16th July 2024

Dear Dr Neil

Re: Mr Alan HOGAN DOB: 21/11/53

10 Sacramento Avenue, MACQUARIE HILLS NSW 2285

Initial Consultation Appointment: Thursday 19 September – 10.30 am

Please find forwarded a referral from GP Dr Russell Ing as well as copies of all relevant reports since first seeking cardiac advice. His first investigation was an AAA scan in 2018 which was normal. This was repeated last week and is attached FYI. The other investigation was a CT angiogram in 2019. He was then referred to cardiologist, Dr Trevor Mallard.

We seek your valued advice as we have great respect for the courage and stand you took to reveal the truth regarding the Covid plandemic and that the vaccines were neither safe nor effective. We have listened to your interviews on Club Grubbery, and also heard you speak at AMPS events we have attended.

We prefer a holistic rather than a pharmaceutical approach to health. Our main concern has been the pressure for Alan to take prescribed statins and blood pressure medications. We have been aware for many years about the negative impact on the body caused by statins. Alan has tried them briefly on a few occasions when feeling pressured by Dr Mallard, but then ceases them due to side effects but more so because of his concern about whether the statin is really necessary and safe. As Dr Mallard stated in his report Alan has "white coat" hypertension, so we feel confused as to why he is being prescribed blood pressure medication. We were very impressed with Dr Maryann Demasi's investigation into statins on Catalyst on ABC. We were very disappointed about her career on Catalyst ending due to her revealing the truth about statin medications.

We are seeking some peace of mind and confidence in the treatment advice given. We realise that you are aware of the dishonesty by Big Pharma. Phillip Altman has also been very open and honest about the corruption and funding of the TGA by Big Pharma.

Alan was asymptomatic when initially referred to cardiologist, and remains asymptomatic at present. The reason for the investigations and referral to cardiologist was due to his older brother's cardiac surgery in 2018; aortic aneurysm, aortic valve replacement and CABG. His father's CABG at age 80 and passing at 90, and his mother's pacemaker insertion at age 95 were not the concerns for referral.

We look forward to Alan's telehealth initial consultation.

Kind regards

Alan and Helen Hogan

16th July 2024

Dear Dr Neil

ATUNE
Health Centres

Location Address
52 Ada Street, Cardiff NSW 2285
Postal Address
P O Box 272, Warners Bay NSW 2282
P 02 4954 4511 F 02 4954 4566
E reception@atune.com.au
W www.atune.com.au

26th August 2024

A/Prof Christopher Neil
58A Whitehorse Road
Deepdene 3103
Phone: 1300 870 772
Fax: (03) 8679 0579

Dear A/Prof Neil,

RE: **Alan Hogan**
DOB: 21/11/1953
Address: 10 Sacramento Avenue, Macquarie Hills 2285
Contact No: 0407407209

Thank you for seeing Alan who would appreciate your opinion regarding his cardiac health and recommendations for his continuing treatment.

Past Medical History

Hypercholesterolaemia
Coronary artery disease — Mild on CT Calcium Score

Allergies / Medication Sensitivities
Nil known.

Current Medications
No long term medications.

Your assessment and subsequent management is greatly appreciated.

Yours Sincerely,

Dr Russell Ing
BMBS FRACGP
Provider No: 214267DK

HOGAN, ALAN
10 SACRAMENTO AVENUE, MACQUARI, MACQUARIE HILLS. 2285
Birthdate: 21/11/1953 Sex: M Medicare Number:
Your Reference: Lab Reference: CAR4524110-CT Cardiac Angiogram GP Referred - Non-rebateable
Laboratory: Hunter Imaging Group
Addressee: DR JOHN FLUIT Referred by: JOHN DR FLUIT

Name of Test: CT Cardiac Angiogram GP Referred - Non-rebateable
Requested: 18/11/2019 Collected: 03/12/2019 Reported: 03/12/2019 10:43

Apollo RIS Patient Id :HIG325672
Patient Name :HOGAN ALAN **DOB :**21/11/1953 **Service Date :**03/12/2019

Clinical History
Screening. Family history.

CT Coronary Angiogram

The study is of a technically excellent quality and was performed on a 320/640 detector CT. The patient was scanned at a heart rate of 56bpm without additional beta blockade. The DLP was 308.

The coronary artery calcium score is: 257

The Agatston units are: left main 24, LAD 163, circumflex 27, RCA 42, other 1.

The coronary artery origins are orthotopic and the RCA supplies the PDA and PLV branches.

Left Main - arises from a minimally calcified left coronary annulus with minor plaque
LAD - Unremarkable origin from the left main - there is mild severity 30-40% plaque in the proximal segment with further mild severity plaque at the first part of the mid segment. The remainder of the vessel contains no focal disease.
Diagonal - A small vessel arising proximally with mild severity 40% non-calcified plaque at the origin.
Circumflex - Generous vessel arising normally from the left main - there is minimal severity calcified plaque at the origin and the remainder of the vessel contains minor plaque.
OM - Fine vessel with no focal plaque.
Ramus Intermedius - Fine ramus vessel with no focal plaque.
RCA-PDA-PLV - Generous vessel arising normally from the right coronary annulus - there is minimal severity non-calcified plaque at the origin and concentric minimal severity non-calcified narrowing in the mid vessel. The remainder of the vessel contains a few specks of dense calcified plaque. PDA and PLV vessels are disease-free.

There is a trileaflet aortic valve. Normal chamber volume is noted. The intraventricular septae are unremarkable. There is no focal epicardial or pericardial abnormality. The imaged aorta demonstrates minor plaque. The limited lung windows demonstrate early bibasal COPD changes.

Comment
Mild severity proximal and mid segment calcified LAD plaque. Mild severity plaque also in the diagonal.
Minimal circumflex plaque. Minimal severity plaque also seen in the RCA.

Quantitative Stenosis Grades

Minimal	<25%
Mild	25-49%
Moderate	50-69%
Severe	>70%

Dr TrevorMallard
BMed(NCLE), FRACP
CONSULTANT CARDIOLOGIST
CLINICAL PHARMACOLOGIST

Lake Macquarie Specialist Medical Centre
Suite 10, Level 2, 6-8 Sydney Street, Gateshead
p 4947 5374, f 4947 5399
Provider 2285848T

TM:ah-fm

Consultation Date: **22 January 2020**

RE: **Mr Alan B Hogan, DOB: 21/11/1953, MRN:**
10 Sacramento Avenue, MACQUARIE HILLS NSW 2285,

Dr John Fluit ()
92 Elder Street
LAMBTON NSW 2299

Active Problems: 1) Ischaemic heart disease; 2) Hypercholesterolaemia; 3) Tinnitus; 4) Erectile dysfunction;
Past Problems: Right renal calculus
Angiogram: 3/12/2019 CTCA LMA minor plaque, LAD 30-40% mid stenosis, diagonal 40% origin, circumflex minor plaque, minimal plaque, calcium score=257.
Echocardiogram: nil.
Medications: Cialis 5 mg PRN
Allergies: Nil known

Dear John,
Thank you for the opportunity of seeing Alan today with his abnormal CT coronary angiogram. Alan lives with his wife. He works in Health and Safety in the Civil construction industry. He smoked minimally from about aged 17 into his twenties, but nil since. He drinks a minimal amount of alcohol. His father died of heart disease and had coronary artery bypass grafting. His mother died at age 98 and she had a pacemaker. He had a brother who had an aortic valve replacement and bypass, and he has two sisters with hypertension. Alan was concerned about his health due to his family history, and he also has some erectile dysfunction. He gets regular exercise including paddle boarding and running every now and again, and he rides motor bikes.

He had a CT coronary angiogram which showed minor left main disease with LAD lesion of approximately 30-40%, and minor disease in both the circumflex and the right coronary artery. His calcium score was elevated at 257. His cholesterol is elevated at 6, with triglycerides of 2.0, HDL 1.0 and LDL 4.1. On examination today, his heart rate was 65, oxygen saturation 94%, blood pressure was 129/77 mmHg, and weight was 81 kg (with work boots). His heart sounds were dual, and chest was clear.

Alan has ischaemic heart disease and hypercholesterolaemia. I explained to him that since he has plaque in his LAD, he should be on cholesterol-lowering tablets and I have suggested he take atorvastatin. We spent some time talking about the side-effects of statins, and whether dietary intervention makes much difference. I have explained that there is limited gain with dietary change, unless the patient is very obsessive about it. I have suggested he have a glucose tolerance test with insulin levels, and echocardiogram. With your permission, I have asked him to come back to see me in three months with fasting bloods and echocardiogram. Please have no hesitation to call me or send Alan back to see me earlier if there are any issues.
Yours sincerely,

Dr. Trevor Mallard
BMed, FRACP.
cc: Patient

Dr TrevorMallard
BMed(NCLE), FRACP
CONSULTANT CARDIOLOGIST
CLINICAL PHARMACOLOGIST

Lake Macquarie Specialist Medical Centre
Suite 10, Level 2, 6-8 Sydney Street, Gateshead
p 4947 5374, f 4947 5399
Provider 2285848T

Amended Copy

TM:ah-AD

Consultation Date: 18 July 2024

RE: Mr Alan B Hogan, DOB: 21/11/1953, M/C: 2290 74666 9, Fund: Defence Health, Number: 279624, MRN:
10 Sacramento Avenue, MACQUARIE HILLS NSW 2285, 0407 407 209

Dr Russell Ing
52 Ada Street
CARDIFF N.S.W. 2285

Active Problems: 1) Ischaemic heart disease, medical therapy; 2) White coat hypertension; 3) Diastolic dysfunction; 4) Hypercholesterolaemia; 5) Tinnitus; 6) Erectile dysfunction; 7) Statin intolerant muscle aches and headaches; 8) Medication non-compliance.

Past Problems: Right renal calculus

Angiogram: 3/12/2019 CTCA LMA minor plaque, LAD 30-40% mid stenosis, diagonal 40% origin, circumflex minor plaque, minimal plaque, calcium score=257.

Echocardiogram: 02/07/2024 bradycardic, EF 57%, E/A 0.5, septal e' 3 cm/S, EDP 15 mmHg, S/D 0.7, mild left atrial enlargement, mild diastolic dysfunction; 07/06/2026 SR, EF 71%, E/A 0.6, septal e' 6.1 cm/S, EDP 8.7 mmHg, S/D 1.5, mild left atrial enlargement, mild diastolic dysfunction; 25/05/2022 SR, EF 67%, E/A 0.7, septal e' 11.1 cm/s, EDP 8.2 mmHg, S/D 1.3, mild left atrial enlargement, mild diastolic dysfunction; 16/3/2021 SR, EF 68%, septal e' 6.7 cm/S, E/A 0.8, EDP 9.3 mmHg, S/D 1.5, left atrial enlargement, mild diastolic dysfunction; 17/3/2020 sinus rhythm, normal left ventricular size and wall thickness, normal systolic function, EF 65%, e' 7.5 cm/S, E/A 0.7, EDP 12.9 mmHg, S/D 1.3, left atrial enlargement, mild diastolic dysfunction.

Medications: nil

Allergies: nil known

Dear Russell,

Thank you for the opportunity of seeing Alan today. He feels dangerously well! He says it is his motor-bike ride day at the Classic Motorbike Club. He has had no chest pain, shortness of breath, lightheadedness, palpitations or ankle swelling. He is not taking his medications. He is quite recalcitrant about that.

His Holter study shows sinus rhythm with average heart rate of 59, minimum of 46 and maximum 130. His echocardiogram shows sinus rhythm, with mildly dilated ascending aorta. There is normal systolic function, with ejection fraction of 57%. There is mild left atrial enlargement with mild diastolic dysfunction with an elevated filling pressure at 15 mmHg.

His recent fasting bloods show haemoglobin 146, urea 6.1, creatinine 80, total cholesterol 6.8, triglycerides 1.3, HDL 1.1, LDL 5.1, glucose 5.4, insulin 5, PTH 3.3. On examination today, his heart rate was 57, oxygen saturation 96%, blood pressure was 177/95 mmHg, and weight was 78.9 kg.

Alan has ischaemic heart disease and hypercholesterolaemia. He has "white coat" hypertension and his blood pressure was quite high today. I am satisfied from his blood pressure readings at home. The lowest was around 118/76 and the highest is 144/73. His LDL cholesterol is high and he is very anti-statins in his attitude. I have tried to convince him today that I think they have a benefit in his case and I have suggested he start pravastatin 10 mg at night.

He has a dilated aorta, and he knows to run his blood pressure as low as possible, either with a mineralocorticoid Antagonist or an angiotensin receptor blocker. I have asked him to start spironolactone 12.5 mg at night.

Alan should avoid refined carbohydrates like sugar and processed vegetable oils which contain trans-fats. With your permission, I have asked him to come back to see me in two or three months with fasting bloods.

Please have no hesitation to call me or send Alan back to see me earlier if there are any issues.
Yours sincerely,

Dr. Trevor Mallard
BMed, FRACP.
cc patient

Dr TrevorMallard
BMed(NCLE), FRACP
CONSULTANT CARDIOLOGIST
CLINICAL PHARMACOLOGIST

Lake Macquarie Specialist Medical Centre
Suite 10, Level 2, 6-8 Sydney Street, Gateshead
p 4947 5374, f 4947 5399
Provider 2285848T

KG:tm

Holter Study

RE: Mr Alan B Hogan, DOB: 21/11/1953, M/C: 2290 74666 9, MRN:
10 Sacramento Avenue, MACQUARIE HILLS NSW 2285, 0407407209, 0407407209

Dr Russell Ing ()
Atune Health Centre
52 Ada Street
CARDIFF NSW 2285

Date: 13/07/2024
Indications: Dilated aorta
Medications: Nil

Symptoms: Nil reported

Findings: Sinus bradycardia with a first-degree AV block of 234ms and rare ectopy recorded.

Interpretation
Sinus bradycardia with a first-degree AV block.
No significant arrhythmia recorded.

Dr. Trevor Mallard
BMed, FRACP

Technician	Kelly		
Recorder	Zymed Digitrak		
Hookup date	01.07.2024		
Hookup time	07:48 AM		
Recording time	23hr 59min		
Predominant rhythm	SB		
Total beats	85476		
Min heart rate	46 BPM at 11:42:03 PM		
Ave heart rate	59bpm		
Max heart rate	130 BPM at 5:50:21 PM		
	Min	Ave	Max
QT analysis	335	430	475
Pacer - sinus beats			
Pacer - paced beats			
Ventricular ectopics	10		
Atrial ectopics	34		
Longest R-R interval	1.7 sec at 11:46:44 PM		
Atrial fibrillation beats			
Atrial fibrillation duration			
Atrial fibrillation events			

PHILIPS

Dr Trevor Mallard
Suite 10, Lvl 2, Lake Mac Specialist Centre
6-8 Sydney Street, Gateshead
02 4947 5374

PATIENT DEMOGRAPHICS

Last Name	Hogan	Physician	Dr Mallard
First Name	Alan	Scanned By	KELLY
Middle Initial		Reading Physician	Dr Mallard
ID Number	MH3322/h6	Test Date	1/07/2024
Date Of Birth	21/11/1953	Analysis Date	13/07/2024
Sex	M	Hookup Time	7:48 AM
Source	Rooms	Recording Time	23 hr 59 min
Billing Code		Analysis Time	23 hr 59 min
Recorder Format	Philips Recorder: US11430004	User Field #1	
Reason for Test		User Field #2	
Medications			

Heart Rate Data

Total Beats	: 85476	Beat analyzed %	: 97.817%
Min HR	: 46 BPM at 11:42:03 PM		
Avg HR	: 59 BPM		
Max HR	: 130 BPM at 5:50:21 PM		

Heart Rate Variability

ASDNN 5	: 43.6 msec	SDNN	: 145.0 msec
SDANN 5	: 134.0 msec	RMSSD	: 22.3 msec

QT Analysis

QT Min	: 335 msec	QTc Min	: 382 msec
QT Avg	: 430 msec	QTc Avg	: 424 msec
QT Max	: 475 msec	QTc Max	: 530 msec

QTc > 450 msec : 2%

ST Episode Analysis

	Ch1	Ch2	Ch3
Min ST Level	-	-	-
Max ST Level	-	-	-
ST Episodes	-	-	-

Pacer Analysis

Sinus Beats	: -	FTO	: -
Paced Beats	: -	FTS	: -
Atrial Paced	: -	FTC	: -
Ventricular Paced	: -		
Dual Paced Beats	: -		
Fusion Beats	: -		

Ventricular Ectopy

Total VE Beats	: 10 (0.0%)
Vent Runs	: 0
Beats	: 0
Longest	: 0
Fastest	: 0 BPM
Triplets	: 0 Events
Couplets	: 0 Events
Single/Interp PVC	: 7/3
R on T	: 0
Single/Late VE's	: 0/0
Bi/Trigeminy	: 0/0 Beats

Supraventricular Ectopy

Total SVE Beats	: 34 (0.0%)
Atrial Runs	: 0
Beats	: 0
Longest	: 0
Fastest	: 0 BPM
Atrial Pairs	: 1 Event
Drop/Late	: 0/0
Longest R-R	: 1.7 sec at 11:46:44 PM
Single PAC's	: 32
Bi/Trigeminy	: 0/0 Beats

Atrial Fibrillation

AFib Beats	: 0 (0.0%)
Duration	: 0.0 min
Events	: 0

INTERPRETATION

Signed :

Date :

Narrative Summary

Monitoring started at 7:48 AM and continued for 23 hr 59 min. The average heart rate was 59 BPM. The minimum heart rate was 46 BPM, occurring at 11:42:03 PM. The maximum heart rate was 130 BPM, occurring at 5:50:21 PM.

Ventricular ectopic activity consisted of 10 beats, of which, 7 were in single PVCs, 3 were in interpolated PVCs.

The patient's rhythm included 13 hr 43 min 23 sec of bradycardia. The slowest single episode of bradycardia occurred at 10:54:02 PM, lasting 1 hr 4 min 12 sec, with minimum heart rate of 46 BPM.

The patient's rhythm included 4 min 23 sec of tachycardia. The fastest single episode of tachycardia occurred at 5:49:59 PM, lasting 57 sec, with maximum heart rate of 130 BPM.

Supraventricular ectopic activity consisted of 34 beats, of which, 2 were in atrial couplets, 32 were single PACs. The longest R-R interval was 1.7 seconds occurring at 11:46:44 PM. The longest N-N interval was 1.5 seconds occurring at 1:41:26 AM.

QT interval averaged 430 ms during the monitored period. QTc interval averaged 424 ms during the monitored period. Maximum QT interval was 475 ms during the monitored period, occurring at 5:58:00 AM. Maximum QTc interval was 530 ms during the monitored period, occurring at 5:15:30 PM. Minimum QT interval was 335 ms during the monitored period, occurring at 5:50:30 PM. Minimum QTc interval was 382 ms during the monitored period, occurring at 8:42:30 AM. The percent of average QTc greater than 450 ms was 2%.

Dr TrevorMallard
BMed(NCLE), FRACP
CONSULTANT CARDIOLOGIST
CLINICAL PHARMACOLOGIST

Lake Macquarie Specialist Medical Centre
Suite 10, Level 2, 6-8 Sydney Street, Gateshead
p 4947 5374, f 4947 5399
Provider 2285848T

CH:ke-tm

Echocardiogram

Date: 2nd July 2024

RE: Mr Alan B Hogan, DOB: 21/11/1953, MRN:

10 Sacramento Avenue, MACQUARIE HILLS NSW 2285, 0407407209

Dr Russell Ing
Atune Health Centre
52 Ada Street
CARDIFF NSW 2285

Test Date:	02/07/2024
Height:	170 cm
Weight:	79 kg
BSA:	1.91 m²
Heart Rate:	55 bpm
Rhythm:	bradycardic
BP	mmHg

Indications: Dilated aorta

Findings:

Left ventricle: normal chamber size, and global systolic function. No regional wall motion abnormalities noted. There is mild diastolic dysfunction with elevated filling pressures. Mild septal basal wall hypertrophy.
Left atrium: moderately dilated left atrial size with no evidence of thrombus.
Right ventricle: normal right ventricle size and systolic function.
Right atrium: normal right atrial size
Inferior vena cava: normal diameter on inspiration and expiration
Aorta: moderately dilated ascending aorta (46 mm) and root (48 mm). Mildly dilated aortic arch (36 mm). No dissection or coarctation was seen on today's study. Minimal Sino tubular effacement
Pericardium: normal pericardial thickness, no excess pericardial fluid, small epicardial fat pad
Aortic valve: mildly calcified tricuspid valve Eccentric regurgitant jet. PHT 656 ms.
Mitral valve: 2 mild regurgitant jets
Tricuspid valve: mild regurgitant jet of 21 mmHg with right atrial pressure of 3 mmHg and RVSP of 24 mmHg
Pulmonary valve: normal

Size Measurements	
Aortic root (29-40):	**48 mm**
Ascending aorta (22-36)	**46 mm**
LVOT diameter (18-22)	**24 mm**
LV septal wall (6-10):	**13 mm**
LV post wall (6-10):	9 mm
LV dim diastole (42-59):	53 mm
LV dim systole:	37 mm
LV mass/BSA (49-115)	**118 g/m²**
LA area (≤20)	**28 cm²**
LA volume/BSA (16-28)	**48 mL/m²**
RA area (≤16)	18 cm²
RA volume/BSA (≤26):	22 mL/m²
Systolic Function	
Fractional shortening (25-43):	30 %
EF Simpson's bi-plane (>55):	57 %
Global long. strain (>16)	%
TAPSE (1.5-2.0)	2.9 cm
TR velocity (<2.8)	2.1 m/s
RVSP (≤35)	24 mmHg
Diastolic Parameters	
Mitral E velocity (65-87)	**41 cm/s**
Mitral A velocity (48-69)	**85 cm/s**
E/A (0.8-1.5)	**0.5**
Mitral DT (160-200)	173 ms
IVRT (60-90)	ms
Septal e' (≥8)	**3 cm/s**
Lateral e' (≥10)	**5 cm/s**
E/e' (<8):	**13**
LV EDP Nagueh (<13):	**15 mmHg**
Pulmonary Veins	
Systolic (38-70):	44 cm/s
Diastolic (34-58):	**65 cm/s**
S/D ratio (>1.2)	**0.7**
Ar velocity (23-35)	34 cm/s
Ar time (118-150)	123 ms
Mitral A time ()	120 ms
Δ Ar – A time (<30)	3 ms

Interpretation

Bradycardic rhythm
Normal bi ventricle size and systolic function.
Mild diastolic dysfunction with elevated filling pressures
Mild septal basal wall hypertrophy with mildly abnormal LV mass index.
Moderate dilated ascending aorta and aortic root with at least moderate eccentric aortic regurgitation.
Two mild regurgitant mitral valve jets.
Moderately dilated left atrium.
Normal pulmonary pressures.

Sonographer: Catherine Hodgson
Cardiologist: Dr. Trevor Mallard, BMed, FRACP

DOUGLASS HANLY MOIR PATHOLOGY

Specialist Pathologist (02) 9855 5150 Toll free 1800 222 365
General enquiries (all hours) (02) 9855 5222 Results (02) 9855 5100

Douglass Hanly Moir Pathology Pty Limited ABN 80 003 332 858,
a subsidiary of Sonic Healthcare Limited ABN 24 004 196 909 APA 906

Dr Trevor Mallard
SUITE 10 LEVEL 2
6-8 SYDNEY STREET
GATESHEAD NSW 2290

M20264
GAT/---/---/---/---

Copies: Dr R Ing

Ph: 0249544511

Patient

Alan HOGAN
Lab ID : **852007765** Your Ref : .
10 Sacramento Ave
Macquarie Hills 2285

DOB : 21/11/1953 (70 Yrs)
Sex : Male
Ph : 0407407209

Requested : 01/07/2024
Collected : 01/07/2024 08:29
Received : 01/07/2024 08:29
Printed : 09/07/2024 12:03

Haematology

Date	09/09/20	11/03/21	29/04/22	13/06/23	**Current Result 01/07/24**	Units	Reference
Time	16:15	09:05	08:56	08:20	08:29		
Lab ID	845364110	849264461	863276145	887629342	852007765		
Haemoglobin	151	147	152	146	**146**	g/L	(128-175)
RCC	5.0	4.8	5.0	4.7	**4.7**	x10^12/L	(4.2-6.2)
Haematocrit	0.44	0.42	0.45	0.43	**0.43**		(0.36-0.53)
MCV	89	88	90	91	**92**	fL	(80-100)
MCH	30.4	30.6	30.2	31.2	**30.8**	pg	(27.0-32.0)
MCHC	342	348	335	344	**336**	g/L	(310-360)
RDW	13.2	12.7	13.0	13.0	**13.0**		(10.0-15.0)
WCC	6.1	*3.8	*3.6	4.0	**4.6**	x10^9/L	(4.0-11.0)
Neutrophils	3.62	2.02	*1.87	*1.91	**2.36**	x10^9/L	(2.0-7.5)
Lymphocytes	1.61	1.17	1.17	1.57	**1.37**	x10^9/L	(1.0-4.0)
Monocytes	0.64	0.48	0.41	0.44	**0.65**	x10^9/L	(0.0-1.0)
Eosinophils	0.16	0.08	0.07	0.08	**0.15**	x10^9/L	(0.0-0.5)
Basophils	0.05	0.04	0.04	0.04	**0.06**	x10^9/L	(0.0-0.3)
NRBC	<1.0	<1.0	<1.0	<1.0	**<1.0**	/100 WBC	(<1)
Platelets	202	193	208	211	**195**	x10^9/L	(150-450)
ESR	8					mm/h	(1-30)

Comment on Lab ID 852007765
Full blood count is within reference limits

CRP (High Sens)

Date	04/03/20	08/07/20	29/04/22	13/06/23	**Current Result 01/07/24**	Units	Reference
Time	08:14	08:47	08:56	08:20	08:29		
Lab ID	296699613	842414807	863276145	887629342	852007765		
CRP	1.0	0.9	0.6	0.8	**0.7**	mg/L	(0.0-5.0)

Surg
Use
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Date

24297 02

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NATA Accreditation No. 21

Tests Completed: LFT(s),C(s),UCreat(s),E(s),Glu(p),Phos(s),UA(s),Lipids HDL(s),Ca(s),CK(s),CRP(s),Mg(s),Insulin(s) PTH(e),FBC(e). **FINAL REPORT**
Clinical Notes: NO HISTORY

DOUGLASS HANLY MOIR PATHOLOGY

Specialist Pathologist (02) 9855 5150 Toll free 1800 222 365
General enquiries (all hours) (02) 9855 5222 Results (02) 9855 5100

Douglass Hanly Moir Pathology Pty Limited ABN 80 003 332 858,
a subsidiary of Sonic Healthcare Limited ABN 24 004 196 909 APA 906

Dr Trevor Mallard
SUITE 10 LEVEL 2
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GATESHEAD NSW 2290

M20264
GAT/---/---/---/---

Copies: Dr R Ing

Ph: 0249544511

Patient

Alan HOGAN
Lab ID : **852007765** Your Ref : .

10 Sacramento Ave
Macquarie Hills 2285

DOB : 21/11/1953 (70 Yrs)
Sex : Male
Ph : 0407407209

Requested : 01/07/2024
Collected : 01/07/2024 08:29
Received : 01/07/2024 08:29
Printed : 09/07/2024 12:03

Biochemistry					**Current Result**		
Date	12/02/21	11/03/21	29/04/22	13/06/23	**01/07/24**	Units	Reference
Time	08:34	09:05	08:56	08:20	08:29		
Lab ID	849264146	849264461	863276145	887629342	852007765		
Status	Fasting	Fasting	Fasting	Fasting	**Fasting**		
Sodium		141	138	141	**138**	mmol/L	(135-145)
Potassium		4.4	4.2	4.2	**4.6**	mmol/L	(3.5-5.5)
Chloride		109	107	108	**109**	mmol/L	(95-110)
Bicarbonate		26	20	24	**25**	mmol/L	(20-32)
Urea		5.9	6.7	6.8	**6.1**	mmol/L	(3.5-9.5)
Creatinine		75	75	75	**80**	umol/L	(60-120)
eGFR		>90	90	90	**86**	mL/min/1.73m2	(>59)
Urate		0.50	0.43	0.41	**0.45**	mmol/L	(0.20-0.50)
Calcium	2.41	2.25	2.36	2.43	**2.37**	mmol/L	(2.15-2.55)
Corr Calcium	2.27	2.27	2.32	2.37	**2.31**	mmol/L	(2.15-2.55)
Magnesium		0.87	0.80	0.83	**0.82**	mmol/L	(0.65-1.00)
Phosphate		1.15	1.06	1.03	**1.08**	mmol/L	(0.8-1.5)
Bili Total		✶24	✶23	19	**20**	umol/L	(4-20)
ALP		61	67	64	**61**	U/L	(35-110)
GGT		21	18	15	**17**	U/L	(5-50)
LD		208	191	181	**240**	U/L	(120-250)
AST		32	26	31	**31**	U/L	(10-40)
ALT		✶42	23	22	**21**	U/L	(5-40)
Total Protein		65	69	69	**70**	g/L	(64-83)
Albumin	✶50	42	45	46	**46**	g/L	(36-47)
Globulin		23	24	23	**24**	g/L	(23-39)
Cholesterol	✶2.9	✶2.8	✶6.0	✶6.4	**✶6.8**	mmol/L	(<5.5)
Triglycerides	0.7	0.8	1.4	1.3	**1.3**	mmol/L	(<2.0)
CK	159			138	**111**	U/L	(40-200)

Comment on Lab ID 852007765
eGFR (mL/min/1.73m2) calculated by CKD-EPI formula - see www.kidney.org.au

Glucose					**Current Result**		
Date	25/06/18	12/02/21	29/04/22	13/06/23	**01/07/24**	Units	Reference
Time	11:39	08:34	08:56	08:20	08:29		
Lab ID	266063279	849264146	863276145	887629342	852007765		
F Gluc Plasma		4.8	4.4	4.7	**5.4**	mmol/L	(3.6-6.0)
R Gluc Plasma	5.0					mmol/L	(3.6-7.8)

Comment on Lab ID 852007765
Diabetes is unlikely if fasting glucose levels are less than 5.5 mmol/L but an OGTT could be indicated in the presence of risk factors such as metabolic syndrome or family history of type 2 diabetes.

PTH					**Current Result**		
Date	04/03/20	08/07/20	29/04/22	13/06/23	**01/07/24**	Units	Reference
Time	08:14	08:47	08:56	08:20	08:29		
Lab ID	296699613	842414807	863276145	887629342	852007765		
PTH (Roche)	4.0	5.2	4.0	3.9	**3.3**	pmol/L	(1.6-6.9)
Calcium	2.31	2.34	2.36	2.43	**2.37**	mmol/L	(2.15-2.55)
Corr Calcium	2.29	2.26	2.32	2.37	**2.31**	mmol/L	(2.15-2.55)
Albumin	44	47	45	46	**46**	g/L	(36-47)

Tests Completed: LFT(s),C(s),UCreat(s),E(s),Glu(p),Phos(s),UA(s),Lipids HDL(s),Ca(s),CK(s),CRP(s),Mg(s),Insulin(s) PTH(e),FBC(e). **FINAL REPORT**
Clinical Notes: NO HISTORY

DOUGLASS HANLY MOIR PATHOLOGY

Specialist Pathologist (02) 9855 5150 Toll free 1800 222 365
General enquiries (all hours) (02) 9855 5222 Results (02) 9855 5100

Douglass Hanly Moir Pathology Pty Limited ABN 80 003 332 858,
a subsidiary of Sonic Healthcare Limited ABN 24 004 196 909 APA 906

Dr Trevor Mallard
SUITE 10 LEVEL 2
6-8 SYDNEY STREET
GATESHEAD NSW 2290

M20264
GAT/---/---/---/---

Copies: Dr R Ing

Ph: 0249544511

Patient

Alan HOGAN
Lab ID : **852007765** Your Ref : .

10 Sacramento Ave
Macquarie Hills 2285

DOB : 21/11/1953 (70 Yrs)
Sex : Male
Ph : 0407407209

Requested : 01/07/2024
Collected : 01/07/2024 08:29
Received : 01/07/2024 08:29
Printed : 09/07/2024 12:03

Lipids and HDL

Date	12/02/21	11/03/21	29/04/22	13/06/23	**Current Result 01/07/24**	Units	Reference
Time	08:34	09:05	08:56	08:20	08:29		
Lab ID	849264146	849264461	863276145	887629342	852007765		
Status	Fasting	Fasting	Fasting	Fasting	**Fasting**		
Cholesterol	✶2.9	✶2.8	✶6.0	✶6.4	✶**6.8**	mmol/L	(< 5.5)
Triglycerides	0.7	0.8	1.4	1.3	**1.3**	mmol/L	(< 2.0)
HDL Chol.	1.1	0.9	0.9	1.2	**1.1**	mmol/L	(> 1.0)
LDL Chol.	✶1.5	✶1.5	✶4.5	✶4.6	✶**5.1**	mmol/L	(< 3.0)
Non-HDL Chol.				✶5.2	✶**5.7**	mmol/L	(< 4.0)

Comment on Lab ID 852007765
Hypercholesterolaemia noted with LDL cholesterol between 5.0 and 6.4 mmol/L.
Secondary causes (e.g. hypothyroidism, cholestasis and nephrotic syndrome) should be excluded.
In the absence of secondary causes, the possibility of familial hypercholesterolaemia (FH) needs to be considered.
Clinical features of FH include tendon xanthomata and personal or family history of premature atherogenesis.
Calculation of the likelihood of FH is available at www.athero.org.au/fh/calculator
If not already undertaken, recommend specialist review and, for a patient with signs of premature or accelerated atherogenesis, consideration of Medicare rebated genetic testing for FH.
In patients with a first- or second-degree relative with a documented causative FH gene identified, genetic testing for FH is eligible for a Medicare rebate as a general practitioner request.
For further information, please also see www.sonicgenetics.com.au/fh

Please note that the above reference limits are decision limits.
A flag based on these limits is an indication to review the absolute cardiovascular risk for the patient. For assessment of absolute cardiovascular disease risk please see www.cvdcheck.org.au

The above decision limits are based on the European Atherosclerosis Society (EAS) and European Federation of Clinical Chemistry and Laboratory Medicine (EFLM) Consensus Statement 2016 and the Australasian Association of Clinical Biochemistry and Laboratory Medicine (AACB) Lipid Reporting Guideline 2018.
Lipid treatment targets for patients at high risk of cardiovascular disease:

Total cholesterol	< 4.0 mmol/L
Triglyceride	< 2.0 mmol/L
HDL cholesterol	> 1.0 mmol/L
LDL cholesterol	< 2.5 mmol/L (< 1.8 mmol/L for very high risk)
Non-HDL cholesterol	< 3.3 mmol/L (< 2.5 mmol/L for very high risk)

High risk - Primary prevention Very high risk - Secondary prevention

Target values from the AACB Lipid Reporting Guideline 2018.

Please note that as there is a continuum of risk, benefits are obtained for any measured lipid components moving towards and beyond the various target levels.

Tests Completed: LFT(s),C(s),UCreat(s),E(s),Glu(p),Phos(s),UA(s),Lipids HDL(s),Ca(s),CK(s),CRP(s),Mg(s),Insulin(s) PTH(e),FBC(e). **FINAL REPORT**
Clinical Notes: NO HISTORY

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Patient

Alan HOGAN
Lab ID : **852007765** Your Ref : .
10 Sacramento Ave
Macquarie Hills 2285

DOB : 21/11/1953 (70 Yrs)
Sex : Male
Ph : 0407407209

Requested : 01/07/2024
Collected : 01/07/2024 08:29
Received : 01/07/2024 08:29
Printed : 09/07/2024 12:03

Insulin			**Current Result**		
Date	29/04/22	13/06/23	**01/07/24**	Units	Reference
Time	08:56	08:20	08:29		
Lab ID	863276145	887629342	852007765		
F Insulin	7	5	**5**	mU/L	(0-20)

Comment on Lab ID 852007765
Serum insulin(s) > 80 mU/L following a 75g oral glucose load and/or fasting insulin(s) > 14 mU/L (in the absence of insulinoma) are consistent with insulin resistance. Post-load insulin(s) of 60 - 80 mU/L and/or fasting insulin(s) of 10 - 14 mU/L are suggestive of insulin resistance and follow-up may be indicated in the presence of risk factors such as obesity or positive family history.

Tests Completed: LFT(s),C(s),UCreat(s),E(s),Glu(p),Phos(s),UA(s),Lipids HDL(s),Ca(s),CK(s),CRP(s),Mg(s),Insulin(s) PTH(e),FBC(e). **FINAL REPORT**
Clinical Notes: NO HISTORY

Vascular One

Patient	Alan HOGAN	Date of birth 21/11/53	
Reference	4553		
Address	10 Sacramento Avenue , MACQUARIE HILLS 2285		
Referring doctor	Dr Russell Ing, 52 Ada Street , CARDIFF 2285		
Fax	49544566	Phone	49544511
Consultation date	10/09/2024	Report date	16/9/2024

LEG ARTERIES FULL ASSESSMENT AND AAA - COLOUR FLOW DUPLEX ULTRASOUND SCAN (BILATERAL) WITH PRESSURES, INDICES & WAVEFORMS

Clinical Summary by Dr Nicole Organ:
There is minor atherosclerotic disease noted in the lower limb arteries. Normal abdominal aortic diameter and no AAA demonstrated. The aorto-iliac, femoral, popliteal and calf arteries demonstrate normal waveforms with no evidence of significant stenotic or occlusive arterial disease. Pressure indices indicate good perfusion. Patient symptoms are unlikely to be related to the arterial disease noted.

Clinical Notes: FH of AAA, last scan 2018.

Report:
Ankle:Brachial indices were normal and 1.16 on the right and 1.12 on the left at rest. CW Doppler waveforms in the posterior tibial and anterior tibial arteries in both legs were within normal limits. The patient exercised for 5 minutes at 4km/h on a 10% incline, describing no symptoms. Post exercise indices were normal and 1.20 on the right and 1.12 on the left.

Reference Ranges: ABI 0.9-1.3. Toe Pressures >60 mm/Hg generally indicates adequate perfusion for wound healing.

The abdominal aorta was patent and of normal diameter. The supra renal and infrarenal aorta had a diameter of 2.2cm and the distal aorta a diameter of 2.1cm. No AAA was demonstrated. The common and external iliac arteries bilaterally were patent and displayed normal Doppler waveforms with normal velocities. Only minor plaque was visualised.

Bilaterally the common femoral arteries, proximal profunda femoris arteries, superficial femoral arteries, popliteal arteries, tibio-peroneal trunks, peroneal arteries, posterior tibial arteries and anterior tibial arteries were patent with no evidence of stenotic or occlusive disease. No popliteal aneurysms demonstrated. Normal flow velocities and typical Doppler waveforms were demonstrated throughout. Isolated 50% stenosis right mid/distal anterior tibial artery.

Thank you for referring this patient.

Kind regards

NICOLE ORGAN
FRACS(vasc)
Vascular and Endovascular Surgeon

Electronically signed by Dr Nicole Organ Sonographer: Warren Lewis DMU Vascular AFASA
**The reporting Doctors for Vascular One are independent contractors.*

cc: Mr Alan HOGAN, 10 Sacramento Avenue, MACQUARIE HILLS NSW 2285

PO Box 2088 Gateshead NSW 2290 | Phone 1300 664 227 | Fax 02 4920 6476
Email info@vascularone.com.au | Web www.vascularone.com.au

PRESSURES, INDICES & WAVEFORMS

Vascular One

Name: Alan HOGAN
Chart: 4553 **DOB:** 21/11/53 (Age: 70yrs)
Date: Tuesday, 10 September 2024
Dr:

Clinical Notes & Symptoms:

HBP X Chol X IHD Smoking X Diabetes X

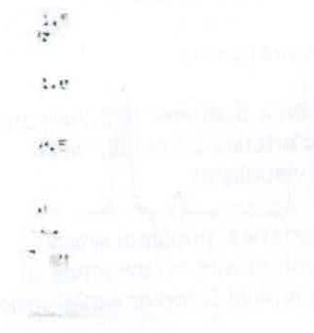
	R	L
Resting	Pressure (Index)	Pressure (Index)
Brachial	160	150
PTA	185 1·16	180 1·12
ATA	165 1·03	175 1·09
Toe		

Patient Consent: I declare I am feeling fit and well to perform walking treadmill exercise X ..... Date: 10.9.24

Exercise 4 km/h Time 5 mins Distance metres Incline 12 %
Symptoms 3 mins – no symptoms
6 mins – "

	Right	Left
Post Exercise	Pressure (Index)	Pressure (Index)
Brachial	170	
PTA/ATA	205 1·20	PTA/ATA 190 1·12

PTA



PTA

ATA / TOE (PPG)

ATA / TOE (PPG)

Sonographer Warren Lewis

info@vascularone.com.au