reference:**	2024K0011374-1		
Laboratory:	Keperra Diagnostic Imaging				
Addressee:	Dr ELIZABETH MOLONEY	**Referred by:**	Dr Andrew Rosenstengel		
Name of test:	Chest CT				
Requested	13/06/2024	**Collected:**	13/06/2024	**Reported:**	13/06/2024 13:02:00

Mrs Paula Dawes
6 Balnaves Place MITCHELTON QLD 4053
Ref: 2024K0011374-1
Addressee: Dr ELIZABETH MOLONEY
Requested: 13/06/2024 12:00 PM
Reported: 13/06/2024 1:02 PM

DOB: 24-Nov-1955
Sex: Female
Keperra Diagnostic Imaging
Referrer: Dr Andrew Rosenstengel
Collected: 13/06/2024 12:16 PM

Chest CT

Clinical Data: Follow-up left lower lobe.

NON CONTRAST CT SCAN CHEST

Comparison is made with the previous study dated 15/5/24.

There has been excellent resolution of the previously depicted consolidation across the base of the left lung. Residual atelectasis/scarring is visible in the current study along the posteromedial basal segment of the left lower lobe. The ill defined nodule reported earlier in the apex of the left lung has resolved. This would confirm its post infective/inflammatory nature.

No consolidation or collapse visible in either lung at this stage. No suspicious focal pulmonary mass lesion. Mild cardiomegaly is seen but no pulmonary oedema.

No sizeable hiatus hernia and the scanned upper abdomen appears unremarkable within the limitation of the current unenhanced study. No suspicious lymphadenopathy visible.

No aggressive bone lesion across the scanned skeleton.

Dr Hatem Adham

If you are the referring practitioner and wish to discuss this result with the Radiologist please phone 07 3351 0108.

km

Additional Links

Radiology Images

Report Author: Hatem Adham Service Provider: Keperra Diagnostic Imaging

KDI

DAWES, PAULA ANNE
6 BALNAVES PL, MITCHELTON. 4053
Phone: 04 27299880
Birthdate: 24/11/1955 **Sex:** F **Medicare Number:** 24400836161
Your Reference: **Lab Reference:** 24-96049455-CBC-0
Laboratory: QML Pathology
Addressee: DR PAUL JENKINS **Referred by:** DR PAUL JENKINS
Copy to:
DR NAM BAJRA

Name of Test: MASTER FULL BLOOD COUNT
Requested: 08/03/2024 **Collected:** 10/04/2024 **Reported:** 11/04/2024 09:04

CUMULATIVE FULL BLOOD EXAMINATION

	30/07/21		10/04/24			
Date	14:55		11:46			
Time	29835678		96049455			
Lab No						
Hb	136		127	g/L		(115-160)
RCC	5.1		4.8	x10 ^12 /L		(3.6-5.2)
Hct	0.43		0.41			(0.33-0.46)
MCV	85		85	fL		(80-98)
MCH	27		26	pg		(27-35)
Plats	296		286	x10 ^9 /L		(150-450)
WCC	10.5		7.4	x10 ^9 /L		(4.0-11.0)
Neuts	7.4	61 %	4.5	x10 ^9 /L		(2.0-7.5)
Lymphs	2.6	26 %	1.9	x10 ^9 /L		(1.1-4.0)
Monos	0.4	8 %	0.6	x10 ^9 /L		(0.2-1.0)
Eos	0.11	4 %	0.30	x10 ^9 /L		(0.04-0.40)
Basos	0.00	1 %	0.07	x10 ^9 /L		(< 0.21)
E.S.R.			pending	mm/hr		(1-30)

96049455 Automated Comment:
As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

Minor Hypochromia. Correlate with Iron status.

** FINAL REPORT - Please destroy previous report **

Tests Completed:FBC
Tests Pending :TFT, IRON STUDIES, SE E/LFT, SE C-REACTIVE PROTEIN, BL HBA1C, ESR

DAWES, PAULA ANNE
6 BALNAVES PL, MITCHELTON. 4053
Phone: 04 27299880
Birthdate: 24/11/1955 **Sex:** F **Medicare Number:** 24400836161
Your Reference: **Lab Reference:** 24-96049455-ESR-0
Laboratory: QML Pathology
Addressee: DR PAUL JENKINS **Referred by:** DR PAUL JENKINS
Copy to:
DR NAM BAJRA

Name of Test: ERYTHROCYTE SEDIMENT RATE
Requested: 08/03/2024 **Collected:** 10/04/2024 **Reported:** 11/04/2024 10:03

Erythrocyte Sedimentation Rate	27	mm/hr	(1-30)

Tests Completed:FBC, ESR
Tests Pending :TFT, IRON STUDIES, SE E/LFT, SE C-REACTIVE PROTEIN, BL HBA1C

DAWES, PAULA ANNE
6 BALNAVES PL, MITCHELTON. 4053
Phone: 04 27299880
Birthdate: 24/11/1955 **Sex:** F **Medicare Number:** 24400836161
Your Reference: **Lab Reference:** 24-96049455-A1C-0
Laboratory: QML Pathology
Addressee: DR PAUL JENKINS **Referred by:** DR PAUL JENKINS
Copy to:
DR NAM BAJRA

Name of Test: HAEMOGLOBIN A1C,BLOOD
Requested: 08/03/2024 **Collected:** 10/04/2024 **Reported:** 11/04/2024 10:36

CUMULATIVE GLYCATED HAEMOGLOBIN

Date	10/04/24	
Time	11:46	
Lab No	96049455	
HbA1c Fraction	6.1	%
in SI units	43	mmol/mol

Note: Caution is needed in interpreting HbA1c results in the presence of conditions affecting red blood cell survival times, which may lead to either falsely high or falsely low HbA1c results.

HbA1c diagnostic levels - RCPA 2014
< 6.1% (<43 mmol/mol) - current diabetes is excluded
6.1-6.4% (43-47 mmol/mol) - high risk for future diabetes
> 6.4% (>48 mmol/mol) - diabetes is likely
Unless patient has supportive symptoms or elevated plasma glucose values, repeat test is recommended.
Currently, Medicare will fund only one diagnostic test per year.

Sample may be collected at any time - fasting is not required.
Note - diabetes tolerance may be impaired by chronic illness, use of certain drugs including steroids, Cushing syndrome, etc.
We would advise considering secondary forms in newly-diagnosed patients.
For clinical enquiries, please contact Dr Appleton, Chang or Marshall

Tests Completed:FBC, BL HBA1C, ESR
Tests Pending :TFT, IRON STUDIES, SE E/LFT, SE C-REACTIVE PROTEIN

DAWES, PAULA ANNE
6 BALNAVES PL, MITCHELTON. 4053
Phone: 04 27299880
Birthdate: 24/11/1955 **Sex:** F **Medicare Number:** 24400836161
Your Reference: **Lab Reference:** 24-96049455-25T-0
Laboratory: QML Pathology
Addressee: DR PAUL JENKINS **Referred by:** DR PAUL JENKINS
Copy to:
DR NAM BAJRA

Name of Test: E/LFT (MASTER)
Requested: 08/03/2024 **Collected:** 10/04/2024 **Reported:** 11/04/2024 13:48

CUMULATIVE SERUM BIOCHEMISTRY

Date	30/07/21	10/04/24		
Time	14:55	11:46		
Lab No	29835678	96049455		
	RANDOM	RANDOM		RANDOM
Sodium	138	138	mmol/L	(137-147)
Potass.	4.8	4.7	mmol/L	(3.5-5.0)
Chloride	103	104	mmol/L	(96-109)
Bicarb	29	30	mmol/L	(25-33)
An.Gap	11	9	mmol/L	(4-17)
Gluc	7.0	4.5	mmol/L	(3.0-7.7)
Urea	4.5	5.7	mmol/L	(2.5-7.5)
Creat	52	63	umol/L	(50-120)
eGFR	> 90	87	mL/min	(over 59)
Urate	0.25	0.30	mmol/L	(0.14-0.35)
T.Bili	7	4	umol/L	(2-20)
Alk.P	71	91	U/L	(30-115)
GGT	36	37	U/L	(0-45)
ALT	19	17	U/L	(0-45)
AST	20	19	U/L	(0-41)
LD	202	215	U/L	(80-250)
Calcium	2.43	2.31	mmol/L	(2.15-2.60)
Corr.Ca	2.33	2.27	mmol/L	(2.15-2.60)
Phos	1.1	1.2	mmol/L	(0.8-1.5)
T.Prot	80	69	g/L	(60-82)
Alb	46	44	g/L	(35-50)
Glob	34	25	g/L	(20-40)
Chol	4.4	4.2	mmol/L	(3.6-7.3)
Trig	1.7	1.8	mmol/L	(0.3-4.0)
Lab No	29835678	96049455		
Date	30/07/21	10/04/24		

Tests Completed:FBC, SE E/LFT, SE C-REACTIVE PROTEIN, BL HBA1C, ESR
Tests Pending :TFT, IRON STUDIES

DAWES, PAULA ANNE
6 BALNAVES PL, MITCHELTON. 4053
Phone: 04 27299880
Birthdate: 24/11/1955 **Sex:** F **Medicare Number:** 24400836161
Your Reference: **Lab Reference:** 24-96049455-CRP-0
Laboratory: QML Pathology
Addressee: DR PAUL JENKINS **Referred by:** DR PAUL JENKINS
Copy to:
DR NAM BAJRA

Name of Test: C REACTIVE PROTEIN
Requested: 08/03/2024 **Collected:** 10/04/2024 **Reported:** 11/04/2024 13:48

CUMULATIVE SERUM COMPLEMENT AND C-REACTIVE PROTEIN (CRP)

Date	10/04/24	
Time	11:46	
Lab No	96049455	
CRP	+	7 mg/L(0-6)

C-reactive protein (CRP) is a non-specific indicator of tissue damage.
The level rises rapidly (within 6-10 hours) after tissue injury, peaks at 48-72 hours and returns to normal within a few days. Common causes of markedly increased CRP include infection (particularly bacterial), trauma, surgery, myocardial infarction, many malignancies and inflammatory disorders.

Tests Completed:FBC, SE E/LFT, SE C-REACTIVE PROTEIN, BL HBA1C, ESR
Tests Pending :TFT, IRON STUDIES

DAWES, PAULA ANNE
6 BALNAVES PL, MITCHELTON. 4053
Phone: 04 27299880
Birthdate: 24/11/1955 **Sex:** F **Medicare Number:** 24400836161
Your Reference: **Lab Reference:** 24-96049455-THY-0
Laboratory: QML Pathology
Addressee: DR PAUL JENKINS **Referred by:** DR PAUL JENKINS
Copy to:
DR NAM BAJRA

Name of Test: THYROID TEST MASTER
Requested: 08/03/2024 **Collected:** 10/04/2024 **Reported:** 11/04/2024 16:30

CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	10/04/24	
Time	11:46	
Lab No	96049455	
TSH	0.57 mIU/L	(0.50-4.00)
free T4	14 pmol/L	(10-20)
free T3	4.4 pmol/L	(2.8-6.8)

Euthyroid level.

Tests Completed:TFT, IRON STUDIES, FBC, SE E/LFT, SE C-REACTIVE PROTEIN, BL HBA1C, ESR
Tests Pending :

DAWES, PAULA ANNE
6 BALNAVES PL, MITCHELTON. 4053
Phone: 04 27299880
Birthdate: 24/11/1955 **Sex:** F **Medicare Number:** 24400836161
Your Reference: **Lab Reference:** 24-96049455-ISM-0
Laboratory: QML Pathology
Addressee: DR PAUL JENKINS **Referred by:** DR PAUL JENKINS
Copy to:
DR NAM BAJRA

Name of Test: MASTER IRON STUDIES
Requested: 08/03/2024 **Collected:** 10/04/2024 **Reported:** 11/04/2024 16:30

CUMULATIVE IRON STUDIES

	10/04/24		
Date			
Time	11:46		
Lab No	96049455		
Iron	12	umol/L	(10-33)
TIBC	59	umol/L	(45-70)
Saturation	20	%	(16-50)
Ferritin	40	ug/L	(30-320)

96049455 Comment:
Low-normal iron stores.
A functional deficiency may exist in chronic disease states such as chronic kidney disease (CKD) or disorders of Erythropoiesis.

Tests Completed:TFT, IRON STUDIES, FBC, SE E/LFT, SE C-REACTIVE PROTEIN, BL HBA1C, ESR
Tests Pending :

DAWES, PAULA ANNE
6 BALNAVES PL, MITCHELTON. 4053
Phone: 04 27299880
Birthdate: 24/11/1955 **Sex:** F **Medicare Number:** 24400836161
Your Reference: **Lab Reference:** 24-75489857-LGS-0
Laboratory: QML Pathology
Addressee: DR ELIZABETH J MOLONEY **Referred by:** DR ALEX CHAUDHURI
Copy to:
DR MONICA WAGENAAR
DR ANDREW ROSENSTENGEL
DR ELIZABETH J MOLONEY

Name of Test: LEGIONELLA SEROLOGY
Requested: 10/06/2024 **Collected:** 11/06/2024 **Reported:** 13/06/2024 23:26

MICROBIAL SEROLOGY

Legionella pneumophila Serogroups 1-6 IgG (IFA):	<64	(< 64)
Legionella longbeachae Serogroups 1,2 IgG (IFA):	128	(< 64)

Borderline
Please repeat serology in approximately 21 days.

NOTE
The rise in titre is slower than with other bacterial diseases. Paired sera should be collected early in the illness (<1 week from onset) and 3-6 weeks later.

Tests Completed:LEGIONELLA AB, FBC, SE E/LFT, SE C-REACTIVE PROTEIN
Tests Pending :