

DAHLSTROM, VERA

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient	Longbottom, Amanda L	UR No.
Patient Address	6 Brown St Mareeba QLD 4880	
Sex	F	Age 45 years DOB 16/10/1978
Report For	DAHLSTROM, VERA	
Ref. by/copy to	DAHLSTROM, VERA	
	Requested	12/07/2024
	Collected	12/07/2024 07:05 AM
	Reported	15/07/2024 02:01 PM

Antinuclear Antibody Serology

TITRE	PATTERN
1:80	Speckled

A low titre ANA is present. Testing for anti-dsDNA and ENA is suggested in patients with suspected autoimmune disease. A low titre ANA may be found in a proportion of well individuals without clinical autoimmune disease.

A speckled pattern ANA may be associated with specific autoimmune disorders (e.g. Sjogren's syndrome) as well as organ specific autoimmune disorders (e.g. autoimmune thyroiditis) and chronic infective inflammatory or malignant disorders. Further antibody testing including anti-ENA, anti-dsDNA, rheumatoid factor or thyroid antibodies should be considered based on clinical presentation.

For enquiries, contact Dr Paul Campbell 07 3121 4444
Patients should contact their referring doctor in regard to this result.

Serum Reverse T3 (RT3)	269 pmol/L	(170-539)
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Pathology Report

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TSH Stimulating Immunoglobulin < 0.10 IU/L

Reference Ranges:
Negative < 0.10
Threshold 0.10 - 0.55
Active Graves' > 0.55

A negative level does not exclude mild or recovering Graves'.

Threshold levels may ALSO be seen with:
. subacute thyroiditis
. toxic nodules
. acute, toxic Hashimoto's

Changes in trend may indicate progress of the underlying disease, irrespective of T4 levels.

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CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	25/03/24	12/07/24
Time	07:04	07:05
Lab No	74855050	76435358
TSH	3.8	5.8 mIU/L (0.50-4.00)
free T4		12 pmol/L (10-20)
free T3		5.2 pmol/L (2.8-6.8)
Thyroglobulin AbII		12 IU/mL (< 4.6)
Thy. Peroxidase Ab		2600 IU/mL (< 60)

The pattern of a normal free T4 with a mildly elevated TSH is suggestive of subclinical hypothyroidism. Alternately, this pattern also could be recovery after an intercurrent illness which depleted Thyroxine reserves.

Please note that as of 06/9/2021, QML Pathology changed to a reformulated Atellica Thyroglobulin Antibody (TgAbII) assay. The reference interval has been updated. Differences in individual patient results may be observed compared to the previous method. If further information is required please contact a Chemical Pathologist on (07) 3121 4444.

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