

Neurology Clinic

Letter dictated: 3/12/2024

Letter typed: 6/12/2024

RB:iMedX/AC

Chart Letter Only
File Copy

Dear Doctor,

Re: Name: STAVELEY, Rebecca**UR:
4019687****Date of
Birth: 30/7/1971****Address: 261 Upper Camp Mountain Road,
CAMP MOUNTAIN QLD 4520**

Rebecca Staveley has requested discharge from further follow up with Mater Neurology.

Yours sincerely

*Electronically Approved by:***Dr Reuben Beer**

Consultant Neurologist

Mater Misericordiae Ltd

Neurology Clinic

Letter dictated: 6/9/2024
Letter typed: 9/9/2024
RR:iMedX/ARB

Chart Letter Only
No GP

Dear Colleague,

Re: Name:	STAVELEY, Rebecca	UR: 4019687
Date of Birth:	30/7/1971	
Address:	261 Upper Camp Mountain Road, CAMP MOUNTAIN QLD 4520	

I had the pleasure of reviewing Rebecca in our Neurology Clinic today. She is a 53-year-old lady with atypical optic neuritis, ?NMO-spectrum disease with dense right inferior field defect, previously on prednisone with a weaning course.

On review today, she tells me she has ongoing vision loss in right eye inferior region. Her headaches have now completely resolved. She has reported minimal improvement with steroids to her vision. She denies any upper limb or lower limb weakness. She has had no history of falls, and she remains independent with her activities of daily living.

On examination, her visual acuity, right eye was 25/20 and left eye was 20/20. She had normal eye movements. Pupils were equal and reactive to light, 3 mm, bilaterally and no nystagmus. Her visual fields with reduced vision in right eye inferior region and normal visual fields in her left eye.

On investigation, her bloods from 15 May 2024, HLA-B27 is negative. IgG and IgM are negative. CRP is less than 5. ESR is 5. ANA, ENA, ANCA and RF are negative. ACE of 34. HSV IgG is positive and VZV IgG is positive with IgM negative. CSF oligoclonal bands were unable to be added on to her previous lumbar puncture studies, so unfortunately, we do not have those. Her NMO and MOG antibodies were negative.

She had an MRI of her head and spine which showed no evidence of residual or recurrent optic neuritis detected, no evidence of intracranial or spinal cord demyelination, a few small scattered nonspecific T2 and FLAIR hyperintense foci in the subcortical and deep white matter of the cerebrum are stable compared to that of 14 May 2024 study, most likely reflecting a minor load of gliosis due to chronic small vessel ischaemia. Relatively large right posterior lateral and foraminal disc extrusion at C5-C6 resulting in right-sided foraminal stenosis with potential foraminal

impingement of the right C6 nerve root. She was reviewed in clinic with Dr Swayne. We have advised her to continue with Ophthalmology review to have ongoing assessment of her vision. We will chart review in two weeks to review the Optometry correspondence and see her back in clinic in three months with a repeat MRI brain at that time.

Thank you for your ongoing care of Rebecca. If you have any questions or concerns, please do not hesitate to contact the Neurology Department at Mater Hospital.

Kind regards

Yours sincerely

Electronically Approved by:

Dr Rahima Raza

For Dr Andrew Swayne
Mater Misericordiae Ltd

Neurology Clinic

Letter dictated: 10/9/2024
Letter typed: 10/9/2024
AS:iMedX

Dr Sunil Warriar
Mater Hospital Brisbane
Consultant Ophthalmologist
Eye Department
Raymond Terrace
SOUTH BRISBANE QLD 4101

Dear Dr Warriar,

Re: Name:	STAVELEY, Rebecca	UR: 4019687
Date of Birth:	30/7/1971	
Address:	261 Upper Camp Mountain Road, CAMP MOUNTAIN QLD 4520	

Issue List:

1. Atypical optic neuritis.
 - 1.1. Dense right inferior field defect.
 - 1.2. Previously on prednisone with weaning dose.

I saw Rebecca Staveley today (27 August 2024) accompanied by registrar, Dr Rahima Raza in the Neuroimmunology Clinic at the Mater Hospital.

Rebecca reports ongoing vision loss in the right eye inferior quadrant. Her headaches have now resolved. Unfortunately, she has had minimal improvement with steroids with regard to her vision loss.

She reports no upper limb or lower limb weakness and has had no falls. The visual field deficit was present in the right lower quadrant with other neurological findings being within normal limits. Unfortunately, the CSF was unable to have oligoclonal bands added on and I note the NMO and MOG studies are negative. The MRI scan of the brain showed no evidence of intracranial or spinal cord demyelination. There were a few scattered nonspecific T2 and FLAIR hyperintense foci in the subcortical and deep white matter which is stable from 14 May 2024 study. The radiological opinion is that this is most likely reflecting a minor load of gliosis due to chronic small vessel ischaemia.

Rebecca will have ongoing Ophthalmology review of her vision. We will chart review these in the coming weeks to review her progress and then see her again in approximately three months' time with a repeat MRI scan of the brain. I think if there is any further evidence of disease progression, we could consider repeat lumbar puncture or if she satisfies the diagnostic criteria and look to further treat the MS or NMO spectrum disorder as appropriate.

Thank you for the referral and for the continuing care.

Kind regards

Yours sincerely

Electronically Approved by:

Dr Andrew Swayne

Staff Specialist Neurology

Mater Misericordiae Ltd

Report: MHB21959116-21959116- **Source:** QXR **Request Id:** VR24050796
Examined On: 05/08/2024 **Report Date:** 09/08/2024
Ordering Clinician: Nguyen, Dr Vu Huy **Unit:** BOPHT1 **Patient:** STAVELEY,REBECCA
Report Status: Final

View Images

If you are registered for QXRWeb Images. click here to view patient images online <https://qxrpacks.com.au/view/patient/QXR4199056>

For more information or to register for QXRWeb Images, please call Doctor Direct on 1800 77 99 77

EXAMINATION:

MRI BRAIN; MRI SPINE

Clinical History:

Atypical right optic neuritis. Please exclude demyelination/infection.

Technique:

Whole brain 3 D FLAIR, 3 D T1 with morphometry, axial DWI, T2, SWI, time-of-flight MR a, coronal T1, axial and coronal T2 fat-sat orbits, coronal T1 fat-sat postcontrast orbits, whole brain 3 d T1 fat-sat post-contrast.. Whole spine sagittal T1, T2, coronal STIR, axial T2.

Comparison:

MRI performed 14 May 2024.

Findings:

Brain: There are a few small scattered nonspecific T2 and FLAIR hyperintense foci in the subcortical and deep white matter of the cerebrum, the largest focus of which is in the left anterior frontal periventricular white matter, spanning approximately 6 mm in diameter. These are stable compared to the 14 May 24 study and within normal limits for age, likely reflecting a minor load of gliotic change due to chronic small vessel ischaemia. No specific callosal or subcortical U fibre involvement. No posterior fossa signal abnormality detected.

The optic nerves are normal in signal and morphology with no abnormal intracranial or retro-orbital space enhancement. No space-occupying lesion detected.

No restricted diffusion or abnormal susceptibility artefact.
Normal ventricular size and sulcal pattern.

The time-of-flight MRA demonstrates a dominant left vertebral artery with small calibre right vertebral artery. The right internal carotid artery is dominant with a small calibre left internal carotid artery, which likely reflects normal anatomical variation, with no focal haemodynamically significant stenosis detected. No intracranial artery aneurysm or vascular malformation identified.

Spine: The spinal cord is normal in signal and morphology.

Alignment of the spine is normal. Preserved vertebral body height at all levels. No suspicious marrow paravertebral soft tissue signal.

There is mild generalized spondylosis. At C5-6 there is a right posterolateral and foraminal disc extrusion, which spans up to 6 mm in craniocaudal plane, measuring proximally 7 x 3.5 mm in axial plane. This results in relatively severe right foraminal stenosis with potential foraminal impingement of the right C6 nerve roots.

No other significant disc herniation detected. No evidence of potential neural compression elsewhere.

Relatively severe bilateral L4-5 and L5-S1 facet joint degenerative change noted.

CONCLUSION:

No evidence of residual or recurrent optic neuritis detected. No evidence of intracranial or spinal cord demyelination. A few small scattered nonspecific T2 and FLAIR hyperintense foci in the subcortical and deep white matter of the cerebrum are stable compared to the 14 May 24 study, most likely reflecting a minor load of gliosis due to chronic small vessel ischaemia.

Relatively large right posterior lateral and foraminal disc extrusion at C5-6 resulting in right sided foraminal stenosis, with potential foraminal impingement of the right C6 nerve roots.

Dr Frans van Tonder
Queensland X-Ray

Report: MHB21711873-21711873- **Source:** QXR **Request Id:** VR24050477
Examined On: 08/06/2024 **Report Date:** 08/06/2024
Ordering Clinician: Nguyen, Dr Vu Huy **Unit:** BOPHT1 **Patient:** STAVELEY,REBECCA
Report Status: Final

View Images

If you are registered for QXRWeb Images. click here to view patient images online <https://qxrpacks.com.au/view/patient/QXR4199056>

For more information or to register for QXRWeb Images, please call Doctor Direct on 1800 77 99 77

CHEST RADIOGRAPH

Clinical History:

Right atypical optic neuritis. Infectious/inflammatory screen.

Findings:

The cardio mediastinal contours are normal. Minor bibasal atelectasis. The lungs and pleural spaces are otherwise clear.

Dr Frans van Tonder
Queensland X-Ray

Report: MMB21691589-21691589- **Source:** QXR
Examined On: 04/06/2024 **Report Date:** 04/06/2024
Ordering Clinician: Lai, Jonathan **Unit:** **Patient:** STAVELEY,REBECCA
Report Status: Final

A .PDF version of this report is available until 04-06-2025. PIN: 3879

LUMBAR PUNCTURE; CT INTERVENTIONAL TECHNIQUE

Clinical History:

Atypical right optic nerve swelling.

Technique:

After informed consent, using a sterile technique a 22 gauge spinal needle was placed into the spinal canal at L4/5 level and CSF specimen obtained and sent to laboratory. Opening CSF pressure 16 cm of water. There was some skin site bleeding with a resultant bloody tap.

Dr Jatin Patel

Patient images can be accessed using the following link:

<https://results.qldxray.com.au/viewer/visits?code=084192428909fc9ff03fc1ad8544ccb96a58fe2103b2c49b98de7e134322f495152218596bc52745beed4dc5d18e39b2e7761d9c044a1b279c753b3e91740e>

If you have feedback regarding this report please call Referrer Help Desk on 1800 77 99 77 or email referrerhelpdesk@qldxray.com.au

Patient: **Staveley, Rebecca**
Date of Birth: **Jul 30, 1971**
Gender: **Female**
Patient ID: **4019687**



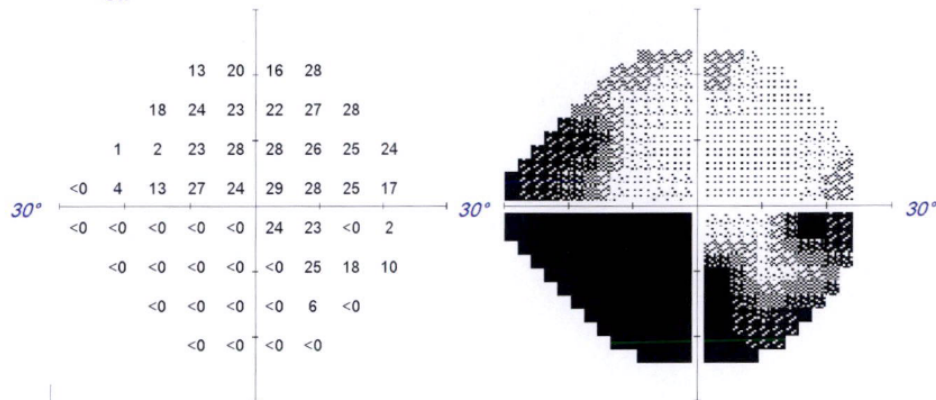
IUMater Eye Clinic
41 Annerley Rd
07 3163 8111

OD Single Field Analysis**Central 24-2 Threshold Test**

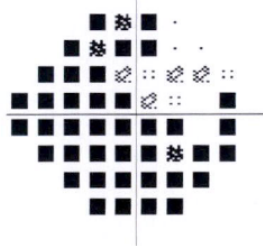
Fixation Monitor: **Gaze Monitor**
Fixation Target: **Central**
Fixation Losses: **0/0**
False POS Errors: **4%**
False NEG Errors: **Off**
Test Duration: **02:34**
Fovea: **Off**

Stimulus: **III, White**
Background: **31.5 asb**
Strategy: **SITA Faster**
Pupil Diameter:
Visual Acuity:
Rx: **+4.50 DS**

Date: **Jun 06, 2024**
Time: **3:47 PM**
Age: **52**



-14 -8 -12 1
-12 -6 -7 -7 -2 0
-28 -29 -8 -4 -3 -5 -5 -5
-30 -26 -19 -6 -8 -4 -4 -13
-30 -32 -34 -35 -35 -9 -10 -29
-32 -33 -34 -35 -35 -7 -14 -20
-32 -33 -34 -34 -26 -33
-31 -32 -32 -32

Total Deviation

MD Threshold exceeded.
See Total Deviation plot.

Pattern Deviation

GHT: **Outside Normal Limits**

VFI: **45%**
MD24-2: **-20.19 dB P < 0.5%**
PSD24-2: **13.44 dB P < 0.5%**

MD Threshold exceeded.
See Total Deviation plot.

:: P < 5%
P < 2%
P < 1%
P < 0.5%

Comments



Name: **Staveley, Rebecca**

OD

OS



ID: 4019687

Exam Date: 06/06/2024 06/06/2024 CZMI

DOB: 30/07/1971

Exam Time: 15:52 15:53

Gender: Female

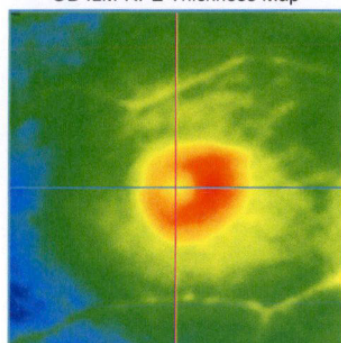
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Technician: Operator, Cirrus

Signal Strength: 7/10 10/10

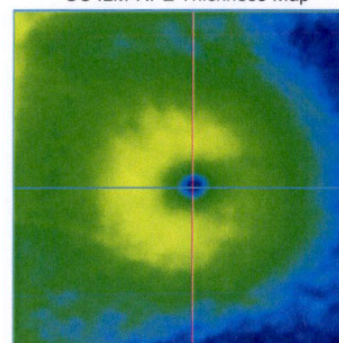
Macula Thickness OU: Macular Cube 512x128**OD** ● ● **OS**

OD ILM-RPE Thickness Map



Fovea: 257, 68

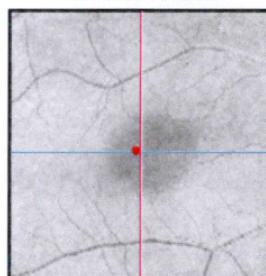
OS ILM-RPE Thickness Map



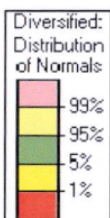
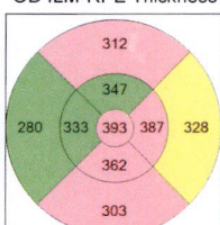
Fovea: 275, 68



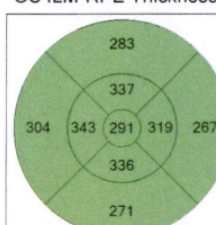
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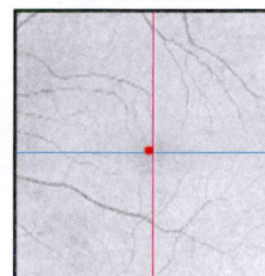
OD ILM-RPE Thickness



OS ILM-RPE Thickness



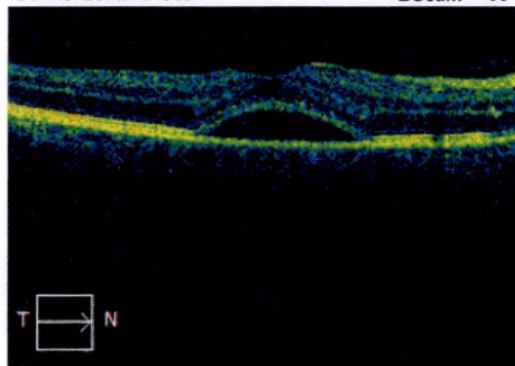
OS OCT Fundus



ILM - RPE	OD	OS
Thickness Central Subfield (μm)	393	291
Volume Cube (mm³)	11.2	10.4
Thickness Avg Cube (μm)	312	289

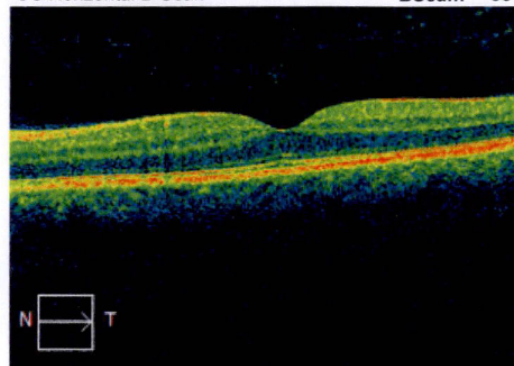
OD Horizontal B-Scan

BScan: 68



OS Horizontal B-Scan

BScan: 68



Comments

Doctor's Signature

SW Ver: 9.0.0.281
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Page 1 of 1

Name: **Staveley, Rebecca**

OD

OS



ID: 4019687

Exam Date: 06/06/2024 06/06/2024 CZMI

DOB: 30/07/1971

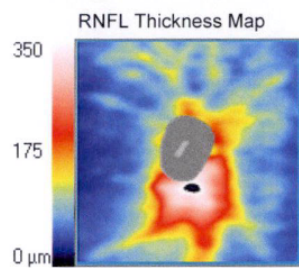
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Gender: Female

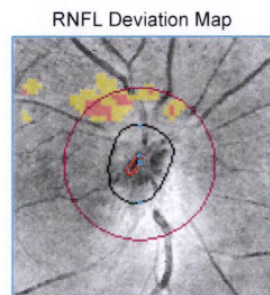
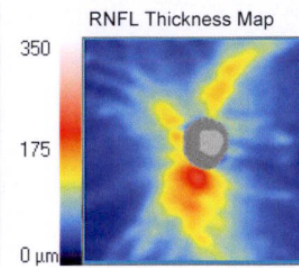
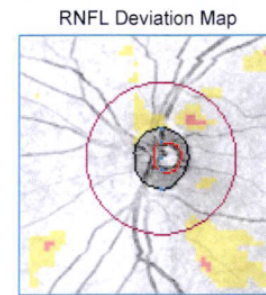
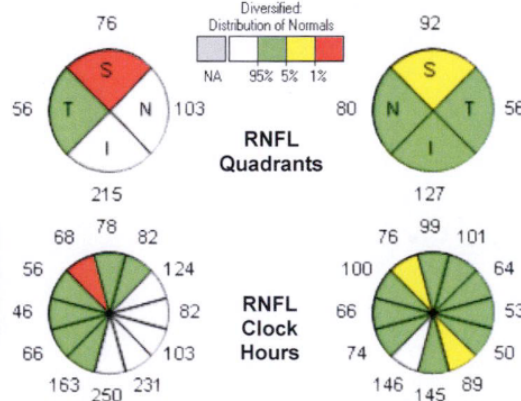
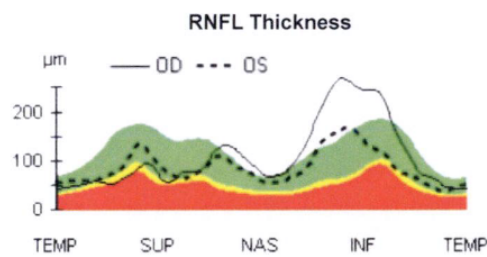
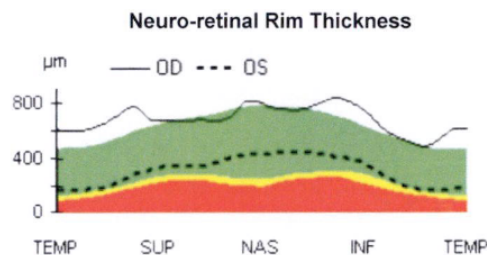
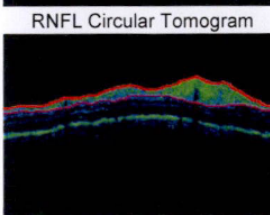
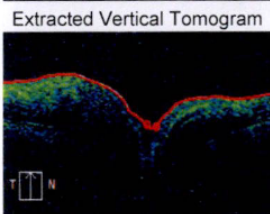
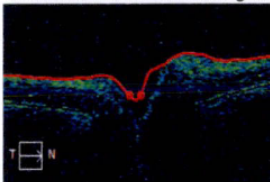
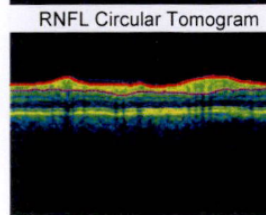
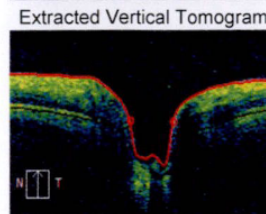
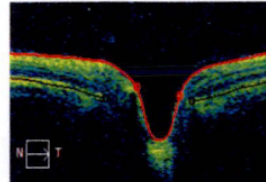
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Technician: Operator, Cirrus

Signal Strength: 4/10 9/10

ONH and RNFL OU Analysis: Optic Disc Cube 200x200 **OD** **OS**

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Average RNFL Thickness	113 μm	89 μm
RNFL Symmetry	85%	
Rim Area	1.95 mm ²	1.01 mm ²
Disc Area	2.03 mm ²	1.37 mm ²
Average C/D Ratio	0.21	0.52
Vertical C/D Ratio	0.22	0.50
Cup Volume	0.007 mm ³	0.168 mm ³

Disc Center(-0.09,0.12)mm
Extracted Horizontal TomogramDisc Center(0.27,0.21)mm
Extracted Horizontal Tomogram

Comments

Doctor's Signature

SW Ver: 9.0.0.281
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Page 1 of 1

Name: **Staveley, Rebecca**

OD

OS



ID: 4019687

Exam Date: 06/06/2024 06/06/2024 CZMI

DOB: 30/07/1971

Exam Time: 15:52 15:53

Gender: Female

Serial Number: 5000-7414 5000-7414

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Signal Strength: 7/10 10/10

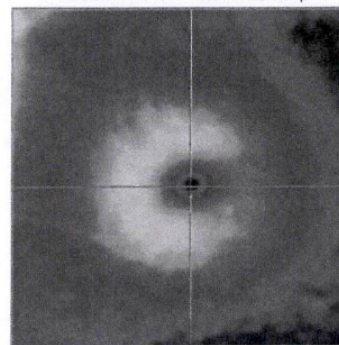
Macula Thickness OU: Macular Cube 512x128**OD ● ● OS**

OD ILM-RPE Thickness Map



Fovea: 257, 68

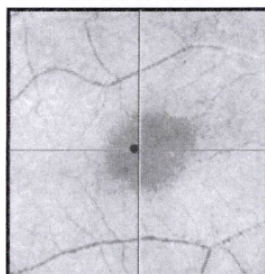
OS ILM-RPE Thickness Map



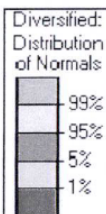
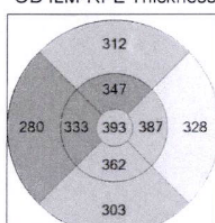
Fovea: 275, 68



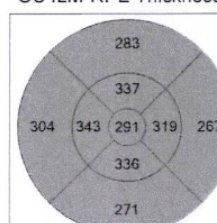
OD OCT Fundus



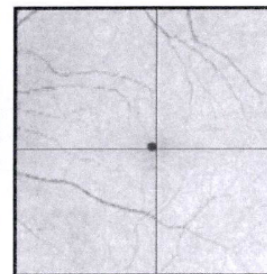
OD ILM-RPE Thickness



OS ILM-RPE Thickness



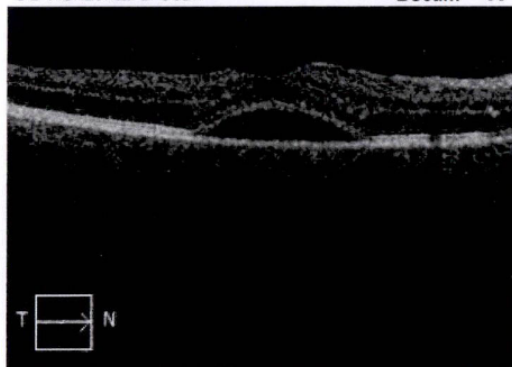
OS OCT Fundus



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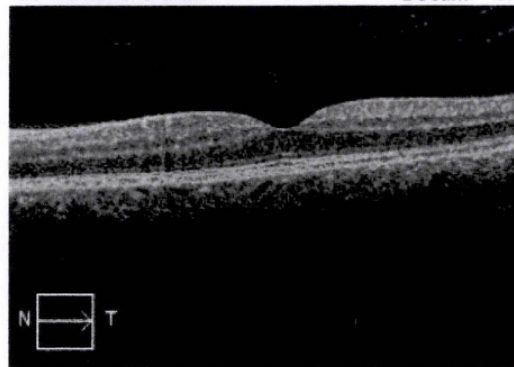
OD Horizontal B-Scan

BScan: 68



OS Horizontal B-Scan

BScan: 68



Comments

Doctor's Signature

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Page 1 of 1

Name: **Staveley, Rebecca**

OD

OS



ID: 4019687

Exam Date: 06/06/2024 06/06/2024 CZMI

DOB: 30/07/1971

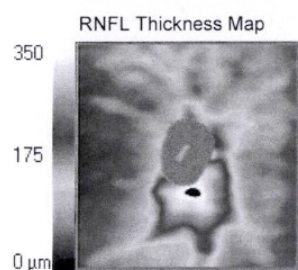
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Gender: Female

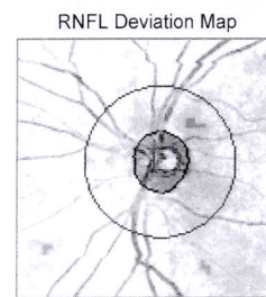
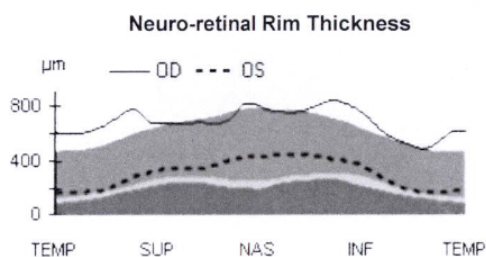
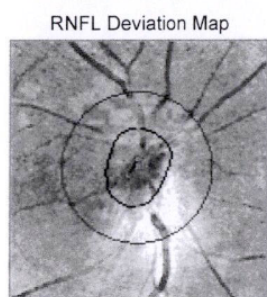
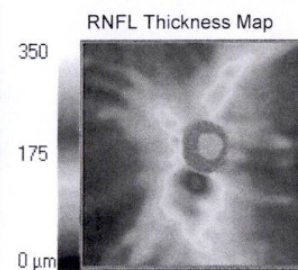
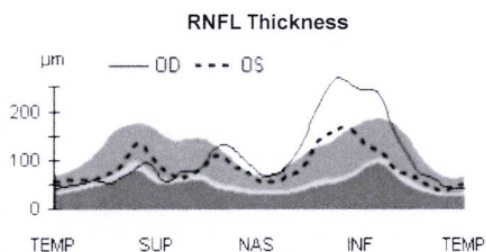
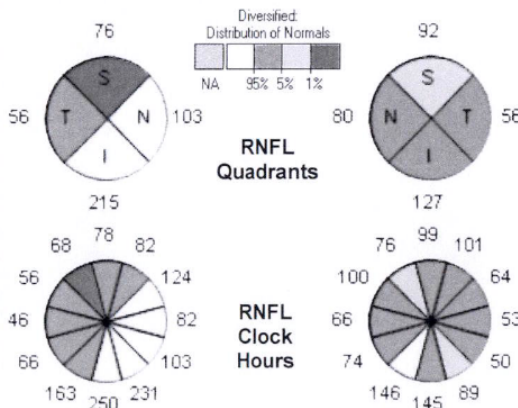
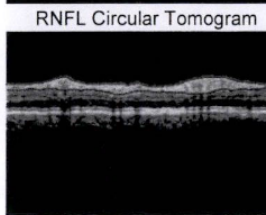
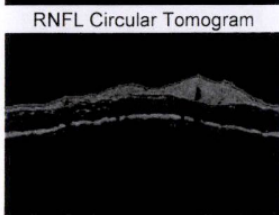
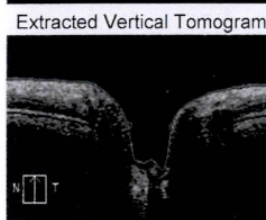
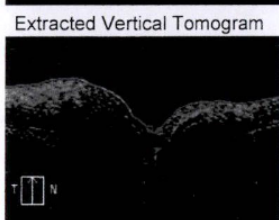
Serial Number: 5000-7414 5000-7414

Technician: Operator, Cirrus

Signal Strength: 4/10 9/10

ONH and RNFL OU Analysis: Optic Disc Cube 200x200 OD ● ● OS

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Disc Center(-0.09,0.12)mm
Extracted Horizontal TomogramDisc Center(0.27,0.21)mm
Extracted Horizontal Tomogram

Comments

Doctor's Signature

SW Ver: 9.0.0.281
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Page 1 of 1

Patient: **Staveley, Rebecca**Date of Birth: **Jul 30, 1971**Gender: **Female**Patient ID: **4019687**

IUMater Eye Clinic

41 Annerley Rd

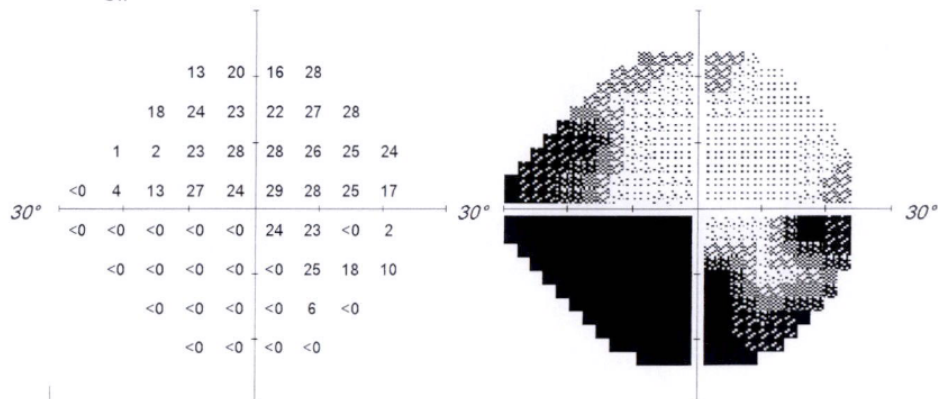
07 3163 8111

OD Single Field Analysis**Central 24-2 Threshold Test**

Fixation Monitor: Gaze Monitor
Fixation Target: Central
Fixation Losses: 0/0
False POS Errors: 4%
False NEG Errors: Off
Test Duration: 02:34
Fovea: Off

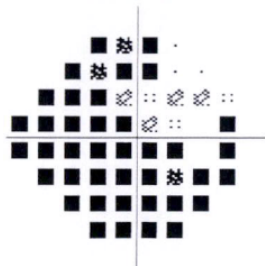
Stimulus: III, White
Background: 31.5 asb
Strategy: SITA Faster
Pupil Diameter:
Visual Acuity:
Rx: +4.50 DS

Date: Jun 06, 2024
Time: 3:47 PM
Age: 52



-14 -8 -12 1
-12 -6 -7 -7 -2 0
-28 -29 -8 -4 -3 -5 -5 -5
-30 -26 -19 -6 -8 -4 -4 -13
-30 -32 -34 -35 -35 -9 -10 -29
-32 -33 -34 -35 -35 -7 -14 -20
-32 -33 -34 -34 -26 -33
-31 -32 -32 -32

Total Deviation



MD Threshold exceeded.
See Total Deviation plot.

Pattern Deviation

MD Threshold exceeded.
See Total Deviation plot.

GHT: Outside Normal Limits

VFI: 45%
MD24-2: -20.19 dB P < 0.5%
PSD24-2: 13.44 dB P < 0.5%

:: P < 5%
⊠ P < 2%
⊞ P < 1%
■ P < 0.5%

Comments



Patient: **Staveley, Rebecca**Date of Birth: **Jul 30, 1971**Gender: **Female**Patient ID: **4019687**

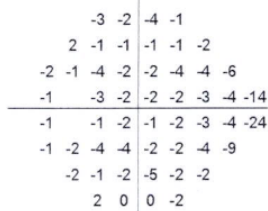
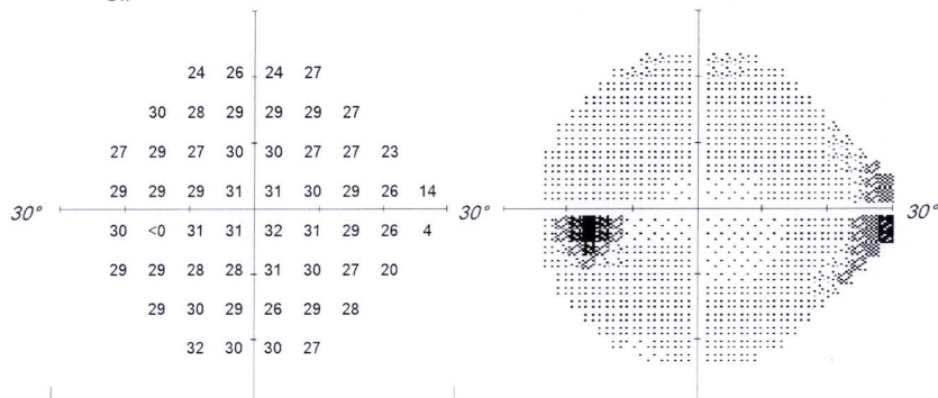
IUMater Eye Clinic
41 Annerley Rd
07 3163 8111

OS Single Field Analysis**Central 24-2 Threshold Test**

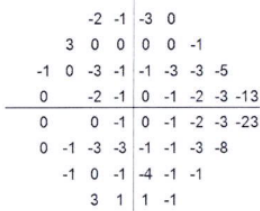
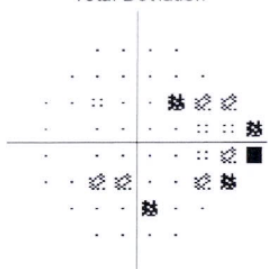
Fixation Monitor: Gaze Monitor
Fixation Target: Central
Fixation Losses: 0/0
False POS Errors: 0%
False NEG Errors: Off
Test Duration: 02:12
Fovea: Off

Stimulus: III, White
Background: 31.5 asb
Strategy: SITA Faster
Pupil Diameter:
Visual Acuity:
Rx: +2.00 DS

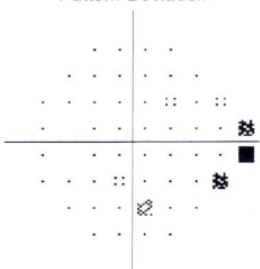
Date: Jun 06, 2024
Time: 3:50 PM
Age: 52



Total Deviation



Pattern Deviation

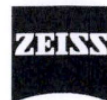
GHT: **Borderline**

VFI: 97%
MD24-2: -2.68 dB P < 2%
PSD24-2: 3.10 dB P < 2%

:: P < 5%
P < 2%
P < 1%
P < 0.5%



Comments





F4186

mater health**OPHTHALMOLOGY ASSESSMENT
AND NOTES**

UR NO: 4019687

STAVELEY

Rebecca Jane

30/07/1971 Female



M/C: 42485360612

Eligibility:
Public Eligible261 Upper Camp
Mountain Road
Camp Mountain
Queensland
4520

0438770519

Consultant:
Dr. Jonathan Nai-Xian
Lai**MATER
HEALTH**

100006365515

8:45/8:43

Date: 18/6/24	Time (24hr):	Specialist: LAI	<input checked="" type="checkbox"/> Patient contributed to assessment
Presenting problem: 252 RN			<input type="checkbox"/> Patient ID verified

Ophthalmology Assessment☐ New ☒ Review

Medical certificate required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Right eye	Left eye	Ocular history	Year
<input type="checkbox"/> Visual acuity without glasses	6/12	6/12	<input type="checkbox"/> Intraocular lenses (IOL): <input type="radio"/> Right <input type="radio"/> Left	
<input type="checkbox"/> Visual acuity with glasses				
<input type="checkbox"/> Pin holes				
<input checked="" type="checkbox"/> Intraocular pressure: 22	22	24	<input type="checkbox"/> Age-related macular degeneration (AMD)	
<input checked="" type="checkbox"/> Pupils - relative afferent pupillary defect (RAPD)	RE (notes)	LE (notes)	<input type="checkbox"/> Glaucoma	
<input checked="" type="checkbox"/> Ishihara	15/15	15/15	<input type="checkbox"/> Retinal detachment	
<input type="checkbox"/> Autorefractor (AR)			<input type="checkbox"/> Lid pathology	
<input type="checkbox"/> Pentacam			<input type="checkbox"/> Laser	
<input type="checkbox"/> Optical coherence tomography (OCT): <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> R			<input type="checkbox"/> Contact lens	
<input type="checkbox"/> A-scan			<input type="checkbox"/> Corneal disease	
<input type="checkbox"/> CP			<input type="checkbox"/> Other:	
<input checked="" type="checkbox"/> OPTOS + AF			Eye drops as per standing order? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Current eye drops - type:			Time (24hr): : : <input type="checkbox"/> Tropicamide 1% <input type="checkbox"/> Phenylephrine 2.5% <input type="checkbox"/> Pilocarpine 2%	

Additional comments:

0950 - ish/hara/ out mtr/cp/ optos + AF done. pt not dilated yet. 24h RAPD checked. also slp/lop. (Kater (RN))

Clinical Risks

Patient lives alone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="radio"/> Support
Allergies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Document on Current Clinical Alerts form
Infection alert? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Falls risk? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="radio"/> Age <input type="radio"/> Mobility aids <input type="radio"/> Vision <input type="radio"/> Cognition <input type="radio"/> Assistance required
Pressure injury risk? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="radio"/> Immobile <input type="radio"/> Frail <input type="radio"/> Extended duration of appointment

Family History☐ Glaucoma ☐ AMD ☐ Retinal detachment ☐ Other:**Medical/Surgical History**

Cardiovascular conditions/complications? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> ↑ BP <input type="checkbox"/> Elevated cholesterol
Anticoagulants? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Respiratory conditions/oxygen required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> CPAP
Diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Insulin
Prostate medication? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Communication deficit/impaired hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ability to lie flat? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Weeks:
Recreational? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Smoking <input type="radio"/> Alcohol <input type="radio"/> Other:
Other? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Mobility/Transport☐ Patient requires escort ☐ Patient driving Patient transport via: ☐ Public ☐ QAS ☐ Transit ☒ Private vehicle

Assessment completed by:

Designation:

Signature:

mother.

OPHTHALMOLOGY ASSESSMENT

+mater health
OPHTHALMOLOGY ASSESSMENT
AND NOTES

1 EYE

UR NO: 4019687
STAVELEY
Rebecca Jane
30/07/1971 Female



M/C: 42485360612
Eligibility:
Public Eligible

261 Upper Camp
Mountain Road
Camp Mountain
Queensland
4520
0438770519

Consultant:
Dr. Jonathan Nai-Xian
Lai

MATER
HEALTH



100006365515

Notes

18/6/24
10:22

Dr Lai QPD

Rx 0 pred 15mg

52F 1 1/2 week R/L R) optic neuropathy.

FHx

mother -

o/Ro ϕ eye pan.

Familial
dysalbuminaemia

Still has blurry "sticker" over R) eye.

Hyperthyroidism

o/E R) RAPD Grade 2.

OCT RNFL 88 \leftarrow 113
88 \leftarrow 88

w conj/scl w

com

lw

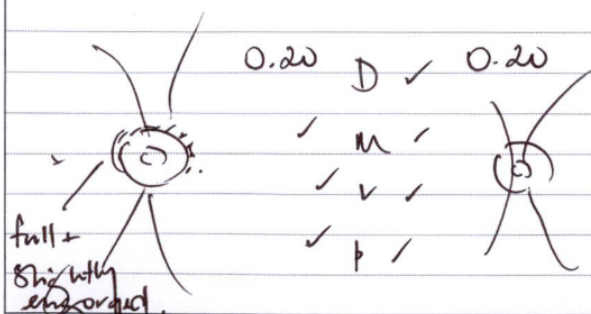
VFT
04-2

R inf anomaly
L char

improvement
VFI 66% MD -14.5
PDI 15.44

D.O. AL D.O.

Imp 1. Stab, ONHS improve.



P 1. 0 pred 15mg 377 \rightarrow

long 377 \rightarrow

2. q Maxidex² 5mg 377 then stop

Next Appointment

☐ Dilate: ☐ Right ☐ Left ☐ Do not dilate ☐ OPTOS ☐ OCT: ☐ M ☐ R ☐ CP:

☐ Other:

Completed by:

Designation:

Signature:

Date:

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OD of eye (K/M) (mm)

3. R/V J Lai OVD 7/54

Name: **Staveley, Rebecca**

OD

OS



ID: 4019687

Exam Date: 18/06/2024

18/06/2024

CZMI

DOB: 30/07/1971

Exam Time: 09:46

09:47

Gender: Female

Serial Number: 5000-7414

5000-7414

Technician: Operator, Cirrus

Signal Strength: 5/10

6/10

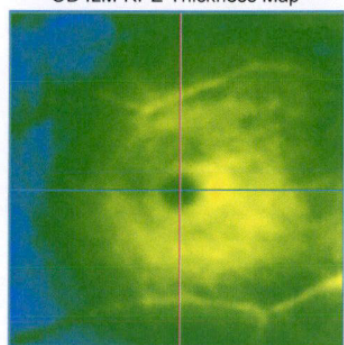
Macula Thickness OU: Macular Cube 512x128

OD

OS

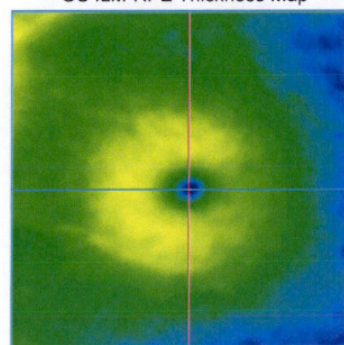


OD ILM-RPE Thickness Map



Fovea: 262, 69

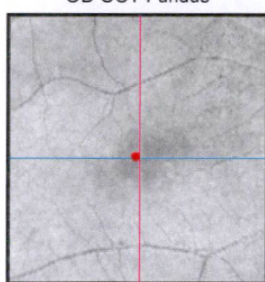
OS ILM-RPE Thickness Map



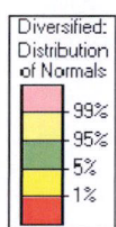
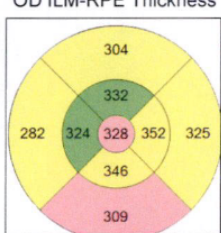
Fovea: 271, 69



OD OCT Fundus



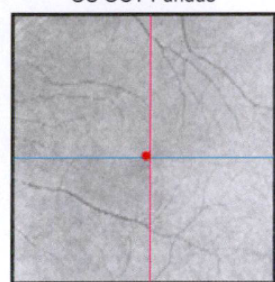
OD ILM-RPE Thickness



OS ILM-RPE Thickness



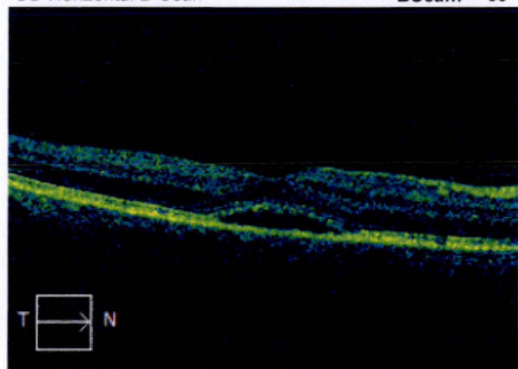
OS OCT Fundus



ILM - RPE	OD	OS
Thickness Central Subfield (µm)	328	295
Volume Cube (mm³)	11	10.7
Thickness Avg Cube (µm)	305	296

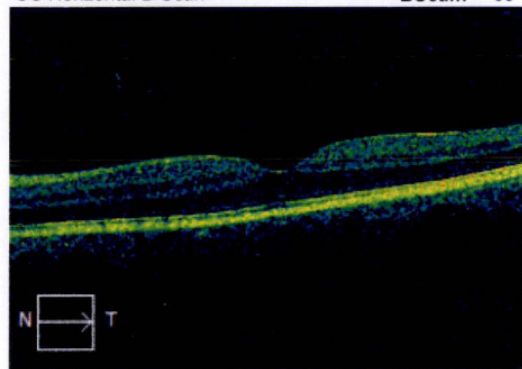
OD Horizontal B-Scan

BScan: 69



OS Horizontal B-Scan

BScan: 69



UR NO: 4019687
STAVELEY
Rebecca Jane
30/07/1971 Female
M/C: 42485360612
Eligibility:
Public Eligible

261 Upper Camp
Mountain Road
Camp Mountain
Queensland
4520
0438770519
Consultant:
Dr. Jonathan Nai-Xian
Lai



Signature

SW Ver: 9.0.0.281
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Page 1 of 1

Name: **Staveley, Rebecca**

OD OS



ID: 4019687

Exam Date: 18/06/2024 18/06/2024 CZMI

DOB: 30/07/1971

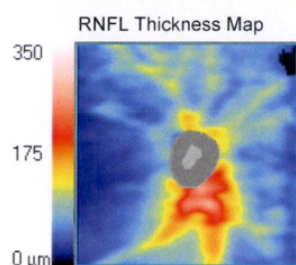
Exam Time: 09:46 09:46

Gender: Female

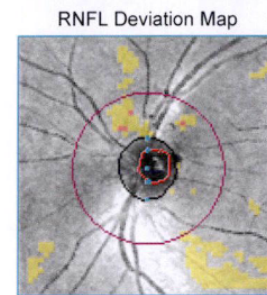
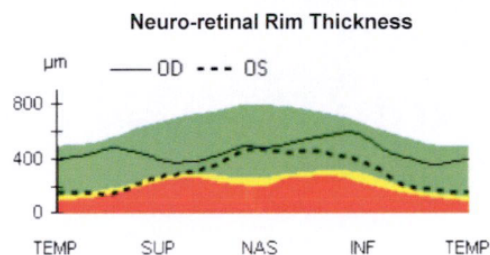
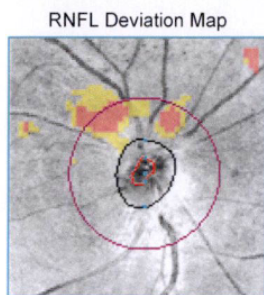
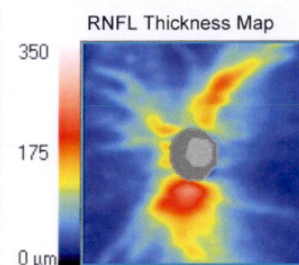
Serial Number: 5000-7414 5000-7414

Technician: Operator, Cirrus

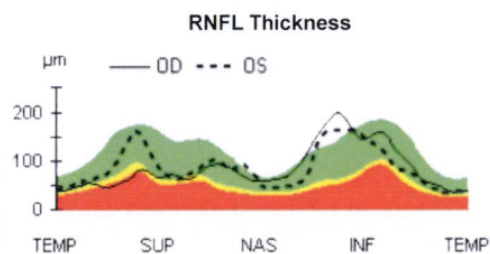
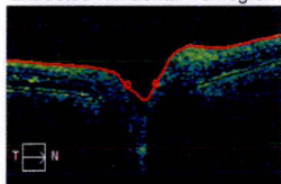
Signal Strength: 5/10 5/10

ONH and RNFL OU Analysis: Optic Disc Cube 200x200 OD OS

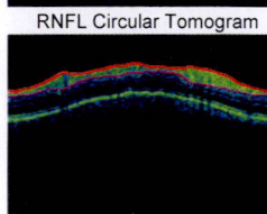
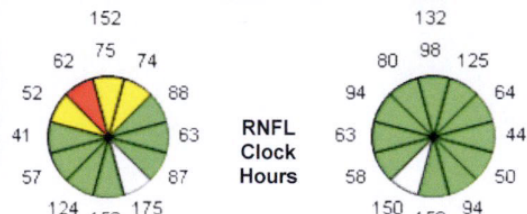
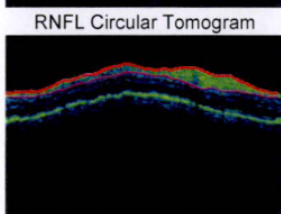
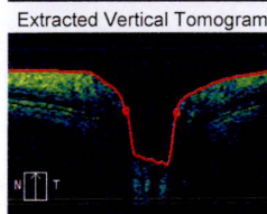
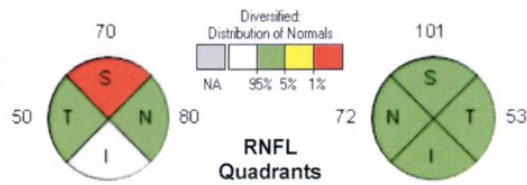
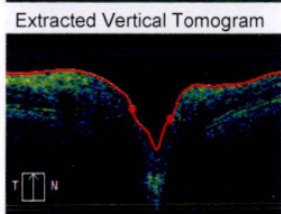
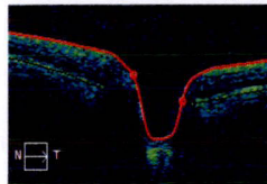
	OD	OS
Average RNFL Thickness	88 μm	89 μm
RNFL Symmetry	78%	
Rim Area	1.43 mm ²	1.04 mm ²
Disc Area	1.66 mm ²	1.48 mm ²
Average C/D Ratio	0.37	0.56
Vertical C/D Ratio	0.38	0.55
Cup Volume	0.058 mm ³	0.223 mm ³



Disc Center(0.12,-0.09)mm
Extracted Horizontal Tomogram



Disc Center(-0.03,0.00)mm
Extracted Horizontal Tomogram



UR NO: 4019687

STAVELEY

Rebecca Jane

30/07/1971 Female

M/C: 42485360612

Eligibility:
Public Eligible261 Upper Camp
Mountain Road
Camp Mountain
Queensland
4520
0438770519Consultant:
Dr. Jonathan Nai-Xian
LaiMATER
HEALTH

Signature

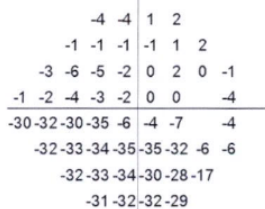
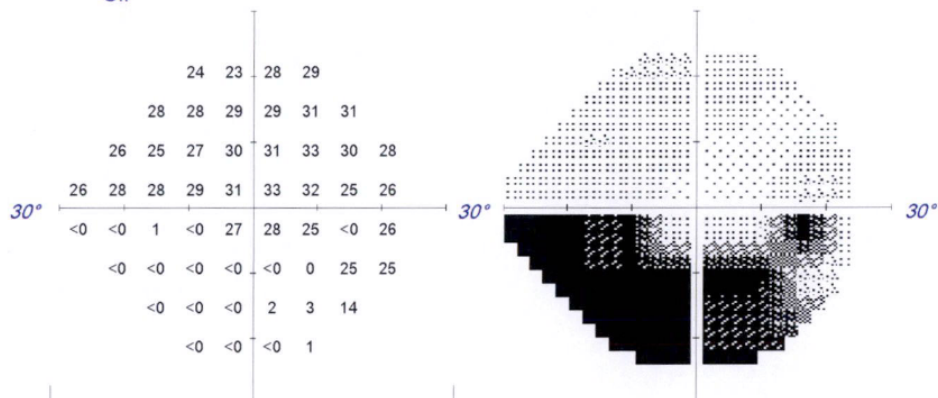
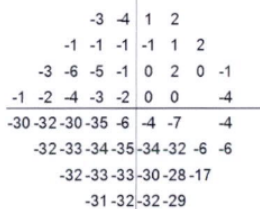
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Page 1 of 1

Patient: **Staveley, Rebecca**Date of Birth: **Jul 30, 1971**Gender: **Female**Patient ID: **4019687**IUMater Eye Clinic
41 Annerley Rd
07 3163 8111**OD Single Field Analysis****Central 24-2 Threshold Test**

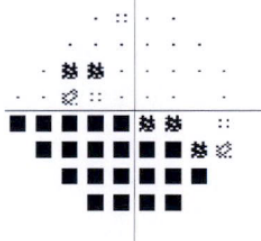
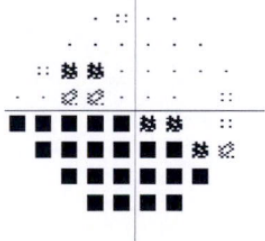
Fixation Monitor: **Gaze Monitor**
Fixation Target: **Central**
Fixation Losses: **0/0**
False POS Errors: **0%**
False NEG Errors: **Off**
Test Duration: **02:39**
Fovea: **Off**

Stimulus: **III, White**
Background: **31.5 asb**
Strategy: **SITA Faster**
Pupil Diameter:
Visual Acuity:
Rx: **+2.75 DS**

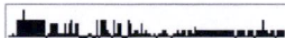
Date: **Jun 18, 2024**
Time: **9:30 AM**
Age: **52**

**Total Deviation****Pattern Deviation****GHT: Outside Normal Limits**

VFI: **66%**
MD24-2: **-14.56 dB P < 0.5%**
PSD24-2: **15.49 dB P < 0.5%**



:: P < 5%
■ P < 2%
■ P < 1%
■ P < 0.5%



Comments

UR NO: 4019687
STAVELEY
Rebecca Jane
30/07/1971 Female

M/C: 42485360612
Eligibility:
Public Eligible

261 Upper Camp
Mountain Road
Camp Mountain
Queensland
4520
0438770519
Consultant:
Dr. Jonathan Nai-Xian
Lai

**MATER
HEALTH**

100006365515

Auto login user



Page 1 of 1

Patient: **Staveley, Rebecca**Date of Birth: **Jul 30, 1971**Gender: **Female**Patient ID: **4019687**

IUMater Eye Clinic

41 Annerley Rd

07 3163 8111

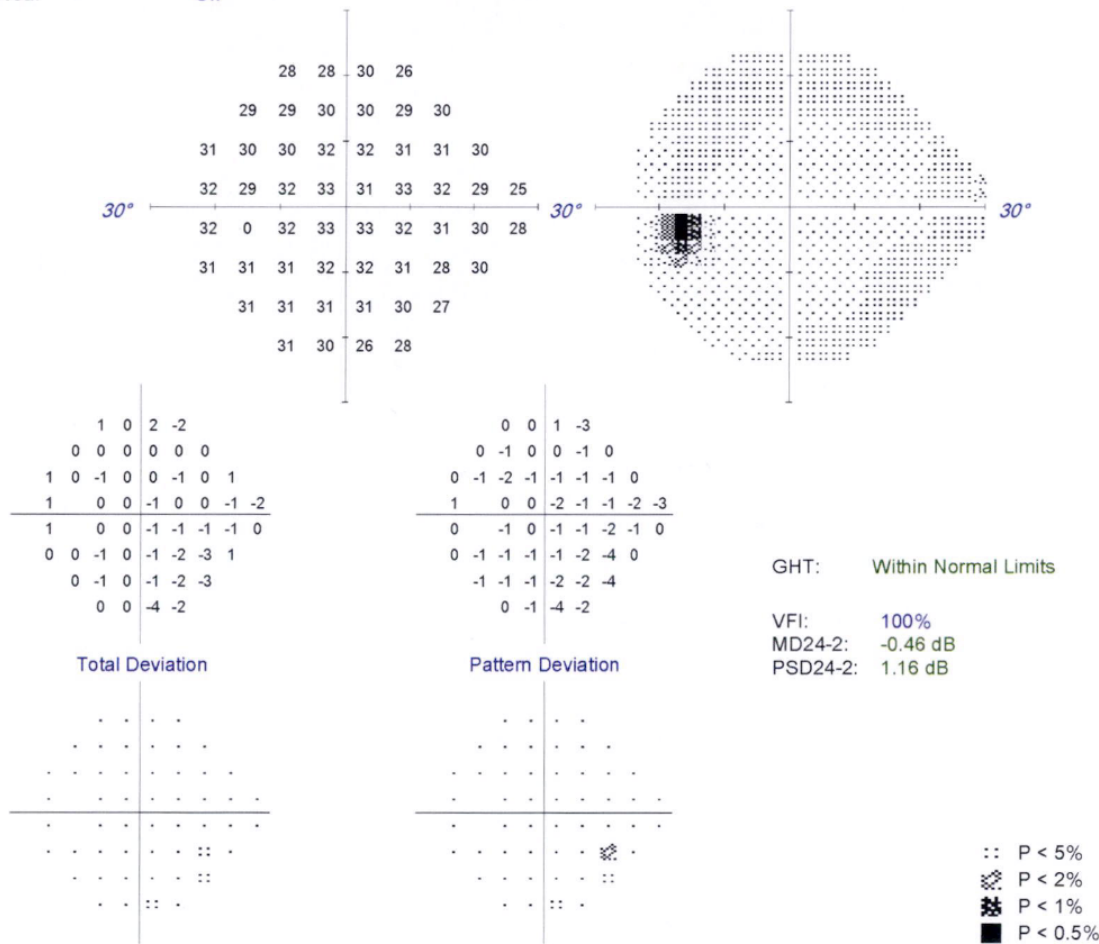
OS Single Field Analysis

Central 24-2 Threshold Test

Fixation Monitor: **Gaze Monitor**
Fixation Target: **Central**
Fixation Losses: **0/0**
False POS Errors: **0%**
False NEG Errors: **Off**
Test Duration: **01:41**
Fovea: **Off**

Stimulus: **III, White**
Background: **31.5 asb**
Strategy: **SITA Faster**
Pupil Diameter:
Visual Acuity:
Rx: **+2.25 DS**

Date: **Jun 18, 2024**
Time: **9:35 AM**
Age: **52**



Comments



HFA 3 860-21

1EYE

UR NO: 4019687
STAVELEY
Rebecca Jane
30/07/1971 Female

M/C: 42485360612
Eligibility:
Public Eligible

261 Upper Camp
Mountain Road
Camp Mountain
Queensland
4520
0438770519

Consultant:
Dr. Jonathan Nai-Xian
Lai

MATER
HEALTH



100006365515

to login user






Page 1 of 1



F4186

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 OPHTHALMOLOGY ASSESSMENT AND NOTES		UR NO: 4019687 STAVELEY Rebecca Jane 30/07/1971 Female  M/C: 42485360612 Eligibility: Public Eligible	261 Upper Camp Mountain Road Camp Mountain Queensland 4520 0438770519 Consultant: Dr. Jonathan Nai-Xian Lai	MATER HEALTH  100006390552
Date: 16/7/24	Time (24hr):	Specialist: LAI	<input type="checkbox"/> Patient contributed to assessment <input checked="" type="checkbox"/> Patient ID verified	
Presenting problem: 1/12 RLV R Optic neuropathy				
Ophthalmology Assessment <input type="checkbox"/> New <input checked="" type="checkbox"/> Review				
Medical certificate required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Right eye	Left eye	Ocular history	Year
<input type="checkbox"/> Visual acuity without glasses	6/6	6/6-1	<input type="checkbox"/> Intraocular lenses (IOL): <input type="radio"/> Right <input type="radio"/> Left	
<input type="checkbox"/> Visual acuity with glasses			<input type="checkbox"/> Age-related macular degeneration (AMD)	
<input type="checkbox"/> Pin holes			<input type="checkbox"/> Glaucoma	
<input type="checkbox"/> Intraocular pressure			<input type="checkbox"/> Retinal detachment	
<input type="checkbox"/> Pupils - relative afferent pupillary defect (RAPD)	19	21	<input type="checkbox"/> Lid pathology	
<input type="checkbox"/> Ishihara	15/15	15/15	<input type="checkbox"/> Laser	
<input type="checkbox"/> Autorefractor (AR)			<input type="checkbox"/> Contact lens	
<input type="checkbox"/> Pentacam			<input type="checkbox"/> Corneal disease	
<input checked="" type="checkbox"/> Optical coherence tomography (OCT): <input checked="" type="radio"/> M <input checked="" type="radio"/> R			<input type="checkbox"/> Other:	
<input type="checkbox"/> A-scan			Eye drops as per standing order? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> CP			Time (24hr):	
<input checked="" type="checkbox"/> OPTOS			<input type="checkbox"/> Tropicamide 1%	
<input type="checkbox"/> Current eye drops - type: Nil			<input type="checkbox"/> Phenylephrine 2.5%	
			<input type="checkbox"/> Pilocarpine 2%	
Additional comments:				
Clinical Risks				
Patient lives alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Support			
Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="radio"/> Document on Current Clinical Alerts form			
Infection alert? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Falls risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Age <input type="radio"/> Mobility aids <input type="radio"/> Vision <input type="radio"/> Cognition <input type="radio"/> Assistance required			
Pressure injury risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Immobile <input type="radio"/> Frail <input type="radio"/> Extended duration of appointment			
Family History				
<input type="checkbox"/> Glaucoma <input type="checkbox"/> AMD <input type="checkbox"/> Retinal detachment <input type="checkbox"/> Other:				
Medical/Surgical History				
Cardiovascular conditions/complications? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> ↑ BP <input type="checkbox"/> Elevated cholesterol			
Anticoagulants? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details:			
Respiratory conditions/oxygen required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> CPAP			
Diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Insulin			
Prostate medication? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
Communication deficit/impaired hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Ability to lie flat? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Weeks:			
Recreational? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Smoking <input type="radio"/> Alcohol <input type="radio"/> Other:			
Other? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Mobility/Transport				
<input type="checkbox"/> Patient requires escort <input type="checkbox"/> Patient driving Patient transport via: <input type="radio"/> Public <input type="radio"/> QAS <input type="radio"/> Transit <input type="radio"/> Private vehicle				
Assessment completed by: Designation: Signature:				

OPHTHALMOLOGY ASSESSMENT

Ver. 8.00
F4186

Assessment completed by:

Designation:

Signature:

ENT

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OPHTHALMOLOGY ASSESSMENT AND NOTES

1 EYE

UR NO: 4019687
STAVELEY
Rebecca Jane
30/07/1971 Female



M/C: 42485360612
Eligibility:
Public Eligible

261 Upper Camp
Mountain Road
Camp Mountain
Queensland
4520
0438770519
Consultant:
Dr. Jonathan Nai-Xian
Lai

MATER
HEALTH

100006390852

Notes

16/7/24

optic neuritis
pt report no Δ
off pred few weeks

n) inferior field defect
slightly smaller



I can't see that
mac or NMO was
done? serum or CSF

Ant MDO on

? Never got added on

v. mild
sup pallor of disk

imp: Slight improvement

with degree of R) superior nerve loss do not
expect profound recovery from field loss
i.e. asym.

p) monitor, Rv 21/2 or 505

bloods for mac/moq now for what is worth but
if relapses should treat aggressively & retest for NMO

Next Appointment

☐ Dilate: ☐ Right ☐ Left ☐ Do not dilate ☐ OPTOS ☒ OCT: ☒ M, ☒ R ☒ CP:
☐ Other:
15th

Completed by: n.

Designation:

Signature:

Date: , /

Blinking margin - do not write. Do not reproduce by photocopying.
All clinical form creation and amendments must be conducted through Health Records.

Name: **Staveley, Rebecca**

OD

OS

ZEISS

ID: 4019687

Exam Date: 16/07/2024 16/07/2024 CZMI

DOB: 30/07/1971

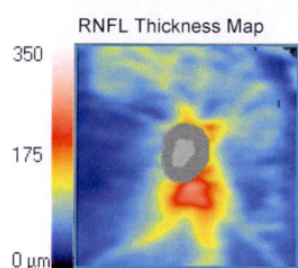
Exam Time: 08:36 08:37

Gender: Female

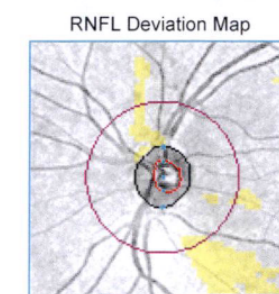
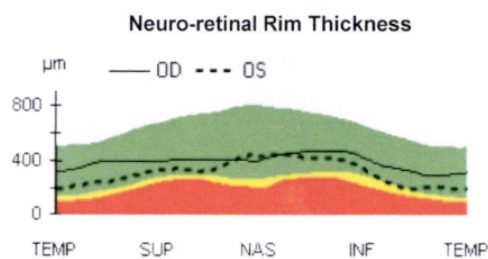
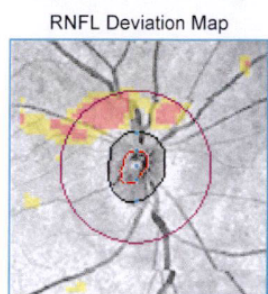
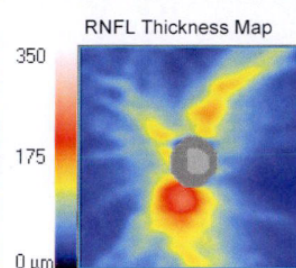
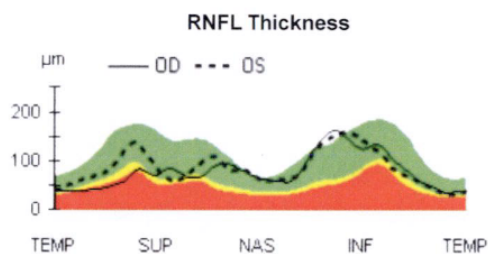
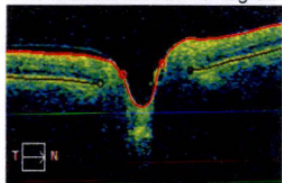
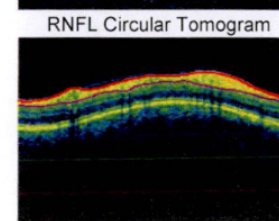
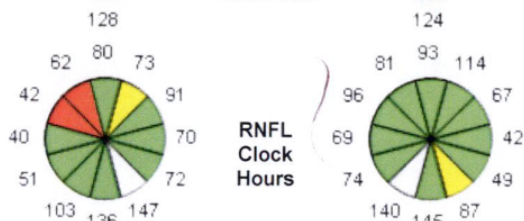
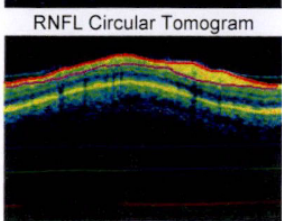
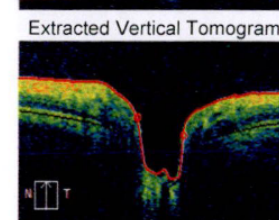
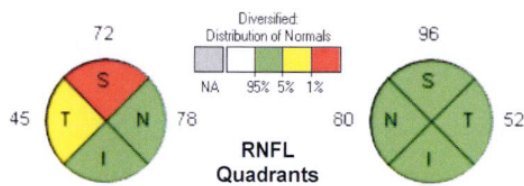
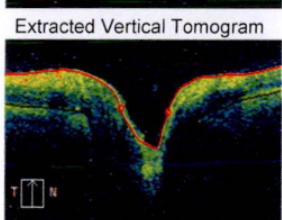
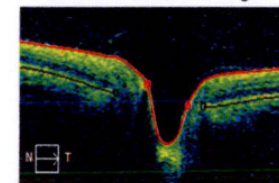
Serial Number: 5000-7414 5000-7414

Technician: Operator, Cirrus

Signal Strength: 9/10 9/10

ONH and RNFL OU Analysis: Optic Disc Cube 200x200 OD ● ● OS

	OD	OS
Average RNFL Thickness	81 μ m	88 μ m
RNFL Symmetry	83%	
Rim Area	1.33 mm ²	1.02 mm ²
Disc Area	1.70 mm ²	1.37 mm ²
Average C/D Ratio	0.46	0.52
Vertical C/D Ratio	0.46	0.51
Cup Volume	0.117 mm ³	0.167 mm ³

Disc Center(-0.09,0.12)mm
Extracted Horizontal TomogramDisc Center(0.03,-0.09)mm
Extracted Horizontal Tomogram

Comments

Doctor's Signature

UR NO: 4019687
STAVELEY
Rebecca Jane
30/07/1971 Female

M/C: 42485360812
Eligibility:

261 Upper Camp
Mountain Road
Camp Mountain
Queensland
4520
0438770519
Consultant

MATER
HEALTH

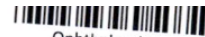
10000639C

SW Ver: 9.0.0.281
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Page 1 of 1

Public Eligible

Dr. Jonathan Nai-Xian
Lai

1852

Ophthalmology
AssessmentName: **Staveley, Rebecca**

OD

OS



ID: 4019687

Exam Date: 16/07/2024

16/07/2024

CZMI

DOB: 30/07/1971

Exam Time: 08:36

08:37

Gender: Female

Serial Number: 5000-7414

5000-7414

Technician: Operator, Cirrus

Signal Strength: 10/10

9/10

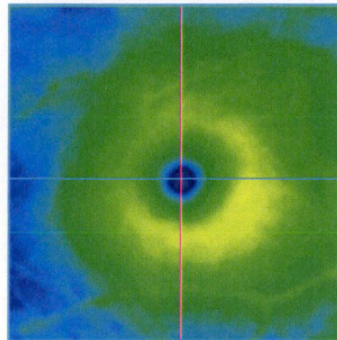
Macula Thickness OU: Macular Cube 512x128

OD



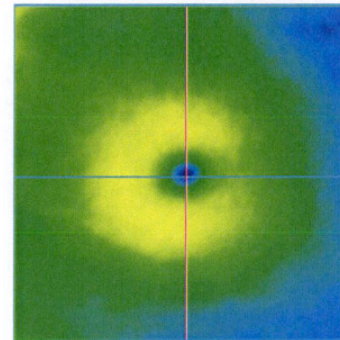
OS

OD ILM-RPE Thickness Map



Fovea: 264, 67

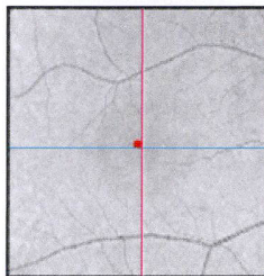
OS ILM-RPE Thickness Map



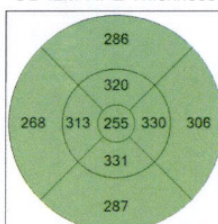
Fovea: 263, 66



OD OCT Fundus



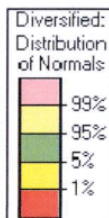
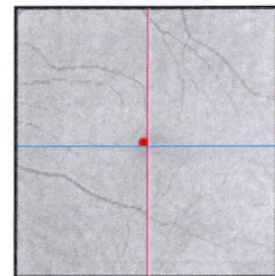
OD ILM-RPE Thickness



OS ILM-RPE Thickness



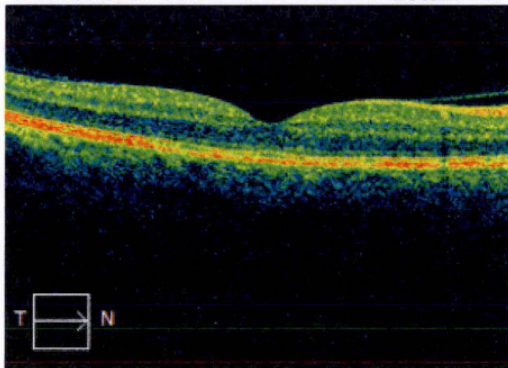
OS OCT Fundus



ILM - RPE	OD	OS
Thickness Central Subfield (μm)	255	296
Volume Cube (mm^3)	10.3	10.6
Thickness Avg Cube (μm)	287	295

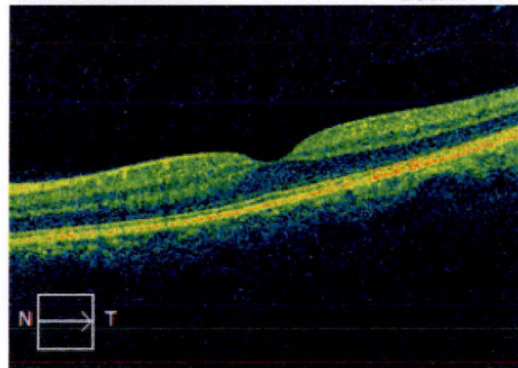
OD Horizontal B-Scan

BScan: 67



OS Horizontal B-Scan

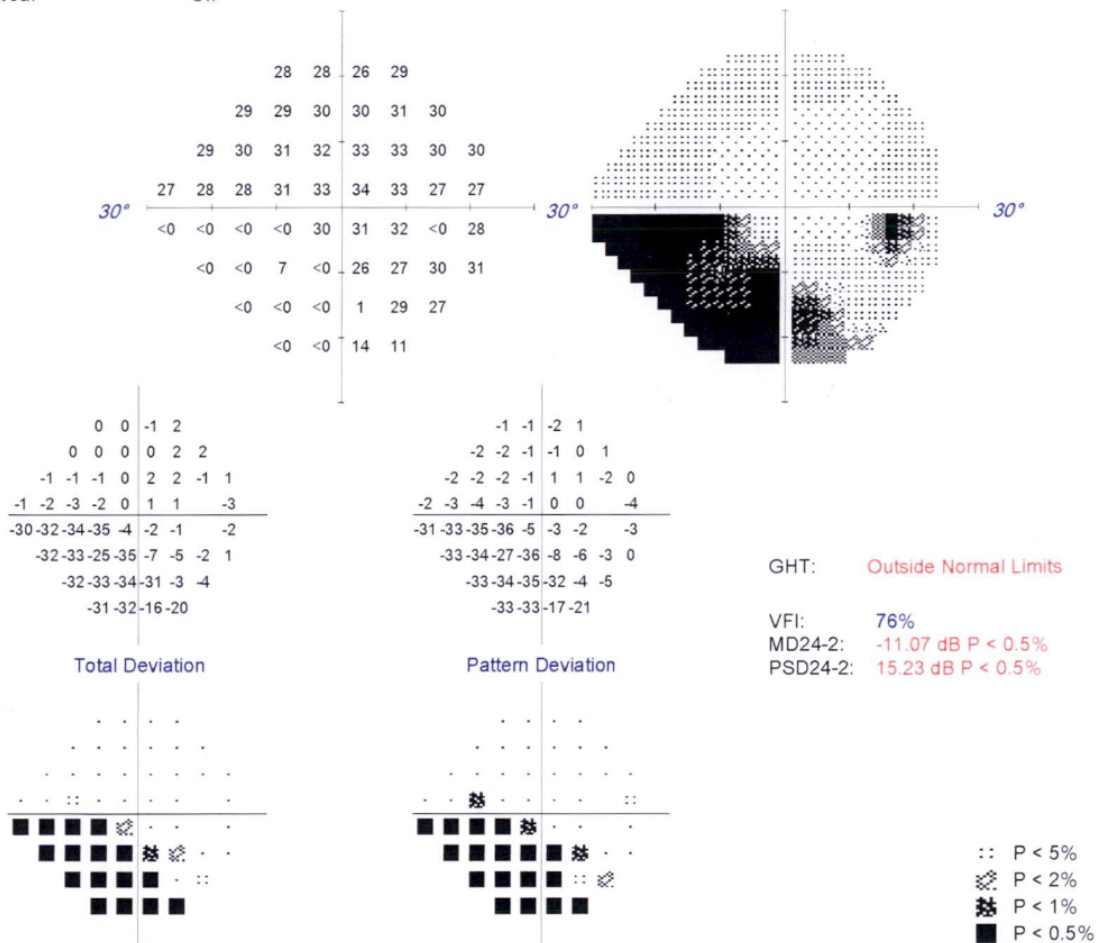
BScan: 66



Comments

Doctor's Signature

SW Ver: 9.0.0.281
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Page 1 of 1

Patient: **Staveley, Rebecca**Date of Birth: **Jul 30, 1971**Gender: **Female**Patient ID: **4019687**IUMater Eye Clinic
41 Annerley Rd
07 3163 8111**OD Single Field Analysis****Central 24-2 Threshold Test**Fixation Monitor: **Gaze Monitor**
Fixation Target: **Central**
Fixation Losses: **0/0**
False POS Errors: **2%**
False NEG Errors: **Off**
Test Duration: **02:22**
Fovea: **Off**Stimulus: **III, White**
Background: **31.5 asb**
Strategy: **SITA Faster**
Pupil Diameter:
Visual Acuity:
Rx: **+2.75 DS**Date: **Jul 16, 2024**
Time: **8:30 AM**
Age: **52**

Comments

UR NO: 4019687
STAVELEY
Rebecca Jane
30/07/1971 Female
M/C: 42485360612
Eligibility:
Public Eligible261 Upper Camp
Mountain Road
Camp Mountain
Queensland
4520
0438770519
Consultant:
Dr. Jonathan Nai-Xian
LaiMATER
HEALTH

by Auto login user



Page 1 of 1

Patient: **Staveley, Rebecca**
Date of Birth: **Jul 30, 1971**
Gender: **Female**
Patient ID: **4019687**



IUMater Eye Clinic
41 Annerley Rd
07 3163 8111

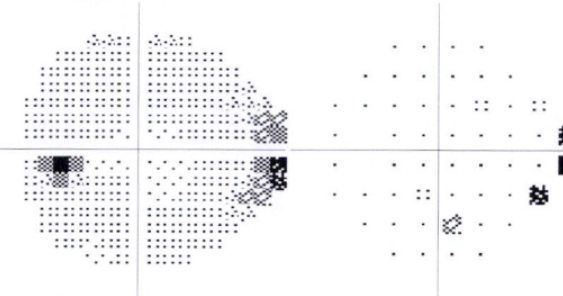
OS GPA - Summary**Central 24-2 Threshold Test**

Graytone
Jun 06, 2024
SITA Faster
GHT: **Borderline**

Pattern Deviation

Graytone
Jun 18, 2024
SITA Faster
GHT: **Within Normal Limits**

Pattern Deviation

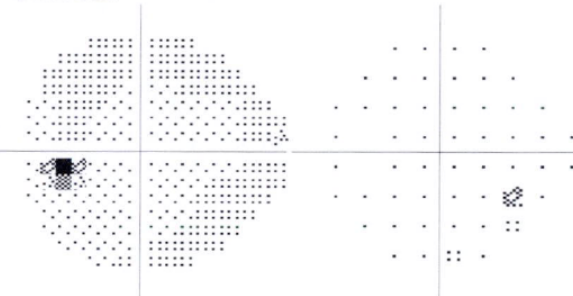


FL: 0/0
VFI: 97%
Fovea: Off

FN: Off

MD24-2: -2.68 dB P < 2%
PSD24-2: 3.10 dB P < 2%

FP: 0%

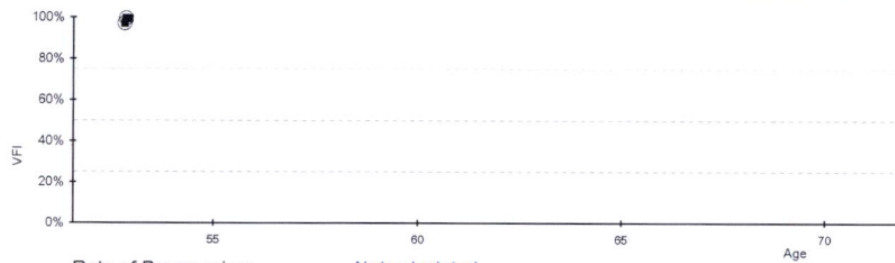


FL: 0/0
VFI: 100%
Fovea: Off

FN: Off

MD24-2: -0.46 dB
PSD24-2: 1.16 dB

FP: 0%



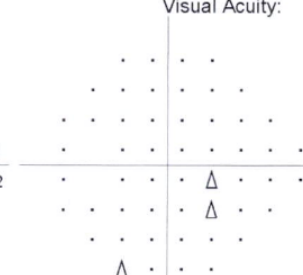
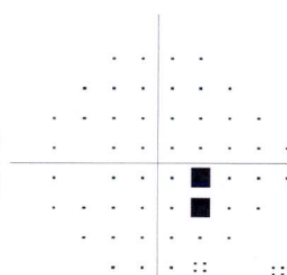
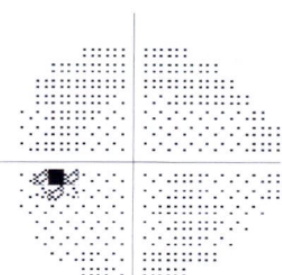
Rate of Progression: **Not calculated**
At least 5 exams are required for extrapolation.

Graytone
Jul 16, 2024
SITA Faster

Pattern Deviation
GHT: **Borderline**

Deviation from Baseline

Progression Analysis
Pupil Diameter:
Visual Acuity:



VFI: 99%
Fovea: Off

MD24-2: -0.10 dB
PSD24-2: 1.51 dB

● P < 5%
■ P < 2%
■ P < 1%
■ P < 0.5%

FL: 0/0

FN: Off

FP: 0%

▲ P < 5% Deterioration
Comments

▲ P < 5% (2 consecutive)

▲ P < 5% (3+ consecutive)

X Out of Range



Patient: **Staveley, Rebecca**Date of Birth: **Jul 30, 1971**Gender: **Female**Patient ID: **4019687**

IUMater Eye Clinic
41 Annerley Rd
07 3163 8111

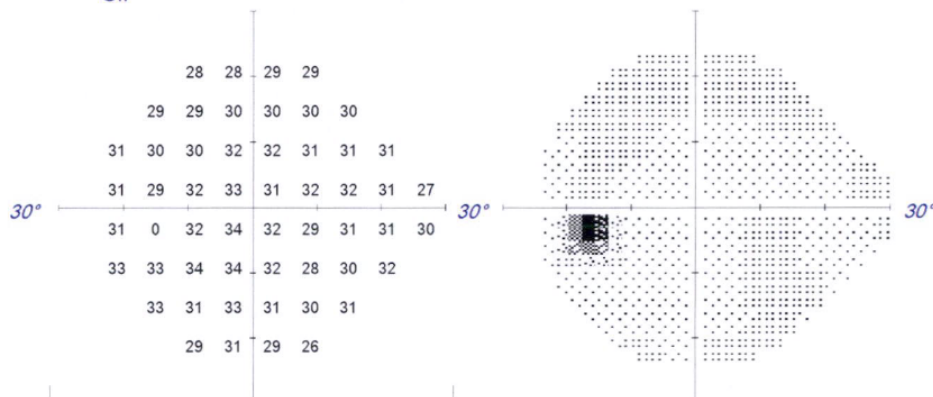
OS Single Field Analysis

Central 24-2 Threshold Test

Fixation Monitor: **Gaze Monitor**
Fixation Target: **Central**
Fixation Losses: **0/0**
False POS Errors: **0%**
False NEG Errors: **Off**
Test Duration: **01:40**
Fovea: **Off**

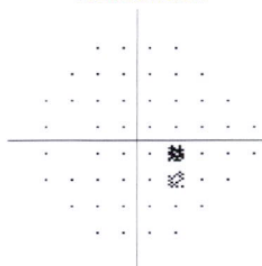
Stimulus: **III, White**
Background: **31.5 asb**
Strategy: **SITA Faster**
Pupil Diameter:
Visual Acuity:
Rx: **+2.25 DS**

Date: **Jul 16, 2024**
Time: **8:33 AM**
Age: **52**



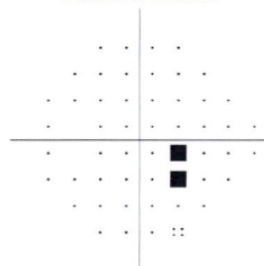
1	0	1	1
0	0	0	0
1	0	-1	0
1	0	0	-2
0	0	1	-4
3	2	2	1
2	0	1	0
-1	1	-1	-3

Total Deviation



-1	-1	0	0
-1	-2	-1	-1
0	-1	-2	-1
0	-1	-1	-3
-1	-1	0	-3
1	1	1	0
0	-1	0	-2
-2	0	-2	-4

Pattern Deviation

GHT: **Borderline**

VFI: **99%**
MD24-2: **-0.10 dB**
PSD24-2: **1.51 dB**

:: P < 5%
■ P < 2%
■ P < 1%
■ P < 0.5%



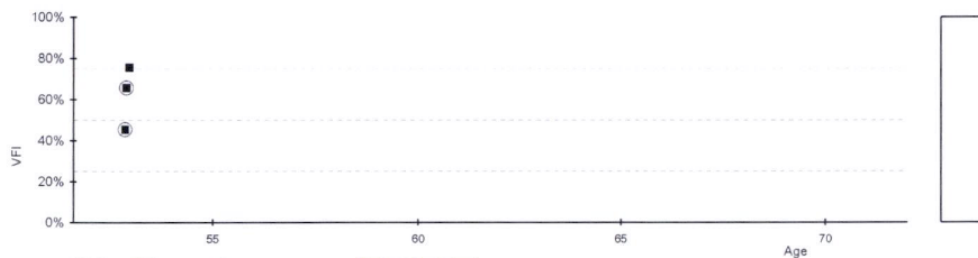
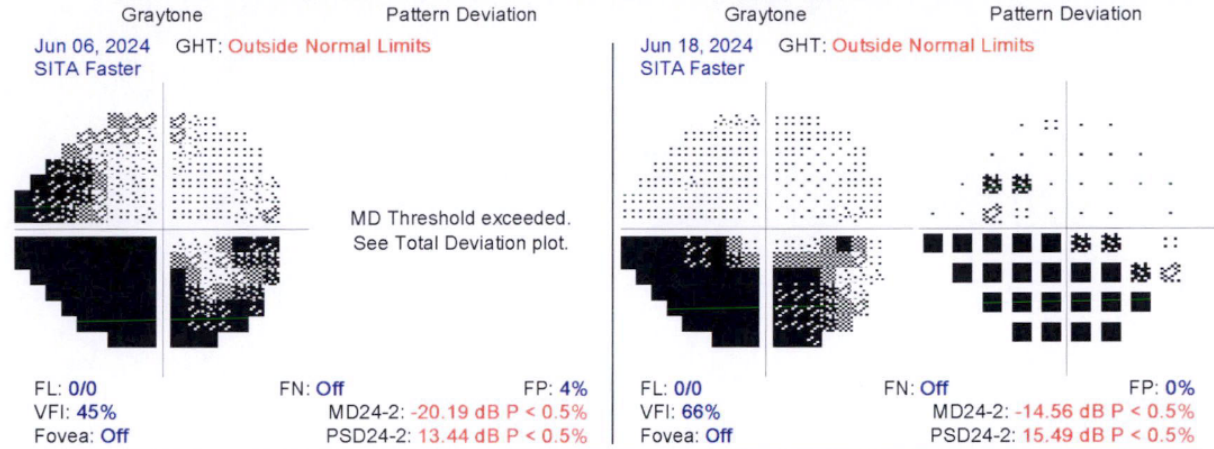
Comments



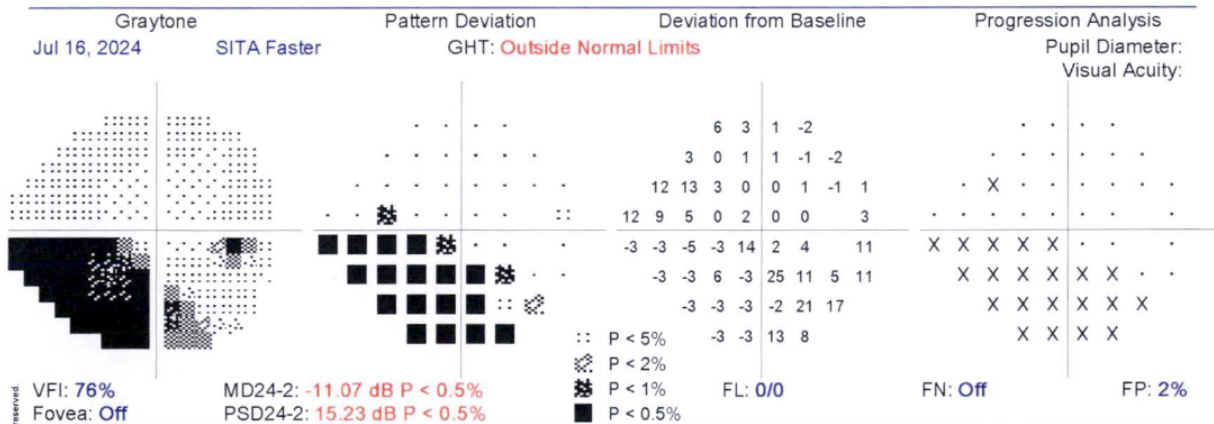
Patient: **Staveley, Rebecca**
Date of Birth: **Jul 30, 1971**
Gender: **Female**
Patient ID: **4019687**



IUMater Eye Clinic
41 Annerley Rd
07 3163 8111

OD GPA - Summary**Central 24-2 Threshold Test**

Rate of Progression: **Not calculated**
At least 5 exams are required for extrapolation.



Δ P < 5% Deterioration
Comments

▲ P < 5% (2 consecutive)

▲ P < 5% (3+ consecutive)

*** Baseline MD is out of range ***
X Out of Range



Report: 529623166-529623166II066-S NMO ABS (SERUM) **Source:** SNP
Collected On: 07/08/2024 **Report Date:** 14/08/2024
Ordering Clinician: George, DR Peter Myles **Unit:** **Patient:** STAVELEY,REBECCA
Report Status: Final

Requested : 16/07/2024
Collected : 07/08/2024 07:47
Name of Test : S-NMO ABS (SERUM)
Reported : 14/08/2024 13:03
Confidential : N
Test Category : Routine

Normal Result :
Requested Tests: NMO ABS (SERUM)
RequestComplete: Y

Clinical Notes : RIGHT OPTIC NEURITIS

Optic Neuritis Longitudinal Demyelination Screen (Serum)

Neuromyelitis Optica Antibodies Negative
MOG Antibodies Negative

Comments on Lab Id: 529623166

Neuromyelitis Optica is associated with the presence of aquaporin-4 antibodies. These are present in up to 80% of patients with this syndrome, varying with clinical presentation. They fluctuate and are often undetectable between attacks. Asian patients are less likely to be positive than other populations. Due to the rarity of this syndrome, the MOG assay has not been assessed for sensitivity. The specificity is however excellent.

Test performed by IFA and screened at 1:10 dilution.

Report: 24P544586-48616927 - **Source:** Mater Pathology - **Request** VP24194168
CSR To Follow Report RCPA/NATA Accreditation **Id:**
No. 2623

Collected On: 07/08/2024 **Report Date:** 15/08/2024

Ordering Clinician: Hayes, Dr Rylan **Unit:** **Patient:** STAVELEY, REBECCA JANE
BOPHT1

Clinical Details: right optic neuritis

Report Status: Final

Sample to Follow Report

The following samples have not been received by the laboratory, are required to be recollected or were noted as 'To Follow' on the pathology request form.

Notification details: Sample not received - please submit or recollect.

	Code	Description	Qty
Sample 1 :	csf	CSF	1
Sample 2 :	s	SST (Serum) 8.5mL	1
Sample 4 :		**Sst As Well As Will Possibly Be Too Old	

Tests unable to be performed:

	Code	Description
Test 1 :	oligo	Oligoclonal Band Csf

Collect Code : SAMW Samford ACC Clinician Collection

Date/Time: 12/08/2024 07:55

Recollections and Missing Samples - Clinician Collections.

Please submit a fresh collection of the required samples to the laboratory accompanied by a new pathology request form

Requesting Doctor: Hayes Dr RA

Acknowledged: 16/08/2024 13:20 **By:** Vu Nguyen (105191) **In:** Verdi **With Action:** No Action Required

View History

Report: 24P544586-48581029 - **Source:** Mater Pathology - **Request** VP24194168
NMO Antibodies RCPA/NATA Accreditation **Id:**
No. 2623

Collected On: 07/08/2024 **Report Date:** 14/08/2024

Ordering Clinician: Hayes, Dr Rylan **Unit:** **Patient:** STAVELEY, REBECCA JANE
BOPHT1

Clinical Details: right optic neuritis**Report Status:** Final

Test performed at: Sullivan Nicolaides Pathology
Reference No. 529623166

Specimen Type: SERUM

NMO IgG Antibody Negative

MOG Antibody Negative

COMMENT

Neuromyelitis Optica is associated with the presence of aquaporin-4 antibodies. These are present in up to 80% of patients with this syndrome, varying with clinical presentation. They fluctuate and are often undetectable between attacks. Asian patients are less likely to be positive than other populations. Due to the rarity of this syndrome, the MOG assay has not been assessed for sensitivity. The specificity is however excellent.

Test performed by IFA and screened at 1:10 dilution.

Cumulative Report

Request No. : P544586
Date : 07/08/2024
: -----

NMO IgG Negative
MOG Ab Negative

Requesting Doctor: Hayes Dr RA

Report: 24P418754-48059840 - **Source:** Mater Pathology - **Request** VP24156682
CSR No Test Report RCPA/NATA Accreditation **Id:**
No. 2623

Collected On: 08/06/2024 **Report Date:** 12/06/2024

Ordering Clinician: Nguyen, Dr Vu Huy **Patient:** STAVELEY,REBECCA JANE
Unit: BOPHT1

Clinical Details: Pre-immunosuppression screen

Report Status: Final

Test 1: JC Virus Antibodies

The requested test was unable to be performed.

Reason: Sample tube under filled.

Comment:

Requested tests/ testing unable to be performed. Phlebotomy services have been contacted to arrange a recollection

Requesting Doctor: Warriar Dr SK

Acknowledged: 17/06/2024 13:15 **By:** Vu Nguyen (105191) **In:** Verdi **With Action:** No Action Required

View History

show

Report: 24P418754-48051893 - **Source:** Mater Pathology - **Request** VP24156682
CSR To Follow Report RCPA/NATA Accreditation **Id:**
No. 2623

Collected On: 08/06/2024 **Report Date:** 12/06/2024

Ordering Clinician: Nguyen, Dr Vu Huy **Unit:** **Patient:** STAVELEY,REBECCA JANE
BOPHT1

Clinical Details: Pre-immunosuppression screen

Report Status: Final

Sample to Follow Report

The following samples have not been received by the laboratory, are required to be recollected or were noted as 'To Follow' on the pathology request form.

Notification details: Sample volume insufficient please recollect.

	Code	Description	Qty
Sample 1 :	s	SST (Serum) 8.5mL	1

Tests unable to be performed:

	Code	Description
Test 1 :	jcvab	JC Virus Antibodies

Collect Code : MIP Mater Pathology Inpatient Collection

Date/Time: 11/06/2024 14:44

Recollections and Missing Samples - Mater Pathology Collections.
Arrangements will be made directly with the phlebotomist and
the patient to obtain the required samples.
No further action is required.

Requesting Doctor: Warriar Dr SK

Acknowledged: 17/06/2024 13:15 **By:** Vu Nguyen (105191) **In:** Verdi **With Action:** No Action
Required

View History

Report:	24P418754-48026553 - Varicella serology	Source:	Mater Pathology - RCPA/NATA Accreditation No. 2623	Request Id:	VP24156682
Collected On:	08/06/2024	Report Date:	10/06/2024		
Ordering Clinician:	Nguyen, Dr Vu Huy Unit: BOPHT1	Patient:	STAVELEY,REBECCA JANE		
Clinical Details:	Pre-immunosuppression screen				
Report Status:	Final				

Specimen Type SERUM

VARICELLA ZOSTER SEROLOGY (IgG)
Varicella zoster IgG (CLIA) : REACTIVE

Comment:
IMMUNE STATUS: POSITIVE

For the diagnosis of Varicella infections, the preferred
test is VZV PCR, which can be performed on swabs from
the base of vesicular skin lesions.

CUMULATIVE REPORT
Req No: P418754
Date: 08/06/2024
Time: 07:20

VARICELLA ZOSTER SEROLOGY

Specimen: SERUM
VZV IgG REACTIVE

Requesting Doctor: Warriar Dr SK

Acknowledged: 17/06/2024 13:15 **By:** Vu Nguyen (105191) **In:** Verdi **With Action:** No Action Required

View History

Report: 24P418754-48026552 - **Source:** Mater Pathology - **Request** VP24156682
Quantiferon Assay TB RCPA/NATA Accreditation **Id:**
No. 2623
Collected On: 08/06/2024 **Report Date:** 11/06/2024
Ordering Clinician: Nguyen, Dr Vu Huy **Unit:** **Patient:** STAVELEY, REBECCA JANE
BOPHT1
Clinical Details: Pre-immunosuppression screen
Report Status: Final

SPECIMEN
Specimen Type : Blood

QUANTIFERON TEST FOR MYCOBACTERIUM TUBERCULOSIS

TB Quantiferon Test Result : Indeterminate

Nil (Negative control) IU/mL: 0.062 (must be <=8.0 for validity)
Mitogen (Measured CMI) IU/mL: 0.09 (must be >=0.5 for validity)
TB-Specific Antigen 1 IU/mL: <0.01 (NR <0.35)
TB-Specific Antigen 2 IU/mL: <0.01 (NR <0.35)

COMMENT

The Quantiferon test measures the patient's cell-mediated immune response (interferon gamma secretion by blood CD4+ and CD8+ lymphocytes) to peptide antigens which simulate M. tuberculosis complex (MTBC) proteins. These proteins are absent from BCG (vaccine) strains and most non-tuberculous mycobacteria, however cross-reactions may occur following infection with M. kansasii, M. szulgai or M. marinum.

A positive response to either Antigen 1 or 2 is consistent with prior MTBC infection. However, a negative result does not exclude active infection and appropriate investigations (such as imaging and mycobacterial culture) may be indicated if active infection is suspected.

Immunosuppressive medications or conditions (including severe active tuberculosis) and sample handling issues, indicated by a low mitogen response, may result in invalid test results. High background interferon gamma levels or interfering antibodies (nil tube reactivity) may preclude accurate interpretation.

Requesting Doctor: Warriar Dr SK

Acknowledged: 17/06/2024 13:15 **By:** Vu Nguyen (105191) **In:** Verdi **With Action:** No Action Required

View History

show

Report: 24P418754-48026550 **Source:** Mater Pathology - **Request** VP24156682
- HIV Serology RCPA/NATA Accreditation No. **Id:**
2623

Collected On: 08/06/2024 **Report Date:** 08/06/2024

Ordering Clinician: Nguyen, Dr Vu Huy **Patient:** STAVELEY,REBECCA JANE
Unit: BOPHT1

Clinical Details: Pre-immunosuppression screen

Report Status: Final

Specimen Type: BLOOD

HIV SCREENING TEST

Anti HIV-1/2 and p24 Antigen Screen (EIA) : Non-Reactive

HIV Comment:

A combination EIA test (sensitivity 100% and specificity >=99.5%) is used to screen for Anti-HIV 1/2 antibodies as well as HIV p24 antigen. This significantly reduces the window period after HIV exposure before antibody testing becomes positive.

However, very early infection may still not be detected. Suggest repeat testing in 4-12 weeks if there is a history of recent exposure.

Some patients with HIV-AIDS have such severely affected immune systems that they are incapable of producing antibodies.

The HIV Ag/Ab assay was performed using the Abbott Alinity.

Cumulative Report

Req. No: P418754

Date : 08/06/2024

Anti HIV 1/2 Screen Non-Reactive

24P418754 08/06/24 07:20

HIVCom: A combination EIA test (sensitivity 100% and specificity >=99.5%) is used to screen for Anti-HIV 1/2 antibodies as well as HIV p24 antigen. This significantly reduces the window period after HIV exposure before antibody testing becomes positive.

However, very early infection may still not be detected. Suggest repeat testing in 4-12 weeks if there is a history of recent exposure.

Some patients with HIV-AIDS have such severely affected immune systems that they are incapable of producing antibodies.

Requesting Doctor: Warriar Dr SK

Acknowledged: 10/06/2024 16:09 **By:** Vu Nguyen (105191) **In:** Verdi **With Action:** No Action Required

View History

show

Report:	24P418754-48026549 - Hepatitis Serology	Source:	Mater Pathology - RCPA/NATA Accreditation No. 2623	Request Id:	VP24156682
Collected On:	08/06/2024	Report Date:	10/06/2024		
Ordering Clinician:	Nguyen, Dr Vu Huy Unit: BOPHT1	Patient:	STAVELEY,REBECCA JANE		
Clinical Details:	Pre-immunosuppression screen				
Report Status:	Final				

SPECIMEN: BLOOD

Hepatitis B Serology

Hepatitis B Surface Antigen (CMIA)	HBsAg : Non Reactive
Hepatitis B Core Antibody (CMIA)	Anti HBc : Non Reactive

Hepatitis C Serology

Hepatitis C Virus Antibody (CMIA)	Anti HCV IgG : Non Reactive
-----------------------------------	-----------------------------

Comment:

HEPATITIS B

No serological evidence of Hepatitis B infection.

HEPATITIS C

No serological evidence of Hepatitis C infection.

Hepatitis C IgG may not appear until six months after primary infection. If risk factors for Hepatitis C are present, follow-up testing in 6-12 weeks is suggested.

General hepatitis testing comment:

To assist in selection of appropriate tests, please provide information on known or suspected hepatitis, or request determination of immune status if required. Hepatitis serologic testing is aligned with Medicare billing guidelines. If additional testing is required, please contact the Mater Pathology Call Centre on 07 3163 8500.

This assay was performed using the Abbott Alinity.

Cumulative Report

Request No: P418754
Date : 08/06/2024

Hepatitis B Serology

HBsAg Non Reactive
AntiHBc Non Reactive

Hepatitis C Serology

AntiHCV IgG Non Reactive

Requesting Doctor: Warriar Dr SK

Acknowledged: 10/06/2024 16:09 **By:** Vu Nguyen (105191) **In:** Verdi **With Action:** No Action Required

View History

Report: 24P418754-48026548 - **Source:** Mater Pathology - **Request** VP24156682
Full Blood Count RCPA/NATA Accreditation **Id:**
No. 2623
Collected On: 08/06/2024 **Report Date:** 08/06/2024
Ordering Clinician: Nguyen, Dr Vu Huy **Patient:** STAVELEY, REBECCA JANE
Unit: BOPHT1
Clinical Details: Pre-immunosuppression screen
Report Status: Final

Req No:	P416630	P418754		
Date:	07/06/24	08/06/24		
Time:	07:57	07:20	Units	Ref Range

<u>BLOOD COUNT</u>				
WCC	10.5	16.6H	x10^9/L	4.0-11.0

Hb	154	140	g/L	115-160
Plat	245	250	x10 ⁹ /L	150-450
HCT	0.452	0.408	L/L	0.33-0.47
RCC	5.27H	4.83	x10 ¹² /L	3.8-5.2
MCV	85.8	84.5	fL	80-100
MCH	29.2	29.0	pg	27.0-33.0
MCHC	341	343	g/L	310-365
RDW	12.7	12.7	%	<16.5
<u>White Cell Differential</u>				
Neuts	9.78H	15.48H	x10 ⁹ /L	1.8-7.7
Lymphs	0.61L	0.75L	x10 ⁹ /L	1.0-4.0
Mono	0.04L	0.22	x10 ⁹ /L	0.2-1.0
Eos	<0.01L	<0.01L	x10 ⁹ /L	0.04-0.5
Baso	0.02	0.02	x10 ⁹ /L	<0.15
LeftShift	0.05	0.13	x10 ⁹ /L	
LeftShif%	0.5	0.8	%	<1.0

24P418754 08/06/24 07:20

Comments: Automated results, blood film not reviewed.

24P416630 07/06/24 07:57

Comments: Automated results, blood film not reviewed.

Requesting Doctor: Warriar Dr SK

Acknowledged: 10/06/2024 16:09 **By:** Vu Nguyen (105191) **In:** Verdi **With Action:** No Action Required

View History

Report: 24P418754-48026547 - **Source:** Mater Pathology - **Request** VP24156682
General Chemistry RCPA/NATA Accreditation **Id:**
No. 2623

Collected On: 08/06/2024 **Report Date:** 08/06/2024

Ordering Clinician: Nguyen, Dr Vu Huy **Patient:** STAVELEY,REBECCA JANE
Unit: BOPHT1

Clinical Details: Pre-immunosuppression screen

Report Status: Final

Fasting Status	NonFast		
Sodium	133 L	mmol/L	(135-145)
Potassium	4.2	mmol/L	(3.5-5.2)
Chloride	100	mmol/L	(95-110)
Bicarbonate	22	mmol/L	(22-32)
Anion Gap	11	mmol/L	(5-15)
Calcium	2.36	mmol/L	(2.10-2.60)
Ca Alb Corr	2.43	mmol/L	(2.10-2.60)
Phosphate	1.03	mmol/L	(0.90-1.60)
Magnesium	0.9	mmol/L	(0.70-1.10)
Urea	6.3	mmol/L	(3.0-8.0)
Uric Acid	0.18	mmol/L	(0.15-0.45)

Creatinine	75	umol/L	(45-90)
eGFR	79	mL/min/1.73m2	(>59)
Osmo (calc)	282	mmol/L	(280-300)
Glucose	9.2 H	mmol/L	(3.6-7.7)
Total Protein	72	g/L	(65-87)
Albumin	39	g/L	(33-47)
Estimated Globulins	33	g/L	(24-41)
Bilirubin Total	5	umol/L	(<20)
AST	29	U/L	(10-45)
ALT	31	U/L	(5-45)
GGT	8 L	U/L	(10-70)
ALP	87	U/L	(30-110)

Specimen Quality:

Haemolysis: No

Current Episode Comments:

Not haemolysed.

eGFRCom:

eGFR >= 60 ml/min/1.73m2 does not exclude kidney disease.

CUMULATIVE REPORT

Request No: P416630 P418754

Coll Date: 07/06/24 08/06/24

Coll Time: 07:57 07:20

Units Ref Interval

Fast State	NonFast	NonFast		
Sodium	137	133L	mmol/L	135-145
K	4.3	4.2	mmol/L	3.5-5.2
Chloride	102	100	mmol/L	95-110
Bicarbonate	21L	22	mmol/L	22-32
Anion Gap	14	11	mmol/L	5-15
Calcium	2.42	2.36	mmol/L	2.10-2.60
Ca Alb Cor	2.37	2.43	mmol/L	2.10-2.60
Phosphate	0.86L	1.03	mmol/L	0.90-1.60
Magnesium	0.9	0.9	mmol/L	0.70-1.10
Urea	6.7	6.3	mmol/L	3.0-8.0
Uric Acid	0.29	0.18	mmol/L	0.15-0.45
Creat	76	75	umol/L	45-90
eGFR	78	79		>59
Osmo (calc)	293	282	mmol/L	280-300
Glucose	12.3H	9.2H	mmol/L	3.6-7.7
TProt	79	72	g/L	65-87
Albumin	44	39	g/L	33-47
Est Globs	35	33	g/L	24-41
Bili Total	12	5	umol/L	<20
AST	39	29	U/L	10-45
ALT	34	31	U/L	5-45
GGT	10	8L	U/L	10-70
ALP	76	87	U/L	30-110
Haemolysis	No	No		

Requesting Doctor: Warriar Dr SK



Report:	685732227-685732227ZZ686-ACE CSF*	Source:	SNP
Collected On:	04/06/2024	Report Date:	14/06/2024
Ordering Clinician:	Lai, Jonathan	Unit:	
Patient:	STAVELEY,REBECCA		
Report Status:	Final		

Requested : 04/06/2024
Collected : 04/06/2024 11:20
Name of Test : ACE-CSF*
Reported : 14/06/2024 09:09
Confidential : N
Test Category : Urgent

Normal Result :
Requested Tests: .CSF CHEM,.CSF M/C/S,FUNGAL MICRO/CULT 1,TB MICRO/CULTURE 1,CRYPTOCOCC
AL - CSF,ACE-CSF*
RequestComplete: N

CSF Angiotensin Converting Enzyme

CSF Angiotensin Converting Enzyme See comment
Comment ACE inhibitors may cause a dose-dependent inhibition of measured ACE activity.

Comments on Lab Id: 685732227

CSF-ACE (Mass) = 4.84 ug/L (Ref interval: 0.75-5.50 ug/L)

Note: The reference interval was revised December 2020. The control group was selected to exclude those with microbial growth, elevated cell counts and/or CSF-protein concentrations.

Assay performed by QLD Pathology, Royal Brisbane Hospital, Herston Rd, Herston, QLD 4029

RC

View History

show

Report:	685732227-685732227SS260-CRYPTOCOCCAL CSF	Source:	SNP
Collected On:	04/06/2024	Report Date:	05/06/2024
Ordering Clinician:	Lai, Jonathan	Unit:	
Patient:	STAVELEY,REBECCA		
Report Status:	Final		

Requested : 04/06/2024
Collected : 04/06/2024 11:20
Name of Test : CRYPTOCOCCAL - CSF
Reported : 05/06/2024 12:59
Confidential : N
Test Category : Urgent

Normal Result :
Requested Tests: .CSF CHEM,.CSF M/C/S,FUNGAL MICRO/CULT 1,TB MICRO/CULTURE 1,CRYPTOCOCC
AL - CSF,ACE-CSF*
RequestComplete: N

Cryptococcal Antigen (CSF)

Cryptococcus Antigen LFA (CSF) Negative

Comments on Collection 685732227

No cryptococcal antigen detected in CSF.
The Lateral Flow Assay (LFA) is a semiquantitative test for the detection of capsular polysaccharide antigens of *Cryptococcus neoformans* (serotypes A, D and AD) and *Cryptococcus gattii* (serotypes B and C). The LFA kit is optimized to detect all four cryptococcal serotypes.

RT

View History

Report: 685732227-685732227MM860-TB MICRO/CULTURE 1 **Source:** SNP
Collected On: 04/06/2024 **Report Date:** 02/08/2024
Ordering Clinician: Lai, Jonathan **Unit:** **Patient:** STAVELEY,REBECCA
Report Status: Final

Requested : 04/06/2024
Collected : 04/06/2024 11:20
Name of Test : TB MICRO/CULTURE 1
Reported : 02/08/2024 11:19
Confidential : N
Test Category : Urgent

Normal Result :
Requested Tests: .CSF CHEM,.CSF M/C/S,FUNGAL MICRO/CULT 1,TB MICRO/CULTURE 1,CRYPTOCOCC
AL - CSF,ACE-CSF*
RequestComplete: Y

Mycobacteria - Microscopy and Culture

Site Cerebrospinal Fluid
Microscopy Not performed
Culture: No acid fast bacilli isolated

Comments: 685732227

Please note no Ziehl-Neelson stain performed due to insufficient specimen amount.

NS

FINAL REPORT - Updated on 02/08/2024 at 11:19

View History

Report: 685732227-685732227MM810-FUNGAL MICRO/CULT 1 **Source:** SNP

Collected On: 04/06/2024 **Report Date:** 02/07/2024
Ordering Clinician: Lai, Jonathan **Unit:** **Patient:** STAVELEY,REBECCA
Report Status: Final

Requested : 04/06/2024
Collected : 04/06/2024 11:20
Name of Test : FUNGAL MICRO/CULT 1
Reported : 02/07/2024 14:19
Confidential : N
Test Category : Urgent

Normal Result :
Requested Tests: .CSF CHEM,.CSF M/C/S,FUNGAL MICRO/CULT 1,TB MICRO/CULTURE 1,CRYPTOCOCC
AL - CSF,ACE-CSF*
RequestComplete: N

Mycology Report

Site Cerebrospinal fluid

Culture No fungi isolated

YP

FINAL REPORT - Updated on 02/07/2024 at 14:19

View History

Report: 685732227-685732227MM600-CSF M/C/S **Source:** SNP
Collected On: 04/06/2024 **Report Date:** 09/06/2024
Ordering Clinician: Lai, Jonathan **Unit:** **Patient:** STAVELEY,REBECCA
Report Status: Final

Requested : 04/06/2024
Collected : 04/06/2024 11:20
Name of Test : .CSF M/C/S
Reported : 09/06/2024 09:50
Confidential : N
Test Category : Urgent

Normal Result :
Requested Tests: .CSF CHEM,.CSF M/C/S,FUNGAL MICRO/CULT 1,TB MICRO/CULTURE 1,CRYPTOCOCC
AL - CSF,ACE-CSF*
RequestComplete: N

CSF - Microscopy/Culture

Appearance	Clear and colourless
Protein	0.37 g/L (0.15 - 0.45)
Glucose	3.6 mmol/L (2.5 - 4.5)
Leucocytes	1 x10 ⁶ /L
Erythrocytes	912 x10 ⁶ /L
Indian Ink Stain	No encapsulated yeasts seen
Gram stain	No bacteria seen
Culture	No growth

BB

FINAL REPORT - Updated on 09/06/2024 at 09:50

View History

Report: 685732227-685732227CC961-CSF CHEM **Source:** SNP
Collected On: 04/06/2024 **Report Date:** 04/06/2024
Ordering Clinician: Lai, Jonathan **Unit:** **Patient:** STAVELEY,REBECCA
Report Status: Final

Requested : 04/06/2024
Collected : 04/06/2024 11:20
Name of Test : .CSF CHEM
Reported : 04/06/2024 16:33
Confidential : N
Test Category : Urgent

Normal Result :
Requested Tests: .CSF CHEM,.CSF M/C/S,FUNGAL MICRO/CULT 1,TB MICRO/CULTURE 1,CRYPTOCOCC
AL - CSF,ACE-CSF*
RequestComplete: N

CSF Chemistry

Protein	0.37	(0.1 - 0.4)	g/L
Glucose	3.6	(2.4 - 4.3)	mmol/L

Comments on Lab Id: 685732227

Please note: From 15/08/2022 reference intervals have been updated to match
the Mayo clinic
Josman N, et al. Clin Path 2018;71:932-935.

DP