



Calvary Health Care  
Medical in Confidence  
General Medicine  
(Discharge Summary)

To: Dr. Lasantha Bodandarawe GEDARA  
Discharged To: Not Specified

**Orida ARMOUR**  
**20594937** [DoB: 27/09/1973] Female  
600 Childowa Road, Bookham, NSW, 2582, Australia  
Ph: 0408251290

First Admitted: 06/10/2022 22:58

Ward/Location: 5W  
Discharge Method: Not Specified

**Encounter History**

Episode	Admission Date	Discharge Date	Episode Type	Discharge Unit	Discharge Doctor	Discharge Destination
52215891	06/10/2022 22:58		Inpatient Service	General Medicine	Dr. Ramessh RANJAN	Not Specified

**Primary Discharge Diagnosis**  
CMV infection

**Additional Diagnosis**  
Headache with ataxia  
Deranged LFTs  
Hypophosphatasemia & hypomagnesemia

**Complications Treated during this Admission**  
-

**Presenting History & Symptoms (including reason for encounter)**

Transferred from Yass hospital with ?bacterial meningitis  
Lethargy from 03/10 with fevers, night sweats  
Unable to walk due to extreme fatigue, struggling to lift legs against gravity  
Nausea, nil vomiting or diarrhoea  
Constant, throbbing headache with ?photophobia, improved lying down, worse sitting forwards  
Some blurred vision, resolved by presentation  
Some orthostatic dizziness  
No rash, no rash, no dysuria or abdo tenderness  
No cough or sputum  
Temp 39 in Yass ED, given 2g ceftriaxone

**Past Medical History**  
Usually fit and well  
Nil regular medications

Covid positive June 22, long lasting fatigue & generalised weakness

**Summary Of Investigations/ Observations**  
Bloods and imaging as below

### Summary Of Management

#### #CMV infection

Initially unclear source of infection

Had CTB and CTAP

Admitted to General Medicine, under Dr Ranjan

Treated initially with ceftriaxone to cover for meningitis and then ceased

CMV returned positive result in IgG and IgM - presumed recent infection

Neurology team consulted given gait abnormalities - initially planned for MRI brain and lumbar spine

#### #Historical COVID infection

Positive COVID result returned initially (low level result)

Commenced on dexamethasone and baricitinib for COVID

Repeat COVID swab returned negative result

Discussed with ID - historical infection

#### #Hypophosphatasemia & hypomagnesemia

Oral electrolyte replacement given during admission

### Pending Results/Investigations for GP to Follow up

-

### Ongoing Issues/ Recommendations to GP

Dear Doctor,

Thank you for your ongoing care of Orida. Please be aware of the following from her discharge:

#### MEDICATIONS:

- No changes to regular medications

#### FOLLOW-UP:

- We have requested Orida follow up with you within 1-2 weeks from discharge to assess her recovery and transition home.

If you have any questions, please contact us at Calvary Public Hospital.

Kind Regards,  
General Medicine  
Calvary Public Hospital

### Follow-Up Required

• Service Requested: GP Follow up  
• Service Requested: Neurology Outpatient, Organisation: Calvary Public, Clinician's Name: Dr Shaun Zhai,  
Appt made: No, Patient Advised: Yes, Appt Details: Telehealth

### Patient Instructions

Dear Orida,

We wish you well in your recovery. Please be aware of the following on your discharge:

#### MEDICATIONS:

- No changes to regular medications

#### INVESTIGATIONS:

- Please perform an outpatient MRI brain and spinal cord (ideally with I-MED radiology) as soon as possible. A referral form has been provided.

#### FOLLOW-UP:

- Please see your GP 1-2 weeks so they can assess your continue recovery. A copy of this discharge summary will be sent to them but bring your copy to be safe.
- Please follow up with Dr Zhai (Consultant Neurologist) via phone appointment. A referral has been made and you will be contacted with an appointment time.

If you have any questions, please contact us at Calvary Public Hospital.

**\*\*If you have worsening or new neurological symptoms, a sudden severe headache, visual changes or are otherwise concerned, please return to your local emergency department.\*\***

Kind Regards,  
General Medicine  
Calvary Public Hospital

#### **Medications on Admission**

- nil regular
- IV ceftriaxone 2g commenced in Yass ED

#### **Complete List of Medications on Discharge**

Confirmed there are no discharge medications.

#### **Details of Pre-Inpatient Medications Ceased during this Admission**

- nil

#### **Allergies Sensitivities**

- Substance: NSAIDS

#### **Relevant Pathology**

Molecular 10/10/2022 13:00 : Viral PCR

1.) Image : Specimen Type: Flocked Swab in VTM

Site: Nasal & Throat

Outbreak Number:

TEST: Coronavirus Nucleic Acid Testing

METHOD: Real-time PCR

Coronavirus (SARS-CoV-2).....: Not Detected

Coronavirus (SARS-CoV-2) the causative agent of COVID-19 was NOT detected.

If there is a strong clinical suspicion of infection, particularly if the specimen was taken early in the illness, then repeat specimen collection and testing may be indicated. Lower respiratory tract specimens appear more sensitive than upper respiratory tract specimens in hospitalised patients with evidence of pneumonia.

If the patient is in self-isolation or quarantine for a defined period of time due to overseas travel, local travel to hot spots or due to contact with a confirmed COVID-19 case, then a negative result on this test does not exempt the person from completing the required period of isolation or quarantine. For further details, please refer to the local Public Health Department guidelines (covid.act.gov.au).

For further advice on regarding this test result please contact the on-call Clinical Microbiologist via Canberra Hospital switch on 5124 0000.

Please note for Saliva Specimens Only: Saliva specimens are not validated according to the current NPAAC guidelines and results from these specimens should be interpreted accordingly. Status: F

Hematology 09/10/2022 14:50 : FBC & General Haem

1.) Image : TOTAL NEUT: is the sum of Neutrophils, Bands, Myelocytes, Metamyelocytes.

# CUMULATIVE REPORT

Req No: N131951 N131755 N129657

Date: 06/10/22 07/10/22 09/10/22

Time: 17:40 21:40 14:50

Hosp.: CAL CAL CAL

Units Ref Range

## BLOOD COUNT

Hb	134	132	124	g/L	115-160
WCC	4.0	2.4L	3.1L	x10 <sup>9</sup> /L	4.0-11.0
Plat	68L	89L	160	x10 <sup>9</sup> /L	150-400
RCC	4.87	4.76	4.48	x10 <sup>12</sup> /L	3.60-5.80
HCT	0.40	0.40	0.37	L/L	0.32-0.47
MCV	83	83	83	fL	80-96
MCH	27.6	27.7	27.8	pg	27.0-33.0
MCHC	334	333	333	g/L	320-360
RDW	14.4	14.3	14.5	%	11.0-14.5
White Cell Differential					
Tot Neut	3.68	1.85	2.00	x10 <sup>9</sup> /L	1.8-7.5
Neut	3.68	1.85	2.00	x10 <sup>9</sup> /L	1.8-7.5
Lymph	0.22L	0.47L	1.00L	x10 <sup>9</sup> /L	1.2-4.0
Mono	0.09L	0.08L	0.10	x10 <sup>9</sup> /L	0.10-1.0
Baso	0.01	0.00	0.01	x10 <sup>9</sup> /L	0.00-0.2

Status: F

Chemistry 09/10/2022 14:50 : Routine Chemistry

1.) Image :

Request No: N131951 N131755 N129657

Date: 06/10/22 07/10/22 09/10/22

Time: 17:40 21:40 14:50

Hospital: CAL CAL CAL

Units Ref Range

Fasting: Unknown Unknown Unknown

Sodium	134L	139	140	mmol/L	135-145
Potassium	3.6	4.2	3.9	mmol/L	3.5-5.2
Chloride	102	105	106	mmol/L	95-110
Bicarbonate	19L	22	22	mmol/L	22-32
Anion Gap	17H	16	16	mmol/L	8-16
Urea	4.3	4.5	5.1	mmol/L	3.4-9.0
Creatinine	83	62	62	umol/L	45-90
Est. of GFR	72L	>90	>90	*	>90
Glucose	5.7H	7.5H	7.0H	mmol/L	3.5-5.5
Osmol-calc	278L	290	292	mOsm/kg	280-300
Bili Tot.	39H	48H	21H	umol/L	2-20

ALT	192H	238H	267H	U/L	<33
ALKP	339H	455H	443H	U/L	30-110
New GGT	134H	162H	169H	U/L	<56
Protein	70	71	73	g/L	60-80
Albumin	36	40	40	g/L	33-50
Globulin	34	31	33	g/L	24-41
Calcium	2.20		2.32	mmol/L	2.10-2.60
CorrCalcium	2.28		2.32	mmol/L	2.10-2.60
Phosphate	0.40L		1.40	mmol/L	0.75-1.50
Magnesium	0.66L		0.83	mmol/L	0.70-1.10
CRP	155.3H	158.1H	52.6H	mg/L	<6.0
Haemolysis Index					
Haemolysis	0.23	0.25	0.17		

09/10/22 22N129657

Comment: The above glucose reference range is valid for FASTING samples on males or non-pregnant females.

The reference range for RANDOM GLUCOSE is 3.5 - 7.7 mmol/L

07/10/22 22N131736

Comment: The above glucose reference range is valid for FASTING samples on males or non-pregnant females.

The reference range for RANDOM GLUCOSE is 3.5 - 7.7 mmol/L

06/10/22 22N131951

Comment: The above glucose reference range is valid for FASTING samples on males or non-pregnant females.

The reference range for RANDOM GLUCOSE is 3.5 - 7.7 mmol/L

#### Estimated GFR (CKD-EPI Formula)

eGFR is calculated using creatinine, sex and age of the patient ONLY.

It is less accurate in situations of rapidly changing kidney function, extremes of body size or age and severe malnutrition.

\*GFR units are: mL/min/1.73m<sup>2</sup>

#### Age Related Reference Intervals

Where appropriate, the age-related Reference Interval is quoted for each analyte. These Reference Intervals are available from the laboratory. Status: F

Microbiology 07/10/2022 22:00 : Urine MC&amp;S

1.) Image : Lab. Number: M632768

SPECIMEN: URINE

#### MICROSCOPY:

Leucocytes	< 10 x 10 <sup>6</sup> /L	Normal value <10 X 10 <sup>6</sup> /L
Erythrocytes	< 10 x 10 <sup>6</sup> /L	Normal value <10 X 10 <sup>6</sup> /L
Squamous Epithelial Cells	< 10 x 10 <sup>6</sup> /L	Normal value <10 X 10 <sup>6</sup> /L

If the squamous epithelial cell count is >10 x 10<sup>6</sup>/L, this is suggestive of improper collection.

#### COLONY COUNT:

<10<sup>6</sup>/L

Normal MSU values for

Males <10<sup>6</sup>/L  
 Asymptomatic Females <10<sup>8</sup>/L  
 Symptomatic Females <10<sup>5</sup>/L

## CULTURE:

No growth after overnight incubation. Status: F

Hematology 07/10/2022 21:40 : Coagulation

1.) Image : This specimen has been appropriately stored for  
 POSSIBLE ROUTINE TESTING. If a coag test is required it  
 MUST BE REQUESTED WITHIN 3 HOURS OF COLLECTION.

## CUMULATIVE REPORT

Request No: N131951 N131951  
 Date: 06/10/22 07/10/22  
 Time: 17:40 21:40  
 Hospital: CAL CAL

Units Ref Range

Hold Y

## COAGULATION PROFILE

PT	17H	sec	10-15
INR	1.4		0.8-1.4
APTT	28	sec	25-36
PT Mix	15	sec	10-15
Fibrinogen	3.4	g/L	1.5-4.0 Status: F

Hematology 07/10/2022 21:40 : FBC & General Haem

1.) Image : CURRENT REPORT

WCC : \* Note leukopenia.  
 RBC : \* No significant Red Cell Changes.  
 PLT : \* Platelets appear reduced on film.

TOTAL NEUT: is the sum of Neutrophils, Bands, Myelocytes,  
 Metamyelocytes.

## CUMULATIVE REPORT

Req No: N131951 N131736  
 Date: 06/10/22 07/10/22  
 Time: 17:40 21:40  
 Hosp.: CAL CAL

Units Ref Range

## BLOOD COUNT

Hb	134	132	g/L	115-160
WCC	4.0	2.4L	x10 <sup>9</sup> /L	4.0-11.0
Plat	68L	89L	x10 <sup>9</sup> /L	150-400
RCC	4.87	4.76	x10 <sup>12</sup> /L	3.60-5.80
HCT	0.40	0.40	L/L	0.32-0.47
MCV	83	83	fL	80-96
MCH	27.6	27.7	pg	27.0-33.0
MCHC	334	333	g/L	320-360
RDW	14.4	14.3	%	11.0-14.5
White Cell Differential				
Tot Neut	3.68	1.85	x10 <sup>9</sup> /L	1.8-7.5

Neut	3.68	1.85	x10 <sup>9</sup> /L	1.8-7.5	
Lymph	0.22L	0.47L	x10 <sup>9</sup> /L	1.2-4.0	
Mono	0.09L	0.08L	x10 <sup>9</sup> /L	0.10-1.0	
Baso	0.01	0.00	x10 <sup>9</sup> /L	0.00-0.2	Status: F

Immunology 07/10/2022 21:40 : Hepatitis,Rub &amp; Syph

1.) Image : HEPATITIS SEROLOGY

## HEPATITIS B (HBV)

Hepatitis B surface Antigen (HBsAg) : Not Detected  
 Hepatitis B surface Antibody (anti-HBs) : <10 mIU/mL  
 Hepatitis B core Total Antibody (anti-HBc) : Not Detected

## Hepatitis B Comment:

No evidence of infection or immunity to hepatitis B. If the patient has not previously been vaccinated, consider vaccination according to the Australian Immunisation Handbook.

Post vaccination, an anti-HBs level of less than 10 mIU/mL is considered NOT IMMUNE unless there has been previous documentation of an anti-HBs level >10 mIU/ml after a full immunisation course. In these cases, antibody levels may decline with time and become undetectable without loss of immunity. Repeat testing and vaccination are not required unless the patient is immunocompromised (such as dialysis and HIV), in which case the anti-HBs should be tested regularly, and booster doses offered to maintain anti-HBs >10 mIU/ml.

## HEPATITIS C (HCV)

Hepatitis C Antibody (Abbott) : Not Detected

## Hepatitis C Comment:

A NEGATIVE Hepatitis C antibody result indicates there is no serological evidence of Hepatitis C infection. However, in early infection, seroconversion can be delayed for up to 6 months. Testing specimens collected 3-4 months and 6 months after contact is recommended if there has been a significant recent exposure.

## Test/Method Change

As of the 8/11/2021, Abbott Alinity analysers have been introduced to replace Abbott Architect analysers for Infectious Serology testings. Please note there is no change in reference intervals and the interpretation of results.

--Cumulative:-----

Request No: N131736  
 Date: 07/10/22  
 Time: 21:40

Units

## HEPATITIS SEROLOGY

HBsAg	Not Detected	
Anti-HBs	<10	mIU/mL
Anti-HBc	Not Detected	
Anti-HCV (Abbott)	Not Detected	Status: F

Chemistry 07/10/2022 21:40 : Routine Chemistry

1.) Image : -----

Request No: N131951 N131736

Date: 06/10/22 07/10/22

Time: 17:40 21:40

Hospital: CAL CAL

			Units	Ref Range
Fasting:	Unknown	Unknown		
Sodium	134L	139	mmol/L	135-145
Potassium	3.6	2	mmol/L	3.5-5.2
Chloride	102	102	mmol/L	95-110
Bicarbonate	19L	22	mmol/L	22-32
Anion Gap	17H	16	mmol/L	8-16
Urea	4.3	4.5	mmol/L	3.4-9.0
Creatinine	83	62	umol/L	45-90
Est. of GFR	72L	>90	*	>90
Glucose	5.7H	7.5H	mmol/L	3.5-5.5
Osmol-calc	278L	290	mOsm/kg	280-300
Bili Tot.	39H	48H	umol/L	2-20
ALT	192H	238H	U/L	<33
ALKP	339H	455H	U/L	30-110
New GGT	134H	162H	U/L	<56
Protein	70	71	g/L	60-80
Albumin	36	40	g/L	33-50
Globulin	34	31	g/L	24-41
Calcium	2.20		mmol/L	2.10-2.60
CorrCalcium	2.28		mmol/L	2.10-2.60
Phosphate	0.40L		mmol/L	0.75-1.50
Magnesium	0.66L		mmol/L	0.70-1.10
CRP	155.3H	158.1H	mg/L	<6.0
Haemolysis Index				
Haemolysis	0.23	0.25		

07/10/22 22N131736

Comment: The above glucose reference range is valid for FASTING samples on males or non-pregnant females.

The reference range for RANDOM GLUCOSE is 3.5 - 7.7 mmol/L

06/10/22 22N131951

Comment: The above glucose reference range is valid for FASTING samples on males or non-pregnant females.

The reference range for RANDOM GLUCOSE is 3.5 - 7.7 mmol/L

Estimated GFR(CKD-EPI Formula)

eGFR is calculated using creatinine, sex and age of the patient ONLY.

It is less accurate in situations of rapidly changing kidney function, extremes of body size or age and severe malnutrition.

\*GFR units are: mL/min/1.73m<sup>2</sup>

Age Related Reference Intervals

Where appropriate, the age-related Reference Interval is quoted for each analyte. These Reference Intervals are available from the laboratory. Status:

F



Microbiology 07/10/2022 11:04 : Urine MC&S

1.) Image : Lab. Number: M632797

SPECIMEN: URINE

MICROSCOPY:

Leucocytes	10-100 x 10 <sup>6</sup> /L	Normal value <10 X 10 <sup>6</sup> /L
Erythrocytes	10-100 x 10 <sup>6</sup> /L	Normal value <10 X 10 <sup>6</sup> /L
Squamous Epithelial Cells	10-100 x 10 <sup>6</sup> /L	Normal value <10 X 10 <sup>6</sup> /L

If the squamous epithelial cell count is >10 x 10<sup>6</sup>/L, this is suggestive of improper collection.

COLONY COUNT:

<10<sup>6</sup>/L

Normal MC&S values for

Male <10<sup>6</sup>/L

Asymptomatic Females <10<sup>8</sup>/L

Symptomatic Females <10<sup>5</sup>/L

CULTURE:

No growth after overnight incubation. Status: F

Molecular 06/10/2022 18:00 : Viral PCR

1.) Image : Specimen Type: Flocked Swab in VTM

Site: Nasal & Throat

TEST: Respiratory Pathogen Test Report

METHOD: Real-Time PCR

Influenza A:	Not Detected
Influenza B:	Not Detected
RSV:	Not Detected
Rhinovirus/Enterovirus:	Not Detected
Parainfluenza Virus 1:	Not Detected
Parainfluenza Virus 2:	Not Detected
Parainfluenza Virus 3:	Not Detected
Parainfluenza Virus 4:	Not Detected
Adenovirus:	Not Detected
Human Metapneumovirus:	Not Detected
Bordetella pertussis:	Not Detected
Mycoplasma pneumoniae:	Not Detected

This result must be interpreted with clinical findings.

The AusDiagnostics Respiratory Pathogens Panel C Assay detects prevalent strains of Influenza A and B, Respiratory Syncytial Virus, Rhinovirus, Enterovirus, Human parainfluenza virus (1-4), Adenovirus, Human Metapneumovirus, Bordetella species including pertussis and Mycoplasma pneumoniae. A negative result cannot exclude any of the tested agents particularly at levels below the limit of detection of this assay.

This assay may not reliably detect avian influenza RNA. Therefore, a negative result does not fully exclude avian influenza infection.

Highly pathogenic avian influenza viruses may infect humans on rare occasions. These viruses are usually acquired overseas, particularly from Asia.

If the travel history suggests that this patient may be infected with an avian influenza virus, please contact the Clinical Microbiologist or registrar via Canberra Health Services Switchboard on 5124 0000 to request further testing or further interpretation advice Status: F

Molecular 06/10/2022 18:00 : Viral PCR

1.) Image : Specimen Type: Flocked Swab in VTM

Site: Nasal & Throat

Outbreak Number:

TEST: Coronavirus Nucleic Acid Testing

METHOD: Real-time PCR

Coronavirus (SARS-CoV-2).....: DETECTED

Coronavirus (SARS-CoV-2) the causative agent of COVID-19 has been DETECTED.

Please refer to Public Health and Infection Prevention and Control advice regarding patient management and management of contacts.

For further advice regarding this test result please contact the on-call Clinical Microbiologist via Canberra Hospital switch on 5124 0000.

Please note for Saliva Specimens Only: Saliva specimens are not validated according to the current NPAAC guidelines and results from these specimens should be interpreted accordingly.

Early antiviral treatment (within 5 days of symptom onset) may be indicated to prevent severe disease, particularly if aged >70 years, >50 years with two or more comorbidities, >30 years identifying as Aboriginal or Torres Strait Islander with two or more comorbidities or any immunocompromised person >18 years. For further advice, refer to pbs.gov.au for community patients and follow hospital procedures/guidelines for inpatients. Direct queries about inpatient guidelines or medication access to AMS or Pharmacy.

#### FOR HOSPITAL IN-PATIENTS ONLY

SARS-CoV-2 was detected at very low levels. This may be due to poor specimen collection, very early infection, very late infection or past infection.

If there has been documented infection within the past 28 days, then this is most likely a past infection, and as long as all other parameters as per CHECC guidelines are met, de-isolation of hospital patients should be considered.

If there has been no recent documented infection or if there has

been infection between 28-56 days prior, then acute re-infection cannot be excluded. Suggest repeat specimen collection and testing in 24-48 hours and manage as a possible acute COVID-19 case whilst waiting further testing.

If there has been documented infection more than 56 days prior, then this result is most likely an acute re-infection, although past infection cannot entirely be excluded, and patient management should be considered on a case-by case basis.

For further advice, contact the Clinical Microbiologist via CHS Switchboard on 5124 0000. Status: F

## Chemistry 06/10/2022 17:48 : Blood Gas &amp; Oximetry

1.) Image : Request No: B077468

Date: 06/10/22

Time: 17:48

		Units	Ref Range
BLOOD GASES			
Performed At	Cal-ED		
Type	VENOUS		
Analys. Time	17:48		
FIO2	21	%	
pH	7.50H		7.34-7.44
pCO2	28L	mmHg	35-45
HCO3	24.4	mmol/L	22-32
Base Excess	-1.4	mmol/L	-2.0/+3.0
pO2	53L	mmHg	83-108
O2 Sat	84.2L	%	95-98
TEMPERATURE CORRECTED			
Temperature	39.0	Deg. C	
pH	7.47H		7.34-7.44
pO2	61L	mmHg	83-108
pCO2	31L	mmHg	35-45
ELECTROLYTES			
Potassium	3.6	mmol/L	3.5-5.2
Sodium	130L	mmol/L	135-145
Chloride	101	mmol/L	95-110
iCa++	1.14	mmol/L	1.13-1.32
iCa++ (pH7.4)	1.19	mmol/L	1.13-1.32
Glucose	6.0H	mmol/L	3.5-5.5
Lactate	1.5	mmol/L	<2.0
Anion Gap	11	mmol/L	8-16
BLOOD CO-OXIMETRY			
Total Hb	136	g/L	115-160
Hct	42	%	
Oxy Hb	83.1L	%	94-98
Reduced Hb	15.6H	%	0-6
CarbOxy Hb	1.4	%	0.5-1.5
Meth Hb	0.0	%	0-1.5

If Blood gas results do not fit the clinical picture, please repeat testing and/or send formal blood to the Laboratory for confirmation.

Testing performed on Werfen GEM5000.

Please note: Adult arterial blood reference ranges shown. Status: F

Microbiology 06/10/2022 17:40 : Blood Cultures

1.) Image : LAB.NUMBER: M016-27

SPECIMEN: BLOOD CULTURES

BLOOD CULTURE RESULT:

Aerobic Bottle: No growth after 48 hours incubation

Anaerobic Bottle: No growth after 48 hours incubation

No further report will be issued unless growth occurs. Status: F

Hematology 06/10/2022 17:40 : Coagulation

1.) Image : PT Mixing Test 15 sec (10-15 )

PT mixing test comment

The mixing test is a 50/50 mixture of the patients plasma with normal plasma. This test is used to investigate the cause of an isolated elevated APTT or PT. In this case the PT corrects to within the normal range with the addition of normal plasma which may indicate a congenital or acquired coagulation factor deficiency, the presence of an oral anticoagulant or the presence of a weak inhibitor such as a weak lupus type inhibitor.

#### CUMULATIVE REPORT

Request No: N131951

Date: 06/10/22

Time: 17:40

Hospital: CAL

Units Ref Range

#### COAGULATION PROFILE

PT	17H	sec	10-15	
INR	1.4		0.8-1.4	
APTT	28	sec	25-36	
PT Mix	15	sec	10-15	
Fibrinogen	3.4	g/L	1.5-4.0	Status: F

Hematology 06/10/2022 17:40 : FBC & General Haem

1.) Image : CURRENT REPORT

WCC : \* Mild toxic changes.

RBC : \* Elliptocytes: some noted.

PLT : \* Platelets appear reduced on film.

\* Macrothrombocytes present.

Comment : Suggest clinical correlation and follow up FBC.

TOTAL NEUT: is the sum of Neutrophils, Bands, Myelocytes, Metamyelocytes.

#### CUMULATIVE REPORT

Req No: N131951

Date: 06/10/22

Time: 17:40  
Hosp.: CAL

Units Ref Range

## BLOOD COUNT

Hb	134	g/L	115-160	
WCC	4.0	x10 <sup>9</sup> /L	4.0-11.0	
Plat	68L	x10 <sup>9</sup> /L	150-400	
RCC	4.87	x10 <sup>12</sup> /L	3.60-5.80	
HCT	0.40	L/L	0.32-0.47	
MCV	83	fL	80-96	
MCH	27.6	pg	27.0-33.0	
MCHC	334	g/L	320-360	
RDW	14.4	%	11.0-14.5	
White Cell Differential				
Tot Neut	3.68	x10 <sup>9</sup> /L	1.8-7.5	
Neut	3.68	x10 <sup>9</sup> /L	1.8-7.5	
Lymph	0.22L	x10 <sup>9</sup> /L	1.2-4.0	
Mono	0.09L	x10 <sup>9</sup> /L	0.10-1.0	
Baso	0.01	x10 <sup>9</sup> /L	0.00-0.2	Status: F

Laboratory 06/10/2022 17:40 : Incident Report

1.) Image : INCIDENT REPORT

Specimen Type Serum

Test/s Affected Legionella

Incident Category No Specimen for Add on Test

## Additional Information for Client: \*

A serum sample is required for Legionella testing, as none was collected originally, a new collection request has been given to Sharon in ED.

Collection Location ED

Was a Specimen Recollection Requested Yes

If any of the above needs clarification, please don't hesitate to contact

ACT Pathology Customer services on 51242932 or Results Line on 51242930. Status: F

Chemistry 06/10/2022 17:40 : Routine Chemistry

1.) Image : -----

Request No: N131951

Date: 06/10/22

Time: 17:40

Hospital: CAL

Units Ref Range

Fasting: Unknown

Sodium	134L	mmol/L	135-145
Potassium	3.6	mmol/L	3.5-5.2
Chloride	102	mmol/L	95-110

Bicarbonate	19L	mmol/L	22-32
Anion Gap	17H	mmol/L	8-16
Urea	4.3	mmol/L	3.4-9.0
Creatinine	83	umol/L	45-90
Est. of GFR	72L	*	>90
Glucose	5.7H	mmol/L	3.5-5.5
Osmol-calc	278L	mOsm/kg	280-300
Bili Tot.	39H	umol/L	2-20
ALT	192H	U/L	<33
ALKP	339H	U/L	30-110
New GGT	134H	U/L	<56
Protein	70	g/L	60-80
Albumin	36	g/L	33-50
Globulin	34	g/L	24-41
Calcium	2.20	mmol/L	2.10-2.60
CorrCalcium	2.28	mmol/L	2.10-2.60
Phosphate	0.40L	mmol/L	0.75-1.50
Magnesium	0.66L	mmol/L	0.70-1.10
CRP	155.3H	mg/L	<6.0
Haemolysis Index			
Haemolysis	0.23		

06/10/22 22N131951

Comment: The above glucose reference range is valid for FASTING samples on males or non-pregnant females.

The reference range for RANDOM GLUCOSE is 3.5 - 7.7 mmol/L

Estimated GFR(CKD-EPI Formula)  
eGFR is calculated using creatinine, sex and age of the patient ONLY.  
It is less accurate in situations of rapidly changing kidney function, extremes of body size or age and severe malnutrition.

\*GFR units are: mL/min/1.73m<sup>2</sup>

#### Age Related Reference Intervals

Where appropriate, the age-related Reference Interval is quoted for each analyte. These Reference Intervals are available from the laboratory. Status: F

Microbiology 06/10/2022 00:00 : Respiratory MC&S

1.)Image : LAB.NUMBER: M616400

SPECIMEN: SPUTUM

DESCRIPTION: Salivary

#### GRAM STAIN:

Polymorphs	Not seen
Epithelial Cells	+
Respiratory tract bacteria	

#### CULTURE:

Upper respiratory tract flora only. Status: F

#### Relevant Diagnostic Imaging

Abdomen/Pelvis- w/wo Contrast [CT] 07/10/2022 16:33

1.)Abdomen/Pelvis- w/wo Contrast [CT]:

URN: 20594937