



Doctor

Dr Ameeta Gajjar

NORTHERN BEACHES CARE CTR
56 Garden Street
NARRABEEN 2101

G8698

AVL

Copies: Dr W Stevenson

Ph: 0294631199

Patient

Anthony Craig BULLOCK

Lab ID : 291899003 Your Ref :

61 Prince Charles Rd
Frenchs Forest 2086

Requested : 24/02/2014
Collected : 27/02/2014 08:20
Received : 27/02/2014 11:44
Printed : 04/03/2014 08:07

DOB : 29/09/1976 (37 Yrs)

Sex : Male

Ph : 0421883060

Cytomegalovirus Serology

CMV IgG (CMIA)

Detected

CMV IgM (CMIA)

Not Detected

Comment

Suggestive of past, not current, CMV infection.

Rheumatoid Factor (Quantitative) (Architect Method)

Rheumatoid Factor (RF) <6 IU/mL (<16)

25 - OH Vitamin D

Vitamin D 127 nmol/L (51-140)

Comment

According to the Position Statement 'Vitamin D and health in adults in Australia and New Zealand' MJA, 196(11):686-687, 2012, Vitamin D status is defined as:

Mild Deficiency	30 - 49 nmol/L
Moderate Deficiency	12.5 - 29 nmol/L
Severe Deficiency	<12.5 nmol/L

Vitamin D adequacy can be defined as a level >49 nmol/L at the end of winter - the level may need to be 10 - 20 nmol/L higher at the end of summer, to allow for seasonal decrease.

Immunoglobulin E - IgE (Phadia ImmunoCAP)

Immunoglobulin E (Total IgE) 77 IU/mL (<100)

Comment

Specific IgE is extraordinarily rare when total IgE is less than 5 kU/L. Higher but normal IgE levels do not exclude elevated specific IgE and significant food or inhalant allergy. Seasonal variation in total IgE is common. IgE less than 100 kU/L virtually exclude allergobronchopulmonary aspergillosis.

Epstein-Barr Virus Serology

EBV VCA IgG (BioPlex)
EBV NA IgG
EBV VCA IgM

Detected

Detected

Not Detected

Comment

Evidence of past, not current, EBV infection.

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Expression of CD57 on NK cells

White Cell Count	* 3.2	x10 ⁹ /L	(4.0-11.0)
Lymphocytes	1.6	x10 ⁹ /L	(1.0-4.0)
CD3-/CD57 +	2	%	
CD3-/CD57 +	0.03	x10 ⁹ /L	
CD3-/CD57 +	30	/cubic mm	

Comment

A published absolute range for CD3-/CD57 + lymphocytes is 30-730 cells/cu.mm (0.03-0.730 x 10⁹/L).
(National Institute of Allergy and Infectious Diseases, Bethesda Maryland. Nov 2009)

Lymphoid Subsets

White Cell Count	* 3.2	x10 ⁹ /L	(4.0-11.0)
Lymphocytes	1.6	x10 ⁹ /L	(1.0-4.0)
CD3 T Cell	75 %	1.22	x10 ⁹ /L (0.7-2.1)
CD4 T Helper Cell	33 %	0.53	x10 ⁹ /L (0.4-1.4)
CD8 T Cytotoxic Cell	41 %	0.66	x10 ⁹ /L (0.2-0.9)
CD4/CD8 Ratio	* 0.80		(1.0-3.0)
CD16/56 NK Cells	6 %	0.10	x10 ⁹ /L (0.05-0.6)
CD19 B Cell	19 %	0.31	x10 ⁹ /L (0.05-0.5)

Comment

The total lymphocyte count and distribution of T cells, B cells and natural killer cells are essentially within normal limits.

Iron Studies

Date	06/02/14	Current Result	27/02/14	Units	Ref Range
Time	09:20		08:20		
Lab ID	204744400		291899003		
Ferritin	67		78	ug/L	(30-300)

Heavy Metals

Serum Copper	17	umol/L	(12-22)
Serum Zinc	15	umol/L	(10-18)

B12/Folate/RCF

Date	06/02/14	Current Result	27/02/14	Units	Ref Range
Time	09:20		08:20		
Lab ID	204744400		291899003		
Vitamin B12	631	* 697		pmol/L	(135-650)
RBC Folate		* 2084		nmol/L	(776-1784)

Immunoglobulins

Immunoglobulin A	* 4.32	g/L	(0.60-3.96)
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DOUGLAS HANLY MOIR PATHOLOGY

Quality is in our DNA

14 Giffnock Avenue, Macquarie Park, NSW, AUSTRALIA 2113

Results: 98 555 100 Pathologists: 98 555 150
Toll Free: 1800 222 365 All Hours: 98 555 222

Douglas Hanly Moir Pathology Pty Limited ABN 80 003 332 858

Dr Erica AHN
Dr Alexandra ALLENDE
Dr Tina BAILLIE
Dr Karl BAUMGART
Dr Elizabeth BERNAL
Dr Clare BIRO
Dr Jonathan BLACKWELL
Dr David BLAXLAND
Dr Fiona BONAR
Dr Andrew BROADFOOT
Dr Ivan BURCHETT
Dr Julie BURN
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Dr Ian CHAMBERS
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Dr Joanna DING
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Dr Michael HARRISON
Dr Theresa HARVEY

Dr Richard HASKELL
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Dr Jessamine REDDY
Dr Greg RHODES
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Dr Jennifer ROBERTS
Dr Marcella ROMAN

Professor Peter RUSSELL
Dr Garry SIMMONS
Dr Elizabeth SINCLAIR
Dr Vera STORMER
Dr Andrew TAN
Dr Nick TAYLOR
Dr Catherine TREBECK
Dr Jenny TURNER
Dr Craig WALLINGTON
Dr Michael WEHRHANN
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Mycoplasma pneumoniae Serology

M.pneumoniae IgG Not Detected
M.pneumoniae IgM Not Detected

Comment

No conclusive evidence of past or current infection with Mycoplasma pneumoniae. If this sample was taken during the acute phase of infection, repeat testing in 10-14 days is recommended to exclude infection.

Antinuclear Antibodies

ANA Not Detected

Comment

(Screened at a titre of 80)

Note: From 20th October 2012, we have changed our ANA method to improve detection of SSA antibodies which cause a particular speckled pattern. When only the SSA antibody pattern is present, since the Hep2000 cell line has been genetically modified to hyper-express SSA, we will not report a titre for this pattern as it is always effectively > 2560. All other nuclear (but not cytoplasmic) immunofluorescent patterns will be titred as before. The conjugate used for ANA testing also now has higher specificity detecting only IgG antibodies and some previously positive patients will now be negative.

Anti-Mitochondrial Antibody

AMA Ab Not Detected

Anti-Neutrophil Cytoplasmic Antibodies

ANCA Screen Negative

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ests Completed:

inical Notes:

RF,B12,Ferr,CRP,VIT D,ZN-S,CU-S,FOLATE RED CELL,HOMO,FBC,FILM,CD57,L.Mark,ANCA,ANA,AMA,DNASEB,IgA
IgE,EBVNA,Mycoplasma Ab,ASOT,CMV AB. **FINAL REPORT**

Supervising Pathologist: IC. KR



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Homocysteine

Homocysteine 8.8 umol/L (6.0-14.0)

Streptococcal Serology

Anti-Streptolysin O (ASO) 47 IU/mL (0-200)
Anti DNASE B <100 U/mL (0-200)

Comment

Anti-DNase B is more sensitive than anti-Streptolysin O in the diagnosis of antecedent streptococcal infection, but when combined the sensitivity of both antibodies is approximately 90-95%. Serial tests showing rising antibody levels are of greater diagnostic significance than a single elevated result.

Haematology

Date	23/02/09	01/05/09	30/10/09	06/02/14	Current Result	Units	Ref Range
Time	08:10	09:00	11:30	09:20	27/02/14 08:20		
Lab ID	42369085	42369823	47953984	204744400	291899003		
Haemoglobin	146	147	147	155	153	g/L	(130-180)
RCC	5.2	5.4	5.3	5.6	5.5	x10 ¹² /L	(4.5-6.5)
Haematocrit	0.43	0.43	0.43	0.46	0.44		(0.39-0.54)
MCV	82	80	80	81	80	fL	(80-100)
MCH	27.9	27.1	27.5	27.7	28.0	pg	(27.0-32.0)
MCHC	341	339	343	341	350	g/L	(310-360)
RDW	12.5	12.5	12.2	12.8	12.3		(10.0-15.0)
WCC	4.1	4.3	4.5	4.0	3.2	x10 ⁹ /L	(4.0-11.0)
Neutrophils	*1.44	*1.87	2.15	*1.35	*1.20	x10 ⁹ /L	(2.0-7.5)
Lymphocytes	2.17	1.96	1.99	2.24	1.62	x10 ⁹ /L	(1.0-4.0)
Monocytes	0.33	0.31	0.24	0.29	0.25	x10 ⁹ /L	(0.0-1.0)
Eosinophils	0.12	0.13	0.08	0.12	0.12	x10 ⁹ /L	(0.0-0.5)
Basophils	0.02	0.02	0.05	0.02	0.03	x10 ⁹ /L	(0.0-0.3)
Platelets	*142	182	160	156	*140	x10 ⁹ /L	(150-450)
ESR		8		3		mm/h	(1-20)

Comment on Lab ID 291899003

Red Cell Morphology: Normal
Mild thrombocytopenia
Moderate neutropenia.

CRP (High Sens)

Date	01/05/09	Current Result	Units	Ref Range
Time	09:00	27/02/14 08:20		
Lab ID	42369823	291899003		
CRP	2.8	2.8	mg/L	(0.0-5.0)

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Date

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IgE,EBVNA,Mycoplasma Ab,ASOT,CMV AB. **FINAL REPORT**

linical Notes:

Supervising Pathologist: GC, NT, IC, FH

M14-003204

Histopath Specialist Pathologists

Dr Ameeta Gajjar
Northern Beaches Care Centre
56 Garden Street
NARRABEEN NSW 2101

Received: 28/02/2014 6:36:01 PM
Anthony BULLOCK
61 Prince Charles Road
FRENCHS FOREST, NSW 2086
DOB: 29/09/1976 Your Ref:

Specimen(s) Received:

(1) Faeces, fixed; (2) Faeces, fixed; (3) Faeces, fixed

Clinical History:

FINAL SUMMARY:

POSITIVE

Parasite(s) identified: Dientamoeba fragilis

CELL EXAMINATION

(Modified Iron Haematoxylin Technique)

Leucocytes: Nil

Red Blood Cells: Nil

IMMUNOASSAY ANALYSIS

Immunoassay (Giardia/Cryptosporidium): Negative

Comment(s)

Testing includes examination for all gastrointestinal parasites, including D. fragilis

Supervising Pathologist: Dr. Chris Douglas

Other Test(s) Requested: Faecal Culture

Referred by: Dr Ameeta Gajjar

Copies to:

Dr. Chris Douglas
Dr. Stephen Mann

Level 4, 97 Waterloo Road, North Ryde NSW 2113
E: enquiry@histopath.com.au

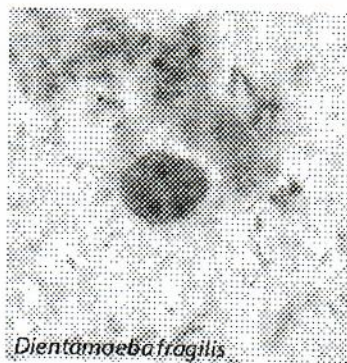
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Accredited for compliance with NPAAC Standards and ISO 15189 Accredited laboratory: 13979

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The Royal College of Pathologists of Australia



M14-003204
Anthony BULLOCK

Histopath Specialist Pathologists



Reported by J S. Electronically signed 03/03/2014