

Harmony Health Medical Centre

Currumbin Fair Shopping Centre

Shop 14, 15 Bienvenue Drive

Currumbin Waters Qld 4223

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Dr Sanjoy Dutta MB BS FRACGP

Dr Andrew Rogger-Amies MB BS (London) FRACGP

Dr Stuart Lee MB BS FRACGP

Dr Nicholas Vanlint MB BS

Dr Razan Nabilah Binti Zein Isma MB BS

30/10/2024

Dr Belinda Stallard
Fred McKay House
Suite 7B Level 7 42 Inland Drive
Tugun QLD 4213
Phone: 073088 6981
Fax: 07 3568 8322

Dear Belinda,

Re: Mr Alexander Danilov D.O.B. 11/03/1988
Unit 21, 9 Border Drive North
Currumbin Waters 4223
Ph:
Mobile: 0404972142

Thank you for seeing Alexander Danilov, age 36 yrs, for an opinion regarding episodic hematuria. Alexander recently presented with frank hematuria in the context of a viral URTI. This was the second episode of hematuria associated with URTI since 2021. He also had hematuria in the context of pantoprazole use which was investigated by Dr Sillar with no other cause found. Since the episode in 2021 he had persistent microhematuria. He is of Russian descent with no known family history of renal disease. He has hayfever but takes no regular medications.

On examination, he is caucasian of normal body habitus. Pulse was regular 70, BP 134/81. Urine m/c/s which is attached below shows gross hematuria with >80% dysmorphic RBC and no casts. Urine ACR suggests macroalbuminemia. I have requested a glomerulonephritis panel with the results below however it is essentially normal.

I would appreciate your review regarding possible IgA nephropathy or another cause for his symptoms.

Allergies:

Pollen Extract - Hay fever, Moderate
Grass

Current Medications:

No long term medications.

Results:

Clinical Notes: urinary urge ? cause
Pathologist: A/Prof P. Stewart

Biochemistry (Serum)

Coll Date:	15/11/23	28/05/24		
Coll Time:	08:33	11:09		
Lab Number:	11806862	13016054		
Sodium	141	139	(135-145)	mmol/L
Potassium	4.2	4.2	(3.5-5.3)	mmol/L
Chloride	103	103	(95-110)	mmol/L
Bicarbonate	32	31	(22-32)	mmol/L
Anion Gap	10	9	(8-19)	mmol/L
Urea	4.7	5.9	(3.2-8.2)	mmol/L
Creatinine	89	84	(60-110)	umol/L
eGFR	> 90	> 90	(> 59)	
Urate	0.34	0.32	(0.20-0.45)	mmol/L
Total Protein	70	73	(60-80)	g/L
Globulin	28	32	(23-39)	g/L
Albumin	42	41	(34-50)	g/L
Bilirubin	14	12	(< 21)	umol/L
Alk. Phosphatase	83	60	(30-110)	U/L
Gamma GT	10	13	(< 51)	U/L
ALT	15	18	(< 40)	U/L
AST	19	31	(< 35)	U/L
LD	154	193	(120-250)	U/L
Calcium	2.46	2.43	(2.10-2.60)	mmol/L
Adj. Calcium	2.42	2.41	(2.10-2.60)	mmol/L
Phosphate	0.74 L	0.94	(0.75-1.50)	mmol/L
Status	Fasting	Random		
Cholesterol	3.8	3.5	(< 5.6)	mmol/L
Triglyceride	1.3	1.1	(< 2.1)	mmol/L

Tests to follow: FE, FBC, ESR

Full Blood Count (Whole Blood)

Coll Date:	15/11/23	28/05/24		
Coll Time:	08:33	11:09		
Lab Number:	11806862	13016054		
HAEMOGLOBIN	135	146	(130-180)	g/L
RBC	4.7	4.6	(4.5-6.5)	10 ¹² /L
HCT	0.43	0.40	(0.38-0.52)	
MCV	91.1	87.0	(80.0-100.0)	fL
MCH	29	32	(26-32)	pg
MCHC	316	362 H	(300-360)	g/L
RDW	14.0	13.2	(< 15.1)	%
WCC	5.0	8.2	(4.0-11.0)	
Neutrophils	2.7	5.7	(2.0-8.0)	
Lymphocytes	1.8	1.6	(1.0-4.0)	
Monocytes	0.3	0.7	(0.2-1.0)	
Eosinophils	0.2	0.2	(< 0.8)	
Basophils	0.0	0.0	(< 0.2)	
PLATELETS	174	213	(150-400)	10 ⁹ /L
MPV	10.4	8.3	(6.5-14.0)	fL

No significant abnormality.

Tests to follow: FE, ESR

Urine Culture

Coll Date:	28/05/24	24/10/24		
Coll Time:	11:14	14:20		
Lab Number:	13016146	80969338		

Microscopy:				
White cells	17	< 10	(<10)	10 ⁶ /L
Red cells	65	> 100	(<10)	10 ⁶ /L

Epithelial	20	0	(<10)	10 ⁶ /L
Chemistry:				
pH	5.0	7.5	(4.0-9.0)	
Protein	+	Trace		
Glucose	Neg	Neg		
Ketones	Neg	Neg		
Blood (Hb)	+++	+++		
Organism:	No growth	No Sig Growth		

Current Request: **80969338**
Dysmorphic RBC: >80%
Casts: No casts seen
Culture: No significant growth

No evidence of urinary tract infection.

Supplemental report: 26/10/2024
Please note addition of Red cell morphology and Casts as requested.

Tests to follow: All Tests now completed

ALEXANDER DANILOV
21/9 BORDER DRIVE NORTH QLD 4223
Ref: 4235535
Addressee: Dr NICHOLAS VANLINT
Requested: 26/06/2024 12:00 AM
Reported: 29/10/2024 7:24 AM

DOB: 11-Mar-1988
Sex: Male
Radiant Radiology
Referrer: Dr. DAVID SILLAR
Collected: 25/10/2024 2:53 PM

CT UPPER ABDOMEN ONLY NO CONTRAST

This report is for: N. Vanlint
Referred By:
Dr D. Sillar

Copies:
N. Vanlint

CT KUB 25/10/2024 Reference: 4235535

CT KUB

Clinical Details: Renal colic.

Technique:
Thin axial-slices of the abdomen with sagittal and coronal reconstructions.

Findings:
The lung bases are normal.
No pleural effusions are identified.
No free fluid around or liver spleen is noted.
The gallbladder is partially distended.
The pancreas, liver and spleen are normal.

Both the kidneys did not reveal any calculi.
No hydronephrosis on the left side is noted.
The perinephric fat is normal.

There is a slight prominence of the right renal pelvis noted as compared to the left but it is not dilated.
 The ureter is unremarkable.
 There is no calculi along the line of ureter could be identified.
 The urinary bladder is almost empty at the time of examination without any calculi.
 The prostate is normal for size.
 The rectum and sigmoid colon are normal.
 Lateral pelvic walls are normal.
 The appendix on the right side is normal.
 Minor faecal loading in the colon on the right side is noted.

The small bowel loops are normal.
 The right and left ilia fossa are normal.
 The lumbar vertebrae did not reveal any discrete lesions.

Comment:

No obvious calculi or obstructive change in the kidneys are noted.
 The urinary bladder is almost empty at the time of examination but no calculi is identified.
 No large inguinal hernia is noted.
 The appendix on the right side is normal.
 Minor faecal loading in the colon is noted.
 There is no obvious diverticulitis could be identified.

Thank you for referring this patient.

Typist: dev

Radiologist: Dr B. Sood

Additional Links

[VIEWINLINERadiology Images](#)

Report Author: BIMAL SOOD Service Provider: Radiant Radiology

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Basophils	0.0	0.0	0.0	(< 0.2)	
PLATELETS	174	213	223	(150-400)	10 ⁹ /L
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Total IgE (Serum)

Coll Date: 28/10/24
Coll Time: 10:05
Lab Number: 14122847

Total IgE 101.0 (< 114.0) kU/L

C-Reactive Protein (Serum)

Coll Date: 28/10/24
Coll Time: 10:05
Lab Number: 14122847

C-Reactive Prot. 9.5 H (< 5.0) mg/L

Minor elevations in CRP levels (5.0-10.0 mg/L) are associated with inflammation, however may reflect sub-clinical inflammation/low-grade inflammatory states (eg. metabolic dysfunction).

Biochemistry (Serum)

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Adj. Calcium	2.42	2.41	2.42	(2.10-2.60) mmol/L
Phosphate	0.74 L	0.94	0.87	(0.75-1.50) mmol/L
Status	Fasting	Random	Random	
Cholesterol	3.8	3.5	3.5	(< 5.6) mmol/L
Triglyceride	1.3	1.1	2.2 H	(< 2.1) mmol/L

Tests to follow: IGS, IGD, C3C4, EPG, SFLC, ANA, ANCA, GBM, ASOT, HEPS, HI+++

Microalbumin (Urine)

Coll Date: 28/10/24
Coll Time: 10:05
Lab Number: 14122847

Albumin 258.7 mg/L
Creatinine 5.8 mmol/L
Albumin/Creat 44.6 H (< 2.5) mg/mmol

Alb/Creat >25 mg/mmol in males is consistent with macroalbuminuria. No recent prior elevated result held by laboratory for this patient.

Diagnosis of presence of persistent albuminuria requires at least 2 out of 3 specimens (obtained over a 3-6 month period) that are >2.4 mg/mmol. First void morning sample preferred.

Tests to follow: IGS, IGD, C3C4, EPG, SFLC, ANA, ANCA, GBM, ASOT, HEPS, HI+++

Syphilis Serology (Serum)

Coll Date: 28/10/24
Coll Time: 10:05
Lab Number: 14122847

T.pallidum Ab NonReact

No evidence of current or past Syphilis infection.

HIV Serology (Serum)

HIV-1p24Ag, 1/2Ab Not Detected

No evidence of HIV 1/2 infection. If the serum was tested less than 6 weeks after exposure, this result may not exclude infection. Recommend repeat testing 6 weeks post exposure to exclude early infection.

Tests to follow: IGS, IGD, C3C4, EPG, SFLC, ANA, ANCA, GBM, ASOT, UMCS, STDP

Hepatitis Serology (Serum)

Coll Date: 28/10/24
Coll Time: 10:05
Lab Number: 14122847

HepB surface Ab < 3.1 (< 10) mIU/mL

No evidence of immunity to Hepatitis B virus infection.

HepC Ab (Siemens) Negative

No evidence of Hepatitis C virus (HCV) infection, however, it can take up to six months post exposure for HCV antibodies to develop.

Tests to follow: IGS, IGD, C3C4, EPG, SFLC, ANA, ANCA, GBM, ASOT, UMCS, STDP

Complement (Serum)

Coll Date: 28/10/24
Coll Time: 10:05
Lab Number: 14122847

C3 1.39 (0.82-1.85) g/L
C4 0.17 (0.15-0.53) g/L

Streptococcal Serology (Serum)

Coll Date: 28/10/24
Coll Time: 10:05
Lab Number: 14122847

ASOT 27 (< 201) IU/mL

No evidence of recent Streptococcal infection. If early disease is suspected (less than two weeks) consider sending a further sample in 10-14 days to exclude a rise in ASOT.

Tests to follow: IGS, IGD, EPG, SFLC, ANA, ANCA, GBM, UMCS, STDP

Immunoglobulins (Serum)

Coll Date: 28/10/24
Coll Time: 10:05
Lab Number: 14122847

IgG	9.92	(6.50-16.00)	g/L
IgA	3.85 H	(0.40-3.50)	g/L
IgM	0.66	(0.50-3.00)	g/L

Serum Electrophoretogram

Total Prot.	71	(60-80)	g/L
Albumin	42	(34-50)	g/L
Alpha 1	3.0	(1.7-3.9)	g/L
Alpha 2	6.9	(4.3-9.4)	g/L
Beta 1	4.3	(2.8-5.8)	g/L
Beta 2	5.1	(1.9-5.2)	g/L
Gamma	9.1	(6.7-15.0)	g/L

Normal serum EPG.

Tests to follow: IGD, SFLC, ANA, ANCA, GBM, STDP

Antineutrophil Cytoplasmic Antibody (Serum)

Coll Date: 28/10/24
Coll Time: 10:05
Lab Number: 14122847

ANCA Screen	Negative	(screened at 1:20)
PR3 Ab	< 0.2	(N<2, P>3) IU/mL
MPO Ab	< 0.2	(N<3.5, P>5) IU/mL

Glomerular Basement Membrane Antibody (Serum)

Coll Date: 28/10/24
Coll Time: 10:05
Lab Number: 14122847

GBM Antibody	< 1.5	(N<7, P>10) U/mL
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Tests to follow: IGD, SFLC, ANA, STDP

Kind regards,

Dr Nicholas Vanlint

MBBS

Provider number: 558363FX

