

Myhealth Palm Beach

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Dr Yogesh Rajee - **Endocrinologist**
Dr Ian Agahari - **Cardiologist**
Jaclyn Cooper - **Dietitian**

Dr Daman Pasricha 5064816Y
Dr Imtiaz Jamal 4775209K
Dr Challis Paterson 5577595F
Dr Leiana O'Brien 524110AW
Dr Amy Watson 5572298Y
Dr Sarah Morrison-Gardiner 408524FH
Dr Nirmala Chand 288664JK
Dr Rowshan Alam 244776NH
Dr Okafor Omenka 485934BJ
Dr Christopher Campbell 5746627F

Sullivan Nicolaides Pathology Onsite: **Monday - Friday 8am - 12pm**

09/09/2024

Dr Ian Agahari
Myhealth Palm Beach
7 Palm Beach Ave
Palm Beach 4221
Phone: 0755257455
Fax: 0755257433

Dear Dr Ian Agahari

Re: Miss Kirsty Lightfoot
3 Austin Ave
Currumbin 4223
14/01/1976
Home Number -
Mobile Number - 0416155671
Medicare Card Number - 2436837878 Ref - 1 Expiry - 03/2027

Many thanks for your kind help in the assessment and further management of Kirsty Lightfoot. Appointment booked for 10/9/24

Reason for referral:

Heart flutter sensation / intermittent pressure in chest both ongoing for 5 weeks

HoPC

1)

Intermittent pressure on chest

- Mild pressure - Last a few minutes and self resolves
- No shortness of breath, no jaw pain, no arm pain
- No prior CVD

2) Heart Flutter

- She states not feeling lightheaded/no vertigo
- Gets "an adrenaline-like rush feeling - lasts a few minutes and self resolved -

occurring once a day

- Unsure whether getting palpitations - nil distinct arrhythmia felt

Has not been unwell - no coronary symptoms

Very fit: Goes for daily runs 20-30 minutes without issues - no chest heaviness at all during these runs and no adrenaline rush feeling"

I arranged a holter monitor which was essentially normal (Rare supraventricular and infrequent (0.1%) ventricular ectopy.)- attached

She had a recurrence of symptoms on 31/8/24 and was admitted with normal telemetry monitoring at Tweed Valley Hospital. Negative troponin. She has not had chest tightness since, but still has the fleeting heart flutter daily

She was also incidentally diagnosed with lymphocytosis and I have referred her to GCUH haematology for this.

Her symptoms are overall atypical and odd, and I felt a review by you would be warranted for completeness.

Your help is greatly appreciated. I look forward to hearing the outcome of Kirsty's visit.

Kind regards

Dr Imtiaz Jamal
MBBS 4775209K

Allergies:

Nil known.

Current Medication:

Trimethoprim 300mg Tablet

Take 1 tablet once a day for 4 days.

LIGHTFOOT, KIRSTY
3 AUSTIN AVE, CURRUMBIN WATERS. 4223
Phone: 0416155671
Birthdate: 14/01/1976 **Sex:** F **Medicare Number:** 2436837878
Your Reference: EB981D62E5 **Lab Reference:** 525585382-E-E296
Laboratory: SNP
Addressee: DR IMTIAZ JAMAL **Referred by:** DR IMTIAZ JAMAL
Name of Test: S- TROPONIN

Please note that the reference intervals for fT4 have recently changed for patients over 70 years of age and pregnant women.

Please contact the laboratory on 3377 8530 if you require further information.

EA

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Tests Completed: CRP,E/LFT,TFTH,Troponin I,FBE,Film
Tests Pending :
Sample Pending :

LIGHTFOOT, KIRSTY
3 AUSTIN AVE, CURRUMBIN WATERS. 4223
Phone: 0416155671
Birthdate: 14/01/1976 **Sex:** F **Medicare Number:** 2436837878
Your Reference: 3348F38F73 **Lab Reference:** 682640079-B-K101
Laboratory: SNP
Addressee: DR IMTIAZ JAMAL **Referred by:** DR IMTIAZ JAMAL

Name of Test: HOLTER MONITOR 24HR
Requested: 21/08/2024 **Collected:** 23/08/2024 **Reported:**
28/08/2024 15:22

Clinical notes: Ongoing sensation of "adrenaline rush", lasting a few minutes and self resolving. Occurring daily. ? arrhtyhmia

Clinical Notes : Ongoing sensation of "adrenaline rush",
lasting a few minutes and self resolving.
Occurring daily. ? arrhtyhmia

HOLTER MONITOR REPORT

Height	0	cm	cm
Weight	0	Kg	Kg
Start date and time	22/08/2024 11:12		
Duration	23:42	HH:MM	HH:MM

24 Hour Holter Monitor

1. The underlying rhythm was sinus. The average heart rate was 73 bpm during the day, 61 bpm at night and 69 bpm over the complete recording.
2. Supraventricular activity - 3 isolated SVEs and 1 couplet
3. Ventricular activity - infrequent (0.1%) polymorphic VEs including couplets and interpolated VEs
4. No significant pauses (>2.5 seconds). The longest R-R interval was 1.7 seconds at 04:02, following an isolated VE.
5. Max HR = 146 bpm at 09:11, sinus tachycardia
6. Min HR = 44 bpm at 03:19, sinus bradycardia

Six patient diary events were recorded as "fluttering, lump in throat, minor floaty feeling, tightness upper chest, stitch feeling upper back, floaty feel". Five events corresponded to isolated

ventricular ectopy and one to sinus rhythm 84 bpm.

Conclusion: Sinus rhythm with an average heart rate of 69 bpm. Rare supraventricular and infrequent (0.1%) ventricular ectopy. Six events: five events corresponded to isolated ventricular ectopy and one to sinus rhythm 84 bpm.

Dr. Andrea Riha Cardiologist

Reported by Dr. Andrea Riha

SS

PDF Image Enhanced Report

A PDF version of this report with images is available until 28-08-2025. Copy and paste the URL below into your web browser and use PIN 9884 to access the report.

<https://sdrviewer.apps.sonichealthcare.com/?GUID=C3AA1E72-422C-4723-BA28-CC488306A349&hostCode=SNP&shareType=1>

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Tests Completed:  HOLTERR MONITOR 24HR
Tests Pending   :
Sample Pending  :

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LIGHTFOOT, KIRSTY
3 AUSTIN AVE, CURRUMBIN WATERS. 4223
Phone: 0416155671
Birthdate: 14/01/1976 **Sex:** F **Medicare Number:** 2436837878
Your Reference: 3348F38F73 **Lab Reference:** 682640079-V-V098
Laboratory: SNP
Addressee: DR IMTIAZ JAMAL **Referred by:** DR IMTIAZ JAMAL

Name of Test: .Venus Holter Report
Requested: 21/08/2024 **Collected:** 23/08/2024 **Reported:**
28/08/2024 15:22

Clinical notes: Ongoing sensation of "adrenaline rush", lasting a few minutes and self resolving. Occurring daily. ? arrrthyemia

Clinical Notes : Ongoing sensation of "adrenaline rush",
lasting a few minutes and self resolving.
Occurring daily. ? arrhythmia

SS

PDF Image Enhanced Report

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Copy and paste the URL below into your web browser and use PIN 1804 to

access the report.

<https://sdrviewer.apps.sonichealthcare.com/?GUID=75EFDD97-6544-4341-89C9-102A3A5D9617&hostCode=SNP&shareType=1>

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Tests Completed: HOLTER MONITOR 24HR
Tests Pending :
Sample Pending :

LIGHTFOOT, Kirsty
3 Austin Ave, CURRUMBIN WATERS. 4223
Phone: 0416155671
Birthdate: 14/01/1976 **Sex:** F **Medicare Number:** 24368378781
Your Reference: **Lab Reference:** 610955370
Laboratory: NSW Health Pathology - North
Addressee: Dr Imitaz Jamal **Referred by:** Dr Robert John Davies

Name of Test: Clinical Chemistry
Specimen: Blood
Requested: 29/08/2024 **Collected:** 29/08/2024 **Reported:**
29/08/2024 13:17

Clinical notes: Clinical History : c. Clinical History : f. Clinical History : e

NSWHP - Pathology Report

Collected: 12:32 29-Aug-24 MRN: TH0077743 Specimen Type: Blood

Clinical Notes:
Clinical History : c
Clinical History : f
Clinical History : e

Sodium	140	mmol/L	135 -
145 Potassium	3.5	mmol/L	3.5 -
5.2 Chloride	106	mmol/L	95 - 110
Bicarbonate (HCO3)	25	mmol/L	22 - 32
Urea	3.8	mmol/L	3.0 -
7.0 Creatinine	69	umol/L	45 - 90
GFR Estimate	90	mL/min/1.73m2	> 60
Anion Gap (Calc)	12	mmol/L	7 - 17
Calcium	2.45	mmol/L	2.10 -
2.60 Corrected Calcium	2.34	mmol/L	2.10 -
2.60 Phosphate	0.84	mmol/L	0.75 -
1.50 Magnesium	0.82	mmol/L	0.70 -
1.10 Albumin	46	g/L	31 - 47
CRP - C Reactive Protein	<1.0	mg/L	< 5

LIGHTFOOT, Kirsty
3 Austin Ave, CURRUMBIN WATERS. 4223
Phone: 0416155671

Birthdate: 14/01/1976 **Sex:** F **Medicare Number:** 24368378781
Your Reference: **Lab Reference:** 608768180
Laboratory: NSW Health Pathology - North
Addressee: Dr Imitaz Jamal **Referred by:** Dr Martin Chase
Copy to:
Dr Imitaz Jamal

Name of Test: Flow Cytometry - 2
Specimen: Blood
Requested: 02/09/2024 **Collected:** 02/09/2024 **Reported:**
04/09/2024 10:37

Clinical notes: Clinical History : Smudge cells present. Lymphocytosis with small mature forms. Red cells and platelets unremarkable. Suggest peripheral blood flow cytometry to exclude a lymphoproliferative disorder. Reviewed by Dr Sunelle Engelbrecht (Haematologist).

NSWHP - Pathology Report

Collected: 08:35 02-Sep-24 MRN: TH0077743 Specimen Type: Blood

Clinical Notes:

Clinical History : Smudge cells present. Lymphocytosis with small mature forms. Red cells and platelets unremarkable. Suggest peripheral blood flow cytometry to exclude a lymphoproliferative disorder. Reviewed by Dr Sunelle Engelbrecht (Haematologist).

CD45 (Common Leuc. Ag)	> 99	%	
Gated region	Lymphocytes (CD45/SS)		
Gate % of total cells	41.4	%	
CD10 (CALLA)	< 1	%	
CD34 (Progenitor cells)	< 1	%	
CD20+/CD38+	4	%	
HLA-Dr (MHC Class 11)	46 H	%	8 - 23
CD3 (T cells)	46 L	%	55 - 82
CD4 (Help/Induce T cell)	31 L	%	34 - 55
CD5	85	%	
CD8 (Supressor/Cytotoxic)	14 L	%	19 - 42
CD56 (NK cell subset)	10	%	1 - 15
Activated T cell (CD3+/HLA+)	2	%	
CD19 (B cells)	47 H	%	4 - 25
CD5 pos B cells (CD19)	41 H	%	< 10
Sm Kappa pos	2	%	
Sm Lambda pos	2	%	
CD20	5 L	%	7 - 18
CD22 (B cell)	3	%	
CD23 (B cell)	50	%	
FMC7 (B cell subset)	1	%	
CD200	45	%	

Flow cytometry - 2.5×10^9 cells/L stained for CD45, CD5, CD19, CD20, CD23, CD200 and HLA-Dr positive with light chain too dim to quantitate, i.e. Monoclonal B cell Lymphocytosis "MBL". Some normally staining B cells also present. Rebecca Irwin 03.09.24. Dr.T.de Malmanche 4.9.24. Suggest review "HNE Healthpathways" under "lymphocytosis".

LIGHTFOOT, KIRSTY
3 AUSTIN AVE, CURRUMBIN WATERS. 4223
Phone: 0416155671
Birthdate: 14/01/1976 **Sex:** F **Medicare Number:** 2436837878
Your Reference: 17ED8B5081 **Lab Reference:** 528129760-H-H900
Laboratory: SNP
Addressee: DR IMTIAZ JAMAL **Referred by:** DR IMTIAZ JAMAL

Name of Test: .BLOOD COUNT
Requested: 23/08/2024 **Collected:** 04/09/2024 **Reported:**
05/09/2024 09:22

Clinical notes: WCC 12.9 with lymphocytes 6.26 on 21/8/24 without
corysal symptoms. Repeat in 2 weeks to ensure resolving (4/9/24)

Clinical Notes : WCC 12.9 with lymphocytes 6.26 on 21/8/24
without corysal symptoms. Repeat in 2 weeks
to ensure resolving (4/9/24)

Haematology

	Latest Results				
Date	22-Nov-18	03-Mar-21	21-Aug-24	04-Sep-24	
Time F-Fast	1001	0804 F	1534	1221	
Lab Id.	642139474	658034335	525585382	528129760	Reference
Units					
Haemoglobin	143	134	131	129	(115-165) g/L
Haematocrit	0.43	0.40	0.39	0.38	(0.35-0.47)
RCC	4.6	4.2	4.2	4.2	(3.9-5.6)
10*12/L					
MCV	93	95	91	92	(80-100) fL
WCC	8.4	8.6	12.9 H	11.8	(3.5-12.0)
10*9/L					
Neutrophils	4.95	5.35	5.53	5.41	(1.5-8.0)
10*9/L					
Lymphocytes	2.79	2.46	6.26 H	5.57 H	(1.0-4.0)
10*9/L					
Monocytes	0.60	0.69	0.90	0.68	(0-0.9)
10*9/L					
Eosinophils	0.06	0.11	0.11	0.05	(0-0.6)
10*9/L					
Basophils	0.04	0.03	0.05	0.06	(0-0.15)
10*9/L					
Platelets	424 H	386	358	371	(150-400)
10*9/L					

Comments on Collection 04-Sep-24 1221:
There is a mild lymphocytosis. This could be due to viral infection,
inflammation, lymphoma or CLL.
Clinical correlation is required (eg. lymphadenopathy, hepatosplenomegaly).
A follow up FBE in 3-4 months, or earlier if clinically indicated, to
monitor the lymphocyte count is suggested. If the lymphocytosis persists,
lymphocyte surface marker studies may be useful to exclude an early
lymphoproliferative disorder.

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Tests Completed: CRP, FBE, Film
Tests Pending :
Sample Pending :

Our preferred method of reporting is through Medical Objects.