

Patient Health Summary

Name: Miss Emma Wade
Address: 4 Mount Street
Port Albany 6330

Pioneer Health Albany
Pioneer Health Albany
2 Pioneer Road
Centennial Park 6330
0898422822

D.O.B.: 18/05/2003
Record No.: 48697
Home Phone: 0467962128
Work Phone:
Mobile Phone: 0467962128

Printed on 9th September 2024

Investigations:

WADE, EMMA
4 MOUNT STREET, PORT ALBANY. 6330
Phone: 0467962128
Birthdate: 18/05/2003 Sex: F Medicare Number: 6128821608
Your Reference: 00370685 Lab Reference: 423038720-M-SKS
Laboratory: Clinipath Pathology
Addressee: DR JULIETTE VAN HAGEN Referred by: DR JULIETTE VAN HAGEN

Name of Test: FUNG
Requested: 19/07/2024 Collected: 19/07/2024 Reported: 22/07/2024 09:23

Clinical notes: 2 skin lesions arm with round forms. Past history atopic dermatitis

Clinical Notes : 2 skin lesions arm with round forms. Past
history atopic dermatitis

Fungal Examination

Specimen Skin Scrapings - arm (left)

Microscopy Fungal elements NOT seen.

Culture

Comments:423038720

Further results to follow.

JC

*** The above result is provisional. Finalised report to follow. ***

Clinipath Pathology NATA No: 2619-2612

Tests Completed:
Tests Pending : FUNG,FUNG2
Sample Pending :

WADE, EMMA
4 MOUNT STREET, PORT ALBANY. 6330
Phone: 0467962128
Birthdate: 18/05/2003 Sex: F Medicare Number: 6128821608
Your Reference: 00370685 Lab Reference: 423038720-M-SKIN SCRAPE 2
Laboratory: Clinipath Pathology
Addressee: DR JULIETTE VAN HAGEN Referred by: DR JULIETTE VAN HAGEN

Name of Test: FUNG2
Requested: 19/07/2024 Collected: 19/07/2024 Reported: 22/07/2024 09:23

Clinical notes: 2 skin lesions arm with round forms. Past history atopic dermatitis

Clinical Notes : 2 skin lesions arm with round forms. Past
history atopic dermatitis

Fungal Examination

Specimen Skin Scrapings - arm (right)

Microscopy Fungal elements NOT seen.

Culture

Comments:423038720

Further results to follow.

JC

*** The above result is provisional. Finalised report to follow. ***

Clinipath Pathology NATA No: 2619-2612

Tests Completed:
Tests Pending : FUNG,FUNG2
Sample Pending :

WADE, EMMA
4 MOUNT STREET, PORT ALBANY. 6330
Phone: 0467962128
Birthdate: 18/05/2003 **Sex:** F **Medicare Number:** 6128821608
Your Reference: 00370685 **Lab Reference:** 423038720-M-SKS
Laboratory: Clinipath Pathology
Addressee: DR JULIETTE VAN HAGEN **Referred by:** DR JULIETTE VAN HAGEN

Name of Test: FUNG
Requested: 19/07/2024 **Collected:** 19/07/2024 **Reported:** 30/07/2024 14:43

Clinical notes: 2 skin lesions arm with round forms. Past history atopic dermatitis

Clinical Notes : 2 skin lesions arm with round forms. Past
history atopic dermatitis

Fungal Examination

Specimen Skin Scrapings - arm (left)

Microscopy Fungal elements NOT seen.

Culture Dermatophytes NOT isolated after 2 weeks culture.

Comments:423038720

Cultures will be incubated for a further two weeks, but a further report
will only be sent if cultures become positive.

JC

FINAL REPORT - Updated on 30/07/2024 at 14:42

Clinipath Pathology NATA No: 2619-2612

Tests Completed: FUNG,FUNG2
Tests Pending :
Sample Pending :

WADE, EMMA
4 MOUNT STREET, PORT ALBANY. 6330
Phone: 0467962128
Birthdate: 18/05/2003 **Sex:** F **Medicare Number:** 6128821608

Your Reference: 00370685 **Lab Reference:** 423038720-M-SKIN SCRAPE 2
Laboratory: Clinipath Pathology
Addressee: DR JULIETTE VAN HAGEN **Referred by:** DR JULIETTE VAN HAGEN
Name of Test: FUNG2
Requested: 19/07/2024 **Collected:** 19/07/2024 **Reported:** 30/07/2024 14:43
Clinical notes: 2 skin lesions arm with round forms. Past history atopic dermatitis

Clinical Notes : 2 skin lesions arm with round forms. Past history atopic dermatitis

Fungal Examination

Specimen Skin Scrapings - arm (right)
Microscopy Fungal elements NOT seen.
Culture Dermatophytes NOT isolated after 2 weeks culture.

Comments:423038720

Cultures will be incubated for a further two weeks, but a further report will only be sent if cultures become positive.

JC

FINAL REPORT - Updated on 30/07/2024 at 14:42

Clinipath Pathology NATA No: 2619-2612

Tests Completed: FUNG,FUNG2
 Tests Pending :
 Sample Pending :

WADE, EMMA LEANNE
 1/18 GRIFFIN CRESCENT, MANNING. 6152
Phone: 0467962128
Birthdate: 18/05/2003 **Sex:** F **Medicare Number:** 61151891813
Your Reference: **Lab Reference:** G415009990
Laboratory: PathWest
Addressee: DR JOHN ROBERT ROWLANDS **Referred by:** DR JOHN ROBERT ROWLANDS

Name of Test: Full Blood Picture
Requested: 15/08/2024 **Collected:** 15/08/2024 **Reported:** 15/08/2024 16:50

FULL BLOOD PICTURE

Specimen: Blood Collected: 15/08/2024 16:10 Received: 15/08/2024 16:41

Test Name	Result	Flag Ref-Range	Units
White cell count	9.24	4.00 - 11.00	10*9/L
Haemoglobin	137	115 - 160	g/L
Platelet count	311	150 - 400	10*9/L
Red cell count	4.77	3.80 - 4.80	10*12/L
Haematocrit	0.41	0.37 - 0.47	L/L
Mean cell volume	86	80 - 100	fL
MCH	28.7	27.0 - 32.0	pg
MCHC	334	320 - 360	g/L
RDW	12.0	9.0 - 15.0	CV%
MPV	11	8 - 12	fL

Absolute Cell Count			
Neutrophils	6.51	2.00 - 7.50	10*9/L
Lymphocytes	2.05	1.20 - 4.00	10*9/L
Monocytes	0.57	0.20 - 1.00	10*9/L
Eosinophils	0.06	0.00 - 0.50	10*9/L
Basophils	0.05	0.00 - 0.20	10*9/L

Differential			
Neutrophils	70.5		%

Lymphocytes	22.2	%
Monocytes	6.2	%
Eosinophils	0.6	%
Basophils	0.5	%

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

WADE, EMMA LEANNE
1/18 GRIFFIN CRESCENT, MANNING. 6152
Phone: 0467962128
Birthdate: 18/05/2003 **Sex:** F **Medicare Number:** 61151891813
Your Reference: **Lab Reference:** G415009990
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Addressee: DR JOHN ROBERT ROWLANDS **Referred by:** DR JOHN ROBERT ROWLANDS

Name of Test: Routine Biochemistry
Requested: 15/08/2024 **Collected:** 15/08/2024 **Reported:** 15/08/2024 17:13

ROUTINE BIOCHEMISTRY

Specimen: Plasma Collected: 15/08/2024 16:10 Received: 15/08/2024 16:42
Test Name Result Flag Ref-Range Units

Electrolytes, Urea and Creatinine

Sodium	139		135 - 145	mmol/L
Potassium	3.3	L	3.5 - 5.2	mmol/L
Bicarbonate	26		22 - 32	mmol/L
Urea	3.0		3.0 - 8.0	mmol/L
Creatinine	62		45 - 90	umol/L
eGFR	>90		>60	mL/min/1.73m2
eGFR Comment	See below			

Estimated GFR (eGFR) by CKD-EPI algorithm uses creatinine, sex and patient age ONLY. eGFR is only applicable to patients with stable medical conditions, may not always be appropriate for drug dosing and does not apply to pregnant females, children, advanced age, extremes of weight or patients on dialysis.

Liver Function Tests

Total Protein	80		60 - 80	g/L
Albumin	45		35 - 50	g/L
Globulin	35		25 - 42	g/L
Bilirubin	15		<20	umol/L
ALT	23		<35	U/L
ALP	78		35 - 140	U/L
GGT	18		<40	U/L

Calcium Studies

Calcium - Total	2.47		2.10 - 2.60	mmol/L
Calcium - Corrected	2.37		2.10 - 2.60	mmol/L
Magnesium	0.76		0.70 - 1.10	mmol/L
Phosphate	0.82		0.75 - 1.50	mmol/L

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

WADE, EMMA LEANNE
4 MOUNT STREET, PORT ALBANY. 6330
Phone: 0467962128
Birthdate: 18/05/2003 **Sex:** F **Medicare Number:** 61288216082
Your Reference: **Lab Reference:** G415009990
Laboratory: PathWest
Addressee: DR JOHN ROBERT ROWLANDS **Referred by:** DR JOHN ROBERT ROWLANDS
Copy to: DR CHRISTOPHER HUDSON HEYES

Name of Test: Iron Studies
Requested: 15/08/2024 **Collected:** 15/08/2024 **Reported:** 15/08/2024 17:48

IRON STUDIES

Specimen: Plasma Collected: 15/08/2024 16:10 Received: 15/08/2024 16:42

Test Name	Result	Flag Ref-Range	Units
Ferritin	101	30 - 300	ug/L
Iron	14	9 - 30	umol/L
Transferrin	31	23 - 46	umol/L
Transferrin saturation	23	13 - 45	%
Comment	See below		

Normal results.

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal

Key for Micro - ** Result modified after Final Status

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WADE, EMMA LEANNE

4 MOUNT STREET, PORT ALBANY. 6330

Phone: 0467962128

Birthdate: 18/05/2003 Sex: F Medicare Number: 61288216082

Your Reference: Lab Reference: G415009990

Laboratory: PathWest

Addressee: DR JOHN ROBERT ROWLANDS Referred by: DR JOHN ROBERT ROWLANDS

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DR CHRISTOPHER HUDSON HEYES

Name of Test: Thyroid Function Tests

Requested: 15/08/2024 Collected: 15/08/2024 Reported: 15/08/2024 17:48

THYROID FUNCTION TESTS

Specimen: Plasma Collected: 15/08/2024 16:10 Received: 15/08/2024 16:42

Test Name	Result	Flag Ref-Range	Units
TSH	1.83	0.40 - 4.00	mU/L
Free thyroxine	13	9 - 19	pmol/L

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal

Key for Micro - ** Result modified after Final Status

Copy to: CHRISTOPHER HEYES

WADE, EMMA LEANNE

4 MOUNT STREET, PORT ALBANY. 6330

Phone: 0467962128

Birthdate: 18/05/2003 Sex: F Medicare Number: 61288216082

Your Reference: Lab Reference: G415009990

Laboratory: PathWest

Addressee: DR JOHN ROBERT ROWLANDS Referred by: DR JOHN ROBERT ROWLANDS

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DR CHRISTOPHER HUDSON HEYES

Name of Test: Zinc plasma

Requested: 15/08/2024 Collected: 15/08/2024 Reported: 16/08/2024 14:37

BIOCHEMISTRY

Trace and Toxic Elements

Specimen: Blood

Collected: 15/08/2024 16:10 Received: 16/08/2024 07:18

Test Name	Result	Flag Ref-Ranges	Units
Zinc plasma	11	9 - 16	umol/L

Comment

WADE, EMMA LEANNE

4 MOUNT STREET, PORT ALBANY. 6330

Phone: 0467962128

Birthdate: 18/05/2003 Sex: F Medicare Number: 61288216082

Your Reference: Lab Reference: G415009990

Laboratory: PathWest

Addressee: DR JOHN ROBERT ROWLANDS Referred by: DR JOHN ROBERT ROWLANDS

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Name of Test: Hepatitis C Serology
Requested: 15/08/2024 **Collected:** 15/08/2024 **Reported:** 19/08/2024 00:05

HEPATITIS C SEROLOGY

Specimen: Serum Collected: 15/08/2024 16:10 Received: 15/08/2024 16:41
Test Name Result Flag Ref-Range Units

Hepatitis C Antibody Not detected
(CMIA)

Comment See below

Hepatitis C antibody may not appear for up to six months after infection or up to one month after onset of hepatitis. If acute infection is suspected please send a dedicated Plasma Preparation Tube (PPT) or EDTA blood for HCV RNA testing.
(CMIA = Chemiluminescent Microparticle Immunoassay)

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: CHRISTOPHER HEYES

WADE, EMMA LEANNE
4 MOUNT STREET, PORT ALBANY. 6330
Phone: 0467962128
Birthdate: 18/05/2003 **Sex:** F **Medicare Number:** 61288216082
Your Reference: **Lab Reference:** G415009990
Laboratory: PathWest
Addressee: DR JOHN ROBERT ROWLANDS **Referred by:** DR JOHN ROBERT ROWLANDS
Copy to:
DR CHRISTOPHER HUDSON HEYES

Name of Test: HIV Serology
Requested: 15/08/2024 **Collected:** 15/08/2024 **Reported:** 19/08/2024 00:05

HUMAN IMMUNODEFICIENCY VIRUS SEROLOGY

Specimen: Serum Collected: 15/08/2024 16:10 Received: 15/08/2024 16:41
Test Name Result Flag Ref-Range Units

HIV Serology
HIV-1/2 Ag/Ab Screen Not detected
(CMIA)

HIV Serology Comment
Comment See below

HIV antibodies and antigen may not be present early in HIV infection, therefore exclusion of infection requires testing at least 3 months after the last potential exposure. Additionally, if there is a high risk of HIV seroconversion, testing should be repeated in 1-2 weeks.
(CMIA = Chemiluminescent Microparticle Immunoassay)

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

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WADE, EMMA LEANNE
4 MOUNT STREET, PORT ALBANY. 6330
Phone: 0467962128
Birthdate: 18/05/2003 **Sex:** F **Medicare Number:** 61288216082
Your Reference: **Lab Reference:** G415009990
Laboratory: PathWest
Addressee: DR JOHN ROBERT ROWLANDS **Referred by:** DR JOHN ROBERT ROWLANDS
Copy to:
DR CHRISTOPHER HUDSON HEYES

Name of Test: Hepatitis B Serology
Requested: 15/08/2024 **Collected:** 15/08/2024 **Reported:** 19/08/2024 00:05

HEPATITIS B SEROLOGY

Specimen: Serum Collected: 15/08/2024 16:10 Received: 15/08/2024 16:41
Test Name Result Flag Ref-Range Units

Hep B Surface Antigen Not detected
(CMIA)
Hep B Core Total Ab Not detected
(CMIA)

Comment See below
No evidence of current or past hepatitis B infection.
(CMIA = Chemiluminescent Microparticle Immunoassay)
(mIU/mL = milli-International Units per mL)
(IU/mL = International Units per mL)

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

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WADE, EMMA LEANNE
4 MOUNT STREET, PORT ALBANY. 6330
Phone: 0467962128
Birthdate: 18/05/2003 Sex: F Medicare Number: 61288216082
Your Reference: Lab Reference: G415009990
Laboratory: PathWest
Addressee: DR JOHN ROBERT ROWLANDS Referred by: DR JOHN ROBERT ROWLANDS
Copy to:
DR CHRISTOPHER HUDSON HEYES

Name of Test: Syphilis Serology
Requested: 15/08/2024 Collected: 15/08/2024 Reported: 19/08/2024 00:05

SYPHILIS SEROLOGY

Specimen: Serum Collected: 15/08/2024 16:10 Received: 15/08/2024 16:41
Test Name Result Flag Ref-Range Units

Syphilis Serology
T. pallidum Total Ab Not detected
(CMIA)

Syphilis Serology Comment
Comment See below
No evidence of current or past treponemal infection. Negative
treponemal serology does not exclude early infection. The incubation
period averages 3 weeks (range 3-90 days) and antibodies first appear
from 2 to 5 weeks after infection. Please repeat if clinically
indicated.
(CMIA = Chemiluminescent Microparticle Immunoassay)

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: CHRISTOPHER HEYES

WADE, EMMA LEANNE
4 MOUNT STREET, PORT ALBANY. 6330
Phone: 0467962128
Birthdate: 18/05/2003 Sex: F Medicare Number: 61288216082
Your Reference: Lab Reference: G415009990
Laboratory: PathWest
Addressee: DR JOHN ROBERT ROWLANDS Referred by: DR JOHN ROBERT ROWLANDS
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DR CHRISTOPHER HUDSON HEYES

Name of Test: Specific IgE
Requested: 15/08/2024 Collected: 15/08/2024 Reported: 19/08/2024 08:58

IMMUNOLOGY

Specimen:

Serum

16/08/2024 07:18

Collected: 15/08/2024 16:10

Received:

Specific IgE

Allergen	Value	Reference Range	Unit
D. PTERONYSSINUS, HOUSE DUST MITE - D1	6.55	<0.35	kU/L
GRASS POLLEN MIX - GX2	11.80	<0.35	kU/L
MOULD MIX - MX1	<0.10	<0.35	kU/L

Comment:

GRASS MIX - GX2 (g2, g5, g6, g8, g10, g17)

Couch (Bermuda), Rye (Perennial), Timothy, Kentucky Blue (Meadow), Johnson, Bahia

MOULD MIX - MX1 (m1,m2,m3,m6)

Penicillium chrysogenum, Cladosporium herbarum, Aspergillus fumigatus, Alternaria alternata

19/08/2024 08:58

WADE, EMMA LEANNE

4 MOUNT STREET, PORT ALBANY. 6330

Phone: 0467962128

Birthdate: 18/05/2003 Sex: F Medicare Number: 61288216082

Your Reference: Lab Reference: G415009990

Laboratory: PathWest

Addressee: DR JOHN ROBERT ROWLANDS Referred by: DR JOHN ROBERT ROWLANDS

Copy to: DR CHRISTOPHER HUDSON HEYES

Name of Test: Strongyloides Serology

Requested: 15/08/2024 Collected: 15/08/2024 Reported: 19/08/2024 17:36

STRONGYLOIDES SEROLOGY

Specimen: Serum Collected: 15/08/2024 16:10 Received: 16/08/2024 07:56

Test Name	Result	Flag Ref-Range	Units
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Strongyloides Serology

Strongyloides IgG EIA 0.27

Ratio

Strongyloides IgG EIA Negative

Strongyloides Serology Comment

Comment See below

No serological evidence of Strongyloides infection.

Strongyloides infection may be asymptomatic, or cause intestinal, cutaneous or pulmonary symptoms. Immunosuppression of infected patients may cause fatal hyperinfection. Following successful treatment, antibody levels usually decline to the negative range within 6 months. Negative results may be obtained early in acute infection or in infected immunosuppressed patients. Microscopy for Strongyloides larvae can be performed on faeces or other suitable specimens (e.g. sputum, BAL, duodenal aspirate).

Strongyloides IgG EIA Ratio interpretive ranges:

<0.8: Negative

>=0.8-1.1: Equivocal

>=1.1: Positive

(EIA = Enzyme Immunoassay)

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal

Key for Micro - ** Result modified after Final Status

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