ST JOHN OF GOD
Midland Public & Private Hospitals

Discharge Summary Referral

For Further Patient Information please contact
Midland Public and Private Hospitals, 1 Clayton St, MIDLAND 6056, WA (08) 9462 4000

Patient	NATAYA NAKHONWONG		
IHI			
DOB	18 Oct 1986 (38yr)	MRN	222350
Sex	F		
Phone	0420665650	Mob	0420665650
Address	60 BALFOUR ROAD,SWAN VIEW,WA,6056		

Admission Details

Admit Date	30 Oct 2024	Disch Date	
AMO	DR REBECCA LOUISE DUGMORE	LOS	7 Days
		AMO Ph	
Patient Speciality	General Medicine		
Ward	3D - Medical		
Disch To	Home		
Name	/		
Address	60 BALFOUR ROAD, SWAN VIEW, WA, 6056, Australia		

Nominated GP

Name	ALDO RIQUELME	Phone	08 9374 7000
Address	MIDLAND GP SUPERCLINIC 6 CENTENNIAL PL, RAILWAY WORKSHOP,MIDLAND,WA,6056	Fax	08 9374 7099

Problems/Diagnoses Relevant To This Visit

Principal Diagnosis **Guillain-Barre syndrome**

Problem/Complication	Progress/Summary	Start Date

THERE WAS NO UNPLANNED RETURN TO SURGERY

* indicates pirmary procedure

Clinical Synopsis

Presenting Problem **Guillain-Barre syndrome**

Past Medical History
Eosinophilic lung disease
Chronic rhinosinusitis

Progress in Hospital / Summary of Stay
38 year old female presenting with bilateral lower limb and upper limb weakness.

HOPC
On Sunday, noted bilateral lower limb weakness after work with numbness then on Monday noticed upper limb weakness with tingling sensation
Not settling, yesterday at work was not able to get up of chair, felt very lightheaded
Today was at work for 1 hour, felt very weak and passed out , was found by friend and asked brought to ED
Had viral illness a week ago, currently resolved
Has history of sinusitis
Denies fever/chills/rigors, abdo pain, nausea, vomiting, visual disturbances
Normal menstrual cycle, no history of menorrhagia

Lumbar Puncture: WCC: 4*10^6/L (predominantly lymphocytes); protein 0.5 (predominantly antibodies)

Admitted under General Medicine (Dr Dugmore, Consultant)

Issues:
1. Ascending Weakness
- Neurology input
- Treated with IVIG
- MRI brain and spine:
Comment: Post-contrast sequences have been acquired supplement the MRI examination acquired yesterday, 30 October 2024. There is no pathological spinal cord, cauda equina or leptomeningeal enhancement. There are no MRI features to suggest Guillain-Barre syndrome.
- Allied health input
- Lower limb weakness improved
- Cleared by allied health, neuro, medically safe for discharge

Plan:
1. Follow-up outpatient EMG studies in December (you will be provided with an appointment time)
2. Neurology follow-up in January (you will be provided with an appointment time)
3. If you experience a relapse in muscle weakness, difficulty breathing, or are otherwise concerned, please seek medical attention

We wish you the best with your recovery

ST JOHN OF GOD
Midland Public & Private Hospitals

Discharge Summary Referral

Patient	NATAYA NAKHONWONG		
IHI	8003 6045 7347 7220		
DOB	18 Oct 1986 (38yr)	MRN	222350
Sex	F		
Phone	0420665650	Mob	0420665650
Address	60 BALFOUR ROAD,SWAN VIEW,WA,6056		

For Further Patient Information please contact
Midland Public and Private Hospitals, 1 Clayton St, MIDLAND 6056, WA (08) 9462 4000

Alerts, Allergies, and Adverse Drug Reactions

Type	Description	Comments	Start Date
Alert	Discharge Summary Finalised Discharge Summary Finalised		06 Nov 2024

Alerts, Allergies, and Adverse Drug Reactions

Type	Description	Comments	Start Date
Allergy	Status Unknown		

Discharge Medications

	Drug Name, Form, Dose, Frequency, Quantity, Status, Change Reason, Reason For
1	Benralizumab, Unchanged, Subcut every 8 weeks
2	Budesonide/ Formeterol, 200/6 microg, As required, Unchanged

Able to Self Medicate YES Medications changed since admission NO

Midland Public and Private Hospitals

Relevant Results (For additional pathology information contact Australian Clinical Labs 1300 367 674)

#22101589 : Red cell parameters suggest iron deficiency (chronic blood loss), impaired iron metabolism (chronic disease) or thalassaemia.
Suggest iron studies, and if patient does not have a known history of thalassaemia, haemoglobinopathy screen. HAEMATOLOGY **SPECIMEN: WHOLE BLOOD**

Date:		**06/11/24**		05/11/24	04/11/24	(#Refers to current result only)	
Coll. Time:		09:08		08:09	08:46		
Lab Number:		#22101589		22931453	22931848		
HAEMOGLOBIN		124		121	123	(115 - 165)	g/L
RBC		5.07		4.99	4.97	(3.80 - 5.50)	x10 \\S\\12 /L
HCT		0.38		0.37	0.37	(0.35 - 0.47)	
MCV	*	**75**	*	**75**	* **75**	(80 - 99)	fL
MCH	*	**24.5**	*	**24.2**	* **24.7**	(27.0 - 34.0)	pg
MCHC		326		327	332	(310 - 360)	g/L
RDW		13.4		13.6	13.4	(11.0 - 15.0)	%
WCC		5.5		6.1	6.0	(4.0 - 11.0)	x10 \\S\\9 /L
Neutrophils		2.9		3.2	3.7	(2.0 - 8.0)	x10 \\S\\9 /L
Lymphocytes		1.9		2.4	1.9	(1.0 - 4.0)	x10 \\S\\9 /L
Monocytes		0.6		0.5	0.4	(< 1.1)	x10 \\S\\9 /L
Eosinophils		0.0		0.0	0.0	(< 0.7)	x10 \\S\\9 /L
Basophils		< 0.1		0.0	< 0.1	(< 0.3)	x10 \\S\\9 /L
PLATELETS		338		335	333	(150 - 450)	x10 \\S\\9 /L
MPV		9.5		9.9	10.0	(7.1 - 11.2)	fL

#22101589 : Red cell parameters suggest iron deficiency (chronic blood loss), impaired iron metabolism (chronic disease) or thalassaemia.
Suggest iron studies, and if patient does not have a known history of thalassaemia, haemoglobinopathy screen.

FBE-C ECU-W

This request has other tests in progress at the time of reporting
Inpatient. Specialist management noted. GENERAL CHEMISTRY **SPECIMEN: SERUM**

Date:		**06/11/24**		05/11/24	04/11/24		
Coll. Time:		09:08		08:09	08:46		
Lab Number:		22101589		22931453	22931848		
Sodium		135	*	**134**	136	(135 - 145)	mmol/L
Potassium		3.8		3.8	3.9	(3.5 - 5.2)	mmol/L
Chloride		101		100	102	(95 - 110)	mmol/L
Bicarbonate		26		28	26	(22 - 32)	mmol/L
Anion Gap		12		10	12	(9 - 19)	mmol/L
Urea		4.6		3.4	3.7	(3.0 - 7.0)	mmol/L
Creatinine		65		62	64	(45 - 90)	umol/L

Patient NATAYA NAKHONWONG
IHI 8003 6045 7347 7220
DOB 18 Oct 1986 (38yr) MRN 222350
Sex F
Phone 0420665650 Mob 0420665650
Address 60 BALFOUR ROAD,SWAN VIEW,WA,6056

Relevant Results (For additional pathology information contact Australian Clinical Labs 1300 367 674)

eGFR	> 90	> 90	> 90	(> 59) mL/min/1.73m2

22101589 Inpatient. Specialist management noted.

FBE-R ECU-C

All tests on this request have now been completed
In the setting of infection, CRP levels >100 mg/L are supportive of bacterial rather than viral aetiology.

Note results from this CRP assay should not be used for cardiac risk assessment. Please request the high sensitivity assay (hsCRP) instead. BIOCHEMISTRY

C REACTIVE PROTEIN (CRP) **SPECIMEN: SERUM**

Date	Time	Lab No.		CRP	Units	Ref. Range
04/11/24	08:46	22931848		2.5	mg/L	(< 3.0)
01/11/24	10:26	90353812	*	**5.1**		
31/10/24	07:30	22097900	*	**6.1**		
29/10/24	16:27	21970672	*	**9.7**		
16/11/23	09:00	84650448		< 0.7		
26/09/23	08:11	82350225		< 0.7		
21/07/23	11:20	80664654		< 0.7		
12/06/23	07:29	80728690		1.0		

In the setting of infection, CRP levels >100 mg/L are supportive of bacterial rather than viral aetiology.

Note results from this CRP assay should not be used for cardiac risk assessment. Please request the high sensitivity assay (hsCRP) instead.

CRP-C FBE-R ECU-W

This request has other tests in progress at the time of reporting
MRI SPINE (RECALL)

Findings: The patient has returned for additional sequences to supplement the MRI examination acquired yesterday, 30 October 2024. The sequences acquired today are; T1 axial and T2 axial of the upper lumbar spine, T1 axial of the lower lumbar spine, T1 FS Dixon post-contrast sagittal of the upper and lower spine, T1 FS Dixon post-contrast axial of the upper and lower lumbar spine.

There is no abnormal thickening or enhancement of the cauda equina nerve roots. There is no pathological intramedullary enhancement. No leptomeningeal enhancement is shown.

Comment: Post-contrast sequences have been acquired supplement the MRI examination acquired yesterday, 30 October 2024. There is no pathological spinal cord, cauda equina or leptomeningeal enhancement. There are no MRI features to suggest Guillain-Barre syndrome.

Radiologist: Dr R. Brazel

View images and report in PRC Direct: https://app.prcdirect.com.au/admin/results/15364756

ACTH is measured by Immunoassay on a Siemens IMMULITE. ENDOCRINOLOGY

ADRENOCORTICOTROPHIC HORMONE **SPECIMEN: PLASMA**

Date	Time	Lab No.	ACTH	Units	Range
31/10/24	**07:30**	**22097900**	11	pg/ml	(< 46)

Patient NATAYA NAKHONWONG
IHI 8003 6045 7347 7220
DOB 18 Oct 1986 (38yr) MRN 222350
Sex F
Phone 0420665650 Mob 0420665650
Address 60 BALFOUR ROAD,SWAN VIEW,WA,6056

Relevant Results (For additional pathology information contact Australian Clinical Labs 1300 367 674)

ACTH is measured by Immunoassay on a Siemens IMMULITE.

ASO-V ANF-W ENA-W CRY-W ANC-W CRP-R ACT-C FBE-R ECU-R COR-R

This request has other tests in progress at the time of reporting
Cortisol less than 300 nmol/L may be seen with normal diurnal rhythm, exogenous steroids or adrenal insufficiency. Consider repeat cortisol with ACTH at 08:00 to clarify. Note; estrogens increase cortisol binding globulin and thus total but not usually free cortisol. Cortisol measured on the Siemens Centaur. Reference Ranges: AM 110 - 550 nmol/L
PM 70 - 400 nmol/L ENDOCRINOLOGY

CORTISOL STUDIES **SPECIMEN: SERUM/PLASMA/URINE**

Coll. Date:	31/10/24	30/10/24		
Coll. Time:	07:30	09:40	Ref.	
Lab Number:	22097900	24917362	Range	Units
Serum Cortisol	242	204	See below	nmol/L

Reference Ranges: AM 110 - 550 nmol/L
PM 70 - 400 nmol/L

22097900 Cortisol less than 300 nmol/L may be seen with normal diurnal rhythm, exogenous steroids or adrenal insufficiency. Consider repeat cortisol with ACTH at 08:00 to clarify. Note; estrogens increase cortisol binding globulin and thus total but not usually free cortisol. Cortisol measured on the Siemens Centaur.

ASO-W ANF-W ENA-W CRY-W ANC-W CRP-R ACT-W FBE-R ECU-R COR-C

This request has other tests in progress at the time of reporting

Neutrophil fluorescence alone is not a diagnostically specific assay. Results of the specific ELISA tests for myeloperoxidase (MPO-ANCA) and proteinase 3 (PR3-ANCA) will follow. IMMUNOLOGY SPECIMEN: SERUM

ANTI-NEUTROPHIL CYTOPLASMIC ANTIBODIES (ANCA)

C - A.N.C.A.	**POSITIVE**
P - A.N.C.A.	Negative

COMMENT: Neutrophil fluorescence alone is not a diagnostically specific assay. Results of the specific ELISA tests for myeloperoxidase (MPO-ANCA) and proteinase 3 (PR3-ANCA) will follow.

ENH-W ASO-V ANF-W ENA-V CRY-W ANC-C CRP-R ACT-R FBE-R ECU-R

This request has other tests in progress at the time of reporting
SPECIAL CHEMISTRY

PROTEIN STUDIES **SPECIMEN: SERUM**

CRYOGLOBULINS	Not detected
CRYOFIBRINOGEN	Not detected

ENH-W ASO-V ANF-W ENA-V CRY-C ANC-R CRP-R ACT-R FBE-R ECU-R

This request has other tests in progress at the time of reporting
Negative ANA is not associated with SLE. IMMUNOLOGY SPECIMEN: SERUM

ANTINUCLEAR ANTIBODIES

Patient NATAYA NAKHONWONG
IHI 8003 6045 7347 7220
DOB 18 Oct 1986 (38yr) MRN 222350
Sex F
Phone 0420665650 Mob 0420665650
Address 60 BALFOUR ROAD,SWAN VIEW,WA,6056

Relevant Results (For additional pathology information contact Australian Clinical Labs 1300 367 674)

Anti-nuclear Antibody titre : ‹ 40 (‹ 160)

COMMENT: Negative ANA is not associated with SLE.

ENH-W ASO-V ANF-C ENA-V CRY-R ANC-R CRP-R ACT-R FBE-R ECU-R

This request has other tests in progress at the time of reporting
24-22097900: High titre anti-
DNase B antibodies indicate recent infection with Streptococcus pyogenes. Anti-
DNase B is more sensitive than ASOT for the diagnosis of post-
streptococcla glomerulonephritis and serious streptococcal skin infections. The titre peaks at 4-
6 weeks, but high levels persist for longer than the ASOT.
High titre ASOT, or a two-
fold rise in titre, indicates recent infection. Antibodies are not detected until at least 3 weeks po
st infection. (see RCPA Manual.)

Validated by Assoc. Prof. Louise A Smyth, BA MBBS GCUT DipHPE FRC Anti deoxyribonuclease-B (anti-
DNAse B) titres greater than 200 U/mL in adults and 300 U/mL in school age children are considered as
significant. IMMUNOLOGY SPECIMEN; SERUM

STREPTOCOCCAL ANTIBODIES

anti-Streptolysin O	160	IU/mL	(‹ 201)
anti-DNA''ase B	211	U/mL	

Anti deoxyribonuclease-B (anti-DNAse B) titres greater than 200 U/mL
in adults and 300 U/mL in school age children are considered as
significant.

24-22097900: High titre anti-DNase B antibodies indicate recent
infection with Streptococcus pyogenes. Anti-DNase B is more sensitive
than ASOT for the diagnosis of post-streptococcla glomerulonephritis
and serious streptococcal skin infections. The titre peaks at 4-6
weeks, but high levels persist for longer than the ASOT.
High titre ASOT, or a two-fold rise in titre, indicates recent
infection. Antibodies are not detected until at least 3 weeks post
infection. (see RCPA Manual.)
Validated by Assoc. Prof. Louise A Smyth, BA MBBS GCUT DipHPE FRCPA,
Immunopathologist.

ENH-W ASO-C ANF-R ENA-V CRY-R ANC-R CRP-R ACT-R FBE-R ECU-R

This request has other tests in progress at the time of reporting

This result may occur in treated,inactive or relapsing granulomatosis with polyangiitis (Wegener), mi
croscopic polyangiitis (with its renal-limited variant) and EPGA (Churg-
Strauss syndrome). This result also occurs in chronic infections,inflammatory bowel disease and othe
r autoimmune diseases where the clinical significance is unclear. IMMUNOLOGY
SPECIMEN: SERUM

ANTI-NEUTROPHIL CYTOPLASMIC ANTIBODIES (ANCA)

C - ANCA	**POSITIVE**				
P - ANCA	Negative				
			REFERENCE RANGES		
			Negative	Equivocal	Positive
PR3 - ANCA	‹ 2.0	IU/ml	(‹ 2.0)	(2.0 - 3.0)	(> 3.0)
MPO - ANCA	‹ 3.5	IU/ml	(‹ 3.5)	(3.5 - 5.0)	(> 5.0)

COMMENT This result may occur in treated,inactive or relapsing
granulomatosis with polyangiitis (Wegener), microscopic

polyangiitis (with its renal-limited variant) and EPGA (Churg-Strauss syndrome). This result also occurs in chronic infections,inflammatory bowel disease and other autoimmune diseases where the clinical significance is unclear.

ENH-W ASO-R ANF-R ENA-V CRY-R ANC-R CRP-R ACT-R FBE-R ECU-R

This request has other tests in progress at the time of reporting
Consistent with ongoing inflammation. Suggest QEP and SFLC. Further result to follow.

Validated by Assoc. Prof. Louise A Smyth, BA MBBS GCUT DipHPE FRC PROTEIN STUDIES

Immunoglobulins

*	IgG	**28.59** g/L	(6.50 - 16.00)
	IgA	2.3 g/L	(0.4 - 3.5)
	IgM	1.90 g/L	(0.50 - 3.00)

Consistent with ongoing inflammation. Suggest QEP and SFLC. Further result to follow.
Validated by Assoc. Prof. Louise A Smyth, BA MBBS GCUT DipHPE FRCPA, Immunopathologist.

ENH-W ASO-R ANF-R ENA-V CRY-R ANC-R CRP-R ACT-R FBE-R ECU-R

This request has other tests in progress at the time of reporting

Clinical Details: 38-year-old female with ongoing lower limb weakness, tingling, episodes of visual changes, sensation changes to sole of foot and lateral calf and proximal upper limbs. Ascending weakness for 4 days and sensory deficit. ? Guillain-Barre syndrome. ? Demyelinating disorder.

MRI BRAIN

Technique: Unenhanced MRI brain, demyelination protocol, at 1.5 Tesla; T2 axial, DWI axial, 3-D FLAIR sagittal and 3-D T1 sagittal. No prior imaging is available for comparison.

Findings: There is no intra or extra-axial mass or collection. There is no diffusion restriction or diffusion restricting lesion. Grey-white matter differentiation is preserved. There is no significant T2 or FLAIR signal alteration in the brain parenchyma. In particular, there are no lesions characteristic for demyelination. Parenchymal volume is age appropriate. No hydrocephalus.

The orbits, pituitary gland, midline commissural structures and posterior fossa are normal. There is no Chiari malformation. The cervicomedullary junction and visualised upper cervical cord are unremarkable. The major intracranial flow voids are preserved.

There is T2 hyperintense inflammatory mucosal thickening scattered throughout the paranasal sinuses, maximal in the left sphenoid sinus where there is also a small volume of bubbly secretions. The mastoid temporal bones are clear.

Comment: There is no acute intracranial abnormality or mass lesion. There is no evidence of intracranial demyelination.

Patient NATAYA NAKHONWONG
IHI 8003 6045 7347 7220
DOB 18 Oct 1986 (38yr) MRN 222350
Sex F
Phone 0420665650 Mob 0420665650
Address 60 BALFOUR ROAD,SWAN VIEW,WA,6056

Relevant Results (For additional pathology information contact Australian Clinical Labs 1300 367 674)

MRI WHOLE SPINE

Technique: Unenhanced MRI whole spine at 1.5 Tesla; T1 sagittal, T2 sagittal and STIR sagittal of the upper and lower spine. T2 axial cervical spine and T2 axial lower lumbar spine. No prior imaging is available for comparison.

Findings: There is conventional vertebral segmentation. The vertebral column is visualised from skull base to S1 (inclusive).
The cervicomedullary junction is normal. The spinal cord is normal in volume and signal intensity. There is no intrinsic cord signal abnormality. In particular, there are no cord lesions characteristic for demyelination. No intra or extra medullary mass or collection. The conus medullaris terminates at the level of the L1/2 intervertebral disc. The unenhanced cauda equina nerve roots are normal.

Alignment of the spine is normal. There is no infiltrative marrow process or destructive osseous lesion. There is mild disc degeneration at C5/6 and L4/5 where there is slight desiccation of the intervertebral discs and minimal annular bulging. There is no focal disc protrusion, canal stenosis or neural impingement at any level.

There is degenerative facet arthropathy bilaterally at T11/12 as well as throughout the lower lumbar spine. The imaged paravertebral soft tissues are unremarkable.

Comment: No significant abnormality demonstrated. There is no evidence for spinal cord demyelination.

Guillain-Barre syndrome is not excluded on unenhanced MRI. The patient has been recalled for post-contrast sequences and a supplementary report will be issued.

Radiologist: Dr R. Brazel

View images and report in PRC Direct: https://app.prcdirect.com.au/admin/results/15362374
Normal TSH level. ENDOCRINOLOGY

THYROID FUNCTION TEST **SPECIMEN: SERUM**

Date:	30/10/24	21/06/24	24/11/23	
Coll. Time:	09:40	10:15	10:24	
Lab Number:	24917362	21386624	84650242	
TSH	1.17	1.03	1.23	(0.40 - 4.00)mIU/L

24917362 Normal TSH level.

BFO-W FBE-R ECU-W LFT-W COR-C TFT-C

This request has other tests in progress at the time of reporting

Normal B12 and folate results.

RANGES	B12	Serum Folate
Normal	> 180	> 10.0
Equivocal	150 - 180	5.0 - 10.0
Deficient	< 150	< 5.0

BIOCHEMISTRY

VITAMIN B12 AND FOLATE **SPECIMEN: SERUM/BLOOD**

Date:	**30/10/24**
Time:	09:40

Patient NATAYA NAKHONWONG
IHI 8003 6045 7347 7220
DOB 18 Oct 1986 (38yr) MRN 222350
Sex F
Phone 0420665650 Mob 0420665650
Address 60 BALFOUR ROAD,SWAN VIEW,WA,6056

Relevant Results (For additional pathology information contact Australian Clinical Labs 1300 367 674)

Lab Number: 24917362

Vitamin B12	572	pmol/L
Folate	31.4	nmol/L

24917362 Normal B12 and folate results.

RANGES	B12	Serum Folate
Normal	> 180	> 10.0
Equivocal	150 - 180	5.0 - 10.0
Deficient	< 150	< 5.0

BFO-C FBE-R ECU-C LFT-C COR-C TFT-C

All tests on this request have now been completed
CHEST X-RAY

Clinical Details: Bilateral lower limb weakness and upper limb weakness with on and off chest pain.? Guilain Barre syndrome.? Infection or pneumothorax.

Findings:
Comparison has been made with a previous chest x-ray from June 6, 2024.

Heart size and mediastinal contours appear normal.
The lungs appear clear with no consolidation or collapse.

There are no pleural effusions or features to suggest pulmonary oedema.
There is no pneumothorax or free gas beneath the diaphragm.

No acute osseous abnormality is seen.

Comment:
The lungs appear clear.

Radiologist: Dr L. Gallagher

View images and report in PRC Direct: https://app.prcdirect.com.au/admin/results/15358598
MOLECULAR BIOLOGY SPECIMEN: Respiratory tract swab(s)

CORONAVIRUS COVID-19 / SARS-CoV-2 NAAT

COVID-19 virus NAAT Not detected

PAI-R HUM-R CVI-C REV-R FLU-R ZRM-R

All tests on this request have now been completed
This assay will detect the presence of all current circulating Influenza A strains. This assay detects Respiratory syncytial virus subtypes A and B.
MOLECULAR BIOLOGY SPECIMEN: Respiratory tract swab(s)

RESPIRATORY VIRUSES PCR

Influenza A virus RNA	Not Detected
Influenza B virus RNA	Not Detected
Respiratory syncytial virus RNA	Not Detected
Parainfluenza virus Type 1 RNA	Not Detected
Parainfluenza virus Type 2 RNA	Not Detected
Parainfluenza virus Type 3 RNA	Not Detected
Parainfluenza virus Type 4 RNA	Not Detected
Human Metapneumovirus RNA	Not Detected
Human Adenovirus DNA	Not Detected

Patient NATAYA NAKHONWONG
IHI 8003 6045 7347 7220
DOB 18 Oct 1986 (38yr) MRN 222350
Sex F
Phone 0420665650 Mob 0420665650
Address 60 BALFOUR ROAD,SWAN VIEW,WA,6056

Relevant Results (For additional pathology information contact Australian Clinical Labs 1300 367 674)

Human Rhinovirus RNA **Detected**

This assay will detect the presence of all current circulating Influenza A strains.
This assay detects Respiratory syncytial virus subtypes A and B.

PAI-C HUM-C CVI-W REV-C FLU-C ZRM-C

This request has other tests in progress at the time of reporting
Clear and colourless BIOCHEMISTRY SPECIMEN: CSF

CEREBROSPINAL FLUID

Tube No.	2		
Macroscopic appearance	Clear and colourless		

CHEMISTRY

* Protein	**0.52**	g/L	(0.15 - 0.45)
Glucose	3.0	mmol/L	(2.8 - 4.2)

CSF-W CSP-C JMD-W

This request has other tests in progress at the time of reporting
TEST NAME: pending

PATHWEST
QEII Medical Centre
Hospital Avenue
NEDLANDS WA 6909
Ph: 13 7284
Fax: 08 9346 3354
NATA Accredited Laboratory Number: 14481

Test was referred on 29/10/24

pending

UNK-W CSF-W CSP-W MBF-W JMD-W

This request has other tests in progress at the time of reporting
TEST NAME: CMV Quantitative PCR

This test was performed by:
Fiona Stanley Hospital
Central Specimen Reception
Ground Floor, Pathology Bldg
102-118 Murdoch Drive
MURDOCH WA 6150

Test was referred on 30/10/24

Report was received on 01/11/2024 12:35 pm

REF LAB ID G630006792-

Results received from testing institution

Microbiology PCR/ Nucleic Acid Amplification Test (NAAT)
Specimen: Cerebrospinal Fluid
Collected: 30/10/2024 12:05 Received: 30/10/2024 12:05

CMV DNA	Not Detected

ST JOHN OF GOD
Midland Public & Private Hospitals

Discharge Summary Referral

For Further Patient Information please contact
Midland Public and Private Hospitals, 1 Clayton St, MIDLAND 6056, WA (08) 9462 4000

Patient	NATAYA NAKHONWONG	
IHI	8003 6045 7347 7220	
DOB	18 Oct 1986 (38yr)	MRN 222350
Sex	F	
Phone	0420665650	Mob 0420665650
Address	60 BALFOUR ROAD,SWAN VIEW,WA,6056	

Relevant Results (For additional pathology information contact Australian Clinical Labs 1300 367 674)

MCP-R RCV-R HVM-R CVP-C JMD-C ABR-n RVM-R CSF-V CSP-R

This request has other tests in progress at the time of reporting
Elevated CRP noted. Possible reduced iron stores in the presence of an inflammatory response. Ferritin is not a good index of iron stores in the presence of inflammation. More reliable assessment can be obtained after recovery from intercurrent illness. BIOCHEMISTRY

IRON STUDIES **SPECIMEN: SERUM**

Date:		**29/10/24**		24/11/23		21/07/23		
Coll. Time:		16:27		10:24		11:20		
Lab Number:		21970672		84650242		80664654		
Iron	**	**5.1**		12.9		29.7	(10.0 - 30.0)	umol/L
Transferrin		2.85	*	**2.00**	*	**2.00**	(2.10 - 3.80)	g/L
Saturation	**	**7**		26	*	**59**	(15 - 45)	%
Ferritin		36		121	*	**258**	(30 - 200)	ug/L

21970672 Elevated CRP noted. Possible reduced iron stores in the presence of an inflammatory response. Ferritin is not a good index of iron stores in the presence of inflammation. More reliable assessment can be obtained after recovery from intercurrent illness.

CRP-R QUA-R TGP-R TMV-N COP-R FBE-R CPM-C ECU-C LFT-C TCG-N

All tests on this request have now been completed

Document Details Version 28

Finalised By
Jarrad Hall - Resident

Date
06 Nov 2024