

Referrer **Dr Morenikeji Komaiya**

Address OAK FAMILY PRACTICE 5 PIPIT CLOSE
HUNTINGDALE WA 6110

Phone 0894903113

Lab ID **420911528**

DOB **11/09/2002 (22 Yrs FEMALE)**

Your ref. 00092130

Address 9 PARKHURST AVE
HILBERT WA 6112

Phone 0457254466

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Requested 05/03/2025

Clinical Notes check up, on thyroid

Collected 07/03/2025 10:21

Received 07/03/2025 10:23

Serum Folate

Folic Acid 6.0 ug/L >3.8

CA

CLINIPATH PATHOLOGY NATA NO: 2619-2612

Reported on 07-Mar-25 20:00

Iron Studies

Test Name	Result	Units	Reference Interval
Iron	15	umol/L	5 - 30
Transferrin	38	umol/L	25 - 45
Saturation	20	%	10 - 45
Ferritin	54	ug/L	30 - 200

CA

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General Chemistry

Test Name	Result	Units	Reference Interval
Urea	3.5	mmol/L	2.5 - 6.5
Creatinine	53	umol/L	45 - 85
eGFR	>90		>59
Sodium	137	mmol/L	135 - 145
Potassium	4.2	mmol/L	3.5 - 5.5
Chloride	106	mmol/L	95 - 110
Bicarbonate	24	mmol/L	20 - 32

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

Comments

Note: eGFR units are mL/min/1.73m2.

CA

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Reported on 07-Mar-25 18:53

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Liver Function

Test Name	Result	Units	Reference Interval
AST	20	U/L	10 - 35
ALT	14	U/L	5 - 30
Alk Phos	63	U/L	30 - 110
Gamma GT	13	U/L	5 - 35
Total Bilirubin	7	umol/L	3 - 15
Total Protein	75	g/L	64 - 81
● Albumin	47 H	g/L	35 - 46
Globulin	28	g/L	23 - 39

CA

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Reported on 07-Mar-25 18:53

Chlamydia trachomatis and Neisseria gonorrhoeae PCR

Specimen	Self Obtained Low Vaginal Swab
Chlamydia trachomatis DNA	Not Detected
Neisseria gonorrhoeae DNA	Not Detected

Comments

For a minority of patients the PCR test may be negative for up to 2 weeks (N. gonorrhoeae) or 4 weeks (C. trachomatis) following exposure. Depending on the time of exposure, repeat testing may be indicated.

MA

CLINIPATH PATHOLOGY NATA NO: 2619-2612

Reported on 08-Mar-25 07:36

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Thyroid Function Tests

Test Name	Result	Units	Reference Interval
TSH	2.41	mU/L	0.4 - 4.0
Free T4	12	pmol/L	9 - 19
Free T3	3.6	pmol/L	3.0 - 5.5

Comments

Normal TSH is consistent with euthyroid status.

CA

CLINIPATH PATHOLOGY NATA NO: 2619-2612

Reported on 07-Mar-25 20:00

Vitamin B12

Test Name	Result	Units	Reference Interval
Vitamin B12	165	pmol/L	139 - 651
Active B12	51	pmol/L	23 - 100

Comments

Both B12 and active B12 are in the normal range.
Vitamin B12 deficiency is unlikely.

Testing of active B12 is routinely performed for people that have low or equivocal vitamin B12 results (<400 pmol/L) to clarify their B12 status.
Both tests are Medicare rebatable. Those with vitamin B12 concentrations over 399 pmol/L are generally replete.

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CLINIPATH PATHOLOGY NATA NO: 2619-2612

Reported on 07-Mar-25 21:42

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25 Hydroxy Vitamin D

Test Name	Result	Units	Reference Interval
25OH Vitamin D	81	nmol/L	50 - 150

Comments

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

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.

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

SA

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Reported on 07-Mar-25 19:50

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Haematology

Test Name	Result	Units	Reference Interval
Haemoglobin	132	g/L	115 - 165
Red cell count	4.4	$\times 10^{12}/L$	3.8 - 5.8
Haematocrit	0.40		0.36 - 0.47
MCV	91	fL	80 - 100
MCH	30	pg	27 - 32
MCHC	327	g/L	310 - 360
RDW	11.7		10 - 15
White cell count	6.4	$\times 10^9/L$	4.0 - 11.0
Neutrophils	3.9	$\times 10^9/L$	2.0 - 7.5
Lymphocytes	1.9	$\times 10^9/L$	1.2 - 4.0
Monocytes	0.4	$\times 10^9/L$	0.2 - 1.0
Eosinophils	0.2	$\times 10^9/L$	0.0 - 0.5
Basophils	<0.1	$\times 10^9/L$	0.0 - 0.1
Platelets	273	$\times 10^9/L$	150 - 400

Comments

The full blood count parameters are within the acceptable ranges.

HA

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General Micro / Culture / Sensitivity

Specimen	Self Obtained Low Vaginal Swab		
Wet Preparation	Trichomonas	Not seen	
Gram Stain	Leucocytes	Not seen	
	Lactobacilli	+++	
	Clue Cells	Not seen	
	Gram Positive Cocci	Occasional	
	Yeast Cells	Not seen	
Culture	No pathogenic bacteria isolated		

Comments

Microscopy consistent with normal bacterial flora.

JC

CLINIPATH PATHOLOGY NATA NO: 2619-2612

Reported on 10-Mar-25 14:32

Specimen	Mid Stream Urine			
pH	6	Bilirubin	Nil	
Blood	Nil	Urobilinogen	Normal	
Protein	Nil	Specific Gravity	1.015	
Glucose	Nil	Nitrites	Nil	
Ketones	Nil			
Microscopy	Leucocytes	<10	x10 ⁶ /L	<30
	Erythrocytes	<4	x10 ⁶ /L	<10
	Epithelial	20	x10 ⁶ /L	
Culture	See comment			

Comments

Microscopy indicates that UTI is unlikely. No further report will be issued unless culture results are significant.

RT

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Reported on 08-Mar-25 10:44

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Received 07/03/2025 10:23

Microbiology PCR/ Nucleic Acid Amplification Test (NAAT)

Specimen: Urine

Collected: 7/03/2025 10:21 Received 9/03/2025 00:54

:

Ureaplasma parvum DNA
Ureaplasma urealyticum DNA

Not Detected
Detected

Ureaplasmas are frequently found in the lower genital tract of asymptomatic men and women. Ureaplasma urealyticum may be associated with male non-gonococcal, non-chlamydial urethritis and infertility. Both U.urealyticum and U.parvum may be associated with adverse pregnancy outcomes and perinatal morbidity. The role of Ureaplasmas with other genitourinary disease is less clear. Where treatment is required, a seven-day course of doxycycline (in non pregnant patients) or a single dose of azithromycin are recommended. For further advice, contact a Sexual Health or Infectious Disease Physician or a Clinical Microbiologist.

Test performed by PathWest

ND

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Reported on 11-Mar-25 13:47

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Received 07/03/2025 10:23

Microbiology PCR/ Nucleic Acid Amplification Test (NAAT)

Specimen: Self Obtained Lower Vaginal Swab

Collected: 7/03/2025 10:21 Received 10/03/2025 20:15

:

Ureaplasma parvum DNA
Ureaplasma urealyticum DNA

Not Detected
Detected

Ureaplasmas are frequently found in the lower genital tract of asymptomatic men and women. Ureaplasma urealyticum may be associated with male non-gonococcal, non-chlamydial urethritis and infertility. Both U.urealyticum and U.parvum may be associated with adverse pregnancy outcomes and perinatal morbidity. The role of Ureaplasmas with other genitourinary disease is less clear. Where treatment is required, a seven-day course of doxycycline (in non pregnant patients) or a single dose of azithromycin are recommended. For further advice, contact a Sexual Health or Infectious Disease Physician or a Clinical Microbiologist.

Test performed by PathWest QEII

CT

CLINIPATH PATHOLOGY NATA NO: 2619-2612

Reported on 12-Mar-25 14:01