

COURCHA, JANELLE  
9 PARKHURST AVENUE, HILBERT, WA, . 6112  
Birthdate: 11/09/2002 Sex: F Medicare Number: 6107791852  
Telephone: 9399 1711  
Your Reference: Lab Reference:  
Addressee: DR MORENIKEJI KOMAIYA Referred by: DR MORENIKEJI KOMAIYA  
Name of Test: ULTRASOUND ABDOMEN  
Requested: 06/03/2021 Collected: 19/03/2021 Reported: 19/03/2021  
15:26  
Laboratory: Perth Radiological Clinic - Electronic Radiology Reports

PRC Patient ID: HJA391X

**ULTRASOUND ABDOMEN**

**Clinical Details:** Abdominal pain. ?Cause.

**Findings:**

The liver is normal in size, contour and echotexture. No focal abnormality is identified.  
The portal vein is patent and demonstrates normal antegrade flow.

The gallbladder is normal and contains no calculi. There is no bile duct dilatation.

Normal sonographic appearance of the pancreas, spleen and kidneys.

The aorta is of normal calibre.

There is no free fluid.

The appendix was not identified, this does not exclude appendicitis.

**Comment:**

The appendix was not identified, this does not exclude appendicitis. The exact cause of pain is not identified.

Thank you for referring Miss Courcha

Yours sincerely,

DR RICHARD HO  
Perth Radiological Clinic - Gosnells

PRC is now accepting electronic referrals.  
Please visit [perthradclinic.com.au](http://perthradclinic.com.au) for more details

COURCHA, JANELLE  
 9 PARKHURST AVE, HILBERT. 6112  
 Phone: 0422602133  
 Birthdate: 11/09/2002 Sex: F Medicare Number: 6107791852  
 Your Reference: Lab Reference: 433228500-C-SE- Hormones  
 Laboratory: Clinipath Pathology  
 Addressee: DR MORENIKEJI KOMAIYA Referred by: MS JILLE BURNS  
 Copy to: DR MORENIKEJI KOMAIYA

Name of Test: SE- Hormones  
 Requested: 17/03/2021 Collected: 19/03/2021 Reported: 20/03/2021  
 18:36

Clinical notes: .

Clinical Notes : .

#### Hormones

Date	09/11/20	19/03/21	Units	Reference
Time F-Fast	1028 F	0901 F		
Lab No.	432099484	433228500		
FSH	5	4	U/L	
LH	3	4	U/L	
Oestradiol	160	404	pmol/L	
Progesterone	<1.0	4.6	nmol/L	
LH/FSH Ratio	0.60	1.00		

Reference	FSH	LH	Oestradiol	Progesterone
Limits	U/L	U/L	pmol/L	nmol/L
Follicular	2-10	2-10	110-450	<2
Mid-Cycle	5-22	10-80	550-1300	<6
Luteal	2-10	2-8	350-800	>6
Menopausal	>20	>15	<85	<0.5
Post Menopausal	>20	>15	<85	<0.5

AS

Clinipath Pathology NATA No: 2619-2612

Tests Completed: IHOR, IANDRO, LFT, Renal Function, Electrolytes,  
 Iron Studies, Glucose Fasting, TSHT34, Vitamin B12,  
 Folate Serum, LH, FSH, Oestradiol, Progesterone,  
 Prolactin, Testosterone, Anion Gap, Insulin,  
 INSULIN RESISTANCE, Active B12, DHEAS, SHBG, AND,  
 VITAMIN D 25 OH, HbA1c, Thyroid Abs, Thyroglobulin Ab, FBC  
 Tests Pending : COELIAC HLA DR/DQ  
 Sample Pending :



COURCHA, JANELLE  
9 PARKHURST AVE, HILBERT. 6112  
Phone: 0422602133  
Birthdate: 11/09/2002 Sex: F Medicare Number: 6107791852  
Your Reference: Lab Reference: 433228500-R-ED-COELTT  
Laboratory: Clinipath Pathology  
Addressee: DR MORENIKEJI KOMAIYA Referred by: MS JILLE BURNS  
Copy to:  
DR MORENIKEJI KOMAIYA

Name of Test: ED-COELIAC HLA DR/DQ  
Requested: 17/03/2021 Collected: 19/03/2021 Reported: 26/03/2021 15:06

Clinical notes: .

Clinical Notes : .

#### Genotyping for Coeliac Disease

Specimen type EDTA blood  
Method Real-time PCR

Result: Potential susceptibility genotype DETECTED  
(DQA1\*05+, DQA1\*02-, DQB1\*02-, DQB1\*03:02/05-)

Interpretation: Not consistent with the presence of HLA-DQ2 or HLA-DQ8 antigens. However, HLA-DQA1\*05 was detected in the absence of HLA-DQB1\*02 or HLA-DQB1\*03:02/05. This combination most commonly indicates the presence of the HLA-DQ7 antigen.

This may be associated with susceptibility to coeliac disease, but confers a lower risk than DQ2 and DQ8 antigens. In the appropriate context, further clinical work-up for coeliac disease should be considered.

Comments on Lab Id:433228500

#### Test information:

Qualitative detection of HLA-DQA1\*02:01, HLA-DQA1\*05:XX, HLA-DQB1\*02:XX, HLA-DQB1\*03:02/03:05 and HLA-DRB1\*04:XX alleles is performed using the GeneFinder HLA-DQ2/DQ8 RealAmp kit (Osang Healthcare). This assay is designed to identify DQ2 (2.2 and 2.5) and DQ8 antigens that are present in more than 95% of individuals with coeliac disease. Some additional rare genotypes consistent with HLA-DQ8 antigen are detectable by this assay though indistinguishable from HLA-DQB1\*03:02/05. Rare subtypes, the presence of additional heterodimers, and zygosity of detected alleles cannot be determined by this assay. A full list of alleles to 4-digit HLA nomenclature detectable by this assay is available on request. References: PMID 25827511; 23981538.

Testing performed at NATA laboratory accreditation number 2178

MS

Clinipath Pathology NATA No: 2619-2612

Tests Completed: IHOR, IANDRO, LFT, Renal Function, Electrolytes, Iron Studies, Glucose Fasting, TSHT34, Vitamin B12, Folate Serum, LH, FSH, Oestradiol, Progesterone, Prolactin, Testosterone, Anion Gap, Insulin, INSULIN RESISTANCE, Active B12, DHEAS, SHBG, AND, VITAMIN D 25 OH, HbA1c, Thyroid Abs, Thyroglobulin Ab, COELIAC HLA DR/DQ, FBC

Tests Pending :  
Sample Pending :

# Patient Health Summary

SCANNED

Oak Family Practice  
OAK FAMILY PRACTICE  
5 Pipit Close  
Huntingdale 6110  
0894903113

Name: Miss Janelle Courcha  
Address: 9 Parkhurst Avenue  
Hillburt 6112

D.O.B.: 11/09/2002  
Record No.: 00358  
Home Phone:  
Work Phone:  
Mobile Phone: 0422602133

Printed on 23rd August 2021

## Allergies/Adverse reactions:

hay fever  
Augmentin Nausea

## Current Medications:

Agomelatine 25mg Tablet  
Dexamfetamine 5mg Tablet

Levothyroxine 50 mcg Tablet  
Levothyroxine 75mcg Tablet  
Nexium 20mg Tablets  
Ponstan 250mg Capsule  
Vitamin B12 1000mcg Oromucosal spray

1 Tablet Daily  
10MG Daily SLOW RELEASE COMPOUNDED  
BY THE PHARMACIST  
Daily 50mcg saturday and sunday  
1 Tablet Daily  
1 Tablet Daily  
2 Capsules Three times a day with meals p.r.n.  
2 puffs UNDER THE TONGUE

## Active Past History:

ADD  
ASD  
Hypothyroidism  
Migraine

29/07/2020 LRTI  
26/03/2021 Gastro-oesophageal reflux disease  
Generalised Anxiety

## Immunisations:

15/06/2015 Vaxigrip (Influenza)  
28/04/2017 Fluarix Tetra (Influenza)  
03/05/2019 Fluarix Tetra (Influenza)  
02/10/2019 Nimenrix (Meningococcus ACWY)  
01/05/2020 FluQuadri (Influenza)  
04/06/2021 Afluria Quad (Influenza)

DR MORENIKE  
MBBS FRACGP  
5 PIPIT CLOSE HUNTINGDALE  
PND 28813341



**COURCHA**  
**MISS JANELLE**  
9 Parkhurst Ave  
Hilbert 6112  
Sex: Female **DOB: 11/09/2002**  
Tel: 0457254466  
**Requested: 10/12/2019**  
Collected: 07/01/2020 **TOC: 16:35**  
Printed: 08/01/2020 **TOP: 06:04**  
Reference:

**Lab No: 446109541** **Z14**  
**To: Miss Janelle Courcha**  
9 Parkhurst Ave  
Hilbert Wa 6112  
**Referrer: Dr Julia Charkey-Papp**

**RESULTS: TEL 9371 4340**

**Liver Function**

AST	27	U/L	(10-35)
ALT	28	U/L	(5-30)
Alk Phos	90	U/L	(35-140)
Gamma GT	17	U/L	(5-35)
Total Bilirubin	6	umol/L	(3-15)
Total Protein	71	g/L	(65-81)
Albumin	43	g/L	(36-47)
Globulin	28	g/L	(23-39)

**Iron Studies**

Iron	13	umol/L	(5-30)
Transferrin	39	umol/L	(25-45)
Saturation	17	%	(10-45)
Ferritin	57	ug/L	(30-200)

**Thyroid Function Tests**

TSH	0.68	mU/L	(0.4-4.0)
Free T4	14	pmol/L	(9-19)

**Comments:**

**TFTB**

These results indicate euthyroid status for a patient on thyroid replacement therapy.

**25 Hydroxy Vitamin D**

25OH Vitamin D	76	nmol/L	(50-150)
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**Comments:**

If at risk of falls or fractures suggest reassess Vitamin D at end of winter.

ANZBMS updated Position Statement Vitamin D and health in adults in Australia and New Zealand MJA 196 (11) 2012.

Vitamin D adequacy: >49 nmol/L at the end of winter (level may need to be 10-20 nmol/L higher at the end of summer, to allow for seasonal decrease).

Mild Deficiency	30-49	nmol/L
Moderate Deficiency	12.5-29	nmol/L
Severe Deficiency	< 12.5	nmol/L

Medicare rebates for vitamin D testing are available for patients at risk of Vitamin D deficiency such as all those with chronic lack of sun exposure.

As 37% of Vitamin D requests in our practice show deficiency, we presume that your patient complies with the funding criteria. If this is not the case, please contact our accounts dept.

- 1 Normal
- 2 Notes Required
- 3 Patient Notified
- 4 Make Appoint
- 5 Collect Script
- 6 Continue Tx
- 7 Check with Doctor
- 8 Type Results
- 9 For Filing
- 10 Patient will call

# Patient Health Summary

Name: Miss Janelle Courcha  
Address: 9 Parkhurst Avenue  
Hillburt 6112

Oak Family Practice  
OAK FAMILY PRACTICE  
5 Pipit Close  
Huntingdale 6110  
0894903113

D.O.B.: 11/09/2002  
Record No.: 00358  
Home Phone:  
Work Phone:  
Mobile Phone: 0422602133

Printed on 4th December 2020

## Investigations:

COURCHA, JANELLE 6112  
9 PARKHURST AVE, HILBERT.  
Phone: 0457254466  
Birthdate: 11/09/2002 Sex: F Medicare Number: 6107791852  
Your Reference: 00042435 Lab Reference: 432182721-S-SE-VITD  
Laboratory: Clinipath Pathology  
Addressee: DR AKINYEMI FREEMAN Referred by: DR AKINYEMI FREEMAN

Name of Test: SE-VITAMIN D 25 OH  
Requested: 28/10/2020 Collected: 30/10/2020 Reported: 31/10/2020 09:06

Clinical Notes : post treatment check

Date	Time F-Fast	Lab No.	16/09/19	07/01/20	16/03/20	30/10/20	Reference
			1636 F	1635	Unkn	1428	
			445601461	446109541	445384790	432182721	Units
						70	nmol/L (50-150)
25OH Vit D			59	76	93		

Comments on Collection 30/10/20 1428:  
If at risk of falls or fractures suggest reassess Vitamin D at end of winter.  
ANZBMS updated Position Statement Vitamin D and health in adults in Australia and New Zealand MJA 196 (11) 2012.  
Vitamin D adequacy: >49 nmol/L at the end of winter (level may need to be 10-20 nmol/L higher at the end of summer, to allow for seasonal decrease).

Mild Deficiency	30-49	nmol/L
Moderate Deficiency	12.5-29	nmol/L
Severe Deficiency	< 12.5	nmol/L

Medicare rebates for vitamin D testing are available for patients at risk of Vitamin D deficiency such as all those with chronic lack of sun exposure.

As 37% of Vitamin D requests in our practice show deficiency, we presume that your patient complies with the funding criteria. If this is not the case, please contact our accounts dept.

SA

Clinipath Pathology NATA No: 2619-2612

Tests Completed: LFT, Chol & Trigs, Electrolytes, Iron Studies, TFTB, VITAMIN D 25 OH  
Tests Pending : HbA1c  
Sample Pending :

COURCHA, JANELLE 6112  
9 PARKHURST AVE, HILBERT.



# Dr Julia A. Charkey-Papp

MBBS AMC FRANZCP

**ADULT, ADOLESCENT and DEVELOPMENTAL PSYCHIATRY**

Postal address:  
PO Box 1417, West Perth WA 6872

ABN 90 123 867 416  
Provider # 208940AB

Rooms:  
33 Havelock Street, West Perth WA 6005  
Phone : (08) 9488 2946  
Fax: (08) 9488 2954  
Email: [juliac@perthclinic.com.au](mailto:juliac@perthclinic.com.au)

22 July 2019

## TO WHOM IT CONCERN

Student Services  
ALTA ONE

Dear sir/ madam

**Re:** Miss JANELLE COURCHA DOB: 11 September 2002  
**Address:** 9 Parkhurst Ave, HILBERT WA 6112

<b>Diagnosis:</b>	ASD – Level 2 Severity	F84.5
	Depressive disorder	F32.1
	Brain Executive dysfunction (ADD)	F90.0

<b>Treatment:</b>	Educational support if needed
	<b>Extra time to work and rest</b> during tests and examinations
	Apply for NDIS
	Recommend ongoing individual psychotherapy
	AutismWest social skills' groups
Medication - Fluoxetine 20mg daily	

This young student consulted me recently. I confirm the above diagnoses and management plan.

At school, Miss Courcha will need special considerations and appropriate funding granted on basis of her medical/ psychiatric conditions. These can be in the form of extra time to work, to rest, or any suitable modification of her timetable and workload, including flexible start and finish times in terms of school attendance.

Yours faithfully,



Julia A. CHARKEY-PAPP



# Clinipath Pathology

Quality is in our DNA

Selby Street North, Osborne Park WA 6017  
(08) 9371 4200 Fax (08) 9371 4444  
Accreditation Number 2619

Pathology Pty Ltd trading as Clinipath Pathology and Bunbury Pathology,  
7 008 811 185, a subsidiary of Sonic Healthcare Limited (APA) ABN 24 004 196 909.

**RESULTS: TEL 9371 4340**

## COURCHA

MISS JANELLE

9 Parkhurst Ave

Hilbert 6112

Sex: Female DOB: 11/09/2002

Tel: 0457254466

Requested: 13/09/2019

Collected: 16/09/2019 TOC: 16:36

Printed: 17/09/2019 TOP: 06:03

Reference:

Lab No: 445601461

Z14

To: Miss Janelle Courcha  
9 Parkhurst Ave  
Hilbert Wa 6112

Referrer: Dr Julia Charkey-Papp

### Liver Function

AST	23	U/L	(10-35)
ALT	22	U/L	(5-30)
Alk Phos	106	U/L	(50-135)
Gamma GT	15	U/L	(5-35)
Total Bilirubin	7	umol/L	(3-15)
Total Protein	76	g/L	(65-81)
Albumin	44	g/L	(36-47)
Globulin	32	g/L	(23-39)

### General Chemistry

Urea	3.9	mmol/L	(2.5-6.0)
Creatinine	50	umol/L	(45-85)
Sodium	137	mmol/L	(135-145)
Potassium	4.1	mmol/L	(3.5-5.5)
Chloride	101	mmol/L	(95-110)
Bicarbonate	25	mmol/L	(20-32)

eGFR calculated using CKD EPI from 21-05-13.

#### Comments:

##### Renal Function

The creatinine and urea are normal. The eGFR result is not reported, as it is unreliable in this age group.

### Glucose/C-Peptide

Glucose Random 4.2 mmol/L (3.5-5.4)

#### Comments:

##### Glucose Random

Diabetes unlikely.

### Iron Studies

Iron	13	umol/L	(5-30)
Transferrin	41	umol/L	(25-45)
Saturation	16	%	(10-45)
Ferritin	51	ug/L	(30-200)

### Calcium Studies

Calcium	2.44	mmol/L	
Albumin	44	g/L	(36-47)
Corrected Calcium	2.38	mmol/L	(2.25-2.60)
Phosphate	1.4	mmol/L	(0.70-2.00)

1 Normal
2 Notes Required
3 Patient Notified
4 Make Appoint
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Clinical Notes:

Tests Completed: SE-LFT,SE- Renal Function,SE-Electrolytes,GL-Glucose Random  
SE-Phosphate,SE- Iron Studies,SE-Calcium,SE-TSHT34,SE-Vitamin D....

Page 1 of 2 CLI

Dr Aaron Simpson

C197



**COURCHA**  
**MISS JANELLE**  
9 Parkhurst Ave  
Hilbert 6112  
Sex: Female **DOB: 11/09/2002**  
Tel: 0457254466  
**Requested: 13/09/2019**  
Collected: 16/09/2019 **TOC: 16:36**  
Printed: 17/09/2019 **TOP: 06:03**  
Reference:

Lab No: 445601461

Z14

To: **Miss Janelle Courcha**  
9 Parkhurst Ave  
Hilbert Wa 6112

Referrer: Dr Julia Charkey-Papp

**RESULTS: TEL 9371 4340**

### Thyroid Function Tests

TSH	0.77	mU/L	(0.4-4.0)
Free T4	12	pmol/L	(9-19)
Free T3	5.1	pmol/L	(3.0-6.0)
Thyroid Peroxidase Ab	555.6 H	IU/mL	(<6)
Thyroglobulin Ab	<3.0	IU/mL	(<4)

### Comments:

#### .TSHT34

Normal TSH is consistent with euthyroid status.

### Thyroid Abs

Raised TPO antibodies occur commonly in autoimmune thyroid disease (Hashimotos and Graves) and post partum thyroiditis. Increased antibodies may also be seen in prodromal hypothyroidism or in patients with other autoimmune diseases.

### 25 Hydroxy Vitamin D

25OH Vitamin D	59	nmol/L	(50-150)
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### Comments:

If at risk of falls or fractures suggest reassess Vitamin D at end of winter.

ANZBMS updated Position Statement Vitamin D and health in adults in Australia and New Zealand MJA 196 (11) 2012.

Vitamin D adequacy: >49 nmol/L at the end of winter (level may need to be 10-20 nmol/L higher at the end of summer, to allow for seasonal decrease).

Mild Deficiency	30-49	nmol/L
Moderate Deficiency	12.5-29	nmol/L
Severe Deficiency	< 12.5	nmol/L

Medicare rebates for vitamin D testing are available for patients at risk of Vitamin D deficiency such as all those with chronic lack of sun exposure.

As 37% of Vitamin D requests in our practice show deficiency, we presume that your patient complies with the funding criteria. If this is not the case, please contact our accounts dept.

1 Normal
2 Notes Required
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6 Continue Tx
7 Check with Doctor
8 Type Results
9 For Filing
10 Patient will call

COURCHA, JANELLE  
46 SIXTH RD, ARMADALE. 6112  
Phone: 93991711  
Birthdate: 11/09/2002 Sex: F Medicare Number: 6107791851  
Your Reference: Lab Reference: 18-81705404-GA-0  
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY  
Addressee: DR MORENIKEJI J KOMAIYA Referred by: DR MORENIKEJI J  
KOMAIYA

Name of Test: GLYCOSYLATED HB A1C (GA-0)  
Requested: 23/10/2018 Collected: 24/10/2018 Reported: 24/10/2018  
21:35

**GLYCATED HAEMOGLOBIN (Blood)**

Date	Hb A1C %	mmol/mol (IFCC)	Lab No
30/08/17	4.9	30	84787376
18/08/18	4.9	30	80260859
24/10/18	5.0	31	81705404
6.0 - 7.0%	42 - 53 mmol/mol	Satisfactory glycaemic control	
7.1 - 8.0%	54 - 64 mmol/mol	Suggest clinical review	
> 8.0%	> 64 mmol/mol	Poor glycaemic control	

Ref: Change in HbA1c reporting to the new SI units,  
MJA Position Statement, 2011

Effective 1 November 2014: HbA1c performed for the diagnosis of diabetes in asymptomatic patients at high risk .  
HbA1c  $\geq$  6.5% (48mmol/mol) diagnostic of Diabetes Mellitus. HbA1c should be interpreted with caution in children and pregnancy, patients with haemoglobinopathies, anemia, Thalassaemia, hepatic and renal failure. Prior to conception, a HbA1c  $<$  7.0 % ( $<$  53 mmol/mol) is advisable to reduce the incidence of birth defects.

As of 23 Feb 2015, Hb A1C is now measured by the HPLC method.

Requested Tests : UM\*, TPO\*, TF\*, LFT\*, GA, EUC\*, CRP\*, MG\*, IRS\*, HAE, GL\*,  
BF\*



COURCHA, JANELLE  
 46 SIXTH RD, ARMADALE. 6112  
 Phone: 93991711  
 Birthdate: 11/09/2002 Sex: F Medicare Number: 6107791851  
 Your Reference: Lab Reference: 18-81705404-HAE-0  
 Laboratory: WESTERN DIAGNOSTIC PATHOLOGY  
 Addressee: DR MORENIKEJI J KOMAIYA Referred by: DR MORENIKEJI J  
 KOMAIYA

Name of Test: HAEM MASTER - ENQUIRIES (HAE-0)  
 Requested: 23/10/2018 Collected: 24/10/2018 Reported: 24/10/2018  
 21:15

<b>ROUTINE HAEMATOLOGY:</b>	HAEMOGLOBIN	130	(115 - 150)	g/L
(RCC 4.37) x 10 <sup>12</sup> /L	MCV	91	(79 - 95)	fL
(PCV 0.396)	RDW	11	(< 16)	%
(MCH 29.7)	MCHC	328	(320 - 360)	g/L
	PLATELETS	290	(150 - 400)	x 10 <sup>9</sup> /L
	WHITE CELLS	6.5	(4.0 - 11.5)	x 10 <sup>9</sup> /L
	Neut 60%	3.9	(1.6 - 7.5)	" "
	Lymph 31%	2.0	(1.4 - 4.0)	" "
	Mono 6%	0.4	(0.1 - 1.2)	" "
	Eosin 3%	0.2	(< 0.9)	" "

**Comment:** Red cells, white cells and platelets within normal limits.

Requested Tests : UM\*, TPO\*, TF\*, LFT\*, GA\*, EUC\*, CRP\*, MG\*, IRS\*, HAE, GL\*,  
 BF\*