Patient Health Summary

Name: Ms Sharon Anderson Lawton
Address: 6 Thomson Ave
Springwood 2777
D.O.B.: 04/04/1970
Record No.: 8846
Home Phone:
Work Phone:
Mobile Phone: 0433093450

Lu Medical Practice Pty Ltd
10 Layton Avenue
Blaxland NSW 2774
0247020259

Printed on 12th October 2024

Investigations:

LAWTON, SHARON
5 LEWIN ST, BLAXLAND. 2774
Phone: 0433093450
Birthdate: 04/04/1970 **Sex:** F **Medicare Number:** 2606762307
Your Reference: 00016459 **Lab Reference:** 866036894-C-Biochemistry
Laboratory: Douglass Hanly Moir Pathology eOrder
Addressee: DR LUJING LIU **Referred by:** DR LUJING LIU

Name of Test: Biochemistry
Requested: 10/11/2021 **Collected:** 11/11/2021 **Reported:** 11/11/2021 16:12

Clinical notes: GENERALISED JOINT MUSCLE ACHES LOW BACK PAIN TIREDNESS

Clinical Notes : GENERALISED JOINT MUSCLE ACHES LOW BACK PAIN
TIREDNESS

BIOCHEMISTRY

Date	28/02/20	13/10/20	13/10/20	**11/11/21**		
Time F-Fast	0906 F	1444	1444	**0925 F**		
Lab ID	842965632	847811992	847811999	**866036894**	Units	Reference
Status	Fasting		Random	**Fasting**		
Sodium	141	140	140	**143**	mmol/L	(135-145)
Potassium	3.8	4.3	4.3	**4.5**	mmol/L	(3.5-5.5)
Chloride	105	107	107	**H 111**	mmol/L	(95-110)
Bicarbonate	24	26	26	**25**	mmol/L	(20-32)
Urea	5.0	8.0	8.0	**4.9**	mmol/L	(3.0-8.0)
Creatinine	75	85	85	**65**	umol/L	(45-85)
eGFR	82	69	69	**>90**	mL/min/1.73m2	(>59)
Calcium			2.32	**2.40**	mmol/L	(2.15-2.55)
Corr Calcium			2.36	**2.44**	mmol/L	(2.15-2.55)
Magnesium.			0.85	**0.78**	mmol/L	(0.65-1.00)
Phosphate.			1.25	**1.07**	mmol/L	(0.8-1.5)
Bili.Total	H 17	6	6	**13**	umol/L	(3-15)
ALP	69	67	67	**66**	U/L	(30-115)
GGT	H 64	H 84	H 84	**H 45**	U/L	(5-35)
LD	194	192	192	**189**	U/L	(120-250)
AST	20	24	24	**21**	U/L	(10-35)
ALT	14	H 31	H 31	**21**	U/L	(5-30)
Total Protein	L 65	65	65	**68**	g/L	(64-83)
Albumin	41	41	41	**41**	g/L	(36-47)
Globulin	24	24	24	**27**	g/L	(23-39)
Cholesterol	4.7		4.8	**4.6**	mmol/L	(3.9-5.5)
Triglycerides	H 2.1		H 2.8	**0.8**	mmol/L	(0.5-1.7)

Comments on Collection 11/11/21 0925 F:
eGFR (mL/min/1.73m2) calculated by CKD-EPI formula - see www.kidney.org.au

NATA Accreditation No 2178

Tests Completed: LFT(s),C(s),UCreat(s),E(s),Phos(s),HDL & LIPIDS,
Ca(s),CRP(s),Mg(s),FBC(e),ESR(e)

Tests Pending : RF(s),B12(s),Fol(s),Glu(p),Iron(s),Vit D(s),TSH(s),
HLA-B27,ANA(s),CCP(s)
Sample Pending :

LAWTON, Sharon
5 lewin Street, BLAXLAND. 2774
Phone: 0433093450
Birthdate: 04/04/1970 **Sex:** F **Medicare Number:** 26067623081
Your Reference: 2024QR0065950 **Lab Reference:** 2024QR0065950
Laboratory: Quantum Radiology Penrith
Addressee: Dr Wei Lu **Referred by:** Dr Wei Lu

Name of Test: US Right Ankle, US Left Thigh/Femur, X-Ray Right Ankle
Requested: 08/03/2024 **Collected:** 18/03/2024 **Reported:** 19/03/2024 12:48

QUANTUM RADIOLOGY

LAWTON, Sharon **DOB:** 04/04/1970 **Gender:** F	**Address:**5 lewin Street NSW 2774 **Phone:** 0433093450	**Patient Id:** 43016 **Accession #:** 2024QR0065950 **Exam Date:** 18-03-2024 14:43:00

Click here to view images

History: Right ankle pain four to five days after long walking. Rule out stress fracture.

X-RAY RIGHT ANKLE

There is no fracture or dislocation seen.
Mild soft tissue swelling medially is noted.
The ankle mortise is intact.
There is moderate calcaneal bony spur.

ULTRASOUND RIGHT ANKLE

There is trace fluid seen adjacent to the anterior talofibular ligament.
There is no tear.
Peroneus tendons are intact.
Anterior tibiofibular and calcaneofibular ligaments are intact.
Small amount of fluid in the sinus tarsi is seen with possible synovial thickening and increased vascularity.
Please correlate clinically to exclude synovitis.
This area would be better assessed with MRI.

Thickened and heterogeneous tibialis posterior is seen consistent with tenosynovitis.
Possible partial intrasubstance tear measures 0.5cm.
The rest of the ankle is unremarkable.
There is trace fluid in the retrocalcaneal bursa.

ULTRASOUND LEFT THIGH

Targeted ultrasound at the patient's region of concern at the left upper thigh anteriorly shows an isoechoic to mildly echogenic lesion superficially.
It measures 6 x 5.5 x 2.2cm without increased vascularity.
This is consistent with a lipoma.

Yours sincerely,

Dr. Frankie H. Wong
BSc(Med) MBBS FRANZCR

Electronically Authorised by Dr. Frankie H. Wong

Click here to view images

LAWTON, SHARON
6 THOMSON AVE, SPRINGWOOD. 2777
Phone: 0433093450
Birthdate: 04/04/1970 **Sex:** F **Medicare Number:** 2606762308
Your Reference: 00029066 **Lab Reference:** 853942993-C-Biochemistry
Laboratory: Douglass Hanly Moir Pathology
Addressee: DR WEI Z LU **Referred by:** DR WEI Z LU

Name of Test: Biochemistry
Requested: 30/09/2024 **Collected:** 09/10/2024 **Reported:** 09/10/2024 12:20

Clinical notes: pain

Clinical Notes : pain

BIOCHEMISTRY

Date	28/07/23	10/10/23	10/10/23	**09/10/24**		
Time F-Fast	0818 F	1311	1311	**0847 F**		
Lab ID	835362780	835169587	835170619	**853942993**	Units	Reference
Status	Fasting			**Fasting**		
Sodium	140	139	139	**141**	mmol/L	(135-145)
Potassium	4.3	4.2	4.2	**4.2**	mmol/L	(3.5-5.5)
Chloride	107	106	106	**108**	mmol/L	(95-110)
Bicarbonate	27	22	22	**24**	mmol/L	(20-32)
Urea	6.3	7.7	7.7	**4.8**	mmol/L	(3.0-8.0)
Creatinine	75	80	80	**70**	umol/L	(45-85)
eGFR	80	71	71	**86**	mL/min/1.73m2	(>59)
Bili.Total	13	13	13	**10**	umol/L	(3-15)
ALP	65	55	55	**85**	U/L	(30-115)
GGT	H 50	H 37	H 37	**H 71**	U/L	(5-35)
LD	178	216	216	**218**	U/L	(120-250)
AST	21	30	30	**28**	U/L	(10-35)
ALT	21	H 37	H 37	**23**	U/L	(5-30)
Total Protein	68	67	67	**65**	g/L	(64-83)
Albumin	44	45	45	**42**	g/L	(36-47)
Globulin	24	L 22	L 22	**23**	g/L	(23-39)
Cholesterol	4.9			**4.9**	mmol/L	(<5.5)
Triglycerides	1.0			**1.2**	mmol/L	(<2.0)

Comments on Collection 09/10/24 0847 F:
eGFR (mL/min/1.73m2) calculated by CKD-EPI formula - see www.kidney.org.au

NATA Accreditation No 2178

Tests Completed: LFT(s),C(s),UCreat(s),E(s),Glu(p),Lipids HDL(s),
CRP(s),ESR(e)
Tests Pending : HbA1c Diag(e),FBC(e)
Sample Pending :

LAWTON, SHARON
6 THOMSON AVE, SPRINGWOOD. 2777
Phone: 0433093450
Birthdate: 04/04/1970 **Sex:** F **Medicare Number:** 2606762308
Your Reference: 00029066 **Lab Reference:** 853942993-C-_Glucose
Laboratory: Douglass Hanly Moir Pathology
Addressee: DR WEI Z LU **Referred by:** DR WEI Z LU

Name of Test: _Glucose
Requested: 30/09/2024 **Collected:** 09/10/2024 **Reported:** 09/10/2024 12:20

Clinical notes: pain

Clinical Notes : pain

GLUCOSE

Date	23/06/22	29/10/22	28/07/23	**09/10/24**		
Time F-Fast	1006 F	0855 F	0818 F	**0847 F**		
Lab ID	298124833	883051226	835362780	**853942993**	Units	Reference
F Gluc Plasma	4.7	5.0	5.1	**4.5**	mmol/L	(3.6-6.0)

NATA Accreditation No 2178

Tests Completed: LFT(s),C(s),UCreat(s),E(s),Glu(p),Lipids HDL(s),
CRP(s),ESR(e)
Tests Pending : HbA1c Diag(e),FBC(e)
Sample Pending :

LAWTON, SHARON
6 THOMSON AVE, SPRINGWOOD. 2777
Phone: 0433093450
Birthdate: 04/04/1970 **Sex:** F **Medicare Number:** 2606762308
Your Reference: 00029066 **Lab Reference:** 853942993-C-HDL
Laboratory: Douglass Hanly Moir Pathology
Addressee: DR WEI Z LU **Referred by:** DR WEI Z LU

Name of Test: Lipids HDL(s)
Requested: 30/09/2024 **Collected:** 09/10/2024 **Reported:** 09/10/2024 12:20

Clinical notes: pain

Clinical Notes : pain

Date	23/06/22	29/10/22	28/07/23	**09/10/24**		
Time F-Fast	1006 F	0855 F	0818 F	**0847 F**		
Lab ID	298124833	883051226	835362780	**853942993**	Units	Reference
Status	Fasting	Fasting	Fasting	**Fasting**		
Cholesterol	4.6	5.0	4.9	**4.9**	mmol/L	(<5.5)
Triglycerides	0.9	1.0	1.0	**1.2**	mmol/L	(<2.0)
HDL Chol.	2.0	2.2	2.2	**2.2**	mmol/L	(>1.2)
LDL Chol.	2.2	2.3	2.2	**2.1**	mmol/L	(<3.0)
Non-HDL Chol.		2.8	2.7	**2.7**	mmol/L	(<4.0)

Comments on Collection 09/10/24 0847 F:
Please note that the above reference limits are decision limits.
A flag based on these limits is an indication to review the absolute cardiovascular risk for the patient. For assessment of absolute cardiovascular disease risk please see www.cvdcheck.org.au

The above decision limits are based on the European Atherosclerosis Society (EAS) and European Federation of Clinical Chemistry and Laboratory Medicine (EFLM) Consensus Statement 2016 and the Australasian Association of Clinical Biochemistry and Laboratory Medicine (AACB) Lipid Reporting Guideline 2018.

Lipid treatment targets for patients at high risk of cardiovascular disease:

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

High risk - Primary prevention Very high risk - Secondary prevention

Target values from the AACB Lipid Reporting Guideline 2018.

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

NATA Accreditation No 2178

Tests Completed: LFT(s),C(s),UCreat(s),E(s),Glu(p),Lipids HDL(s), CRP(s),ESR(e)
Tests Pending : HbA1c Diag(e),FBC(e)
Sample Pending :

LAWTON, SHARON
6 THOMSON AVE, SPRINGWOOD. 2777
Phone: 0433093450
Birthdate: 04/04/1970 **Sex:** F **Medicare Number:** 2606762308
Your Reference: 00029066 **Lab Reference:** 853942993-C-CRP
Laboratory: Douglass Hanly Moir Pathology
Addressee: DR WEI Z LU **Referred by:** DR WEI Z LU

Name of Test: CRP(s)
Requested: 30/09/2024 **Collected:** 09/10/2024 **Reported:** 09/10/2024 12:20

Clinical notes: pain

Clinical Notes : pain

Date	28/07/23	10/10/23	10/10/23	**09/10/24**		
Time F-Fast	0818 F	1311	1311	**0847 F**		
Lab ID	835362780	835169587	835170619	**853942993**	Units	Reference
CRP	1.1	0.7	0.7	**4.2**	mg/L	(0.0-5.0)

NATA Accreditation No 2178

Tests Completed: LFT(s),C(s),UCreat(s),E(s),Glu(p),Lipids HDL(s), CRP(s),ESR(e)
Tests Pending : HbA1c Diag(e),FBC(e)
Sample Pending :

LAWTON, SHARON
6 THOMSON AVE, SPRINGWOOD. 2777
Phone: 0433093450
Birthdate: 04/04/1970 **Sex:** F **Medicare Number:** 2606762308
Your Reference: 00029066 **Lab Reference:** 853942993-H-_HAEM VIRTUAL
Laboratory: Douglass Hanly Moir Pathology
Addressee: DR WEI Z LU **Referred by:** DR WEI Z LU

Name of Test: Haematology
Requested: 30/09/2024 **Collected:** 09/10/2024 **Reported:** 09/10/2024 14:20

Clinical notes: pain

Clinical Notes : pain

HAEMATOLOGY

Date	28/07/23	10/10/23	10/10/23	**09/10/24**		
Time F-Fast	0818 F	1311	1311	**0847 F**		
Lab ID	835362780	835169587	835170619	**853942993**	Units	Reference

Haemoglobin	141	133	133	**139**	g/L	(119-160)
RCC	4.3	4.1	4.1	**4.2**	x10*12/L	(3.8-5.8)
Haematocrit	0.41	0.38	0.38	**0.40**		(0.35-0.48)
MCV	94	95	95	**96**	fL	(80-100)
MCH	H 32.5	H 32.8	H 32.8	**H 33.4**	pg	(27.0-32.0)
MCHC	345	346	346	**349**	g/L	(310-360)
RDW	12.2	12.6	12.6	**13.0**		(10.0-15.0)
WCC	L 3.9	5.4	5.4	**L 3.3**	x10*9/L	(4.0-11.0)
Neutrophils	L 1.58	2.80	2.80	**L 0.95**	x10*9/L	(2.0-7.5)
Lymphocytes	2.04	2.30	2.30	**1.99**	x10*9/L	(1.0-4.0)
Monocytes	0.21	0.24	0.24	**0.25**	x10*9/L	(0.0-1.0)
Eosinophils	0.05	0.04	0.04	**0.08**	x10*9/L	(0.0-0.5)
Basophils	0.01	0.02	0.02	**0.02**	x10*9/L	(0.0-0.3)
NRBC	<1.0	<1.0	<1.0	**<1.0**	/100 WBC	(<1)
Platelets	192	179	179	**169**	x10*9/L	(150-450)
ESR	11	13	13	**22**	mm/h	(1-32)

Comments on Collection 09/10/24 0847 F:
`**Red Cell Morphology:** Normal
Moderate neutropenia
Drug effect, viral illness or an autoimmune disorder are possible causes.
Recommend repeat to assess trend.

NATA Accreditation No 2178

Tests Completed: LFT(s),C(s),UCreat(s),E(s),Glu(p),Lipids HDL(s),
CRP(s),FBC(e),ESR(e),FILM
Tests Pending : HbA1c Diag(e)
Sample Pending :

LAWTON, SHARON
6 THOMSON AVE, SPRINGWOOD. 2777
Phone: 0433093450
Birthdate: 04/04/1970 **Sex:** F **Medicare Number:** 2606762308
Your Reference: 00029066 **Lab Reference:** 853942993-C-GHB
Laboratory: Douglass Hanly Moir Pathology
Addressee: DR WEI Z LU **Referred by:** DR WEI Z LU

Name of Test: HbA1c
Requested: 30/09/2024 **Collected:** 09/10/2024 **Reported:** 10/10/2024 01:20

Clinical notes: pain

Clinical Notes : pain

HbA1c

Date	03/04/13	29/10/22	28/07/23	**09/10/24**		
Time F-Fast	Unkn F	0855 F	0818 F	**0847 F**		
Lab ID	241604434	883051226	835362780	**853942993**	Units	Reference
HbA1c (IFCC)	35				mmol/mol	(20-42)
HbA1c	5.4				%	(4.0-6.0)
HbA1c (IFCC)		29	30	**29**	mmol/mol	(20-38)
HbA1c (NGSP)		4.8	4.9	**4.8**	%	(4.0-5.6)

Comments on Collection 09/10/24 0847 F:
HbA1c less than 48 mmol/mol (6.5%) does not exclude a diagnosis of diabetes mellitus based upon elevated glucose results. The existing diagnostic criteria for fasting and random glucose levels and for oral glucose tolerance testing remain valid, and are the diagnostic tests of choice in the presence of conditions that interfere with HbA1c measurement.
Conditions which may affect the measured HbA1c value include any of the haemolytic anaemias, anaemia of chronic disease, severe liver disease, vitamin B12 and/or folate deficiency, the haemoglobinopathies and regular phlebotomy performed for medical indications or for blood donation.
It also should be noted that further investigation is required for any inexplicably low HbA1c level or significant discrepancy between HbA1c and glucose results.

NATA Accreditation No 2178

Tests Completed: LFT(s),C(s),UCreat(s),E(s),Glu(p),Lipids HDL(s),
CRP(s), HbA1c Diag(e),FBC(e),ESR(e),FILM
Tests Pending :
Sample Pending :